E. C. No. 706

ESTIMATES COMMITTEE (1971-72)

(FIFTH LOK SABHA)

THIRTEENTH REPORT

Ministry of Health & Family Planning (Department of Family Planning)

FAMILY PLANNING PROGRAMME

LOK SABHA SECRETARIAT
NEW DELHI
April, 1972/Chaitra, 1894 (Saka)
Price Rs. 5·60

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Page No.	Para No.	Line No.	For	Read
1	1.1	6-7	emergenc	emergence
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108.	6.10	7	got	not
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175.	9.54 (2)	2	3.7 days as	3-7 days
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196.	11.7	9	Yer	Year
201.	12.1	18	concerte	concerted
201.	12.2	8	though	through
202.	12.4	8	berth	birth
205.	12.17	11	peak periods,prime spots	

CONTENTS

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(1971-72)

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INTRODUCTION

I, the Chairman, Estimates Committee, having been authorised by the Committee to submit the Report on their behalf, present this Thirteenth Report on the Ministry of Health and Family Planning (Department of Family Planning)—Family Planning Programme.

2. This subject was taken up for examination by the Estimates Committee (1970-71), preliminary information was obtained and evidence of non-official organisations taken by them. That Committee, however, could not continue the examination of the subject owing to the sudden dissolution of the Lok Sabha on the 27th December, 1970.

3. The Estimates Committee (1971-72) took evidence of the representatives of the Ministries of Health and Family Planning, Defence, Information and Broadcasting, Railways, Education, Finance, Labour and Rehabilitation (Department of Labour and Employment) and Planning Commission on the 20th and 21st August, 1971 and 21st September, 1971. The Committee wish to express their thanks to the officers of these Ministries for placing before them the material and information which they desired in connection with the examination of the subject and for giving evidence before the Committee.

4. The Committee also wish to express their thanks to Shrimati Avabai B. Wadia, President, Family Planning Association of India, Bombay, Shrimati Leela Damodar Menon, Hony. General Secretary, All India Women's Conference, New Delhi and Shrimati Shakuntala Paranjpe, *Ex*-M.P., New Delhi for furnishing memoranda to the Committee and also for giving evidence and making valuable suggestions.

5. The Committee also wish to express their thanks to all the Associations and individuals who furnished memoranda to the Committee.

6. The Report was considered and adopted by the Committee on the 11th April, 1972.

7. A Statement showing the analysis of recommendations/conclusions contained in the Report is also appended to the Report (Appendix VIII).

NEW DELHI;
April 20, 1972.
Chaitra 31, 1894 (*Saka*).

KAMAL NATH TEWARI,
Chairman,
Estimates Committee.

CHAPTER I

INTRODUCTORY

1.1. The explosive growth of the human population was the most significant terrestrial event of the past million millenia. Man has lived on this planet a little more than a million (1,000,000) years. During the first quarter of the nineteenth century, about 1830, the total world population reached the first billion (1000,000,000). That is, it took man the entire period of recorded time from the emergenc of man on the cosmic scene to the early nineteenth century to reach the population of one billion.

1.2. The subsequent increase in world population has been dramatic and rapid. It took only about a century to add the second billion.

1.3. And it took a little over thirty years to increase the world population to three billion. In other words, it took man many thousands of years to multiply to a billion and a half, but it took a little less than half a century to double that number an incredible and unprecendented rate of increase.

1.4. Today the world's total population is estimated at 3.6 billion. Every year now, more than hundred and thirty million babies are born and some 65 million persons of all age groups die. leaving a net annual addition of some 65 million people to the existing world population.

1.5. At the current rate of increase which is estimated to be about 2 per cent, the present population is likely to double in less than thirty-five years. The world may well have between 6 and 7 million people, if not more, by 2000 A.D. in the lifetime of a majority of the people that are alive today.

1.6. During the last four decades great advances in medicine, development of public health services and anti-bacteria drugs had been made. The net result had been a sharp decline in death rate and considerable increase in birth rate leading to large additions to the world population.

1.7. While the world's population was growing by about 2 per cent every year, food production was increasing only by 1 per cent.

Should the population grow according to the United Nations forecast, *i.e.*, to about 6,000 million by 2000 A.D., the world's total food supplies, according to F.R.O., (Food and Agricultural Organisation), would have to be doubled by 1980 and trebled by the turn of the Century in order to provide a level of nutrition reasonably adequate to the needs of all the world's peoples. Recognition of the imbalance of rates of growth of population and food production especially in the less developed regions of the world, has raised the question whether earth can provide food for its increasing numbers. About 1000—1500 million people in the developing countries are either hungry or malnourished or both. Scientists believe that by the end of century there will be a tragic collision between world food supplies and population growth. Besides food, the question was also of providing other necessities of life like housing and clothing and giving employment to them. Then there were "rising expectations" of the "have-nots" of the world who naturally wanted to share the modern amenities of life available to persons living in the developed countries.

1.8. In the world today India ranks second in population numbers (Communist China tops the list with more than 750 million) and seventh in land area. That is, India claims 14.8 per cent of the total world population but has only 2.4 per cent of the world's land. For instance, although India is only about two-fifths the side of the continental United States of America, she shelters about two and a half times the United States' population.

1.9. In India the population which was 238.3 million in 1901 increased by only 5.4 per cent in the first two decades of this century. The increase during the following three decades was 11 per cent, 13.5 per cent and 14.1 per cent respectively. However the decadal rate for the period 1951—60 rose to 21.5 per cent and for 1961—70, it was estimated at 25 per cent. According to population projections made by experts, India's population, assuming that there was no decline in fertility, would increase from 439 million in 1961 to 564 million by 1971 and with moderate decline in fertility, to 723 million in 1981. The standard of living and levels of consumption of large sections of population in India was much lower than the people in advanced countries. India had to support 14.8 per cent of the world's total population with only 2.4 per cent of the world's total area and about 1.5 per cent of the world's total income. This poses tremendous socio-economic developmental problems not only for maintenance of minimal standards of living but also of raising them. The vast developments by way of large increases in agricultural and industrial production were stated to have been neutralised by population growth. The net national income (at factor cost 1948-49

prices) in 1950-51 was Rs. 88,500 million and rose to Rs. 144,900 million in 1965-66. There was 64 per cent improvement, but the *per capita* income over the period showed only 21 per cent increase. The manifold expansion of employment, housing, educational and other facilities had been almost entirely swallowed by the fast growing population. The widening gap between the numbers and the resources has inevitably resulted in large scale poverty in terms of the basis requirements of decent human existence, food, clothing, housing, education and cultural and creative pursuits. This is the essence of India's population problem. It has been recognised as such since the early Fifties when family planning programme was adopted as national policy.

1.10. According to the provisional population figures released by the Registrar-General and Census Commission of India, the population of India as on the 1st April, 1971 was 546.96 million. He had also indicated that at the all-India level the rate of growth of population in the decade 1961—71 was 24.57 per cent as compared to the corresponding figure of 21.64 per cent for the decade 1951—61. It meant that the rate of growth in 1961—71 was 13.6 per cent faster than what it was in the previous decade.

1.11. India has to support 14.8 per cent of the world's total population with only 2.4 per cent total world area and 1.5 per cent of the world's total income. This naturally poses tremendous socio-economic developmental problems not only for maintenance of minimal standards of living, but also of raising them.

1.12. The net national income rose between 1950-51 and 1965-66 by 64 per cent but the per capita **income over the period showed only 21 per cent increase. The widening gap between the numbers and the resources has inevitably resulted in large scale poverty in terms of basic requirements of decent human existence, e.g., food, clothing, housing, health, education and cultural and creative pursuits.**

1.13. The seriousness of the problem would be clear from the fact that the rate of net growth of population in the decade 1961—71 was 24.57 per cent as compared to the corresponding increase of 21.64 per cent for the decade 1951—61.

1.14. It is, therefore, imperative that highest priority should be given to the problem of population growth so that the benefit of development can be passed on in real terms to the common man.

CHAPTER II

POLICY AND APPROACH

2.1. In the present form in which the National Family Planning Programme has emerged is voluntary in its approach without any force, compulsion or coercion and has social and economic welfare of the people as its objective. The philosophy behind this programme envisages that:—

(a) the community must be prepared to feel the need for the services in order that these may be accepted when provided;

(b) parents alone must decide the number of children they want and their obligations towards them;

(c) the people should be approached through media they respect and through their recognised and trusted leaders and without offending their religious and moral values and susceptibilities;

(d) the services should be made available to the people as near to their doorsteps as possible; and

(e) the services have greater relevance and effectiveness if made an integral part of medical and public health services and specially of mother and child health programmes.

Though the Government of India officially sponsored the Family Planning Programme as early as in 1952, increasing stress on family planning was laid through successive Plans. It has passed through various stages since it was first adopted. Atleast three main stages in its evolution are discernible—outlining principles and policies, surveying needs and testing out approaches, and then the actual launching of the mass movement to persuade people by the million to adopt the pratice of family planning.

2.2. The First Five Year Plan stated that population control could be achieved by the reduction of the birth rate to the extent necessary to stabilise the population at a level consistent with the requirements of national economy. The Plan recognised that this object could be secured only by the realisation of the need for family

limitation on a wide scale by the people. Emphasising, however, that the main appeal for family planning was based on considerations of health and welfare of the family, the Plan envisaged that the family planning programme should form part of the public health programmes. Stress was laid on creating a sufficiently strong motivation in favour of family planning in the minds of the people and on providing the necessary advice and service based on acceptable, efficient, harmless and economic methods. The programme set out for the Plan period included; (i) provision in Government hospitals and health centres of extending advice on family planning methods for married persons who require it *suo moto* or on health grounds; (ii) field experiments on different methods of family planning to determine their suitability, acceptability and effectiveness in different sections of the population; (iii) development of inexpensive means and suitable procedures to educate the people; (iv) representative studies to gather information on reproductive patterns, attitudes and motivations affecting the family size; (v) study of inter-relationship between economic, social and population changes; and (vi) research into physiological and medical aspects of human fertility and its control. The Plan also hinted at the desirability of setting up at a later date a Population Commission to assess the population problem, consider different views held on the subject of population control, appraise the results of experimental studies and recommend measures in the field of family planning to be adopted by the Government and the people.

2.3. The Second Plan proposed to develop further the programme set out in the earlier Plan. As in the First Plan, it was urged that a Central Board for Family Planning and population problems more or less autonomous in its working should be set up. Besides extension of family planning advice and service, it was envisaged that the Board's programme should include establishment of centres for training of personnel, research, evaluation and reporting of progress and development of a broad-based programme of education in family living which should comprehend within its scope sex-education, marriage counselling and child guidance.

The Third Plan indicated that the objective of stablishing the growth of population over a reasonable period must be at the very centre of planned development. Supported by intensive education, provision of facilities and advice on the largest scale, expanded programme of research and training and widespread population effort in every rural and urban community, the family planning programme was to be undertaken as a nation-wide movement. It was also considered essential that the help of voluntary organisations,

labour organisations and other associations in various fields of life should be sought on as large a scale as possible and integrated into the practical programmes of work adopted in each area. It was further intended that there should be the greater emphasis on moral and psychological elements, on restraint and on other social policies like education of women, opening up of new employment opportunities for them and raising of the age of marriage. Inclusion of sex and family life education in the programme was also emphasised. Towards the middle of the Third Plan, the emphasis was shifted from the clinical approach to a more vigorous extension education approach for motivating the people to accept the norm of a small family. In the Fourth Plan the family planning finds its place as a programme of highest priority. The Plan states—

> "In order to make economic development yield tangible benefits for the ordinary people, it is necessary that the birth rate is brought down substantially as early as possible. It is proposed to aim at a reduction of this rate from 39 per thousand to 25 per thousand population within the next 10—12 years. In order to achieve this, a concrete programme has been drawn up for creating facilities for the married population during their reproductive period to achieve a healthy and happy family by bringing about (i) group acceptance of small family norm (ii) personal knowledge about family planning methods and (iii) ready availability of supplies and services."

2.4. For this purpose, the programme has been made a target-oriented and time-bound one and provision of a range of effective and approved methods of family planning has been injected into it. Broadly speaking the programme is based on 'cafeteria approach' which means making available a variety of scientifically proved and tested contraceptive methods so that couples could pick and choose the one best suited to their requirements. Hence facilities for services and supplies are provided through a net work of centres and sub-centres, in rural and urban areas. In rural areas, one Family Welfare Planning Centre has been approved for each Primary Health Centre, which generally serves about 80,000 to 1,00,000 population. In addition to Health Centre, separate staff including a doctor, extension educators, Health Assistants on the scale of one for 20,000 population and Auxiliary Nurse Mid-Wives have been sanctioned under Family Planning Programme to augment the staff of the Primary Health Centres. One sub-centre is expected to cater to a rural population of 10,000 each. The Sub-centre is under the charge of an Auxiliary Nurse Midwife. According to the pattern, each Primary Health Centre is entitled to have about 8 to 10 sub-centres

(depending upon the population served) and of these, 3 sub-centres are established under the health programme and the rest are financed out of Family Planning budget.

In the urban areas, services and supplies are available through urban centres which serve a population of 50,000 or part thereof and hospitals.

Implementation Machinery

2.5. The Family Planning Programme in India is implemented in the field through the State Government as a Centrally Sponsored Scheme for which hundred per cent Central assistance is being provided to the States on an assured basis for a period of ten years beginning from the Fourth Five Year Plan.

The administration and implementation of the Programme is stated to be organised through an integrated structure of Health and Family Planning services at various levels—peripheral, that is rural family planning wings at the Primary Health Centre (Normally, one for each block), Sub-Centres (One each a population of 10,000) and urban Family Welfare Planning Centres (for a population of 50,000 or for lower population ranges). Intensive efforts were also being made in populous districts and through the Postpartum Programme at hospitals where a large number of deliveries and abortions take place. As the Maternal and Child Health Programme was fully integrated with Family Planning, some elements of immunization and nutrition and components of Maternal and Child Health services had also been included, since assurance of the life and good health of mothers and the living children was an important contributing factor in the acceptance of Family Planning.

Population Policy

2.6. The family planning programme, through its varied approach during the various Plan periods has acquired a widening base from a purely clinical approach to one that has opened out into a social and community movement. Now the question arises whether the pattern of family planning programme that has now emerged is oriented to any national population policy enunciated by the Government.

2.7. During the course of evidence, the Committee enquired from the representative of the Ministry of Health and Family Planning whether Government have formulated any comprehensive population policy as such with other imperatives so that it could be

adopted as national policy for the Centre as well as States. The representative of the Ministry of Health and Family Planning stated:

> "The population policy as a whole does not fall within the purview of this Ministry although we are very intimately connected with it. The population policy as a whole is something which covers other Ministries as well, particularly the Planning Commission. We are mainly concerned with fertility control. The Planning Commission has some views on this subject. With your permission if I could mention them, the Planning Commission says that even though a comprehensive population policy has not been formulated yet, the Fourth Plan document has stressed the need for a broad and purposeful Government policy on population control supported by an effective programme and adequate resources. The present programme is moving ahead with a clear perspective and a definite target in view. On the basis of certain projections and assumptions, the family planning programme during the Fourth and Fifth Plans aims at reduction of birth rate from 39 per thousand to 25 per thousand by 1980-81. The Centre as well as the States are implementing the family planning programme in a coordinated way, conscious of the importance of the programme in national development. The goals are set, programmes laid down by the Centre and the States in cooperation with each other and there is no divergence in view regarding the policy of population control. The policy is laid down and the implementation is done with a sense of purpose and direction. This is the view of the Planning Commission. Of course, we can supplement this to some extent. We can say that the population policy has been in the process of construction over the years. The policy of control of population has always been there but the thrust of the policy has changed from time to time.".

He further added:—

> "While there is no formal population policy resolution on the lines of say the industrial policy resolution, yet the general trend of Government's thinking has become clear to us right from the days of the First Plan. And this could be said to amount to a policy although not so specifically enunciated as the industrial policy resolution."

2.8. The representative of the Planning Commission giving evidence on the subject of population policy stated:—

"A comprehensive population policy as such has not been formulated as yet. But the Fourth Plan document has stressed the need for a strong and purposeful government policy on population policy. This has to be supported by an effective programme and also adequate resources. If you refer to Chapter 2.5 on page 31 of the Fourth Plan document, which deals with perspective planning, we have underlined the vital necessity for family planning programme and what controlled population means in terms of the pressure on resources.

We feel that a population policy is really a much more comprehensive concept that family planning programmes and implementation of the family planning programmes also need to be improved if we are to achieve the controlled population which has been envisaged in the Plan document."

If you are referring to what is mentioned in the First Plan document I think the various programmes and policies which have been enunciated since then do constitute an attempt towards population control. We are not quite clear as to which elements of this programme are different. Of course we agree that a more comprehensive view will be desirable."

2.9. On the statement of the representative of the Planning Commission that no population policy as such has been spelt out, the Committee posed the following proposition for a specific reply:—

"We have got a statement as to what are the targets not in terms of the numbers but in terms of the performance, that is to say, to stabilise the population at a figure which will be in consonance with our economic viability. That was the theoretical target spelt out in the First Plan, reiterated in the Second Plan and the target spelt out in the Third Plan was at a progressive level. Therefore, there is a particular theoretical enunciation of the population policy that we have got in mind. That is on the one side.

On the other side, there are certain targets spelt out. What the Planning Commission has been sowing is that it must be on a faster rate. You say, it must come form 39 to 25 and, if that is not done, the growth rate will be 1.7 per cent. It can be brought down to 1 per cent. If that is so, in the

year 2000, it will be around 800 millions or something like that. So, you have got certain specific ideas as far as the targets are concerned.

Then, you have got certain ideas as to what exactly are the measures to be adopted. You have got a certain idea about the death-rate and about the reduction of the death-rate. You got your own ideas of the measures to be strengthened.

All these things are spelt out in the report. Yet you say that you do not have a population policy. What exactly you mean by that you have no population policy although you have got all the paraphernalia all around."

2.10. The representative of the Planning Commission stated in reply:—

"As has been stated already, the problem of increase in population came to notice conspicuously in the 1961 census. At that time, we found that the population was increasing at the rate of 2.1 to 2.2 instead of 1.3 per cent which was estimated earlier. Now, naturally we thought that this will upset the assumptions we had made in the Plans and something had to be done to control the birth rate. This is what I meant. A population policy if I understand it correctly, is more than just controlling the birth-rate. You can control population in several other ways in addition to controlling the birth-rate. If you want to have a population policy, you imply much more than control of the birth rate.

The question of controlling population is the first element. The second element is that you cannot think of this question of birth control as the only element of a population policy. The Plan, as a whole, is a Plan for development and if it is to succeed, then we have to visualise a certain figure, that our growth or development can sustain a certain population. But what has been done is to see what can possibly be achieved on certain assumptions. With all our efforts, 567 million was estimated in 1971 but, as it turned out, it is less; it is 547 millions. Now, these were our projections but we had not projected them as a desirable birth rate or as a desirable total population for the country. These were projected as the best effort and the best achievement that we can hope for. So, this is quite different. A population policy means that you must control population to a certain figure. This is what I had in

mind when I said that we do not have a population policy. In other words, we do not have a fixed figure we must aim for."

2.11. The Committee further posed the problem in the following terms:—

"When you say that we do not have comprehensive population policy, the implications are more serious than many of you really visualise. The Third Five Year Plan has gone by. And we are in the Fourth Plan. And you have sufficient expertise. The population is projected as a major problem. That was being projected from the First Plan. Everybody agrees that this is the problem. Wherever this message of family planning has been taken effectively, the common man realises the importance of this.... And the Planning Commission is not able to tell the nation that we have got a population policy. Whether or not you have, that is a different matter. If you do not have a population policy, then what about the family planning? If you do not have population policy, what is that you are aiming at? What exactly is your basis? What exactly are your calculations? .... That is a very dangerous situation for the Planning Commission to have to be in a position to come up and say that we do not have a population policy. And the population goes as it chooses. Fundamentally that is a very dangerous thing. Therefore, this is a matter on which the Planning Commission will have to apply itself ..... And we must be able to tell, as far as politically or whatever that be, that this country has got a population policy. .....The only thing is that a movement has got to develop not a haphazard and person to person meeting. If that develops, people will react. But if you don't fix up a target, if you don't announce a population policy, if you don't tell the nation that by 1990 you will be in a dangerous zone, then the whole thing will collapse. That is a very dangerous position."

2.12. The representative of the Planning Commission in reply stated:—

"We certainly share that there should be a national will and national campaign. This problem is serious enough for that. I would like to clarify that by a population policy we mean something different from birth control and family planning and family welfare planning. All this assume that we cannot first set a figure and say that our

resources will sustain this population and then we make up our mind that this is our total limit. We have at present a policy. To include what you say, we can certainly examine this question. But there is one difficulty. I personally feel that it should not be assumed that our resources get static at a certain level, because, Sir, the development of resources is a continuous process and the Planning Commission is continuously charged with this as one of their functions—to continuously survey and develop the resources. Therefore, a population policy assumes that we can come to a conclusion that our resources can only sustain a certain level of population. This is the only slight difference between the present programme and what is meant by the above statement. We have not done that. We will examine that.

We are in full agreement with the rest of his statement that great national will and effort is required if we are to succeed."

2.13. The Committee drew the attention of the representative of the Planning Commission to the First Five Year Plan where it was stipulated that the goal was reduction of the birth rate to the extent necessary to stabilise the population at a level consistent with the requirements of national economy and enquired whether they agreed that the reduction in the birth rate would bring the population to a figure which the national economy could sustain. The representative of the Planning Commission informed the Committee as follows:—

".....The point is that now for any conceivable needs of the economy, be it defence or anything else, the population is large enough. From any consideration, I think the increase in population is not something which is very much required in terms of national needs. If the population is growing, it is in spite of all the efforts being made to restrain it. As to what population the nation can sustain or economy can sustain, really depends on what rate of growth we can achieve. And it is difficult to say that there is a given figure which the economy can sustain, and that a figure beyond that will be impossible to sustain. This is because when we evaluate the potential of an economy it is on a given technological basis. But technological progress is all the time there. Who could have imagined that we would have doubled wheat output in first four

years. Therefore, one need not be too pessimistic about our capacity for maintaining 900 million people. Of course, if we could restrain it at a lower level it would have been much better. We could then speed up the rate of growth. The greater need is for raising the living standards to a level at par with those obtaining in the advanced countries. Therefore, I will put it that while in our judgement the economy could sustain in the sense of maintaining a fairly modest level of living a substantially larger than the present population, there is absolutely no gain-saying that if we could reduce the rate of growth more than that is given in these projections, it will be all to the good of the country."

2.14. The Committee consider that we have arrived at a stage where laying down a population policy aimed at reducing the gap between the rate of socio-economic development and of the growth of the population, resulting in better material standards of living and in the enhancement of the quality of life, individually and nationally is desirable. They feel that the family planning programme aiming at reduction in the birth-rate to a given level cannot be considered in isolation and has to be recognised as a part of broad spectrum of overall national development programme including health and nutrition, education, employment, recreation, social dynamism and political stability. The Committee regret to note that Government have not laid down any population policy so far.

The Committee are, therefore, of opinion that an attempt may be made by Government to evolve as early as possible a positive population policy based on consideration as to what is best for the people of India from all points of view and correlating it to a national plan of development in terms of a balance between population and natural and potential resources of the country.

Targets .. ..

2.15. Family Planning policy was enunciated by the Government of India in 1952. Since then the programme of Family Planning has been made a part of the development plans of the country. This gave population its right place in the developmental education in this country, and along with the family planning, research in demography and the inter-relations among demographic and agro-socio-economic variables was stimulated. As part of the programme of family planning, goals were set for reduction of birth rate. The present policy is that programme should bring about a reduction of birth rate to 32 by the end of the 4th Plan and to 25 by the end of the Fifth Plan.

2.16. In pursuance of these ultimate goals of the programme targets were set for each of the component methods of the programme like sterilisation operations, IUCD insertions and use of conventional contraceptives. These targets were set for all India and allotted to the States, which in turn were allotted for Districts and Blocks. The review of the progress of the programme is often made by working out the percentage of achievement of the targets set. The targets and achievements are discussed with the representatives of the States annually, by the Central Family Planning Council consisting of Health Ministers of States.

2.17. To a question as to what was the original target of reduction in birth rate and how many times it had to be revised the Secretary, Ministry of Health and Family Planning during the course of evidence informed the Committee as follows:—

> "Our policy is to reduce the birth rate to 25 by 1981. It is true that at the rate at which we are going today, it is doubtful whether we will achieve it."

2.18. The Secretary further informed the Committee that they had assigned targets to the States, the States had assigned targets to each district, each district had assigned targets to each Primary Health Centre and the Primary Health Centre had assigned targets to each worker.

2.19. About the revision of targets at different levels the Committee were informed as follows:—

> "An assessment has been made as to whether these targets are fulfilled or not. These assessments are made at all levels including the Centre. We find that while some States are doing well, others are not doing so well."
>
> We have also carried out a district-wise survey recently and it has been found that 49 districts have exceeded the targets in sterilization and in 8 districts they have exceeded the IUCD targets. The performance of each district has also been analysed including those districts which have fared badly."

2.20. About fixing the targets, the Secretary of the Ministry informed the Committee as follows:—

> "Targets are set at a high level body in which the Planning Commission and our Ministry also have a say. The last

word lies with the highest body. Feasibility and availability of resources, the national interest, all these things are assessed and then the target is fixed. In the process we can say what our administrative capability is. The Finance Ministry and Planning Commission are also parties and can say what the national objectives are in the matter of population."

2.21. Asked as to how the targets of family planning, which the Ministry of Health and Family Planning had to implement, were fixed, the representative of the Planning Commission stated that the targets were based on an assumption. The starting point of a birth 39 per thousand was based on certain sample surveys.

2.22. To another question the Committee were informed that targets were not fixed in the Second and Third Plans. In the Fourth Plan, they were based on the actuals revealed by the ten-year census figures.

2.23. Asked as to what was the process for fixing the targets, the witness informed the Committee that the targets were not fixed unilaterally or arbitrarily. They were fixed in consultation with various Ministries. The Ministry of Health and Family Planning, was also a party in fixing the target.

2.24. When asked to state whether the targets laid down in the Fourth Plan i.e. reduction in birth rate from 39 to 25 per thousand, was only rock bottom or it could be reduced further if the resources were made available, the representative of the Planning Commission informed the Committee as follows:—

"It means that the targets set currently could have achieved a faster rate of decline in the birth rate, but the long term projection for the period 1968 to 1981 is assumed as 25. If the current rate were to continue, the projection could come to a lower figure than 25."

2.25. The Secretary of the Ministry supplemented as follows:—

"This whole problem is one which is fraught with a very great difficulty and which I must put before this Hon. Committee. We have to work through the States. The degree of our control over the States is governed by what is laid down in the Constitution and by the political situation in the country.

As far as our own Ministry is concerned, I can say that ever since the inception of the Department of Family Planning, it has spared no efforts of any kind in trying to achieve better and better results in the field, but it has met with varying success and varying responses from the States and the results are before you. Our present assessment is that we shall get a better response in future and, therefore, if I may give a very rough estimate, I would say that on the whole I do agree with the Planning Commission that there is a distinct possibility that we may achieve a better result than what has been mentioned in the perspective documents."

2.26. The Committee were also informed that Government had set up a very high level Expert Committee headed by Prof. Vakil to go into the administrative feasibility of the targets set. The Committee had submitted its Interim Report to Government and its Final Report was awaited.

2.27. Asked as to what was the need for setting up an Expert Committee for fixing the Targets when the target of 25 per thousand by 1981 had been laid down, the Secretary of the Ministry informed the Committee that he thought that the reason behind that was that a number of States had complained that the targets were unrealistic and too high.

2.28. The Committee note that a target of birth rate of 25 per thousand to be achieved by the end of 1981 has now been fixed by Government. They also note that in some places there is a feeling that the target so fixed is unrealistic and too high and as a result thereof Government appointed a Family Planning Target Setting Committee to review the question of target setting. The Committee trust that keeping in view the recommendations of the Target Setting Committee and the views of the State Governments as also the performance of Family Planning programme so far, Government will re-examine the issue of target fixation and arrive at a realistic target to be achieved by a stipulated period at all levels on a firm basis.

2.29. The Committee suggest that Government may also examine whether it will be desirable to fix short-term and long-term birth reduction targets, the short term targets for a year or two at a time and long-term targets for a decade or so with a view to make purposeful reviews and adjustments, if necessary, from time to time in the Family Planning programme to achieve the national objective of balanced growth.

CHAPTER III

PLAN PROVISIONS AND FINANCIAL ASSISTANCE TO STATES

(i) *Outlay in First, Second, Third and Fourth Five Year Plans*

3.1 India was the first country to adopt, at the very commencement of its development plans in 1951-52, Family Planning as an official programme and as an integral part of those plans. It was recognised that problems of Family Planning were urgent because of rapid increase in population and the consequent pressure on the limited resources available. However, the main appeal of Family Planning was based on the consideration of health and welfare of the family and, therefore, it was conceived that measures directed towards this end should form part of the public health programme.

The first Two Plans (1951—61)

3.2 The ten years constituted by the First and Second Five Year Plans were stated to have mostly been spent in doing spade work by way of some demographic and attitude surveys, setting up of pilot projects and a few centres for training of doctors, nurses and social workers and some family planning centres for dissemination of information and provision of services. The programme strategy adopted was a passive, cautious "clinic" approach under which advice and clinical services were provided to those who came to the clinic.

3.3 For the First Plan period, a provision of Rs. 65 lakhs was made for the Family Planning Programme against which the expenditure amounted to Rs. 14.51 lakhs. During this period, beside conducting ad-hoc studies including some demographic and attitude surveys, 147 Family Welfare Planning Centres were also established for giving family planning information, advice and contraceptive supplies. Emphasis was laid on Rhythm method.

3.4 The Second Plan made a provision of Rs. 497 lakhs for family planning, against which the expenditure amounted to Rs. 215.58 lakhs. The Plan aimed at extension of Family Planning advice and services, establishment of training facilities for the personnel, research in biological and medical aspects of reproduction and of population problems, demographic and motivational research, introduction of reporting and evaluation of progress. During this plan period, the number of family welfare planning clinics was stated

to have increased by over 4,000. The Plan also witnessed the introduction of voluntary sterilization in some States on a modest scale besides distribution of Conventional Contraceptives on an increased basis. By the end of 1961, 2.5 lakh sterilization operations were performed. Steps were also taken on a modest scale to promote interest in family planning through mass education modia.

The Third Plan (1961—66)

3.5 The 1961 Census brought into bold relief the urgency of the population problem. The projections of the growth rate which until then were assumed at 2.14 per cent for the period 1961—66, 1.9 per cent for the period 1966—71 and 1.47 per cent for the period 1971—76 had to be modified on the basis of the data thrown up by the Census report and the related studies to 2.14 per cent, 2.34 per cent and 2.47 per cent respectively for these three periods. Consequently, it was felt that a more dynamic approach to the population problem was not only necessary but also imperative, if the fruits of the developmental efforts were to reach the masses. The Plan document stated "In the circumstances of the country, family planning has to be undertaken, not merely as a major development programme, but as a nation-wide movement which embodies a basic attitude towards a better life for the individual, the family and the community.

3.6 In 1968, the family planing programme was critically reviewed and the 'clinical approach' which was the main stay of the Programme until then was changed to one of the 'extension education' which denoted taking advice and services to the people within their easy reach. In keeping with this, a new orientation to the staffing pattern and facilities for education and service were introduced in the programme.

3.7 For the Third Five Year Plan, a provision of Rs. 2,698 lakhs was made for the family planning programme, against which the actual expenditure was Rs. 2486, lakhs.

3.8 It has been stated that the programme advanced on its various fronts viz., education, training, supplies and research during this Plan period. The 'Cafeteria approach' of making available of various contraceptive methods and services were given further emphasis. By the end of Third Plan, 1381 Urban Family Welfare Planning Centres, 3676 Rural Family Welfare Planning Centres and 7081 Sub-Centres had been established. Upto the Third Plan, 15.26 lakhs sterilizations and 8.13 lakhs I.U.C.D. insertions had been done. The number of Demographic and Communication Action Research Centres increased during this Plan from 4 to 11.

3.9 During 1966-67 to 1968-69, it has been stated that there had been considerable progress in the implementation of the enlarged family planning programme. By the end of March, 1969, 4,326 rural main centres at Primary Health Centres, 10,348 sub-centres (opened under Family Planing Programme) and 1,700 urban centres were stated to have been set up and 43 Regional Family Planning Training Centres had been established.

3.10 In the year 1966, the patern of assistance amissible to the State Governments was also revised and in consultation with the Planning Commission, the State Governments were assured of Central assistance for a period of 10 years and the central assistance which till then was admissible on a sliding scale, was increased to about 90 per cent to 98 per cent of the total expenditure incurred by them.

3.11 Greater involvement of voluntary organisations and local bodies on the basis of the recommendations of the Zakaria Committee were carried out during 1966—69. The working of the Family Planning Programme in the Ministry of Railways, Defence and Information and Broadcasting was reviewed and efforts for their involvement on a more rational and increased basis were taken up. Provision for various activities through the media units of the Ministry of Information and Broadcasting, which was made in the budget of the Ministry of Information and Broadcasting prior to 1969-69, was also included in the Demands of the Ministry of Health and Family Planning.

3.12 The Central and Regional Training Institutes and Central Family Planning Field Units established by the end of the Third Plan were continued.

3.13 A broad based family planning mass education programme, aimed at bringing about a change in the attitude and behaviour of the people and motivating them to adopt the norm of a small family was launched in January, 1967. Conscious of the urgent need of quickly propagating the norm of small family and the fact that the conventional mass media-press, films, radio reach only 25 per cent of the total population, the pattern envisaged making fullest use of the existing facilities and spotting and utilising conventional as well as unconventional channels of communication. An inverted red equilateral triangle was adopted as Family Planning symbol to facilitate spreading the message and making services easily recognisable.

3.14 Research in the field of Demography, Communication Action and Bio-Medicine was continued.

3.15 For the Annual Plans, 1966-67, 1967-68 and 1968-69, provisions for Rs. 1,493 lakhs, 3,100 lakhs and 3,700 lakhs respectively were

made for the family planning programme against which the actual expenditure respectively was Rs. 1,343 lakhs, 2,652 lakhs and 3,051 lakhs.

Fourth Plan (1969-74)

3.16 The importance and urgency of the Family Planning Programme, which came to be associated not merely as a population control programme but one with the main objective of providing welfare and happiness to the families through the instrumentality of smaller number of well-spaced children, was said to have been well-recognised on all sides. The Fourth Five Year Plan document states that "Family Planning finds its place in the Plan as a programme of the highest priority."

3.17 On the basis of the recommendations made by the various sub-groups constituted by the Department of Family Planning for formulation of the Family Planning programmes during the Fourth Plan, a provision of Rs. 51,737.47 lakhs was recommended to the Planning Commission. The Planning Commission asked a special sub-group to consider these recommendations. This Sub-Group recommended a provision of Rs. 37,500 lakhs but because of constraint of resources, the allocation made was Rs. 30,000 lakhs. This had recently been increased to Rs. 31,500 lakhs, excluding 1,500 lakhs assistance from USAID.

3.18 It will thus be observed that the outlay, expenditure and shortfall on the Family Planning programme since the First Five Year Plan has been as follows:—

Rs. in lakhs

Plan	Outlay	Expenditure	Shortfall
Ist	65·00	14·51	50·49
2nd	497·00	215·58	281·42
3rd	2,697·00	2,485·95	211·05
1966-67	1,493·00	1.342·61	150·39
1967-68	3,100·00	2,652·29	447·71
1968-69	3,700·00	3,051·45	648·55
4th	31,500·00 *1,500·00		

*Assistance from USAID

During the first three years of the Fourth Plan, the year-wise break up of outlay, expenditure and shortfall has been as follows:

Plan	Outlay	Rupees in lakhs Expenditure	Shortfall
1969-70	4,200·00	3718·10	481·90
1970-71	5,200·00	4773·78	426·22
1971-72	6,060·46 (proposed in the Budget including schemetic assistance to States).		

3.19 Giving the reasons for shortfall during all the three Plan periods, the Secretary, Ministry of Health and Family Planning stated:

> "The shortfall was due to two or three major factors. One was the Chinese war which stopped various things. Construction work was stopped. Much of money goes into the construction. Again in 1969 the construction work was stopped. Cement and steel became in short supply. There were 2 years of drought. These are the reasons for the shortfalls.
>
> In a war emergency, the plan is immediately cut in various directions and there is a kind of core plan, which all of us are familier with, which is put into effect. This does mean that most national building activities have to be slowed down.

3.20 The Government have further stated in a written reply that the main reasons for non-utilisation of the Plan allocations were as follows:

(i) Non-availability of medical and para-medical personnel to man and the Family Welfare Planning Centres and sub-centres in rural areas and Urban Family Welfare Planning Centres in urban areas.

(ii) Slow progress in construction of buildings for rural main centres and sub-centres due to low unit cost, non-availability of free land; etc.

(iii) Shortfall in achievement of targets for IUCD and sterilization.

(iv) Non-utilisation of full capacity of the Regional Training Centres and delay in establishment of additional training schools for ANMs.

(v) Slow progress in the implementation of the new schemes of Intensive District, Post Pertum, MCH, State Health Transport Organisation, etc."

3.21 Asked to state the reasons as to what were the reasons for halting approach of the Government in taking concrete steps to achieve reduction in birth rate only towards the end of the Third Plan period *i.e.* 1965 onwards while the importance as well as the urgent need to tackle the problem of rapid growth in population was realised in the First Five Year Plan itself, the Secretary, Ministry of Health and Family Planning stated:

"Sir, this is quite correct that it is only from 1965 onwards that we began in a big way. Before that, the position was that we were not very certain of the reaction of the Indian people to a programme of this kind. Then we had to enter into a very long phase of education and motivation. And considering our past attitude and lack of general education, this process took a long time. It would not have been wise to start in a big way a programme to which the majority of the population might be hostile because this would kill the programme. Therefore, we took a longer time to start. I may add one more point that technology was not available then as it is available now."

He further added:

"The magnitude of the problem was realised very early. It was brought out by Mr. Gopalaswamy when he was the Census Commissioner and he had the courage to bring it out when the political atmosphere was hostile to family planning. Now, the magnitude has been fully realised. The reasons for delay in starting are that we had to educate the population, we had to acquire the technology and we had to have this large infra-structure of primary health centres, doctors, nurses, para-medical personnel which is only now complete or nearing completion."

3.22 In reply to another question that had this problem been attended to in right earnest with a well-defined position programme in the First Five Year Plan, it would not have assumed alarming proportions, he stated:

"It is difficult to say. After all, it is a matter of judgment of the attitudes of the people. We have to judge when the attitudes are ripe for the success of the programme. The judgment was made in 1964 and showed itself to be a correct judgment because the programme has gone forward and there has been no hostility."

3.23. The Committee regret to note that there has been continous shortfall in the expenditure on the Family Planning Programme during all the three Plan periods and also during subsequent Annual Plans. While Government have been gradually realising the urgent necessity for tackling the problem of rapid growth of population considering it a high priority programme and have ben earmarking increased funds during each Plan periods for the Family Planning Programme, they had not taken adequate steps to utilise effectively the moneys allocated for the purpose in full.

3.24. The Committee are constrained to observe that wide gaps in the budget estimates and the actuals indicate faulty planning. They hope that Government would in future frame a more realistic budget estimates as far as possible keeping in view the various factors likely to affect the implementation of the Programme.

3.25. The Committee regret to note that while the importance as well as urgent need to tackle the problem of rapid growth in population from the point of view of socio-ecnomic planning was realised in the First Five Year Plan itself. Concrete efforts to achieve reduction in birth rate were taken only towards the end of the Third Plan i.e. from the year 1965 onwards. The Committee consider that it should not have taken Government twelve years to assess the attitude of the people towards the Family Planning Programme in order to devise concrete measures for reduction in birth rate. Had this problem been attended to in right earnest with a well defined positive programme in the Second Five Year Plan at least, it would not have assumed such alarming proportion as it has today.

(ii) *Financial Assistance to States*

3.25. The Family Planning Programme is a centrally sponsored one and is implemented through the State and Union Territory Governments, Local Bodies and Voluntary Organisations and certain Union Ministries. The pattern of assistance to State Governments during the First, Second and Third Plans and years 1966 to 1969

and Fourth Plan for implementation of Family Planning Programme is stated to be as follows:

First Plan

Non-recurring:		100%
Recurring:	First six months .	. 66 2/3%
	Next twelve months	50%
	Next six months	. 33 1/3%

No grant was admissible for the purchase of contraceptives, chemicals or mechanicals.

Second Plan

3·27	Non-recurring	100%
	Recurring	75%

100 per cent assistance for contraceptives, sterilization facilities, education, research and training including training in teaching institutions and State Family Planning Officers.

Third Plan

A. *New Scheme*		
3.28	Non-recurring	100%
	Recurring	75%

100 per cent assistance for contraceptives, sterilisation facilities, education, research and training including training in teaching institutions and State Family Planning Officers.

B. *Old Family Welfare Planning Centres set up in the First or Second Plans*		The recurring expenditure for maintenance of Family Welfare Plannong Centres set up in the First and Second Plans was committeed expenditure of the State Governments.
1966-69	Non-recurring:	100%
	Recurring	(*i*) 100% for contraceptives sterilisation facilities, education, research and training.
		(*ii*) 90% on all other schemes as per approved patterns.

3.29 During 1966, States were also assured that assistance for all schemes under Family Planning Programme would be given for a period of 10 years instead of on Plan to Plan basis.

Fourth Plan

3.30 100 per cent assistance is stated to have been offered to the State Governments for implementation of Family Planning Programme as per approved pattern. This assistance has been assured for the Fourth and Fifth Plan periods.

3.31 About the allocation of funds to various States, it was suggested by a social worker as follows:—

> "Another important point which is seldom taken into account when considering the population problem is that of financial disbursements to various States. Population is one of the main factors on which grants of all kinds are based. Now my contention is that the year for this basic factor should be fixed and should be the same for all States. Any fluctuations in population after that should have no influence whatever on the refixing of further annual grants. Because otherwise States like Madras (Tamil Nadu) and Maharashtra which have done something in controlling their population will stand to lose while Bihar and U.P. which have done very little regarding this control will stand to gain....To my mind an increase in population over the base year should have an inverse effect in the calculation of grant."

3.32 At its 6th meeting held on the 6th and 7th November, 1969, the Central Family Planning Council adopted the following Resolution:

> "The Council views with concern the likely adverse effect to those States' which are doing family planning work more vigorously than others in respect of parliamentary representation and allocation of plan funds, since the population forms the basis of representation in Parliament and also for 70 per cent of the plan fund allocation and strongly recommend that consistent with the policy of family planning and population control, the representation in Parliament should continue to be on the basis of the population as in 1961 census and the allocation of central assistance to States on the basis of the population estimates in 1968 for a period of next 15 years."

3.33. During the course of official evidence, the Committee enquired from the official representative whether the aforesaid problem has been considered by Government and what was their policy

in this regard. The Secretary of the Ministry of Health and Family Planning in reply stated:

> "Our Ministry has taken up the matter with the Planning Commission and we are also going to request all the State Chief Ministers to agree that the present 60 per cent allotment of funds which is made on the basis of population should be reduced to 50 per cent and the remaining 10 per cent should be given on the basis of successful implementation of Family Planning. The performance is to be judged in a manner which by consensus would be acceptable to States. The seats should be frozen on the basis of some census, 1951, 1961 or 1971. We are going to address various States on allocation. If they agree, then it would be referred to the National Development Council. If it is passed there, then action will be taken."

3.34 During the course of evidence, in reply to a question about the nature and extent of Central supervision over the manner in which the States implement the family planning programme, it was stated by the Secretary that that was a State subject and as such they could only give advice to them and try to induce them to act in a particular way. About their attempts at co-ordination, the Secretary of the Ministry stated as follows:

> "1. We call for a large number of statistical and administrative returns (under seal) for the internal evaluation of the programme in each State.
>
> 2. We also receive Inspection notes from our Regional Officers when they tour the States.
>
> 3. We fixed targets regarding sterilization, I.U.C.D., conventional contraceptives etc. and we watch the achievement. If these have not been achieved, we try to see how can we make good the shortfall. We keep in close touch with the States for this purpose.
>
> 4. We have annual plan discussion and Five Year Plan discussions and our Ministry discusses with each State about their Plans.
>
> 5. An annual meeting of the Health Secretaries takes place, and there is a Central Council of Family Planning meeting which is held each year. Here also we ask the State representatives about the short-falls, lacunae and other problems and we try to arrive at agreed solutions.

6. We try to keep a constant check on the expenditure incurred in each State on the basis of allocations made. As regards the Audit Report, if there is a serious deficiency in any State, it is brought to our notice by the Comptroller and Auditor General. Minor defects are put in the State Audit Report for them to rectify.

7. There is a considerable amount of touring done at the Central level. The Secretary, Joint Secretary and the Commisioner and a number of other officers tour in different parts of the country. At present we are concentrating on U.P., Bihar and one or two other States, which are backward.

8. Then there is the internal audit. They also keep an eye on the expenditure. I do not claim that these steps are 100 per cent but these are the ways which we have adopted."

3.35. As regards the diversion of funds allotted to the States for Family Planning to other purposes, as mentioned in Audit Report from time to time, the Secretary stated as follows:—

"There was a decision by the National Development Council that 1|12th of the annual expenditure should be drawn automatically by the States for 10 months. Thereafter the remaining 2|12th should be drawn only after they have submitted their accounts. But some States have been submitting the accounts. They have been drawing the allotted money and they have been remaining content with that. They have not been spending even that. Though they cannot actually permanently divert the amount elsewhere but the money is used as a part of their ways and means to carry on the general running of the State. We have been very anxious to put an end to this. We have taken this matter up with the States. We have asked them to send us monthly accounts. Recently these accounts have started flowing in, though in a somewhat disorganised manner. We have with the passage of time this will become more organised but this will only give us information. It will not give us the right to take action against the States. To give us the right to take action the National Development Council will have to change its views. That will be quite a difficult task. We have to use all means of persuasion to try to get them changed."

3.36 It has further been stated by Government that the following steps have been taken by the Central Government to check deviations of the family planning funds to other purposes by the States:

> "Government of India have laid down patterns of assistance and staff at various levels for different schemes under the Family Planning Programme according to which expenditure has to be incurred by the State Governments. The Comptroller and Auditor General of India has also issued instructions to the Accountants-General to exercise proper check on the expenditure in the States. The grants-in-aid to the State Governments are adjusted in the Central accounts only on the basis of the audited statements of expenditure certified by the Accountant General of the State concerned that it has been incurred on approved items and according to prescribed patterns which have been communicated to the Accountants General."
>
> Government have also sanctioned Internal Audit parties in the States and Audit Manuals showing the different patterns have been issued. From the year 1971-72 a separate head of account "30-A-Family Planning" has been introduced for booking of expenditure on family planning programme and for facilitating its check.
>
> Thus various checks and balances have been introduced to ensure that the funds meant for Family Planning are used only for the purpose intended."

3.37 Asked to state whether the diversion of money for Family Planning Programme by States is beyond redemption, he stated:

> "It is not beyond redemption in the sense that accounts will be rendered later. At some stage, we will make a cut if they divert the money. But by that time, we have lost momentum. What we are seeking to do is to keep a month to month check on the States. This is something quite new. In fact, it is in very few cases where a month to month check on expenditure is kept. We think this programme so vital that any sort of delay, or their saying that they will render accounts months later, does not serve our purpose."

3.38 Asked to state the reasons for delay by States in submitting returns, he stated:

"If we can question them, they may say, we have no figures from the Districts, so we are spending more than our accounts show. We will tell you at the end of the year when we check up the accounts. All this may be correct or false. There is no knowing till after the end of the year."

3.39 In reply to a question whether Government have taken any steps to evolve some machinery to have a strict check on the expenditure on the amount sanctioned by the Centre and to ensure that it is only spent for the purpose of family planning, the Secretary, Ministry of Health and Family Planning stated:

"This is precisely what we are trying to do. We are trying to induce the States to send us correct monthly accounts. We are trying to induce the National Development Council to give us the power to withhold money from the States who do not render satisfactory accounts in the course of the year. At present, at the end of the year, when it comes to an annual stock-taking or the Five Year Plan stock-taking, then we make all necessary cuts. By that time, time has been lost."

3.40 Asked to state the reasons for not suggesting earlier than 1970, any measure to have an effective check upon the expenditure of the money by the States, the Secretary, Ministry of Health and Family Planning replied:

"The system of plan financing is laid down by the National Development Council. We tried to work the system as it was given to us. When we found that it was not working and that it was defective, we have come up with alternative suggestions."

3.41 He further added that the present method evolved is effective but they have not been able to enforce it. If the National Development Council gave them the power to withhold the amount from the State which does not render suitable monthly accounts, that would give them the necessary leverage.

3.42. The Committee feel that the present policy of allocation of Plan funds to the States on the basis of population without taking into consideration the performance of States in the field of Family Planning is likely to have an adverse effect on those States which are earnestly implementing the Family Planning programme. The suggestion that allocation of money to States by the Centre on the basis of population may be reduced from 60 per cent to 50 per cent and that 10 per cent thus saved may be given to States on the basis of

their performance in the Family Planning work with a fixed population base year, may be examined in depth. The Committee recommend that an agreed formula may be evolved as early as possible in consultation with the State Governments to determine:--

(i) A fixed population base year for the purposes of allocation of Plan funds for the next 10-15 years;

(ii) A certain percentage of Plan allocations from the Centre to States should be on the basis of their performance in the family planning programme;

(iii) the yardstick to judge the performance of States in the Family Planning work.

3.43. The Committee view with concern the tendency among the States to divert the funds allotted for Family Planning Programme for other development purposes resulting in set-back in the work of family planning. They are of considered opinion that such deviations should not be allowed. They feel that steps so far taken by Government to ensure that deviation of funds meant for family planning programme to other purpose have not proved effective and, therefore, suggest that some suitable machinery and method may be evolved by Government for exercising strict check on the expenditure of the amount earmarked to States for the family planning programme. They also suggest that this matter may be taken up with the State Governments at the highest level with a view to impress upon them the urgency of the problem, the need for proper and timely utilisation of earmarked funds for the family planning programme and for submission of monthly returns to the Central Government in time.

3.44. The Committee are inclined to agree with the suggestion made to them that the Central Government may be invested with the power to withhold further grants to the States, in case they come across deviations in the utilisation of funds meant for family planning programme for other purpose until such time they are satisfied that the money has been properly spent and suggest that this matter may be examined in detail and placed before the National Development Council for evolving an agreed solution.

(iii) *Financial Powers of Central and States Secretaries of Health & Family Planning*

3.45. Asked to state whether Secretary to the Department of Family Planning, both in States and Centre have adequate financial

powers for effective implementation of the family planning programme, the Secretary, Ministry of Health and Family Planning replied:

> "The Secretary, Department of Health and Family Planning in the State does in most States enjoy adequate power-because the main hurdle—which was the financial hurdle—has now been over-come as far as they are concerned, but in many States he does not hold a sufficiently senior position. It is only in those States where he holds a senior position that he has been able in make his weight felt. Our suggestion would be that in every State, the Secretary must be of the rank of a Commissioner."

3.46. As regards the financial powers of the Family Planning Secretary in the Centre, he stated:

> "The Health Secretary must be given the power of the Finance Department, in the Centre, the Secretary does not have the power of the Finance Ministry. He only has certain delegated powers which all other Secretaries have. The best way is to give him powers of the Finance Secretary as has been in a majority of the States."

He further added:

> "We have set up what we call a task force. This arises out of a talk given by the Prime Minister to us about inadequate expenditure of plan money. She felt that shortfalls were growing and we must set up task forces in each Ministry to see that the plan went ahead with greater vigour and the implementation was better than the theory. The task force set up by us is feeling its way."

3.47. The representative of the Ministry of Finance stated in regard to this proposal as follows:

> "I am not aware of any precise request or suggestion from the Ministry of Health and Department of Family Planning having been made to the Ministry of Finance for giving them more financial powers to implement their programmes. Unless some suggestion or some request for delegation of more powers is received, it would not be

possible for the Ministry of Finance to examine this proposal."

* * *

I personally feel that the powers that they have already got should be sufficient. But in case any particular power is needed and they are able to convince us, that without that power they cannot implement their programme, we will certainly be able to consider that."

3.48. As regards the Task Force, he stated:

"Actually, the Task Force had been considering this question of more powers being delegated to the Ministry. If they want more powers in a particular area, they can certainly make a suggestion and then it can be examined, because the delegation of powers has to be dealt with at the highest level. So, if they make any suggestion for delegation of more powers for the implementation of their programmes, we shall certainly examine them."

3.49. The Secretary, Ministry of Health and Family Planning clarifying the position stated:

"We are in the process of evolving a system by which the Secretary should have more powers. My aim is that we should evolve a system by which the Secretary has the same powers as the Finance Secretary. In the process of evolution, first of all we have to give a fair trial to the Task Force. If the Task Force works successfully, then, in effect, the Secretary will enjoy the same powers as the Finance Secretary. If it does not work successfully, we shall have to ask the Finance Ministry for more powers saying that we have given it a fair trial but there are a number of cases in which we have not been able to arrive either at an understanding or any kind of forward movement and programme will not move unless you give us more powers."

3.50. Asked to state whether the Secretary, Health and Family Planning must have the power to spend according to Plan already sanctioned by Parliament, the Secretary stated:

If a scheme is examined in detail before it is put into the budget and it is passed, then we can spend according to the details mentioned in the budget. But if a scheme is

not examined in details before being put into the budget and it is put there in the shape of a lump sum, then later on, when we come to operate this lump sum, we have to justify every single detail to the Finance Ministry. Also, if we have to make variations, we have to justify it to the Finance Ministry. There are a large number of barriers and bans about employment of staff and about change of pattern. A large number of cases have to be referred to the Finance Ministry in practice. Even if the Finance Ministry agree with us, it takes time."

3.51. Giving an instance of difficulty and consequent delay in the implementation of project without adequate financial powers, he stated:

"The kind of difficulty we have been facing is, I will give you an example from the medical side. In 1965, our late President Dr. Zakir Hussain visited Kabul and he promised a children's hospital as a free gift to the Afghan Government. They accepted it. But up to 1971, the progress on this hospital was very slow. The External Affairs Ministry wanted that the Health Ministry should take over all responsibility for the construction and staffing etc. of the hospital and we were asked to complete it by the 2nd October this year (1971) and hand it over to the Afghan Government. Unfortunately, the financial arrangements were not made clear; so the normal methods were applied—which was that we would operate the budget of the External Affairs Ministry. The result is that whenever we want to spend money, we have to consult first our internal Financial Advisor and then the Financial Advisor and then, again, it has to go to I.F.A. and the F.A. of the External Affairs Ministry. Surely, one Financial Adviser should be enough. We told them that this is taking a very long time and that it is bad for the image of India that a promise given to a foreign country, especially by way of a gift, is not kept."

3.52. Considering that family planning is a programme of national importance, it is imperative that the machinery, charged with the responsibility for implementation should be fully equipped with all the necessary administrative and financial powers. The Committee note that a task force has recently been set up to critically review the shortcomings and srotfalls noticed in the implementation of the family planning projects and to take effevtive action for resolving diffi-

culties. The Committee have no doubt that if as a result of this critical study it is found that the powers of the Secretary and other senior officials in the Department of Family Planning need to be strengthened, particularly in financial matters, Government should have no hesitation in delegating necessary authority in the interest of timely and efficient implementation of the programme.

3.53. The Committee need hardly point out that the Health Secretary in the State set-up should be an officer of proven ability and suitable seniority (Commissioner's rank in large States) so as to effect proper co-ordination with all the Departments concerned. He should also give a dynamic and purposeful lead in implementing the programme in the field in the interest of providing family planning facilities to persons in lower income groups in urban and rural areas.

CHAPTER IV

ORGANISATION AND ADMINISTRATION

(i) *At the Centre*

4.1. Under the Constitution of India, Health including Family Planning is a State subject and, therefore, the execution and implementation of the programme rests primarily with the State Governments/Union Territory Governments and Administration. The Programme being a centrally sponsored one, 100 per cent central assistance is made available to the States and Union Territories for implementation of various approved schemes of Family Planning for a period of 10 years commencing from the Fourth Plan, instead of on Plan to Plan basis.

Cabinet Committee

4.2. At the apex, a Cabinet Committee on Family Planning, gives policy directions to the programme and reviews progress periodically in order to remove bottlenecks.

Central Family Planning Council

4.3. The Central Family Planning Council (prior to December, 1965 known as Central Family Planning Board) headed by the Union Minister of Health and Family Planning and consisting of the State Health Ministers, some Members of Parliament and representatives of the leading Voluntary Organisations and others concerned with the programme as its members, provides a forum for effective Communication and co-ordination. The Council lays down broad policy guidance for vigorous and proper implementation of the programme.

Till April, 1968, the normal periodicity of the meetings was twice a year and thereafter it decided that it should meet once a year only. The erstwhile Board had held 16 meetings and the Central Family Planning Council had held 6 meetings till November, 1969. The Seventh meeting of the council, which was scheduled to be held on the 7th and 8th January, 1971 could not be held then consequent upon new elections to Lok Sabha. The following table indicates the number of State Health Ministers and non-official representatives invited and actually attended the mettings:—

Date of meeting	State Health Ministers		Non-Officials	
	Regd. No	Actually Present	Regd. No.	Actually Present
31-12-65	16	7	19	9
27-6-66	16	9	19	6
3-1-67	16	3	19	14
6/7-12-67	17	11	35	17
18/19-4-68	17	NA	35	NA
6/7-11-69	18	11	32	15

4.4. Besides, periodical meetings at the Central level are held with the State Health Secretaries, State Administrative Medical Officers, State Family Planning Officers and State Mass Media Officers to ensure co-ordination in operation and implementation and for removal of bottlenecks.

4.5. The Committee regret to note the attendance at the above noted six meetings of the Central Family Planing Council. The attendance at all these meetings show that the interest towards Family Planning Programme both by the State representatives and the Non-officials invited to attend the meetings is lacking. In an on-going programme, like Family Planning, policy decisions have to be reviewed from time to time. The Committee feel that this policy and decision making body whose recommendations are often adopted by the Central and State Governments should be activised and that it should meet at least twice a year as it used to do before April, 1968.

4.6. The Committee would also suggest that this body should also meet outside Delhi particularly in the Capitals of those States which have not been able to make much progress in Family Planning Programme and have the acute problem of ever increasing population.

Executive Board

4.7. A high-powered Board, known as Executive Board, was formed in January, 1968 for consideration and clearance schemes relating to experimental projects in the field of family planing costing more than Rs. 5 lakhs each and of various schemes for the utilisation of foreign assistance in the various family planning projects. The Board consists of the following:—

(*i*) Secretary, Ministry of Health Family Planning & Urban Development	Chairman
(*ii*) Joint Secretary, Ministry of Finance attached to Ministry of Health, Family Planning & Urban Development	Member
(*iii*) Commissioner (Family Planning) .	Member
(*iv*) A representative of Planning Commission .	Member
(*v*) Joint Secretary (Family Planning) . .	Converner

In reply to a question whether it would be advisable to have the representative of the Ministry of Education, on the Executive Board for Family Planning so that the population aspect in education also receives the attention, the Ministry of Health and Family Planning, in a written reply stated as follows:—

"The Ministry of Education at the Centre is closely involved with the Family Planning Programme.

The scheme relating to the introduction of population education in schools is administered by that Ministry. The National Council of Educational Research and Training has involved all the State Governments and State Directors of Public Institutions in this Scheme.

Schemes are also being finalised in consultation with the Central Ministry of Education for—

(a) the involvement of non-student youth in family planning work;

(b) the utilisation of adult literacy classes for family planning motivation; and

(c) inclusion of family planning as an integral component of new pilot schemes for education for the age group 14-21 years.

The Central Family Planning Education Coordination Committee has been reconstituted recently to include representatives of the Ministry of Education among others.

That Ministry is now represented on this committee at a high level. Regarding the "executive board" to which references have been made in the question, this board exercises certain administrative and financial powers in regard to projects relating to foreign assistance and those of experimental nature. The Ministry of Education are not represented on this board nor is any other Ministry except the Planning Commission and the Ministry of Finance. However, whenever subjects pertaining to other Ministries are discussed, their representatives are invited to the board meetings.

Regarding the State Education Departments, the Conference of Health Secretaries, held at Delhi in April last, recommended that the State F. P. Organisation should closely involve the State Education authorities in working out schemes for population education in schools."

4.8. The Committee note that there is no representative of the Ministry of Education in the Executive Board. In view of the importance of education in population dynamics in schools, colleges and other professional courses, the Committee feel that the responsibility of Education Ministries in the Centre and States for population and health education is great. They, therefore, recommend that a representative of the Ministry of Education should invariably be included in the Executive Board for advising on schemes relating to educational aspects of family planning.

Advisory Committees

4.9. The advise the Government of India on various matters connected with the Family Planning Programme, certain Committees have been formed. Their functions are purely advisory. Prominent among these are:—

(1) Central Maternal and Child Welfare Advisory Committee.

(2) Family Planning Mass Education Coordination Committee.

(3) The Demographic and Communication Action Research Committee.

(4) Technical Committee to consider all problems connected with Family Planning Programmes in the field with particular reference to IUCD and sterilization procedure.

(5) Advisory Committee of ISM for Family Planning.

(6) Vehicles Committee.

(7) Dufferin's Fund Advisory Committee.

(8) Family Planning National Awards Committee.

4.10. With a view to provide administrative leadership and technical guidance on various aspects of the programme, a full-fledged Department of Family Planning was created in the Ministry of Health and Family Planning in April, 1966. In the earlier years it formed part of the Directorate General of Health Services. It is headed by a Secretary, who is concurrently in-charge of the Department of Health. He is assisted by an Additional Secretary under whom the Department of Family Planning is organised into two main wings namely, the Secretariat Wing and the Technical Wing. The Secretariat Wing deals with the over-all planning and coordination of the Family Planning Programme, laying down patterns of Central assistance under the programme at various levels, determination of release of financial assistance to States, autonomous and Voluntary Organisations for implementation of the programme, and periodical review of performance and expenditure. This Wing also deals with all proposals under the aided programmes, release of grants for research projects. It is also responsible for administrative matters concerning the Department and subordinate offices and autonomous organisations. The Technical Wing is responsible for implementation of the programme and providing technical guidance to States on various aspects of the programme. It is also responsible for coordination of various activities namely, services, training, follow-up of progress in the States|Union Territories and production, procurement and supply of audio-visual aids. This Wing also deals with mass communication and extension education programmes. Another important work assigned to this Wing is the procurement and distribution of vehicles, conventional contraceptives including Nirodh, and other items of stores required under the programme.

4.11. The functions of the Department are broadly stated to be as follows:—

1. framing of policy for the family planning programme.
2. Organisation and direction of education training and research in all aspects of family planning programme.
3. Co-ordination of designing production, procurement and supply of Audio-visual Aids and equipments to propagate the family planning programme.
4. Supply of vehicles for F. P. programme;
5. liaison with foreign countries and international agencies in matters relating to family planning.
6. grants-in-aid to Voluntary Organisation and local bodies for opening F. P. Welfare Centres (both urban and rural) and I.U.C.D.|Sterilisation Units, holding Orientation training Camps, distribution of contraceptives by Tea Estates and other dispensaries giving free medical service to public.
7. Central assistance to State Governments, Local bodies etc. for implementation of various scheme under the Family Planning Programme.
8. Maternity and Child Welfare.
9. Administration and supervision of the Regional Health Offices, Central Family Planning Field Units and the Central Family Planning Corps.' Family Planning Training & Research Centre, Central Health Transport Organisation.
10. Hindustan Latex Ltd.
11. The Central Internal Audit Parties.

Staffing

4.12. At the time of creation of the Department of Family Planning i.e. April, 1966, 64 posts, sanctioned for family planning work in the Department of Health and Directorate General of Health Services. were transferred to the new Department. In view of the need for stepping up of the programme, 115 new posts were added to the Department. Thus the Department started functioning with a strength of 179 members on its roll. Since then a number of additional posts both on administrative as well as technical sides were created from time to time.

The staff position and the expenditure incurred during the years 1966-69 is as under:—

1966-67			1967-68		1968-69	
No. of posts		Exp. (Rs. in lakhs	No.of posts	Exp. (Rs. in lakhs	No. of posts	Exp. (Rs. in lakhs)
Administrative						
(*i*) Gazetted	17	4·97	20	8·03	21	11·26
(*ii*) Non-Gazetted	119		140		145	
Technical						
(*i*) Gazetted	22	6·20	35	11·00	66	17·24
(*ii*) Non-Gazetted	110		143		237	

4.13. The Staff inspection Unit of the Ministry of Finance made a work study of the Staff-strength of the Department from June to November, 1969. The Staff Inspection Unit recommended abolition of 44 posts and creation of 11 new posts. These recommendations were accepted. In addition, the Staff Inspection Unit recommended review of the need for continuance of certain posts.

4.14. The Department of Family Planning has under it the following sub-ordinate offices:—

(1) Six Regional Health Offices.

(2) Sixteen Central F.P. Field Units.

(3) Family Planning Training and Research Centre, Bombay.

(4) Central Health Transport Organisation, New Delhi.

4.15. The functions of these organisations are as follows:—

Regional Health Offices.

Under the Technical Wing, six Regional Health Offices have been established at Ahmedabad, Bangalore, Bhopal, Calcutta, Chandigarh and Lucknow, each covering a set of States and headed by Regional Director. Their main functions are to maintain close liaison with the States, project the Centre's view-points and policies and watch the progress of programme implementation. These Offices have with them 16 Central Family Planning Field Units at the rate of one for each State.

These Central Family Planning Field Units were established by the Government of India in various States to help them with their

training and field study programme. These units send out mobile teams for imparting on-the-spot training to medical, para-medical and non-medical personnel including community workers. Besides training, these units also carry out educational activities such as film shows, camps etc.

Family Planning Training and Research Centre, Bombay.

4.16. This institute imparts training in extension education. The District Extension Educators employed in the States and members of the staff of the Central Family Planning Field Units are deputed to attend the courses conducted by this Institute. This Institute also imparts technical guidance to the Regional Family Planning Training Centres established in Madhya Pradesh, Maharashtra and Gujarat.

Central Family Planning Corps

4.17. The Central Health Transport Organisation, set up in 1965, came under the direct administrative control of the Department of Family Planning after March, 1969.

Central Family Planning Corporation.

4.18. A Central Family Planning Corps was constituted in 1966 to meet the difficulty experienced in some States in recruiting lady doctors especially for work in rural areas. These Corps doctors have been recruited by the Department of Family Planning and posted in the States. They supplement the work of the States personnel and also provide training to local personnels. At present 31 Corps Doctors are working in various States. The position regarding availability of lady doctors in the various States is stated to have improved.

(ii) *In the States*

4.19. As in the Centre, there are Cabinet Committees on Family Planning in almost all the States. Such Committees were not functioning in the Union Territories of Delhi, Goa, Daman and Diu, Manipur, NEFA, Pondicherry and Tripura. These State Cabinet Committees are headed by the Chief Ministers or the Health Minister of States for policy clearance and removal of bottlenecks.

4.20. Similarly, State Family Planning Council exists at the State level. Such Councils are stated to have been formed in the States of Andhra Pradesh, Assam, Bihar, Gujarat, Haryana, Himachal Pradesh, Kerala, Madhya Pradesh, Maharashtra, Orissa, Punjab,

Rajasthan, Tamil Nadu, Uttar Pradesh and West Bengal. In Mysore, the Family Planning Board had not been reconstituted into Council. The functions of the Council are to recommend various suggestions in collaboration with the authorities of State Government, voluntary organisations, local bodies and leaders of Public Opinion.

Implementation/Action Committees

4.21. For the purpose of reviewing from time to time the progress of the programme at various levels in the States, bringing about co-ordination amongst the different executive agencies ensuring the support of other departmental and non-official agencies. Implementation/Action Committee at the State, District and Block level have been formed in States. These Committees, at the State level consists of Chief Secretary as Chairman and other concerned State Officials as Members; at the district level, these consist of Collector/Chairman, Zila Parishad as Chairman and Civil Surgeon, District Planning and other important officers as Members; and at the Block level consist of Chairman/President of Panchayat Samiti as Chairman and Samiti members and Block Medical Officer as Members. State level Committees are said to have been constituted in all the States except Maharashtra; District level Committees were functioning in all the States; and Block Level Committees, are said to be functioning in all the States except Gujarat, Maharashtra, Tamil Nadu.

State Family Planning Bureau

4.22. The State Family Planning Bureau is provided in every State as a part of the State Directorate of Health Services. It is responsible for planning implementation, co-ordination, supervision, training and evaluation of the Family Planning Programme in the State.

The State Bureau is headed by a State Family Planning Officer of the rank of Deputy, Joint or Additional Director. The actual services are rendered by the subordinate units *viz.*, District Family Planning Bureau (Mobile IUCD and Mobile Sterilisation Units), City Family Planning Bureau, Urban Family Welfare Planning Centres, Main Rural Family Welfare Planning Centres and subcentres, besides Hospitals, Static Sterilisation Units, services provided through special programmes and special camps organised for the purpose.

4.23. The State Family Planning Bureau, have six functional Divisions *viz.*, (i) Administration and Stores Division (ii) Education and Information Division (iii) Operation Planning and Train-

ing Division (iv) Demographic and Evaluation Division (v) Audit and Accounts Cell and (v) Construction Units.

The majority of the technical staff (75 per cent) earmarked for these Bureau was said to be in position.

4.24. The District Family Planning Bureau has the main responsibility to Plan, implement, co-ordinate, guide, supervise and evaluate the Family Planning Programme throughout the District. The Bureau has 3 functional divisions *viz.*, (i) Administrative Division, (ii) Educaton and Informaton Division and (iii) Field Operation and Evaluation Division. The last one has three Units *viz.*, (a) Statistical Unit, (b) Mobile Sterilisation Unit and (iii) Mobile IUCD Units.

4.25. 325 out of 329 districts have already got these bureau and 62 per cent of their technical staff was said be in position. The District Bureaux as stated above was also responsible for providing mobile services to rural areas through mobile sterilisation, and IUCD units. 863 (431 sterilisation + 432 IUCD) mobile units were stated to be functioning in these 320 districts.

Urban Family Welfare Planning Centres

4.26 Urban Family Welfare Planning Centres were being established normally at the rate of one for about 50,000 or less population to provide MCH & F.P. services in Urban areas. Different patterns for staff are prescribed for Centres in Small towns. A total of 1,777 such centres are said to be functioning throughout the country. These centres are run directly by State Governments, local bodies and voluntary organisations. Another 191 centres were being run by the Ministries of Railways and Defence to meet the needs of their personnel. Originally, urban centres were established for providing family planning services only. Since family planning has been integrated with MCH services, the staffing pattern of the urban centres was modified so that in the place of female extension educator and female field worker, a public health nurse lady health visitor and auxiliary nurse-midwife could provide MCH service as part of total programme. It has also been stated that the States have been asked to locate these urban centres and MCH centres under the same roof or as near to each other as possible.

4.27 The pattern of assistance for the establishment of Urban Family Welfare Planning Centres by local bodies were stated to have been extended to state Governments and Voluntary Organisations so that they might also establish such Centres for different population ranges and make appropriate adjustments in the staff.

Rural Family Welfare Planning Centres

4.28 The rural family welfare planning centres from part of the total basic health services provided through the primary health centres. To meet the additional requirements, the P.H.Cs. are stated to have been strengthened with additional staff at the main centre and it was proposed to open one MCH & F.P. sub-Centre for every unit of about 10,000 population. 5044 P.H.Cs. were stated to be functioning and 5,100 main rural family planning centres had been established by strengthening the Staff of P.H.Cs 14,175 sub-centres had been established under the Health Programme, and 15,758 additional sub-Centres had been opened under the family planning programme, thus bringing the total to 29,933 or 71 per cent of the total required.

Mass Education and Co-ordination Committee

4.29 The Family Planning Mass Education Programme envisages that the bulk of the activities will be carried out by the States according to the local needs. These activities are supplemented by the centre specially in the fields of press, film and radio and through other central channels of the Posts and Telegraphs and Railways. In order to facilitate effective coordination between the activities carried out by the States and Central support provided for these activities, Mass Education co-ordination Committees were suggested to be set up both at the State as well as district levels. While communicating the pattern for the Family Planning Mass Education activities to the States in January, 1967, guidelines about the composition and functioning of these coordination committees were sent to the States.

4.30 The importance of the setting up of these coordination committees is stated to have been highlighted from time to time in various communications sent to the States. The Co-ordination Committees are meant to ensure that the Family Planning Mass Education activities are effectively carried out with the help of various concerned organisations both official as well as non-official the Media Units of the Ministry of Information and Broadcasting and other organisations like the State Information and Publicity Units, the State Development Departments and other agencies functioning in the field.

4.31 These co-ordination committees are stated to have been formed in most of the States. The District Co-ordination Committees, however, have been set up only in few States like Haryana & Punjab. The State level coordination committee has been suggested to be presided over by the State Health and Family Planning

Secretary with the State Family Planning Mass Education & Media Officer as the Convenor. The District level coordination Committee has been suggested to be headed by the District Magistrate with the District Family Planning Mass Education Officer as convenor.

Grants-in-aid Committees

4.32 The State Governments have set up Grants-in-aid Committees for considering applications from the Voluntary Organisations and Local Bodies for continuation of existing activities as well as for undertaking new approved schemes. The Grants-in-aid Committees consist of the Administrative Medical Officer of the State concerned the State Family Planning Officer and the Regional Director (Family Planning and MCH) of the Government of India.

4.33 Such Committees are stated to be now functioning in the States of Andhra Pradesh, Assam, Bihar, Gujarat, Haryana, Himachal Pradesh, Kerala, Mdhya Pradesh, Mysore, Maharashtra, Orissa, Punjab, Rajasthan, Tamil, Uttar Pradesh and West Bengal and in Union Territories of Delhi & Manipur.

4.34 The State of Madhya Pradesh has constituted Grants-in-aid Committee at District level, also.

Temporary nature of the Family Planning Department

4.35 In their Report on Evaluation of the Family Planning Programme in India, the U.N. Advisory Mission have commented about the temporary nature of the Family Planning Department as follows:

> "Serious problem in Centre-State family planing relations is the custom under which States treat centrally financed 'planned' programme, such as family planning, as 'Temporary'. This causes all family planning personnel in the States who do not otherwise have permanent status to be treated as 'temporary' employees. As such, they do not enjoy the rights and privileges of permanent civil servants. This practice is a handicap to recruitment and an obstacle to the development of a career service. The rationale or the practice is understandable, namely, that the States do not want to accept for al time the burden of centrally induced expeditures. The Mission, however, finds strong reasons for the Ministry of Finance to regard the family planning programme as 'permanent' which would allow 80 per cent of its posts to be given permanent status. The States should be induced to adopt a similar policy, which is equally needed at that level."

4.36 Commenting on the views of the U.N. Advisory Mission that the temporary nature of Family Planning Department was in the way of attracting the right personnel for meaning the jobs, the Secretary, Ministry of Health and Family Planning stated during the course of evidence:

> "The Ministry of Finance agreed that the Department should be treated as a permanent Department. At the Centre, we are going to make hundred per cent of the posts permanent as approved by the Staff. Inspection Unit of the Ministry of Finance. As regards the remaining posts, action will be taken to make 80 per cent of these posts permanent (other than class IV) which have continuously been in existence for the last three years and are likely to continue for a long time. As regards States, we have requested them to make most of the key posts permanent according to their own standards and requirements."

4.37 As regards the reactions of the States to their suggestion, the Secretary of the Ministry stated as follows:—

> "The States always agree in theory. But the difficulty arises when they have to act. There are some States which do better than others; some States are not convinced of the necessity for making certain people permanent, such as Field Extension Educators."

4.38 He further informed the Committee as follows:—

> "The States have all agreed to implement it by making permanent most of the jobs such as the Medical Officer at the Primary Health Centre. The District Family Planning Officer belongs to an organised cadre and Technical Officers are also drawn from a regular cadre. Thus, they are already permanent."

4.39 In a written note Government have informed that "The Central Family Planing Council at its meeting held at Bhopal on 6-7th November, 1969 also considered this aspect of the Programme and recommended, *inter-alia*, that the Family Planning staff should be made permanent in a phased manner and to begin with 33 per cent of the posts should be converted into permanent ones. Accordigly in a Department of Family Planning letter dated the 19th May, 1971, it has been suggested to the State Government that they may convert such of the temporary posts under Family Planning Programme into permanent ones as they consider necessary according to their own standard and requirements. In another letter dated the 12th

October, 1971 the State Government have been requested to furnish a copy of the relevant orders issued by them and in case no such orders were issued, to indicate their reactions to that suggestion."

4.40 In pursuance of these letters, action taken by State Governments and the progress made in converting temporary posts into permanent is stated to be as follows:—

"According to the information received, the position is that the Government of Madhya Pradesh have issued orders on the 20th December, 1971, coverting certain temporary posts into permanent ones w.e.f. 1-1-1972. Among others, 217 out of 651 posts of medical officers and 831 out of 2493 posts of nursing personnel have been converted into permanent ones.

Delhi Administration had issued orders in July, 1970 converting certain posts in the Directorate of Family Planning into permanent ones. Out of six posts of medical officers, one post has been made permanent. They have two nursing posts but they have not been converted into permanent ones.

The Government of Maharashtra, Punjab, Tripura have sent interim replies stating that the matter was under consideration.

Andaman and Nicobar Administration have mentioned that the temporary posts created for family planning programme in that Territory *inter-alia* include one post of lady medical officer and 13 posts of nursing personnel. The posts of lady medical officer and staff nurses have been filled on 1.4.1971 and 22.2.1969 respectively. None of the incumbents has completed three years continuous service and as such question of converting temporary posts into permanent ones does not arise at present.

The overnment of Nagaland have sent nil reply.

The Government of Mysore, Himachal Pradesh have asked for a copy of the previous correspondence which has been supplied.

Other State Governments Union Territories have been telegraphically reminded for indicating progress made particularly in respect of posts of doctors and nurses."

4.41 In reply to a question whether the organisational set-up in respect of the Family Planning Programme was too elaborate and

top-heavy, the Committee were informed during the course of evidence that the organisational set-up at the centre was not top-heavy because the percentage of expenditure on administration had been going down over the year. It was 72 per cent in 1968-69, 51 per cent in 1969-70 and 44 per cent in 1970-71. At the States and District levels, there was a pattern which had been laid down after very careful consideration by an Expert Committee. The States cannot depart from that pattern. Moreover, there were great shortages of staff, paticularly of doctors and nurses which require to be filled up.

Administrative Set-up

4.42 About the administrative set-up and the powers of the Secretary of the Ministry of Health and Family Planning for implementation of the Family Planning Programme, the Secretary of the Ministry during the course of evidence, informed the Committee as follows:—

"Success depends on the degree of vigour and force which is applied at different administrative levels to the programme. There are three levels which are most important—the centre, the State and the District. It is from here that the impulse must emanate; it is here that we must have the proper set up, of power as well as will, to carry out the programme. To deal with the Centre first, we find that ever since the beginning of the programme, this Ministry and every one in it or associated with it has been working with the utmost dedication. There is no lack of dedication and never has been. But yet we find all our work, not yielding the desired results, because of certain obstacles which are coming in our way. One obstruction is that the key post of Commissioner is sometimes held by people who stay for a short time. These must be held for a minimum period of three and a half years—six months to learn the job and three years for making the policy effective. Instead, we find that there is a rapid change in Commissioner. The other difficulty is the one which we have been telling the States that the Health Secretary must be given the power of the Finance Department in the Centre, the Secretary does not have the power of the Finance Ministry. He only has certain delegated powers which all other Secretaries have. The first way is to give him powers of the Finance Secretary as has been done in a majority of States. At the State level, even if one person in a key post is committed to the programme, the programme goes ahead. The person who is most concerned,

and we would like him to be concerned, is the Health Secretary. He is obviously a very important person and he, above all others, should be committed to the programme. In this connection, we find that in a number of States particularly in those States which have not been doing well, there are frequent changes of Health Secretaries. Sometimes quite junior people are posted; sometimes people who are on the verge of retirement are posted. Our suggestion would be that the Secretary to Government in every State should be of the rank of a Commissioner. This will enable them to choose a person of the right seniority and experience in the field, and who can give a real push to the programme.

When it comes to the relation between the Centre and the States, there again a vital link is missing. We do not have adequate influence with the States. The most effective power is the financial power. We have there made two suggestions. One is that States must render monthly accounts to us and if these accounts are not satisfactorily rendered, we should have the power to withhold further grants till we are satisfied that money has been properly spent. Our second suggestion is that the 60 per cent allocation for plan expenditure which is made to States on the basis of population alone should be cut based on the future performance of the States in family planning. This gives the Health and the Family Planning Ministry a powerful lever to bring the State Governments round to our views of thinking. Then I come to the district level. Here there are two sets of functionaries who are vatially important to the programme. One is the District Magistrate and his staff and the other is the Chief Medical Officer in the District. Dealing with the Chief Medical Officer first, we find that in some States health and medical services have been amalgamated right down to the district level and it is in these very States that the family planning programme, the health programme etc. are running satisfactorily. Where this has not taken place, by and large, the programmes are not running satisfactorily. Some States have accepted this in principle that these services should be amalgamated, but for some reason or the other they have delayed in carrying it out.

As regards the District Magistrate and his staff, we find that wherever the District Magistrate is keen about the pro-

gramme and makes special efforts, it goes ahead. Studies carried out throughout India show that where District Magistrates have put in an effort, things have gone well. We have not able to think of any institutional manner by which District Magistrates can be closely involved in the programme, other than training. What we are thinking of and what we are doing is that we should stimulate in them a spirit of emulation. An experiment in this respect has been carried on in Kerala. We directed all the States to send observers to Kerala. The result is that we have received a number of proposals from District Magistrates for simlar camps. (One is from Bulandshahar). They want to have a number of camps like the Ernakulam camp. Finance has also agreed that we should carry out 25 similar camps in India. We shall then move forward. These are some of the suggestions which could help us to give the necessary push to the programme routed down to the district level."

4.43. Asked to state whether the status of State Family Planning Officers should also be upgraded as has been suggested in the case of Health Secretaries, the Secretary replied:

"The difficulty in the States is the officer cncerned has to be slinghtly lower rank than the Director of Medical and Health Services of the State. I should say he should be of the rank of Additional Director.

He should be a senior officer next to Director. He should hold charge for 3-1|2 years."

4.44. As regards the working of the State Family Planning Bureaus and District Family Planning Bureaus, the Secretary, Ministry of Health and Family Planning, during the course of evidence stated "The Bureaus work with different levels of efficiency in different States. In some States they work very well. In the District also, they function with a varying levels of efficiency."

4.45. It has been further stated by Government in a written note:

"The implementation of the Family Planning Programme at the district level varies from State to State and even in the same State from District to District. In some of the district, the implementation is not only satisfactory but

also commendable. The factors responsible are many and sometimes complex like the staffing position and their training status, motivation of the officers and staff, socio-economic and educational status in the District and finally the leadership provided by the concerned officers. In view of satisfactory progress in many districts, when 49 districts have exceeded the sterilization targets for three years consecutively, there is reason to believe that with full component of trained officers and staff at the district and lower level, the implementation will improve considerably."

4.46. Asked to state whether any attempt has been made to involve Community Development Blocks and Gram Panchayats, which are closely associated with development Bolcks, in the work of family planning, the Secretary, Ministry of Health and Family Planning during the course of evidence stated:

"We do accept that the closer the Gram Panchyat is involved with the scheme, the better the scheme will run because it is after all a people's scheme and the panchayats represent the people. The institution of the Gram Panchayat has reached different levels in different States. In some States it is very powerful-Maharashtra, Gujarat, Kerla, Andhra. In some State, the institution is weak. Here again, we find that in UP and Bihar, the institution has not been able to gather as much strength as in other States. So, here their involvement is much less. We offer rewards to Gram Panchayats for good work done. There are national awards and State awards. We would very much like to involve them even closer with the programme."

Shortages of Staff, Doctors and Nurses

4.47. The Secretary, Ministry of Health and Family Planning informed the Committee, during the course of evidence, that one of the reasons for lack of effective implementation of the Family Planing Programme in the State is lack of administrative dynamism. Elaborating it further he stated:—

"The lack of administrative dynamism arises in several ways. Let us take the example of Bihar. There is no State Family Planning Officers for 6 months. There is no one at the top. There, the officers in charge of family

planning at district level are frequently transferred. There is no pressure or push from the State capital on the District Magistrates or the District Family Planning officers to show results. Somewhat similar is the picture in U.P. Of course the picture of U.P. has recently changed."

4.48. He also stated that proper hierarchy, a proper chain of command is essential for this purpose. He added "this is where the importance of the proper administrative infra-structure comes in and this what we have been trying to build with partial success. A large number of posts are still lying vacant. Also we have to work through the State Governments. We are trying to motivate them."

4.49. The Family Planning Commissioner also stated:

"For the last six months, the State Family Planning Officer in Bihar has not been in position continuously. There is nobody who can really be responsible for the programme. Secondly, for the various posts that have been sanctioned by the Central Government, there has not been financial concurrence of the Bihar Government. I, therefore, appproached the Minister and he agreed that he will give the Health Secretary the riquisite powers for sanctioning these posts from financial point of view as has been done in many States in the country. There has been one more flaw in Bihar *i.e.* about the number of of trained auxilary midwives. We are out to correct that. There is nobody to head the nursing cadre. There is no nursing officer of the level of Assistant Director of Health Services. Again there is no independent post of Assistant Director (Maternity & Child) also."

4.50. As regards shortages of doctors and nurses, the Secretary, Ministry of Health and Family Planning admitted that there are great shortages of doctors and Nurses and these are required to be filled up. As regards the extent of shortages of Doctors, he stated:

"There are two ways of looking at this question. One is to see what should be the ideal number of doctors and nurses in the country. Every one has his own opinion, and I would like to mention what is my personal opinion. I think we should have one doctor for 1000 people and we should have one nurse for about 1000 people. Now if

we look at this way, the shortage of doctors and nurses is enormous. It is an almost unthinkably, large number. At the moment we have one doctor for 5000 persons. We would, thus, need five times more doctors. The other way to look at it is to see the sanctioned strength for the P.H.C.s If you look at it from that point of view, the shortage of nurses is 9,500 and that of doctors is 3,000. Yet another way of looking at it is to see what should be the shortage and what should be the strength according to what we lay down as the pattern Our pattern is one nurse for every 10,000 persons. According to that we need 60,000 nurses. Against that 30,567 are in position and we are short of a little over than 29,000."

4.51. About the reasons for the shortage of doctors and nurses, the Secretary informed the Committee as follows:—

"The reasons for the shortage of doctors and nurses is that there are not adequate training facilities for them. We are not producing a sufficient number of nurses in the country nor are we producing enough doctors. We are not producing nurses, particularly in certain backward areas. The wrost shortage is in U.P., the next worst in Bihar. There are some States which have a slight surplus. Kerala has 400 nurses surplus, but it is just a drop in the bucket. Anyway they are not willing to move out from Kerala, at least not to U.P.

As regards doctors, the position is that while there is an overall shortage of doctors in the country, there are local excesses. At some places, there are more doctors than are actually necessary, and there are some places where the shortage of doctors is much greater than the All-India average. This is because of the reluctance of doctors to serve in certain parts of the country."

4:52. About the reasons for reluctance on the part of doctors to move out from their States, the Secretary, during the course of evidence, stated as follows:—

"I would say that it is a mixture of reasons. Doctors are in excess in certain areas because they do not like to move out. For example, doctors, in Orissa do not blame them, Orissa is a beautiful State. There are some doctors who

do not wish to move to rural areas. At the same time, I would say that the scales of pay of doctors, allowances and other benefits are on the low side. I would very much like to give our doctors and nurses a better deal."

4:53. The Secretary further added that they were also trying to give more benefits to the doctors to step up Family Planning Programme. They had recently offered more allowance to doctors in some disadvantageous areas. They have given free housing and other facilities. The result was that more doctors than before were coming forward. On 1-4-169, they had only 900 doctors, paid from Family Planning funds, in rural areas and now they had 2292 doctors. In the States of West Bengal, Kerala and Rajasthan, every P.H.C. had got two doctors. The Secretary added as follows:

"We have to continue training more doctors, we have to continue trying to educate them to go to villages; we have to give them facilities. This is a continuing process. The economic forces, perhaps are also working in this direction because there is more wealth in the country-side, and more facilities like electrification, road etc. are being provided. We have also been advised by the Law Ministry very recently that we can take a bond from every medical student that after passing out from the college, he or she should serve for a period of one year 2 years or 3 years as directed by the Government.

Then coming to nurses, as I said, the supply of nurses depends on the training facilities plus the other amenities we give them. The main difficulty about nurses is to find an adequate number for two States, namely U. P. and Bihar. U. P. has a shortage of 7,000 nurses and Bihar has a shortage of 1,000 nurses. I have recently visited U. P. two or three times just in order to apprise them of the necessity for nurses, I suggested to the State Government that they should open more centres, increase the stipend and increase the pay of nurses. The U. P. Government have agreed to open more centres; they have agreed to increase the stipend from Rs. 40 to Rs. 75 P. M. and they are considering increases in the pay of nurses. It is too early to say what results the steps will have, but in consonance with our experience elsewhere we hope, we will get more nurses than before."

Recruitment of Doctors and nurses on Central Basis.

4.54. To a suggestion that so far as family planning was concerned, the recruitment of doctors and nurses be made by the Centre and then they should be sent to respective States according to their requirements, the Secretary of the Ministry stated that Family planning and health, which go together, was a State subject. They, therefore, could not recruit doctors and nurses. They had, however, earlier recruited doctors fo the States. The Scheme failed as they used to pay more to their doctors and that led to jealously among the doctors employed by the States and led to a lot of trouble. The Secretary, however, stated:

> "There should be an All-India Medical Service and we are keen on having an Indian Medical Service. We have asked the States for their concurrence. Some States have concurred. As soon as we get concurrence from the rest we shall form such a service."

4.55. In reply to a question whether Family Planning Programme has been formally accepted as an integral part of Health and Medical Departments in the States and whether there is an unified State Department to look after all the three aspects of health, family planning and medical, it has been stated in a written note:—

> "Family Planning Programme has been formally accepted as integral part of health and medical Departments in the States.
>
> At the State Securetariat level, Health, Medical and Family Planning are under the charge of State Health Secretaries. Similarly, at the State Directorate level, Director, Medical Health and Family Planning Services is the overall incharge and the State Family Planning and M.C.H. Officer operates under him.
>
> At the district level, however, the position varies from State to State. In the States of Andhra Pradesh, Bihar, Haryana, Punjab, Kerala, Orissa and West Bengal, where integration has been established at the district level, the Chief Medical Officer for the District is responsible for the integrated Medical, Health and Family Planning Services. In other States proposed integration has yet to be established. Generally, District Family Planning Officer is responsible for Family Planning and M.C.H.

while Medical care and Public Health are mostly under the charge of Civil Surgeon and District Medical Officer of Health and the degree of coordination varies."

4.56. During the course of evidence, the Secretary, Health and Family Planning stated about the integration of health and medical service with family planning:

"We find that in some States health and medical services have been amalgamated right down to the district level and it is in these very States that the Family Planning Programme, the health programme etc. are running satisfactorily. Where this has not taken place, by and large, the programmes are not running satisfactorily. Some States have accepted this in principle—that these Services should be amalgamated—but for some reason or the other they have delayed in carrying it out."

4.57. As regards integration of Family Planning Programme not only with health services but also with a minimum programme of social security, the Secretary stated:

"This view has been put forward not only in the Indian Institute of Public Administration but elsewhere also. The view was that family planning should form an integral part of the Health Services. This has been progressively our thinking in the Ministry and we have taken a number of steps to make them one integrated programme. In fact we think of it as a family welfare programme. It is also correct that the suggestion was made that the Ministry of Social Security should be part of the Ministry of Health and Family Planning and our own feeling in the Ministry is that this should be so."

4.58. The Committee note that while Central Government has taken steps to put the personnel in the Department of Family Planning on a permanent footing, the State Governments, by and large, have not yet taken concerte steps to make their staff in the Departments of Family Planning as permanent.

The Committee note that in spite of requests made by the Central Government to States in this regard, only one State and a Union Territory have made a few posts permanent in their Family Planning Departments while the matter is still under consideration in certain States or has not been at all considered in other States. They

are disappointed to note that while in theory the States agree to the desirability of making the staff permanent, actually nothing has been done in this matter. The Committee strongly feel that there is an urgent necessity of putting the Department of Family Planning in States on a permanent footing in the interest of Family Planning Programme. This will help in attracting the right personnel to man the requisite jobs in these Departments.

4.59. The Committee consider that with a view to infuse dynamism and to generate necessary impulse in the family planning programme and to make the policy and implementation effective, it is but es ential that top posts of the administrative hierarchy should be immune from frequent and rapid changes. They, therefore, suggest that firm tenure should be laid down for the post of Commissioner of Family Planning in the Centre which has been subject to rapid changes. They are inclined to agree with the view of Secretary, Ministry of Health and Family Planning that this post should be held by the incumbent for a minimum period of three and half years. They also suggest that if the incumbent to the post of Family Planning Commissioner becomes eligible for promotion to a post carrying higher emoluments before the expiry of his tenure, he may be granted the higher scale of pay and allowed to continue in that post for the remaining period of his tenure.

4.60. The Committee note that in States, particularly in those which have not been doing well in the field of Family Planning, there are frequent transfers of the Health Secretaries and that sometimes junior officers or persons on the verge of retirement are appointed to this post. They consider the posts of Health Secretaries in States as key posts on whose commitment and drive the success of the programme depends. They, therefore, suggest that the State Governments should be impressed upon to appoint their Health Secretaries officers of a high rank, say that of a Commissioner for a fixed tenure of three to four years atleast, as may be considered appropriate. They also suggest that the State Governments may be requested to upgrade the post of State Family Planning Officers wherever necessary, next to the rank of Director of Health and Medical Services. His tenure of office may also be fixed for at least three to four years.

4.61. The Committee are distressed to learn that posts sanctioned for Family Planning Departments in States were not actually filled for many years and that requisite staff strength in Family Planning Departments is not in position in many States. It is indeed alarming to learn that even the post of State Family Planning Officer in a certain State continued to be vacant

for as long as a period of six months. They consider that for building up a sustained programme, proper infra-structure as per prescribed patterns should be expeditiously placed in position at various levels through sanction of posts, recruitment of personnel and their deployment on a planned basis. The Central Government may take up this matter with State Governments at the highest level and impress upon them the desirability of filling up this lacuna at the earliest in the interest of effective implementation of the Family Planning Pragramme.

4.62. The Committee note that there is acute shortages of doctors and nurses and that there is reluctance on their part to move from one State to the other and even to go to rural areas. They, therefore, suggest that Government may take the following remedial steps:

(i) open more medical colleges, within the available resources, to augment the cadre of doctors;

(ii) finalise the Scheme of constituting an All-India Medical Sercive in consultation with State Governments with a view to ensure mobility of doctors from State to State;

(iii) impress upon the State Governments particularly those States where there is acute shortage to open more training schools for nurses and to attract women to this profession of increasing their pay, stipends and conveyance and other allowances etc.; and to provide proper housing facilities to them, particularly in rural areas;

(iv) with a view to win over the reluctance of doctors to serve in rural areas, the following measures may be taken:

(a) it may be made incumbent upon every medical graduate to serve a few years in the rural areas;

(b) more inventives in the form of cash aliowance, conveyance allowance etc. may be given to doctors, posted to rural areas;

(c) proper facilities for their housing, education to children, recreation etc. may be provided;

(d) doctors working in rural areas for three years should be given preference for admission to post-graduate Medical Courses;

(e) their services in rural areas should constitute an essential consideration for promotion to higher posts.

4.63. The Committee note that the States where family Planning has been integrated with general health and medical services are doing well while other States where it has not been done so, the programmes are not making as much headway. They, therefore, suggest that this matter may be taken up with the States concerned at the highest level and the desirability of integration of family planning with health and medical services at the earliest may be impressed upon. It may, however, be ensured that while effecting such integration they should see that the needs of both the wings are catered to in a complementary manner without either of them being neglected.

4.64. The Committee feel that Community Development blocks, Cooperatives and Panchayati Raj institutions can play an important role in spreading the message of Family Planning particularly in the field of motivation. They, therefore, suggest that further steps may be taken to involve these institutions in a vigorous and active manner in the work of family planning.

(iii) *Central Health Transport Organisation*

4.65. In order that all governmental and non-governmental agencies engaged either in motivational endeavour or in carrying the services nearest to the doorstop of the people could effectively and expeditiously discharge their responsibilities, mobility of services and personnel is considered of paramount importance. Transport has thus become the very life-line of the programme. Accordingly vehicles of various kinds and for various purposes have to be deployed. To ensure maintenance of family planning vehicles and proper utilisation of those received under agreements with international agencies, the Central Health Transport Organisation and State Health Transport Organisation were developed. The formal sanction for seting up the Central Organisation as a result of agreement betwen the Government of India and UNICEF as Second Addendum to Master Plan of Operations was issued in April, 1965 and Staff comprising of Officer-in-Charge, Training Officer, Stores Officer, Workshop Foreman, three Mechanics and two Training Instructors was sanctioned in September, 1965. Officer-in-Charge joined on 1st March, 1966.

4.66. The administration of the Central Health Transport Organisation was transferred from the Department of Health to the

Department of Family Planning with effect from 1st April, 1969. Under the present set-up, the Organisation is headed by a Director and has the following five divisions:—

(i) Vehicle Administrative Control Division;

(ii) Material Management Division;

(iii) Technical Division;

(iv) Health Equipment and Repairing Division; and

(v) Personnel Training Division.

4.67. The Organisation is *inter alia* entrusted with the following duties:

(i) to coordinate and guide the activities of the State Health Transport Organisation;

(ii) to arrange suitable courses for training, refresher courses/ seminars for various categories of personnel of State Health Transport Organisation in fleet management, spare parts managements, preventive maintenance of vehicles etc.

(iii) to attend to repairs and maintenance of health and family planning vehicles in Delhi area;

(iv) to establish a storage Division for spare parts received from international agencies.

The responsibility of holding UNICEF spare parts, hitherto held by a private firm, was taken over by the Organisation in December, 1969.

4.68. It is stated that upto March, 1969, not much progress could be achieved by the Organisation. During the first four years period from 1965-66 to 1968-69, only some minor duties of arranging servicing and repairing of a few hundred vehicles at private commerical garages and storing, purchasing and issuing of items of spare parts etc. by the Material Management Wing were performed.

4.69. Since its inception, the Central Health and Transport Organisation has carried out the following activities:

1. Conducted 43 training courses for various categories of staff at Headquarters and in the States. (138 technical staff; 362 Doctors and 231 drivers.)

2. Maintaining and undertaking repairs to the Health and Family Planning Vehicles in Delhi.

3. Procuring, storing and distributing spare parts supplied by UNICEF.

4. Preparing/supplying technical literature in their development.

5. The following have been established:

(i) 102 Mobile Maintenance Units against 203.

(ii) 14 Central Workshops against 20.

(iii) 7 Regional Workshops against 27.

(iv) 1,042 Men against 4,346.

4.70. No. of Vehicles entitled and available by the States as on 31st March, 1971 are stated to be as follows:—

States/Union Territories	Entitlement	Available
Andhra Pradesh	584	207
Assam	174	50
Bihar	774	162
Gujarat	374	113
Haryana	137	61
Himachal Pradesh	123	..
Jammu & Kashmir	112	28
Kerala	245	95
Madhya Pradesh	655	162
Maharshtra	616	317
Meghalaya	75	
Mysore	372	91
Nagaland	33	..
Orissa	406	187
Punjab	207	84
Rajasthan	373	247
Tamil Nadu	514	162
	1,263	449

States/Union Territories	Entitlement	Available
Uttar Pradesh	1,263	449
West Bengal	488	153
Andaman Nicobar Islands	11	1
Chandigarh	7	2
Delhi	15	7
D. N. Haveli	8	2
Goa	21	7
L. M. A. Islands	13	
Manipur	22	6
NEFA	80	
Pondicherry	34	5
Tripura	29	1
TOTAL	7,765	2,599

4.71. The overall requirements of various kinds of vehicles for the programme and actually supplied upto 31st March, 1971 are indicated below:

	Reqd. No.	Vehicles available	Shortfall
1. Primary Health Centres (Supervisory Vans)	5,000	915	4,085
2. District Family Planning Bureau (A.V. Vans)	37	313	4
3. Intensive district/selected areas Programme (A.V. Vans)	66	51	15
4. District Family Planning Bureaux (Service Vans/ IUCD/Ster)	1,363	1,042	321
5. District Family Planning Offices (Sup. Vans)	317	91 (Out of this 100 are to be supplied by UNICEF)	22
6. State Family Planning Offices (Sup. Vans)	16	33* + 17* (Excess is on account of the used vehicle supplied to state Hqs. obtained as grant-in-aid and from—USAID)	

	Reqd. No.	Vehicles available	Shortfall
7. State F. P. Bureaux (A.V. Vans) .	9	9	..
8. Regional Family Planning Training Centres .			
(*i*) Supervisory Vehicles . .	46	46	..
(*ii*) Bus/Mini Bus . . .	92	86	6

4.72. The vehicles as indicated above are supplied to the State Governments in accordance with the following approved pattern of Central Assistance:—

(1) PRIMARY HEALTH CENTRES

Supervisory Vehicles — One vehicles per P.H.C.

(2) DISTRICT FAMILY PLANNING BUREAUX

(*i*) Audio-visual Van . One vehicle per District

(*ii*) Sterilisation Van . One vehicle per District

(*iii*) I.U.C.D. Van . One vehicle for 5 to 7.5 lakh population .

(*iv*) Supervisory Van . One vehicle per District.

(3) INTENSIVE DISTRICTS/SELECTED AREAS

Audio-visual Van . Three vehicles per Intensive District/Selected area.

(4) STATE FAMILY PLANNING BUREAU

(*i*) Audio-visual Van . . . One vehicle to each of the States having 15 or more than 15 Districts.

(*ii*) Supervisory Van . . One vehicle to each State Headquarter

(5) REGIONAL FAMILY PLANNING TRAINING CENTRES

(*i*) Superyisory Van . . . One vehicle to each Training Centre.

(*ii*) Mini Bus . . . Two vehicles to each Training Centre.

4.73. The present number of vehicles available is not adequate to meet requirements of the State Governments. It is proposed to meet the shortfall in respect of the following programmes during the Fourth Plan period:

(i) District Family Planning Bureaux (A. V. Vans)

(ii) Intensive Districts/Selected Areas (A. V. Vans)

(iii) District Family Planning Bureaux (Service Vans IUCD/ Sterilisation Mobile Vans);

(iv) District Family Planning Officers; (Supervisory Vehicles)

(v) Regional Family Planning Training Centres. (Supervisory Vehicles and Mini-buses).

(vi) For Primary Health Centres, the shortfall is proposed to be met as follows:—

1971-72	1,985	vehicles
1972-73	1,500	vehicles
1973-74	600	vehicles

4.74. The approximate cost of 7,765 vehicles comes to Rs. 25.88 crores. Rs. 6 crores has been received from USAID as assistance. There is a prospect of further assistance from USAID to the extent of Rs. 17 crores. The amount required for meeting the entire demand of vehicles for Family Planning Programme are manufactured in the country and with augmented capacity the manufacturers are likely to meet the bulk of the requirement.

4.75. During the course of evidence, the Secretary, Ministry of Health and Family Planning stated:

> "We have asked the Company, Mahindra and Mahindra to step up their production of Jeeps, which they have done and continue to do so. Secondly, we have asked the various State Organisations to diversify their demands away from Jeep to some extent and take Ambassadors and Standards and they have agreed. So, we are supplying some of these cars and some jeeps.

4.76. As regards road-worthiness of vehicles available with State Governments, it has been stated that most of the Family Planning vehicles may be on road as these vehicles are new ones. Detailed and uptodate information regarding all the Health and Family Planning vehicles and their off road state is not being received from the States regularly. The available information is given below:—

Name of the State	1968 Fleet Strength	1968 Off Road	1970 Fleet Strength	1970 Off Road
1	2	3	4	5
1. Andhra Pradesh	1000		1125	13%
2. Assam			600	30%
3. Bihar	..	..	1000	33%

1	2	3	4	5
4. Gujarat	..	..	750	6%
5. Haryana	250	1·2%		
6. Jammu & Kashmir			..	
7. Himachal Pradesh	..	..		
8. Kerala	350	0·6%	..	..
9. Madhya Pradesh	800	35%	1016	15%
10. Maharashtra			920	4·6%
11. Mysore	450		476	14%
12. Meghalaya				
13. Nagaland				
14. Orissa			..	..
15. Punjab		..	335	3%
16. Rajasthan	..	..	650	10%
17. Tamil Nadu	700	15%	820	7½%
18. Uttar Pradesh	..	..	1090	25%
19. West Bengal	..	..	847	9%

A vehicle Management Information System for Vehicle Administration Control has been developed and it is proposed to conduct an actual physical survey of all the vehicles.

4.77. In a written reply about the existing deficiencies of the Central Health Transport Organisation and the steps taken by Government to rectify them, the Ministry of Health and Family Planning have informed as follows:—

"Deficiencies

1. Lack of proper accommodation.

2. Non-availability of technically qualified personnel.

Steps taken

1. 2.5 acres of land has been acquired. Estimates submitted by the C.P.W.D. for buildings are under examination.

2. The U.P.S.C. and other concerned authorities have been approached for filling up vacant posts with technically qualified personnel."

4.78. It has been further stated that nearly 2.5 acres of land has been acquired at Hauz Khas for putting up the building including the Worshop of the C.H.T.O. The building plan and estimate have been received from the C.P.W.D. which are under examination. In the meanwhile, there is a proposal to construct 10 garages and a servicing ramp at a cost of Rs. 1.30 lakhs which will form as annexe to the main building.

4.79. As regards undertaking of repairs, it has been stated that prior to November, 1969 when the Workshop came into existence all the repairs were carried out through private agencies under the arrangement of the Vehicle Users themselves. After the establishment of workshop only major repairs were entrusted to private agencies.

4.80. The following steps are proposed to be taken to ensure that all repairs are undertaken in workshop:—

(i) Putting up workshop buildings on land already acquired.

(ii) Equipping the Workshop with additional tools and plants.

(iii) Augmenting training, supervisory and technical staff in the Workshop and developing necessary expertise.

Checks to obviate misuse of vehicles

4.81. As regards inbuilt checking to obviate the misuse of vehicles, it has been stated that the vehicles in the Health and Family Planning Programme in the States and Union Territories are stated to be under the charge of Director of Health Services and State Family Planning Officers. The Doctors at the Primary Health Centres and other levels, to whom the vehicles are attached become the Controlling Officers and are responsible for maintaining proper record of mileage, petrol, oil and lubrication and spare parts and repairs etc. in the prescribed log books. These log-books are scrutinised by the Controlling Officers and subsequently by Audit. It has also been stated that there is a ceiling on fuel and lubricant grant per Vehicle @Rs. 3,400 per vehicle per annum.

4.82. About the misuse of vehicles, during the course of evidence the Secretary of the Ministry of Health and Family Planning in-

formed the Committee as follows:—

"The misuse is something which is really for the States to keep a check on. We also keep some kind of distant check by providing that the log book has to be written regularly and it has to be checked by the necessary authorities but we do not claim that the misuse is zero. There is a certain amount of misuse. The second point, that is, about the off the road position, it varies from State to State. Our feeling is that most of the Family Planning Vehicles are new and our presumption is that most of them are on the road."

4.83. The Committee consider transport as the life line of the Family Planning programme and unless the transport organisation in the Family Planning Department both at the Central and State levels is put in top gear, it will be difficult to provide the requisite mobility support to the Family Planning programme. The Committee are concerned to find that against the entitlement of 7,765 vehicles for the Family Planning programme, only 2,599 vehicles are in position. The Committee also find that in certain States, i.e., Meghalaya, Nagaland, NEFA etc. not a single vehicle has been supplied so far. The Committee feel that highest priority should be given to the task of bringing up the number of vehicles to at least the minimum requisite strength in each State in the interest of carrying the message and facilities for Family Planning to the people in their homes. In the context of the constraint on the supply of vehicles, the Committee suggest that Government should evolve, in consultation with the State Governments, agreed priorities for distribution of the limited number of vehicles which would take into account the existing number of vehicles available with each State, the present state of communications in the State, the magnitude of the population problem, etc.

4.84. The Committee also find that the percentage of vehicles "off the road" even in 1970 continued to be high, particularly, in the States of Uttar Pradesh, Assam and Bihar, where as many as 25 per cent, 30 per cent and 35 per cent of the vehicles respectively were "off the road". Now that the Central Government have got a Director incharge of the Central Health Transport Organization, it should be possible to send out a "task force" to analyse the resons for such a high percentage of vehicles remaining off the road

and devising effective measures in consultation with the State Governments concerned to put back the vehicles into running duty, with the least possible delay.

4.85. The Committee would suggest that the number, condition, serviceability of the vehicles should receive the personal attention of the Family Planning Commissioner/Additional Secretary at the Centre and the corresponding officers in each State. The Committee suggest that these officials at the highest level should review the position in detail, at least, once a month so that effective remedial measures can be taken to see that vehicles are not allowed to go "off the road".

4.86. The Committee note that since 1969 Government have established 14 Central Workshops, seven Regional Workshops and 102 mobile maintenance units. The Committee suggest that Government should have the entire organisation for vehicles' maintenance reviewed critically by an expert body which should have representatives of both the Central and State Governments so that most efficient and economic set-up can be provided on a decentralised basis to attend to the servicing and maintenance of vehicles.

4.87. The Committee would also suggest that the Central Health Transport Organisation, which has now experience of some years to its credit, should address itself urgently to the following problems, amongst others—

(1) Specify the type of vehicles best suited to the Family Planning Programme requirements. There should be standardisation in the purchase of vehicles to the extent feasible to facilitate maintenance and repairs.

(2) Rationalise inventory of spares so as to ensure that parts which are frequently required are available from the shelf care being, however, taen to obviate heavy and infructuous inventory being built of slow moving parts.

(3) The Committee would also suggest that there should be an arrangement for procuring the spare parts, as far as possible, from the manufacturers of vehicles or their direct agents so as to ensure genuineness of parts, guaranteed quality and competitiveness of prices. Imported parts, particularly for repair of imported vehicles, should be rationally distributed in advance to Regional/State organisations to facilitate expeditious repairs.

(4) Norms for fuel consumption and lubricants related to distance covered, type of terrain, etc. should be laid down for different types of vehicles in order to get maximum operational results within the ceiling of Rs. 3400 per annum laid down per vehicle.

(5) Guidelines for usage of vehicles should be clearly laid down and necessary checks devised and enforced in consultation with the State Governments and the Ministry of Finance|Audit in order to obviate misuse of vehicles.

4.88. The Committee have been given to understand that some difficulties are being experienced in finding suitable persons for manning technical posts. The Committee would like Government to look into the matter and take assistance of the Directorate General of Employment and Training and polytechnics in order to attract men of the requisite skill for the maintenance organization.

4.89. The Committee understand that while training facilities for various categories of staff have been developed, full use is not being made of them. The Committee attach great importance to imparting of proper training in maintenance and repair of vehicles to all concerned and would like the Government to ensure that the requisite personnel avail of the training facilities in accordance with a programme which may be devised in consultation with the State Government.

4.90. The Committee would also suggest that the wage-structure, particularly, allowances of the staff employed on vehicles should be such that it puts a premium on their keeping the vehicles mobile and in efficient running condition.

4.91. The Committee attach great importance to keeping the fleet of Family Planning vehicles in efficient and roadworthy condition and would like Government to inform them within three months of the concrete measures taken in implementation of their recommendations.

CHAPTER V

SERVICES AND SUPPLIES

(i) *Family Planning Centres*

5.1. The Primary Health Centres form the base of the integrated structure of medical services in the rural areas. To take the services nearest to the homes of the people, each of the Primary Health Centres should have a sub-centre for every 10,000 population. By the end of the Third Plan, it was intended to establish one Primary Health Centre each in Community Development Blocks.

5.2. No targets were fixed for the establishment of rural main centres and sub-centres during the First, Second and Third Plans. It was only during 1966—69 that the Family Planning Programme was made target-oriented and targets for establishment of Rural F. W. P. Centres and Sub-Centres besides those for other schemes were intimated to the States. The targets fixed for the years 1966-67, for the period of the Fourth Plan and for the year 1969-70 are as given below:—

	Rural Main Centres at P.H. Cs.	Rural Sub-Centres (Under Family Planning)
1966-69	770	8529
1969-70	301	1040
Fourth Plan	1101	7090

5.3. The details of Primary Health Centres, Rural Family Welfare

Planning Centres and Rural Sub-Centres established since 1966 are stated to be as follows:—

	Primary Health Centres	Rural F.W.P. Centres at PHC	Rural Sub-Centres* established under Health	F.P.	Total
No. of Units functioning on 1-4-1966	4632	3676	N.A.	N.A.	7081
No. of additional Units established during 1966-67	27	498	N.A.	N.A.	6469
1967-68 . . .	153	498	N.A.	N.A.	5618
1968-69 . .	108	152	N.A.	N.A.	3372
1969-70 . .	113	486	1985	4387	6372

*Including Sub-centres opened under Health Programme. Separae figures of Sub-Centres opened under Family Programme are not available.

5.4. It has been stated that there was some shortfall in the opening of Rural Main Centres during 1966 to 1969, which was mainly due to shortage of (i) medical and para-medical personnel to man them and (ii) working and living accommodation in rural areas.

5.5. Prior to 1966-67, the establishment of rural main centres and sub-centres was left entirely to the initiative of the State Governments but during 1966-67, year-wise targets for the establishment of centres and sub-centres were drawn up and the State Governments were requested to open them according to these targets.

5.6. The progress of the establishment of these centres is stated to be reviewed from time to time with the representatives of State Governments in the Annual Plan meetings held in the Planning Commission, in the periodical meetings with the State Health Secretaries and State Family Planning Officers and during the visits of the Officers of the Department to the States. These are also reviewed at the Central Family Planning Council meeting.

5.7. In a written reply about the State-wise break up of Mobile Service Unit, the Ministry furnished the following statement:

"A Statement showing State-wise number of mobile units for

Sterilisation and IUCD insertions during 1970-71 is at follows:

Sr. No.	State/Union Territory	Number of Mobile Units for Sterilisation	IUCD
1	Andhra Pradesh	66	20
2	Assam	11	23
3	Bihar	17	29
4	Gujarat	15	27
5	Haryana	7	7
6	J. & K.	8	..
7	Kerala	9	28
8	Madhya Pradesh	49	50
9	Madras (Tamil Nadu)	14	13
10	Maharashtra	90	90
11	Mysore	19	19
12	Orissa	13	13
13	Punjab	11	11
14	Rajasthan	26	26
15	Uttar Pradesh	54	54
16	West Bengal	18	18
17	Delhi	1	2
18	Manipur	1	1
19	Tripura	1	..
20	C.G. Institutions	1	1
	TOTAL	431	432

NOTE :—In the remaining States/Union Territories there are no Mobile Units.

5.8. The Family Planning Target Setting Committee have suggested as follows about the Primary Health Centres and Sub-Centres:

"The present policy of the Government of India is to locate the Rural Family Planning Centres at the Primary Health Centre. Since the population covered by a Primary Health Centre varies from

60,000 to 100,000 or even more, it would be preferable to locate the Rural Family Planning Centre at a place other than the Primary Health Centre. This could ensure better coverage of population for all services iucluding family planning. The overall achievement of targets would also be higher.

The provision of a small operation theatre at Taluk/Block level would facilitate undertaking of sterilisation operations at many more places and thus help in achieving the target. The existing conditions laid down for providing a small operation theatre and beds may be relaxed and States may be given a free hand in providing such theatres at places considered suitable by them with adequate facilities.

The Medical Officers of the Primary Health Centre should see that at adequate number of places conventional contraceptives are supplied to the field staff and other depot-holders in the area."

5.9. The Committee feel that providing Family Planning services as near to the place of residence of acceptors as possible is very essential. It is to be appreciated that Family Planning is not on the same footing as providing medical service. When a person is unwell, he will anyhow go to a hospital or to a doctor for medical aid. But he will not do so to take contraceptives even when he believes that family planning is desirable. The Committee, therefore, suggest that besides persuading and motivating people about family planning, services should reach the people near their homes. With this end in view they recommend that the progress of the establishment of the Family Planning Welfare Centres and sub-centres should be reviewed continuously and Government should see that the targets for establishing Rural Main Centres and Rural sub-centres as envisaged in the Fourth Five Year Plan are achieved so that Family Planning services reach the common man as near to their place of residence, as possible.

5.10. The Committee note that only 431 mobile units for providing sterilisation services and 432 units for I.U.C.D., services in rural areas were functioning during 1970-71. The Committee are of the view that in order that Family Planning services reach as near to the place of residence of acceptors as possible, steps may also be taken to have more mobile family planning clinics, which should visit a specified number of people in rural areas each day and provide family planning services alongwith other medical and health services to the people, who are not near the vicinity of the Static Centres. They also suggest that periodic evaluation of work of mobile family planning clinics should be undertaken and suitable steps should be taken to improve their effectiveness, mobility and follow-up as a result of evaluation.

5.11. The Committee have already made their recommendations elsewhere in this report about meeting the shortage of medical and para-medical personnel. The Committee hope that Government will take early steps to implement them with a view to meet their shortages which is primarily responsible for the short fall in the opening of Rural Main Centres. Government should also take expeditious steps for meeting the shortage of accommodation for housing these centres, which is also one of the factors for their shortfall.

(ii) *Family Planning Techniques*

5.12. The simplest and the most effective method of birth control which has also got the sanction of religions, is abstention. This method, however, cannot gain universal acceptance because of obvious human limitation. Many other birth control practices are as old as recorded history. The Old Testament contains obvious references to the practice of withdrawal or coitus interruptus. The ancient Egyptians used crude barriers to the cervix made from leaves or cloth, and even blocked the cervical canal with cotton fibres. The ancient Greeks practised population control through their social system as well, as through contraception. Douching, the practice of flushing out the vagina with water or a solution immediately after inter-course, has had a similarly long history in Europe. Besides these methods, a host of others have been tried at various times in various societies, including the use of plants and herbs, chemical drugs, saliva and drug from animals, vegetable oils, and even the performance, of such rituals as holding one's breath and stepping over graves.

5.13. Amongst modern methods of birth control, besides the rhythm[1] method, others available on the shelf range from conventional contraceptives, like condoms[2] (Nirodh), foam tablets,[3] jellies,[3] diaphragms,[4] to IUCD[5] and sterilization[6].

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1. Rhythm method means abstention from sexual relations during fertile period each month to be determined on the basis of woman's menstrual and temperature cycles. The effectiveness of the method is often questioned owing to difficulty of determining 'safe period'. This is however, the only method having sanction of Catholic Church.
2. Condom or penissheath dates back to Middle Ages when it was made of linen, fish skins or sheep's intestines. Now it has been superseded by rubber one. This is simple, popular and most effective method. Failure rate is low.
3. Jellies or cream or foam tablets are deposited in the upper vagina with special applicators. These are esay but less effective than condom.
4. Diaphragm is a rubber cup with a rubber clad rim of flexible spring steel and is designed to fit over the cervix by inserting into vagina before the intercourses to act as a barrier to entry of sperm. Its use is complicated but effective if well-fitted.
5. Intra-uterine device (IUD) or Loop is a plastic or metal object in variety of shapes that is placed inside the uterus and left there for as long as contraception is desired. Except that it requires its insertion and check up by a doctor of trained paramedico, method is easy, cheap and highly effective sometimes side effects like bleeding and pain are reported.
6. Sterilization means Vasectomy operation in case of males and tubectomy operation in case of females. This process is reversible too. Method is highly effective.

The oral Pill,[7] which is being tested for acceptability and other methods including injectibles and indigenous formulations may be included subject to the confirmations of their efficacy by scientific investigations and operational feasibility. For the time being, conventionals are advocated for the newly married couples, and along with the IUCD for those having one or two children to ensure proper spacing in subsequent births and sterilization for those who already have two or more children.

Condoms (Nirodh)

5.14. The condom (Nirodh) is by far the most widely accepted conventional contraceptive method throughout the world. The position of distribution of Nirodh since 1957-58 is given below:

Year	Supplies* (in million pieces)	
1957-58	5·8	
1958-59	4·5	
1959-60	8·2	
1960-61	17·1	
1961-62	26·8	
1962-63	25·3	
1963-64	17·2	
1964-65	41·07	
1965-66	48·01	
1966-67	40·05	
1967-68	45·6	
1968-69	59·20	
1969-70	98·78	
1970-71	142·02	
1971-72	220·00	(estimated)

7. Pill-steroid oral contraceptive—if taken regularly according to medical advice is very effective method. It is composed of a female hormone estrogen and a synthetic substance progestin.

*These figures do not include supplies from small-scale sector.

5.15 During the next few years, the demand is expected to go up to over 500 to 600 million pieces per annum covering 8 million people. Steps are stated to have been taken to ensure adequate supplies for achieving the targets by stepping up the indigenous production, installed capacity, which during 1969-70 exceeded 1.5 million gross peices and through imports with USAID and SIDA assistance. It is also proposed to increase the indigenous production in the public sector factory of M|S Hindustan Latex Limited at Trivandrum. The total production of Nirodh at this factory in 1971-72 was estimated to be 110.00 million pieces.

5.16 Nirodh distribution is organised through three channels (i) free distribution is made through all the family planning centres and sub-centres, hospitals clinics etc., (ii) under the Depot Holders Schemes, these are distributed at a nominal price of 5 paise for three pieces (the proceeds being retained by depot holders); and (iii) under the Commercial Distribution Scheme launched since October, 1968, for the commercial distribution of Nirodh all over the country through the established distribution channels of leading firms, viz. M|S Brooke Bond India Ltd., Lipton India Ltd., Union Carbide, Hindustan Lever Ltd., India Tobacco and Tata Oil Mills Ltd. Besides these firms, Government have also entered into agreement with dustan Latex Ltd. for co-ordinating certain aspects of the commercial distribution of Nirodh. It is thus stated to be available at subsidised price of 15 paise for three pieces at all the retail shops.

5.17 In the Fourth Plan Mid-Term Appraisal, the Planning Commission has observed as follows about Nirodh:—

"Under the programme for the advocacy of conventional contraceptives, condoms (Nirodh) have played a major role. The distribution of 'Nirodh' has improved during the past two years, but steps have not been taken to ascertain the number of regular users. The estimated number of outlets selling Nirodh has risen to over 2 lakhs and the primary sale and distribution of 'Nirodh' since the launching of the programme is over 120 million pieces. Condoms provide a cheap and effective method of birth control and this method needs to be made more popular through better education and distribution. In fact the solution to the population problem may well be in the use of condoms and not in the permanent methods like sterilisation. This factor has to be recognised and effective steps have to be taken to improve the sale and use of condoms. At the same time it should be ensured that correct statistics are collected from the field through a systematic survey of the regular users. The role of condoms in our population control programme can be better appreciated under our conditions where 5.5 million new couples enter the reproductive age group every year. It is among these new entrants

into the reproductive age group that the condom has to be made popular."

IUCD

5.18 The Lipee's Loop as an intra-uterine contraceptive-device was introduced in India's family planning programme early in 1965 on the recommendation of the Indian Council of Medical Research, based upon a two year experience in 50 pilot projects. The Lippe's Loop is being manufactured at the IUCD factory, Kanpur which has adequate capacity for meeting the country's requirements. The following table shows the annual IUCD insertions since 1965-66 onwards.

Year	Number of insertions
1965-66	812,713
1966-67	909,726
1967-68	668,979
1968-69	478,731
1969-70	458,726
1970-71	471,048
1971-72 (April-71, February-1972)	422,603 (Provisional)
TOTAL : (Since inception upto June, 1971.)	3876,456

5.19. Follow up study of 20,000 I U.C.D. cases shows that nearly 77 per cent of the women retained the loop after a period of 12 months and nearly 54 per cent after a period of 24 months and that bleeding was the most prominent among the side effects. The States of Punjab and Haryana have been consistently leading in the IUCD programme, followed by Union Territories of Pondicherry and Chandigarh. In some States like West Bengal and Gujarat where IUCD programme started well during 1965-66, it came down in a couple of years. A study has revealed that reasons for the sudden drop in the acceptance of IUCD and increase in the number of their removals were such as complaints of bleeding, pain and other side-effects reported in a large percentage of cases and circulation of rumours, the most common of which were that it caused death or cancer. Quite a few remedial measures like better pre-insertion check-up and post-insertion follow up, improved mass communication and motivation, research into the causes and remedies for ill-effects, improving upon the shape of Lippe's Loop, particularly the sharp edges, and trying

of some other loops have been initiated. In addition, the machinery for proper pre-insertion education of cases about the likely after-effects and a re-assuring follow up services has been tightened. Studies are stated to be in progress to evaluate the effects of various drugs on bleeding following IUCD. The Central Drug Research Institute, Lucknow is undertaking studies to reduce bleeding after insertion. Use of two types of anti-histaminics has shown encouraging results and they are being examined further. Similar work is being done at Post-graduate Institute, Chandigarh.

Sterilization:

5.20 In a country like India having high fertility and a large number of higher order births, sterilization is the most effective method and can play a strategic role in curbing the birth rate. The all-India performance of sterilization operations is given below:—

Year	No. of sterilizations
1956	7,153
1957	13,736
1958	25,148
1959	42,302
1960	64,338
1961	104,585
1962	157,947
1963	170,246
1964	269,565
January 1965 to March, 1965	67,823
1966-67	887,368
1967-68	1,839,811
1968-69	1,664,817
1969-70	1,422,188
1970-71	1,319,120
1971-72 (upto February, 1972)	2,001,819 (Provisional)

5.21 States of Maharashtra and Tamil Nadu have shown the highest rate of sterilizations i.e. 35.3 and 29.7 per thousand. Progress in States like U.P., Bihar, Rajasthan and Assam has been lowest i.e. 7.6, 10.8, 9.0 and 7.15 per thousand respectively.

Pill:

5.22. 20 to 25 per cent of the women who are not suited to IUCD have to be put on other methods. For such cases, presently oral contraceptives are being tried in over 200 experimental-cum-demonstration projects. These projects are designed to cover over 10,000 women initially. The pills are being supplied by USAID. According to the studies so far made the effectiveness of the pill is stated to be good. Its acceptability is, however, not so satisfactory

largely due to the difficulty of daily and regular administration over a long period of time.

Targets and achievements:

5.23. About the Family Planning techniques, it has been stated in the Mid-Term-Appraisal of the Planning Commission as follows:—

"The Family Planning Programme adopts a cafeteria approach i.e. the potential acceptors are free to choose any one of the methods available for birth control. The chief methods adopted are sterilization (male and female) I. U. C. D. and conventional contraceptives (mainly condoms). The following table gives the performance of the programme over the past five years:—

(In millions)

*Year	Sterilization			I.U.C.D.			
	Targets	Achievement	Percentage	Targets	Achievement	Percentage	Conven. Contraceptives Distributed
1	2	3	4	5	6	7	8
1966-67 . .	1·25	0·89	71·2	4·16	0·91	21·0	0·46
1967-68 . .	1·54	1·84	119·5	2·00	0·67	33·5	0·48
1968-69 . .	3·16	1·66	52·5	2.11	0·48	22·7	0·96
1969-70 . .	3·24	1·42	43·8	1·62	0·46	28·4	1·49
1970-71 . .	2·60	1·28	49·2	0·90	0·46	51·1	2·06

5.24. It will be seen that performance under sterilization as well as IUCD has been going down. This declining trend in the sterilization programme seems to have been arrested during the year 1971 as the overall performance shows an increase of 7.5 per cent during April to July, 1971. The IUCD programme also shows a down-ward

At the time of factual verification the following statistics were furnished by the Ministry.

(In millions)

Year	Sterilization			I.U.C.D.			
	Targets (National)	Achievement	Percentage	Targets (National)	Achievement	Percentage	Conven. Contraceptives Distributed
1	2	3	4	5	6	7	8
1966-67 . .	1·26	0·89	70·2	4·20	0.91	21.7	0.46
1967-68 . .	1·54	1·84	119·2	2·06	0.67	32 5	0.48
1968-69 . .	2·11	1·66	79·0	0.79	0.48	60.5	0.96
1969-70 . .	2·22	1·42	64·2	0.70	0.46	65.3	1.52
1970-71 . .	2·60	1·32	50·7	0 90	0.47	52.3	2.10
1971-72 (upto Februry 1972) . .	2 08	2·00	105·2*	0.83	0.42	55.5	2.22@

*Proportionate. @Number of equivalent C. C. users.

trend. A total number of 3.9 million IUCD insertions have been done since the inception of the programme upto July, 1971 giving a rate of 7.1 per thousand population. The declining trend was "Unfortunate" as this is acknowledged to be an effective and safe method. The experience of the past few years has brought out clearly the side effects on the acceptors, and it is necessary to take effective measures to reinstate the programme."

5.25. In their Report (1971), the Family Planning Target Setting Committee have recommended inter-alia about the setting of performance targets as follows:—

"The Committee discussed the need for setting targets and came to the conclusion that in a developing economy with scarce resources and with demands on such resources for alternative uses, it becomes necessary to ensure that optimum or rational use is made of the limited resources.

* * * *

There is, therefore, need for setting targets. They should not be too high and unachievable, lest they cause frustration. On the other hand, they should not be too low and easily achievable lest they lead to a sense of complacency.

The various terms in which targets should be fixed, like number of IUCDs, sterilizations and conventional contraceptives, couples protected, births averted, birth-rate reduction, etc. were considered. The Committee came to the conclusion that the best method of fixing targets would be in terms of births averted, because birth rate decline depends upon a number of factors which are not necessarily connected with family planning efforts.

* * * *

The Committee concluded that although the long term birth reduction targets should be kept relatively inflexible, programme targets for individual years should be revised annually or perhaps even more frequently. A periodic review should be undertaken of the current inputs and also of the inputs required for achieving the targets. Targets for each family planning method should be flexible so that family planning workers might substitute the target set for one method by another method.

* * * *

The Committee feels that at present there is inadequate scientific basis for laying down the targets. It, therefore, recommends that the State targets for 1971 and 1972 may be fixed on the basis of average performance in the previous year of the "good" and "medium" districts in each

State. It is recommended that the annual targets for the balance of Fourth and Fifth Plan periods should not be fixed at this time. It is hoped that meaningful information on input-output relationship may become available in the near future to fix targets on a more scientific basis."

5.26. During the course of examination of the representatives of the Ministry of Health and Family Planning, the Committee were informed as follows about the techniques of the Family Planning methods:—

"There are different ways for, different people. For instance a young couple may merely want to space their children; an older couple may want to put a complete end to child bearing. This advice is given by family planning extension workers and doctors. We advise them, but we do not force them. If in a couple, the woman is below 45 and they have a number of children, we advise the man or the woman to undergo an operation."

5.27. To another question whether a study has been carried out about the harmful after-effects of operations or I.U.C.D. insertions, the Committee were informed as follows:

"A number of studies have been carried out and are continuously carried out about the harmful after-effects. If the harmful after-effects are of a minor nature, headaches or bleeding, then we try to correct them. If the after-effects are such that they are grave or that they cause continued discomfort, which cannot be corrected, then we do not allow that method to be used on susceptible persons.

As regards the loop, it is correct that under pressure of our foreign advisers, the programme was formulated and put into operation without thinking of the effects it would have on women. The result was that a large percentage of women suffered from harmful effects and the use of loop went down subsequently. We learnt our lesson and we are now taking great care in inserting loops. Sometimes after insertion of a loop, the woman is called for an examination. If she is suffering from some side effects, such as bleeding or nausea, we put them right but if we cannot, we take it out and we advise something else. There are certain methods which are positively harmful, we have banned them from our country. Some oral pills are harmful and we have banned them. Others we are testing

and we are not allowing them to be used on a large scale. * * * * * Now we have worked out detailed guidelines for I.U.C.D. insertions and these guidelines have been distributed to all the State Governments for necessary action. The guidelines besides giving instructions for follow up, have also detailed information for para-medical and field workers about the I.U.C.D. so that they can effectively follow up the cases and remove doubts from the minds of the acceptors and general public * * * * * * It is a fact that it has had some set back, but this year a different trend is seen. We are however not wedded to loop only.

5.28. To another question whether any research was being carried out in India to improve upon the present IUCD with a view to making it free from its side-effects, the Ministry in a written reply has stated as follows:

"A Technical Committee of the Indian Council of Medical Research has been constituted to advise modification of the present IUCD. The Committee has already held its meetings four times. They have considered the new types of IUCDs and also modifications of the present ones and have recommended clinical trials with:—

(i) Dr. Phatak's device after some modification;

(ii) Indian Filament; and

(iii) Cu. T. device."

5.29. In a written reply about the availability of data on removals and expulsions of IUCD, the Ministry has stated as follows:—

"A number of sample studies have been undertaken from time to time. These studies have been compiled by the Indian Institute of Population Studies. A detailed analysis has been made by the National Institute of Family Planning of the data collected from 12 States. According to this analysis the removal and expulsion rates after 24 months of use are as follows:—

Removal rate .... 21.1 per cent

Expulsion rate .... 12.7 per cent

These removal and expulsion rates are taken into consideration by the demographers while assessing the impact of the programme in averting births."

Compensation for IUCD insertion and sterilizations:

5.30. The Central Government reimburses to the State Governments a sum of Rs. 11, Rs. 30 and Rs. 40 for each case of IUCD insertion, vasectomy and Tubectomy respectively. For tubectomies in large camps, the amount is Rs. 90 per case and for these in small camps as also at places where diet is not given by the State Governments the amount is Rs. 65 per case. Broad break-up of these amounts was suggested to the State Governments. However, the State Governments were given the discretion to devise their own break-up of these amounts for payments to volunteer, motivators, doctors etc. The Government of Tamil Nadu have been paying higher rates of compensation, the extra expenditure involved being met by the State Government themselves. In case of Maharashtra, higher compensation payments have been approved as a special experimental case against savings from some categories of posts which were abolished by that Government. The State Governments have been advised that the amount received by the volunteer by way of compensation is free from income tax.

5.31. Under the scheme, the volunteer and other persons become entitled to receive the compensation once the services are rendered. The following further information is relevant:

(a) The doctors employed whole time on Family Planning Programme part time doctors and private medical practitioners working in Government Clinics are not allowed to claim the doctors fee unless they have given the performance prescribed by the Government.

(b) For private medical practitioners doing these cases in their approved clinics the lump-sum payment is Rs. 11, Rs. 30 and Rs. 40 respectively for each case of I.U.C.D., Vasectomy and Tubectomy, subject to their giving necessary reports, undertaking to do the cases free of charge and also render follow up services.

5.32. Persons other than Indian Nationals are provided free services if they ask for them. However, in such cases, the volunteer as well as the doctor, motivator etc. are not allowed to claim compensation money.

5.33. In cases where services are rendered by a private medical practitioner in his own clinic as part of the Government sponsored scheme the payment of compensation money to the volunteer is left

to the discretion of the private medical practitioner who renders such services.

5.34. The total expenditure on compensation on I.U.C.D. and sterilizations in the States (excluding Union Territories) during the last 3 years is as follows:

1968-69	Rs. 583·35 lakhs
1969-70	Rs. 497·92 lakhs
1970-71	Rs. 569·94 lakhs

Separate break-up of the expenditure into various categories of persons was not available with the Ministry. It varied from State to State and was not collected centrally.

5.35. In a written reply whether Government had undertaken any assessment to find out the extent of its (monetary incentives) effectiveness in the furtherance of the programmes, the Ministry has stated "No direct study in this matter has been carried out in various States. However, experience has shown that wherever compensation money incentives to various categories of recipients like doctors, motivators, individuals etc. has been introduced or increased, the acceptance rate has gone up. The increase in the number of acceptors for the country as a whole during 1967-68 and onwards can, among other factors, also be attributed to the introduction of the factor of compensation money incentives. In Maharashtra, the Helper Scheme which envisaged higher payment to the motivator as also to individual, brought forth spectacular increase in acceptors for sometime. The recent Eranakulam experienments spread out over two months and also the large expenditure on Tubectomy Camps in Andhra Pradesh have also had the same results. In some States like Tamil Nadu and Bihar, where the compensation money was reduced, the immediate result was decrease in the number of acceptors."

5.36. to another question whether any malpractices have been noticed by the Government in the payment of compensations for I.U.C.D. insertions and sterilizations, the Ministry in a written reply has stated as follows:

> "Some instances (in about 200 letters of complaints) of malpractices have directly come to the notice of the Department and appropriate action has been taken in all such cases. No information about instances brought to the notice of the State Government at various levels is available. This is being collected from now onward. However,

considering that there have been about 13 million acceptors of sterilization and I.U.C.D. programme, the magnitude of malpractices has been insignificant.

Among the various steps taken to ensure that there are no mis-utilisation of the monetary incentives, the following may be mentioned:—

(i) The number of operations|insertions to be done by a doctor per day has been restricted to 10 Tubectomies or 20 Vasectomies or 30 I.U.C.D. insertions.

(ii) It has been prescribed that the doctor shall certify the age of the vasectomised person.

(iii) It has been prescribed that certain percentage of cases (5 to 10 per cent) should be verified by the inspecting authorities.

(iv) Necessary instructions have been issued for special care being taken to prepare eligible couples' registers and to follow these registers for verification of the receipients of services like Sterilization and I.U.C.D."

5.37. It has been stated that in order to ensure that the reports about the number of operations etc. are genuine, the following steps have been taken:

"(i) Target Couple Registers giving details of the couples in reproductive age-group are maintained in urban and rural areas where entries regarding acceptance of methods of Family Planning are recorded. The particulars of the persons volunteering for Vasectomy operations are required to be verified from the Target Couple Register and necessary entries made therein.

(ii) The State Governments have been advised that for verifications of Vasectomy operations the Supervising Officers should check the cases of sterilization or IUCD operations in the area on a random basis. Any discrepancy detected is to be followed up for necessary action.

(iii) In the form for sterilization|IUCD operations all relevant details are included and the parties receiving compensation have to sign or give their thumb impression. This includes the volunteer for sterilization or IUCD, the motivator, the doctor who performs the operation and some

para-medical staff assisting the operations who have received payment. In this manner it becomes a group responsibility and until and unless the entire group makes it a conspiracy, chances of defalcations should be very little.

(iv) In addition to the random check by the Supervising Officer, follow-up studies have also been undertaken by the Central Family Planning Field Units in some areas where the persons who have accepted sterilization/IUCD are interviewed. With the establishment of Demography and Evaluation Cells such follow-up studies and other verifications studies are being undertaken on a larger scale in some of the States. Any discrepancy found by these teams is reported to higher authorities for detailed enquiries. This acts as a check against false case."

5.38. The Committee note that Family Planning targets for the remaining part of the Fourth and Fifth Plan periods have not been fixed. The Committee hope that meaningful information on input-output relationship would be available in the near future to fix performance targets on a more scientiffic basis. The Committee feel that the targets for the balance of the Fourth Plan may now be fixed early keeping in view the recommendations of the Family Planning Target Setting Report (1971) for successful implementation of the Family Planning Programme.

5.39. The Committee note the downward trend of the I.U.C.Ds and Sterilization due to the side effects on the accpetors and lack of follow-up of the programmes. As these are acknowledged to be effective and safe methods, Government should take effective measures to reinstate the programme by better pre-checkups and follow-up programme.

5.40. The Committee note that condoms (Nirodh) have played a major role under the programme of conventional contraceptives. The distribution of 'Nirodh' has improved considerably during the past two years, but steps have not been taken to ascertain the number of regular users. The Committee are of the view that Government should evolve some suitable machinery to obtain correct statistics about the regular users of 'Nirodh' through a systematic survey of regular users.

5.41. The Committee note that the estimated number of outlets selling "Nirodh" has risen to over 2 lakhs and the primary sale and distribution of Nirodh since the launching of the programme is over

120 million pieces. As condoms provide a cheap and effective method of birth control, the Committee feel that this method needs more popularisation through still better distribution. Government may, therefore, consider making them available through Gram Panchayats, Petrol pumps, way side Railway Stations, post-offices in remote areas etc.

5.42. The Committee have a feeling that in metropolitan areas, while there is increasing awareness, among people of lower income group about Family Planning Programme, there is dearth of services. Government may organise their services in such a manner through their own efforts as well as through the help of Municipal Corporations and local bodies that they reach every married couple in slums and other congested residential areas. The Committee consider that Government should take up the challenging task of making family planning facilities available to persons coming from weaker sections of society living in congested and slum areas in Delhi and New Delhi so that it could provide a model for intensifying the efforts in this behalf in larger cities particularly metropolitan towns and State capitals. The Committee would like to be informed in detail of the concrete steps taken in this behalf, the impact it has made on birth rate as ascertained through objective evaluation and dissemination of the information to States so that they could similarly intensify their efforts to make available the family planning facilities to the needy couples.

(iii) Special Schemes

(a) Post Partum Programme

5.43. Experience had shown that in the three months following delivery (post-partum period), women were more easily persuaded to adopt family planning. Both the antenatal and postpartum periods offered a unque opportunity to reach women in a systematic manner. The Hospital Post-Partum programme in which large number of women coming for delivery could be effectively covered for adopting one or the other method for family planning in their life was sanctioned during 1969-70. The objective of the programme is stated to be to maximize the extent of effective contraception amongst the target population of the obstetrical and abortion cases and by focussing on the community surrounding the hospital. The strong educational input along these lines would have an impact on both the direct acceptors (women who are obstetrical or abortion cases) and the indirect acceptors (women who are not pregnant

and hear about the programme). In addition, the post-partum programme also provides family planning services for the husbands of the couples who request for these.

5.44. Such a hospital maternity centred family planning approach is said to have the further advantage of providing training to doctors, nurses and paramedical personnel. This, thus provides orientation for the future work of these trainees. Thus the advantages of linking maternal/health care and family planning services in any (and all) obstetrical delivery units are many—social, economic, medical, educational and organisation.

5.45. After considerable experimentation the Government of India is said to have approved the World's largest coordinated multi-hospital post-partum programme in 1969-70. A total of 59 hospitals were stated to be participating including 45 medical college hospitals, 2 post-graduate institutes and 12 large maternity hospitals. This Post-partum programme is said to have been centrally sponsored programme implemented in cooperation with the State Government. In 1970-71, the Government of India had proposed an expansion of the post-partum programme to additional 62 hospitals bringing the total number of participating hospitals to 121. It has been stated that will include most of the existing medical colleges (99), besides 31 non-teaching hospitals catering for large number of confinements and abortions. It has further been stated that the post-partum programme in the 62 hospitals would start in 1971-72 as there had been delay in sanctioning the same.

5.46. The performance for the year January to December, 1970, based upon the reports received from 75 per cent of the participating hospitals is said to be encouraging. The total number of obstetrical confinements and abortion cases at these hospitals were stated to be 2,24,543.

5.47. In a written reply about the evaluation of Post-partum programme and its impact on family planning, Department of Family Planning stated as follows:—

> "A continuous evaluation of the Post-partum Programme is being undertaken both quarterly and annually on the basis of the monthly reports received from the participating hospitals. Of the 59 hospitals covered under the first phase of the Programme, the data for the year 1970 has been analysed from reports received from 46 of these participating hospitals. During this period of 12 months 2,24,543 obstetrical confinements (84.9 per cent) and abortions

(15.1 per cent) were admitted to these hospitals. Of this group 35,456 women accepted a contraceptive method prior to hospital discharge and 5,555 women accepted a method within 3 months of delivery/abortion. Women who accept contraceptive advice immediately or within 3 months of delivery/abortion are classified as direct acceptors. These totalled 41,011 or 18.3 per cent obstetrical/abortion cases.

Couples who accept contraceptive methods after this period of 3 months are classified as indirect acceptors. Their number was 38,303. The ratio of total acceptors (direct and indirect) to obstetrical/abortion cases was 1:2.8. The direct acceptors constituted 51.1 per cent and the indirect acceptors 48.9 per cent of the 80,314 acceptors. 56.4 per cent of the direct acceptors selected tubal sterilization. However, the percentage of obstetrical/abortion cases having tubal sterilization was 10.3

The comparison of the achievement for the period January to June 1970 (6 months), when the Programme had just started with that of the corresponding period for the year 1971, i.e. nearly a year after the commencement of the Programme shows that the ratio of total acceptors to the obstetrical/abortion cases improved from 1:2.9 to 1:1.8. In addition to 59 hospitals already selected this Programme has been extended to 63 hospitals in April 1971."

5.48. During the course of evidence, the representative of the Ministry of Health and Family Planning informed the Committee that the Post-partum programme has been introduced firstly in the hospitals with 3,000 deliveries and abortions. The Commissioner, Family Planning added: "Being satisfied with it, it was felt that we must extend it to the District hospitals as well and now the programmes introduction in the smaller hospitals also is under our consideration. In this way through these hospitals we would cover 1,500 to 3,000 confinements and we expect to give the benefit of combined maternity and child welfare facilities to those in the surrounding areas, where pregnant women or women in labour will have every help needed. In this way we are trying to spread out, and once the periphery is reached, we will be able to give them all necessary help and the mobile hospital may be helpful. We see on our record quite a large number of district hospitals ready for this service."

5.49. The Committee note that a continuous evaluation of the Post-partum programme was being undertaken both quarterly and annually on the basis of the monthly reports received from the participating hospitals. The Committee also note that Government, being satisfied with the programme, propose to extend it to District Hospitals as well and programmes introduction in the smaller hospitals was also under consideration. The Committee share the views of Government that during pre-natal and post-natal period large number of women coming for check-up and delivery are likely to be most responsive to the idea of family planning. The Committee would like Government to intensify their persuasive and educational efforts during this period and ensure that the women who accept the idea of family planning in principle are enabled to follow it by making available freely and efficiently the means for it. There should be close follow-up action of Post-partum programme.

(b) *Intensive District Scheme*

5.50. The 1961 census had shown that there were 51 most populous Districts in the country which had about 1/3rd of the total population of the country. These districts have about 78 per cent of rural population and 22 per cent urban population. It was felt that if concentrated motivational and services efforts were put in those districts, it might yield good results and help in the reduction of the birth rate of the country. Accordingly 17 more populous Districts in the country were selected in consultation with the State Governments, at the rate of one District for each State, except in the case of Bihar and U.P. where two Districts were selected. The selected districts in the First Phase were Guntur (Andhra Pradesh), Kamrup (Assam), Darbhanga (Bihar), Muzaffarpur (Bihar), Mehsana (Gujarat), Hissar (Haryana), Ernakulam (Kerala), Raipur (Madhya Pradesh), Coimbatore (Tamil Nadu), Poona (Maharashtra), Dharwar (Mysore), Cuttack (Orissa), Jullundur (Punjab), Udaipur (Rajasthan), Kanpur (U.P.), Gorakhpur (U.P.) and Nadia (West Bengal).

5.51. The scheme was sanctioned in June, 1969 by the Ministry of Health and Family Planning and the State Governments were requested to see that the normal inputs in the form of accommodation and staff were brought into position as per pattern prescribed by the Government of India from time to time, before the scheme was actually sanctioned by the State Government. In addition, the State Governments were also requested to post an enthusiastic and capable officer as District Family Planning Officer to the District so that the scheme could be pushed through efficiency.

5.52. The objectives of this Scheme are:

(i) to spread awareness of the need for and to promote individual and group acceptance of small family norm.

(ii) to impart knowledge about specific family planning methods.

(iii) to ensure adequate supply of contraceptives and arrange for clinical and surgical services.

(iv) to organise good follow up and integrate the family planning services with maternal and child health service to allay the fears and concern of married women regarding the survival of their children, and

(v) to have an effective evaluation procedure to find out ways in which additional inputs will yield optimum results which could be extended elsewhere.

As a result of the intensive efforts 1½ times the normal targets for contraceptives acceptors was envisaged to achieve in these districts in two years.

5.53. Intensive District Scheme has since been sanctioned in 16 out of 17 districts selected for the purpose. The Scheme has not been sanctioned by the State Government of West Bengal. Initially the State Government of West Bengal had selected the District of Nadia for intensive family planning work under the Scheme and issued sanction for completion of staff as admissible under the normal pattern. During discussions on Budget for 1971-72 in the Planning Commission held in January, 1971, the Health Secretary, West Bengal, stated, that because of local political disturbances, it would not be possible for the State Government to implement Intensive District Scheme in the District of Nadia. The State Government desired to implement the scheme in the District of Murshidabad instead of Nadia. The State Governments proposal was accepted by the Department of Family Planning and communicated to the State Government. Formal sanction for implementation of the scheme and for additional inputs was issued by the State Government of West Bengal only in April, 1971.

Second Phase Programme

5.54. It was proposed to take up 17 more districts later. A list of such district tentatively selected is as given below:—

1.	East Godavari	(A. P.)
2.	Patna	(Bihar)
3.	Gaya	(Bihar)
4.	Surat	(Gujarat)
5.	Rohtak	(Haryana)
6.	Quilon	(Kerala)
7.	Bilaspur	(Madhya Pradesh)
8.	Mysore	(Mysore)
9.	Ganjam	(Orissa)
10.	Amritsar	(Punjab)
11.	Jaipur	(Rajasthan)
12.	North Arcot	(Tamil Nadu)
13.	Thanjavur	(Tamil Nadu)
14.	Agra	(Uttar Pradesh)
15.	Meerut	(Uttar Pradesh)
16.	Burdwan	(West Bengal)
*17.	Murshidabad	(West Bengal)

Ernakulam Experiment

5.55. Ernakulam District in Kerala was one of the 17 districts in the country selected for the first phase of the Family Planning Intensive District programme, which would eventually cover 51 districts accounting for one third of India's population. A brief note on Ernakulam Experiment is at Appendix No. I.

*This District is to be started as an Intensive Dist. in the first phase in stead of Nadia.

5.56. During the course of evidence the Committee were informed as follows:—

> "Our present view is that it is a very interesting experiment which may contain within itself seeds for a great deal of success. We would, however, not like to move this out of the experimental stage and recommend it whole-heartedly as a national programme till we have tried it in about 25 more Districts throughout the country."

5.57. The Committee were also informed that it was the combination of the District Magistrate, the doctors in the District plus the leadership at the divisional and even more at State headquarters all put together which counts. The District Magistrate by himself without leadership from the States can do little. The District Magistrate in Ernakulam, for instance, had done so well because he had the whole hearted backing of the State authorities, from the Chief Minister, the Health Minister and political parties.

(c) *Selected Area Scheme*

5.58. Like the Intensive District Scheme the objective of the selected area programme is to accelerate the pace of the family planning programme, and achieve higher targets. Under this scheme, some Divisions in bigger States are to be selected for its implementation in an intensive manner, their needs would be looked into more closely and efforts could be made quickly to saturate them with necessary input. To start with, Varanasi Division in Uttar Pradesh had been selected during 1969-70. The State Government had sanctioned the scheme and was taking steps for recruitment of staff, purchase of equipment etc. It was hoped that 150 per cent of the normal target set for the country for contraceptive acceptors would be achieved in the Selected areas.

Selection of area

5.59. One revenue division in a State comprising five to six districts is taken as a selected area. Initially it was proposed to take two divisions in U.P. State, but finally only one division namely Varanasi Division was selected. It has further been stated that that selection was made because of the size of U.P. and unsatisfactory progress in the Family Planning Programme.

5.60. The State Government had sanctioned the scheme on 4-11-69 after a time lag of 5-6 months after the Government of India sanctioned it on 25th May, 1969. As in the case of Intensive District Scheme, besides normal inputs, additional inputs are envisaged.

Performance

5.61. The progress of the performance of the area (Varanasi Division) upto October, 1970 as shown in the Ministry's Performance Budget (1971-72) is as under :—

S. No.	Districts	Progress during 1970-71 (Upto Oct. 1970)		Progress during the corresponding period of 1969-70		% increase or decrease Sterilisation	% increase or decrease I.U.C.D.
		Sterilisation	I.U.C.D.	Sterilisation	I.U.C.D.		
Sterilization Programme :							
1.	Balia	916	600	938	635	—2·3	—12·4
2.	Gazipur	941	1041	1150	621	—18·2	+67·6
3.	Jaunpur	269	1323	1571	1351	—82·9	—2·1
4.	Mirazapur	738	535	508	543	+45·3	—1·5
5.	Varanasi	1778	4335	5408	4383	—67·1	+0·04

At the time of factual verification the following statistics were furnished by the Ministry.

The progress of the performance of the area within Varanasi Division upto November/December, 1971 is as indicated below:-

(a) Sterilization Progamme

Sl. No.	Name of the District	1969-70	1970-71	% Change	1970-71	1971-72	% Change
1.	Balia	1862	1933	+ 3.8	1352 Dec.	2882	+ 113.2
2.	Gazipur	1510	1404	— 7.0	1145 Dec.	3229	+ 182.0
3.	Jounpur	2204	1018	—53.8	748 Jan.	772	+ 3.2
4.	Mirzapur	1491	2357	+58.1	955 Nov.	943	1.3
5.	Varanasi	7019	3922	—44.7	2037 Nov.	1887	— 7.4
	Overall	13886	10634	—23.4	6237	9713	+ 55.7
	(*b*) *I. U. C. D. Programme*						
a.	Barlia	1130	1539	+36·2	1073 Dec.	1437	+33.9
2.	Gazipur	1435	3231	+124.5	1740 Dec.	2162	+24.2
3.	Jounpur	2101	2360	+12.3	2000 Jan.	1707	—14.7
4.	Mirzapur	1190	1050	—3.2	622 Nov.	525	—15.6
5.	Varanasi	8143	8030	—1.4	4931 Nov.	4406	—10.6
	Overall	13999	17302	+16.45	10366	10237	—1.24

5.62 It has been stated that as far as the improvement in output was concerned, there was no appreciable change as normal and additional inputs in the selected area at District and P.H.C. level was not in position. It has further been stated that the progress of the Scheme would only be seen after the total inputs are in position at all levels.

5.63. The Committee note that Government have launched 'Intensive District Scheme' and 'Selected area programmes' under which Greater inpnts have been provided in the hope that it will increase family planning accptance. The progress of performance of the area Varanasi Division under Selected Area Programme is far from satisfactory. The Committee also note Government's statement that as far as improvement in out put was concerned, there was no appreciable change as normal and additional inputs in the Selected Area at District and P.H.C. level was not in position. The Committee hope that progress in the 'Intensive District Schemes' and Selected Area Programmes would be closely followed up and the total inputs are put in position without delay in order to intensify the effort. A careful investigation of the trends of these two programmes may be undertaken to remove the shortcomings noticed and ensure more effective implementation.

5.64. The Committee note the work done by the District Magistrate at Erankulam. They note the Government's conclusion that where District Collector or District Magistrate was involved with the programme and he had the support of Government as well as non-official organisations and the people the progress in Family Planning had been good. The Committee commend that the District Collectors/District Magistrates, Block Development Officers, Panchayats and Co-operatives should be involved more vigorously to push through the Family Planning Programme, and suggest that there should be instructions to all the Blocks to include Family Planning Programme as one of the main items of their activities.

5.65. The Committee note that the means adopted to make the Family Planning Camp at Ernaklam an impressive experiment are being tried out in about 25 districts throughout the country. The Committee recommend that there should be early evaluation of the means and results achieved in each of these 25 districts so that a composite model programme for implementation at district level could be firmly settled upon. The Committee would like to be informed of the exact progress made in this behalf.

(d) *Maternal and Child Health Programme*

5.66. Family size is intimately connected with infant mortality rate; the assurance that existing children will survive becomes for parents the determining factor for regulating the size of their families. Accordingly it has been stated that the Family Planning programme was being progressively integrated with health services in general and maternal and child health in particular. Provision has also been made to strengthen the Primary Health Centres for

family planning and Maternal & Child Health work; additional doctors, lady health visitors, public health nurses and auxiliary nurse midwives are stated to have been provided at these centres. It has further been stated that to carry the integrated family Planning and Maternal & Child Health services nearest to the door-steps of the people it was proposed to establish one sub-centre for every 10,000 rural population, one Family Welfare Family center for every 50,000 population in large cities, and one centre for a population of 10,000 or more in smaller town.

5.67. At all levels, the Family Planning and Meternal & Child Health Services are stated to be administered under a unified command. The Department of Faimly Planning at the national level and Bureau for Family Planning and Maternal & Child Health in each State Health Directorate are stated to be responsible for implementing these programmes. At the District level the Family Planning Bureaus are stated to be responsible for this programme with the difference that while at the State level these services are under the control of a senior officer assisted by separate technical officers for Family Planning and Maternal & Child Health, at the District level these two services are under the common control of the officer.

5.68. Funds for providing immunisation against diphtheria, pertussis and tetanus for infants and children of pre-school age and immunisation of pregnant mothers against tetanus are stated to have been included in the Fourth Plan. As allocation of Rs. 10 lakhs made during the year 1971-72, is stated to have been distributed in the State Sector as the State Health Department were expected to procure the vaccines and give the immunisation service.

5.69. In a written reply about the phased programme of Maternal & Child Health Scheme, the Department of Family Planning has stated as follows:—

> "The M.C.H. schemes included in the Fourth Five Year Plan have been mostly introduced during the financial year 1970-71. A small beginning was, however, made in Gujarat and Haryana during 1969-70. These schemes are implemented by the State Governments/Union Territories.
>
> For the schemes for immunising infants and pre-school age children and pregnant mothers the State Health Department have been allocated funds in the State sector. Purchase of the drugs required for the implementation of the schemes for prophylaxis against nutritional anaema and vitamin 'A' deficiency are Centrally done by the Department of Family Planning and the cost of tablets supplied

to each State is adjusted as a grant-in-aid towards the close of the financial year.

During the year 1970-71, the outlay was of Rs. 4.91 lakhs in the State Sector for immunising 3.6 lakhs children and 1.8 lakhs pregnant mothers. During the current year (1971-72) an amount of Rs. 10 lakhs has been budgeted for the schemes. The aim is to cover 13 lakhs children and 2 lakhs mothers. The State Governments are understood to have initiated action for procurement of vaccine etc.

Against the provision of Rs. 40 lakhs for the scheme during 1970-71 supply orders for 75 crore tablets containing ferrous sulphate and folic acid were placed on pharmaceutical firms at a total cost of Rs. 37.5 lakhs. However, supplies of 23.7 crore tablets at a cost of Rs. 10.77 lakhs were made by the firms during 1970-71. The target was to cover 15 lakhs each of mothers and children during the year. During the current year (1971-72) Rs. 40 lakhs are budgeted to cover 36 lakhs beneficiaries.

Out of a budget of Rs. 8 lakhs made during 1970-71 Rs. 7.34 lakhs were expended on procuring 48 lakhs doses of vitamin 'A' solution in oil. The drug was distributed to the States of Bihar, West Bengal, Orissa, Andhra Pradesh, Mysore, Tamil Nadu, Kerala and LMA Islands, where the programme is being implemented."

5.70 During the course of evidence, the Secretary, Ministry of Health and Family Planning informed the Committee that they were the Technical Advisers for nutrition. They tell the various Ministries the kind of food that had to be given. He further stated:

"I would like to say that the child nutrition programme is inadequate. Although we are the Technical Advisers for nutrition, the budget provision is found from the budgets of other Ministries—Education, Social Welfare, Central Social Welfare Board and Community Development. These are the Ministries which are actually administering the programme and their allocation in the Fourth Five Year Plan are:—

Education .	. Rs. 500 lakhs
Social Welfare .	. Rs. 600 lakhs
Central Social Welfare Board	. Not available
Commonly Development	. Rs. 316 lakhs

5.71. The Committee note that family size is intimately connected with infant mortality rate; the assurance that existing children will survive becomes for parents the determining factor for regulating the size of their families. The Committee note that the existing child nutrition programme is inadequate. The Committee consider the nutrition programme of the utmost importance as in their opinion better nutrition ensures a healthier growth and longevity. Unless the couples in the weaker sections are assured about the longevity of their children, they may not readily adopt Family Planning methods and prefer to have more children for their support. The Committee would, therefore, stress that adequate attention may be paid and resources found for implementing more vigorously and effectively an integrated child nutrition programme for weaker sections of society.

(iv) *Incentives and Disincentives*

5.72. About the recommendations of the Small Family Norms Committee on Incentives and Disincentives and Government's action thereon, the Secretary, Ministry of Health and Family Planning during the course of evidence informed the Committee as follows :

"The Small Family Norms Committee were of the view that the 'Incentives' and 'Disincentives' that may be adopted should avoid creating controversy or opposition to the idea of small family. Existing benefits and privileges enjoyed by certain groups should be withdrawn only after it is ensured that reasonable facilities for the practice of family planning methods are adequately available to them. The Committee, however, did make recommendation for certain disincentives. The position regarding the stage of action on each of these recommendations is as under :—

Recommendation No. 1 related to withdrawal of facilities in the form of reimbursement of tuition fee. This matter was taken up with the Ministry of Law. They said, "We could not do it.".

Recommendation No. 4 related to the state of marriage in respect of candidates joining civil services of all categories. The Ministry of Law said that this would be in conflict with Article 14 of the Constitution and so they could not follow it.

Recommendation No. 8 related to the amendment of the recruitment rules so that new entrants may be encouraged to limit their family size with two or three

children. The recommendation was considered in consultation with the Ministry of Law and the Ministry of Home Affairs. They were of the opinion that such provision cannot be made, and that there was legal difficulty in amending the recruitment rules accordingly. Therefore, this was not followed. What they did say was that we should try to educate Government employees which we are doing.

Recommendation No. 6(1) related to incentives and it said that Income Tax chargeable from a bachelor may be the same as for married person with no children. This has been accepted by the Ministry of Finance and now the incentives which were given to large families no longer exist."

5.73. In a written reply it has been stated that the following recommendations of the Small Family Norms Committee had also not been accepted by Government :—

(i) Curtailment of maternity benefits in the case of non-industrial women employees having more than 3 children.

(ii) Stoppage by Employees' State Insurance Corporation of payment of Rs. 30/- on the birth of a child in case of employees having more than 3 living children.

(iii) Rebate on L.I.C. premia and initiation of special benefits policies.

5.74. The Committee feel that the maternity benefits at present provided to the women labour act as a sort of incentive for more production of children. They would like to suggest that Government should, in consultation with labour representatives, evolve some way which may provide incentives to the women labour for restricting their families.

CHAPTER VI

ORGANISED SECTOR

6.1. The battle against population explosion was being fought in India on many fronts. One strategic area for the implementation of the Family Planning Programme was the 'Organised Sector' covering those sections of the society which are composed of organised groups, such as employees in the Industrial undertakings both in the Public and in the Private Sectors, employees under the Central and State Governments, Workers in Mines, Plantations etc., and all other labour groups. The population covered by organised sector comprises "Captive groups", governed by common disciplines and as such it was comparatively easier to reach and provide services to them.

6.2. The organised sector thus assumes special significant in view of the large numbers coming within its purview. Labour formed an appreciable proportion of the total population of the country. According to available data, the total labour force in 1961 was over 188.68 millions, which included workers engaged in agriculture, mining, quarries, forestry, fishing, plantations, households and manufacturing industries etc. During the Fourth Plan, a further addition of about 23 millions to the labour force was expected. A substantial percentage of this force comes within the ambit of Organised Sector and majority of them were in the reproductive age group.

6.3. There were certain basic guiding principles which were essential for the progress of the programme in the Organised Sector. These were involvement of the management, involvement of the labour leaders, provision of adequate supplies and proper co-ordination.

6.4. The position in regard to the implementation of the Family Planning Programme among different groups in the organised sectors is explained in the following paragraphs :

(i) *Industries covered by the E.S.I. Scheme.*—Persons employed in industrial undertakings covered by the Employee's State Insurance Act are provided family planning service facilities under the E.S.I. Scheme. Such

employees are provided the necessary advice and guidance on Family Planning by the Insurance Medical Officers. All hospitals and dispensaries under the scheme are stated to have facilities for advice, supply of appliances and insertions of IUCDs etc.

(ii) *Industrial concerns not covered by the E.S.I. Act.*—It has been stated that Government of India affords financial assistance to the industrial concerns, not covered by the E.S.I. Scheme and whose employees cannot avail of such services from any nearby centre for providing Family Planning Services on the basis of a prescribed pattern.

(iii) *Private Industrial Sector.*—In the private industrial sector, the family planning work is handled by various agencies like the Central Government, State Governments, Voluntary Organisations, Chamber of Commerce and Management of individual industrial units. It has been stated that great enthusiasm has been shown by some of the leading Employer's Association like the Federations of Indian Chamber of Commerce and Industries, the Indian Tea Association, the Indian Chamber of Commerce, Calcutta, the Bombay Mill Owner's Association, the United Planters Association of South India, the Indian Merchant's Chamber, Bombay, the Employee's Association of North India etc. USAID has, with Government of India's concurrence, offered financial assistance to the Federation of Indian Chamber of Commerce and Industries and United Planters Association of South India for intensifying their family planning activities. A brief resume on the performance of Family Planning Programme in Tata Iron and Steel Co., in private industrial sector is given in Appendix II.

(iv) *Public Sector Undertakings.*—In all, there are about 100 public-sector undertakings, big and small under the Central Government. The total population covered by these undertakings including employees and their families was about 25 lakhs. It has been stated that although all public-sector undertakings have a contribution to make, it was really the bigger units who were in a position to make an impact on the demographic picture. These bigger units are therefore, of special significance for the promotion of the programme. According to present scheme, the Government of India pays grants-in-aid to

these undertakings for the promotion of Family Planning services to their employees on prescribed pattern depending on the number of employees. It has been stated that some of these undertakings have done real good work and on the whole, the programme in these undertakings in the field of Family Planning had been better than the average progress in the rest of the country.

In a written reply the Committee were informed as follows:—

"Grants-in-aid were paid by the Government of India to 15 public sector undertakings during 1969-70 and to only 5 undertaking in 1970-71."

(v) *Plantation Labour.*—According to available information, about 850,000 workers are said to be engaged in Tea plantation in different parts of the country. Majority of these plantations have well organised medical set up for providing medical and health care to the workers and their families. Family Planning Service to these workers and their families are also being provided through these existing medical institutions. The Government of India are helping these plantations with additional funds by paying the usual compensation money for each of IUCD placement, Vasectomy operation etc., done in these institutions. Provision has also been made for additional extension education staff to the plantations where considered necessary on merit. It has been stated that Indian Tea Association are implementing the programme in a very intensive manner in all their tea gardens in Assam and West Bengal and IUCD programme was very successful in these tea gardens. It has been reported that the birth rate amongst the plantation labour in tea gardens under the Indian Tea Association had come down from 44.3 per cent in 1961 to 25 per cent in 1967. No separate family planning programme had yet been implemented in the plantations in South India. The Government of India were considering measures and schemes for involving plantations in Southern India more effectively so that similar results could be achieved amongst plantation labour in that area as has been achieved in tea gardens of Assam and West Bengal.

(vi) *Workers engaged in Mines.*—About 700,000 workers are reported to be working in the Coal Mines in different States of India. Medical and Health Care are provided

under the Coal Mines Labour Welfare Fund Act. The Fund is operated by the Coal Mines Labour Commissioner under the Ministry of Labour, Employment and Rehabilitation. There was a well organised medical set up under this organisation consisting of dispensaries in the collieries, regional hospitals and two central hospitals. M.C.H. Services are also provided by Mines Board of Health, under respective State Governments through M.C.H. Centres set up by them. Family Planning Services are said to be provided through all these institutions.

The Ministry has stated as follows :—

"The Department of Family Planning has not so far provided any funds for implementation of the family planning programme in the Collieries. The Achievements of the Collieries areas in the field of family planning are included in those of the State Governments and no separate figures are available for the collieries."

"A team of officer of the Department of Family Planning was deputed in October, 1969 to visit the Coal Mines of Dhanbad and Asansol and made recommendations for taking up intensive family planning activities in those areas. This team recommended that, to begin with an organisation similar to the one established for the Malaria Eradication Programme, should be set up to supervise and guide family planning work in the Coal Mines areas. The Department of Labour and Employment have accepted this recommendation with some minor modifications and action is now under way to recruit the necessary staff. It has also now been decided that the entire expenditure on promotion of the family planning activities in the Coal Mines areas would be met by the Department of Family Planning and appropriate provision will be made for the purpose in the Revised Estimates of the current financial year and Budget Estimates for 1972-73 as soon as the Deartment of Labour and Employment furnish the Department of Family Planning with detailed information regarding the provision required for the purpose."

(vii) *Railway Employees.*—It has been stated that about 1.3 million persons were working under the Railway Organisation. The Railway Board (Ministry of Railways)

have their own medical set up at various levels for providing medical and health care to their employees and their families covering a population of about 6.5 million. Family Planning Programme amongst this population is said to be implemented by Railway Board. A separate organisation has been set up for Family Planning programme at Headquarters of the Railway Board for planning and executing the programme through the nine different Railways Zones. Administrative units has been set up at the Headquarters of each of these Railway Zones. Family Planning services are being provided through the existing 95 hospitals and health units and 60 Family Welfare Planning Centres. All expenditure incurred by Railway Board for providing family planning services is met by the Department of Family Planning.

(viii) *Defence Service Personnel.*—The Committee has been informed that the Ministry of Defence has an elaborate set up of medical establishments for total health care of all Defence personnel. For providing Family Planning services to these personnel, administrative units are stated to have been set up at the headquarters in the offices of the Director-General of Armed Forces Medical Services as well as at Command Headquarters. Family Planning Services are provided through existing military hospitals as well as through 133 Family Planning Centres set up by the Defence Ministry.

(ix) *Employees in other Government Departments.*—It has been stated that a scheme for the promotion of Family Planning Programme among the large number of persons working in Government offices in Delhi had been taken up. The respective Welfare Officer in the Departments are stated to have been involved in this drive. The main emphasis is stated to be on the promotion of 'Nirodh' by making it freely available to the employees at their work places. It has also, been stated that the distribution of 'Nirodh' is also done through pay packets or through voluntary workers.

(x) *Posts and Telegraphs.*—A scheme to utilise the dispensaries run by the Posts and Telegraphs authorities for the purpose of family planning is stated to be under way. It was intended to begin with 12 dispensaries which were situated in towns where compact residential colonies of P&T employees exist. It has been stated that twenty

thousand post offices throughout the country were also being utilised as depot holders for 'Nirodh' distribution in remote rural areas.

6.5. During the course of evidence the representative of the Ministry of Railways informed the Committee that the Railway started this programme long before the National Programme started with their own resources. The following table shows Death Rate and Birth Rate of the same year on the population* of sample divisions.

Year	Death Rate	Birth Rate
1961	5·0	48·3
1962	4·9	42·9
1963	4·8	46·5
1964	5·2	44·7
National Family Planning Programme launched.		
1965	5·3	46·5
1966	5·2	40·6
1967	5·9	41·5
1968	6·6	37·6
1969	5·1	34·5

The representative of the Ministry added :—

"Railways have got approximately 59,600 running Km. and we have got 7,058 stations. We have got about 70 lakhs of population (because the total number of staff employed by Railways is about 3.6 lakhs) approximately as on 1967-68. Forty per cent of the employees are only housed in Railway quarters or colonies, the rest that is 60 per cent reside outside Railway colony throughout the length and breadth of the country."

6.6. During the course of evidence the representative of the Ministry of Defence informed the Committee that the Armed forces was

*Population consist of Railway employees, their wives and children only.

a very specialised group with certain peculiarities of composition. about 90 per cent of the Armed Forces personnel were in the age group of 18 to 35 and the remaining about 10 per cent were in the age group of 35 to 55. So far as the achievements in Armed Forces were concerned, Sterilisation was about 8,000 in comparison to last year's (1970) figure of 5,000.

6.7. About the training in Armed Forces, the representative of the Ministry of Defence informed the Committee as fololws:—

> "We have introduced training programme, whether he is an army man or a sailor|airmen. We have regular schedule of training in the training period when he is recruited and for that matter we have provided necessary facilities literature, training aid and curriculum for the training purposes at the training centres. Again at higher levels we have introduced a special curriculum of training in the staff college where senior officers go and also at the I.M.A. where all our army officers are trained. So, for that matter, right from the recruit, to the officer level we have injected considerable element of training in family planning with the sole purpose that it will benefit him and at the same time they will go as ambassadors as they come from all over the country and dissiminate the knowledge that they get.
>
> We lay special emphasis on this programme."

6.8. During the course of evidence, the Commissioner, Coal Mines Labour Welfare Fund, Dhanbad, informed the Committee as follows:—

> "I represent small sector of labour with a population of 4 lakhs to 5 lakhs. They are raising 70 million tonnes of coal. They are spread over seven States. We are looking after them. So far as the family planning work is concerned we have adopted the concept the trinity, the Government, the employer and the worker. So the tripartite approach is made to every problem. I must admit that we have had no opposition from any trade union and we are working in gloves with them. Every penny that is spent is done in consultation with the Committee in which all the above three parties are represented.

Out of 4 lakhs mining population we have covered 2 lakh people situated in the States of Bihar and West Bengal. In Bihar and West Bengal we have been practically able to reach most of the families, but in Assam, Maharashtra and Orissa we have not been able to create any impact.

This problem is a little complex one. The family planning work itself requires some privacy and isolation. The first task was to build houses. We have been able to provide houses to 25 per cent of the workers and if we provide houses to 75 per cent more, then we will require 40 crores more so that everybody has a love for privacy to practice the family planning methods. If we have to win him over, he must have a house."

6.9. Asked as to whether they get any assistance from the Central Family Planning Organisation, the representative of the Coal Mines informed the Committee that they were the agents of the Health Ministry. He, however, added that they had shortage of staff. They were having 38 per cent less of the Staff sanctioned to them.

6.10. During the course of evidence, the question whether the Ministry of Labour and Employment took up the question of Family Planning Programme with the various Trade Unions Workers etc., the representatives of the Ministry stated as folows:—

"Our experience has been limited so far as our dialogue with the Trade Unions is concerned on the subject of family planning because as ministry we had got taken up this question of Family Planning with the Trade Unions or labour leaders."

6.11. Elaborating further, the Secretary, Ministry of Health and Family Planning stated:—

"We have three ways of approaching the worker. One method is to approach him through the employer, whether in the private sector or the public sector. The second method is to approach him direct through his doctor or social worker. The Third methods is to approach him through his trade union leaders.

As far as the first two methods are concerned, we have had success. In fact in some fields, such as the tea gardens Assam and in some public and private sector undertakings we have had great success. The birth rate have been brought down very considerably.

In our attempts to involve the labour leaders so far we have had a limited success partly perhaps because we have failed to educate them adequately to talk to them and finance them.

A seminar we held in Bangalore in 1970. Certain hostile notions were expressed. Another seminar was held in Delhi in March, 1971 and this programme was accepted. We feel that there has been a change in their attitude. We feel that we should follow it up in collaboration with the Labour Ministry."

6.12. Asked to state whether with a view to greater involvement of Trade Unions with programme of Family Planning, they are represented in the Central Family Planning Council and Consultative Committee, the Secretary, Ministry of Health and Family Planning stated that there was no representative of Trade Unions in the Central Family Planning Council at present but that was a very valid point and they would take it up. As regards Consultative Committee he said that though the decision of Membership of the Consultative Committee is taken at the Political level, he felt that organised labour should be represented therein.

6.13. In reply to a question whether Government were prepared to finance Trade Unions for Family Planning work just as they were doing for Voluntary Organisations, the Secretary stated:—

"Whether we should involve Trade Unions in the same kind of work which the Voluntary Organisations are doing on the same terms and conditions, I think we definitely should and we shall be very happy to do it if they are willing to come forward."

6.14. As regards the role of the Ministry of Labour and Employment in the Family Planning Programme and in involving Trade Unions with the Programme the representative of the Ministry of Labour and Employment stated that organisations under the Ministry of Labour *viz.* Employees State Insurance Corporation, Coal Mines Welfare Fund Organisation and Central Board of Worker's Education have done a good deal of work regarding propogation of Family Planning. As regards involving Trade Unions in this Programme, he stated that "In the past we really did not have a dialogue with organised labour on the subject of Family Planning and we were proposing to make good this lacuna. It was our intention to bring forth before the proposed January (1972) session of Indian

Labour Conference this subject of promotion of Family Planning Programme. Unfortunately due to various other reasons this meeting did not materialise". We are expecting to meet now in the month of October (1972) or so. It is our intention to bring forward this subject before that meeting."

6.15. Asked to state whether State and Central Labour Commissioners, Labour Offices, etc., who are intimately associated with Labour Unions have done anything regarding propogation of Family Planning Programme, the witness stated :

> "I am afraid not much has been done so far and we will examine if we could instruct our labour officers as far as possible to put across to the trade union leaders this idea of family planning and see, if it is possible to break down resistance, if any."

6.16. In regard to whether Government had explored the possibility of getting the "incentives" supplemented by private industries to their workers, the Secretary of the Ministry stated as follows :—

> "We have done some work in this. We collected data regarding incentives paid to certain industrial employees and we circulated this throughout the country in September, 1970. It was also brought to the notice of all employers that under the Income-tax Act, any bonafide expenditure incurred by a Company for purposes of promoting family planning among its employees is allowed as a deduction. The benefits due to promotion of Family Planning among the employees by way of reduced absenteeism, less expenditure on medical care, maternity benefits, children's education allowance, etc. have also been highlighted in our communications with the employers."

Agriculture Labour

6.17. To a question whether, the Government had any plan to involve agricultural labour in practicing family planning, the Secretary of the Ministry stated as follows :—

> "No, Sir, there is no such plan. This decision is taken at the political level. As my level, I feel that some representation of agricultural labour should be there, because theirs is a much bigger population than industrial labour. I would also like to involve their organisations in voluntary work on the same basis as other voluntary organisation."

Cooperative Societies

6.18. About involvement of Cooperative Societies in spreading the message of Family Planning, the Secretary of the Ministry informed the Committee as follows :—

> "The Kaira Milk Co-operative Unit has been approached by the District Panchayat Kaira and this District Panchayat keeps in close touch with the Unit which is involved actively in the family planning programme in the district. The State Family Planning Officers have been requested to enlist the cooperation of co-operative Societies for educational and motivational work and also to act as depot-holders. Very recently, an offer has come to us was from the Fertilizer Corporation, Gujarat. They offered to give us all help and act as depot-holders."

6.19. The Committee were further informed that Nirodh was available near Industrial Canteens in most of the big institutions. About the suggestion that Nirodh might be distributed through petrol pumps, the Secretary informed the Committee that the Government had approached the Indian Oil Corporation in this regard but they had, by then, not come to final agreement with the Indian Oil Corporation.

6.20. The Committee were also informed that the experiences gained in family planning work in the organised sector had proved useful to the Government. Some of the lessons, that they had learnt from the Organised Sector, were being fed into the main programme. The main less on that they had learnt from the organised sector, according to the Secretary of the Ministry, was, "Where there is a plenty of motivational work done in any area, it pays handsome dividends. Motivation should be both educational as well as by way of incentives. This has been applied in a big way in Ernakulam."

6.21. The Committee feel that keeping in view the importance of Family Planning as an essential requisite for the well-being of the workers, the propagation and implementation of Family Planning Programme amongst the industrial workers in the Organised Sector was a contribution towards solution of economic and health programmes of workers and their families. The Committee are of the view that the Family Planning Programme should be incorporated as a welfare measure for the industrial workers and that the programme should be made a part of labour welfare activities. Greater attention should be paid in providing suitable living accommodation to the workers.

6.22. The Committee note that Railways have got approximately 59,600 running kilometers and 7,058 railway stations. The Railways have also an integrated Medical and Health Service throughout the country. They have also compact colonies. The Committee feel that with the necessary infra-structure available with them, the railways can play an effecvtive role in the field of Family Planning and in fact should be able to give a lead to other employers in this field of work. The Committee suggest that railways should make arrangement of distribution of Nirodh through booking-offices of railway stations where there is no other opening for obtaining the Nirodh by the public. They also further suggest that progress made in the work of family planning should be brought out in the annual reports of the Railways. They should also undertake evaluation of work of the Programme from time to time and take suitable corrective measures in the light of its findings.

6.23. The Public Undertakings play a dominant role in the economy of the country. Considering the fact that there are large number of public undertakings in the country employing considerable number of employees housed in compact colonies and possessing an integrated Medical and Health Service, there is no reason why they should not be able to make a success of the Family Planning Programme by concentrated and intensive effort. The Committee feel that with a view to give greater stimulus to the Undertakings for intensifying the work of Family Planning, annual award may be given to an undertaking whose performance is adjusted as best in the field. The Committee also suggest that mention should also be made in their annual reports about the progress made in the family planning work and that evaluation of the work done may be undertaken from time to time.

6.24. The Committee note that Employees State Insurance Corporation have a net work of dispensaries throughout the country for their workers and their families. The Committee feel that the Corporation can play an effective role in implementing the Family Planning Programme by integrating the family planning work with the Medical and Health facilities provided in their dispensaries and hospitals. They should also arrange for free distribution of Nirodh to their workers and families through these dispensaries. They should also mention about the progress made in the field of family planning in their annual reports.

6.25. The Government have a net work of Central Government dispensaries under the Central Government Health Service Scheme. With a vast organisation in Delhi, the Committee feel there

is no reason why the C.G.H.S. should not be able to push through the Programme of family planning and act as a model for other such schemes. They should lay greater emphasis on extension work and particularly concentrate their attention on Government employees coming from weaker section by intensifying their programme in Class IV residential colonies.

6.26. The Committee note the work done in one of the Private Industrial Sector viz. Tata Iron and Steel Company especially the personal "face to face" contacts by the Secretary of the Family Welfare Planning Advisory Committee. The Committee feel that the work done by TISCO towards Family Planning Programme should be studied in detail with a view to follow their working in other organised sectors especially Public Undertakings. The Committee feel that personal letters in English, Hindi or other regional languages be issued to those whose second child or above is born, by welfare or other senior officers of the organisation. The workers of the Social Welfare Organisation attached to various centres should make personal contact with all such people in their respective areas during home visits and explain the benefits of small family and methods of family planning. The Committee also feel that the reasons for good results in TISCO and other Organised Groups should be fed into the main programme to make it a success.

6.27. The Committee note that Kaira Milk Cooperative Unit had been approached by the District Panchayat, Kaira for undertaking the work of family planning and that District Panchayat keeps in close touch with the unit in the implementation of the family planning programme. They also note that the State Family Planning Officers have been requested to enlist the cooperation of cooperative societies for educational and motivational work and also to act as depot-holders for distribution of Nirodh. The Committee consider that Cooperatives can play a great role in spreading the message of family planning. With this end in view, they suggest that intensive efforts may be made with the help of District Panchayats and Voluntary Organisations to enlist the support and active participation of big cooperative societies in the field of family planning.

6.28. The Committee regret to note that Ministry of Health and Family Planning have not so far had any meaningful dialogue with the trade unions and labour leaders in regard to their involvement in the family planning programme even though the family planning work was given top priority as early as in the Third Plan. The

Committee are of the firm view that trade unions and labour leaders can play an effective role in propagating the message of family planning among the workers, particularly in the organised sector. They, therefore, suggest that the Ministry of Health and Family Planning in collaboration with the Ministry of Labour should hold serious diologue with the representatives of the trade unions and other labour leaders with a view to actively involve them in the propagation and implementation of the family planning programme among workers. They may also take up this question in the Indian Labour Conferences and other tripartite labour bodies. They may also consider the desirability of including the representatives of All India Trade Unions in the Central Family Planning Council and the Consultative Committee with a view to actively involve them in the Family Planning Programme.

6.29. The Committee note that Government have as yet no plan to involve agricultural labour in the Family Planning Programme. As agricultural labour constitute a sizeable part of populataion, the Committee feel that it is imperative that efforts should be made to undertake the work of family planning in an organised manner among them. To begin with, Government may examine the feasibility of implementing this programme in State Agricultural Farms and Zoological and Botanical gardens, where appreciable number of agricultural labour is employed by Government.

6.30. The landless labour also constitute a sizeable part of the population. The Committee feel that greater attention should be paid by Government to intensify efforts to motivate and propagate the message of family planning among the landless labour. They feel that the best way of approaching the landless labour is through village panchayats, cooperatives and village headman. Arrangement should also be made to distribute Nirodh to them through village panchayats.

CHAPTER VII

VOLUNTARY ORGANISATIONS

A. Role of Voluntary Organisations

7.1. In India, as in most of the countries of the World, the family planning programme was initiated as a result of non-official voluntary efforts. The Special Committee appointed in 1966 to review the staffing pattern and financial provision under the programme had recommended participation of voluntary organisations on an increasing scale not only for rendering services but also for motivational and educational services. While all the voluntary organisations have undertaken the educational activity, some of them are also providing clinical services, through their private hospitals or family planning centres. Some of these important All India Organisations participating in the programme are—Family Planning Association of India, Indian Red Cross Society, Central Social Welfare Board, All India Women's Conference, Indian Medical Association, Christian Medical Association of India and Bharatiya Mahila Sangh. Recently, two big voluntary organisations, viz., Population Council of India and the Family Planning Foundation have been set up to further the cause of family planning.

7.2. At present, 371 urban family planning Welfare Centres in various States and Union Territories are being run by voluntary organisations, 69 voluntary organisations are running training centres for Auxiliary Nurse Midwives. The Central Social Welfare Board is running 106 centres in rural areas and also the Indian Red Cross Society of Punjab and Haryana is running some rural centres.

7.3. Local Bodies have also set up centres in their municipal areas. The present number of centres set up by them is 368.

7.4. It has been stated by Government that—"Many of them (Voluntary Organisations) have a good organisational set up, a fair experience in advocating the cause they champion and above all the esteem of the people. In Family Planning Programme, the education of the people is of paramount importance and the voluntary organisations by virtue of the standing that they enjoy in the public are quite suitable for undertaking this type of activity. Their field workers are likely to convert the masses to the belief in small family

more easily because the masses have faith in them. And once this conversion is effected thoroughly and completely, then the success of the programme is assured. Thus, while all voluntary organisations can and should undertake the educational activity, some of them can go beyond and provide clinical services also because they are either running hospitals or have, with the assistance of finances from Government, opened Family Planning Centres. All hospitals run by voluntary organisations and local bodies may not have been drawn into the programme. Similarly, some of the organisations though they have sound organisation, a substantial standing and the ability to run Family Welfare Planning Centres may not have opened centres. All such organisations are required to come in the field to assist Government in the mighty war that it is waging against the menace of unchecked population growth. If all the agencies join hands, it will not be difficult to achieve the aim."

7.5. Recently instructions are stated to have been issued to the State Governments that in order to encourage the voluntary organisations and to assure support to voluntary organisations on a continuing basis in rural and urban areas so that they can plan their work on a long range basis and not merely to function from year to year, the following additional facilities may be provided to them:—

(i) If a voluntary body wishes to work in a Primary Health Centre area, it should be assisted to do so with a clear demarcation of the area of its operations.

(ii) A voluntary body should be assisted in becoming mobile through adequate transport facilities wherever necessary.

(iii) Voluntary bodies should be encouraged to plan for the IVth Plan period with assured continuity of support. They should also make annual plans.

(iv) Assistance to a voluntary body need not be cut off for failure to attain targets in a single year, and that there should be flexibility in the matter since such bodies need time to build up which they should be encouraged to do.

(v) Programmes for the training and orientation of the employees and leaders of these organisations should be chalked out so that they are kept abreast of new developments and techniques of the programme; and

(vi) Voluntary organisations should be helped through continuous flow of information and periodic reviews of work to

improve their functioning and also assisted in organising a proper system of accounting.

7.6. In the context of greater involvement of Voluntary Organisations in the Family Planning Programme, the Secretary, Ministry of Health and Family Planning, during the course of evidence, was asked whether the Family Planning Programme could be left mainly to the Voluntary Organisations instead of Government's present active participation. He stated that "while voluntary organisations play a very important role in this programme we do not think this is the stage at which the programme can be handed over entirely to them. The programme was started by them. Once we reach a low birth rate, then perhaps we can again hand it over back to the Voluntary Organisations."

The Commissioner of Family Planning further elucidating the point stated:

> "The voluntary organisations at present have a limited scope. They are excellent agents for converting public opinion. There is nobody that can really explain to the people better. There is something else. In the whole of our family planning programme, right from the beginning what we want is excellent service to be given to a person who comes to accept the family planning methods. Government tries to improve their services to the best of their ability, and we have taken sufficient steps but it is regretted that the services which are rendered through the voluntary organisations are inconsistent and they are inadequate. If I were to make a general remark, it is this that it is not possible for them to provide the excellence of service that a Government organisation can. Therefore, to my mind their role as our helpers only in this, is of great importance."

7.7. As regards involvement of Voluntary Organisations in propaganda and motivation programme, the representative of the All India Women's Conference stated that "It will be worthwhile to redraft on the present programme of having clinics, para-medical team etc. and include the propaganda work. It will be good to have a wider programme of involving the Voluntary Organisations and local people with the propaganda and motivation programme."

The witness further added that "how public opinion can be mobilised, may be planned at a higher level. But at the panchayat level, the Voluntary Organisations, the Panchayat Samities and leader of

public opinion at the Panchayat level should also be mobilised to give a lead to the motivation and propaganda programme. The details may be worked out. In so far as the Government is concerned, they have not yet formed a project for that. If they draw up one, we will be very happy to cooperate with it."

7.8. In this regard it has been stated by Government:

"Further involvement of voluntary organisations in purely motivational and extension work is also being considered in terms of the following recommendations made by the Conference of Health Secretaries held at New Delhi in April, 1971.

While a pattern exists for assistance to Voluntary bodies for a service-cum-motivational endeavour, there are many voluntary organisations which, though not resourceful enough to provide leadership to medical and para-medical staff, nevertheless could join hands in purely motivational work, specially in rural areas. Such voluntary bodies may be considered for being entrusted with one or more aspects of media and extension work like cinema shows, exhibitions, organisations of symposia and traditional programmes, distribution of literature, display of posters, wall paintings etc. A useful part which these bodies could play would be to help extension of workers in indentifying local leaders and motivating them and in organising group meetings and house visits. Some voluntary bodies could also be considered for being entrusted with complete family planning motivational units."

7.9. While the Voluntary Organisations are considered to supplement and complement the work of Family Planning undertaken by Government, it has been mentioned by the representative of an all India Organisation, that there is no proper coordination between the non-official effort and Government effort. The witness elucidating the point stated:—

"When it is first taken up in any particular village objection is raised by many of the orthodox people in the village. It is then when the State Governments are very willing to give that work to voluntary organisations, and rightly too, because, when the local people and leaders of public opinion come forward taking up the programme, then immediately, the objections are overruled. Once these people have started functioning, the State Government

find that it is easier to start their clinics first in areas where voluntary organisations have first done their propaganda work. Therefore, in spite of the rule that where there is a voluntary organisation functioning, the Government should see to it that their centre is not started to duplicate, there is always a competition between the Government centre and the centre of the voluntary organisation. Then, when funds are not forthcoming properly to the Voluntary Centre, naturally, their performance will be poor."

7.10. The Government have, however, stated in regard to this aspect as follows:—

"According to the existing organisational pattern for Family Welfare Planning Centres, no duplication of Centres is envisaged for the same unit of population. Whether urban or rural. The rural centres are situated at the primary health centres and urban centres cover a population unit of 50,000 or less. The rural centres are all run by Government. The urban centres are run by Government, local bodies and voluntary organisations, with exclusive population and area Jurisdiction and without duplication. Where a voluntary organisation is running a centre satisfactory no occasion for another centre arises. However, where this Centre is continuously unsatisfactory, that centre, after giving necessary opportunity is closed and thereafter a centre to replace it, is opened either by Government or another voluntary organisation or local body.

In so far as Family Planning Centres in the rural areas are concerned. It has been suggested to State Government that if a voluntary body wises to work in a Primary Health Centre area, it should be assisted to do so with a clear demarcation of the area of its operation. For the same reason if a voluntary agency is functioning already in a rural area, it need not be asked to fold up merely because a Primary Health Centre is established."

7.11. The necessity of having a Consulting Service for the Voluntary Organisations to run efficiently has also been pointed out to the Committee by the representative of the Family Planning Association of India as follows during the course of evidence:

"I may mention here that in certain cases, clinics which were running well had to close down because of the delay of grants or because rules have been suddenly changed, and other external difficulties of that nature. And here again, I want to say that in the case of voluntary organisations as well as Government, if they find that a clinic is not working well, it should be the duty of the authorities to give advice to the clinical personnel as to how to improve the work, so that they may not come to the stage of shutting down. If a clinic is closed down, this a loss to the programme. I think a counselling service is very essential. Suppose a voluntary organisation is not running well, then an officer from the Government side should come and find out where the mistake lies and advise the workers how to improve. For example, Government gives Rs. 10,000 as grant to a voluntary organisation and when it is not working well at the end of the year, they close it down and the grant of Rs. 10,000 is almost wasted. It is ,therefore, necessary that within a certain time, proper supervision of the work is done so that the grant is well spent and the clientele would be served in the right manner."

The witness further added:

"The voluntary organisation workers are really those who are in touch with the common people. When they move in a community and talk about the programme, they receive a patient hearing which sometimes Government personnel do not. Therefore Government should give them all the necessary help—not only way of funds but also advice and guidance. In that way, I think, many more organisations would come to this field. But at present they are disheartened because of the difficulties that have come in their way and they feel that it is no use working for the Family Planning cause."

7.12. The Committee note that voluntary organisations have played a notable part in taking the family planning programme to the people in their homes particularly in urban areas. The Committee feel that voluntary organisations are well suited to:

(1) legitimatise and impart a sense of urgency to the programme in the eyes of the members of families, particularly women;

(2) maintain continuous contact and purposeful dialogue with local leaders to sustain the programme; and

(3) implement the programme by setting up clinical and other facilities.

The Committee consider that greater use of the voluntary organisations should be made with a view to make the programme more comprehensive in the urban areas and more extensive in the rural areas.

7.13. The Committee note that Government have taken a decision that voluntary bodies should be encouraged to plan for rendering family planning facilities on the basis of assured continuity of support in the Fourth Plan. The Committee feel that as the Fourth Plan would be coming to a close in another two years time Government should from now on think of the guidelines to be followed in the Fifth Plan for grant of assistance to voluntary organisations for family planning programme so that the existing and the new voluntary organisations are encouraged to undertake this activity on an assured basis for a fair length of time.

7.14. The Committee note that Government have issued instructions to State Governments to organise a programmes for the training and orientation of the employees and leaders of these organisations as also for helping them with continuous flow of information so that they are posted upto date with significant developments. State Governments are also to undertake periodical review of work of these voluntary organisations in order to improve their functioning as also assist them in organising a proper system of accounting. The Committee would like Government to implement these instructions in letter and spirit so as to provide continuous and contemporaneous guidance in the field to these voluntary organisations in running efficiently family planning centres. The Committee would like Government counselling and inspection agencies to so conduct themselves as to inspire a feeling of mutual trust and confidence. This should not be too difficult to achieve for the voluntary organisation and Government are working for the common objective of reducing the population growth in the shortest time to manageable and desirable limits.

7.15. The Committee note that at a meeting of the Health Secretaries in April 1971 a proposal was made to utilise voluntary bodies more extensively for spreading the message of family planning. The Committee would like Government to take concrete action to involve

the voluntary organisations in spreading the message and knowledge of family planning and family planning techniques particularly amongst the weaker sections of society in rural areas and in slum and industrial areas of Metropolitan cities.

B. Grants-in-aid to Voluntary Organisations

7.16. The Voluntary Organisations and local bodies are paid 100 per cent financial assistance for non-recurring and recurring expenditure for running Family Planning Centres and other activities. Special schemes for certain voluntary organisations which do not conform to the pattern laid down by the Central Government are considered on *ad-hoc* basis.

7.17. The authority for the release of the grant-in-aid to the Voluntary Organisations and Local Bodies for the Family Planning Programme has been delegated to the State Government/Union Territory Administrations with effect from 1st January, 1967. The only limitation is that for the grants exceeding Rs. 50,000/- per annum, the prior approval of the Government of India has to be obtained by the State Governments/Union Territory Administrations have constituted Grants Committee generally consisting of Administrative Chief Medical Officer of the State, the State Family Planning Officer and the concerned Regional Directors (FP & MCH) of the Central Government. These bodies scrutinise the applications of the Voluntary Organisations and Local Bodies for the Family Planning work both for continuation of grant-in-aid as well as fresh proposals for participation in the programme. While deciding each case, these Committees take into account the past performance of the institutions concerned and scope for future improvement and then come to a decision. The working and the performance of the Voluntary Organisations and Local Bodies receiving grants exceeding Rs. 50,000/- per annum are also considered at the Central level when applications for the issue of the administrative approvals for the release of the grants are made by the State Governments to the Government of India.

7.18. It has further been stated that procedure for releasing the grants has been liberalised. The State Family Planning Officer is authorised to sanction at his discretion the grant upto Rs. 25,000/-, a report has to be made to the Grants Committee at the State level at its next meeting for information. He can release 25 per cent of the estimated expenditure for the year at the beginning of a financial year merely on a written assurance from the Organisation that it will continue to function during the year. Another 25 per cent is released after receiving the progress report for work during the

previous year and an unaudited statement of account signed by a responsible officer. The balance is released after receipt of audited accounts by a chartered accountant and utilisation certificate.

7.19. Grants above Rs. 25,000/- and upto Rs. 50,000/- are considered by the Grants Committee consisting of the Administrative Medical Officer of State, the State Family Planning Officer and the Regional Director, Government of India and the grants are sanctioned by the State Government on the recommendation of the Grants Committee.

7.20. This liberalised Scheme had been introduced on an experimental basis and the State Governments were required to submit a report on its working by the end of December 1970 stating whether the pace of release of grants has been quicker than previously, whether it had led to the improvement of the working of Voluntary Organisations and whether in the light of its working it could be further improved.

7.21. There is a general complaint by Voluntary Organisations that grants-in-aid to them are not released in time.

7.22. During the course of evidence, the representative of the All India Women's Conference stated, regarding delay in release of grants-in-aid to Voluntary Organisations:

> "As far as voluntary organisations are concerned, they find it very difficult to function with the present grants-in-aid programmes. One of the reasons according to the experience that we have, in running the clinics is that while the grants-in-aid is there, it is never released in time. Therefore, the proper functioning of these clinics is becoming difficult. It is not possible for the voluntary organisations to have large amount at their disposal to be advanced to the expenditure on clinics, and they depend entirely on the allotment given to them by the Government for the particular programme. Therefore, when the release of the grant is delayed, there are two difficult problems. One is the proper payment to the staff, because this allotment is mainly for equipment and payment to the staff. The moment it is delayed, naturally the payment to the staff is also held up. Therefore, it is impossible for voluntary organisations to insist on high standards from people to whom they have not paid their salaries."

7.23. During the course of evidence, the representative of the Family Planning Association of India, Bombay, also mentioned in regard to the delay in release of grants-in-aid:

"Even after the rules are complied with and even after the records are properly maintained, the Government grant is very much delayed and I do not know how this can be remedied. As far as the Government rules are concerned, about 4 to 5 years ago some new rules were adopted and we are quite satisfied with the rules as such. I think they are very reasonable rules. But the Government itself is a breaker of those rules. Even after the voluntary organisation has fulfilled the rules; it is quite often the fact that the grant is delayed. Also the organisation often does not know the quantum of grant that it will be receiving. For example, at the beginning of the year or so it may receive an instalment, but if you have sent up new schemes, you do not know the total amount for the most part of the year. Sometimes it also happens that grants are delayed so greatly that in some cases organisations have not received grants for 1969-70 although they have received the first instalment for the year 1970-71. The voluntary organisations are employing paid workers in the Clinical departments—professional workers—who must be paid salaries and when the salaries are not paid to them sometime the work suffers. When the work suffers, Government says that the work is not upto the mark.

What should be done is let the voluntary organisations get the grant within the time they should get it and then judge their performance. Most of the organisations are not able to function at the optimum level because most of the time is wasted on correspondence about the grant-in-aid. This is another instance of how the meaning of the word 'priority' is regarded, when very minute matters are objected to before the grant is given. For instance, it is pointed out that copies of the forms are not signed properly, etc. and certain columns are not filled properly and these are the things which are really very small, compared to the major matters."

7.24. Conceding that the Central Government get complaints that grants are delayed, the representative of the Ministry of Health &

Family Planning, during the course of evidence stated:

> "We had issued instructions to all the State Governments as to how to deal with this matter of grants. The grants were previously given by the Centre. This was decentralised and the power was devolved on the State Governments. The State Government can make grants in each case up to an amount of Rs. 50,000/-. The procedure prescribed is very simple. Before the commencement of the financial year, a voluntary body has just to serve a notice on the State Family Planning Department that they wish to continue their activity in the ensuing financial year and the State Family Planning Officer can make a grant upto Rs. 25,000/- per case.
>
> The first instalment of the grant is released in the month of April. It is 25 per cent. The second instalment follows in the month of June. It is also 25 per cent and then in the month of September, if the audited accounts are presented, the remaining grant is released."

7.25. In reply to a question, the witness stated that "by and large we think that the new procedure is working satisfactorily. We judge the working of the rules according to complaints of delays or non-receipts of grants. These complaints are few and far between. The number of complaints may be half-a-dozen which comes to us". He further added that "Government, in the light of the complaints received have set up a Committee to examine how the system is working".

7.26. Elucidating the point further and clarifying the question of number of complaints received earlier and since the introduction of new procedure, the Secretary of the Ministry of Health and Family Planning stated:—

> "There is a slight difference in the situation First we were the granting authority. So what we received were really in the nature of representations. Having given it over to the States we get a kind of general complaint from one or two sources that 'ever since you gave it over to the States, there has been delay'. On checking we found that the complaints were few, about half a dozen. Still we are not satisfied. We have set up a Committee. we have issued a questionnaire to every single voluntary body asking them to tell us whether they have any complaints and if so, what is their nature.

7.27. The Secretary of the Ministry of Health and Family Planning incidentally mentioned that there is tendency among the Voluntary Organisations to approach foreign Government agencies direct for aid. He stated:—

> "I would like to mention one thing and that is a doubt in our minds about some of the voluntary organisations. Since you asked us to be frank, this has occurred to me. We see a tendency among some of them to approach foreign Governments and foreign agencies direct to get money from them and to launch programmes which may or may not be entirely in our interests. We feel that this direct involvement of foreign agencies and foreign aid is unhealthy and that all aid or foreign help, if any, which goes to them should flow first to the Ministry and thereafter we should decide to give it to them or not. There should be no direct connection whatsoever."

7.28. The Committee note with concern the feeling among Voluntary Organisations that due to delay in release of grants-in-aid to them, they are not able to function and play their role effectively in the implementation and propogation of Family Planning Programme.

7.29. The Committee also note that Government have liberalised the procedure for release of grants. Nevertheless complaints about delay still persist. They, therefore, feel that the Committee appointed by Government to go into the procedure of aid to Voluntary Organisations should, in consultation with State Governments and Voluntary Organisations, examine in detail and depth this matter and suggest at an early date ways and means to streamline the procedure for grants-in-aid which should be implemented with a view to ensure that grants reach the Voluntary Organisations in the field well in time so that they maintain the tempo of their activity without interruption.

7.30. The Committee are unhappy to note that some voluntary organisations had been approaching foreign Governments and foreign agencies directly for financial and other assistance in connection with family planning programme. The Committee feel that all such requests by voluntary organisation should be addressed to the Government of India who are in the best position to judge whether any foreign assistance should be taken and if so, from whom and the quantum and the form thereof. The Committee have no doubt that Government will make it clear beyond doubt to foreign Governments/

foreign agencies that all such aid for family planning should be channelised through Government. The Committee would like to be informed of the action taken in the matter.

CHAPTER VIII

PUBLICITY AND EDUCATION

(i) *Publicity*

8.1. The main task under the family planning programme is to inform, educate and persuade the 100 million couples in the reproductive age-group not only to accept but adopt one of the methods of spacing and limiting their children. With this end in view, it is stated, a broad-based family planning mass education programme was launched in January, 1967. Since the conventional mass media-press, films and radio reach only about 25 per cent of the total population, the programme envisages making full use of the existing facilities including other conventional as well as unconventional channels of communication like display publicity, local song and drama groupes, puppet shows, exhibitions, indigenous media right from wall paintings, bus-boards, rickshaw boards, tablets on railway engines etc. supplemented by effective extension education. The strategy adopted is that whereas the conventional mass media would be utilised extensively for highlighting both the individual benefits of family planning as well as the national implications of the problem of population explosion, the other visual and local media would propagate and reiterate direct exhortation to the people.

8.2. Over 60 per cent of the total allocations| resources for motivational work have been provided to the States. Central support for these activities is also provided with the help of the media units of the Ministry of Information and Broadcasting and other Central Organisations like the Post & Telegraphs and Railways. The Mass Education and Media Section in the Department of Family Planning designs the basic strategy of the programme, reports guides and coordinates the activities. 15 States have also appointed State level Mass Education and Media Officers and 12 States have Coordination Committees.

8.3. The approved pattern for mass education and media activities in States and the progress made upto March, 1970 is as under:

	Approved pattern	Required No.	Provided
Mobile A. V. Vans Films	One for each distt. Family Planning Bureau . . . One ten minutes film in each State every years.	335	200
			29 Short films and 4 quickies
Hoarding	One for every 50,000 population	10596	43777
Bus Boards . . .	Out for every 10,000 population	52843	8993
Metallic Tablets . . .	—	..	82,000
Exhibition sets	(*i*) one portable set for each distt. F. P. Bureau	327	172
	(*ii*) one small set to each Family Planning Bureau at Primary Health Centre.	5065	547
Advertisements . .	Upto an average amount of Rs. 1000 per district per year.		3000
Cinema slides	Supply of 4 slides every year to all cinema theatres.		14250
Production of educational material	To cover at least 5% of the literate target audience.	..	N/A
Self set Press . .	One for each State		Since provided (fuctioning in Gujarat and Maharashtra).
Song and Drama .			16176

8.4. The expenditure incurred by the States during the year 1967-68. 1968-69 and 1969-70 was Rs. 58.90 lakhs, 104.37 lakhs and 146 lakhs respectively.

8.5. The Central support for the mass education and media programme included the following activities:—

(i) *All India Radio*—Family Planning cells comprising of the Extension Officers, one Script Writer and one Field Reporter each were sanctioned for 22 AIR stations in 1967. In 1969, 14 Posts of Field Reporters were sanctioned for 14 other stations. A coordinating cell has been

sanctioned at the D.G. A.I.R. The broadcasts included live field interviews, questions and answers, panels and disseminations of information regarding services, location of clinics and experience of satisfied acceptors. The number of broadcasts made during 1967-68, 1968-69 and 1969-70 were 6,382, 11,340 and 15,377 respectively.

(ii) *Field Publicity.*—The Directorate of Field Publicity has 30 family planning units. The other 136 field units in the Directorate meant for developmental programmes in general also make family planning coverage. The performance statistics for the years 1968-69 and 1969-70 is under:—

	1968-69		1969-70	
	Family Planning Units	Other Units	Family Planning Units	Other Units
Film shows	6,527	10,748	4,156	10,196
Song and Drama performances .	1,334	2,677	1,035	2,482
Public meetings	5,457	5,576	3,559	6,392
Audience covered . . .	6·9 million	14·4 million	5·6 million	15·3 million

(iii) *Directorate of Advertising and Visual Publicity*—A campaign officer in-charge of family planning and 7 Regional Family Planning Exhibition Units have been sanctioned for Directorate of Advertising and Visual Publicity which issues family planning advertisements in newspapers, exhibitions, prepares and distributes educational material and also items of outdoor display publicity.

(iv) *Song and Drama Division*—6 Regional Song and Drama Units headed by a Deputy Director and one Deputy Director with supporting staff at Headquarters have been sanctioned. The number of programmes organised during 1967-68, 1968-69 and 1969-70 was 2,000, 5,100 and 3,136 respectively.

(v) *Films Division*—Additional funds have been provided to the Division for strengthening preparation and distribution of family planning films both in commercial theatrical circuits as well as for mobile A.V. units. So

far 33 films have been produced. The total number of prints distributed was 6,009 in 1968-69 and 2357 in 1969-70.

(vi) *Press Information Bureau*—The Press Information Bureau has been provided with a Deputy Principal Information Officer at Headquarters and 6 Regional Information Officers with supporting staff for Family Planning Programme.

(vii) *Photo Division*—Four Photo Officers were also sanctioned in the Photo Division for preparation and distribution of suitable photographs. These posts were sanctioned only upto December 1970, after which their continuance was to be reviewed in the light of their performance.

8.6. The expenditure incurred by various media units during the following years is given below:—

	1967-68	1968-69	1969-70
	(Rs. in lakhs)		
A.I.R.	3·73	5·72	6·89
Field Publicity	11·54	11·41	12·96
Directorate of Advertising and Visual Publicity	24·64	28·31	46·50
Song and Drama	2·37	3·10	10·49
Films Division	4·00	4·00	8·00
Press Information Bureau	0·76	1·29	1·70
Photo Division	0·37	0·39	1·00
TOTAL	47·41	54·22	87·54

8.7. Family Planning Fortnights are periodically organised at the national and State levels to intensify publicity as well as services. Various periodical journals, *viz.*, Centre Calling, Family Planning Quarterly and other *ad hoc* publications are issued to keep the programme personnel, opinion leaders, institutions, and the public abreast of programme developments.

8.8. Mass Mailing project for direct mailing of suitable audience oriented educational materials to the opinion leaders from all walks of life was launched during 1969-70. It has at present 7 lakhs addresses on the mailing list. The target to be achieved by the end of Fourth Plan is of 25 lakhs addresses.

8.9. In a written note about the object and other features of Mass Mailing Project, the Ministry of Health and Family Planning have stated that "The Mass Mailing Scheme was formulated with the object of motivating and educating the people on the general subject of Family Planning—its imperative necessity, the dangers of the population explosion, the role that different categories of persons can play in reducing the birth rate, the methods and facilities available, etc. This is to be achieved by mailing suitable literature aimed at specific target groups to individuals by direct mail.

8.10. The main publicity was said to be done mostly through the State Governments. Substantial fund was also placed at the disposal of the Ministry of Information and Broadcasting to supplement the States' effort. The Secretary of the Ministry during the course of evidence stated as follows:—

> "It is correct that our publicity at the moment does not seem to be quite hitting the target as accurately as we want. What has happened is that in the past when the entire population was unaware of family planning, publicity had to be very diffuse as everyone has to be made aware of family planning. Now we have directed it more to those areas which are backward and those sections which are backward. It has to be more specific. What has happened is that there has been a kind of time lag; the old style publicity is carried on for a longer period than it need be. We have requested the Ministry of Information and Broadcasting to rethink the entire policy about publicity. They have done so and given us some proposals. We are going to examine these proposals in the course of this month and by the end of the month we will have a new direction for our publicity."

8.11. About the main media used for publicity of the Family Planning programme, the Secrertary of the Ministry informed the Committee as follows:—

> "The mass education programme was formulated in 1966-67. At that time we were using press, radio and film and we found that they covered only 30 per cent of the population. We wanted to cover a larger section of the population and therefore we gave additional resources to radio as well as to other units of the Ministry of Information and Broadcasting to strengthen their field organisations so as to reach greater number of people. Also a pattern was laid down for the State Governments for A.V. Vans in every district and for greater utilisation of traditional

media, such as posters, wall paintings etc. Since the implementation of the programme in the field is the responsibility of the States, a major portion of the mass education activity and fund allocation has been given to the States. Central support is meant to supplement their efforts. Guidelines are provided by the Department of Family Planning."

8.12. Asked as to whether except for the routine propaganda done through All India Radio about "Agla Baccha Abhi Nahin Aur Teen Ke Bad Kabhi Nahin", any other talk or programme on Family Planning is undertken by All India Radio, the Secretary, Ministry of Health and Family Planning replied during evidence:

"You are right in saying that these posters and slogans are sometimes obstructive and one must think of other ways also. Of course they have helped a lot in arousing awareness in the public, but, after a time they become counter-productive and we are thinking of changing our slant. Apart from these posters and slogans, there is a very wide ranging campaign carried out by All India Radio. They put out almost daily some feature or the other on Family Planning. Films are also shown in very large numbers. Sometimes films not connected with family planning put in some scene about family planning. Then there are television shows—of course their audience is very limited. We have press advertisements also. One reason why the press advertisements appear to be an obtrusive is that we have moved from the larger papers to the small papers. We find that the readers of the national dailies have already planned their families."

8.13. As regards the time devoted by All India Radio for propagating the message of Family Planning, the representative of All India Radio stated:—

"We are broadcasting almost two to three items per day ranging between 10 minutes to thirty minutes of duration. The feature and plays are for thirty minutes, short stories and poems are for ten minutes and talks between 10 and 15 minutes. Then short slogans, very subliminal and indirect messages, are broadcast for a duration of 2-3 minutes at various punctuation points.

We have 22 Family Planning Units in All India Radio throughout India and 14 more are being set up at the remaining

stations. 36 centres will be there for family planning publicity at all the stations of All India Radio."

8.14. In regard to a suggestion that a few doggerels or jingles may also be introduced in All India Radio programmes, in between musical songs, the Secretary, Ministry of Health and Family Planning stated that they have a few of them but they have become stale. With a view to make them imaginative and popular, the Secretary, agreed to the suggestion that they may be thrown open to open competition.

8.15. Asked to state the new features that have been introduced in A.I.R. programmes about Family Planning, the representative of All India Radio stated:—

"We have introduced some new features recently. Our message strategy is different from what it was before. We are emphasising the dignity of women and the dignity of children. ..... We are also emphasising the economic aspects of population. ..... Various programmes like the Women's programme, the Rural Programme, general programmes, as well as through short messages we give from different Stations.

This is the new type of strategy we have planned. We are now involving youth also and we are involving more women because they are more receptive to this message. This is the new type of thing we are doing. We have also introduced two new items. One is the "Health Forum" in which we communicate messages on Family Planning through health nutrition programmes, and the other is the creative "Magazine Programme". In this we introduce messages on Family Planning on a sociological plan."

8.16. As regards the programmes on Family Planning on televisions, the representative of All India Radio stated that they have been putting out programme on Delhi Television Service for about ten minutes per week." About the number of Community sets in Delhi it was stated that there are about 230 such sets in Delhi. The remaining sets (over 24,000) are owned by well-to-do people.

8.17. Asked as to how they spread the message of Family Planning in remote areas where, buses, trams etc. do not ply, the Secretary of the Ministry informed the Committee that they convey the message through other means, such as metal plates, hoardings or wall paintings.

8.18. Asked to state what has been done to make an effective propaganda about Family Planning in rural areas where there is great illiteracy by way of more instructive and attractive wall paintings etc., the representative of the Ministry of Information and Broadcasting stated as follows:—

> "As I said, we have only recently started this idea of wall-paintings. I quite agree that it requires frequent change. We have been taking steps to improve them. We are sending our people from our art department to these very places before we have a particular painting, so as to envisage to whom they are going to speak and see that it will appeal to the right type of people, taking into consideration the cultural and religious susceptibilities and other factors. So, this is constantly under review; it is also being improved."

8.19. In reply to another question, the witness stated that they would consider the question of propagating the message of Family Planning through posters on bullock carts in rural areas where buses do not ply.

In regard to a suggestion that pictures or poters on walls etc. should be more attractive (they are ugly at present) and that economic effects of large family should also be explained therein, the Committee were informed that they would look into that aspect also.

8.20. In reply to a Question whether Song and Drama Division have produced drames or full length plays on the theme of Family Planning in all the regional languages, the witness informed, the Committee that they have produced them only in six or seven regional languages and they were trying to do in other regional languages.

8.21. Asked to state whether they have taken advantage of cultural organisations in folk forms in villages to propagate among women folk the message of Family Planning, the witness stated:—

> "There is no such thing that we must go to the village level and take advantage of these various folks forms that are existing in different provinces. In fact, even in one province, there will be a number of forms. There has been a definite shift in the policy of utilization of entertainment media. In the beginning, when we started on this Family Planning Programme, we were practically city bound. Now, we have started looking towards non-urban areas. We are going down and down. As I said earlier, we have not spread ourselves to the extent we should.
>
> We are concentrating more on rural programme."

8.22. In regard to the feasibility of screening five/ten minutes films on Family Planning once or twice a week in every cinema hall in the country, the representative of the Ministry of Information and Broadcasting (Films Division) stated:—

"The Films Division make documentary films as they are sponsored by the various Ministries of the Government of India and the State Governments. It is not possible for the Films Division to make such a large number of films as suggested.

We do try to give priority to the subject of Family Planning. In fact, in 1970, we made as many as nine documentary films and some of our newsreels also had stories about family planning. According to the release pattern of films in the country, all the cinema-houses have to change from one film to another every week. The same films cannot go on for more than one week. Otherwise, the chain of exhibition will be broken. If we continue showing the same film, then the audience will also feel bored, and even if the picture is very interesting and effective, it will lose much of its edge. It is not necessary to show all the films all the time in all the cinema-houses. Besides release through the cinema-houses, we also have another channel of releasing and exploiting all these films, and that is done through the Directorate of Field Publicity. We make a very large number of prints in 16 mm and they are shown very extensively all over the country especially in the rural areas. As far as we know, almost all the year round, one film or the other on Family Planning is offered on exhibition somewhere or the other."

8.23 Asked if economic benefits of having a planned family was projected in the films exhibited, the representative of the Flms Division stated that the economic aspect was indeed emphasised in most of them.

8.24 To another question whether it was a fact that all the mass media put together reach out to just about 20 per cent of the total population and as such was it not better to curtail the huge expenditure on publicity and utilise that fund on employing local people to establish personal contacts with the masses for achieving the Family Planning Programme, the Secretary, Ministry of Health and Family Planning during the course of evidence, informed the Committee as follows:—

"We do not really know the total reach of the mass media. But put together—it will be just a guess—my feeling is

that they would be reaching about 50 to 60 per cent based on the conjecture of the wide listening which is given to the radio and films, and to the smaller coverage which the newspapers, song and drama and other media attract, Radios, I should think, are available everywhere. We have 11 million licenced radios—if I am not mistaken and there must be at least another two or three million unlicensed sets. Our radio programmes, especially the Vividh Bharathi programme, are being listened to by a large number of people.

As for cutting down our expenditure on mass media, we feel as a matter of fact that our expenditure is a bit on the low side. From year to year, the expenditure has been going up. The other means of approaching the individual family particularly in the rural areas, which is more effective than any mass media, is the personal approach by a respected social worker or doctor. This is the best way of convincing the people about Family Planning and we feel that this method should be given even more weight than is being given to it now."

8.25. The Committee were informed that from the numerous surveys made by Government and a number of independent agencies it appears that the message of Family Planning has reached about 90 per cent of the total population.

8.26 As Government press advertisements and appeals over the radio had not made adequate impact in the areas where the factory workers lived, it was suggested that the assistance of Trade Unions be sought to make the masses aware about the Family Planning Programme. The Secretary stated that they were trying to involve the trade unions in the Family Planing Programme. They had so far met with limited success from trade union leaders, because in the first meeting they had with them, some of them were opposed to family planning. The Secretary added "Many trade unions are not opposed. But I must confess that we have not been able to involve the trade unions fully in this. We have not so far succeeded."

8.27. To a question as to what was Government doing to fill up the gap between the widespread awareness of the message of Family Planning and the actual acceptance of it, the Secretary of the Ministry informed as follows:—

"So far as the mass education programme which our Ministry has lauched is concerned, largely we are making people aware of such a thing as family planning where formerly

there was a total unawareness of it and we have succeeded. Perhaps, we have done more than enough in that direction. Now we are trying to evolve and create a strategy by which this Programme will appeal to the individual self-interest of the common man. * * * The Information and Broadcasting Ministry and ourselves have had meetings and evolved a new programme. We have evolved broad details of the programme which will be released through the various mass media such as wall paintings, posters, radio, etc. and we hope that this will have some effect."

8.28. The Committee observe that no scientific study has been made to assess the total reach of all mass media put together for propagating message of family planning among the masses. Nevertheless conceding the Government's assessment that the total reach of the mass media would be to the extent of 50 to 60 per cent, they feel that there is still great scope for utilising the mass media channels more effectiveliy for propagating the message of Family Planning with a view to cover a wider range of population.

8.29. Considering that All India Radio has the largest mass media penetration in the country, the Committee suggest that Government may consider whether still more time could be devoted in their programmes particularly in those meant for rural and industrial workers. They feel that Government should utilise the prime spots of their commercial and other broadcasts to focus and spotlight the programme for Family Planning as of national importance. The Committee also feel that the same features repeated from time to time lose their effectiveness. Government should, therefore, introduce variety in their features and their contents, while highlighting the economic and social aspects of Family Planning. The features should be such as to generate enthusiasm and sustain interest in listeners in actively implementing the family planning programme. To achieve this objective Government should spare no pains to utilise the services of best talents in the country.

8.30. Government may also introduce amusing and absorbing slogans, jingles or doggerels in between their musical songs. With a view to obtain new, imaginative and popular jingles and doggerels. they may be thrown open to competition and handsome rewards announced for successful entries.

8.31. Introduction of Questions and Answers periods in radio programme may also be considered. Direct answers from important

experts and specialists could go a long way in dispelling doubts and allaying mis-apprehensions.

8.32. As Government has already decided to introduce population dynamics in schools and colleges, the Committee feel that in their 'Childrens' and 'Yuvavani' programmes, Government may suitably introduce talks on population dynamics with a view to impress upon the young minds the socio-economic advantages of small families.

8.33. With a view to assess the impact of Family Planning Programme of A.I.R. on the listeners and to improve the contents of the broadcast in the light thereof, the Committee stress that research into listeners reactions should be systematically undertaken and the findings put to use in improving the programme.

8.34. The Committee note that programmes of ten minutes duration on Family Planning per week has been introduced on T.V. in Delhi. As visual impression is far more effective than any other mass media, Government may consider whether frequency of such programmes should be increased say twice a week to begin with. As more T.V. stations are likely to be installed shortly, Government may, in advance, draw up a plan of action to propagate the message of Family Planning through such centres when established keeping in view the local conditions.

8.35. In order that the message of Family Planning may reach the illiterate masses in rural areas, Government should inter alia arrange to show from time to time short films on Family Planning through the State Field Publicity units in the villages. Song and Drama Division of A.I.R. should also stage short skits highlighting the socio-economic aspects of Family Planning for the benefit of rural people.

8.36. While documentaries on Family Planning are occasionally shown in Cinema Halls, the Committee feel that their frequency should be increased. Such documentaries should be shown at least once a week on peak days. They also suggest that cartoon strips and short films on Family Planning, on the lines of private publicity films, may also be produced and shown to the people.

8.37. Considering the fact that wall paintings and hoardings are an effective media in communicating the message of Family Planning to the people, particularly among the illiterates in rural areas, the Committee feel that more artistic, attrative and instructive wall paintings and hoardings should be designed and displayed in the regional languages of respective areas. These wall paintings and hoardings should also be changed from time to time to sustain interest in

them. With a view to obtain new, attractive and imaginative wall paintings and hoardings, services of best artists may be utilised. Open competitions may also be organised and successful entries should be suitably rewarded. A suitable system to evaluate the effectiveness and appeal and of these hoardings should be evolved so as to effect necessary improvements.

8.38. The Committee note that the message of Family Planning in remote areas, where buses, trains etc. do not ply, is spread through metal works, hoardings, wall paintings etc. They suggest that advertisements in remote areas where buses, trains etc. do not ply may be done also through poster advertisements etc. on bullock carts, rickshaws etc.

8.39. The Committee feel that the most effective means of reaching the individual family, particularly in the rural areas, is through personal visits by social workers of non-official organisations engaged in the work of Family Planning and medical personnel attached to Primary Health Centres. They, therefore, suggest that such personal contacts with families, particularly those coming from weaker sections of the society, should be developed further and sustained in the interest of making the Family Planning Programme, a success.

(ii) *Population Education*

8.40. The question of introducing population education in the curricula of educational institutions at all levels of the educational process has been considered at the meetings of Central Family Planning Council as well as at the periodical conference of State Health Secretaries, Assistant Medical Officers, State Family Planning Officers and Mass Educational Information Officers. The scheme is now in the implementation phase both in the Ministry of Education & Youth Services who have set up a unit for the purpose in the National Council of Education Research and Training and in the Ministry of Health and Family Planning (Department of Family Planning) who have entrusted the work of preparing the content of lessons to the Central Health Education Bureau and have under consideration proposals for the imparting of education in population dynamics to youth in out-of-school situation (non--student category). In this connection it may also be stated that the National Council of Educational Research and Training has worked out the curriculum for various stages of primary and secondary education and the Central Health Education Bureau has embarked upon determination of the content and text of the lesson. As for the coverage of non-student youth the Department of Family Planning has made

suggestions for consideration of the National Youth Board so that population dynamics content could be introduced in all programmes of youth welfare and youth development.

8.41. It is, however, stated that the project for introduction of population education in the educational institutions is in infancy and is not the same as sex education or sex instruction.

8.42. In a written reply about the steps which have been taken to infuse population dynamics into the school and colleges syllabi, the Ministry of Health and Family Planning stated as follows:

> 'The Ministry of Education and Youth Services in collaboration with the Ministry of Health and Family Planning organised a National Seminar on Population Education at Sachivalaya, Bombay on 2nd and 3rd of August, 1969. Two of the major recommendations of this seminar were—(i) "Since the growth of population is a major challenge that the country is facing, the members of the seminar are agreed that population education should be an integral part of education at all levels; (ii) the seminar recommends that a separate population education cell should be established in the N.C.E.R.T. in order to develop suitable curricula on population education at the school stage."'

As a sequel to these recommendations, a Population Education Cell was established in the Department of Social Sciences and Humanities of the National Council of Educational Research and Training in May, 1970. This Cell has chalked out a plan of work which has the following dimensions:—

1. Conducting various studies and researches for the development of curricula, methodology and techniques for teaching population education.
2. Developing curriculum for population education at all the school levels.
3. Developing instructional material both for teachers and students.
4. Preparing programmes and material for teachers in service and in teachers, training colleges.
5. Working with studies for implementation of the programme.
6. Evaluation of the programme and its revision.

(a) *Status Study and Development of Syllabus*

During the year (1971-72), the Population Education Unit had initiated the programme of developing curriculum for the entire school stage, and the following stages of work have been completed:

1. An analysis of the syllabi of the various States has been completed with a view to locate the present status of population content and find out areas where plugging in of the population content will be possible.
2. The concept of population education has been finalised and its scope has been delineated.
3. Statement of objectives of teaching population education at the various stages of school education have been formulated in behavioural terms.
4. Selection of key-concepts from various social and biological sciences relevant to population education and categorizing them according to various levels of school education has been completed.
5. A draft syllabus is ready for the different stages of school education.

The major areas included in this syllabus are:

1. Population growth (demographic concepts).
2. Economic development and population.
3. Social Development and population.
4. Health, nutrition and population growth.
5. Biological factors-human reproduction, family life and population.
6. Awareness about national and international family planing programmes.

(b) *Preparation of Instructional Material*

(i) Brochures on demographic information about India and the world are under preparation.

(ii) Curriculum guide on the draft syllabus is being finalised.

(iii) The project on development of Handbook for Teachers is going to be taken up very soon.

(c) *Teacher Training*

Preliminary thinking on the preparation of syllabus on Population Education for preservice training of secondary school teachers have already been done. This syllabus is proposed to be integrated in the existing programme of the Secondary teacher tarining institutions. A final shape to this work is likely to be given in the near future.

(d) *Other Activities*

1. Population Education ideas have been incorporated in the revised Social Syllabus prepared by the National Council of Educational Research and Training.

2. Supplementary Reading Material for students in the form stories and interesting descriptions is being attempted.

The Population Education Unit of the National Council of Educational Research and Training is concerned with the development of the curriculum and other activities in the area of population education only at the school stage. Hence, it has not taken up any programme for the university stage.

8.43. During the course of evidence to a question, as to what was Government doing to overcome the difficulties of illiteracy and non-availability of basic workers, particularly the women workers, the Secretary informed the Committee as follows:

> "There are three main difficulties. Women's education is one. This is within the purview of the Education Ministry. We do keep urging them to pay more attention to this. The second is shortage of workers in the field. As I submitted the shortage of doctors, nurses and other trained personnel is a handicap. This is very visible is Uttar Pradesh and Bihar and that is one reason why they are lagging behind. The third reason is the lack of administrative dynamism."

8.44. The Secretary further added "We carry out motivational programmes, but these motivational programmes succeed best if the women are educated. The higher the education of the women, the better we succeed. If women are illiterate, we do not succeed. If they are educated up to the primary level, we have some success, if high school then we have better results and if their education is up to college level, we have no problem at all."

8.45. The Secretary of the Ministry further informed the Committee that on extension education they spend roughly Rs. 50 million annually and on mass media Rs. 300 lakhs. That included publicity on commercial 'Nirodh' also.

8.46. The representative of the Ministry of Education during the course of evidence informed the Committee about the 'Population Education's as follows:—

"We are working in collaboration with the Health Ministry. And as a first step, what we are trying to do is to start a programme of population education. This work has been divided into two or three different stages. One is the preparation of syllabi. Because if we are going to reach the children from their very young age, the way in which the matter has to be presented has to be different at different levels. Therefore, the first thing that we have done is to prepare the curriculum. Then, this curriculum cannot be given as a separate subject. If we add it as an extra subject, it will only increase the load on the students. So what has been done uptil now is to find out the areas in the present subjects which can be taken as starting points for giving education with regard to population and family planning directly or indirectly. The curriculum has been devised, for different stages of education. The second thing that is being done is to be prepare instructional materials for the use of the teachers and the students. Then the curriculum for teachers training has been prepared. This also has been done. There are two types of programme for teachers training, intensive short-term in service programme and preservice training programme. We have also for population education been in correspondence with State Governments and they have reacted very favourably to the idea of introducing population education. Some State Governments have asked our NCERT to work with with them in cooperation. Haryana and Andhra Pradesh have introduced population education with cooperation from NCERT. These are the jobs which have been done uptil now. This is only on the cognitive education side but we are even concerned with the formation of attitudes. The whole idea is to see that small family is the norm. And by the time he grows up he forms an attitude, he should know whether a large family is good or not. This is the kind of thing that we want to develop in them."

8.47. To a question whether women teachers would be more helpful to the scheme of family planning if they were given training, the representative of the Ministry stated that women would certainly be more useful. But they should not make any restriction because at certain level of development of the child, a boy would prefer to talk to a male teacher and a girl to a woman teacher.

8.48. About the scope of education that was sought to be introduced in the educational curricula at various stages, the representative of the Ministry of Education during the course of evidence informed the Committee as follows:

"Perhaps your question is what really has to be inducted into the school curriculum—is it sex education or is it education in population dynamics. The concensus here seem to be that the country is not ripe enough for the induction of sex education in schools, except perhaps that in the high school lessons in biology may be included. The concensus is that population dynamics education should be integrated with the study of social science. There is one State in which a study of population dynamics has been inducted into the school curriculum and in text books, and that is the State of Haryana. Several other States are also taking interest in the matter and lead has been given by the Indian Council of Educational Research and Training. They have examined the curricula of the various school Boards and have found out what can be scored out of the already loaded school curriculum and how and where population education can be tagged on. That is the exercise they are undertaking. They are in touch with the various School Boards and the State Education Departments to see that the curriculum suggested by them is adopted by the various school Boards and the State Education Departments.

I may mention also that in the city of Bombay, even family life education is being given by some voluntary agencies in eight women schools and they say that the effect has been good. Eight girls' schools at the higher secondary stage have been chosen for giving sex education and they say that the effect is healthy. But this is a voluntary effort; it is not officially sponsored."

8.49. About participation of students in the Family Planning Programme, the representative of the Ministry, during the course of evidence stated as follows:

> "The important thing at this stage is that some element of population dynamics education, family life education, should be injected into the school system. It is thought that the quickest way of ensuring this is to start at the higher secondary stage. Accordingly, the Ministry of Education at the Central level has entrusted this job of reformation or redesigning of the school curricula to the National Council of Education Research and Training. This work has been going on for the last two or three years and one of the States has already made some progress in inducting population dynamics education in schools. Another important thing which is to be undertaken is that education in population should become an essential part of the teachers' training institutions so that new teachers are properly oriented towards family planning and have the right attitude towards population. The next stage would be to take in hand the existing teachers and give them short courses of training regarding population education. Another stage that is envisaged is that until the school curriculum is reformed or redesigned extra curricular time should be utilized for population education by way of audio-visual aids. Wherever there is a Youth Welfare Programme or a scheme of functional literacy under the aegis of the Ministry of Education and Social Welfare, population education should be a part of it. These are the various measures that are in hand."

8.50. About adult education the representative of the Ministry of Health & Family Planning informed the Committees that the Ministry of Education had programmes of adult education and functional literacy. So far as the Ministry of Health & Family Planning was concerned, they had one worker in each of the five blocks of the programme of functional literacy in Andhra Pradesh.

8.51. The Committee consider that introduction of education on population dynamics at various levels of education and among teachers in training institutions is a must so that young people before entering the reproductive age group are made fully conscious of the socio-economic disadvantages of large families. The Committee, while nothing that Government have now decided to introduce education on population dynamics, are constrained to observe that there

has been an avoidable delay on the part of Government in this regard. Government should have taken this decision in the Third Plan itself. However, the Committee feel that its implementation should be expedited. Government should finalise the curricula and syllabi for population education for introduction at various levels of education as also for teachers training institutions and in all professional courses at an early date.

8.52. Education plays a vital role in bringing about social change in outlook and formation of attitudes. The motivational programme succeeds more when the women are literate. The Committee, therefore, feel that special efforts should be made to spread literacy among rural people particularly among women and girls. This will also incidentally make people conscious of the evils of early marriage and thus help to raise the age of marriage. Family Planning Programme should also form an integral part of adult and social education.

8.53. The Committee would like to suggest that suitable books, pamphlets, charts etc. on different aspects of family planning should be brought out in English, Hindi and other regional lauguages for neo-literates and provided in the village libraries. The Centre may undertake distribution of such material in English and Hindi and the States in regional languages. Short discussions in Social Welfare Centres may also be arranged in villages for the neo-literates to dispel their doubts etc. about Family Planning. Government should also arrange to distribute such literature to all public libraries.

8.54. As Family Planning Programme seeks to achieve equilibrium between the population size and the available resources, so as to accelerate the pace of economic development and rise in the standard of living of the people, the Committee feel that besides education, proper emphasis should also be laid on child welfare and nutrition programme for children and evenues should be expored for providing more employment to women. Incidentally they would like to mention that greater attention should be paid to the post-partum programme because it is at the pre-natal and post-natal stages where women are more receptive for adopting family planning.

(iii) *Medical Institutes, and Colleges, hospitals and maternity homes to act as effective extension centres*

8.55. The Commissioner, Family Planning during the course of evidence informed the Committee that the following measures were

taken to make the medical institutes, and colleges, hospitals, maternity homes to act as effective extension centres for Family Planning Programme. The education in family planning that was given to the various technical personnel had undergone a lot of change and now they had started involving the undergraduate curricula in the promotion of family planning. Towards effecting it, the following five points project was envisaged:

(i) The first one is that we attach invariably to each medical college hospital, where the Students are taught Family Planning Programme, a Family Welfare Planning Centre which is directly in their control so that they may know-how to go about the Family Planning programme apart from the out-patient and in-patient departments.

(ii) In the post-partum programme we have given to the medical college one additional staff member to the Medical Colleges of the level of a Reader or Asstt. Professor in the Department of Obstetrics and Gynaecology who will also do Gynaecology work and during post-natal programme he will encourage involvement of the pregnant women, who come to the hospital for deciding for an operation or for loop insertion. Thus they are taught during those months the important points of that programme. Such a programme has been found extremely rewarding on an international scale.

(iii) It is under consideration to help the medical colleges by giving further additional staff for additional effort in teaching.

(iv) We have said that much importance should be attached to this programme and students participation in Seminars etc. be encouraged.

(v) As far as the hospitals are concerned, we have already involved them in the post-partum programme. We have introduced it firstly in the hospitals with 3000 deliveries and abortions. Having being satisfied with it, it was felt that we must extend it to the District hospitals as well and now the programmes introduction in the smaller hospitals also is under our consideration. "In this way through these hospitals we could cover 1500 to 3000 confinements and we expect to give the benefit of not only family planning but the benefit of combined maternity and child welfare facilities to those in the surrounding areas, where pregnant woman or women in labour will have every help needed."

8.56. The Committee consider the medical institutes and colleges, hospitals and maternity homes can act as effective extension centres for family planning programmes. While noting that certain measures in this regard have already been taken by Government, they feel that greater intensification of effort are needed to make these institutions effective extension centres for family planning programme. They suggest that:—

(i) suitable curricula may be devised for the medical undergraduates for giving training to them in Family Planning methods in the family planning centres attached to the Medical Colleges.

(ii) Adequate medical staff may be provided in the Medical Colleges for teaching and in the hospitals for Gynaecology work and for proper motivation of the women to adopt family planning at the Post-natal stage.

(iii) Regular seminars on Family Planning should be held and medical undergraduates should be encouraged to participate therein.

(iv) Extension work in family planning should be carried on seriously by the Medical Colleges|Institutes. This would serve the dual purpose of taking the message to masses and of bringing the medical undergraduates in touch with practical realities of life.

8.57. The Committee suggest that efficacy of the abovementioned suggestions should be reviewed from time to time with a view to improve their effectiveness in the interest of family planning programme.

CHAPTER IX

RESEARCH AND TRAINING

(i) *Research*

9.1. Research is a vital component of the Family Planning Programme, and its aim is that the people should continuously benefit from the latest technical developments. Research on various projects in the field of Demography, Communication Action and Biomedicine having immediate and long range bearing on family planning programme is being carried on by different Demographic Centres, Universities and Research Institutes with 100 per cent Central assistance. The Expert Group on the Scientific Aspects of Family Planning of the Indian Council of Medical Research deals with current research studies and give technical advice on various projects.

9.2. The problems of research on family planning in India are broadly stated to be of two types:—

(I) Biomedical.

(II) Demographic and Socio-economic.

I. Biomedical Research

Biomedical research in family planning in India, covers both fundamental and applied aspects.

Agencies engaged in Biomedical Research

(1) Indian Council of Medical Research through:

(a) Various medical colleges and Institutes. (There are about fifty research studies under progress during 1971-72). These studies are of both applied and fundamental nature.

(b) Institute for Research in Reproductive Biology, Bombay with a division each for fundamental and applied research.

(2) Central Drug Research Institute, Lucknow is mostly engaged in applied aspects.

(3) (a) Some of the Indian Universities such as Delhi, Jaipur, Bangalore, Dharwar, Tarivandrum, Banaras etc. have undertaken Bio-Medical research in Departments of Zoology and cover both fundamental and applied aspects.

(b) **

(4) Council of Scientific & Industrial Research through Medical Colleges and Research Institutes.

(5) Research and special Institutes like National Institute of Family Planning Delhi, Cancer Research Institute, Bombay; Indian Institute of Experimental Medicine, Calcutta;

All India Institute of Medical Science, Delhi; Indian Institute of Science, Bangalore; Post Graduate Institute for Medical Education and Research, Chandigarh etc. undertake research studies mostly of applied but also of fundamental nature.

(6) Central Council for Research in Indian Medicine is engaged in applied aspects pertaining to indigenous and homoeopathic products for fertility control.

II. *Demographic and Socio-Economic Research*

9.3. Eight Demographic Research Centres and Four Communication Action Research Centres are stated to be regularly receiving grants from the Department of Family Planning on the recommendations of the Demographic and Communications, Action Research Committee. It has been stated that these centres do not include the International Institute of Population Sudies, Bombay. The Demographic Research Centres are stated to be located at Baroda, Calcutta, Dharwar, Lucknow, Patna, Poona, Trivandrum and Delhi—and communication Action Research Centres, are located at Calcutta, Lucknow and Trivandrum.

9.4. During 1969-70 Demographic Research Centre had completed 29 studies and 53 studies were in progress in 1970-71. About 24 studies had been completed in 1969-70 by Communication Action Research Centre and 18 studies were in progress during 1969-70.

9.5. The studies undertaken by these Centres were of the following types:—

1. Demographic Characteristic of sterilised & IUCD inserted persons.

**Some of the agricultural universities and Institutes such as at Izatnagar, Delhi and Anand. Such studies are again of fundamental and applied aspects.

2. Studies regarding registration of vital events and fertility studies.

3. Studies on post partum Amenorrhoea.

4. Studies like preparation of life tables, construction of all India Life tables 51—61.

5. Demographic trends in India—age sex differentials in mortality in India.

6. Age at marriage of females.

7. Follow up studies of sterilised males.

8. Intensive fertility surveys.

9. Bibliography of studies.

10. Evaluation and contraceptive activities.

11. Knowledge, Aptitude and Practice (KAP) studies.

12. Studies on urbanisation.

9.6. Communication Action Research Centres had been collecting and analysing data on prospective fertility; studies on family planning knowledge, opinion of people belonging to different martial status. Studies on the analysis of declining fertility, standard fertility surveys and Studies regarding decision making and also the cross-section survey to find out current fertility, morality and knowledge, attitude and practice were also being made.

9.7. In the annual of the Ministry of Health for the year 1960-61 it had been stated "During the First Five Year Plan period the Family Planning Programme was started with caution and a great deal of attention was devoted to research. During the Second Five Year Plan period attempts are being made to extend a vigorous action-cum-research programme. The four important activities of this programme are education, service, training and research."

9.8. It had been stated that provisions had been made for research in demographic, medical, biological and communication and motivation problems associated with family planning. The medical and biological research was being mainly conducted through the Indian Council of Medical Research. International agencies like Ford Foundation and Population Council had offered assistance in research and training programme.

9.9. Investigation on contraceptives was being carried out at the Contraceptive Testing Unit, Indian Cancer Research Centre, Bombay, the All India Institute of Hygiene and Public Health Calcutta; the Central Drugs Research Institute, Lucknow; Institute of Post-graduate Medical Education and Research, Calcutta; the Bacteriological Institute, Calcutta and the Pharmacology Department of the Lucknow University.

9.10 It had been further stated that a number of oral contraceptives had been investigated and research on Metazylohydroquinone was in progress.

9.11. The expenditure incurred on research connected with Family planning programme in the First and Second Plans and the subsequent years is as below:—

First Plan	3·99 lakhs
Second Plan	22·86 ,,
1961-62	10·20 ,,
1962-63	10·46 ,,
1963-64	13·63 ,,
1964-65	13·33 ,, (Budget provision)
1965-66	(Not available)

9.12. During the years 1966-67, 1967-68 and 1968-69 the following expenditure has been incurred in research:

(in million Rs.)

Biomedical Projects	Demographic Research	Communication Action Research	Total
0·81	0·79	1·70	3·30
1·20	0·82	1·67	3·69
1·70	0·62	0·91	3·23

9.13. During the Fourth Plan period (1969-74) Rs. 25 million have been earmarked for Demographic and Communications Research and Rs. 27.50 million for Bio-medical Projects out of total plan outlay of 31,500 lakhs for Family Planning Programme.

9.14. Following is the statement of money spent so far during the Fourth Plan period on demography and biomedical research:—

Year	Demographic Research	Communication Action Research	Biomedical Research
	Rs.	Rs.	Rs.
1969-70	8,5 .999	5,09,590	30,61,000
1970-71	8,02,649	5,02,523	38,00,000

9.15. Demographic and related research is stated to be generally of a fact finding nature and said to be successful in most of the cases as they revealed new results which were useful to the programme—planners and other research workers in the field.

9.16. As far as biomedical research was concerned, it has been stated that it was extremely difficult to corelate the amount of money spent and success achieved.

Central Drug Research Institute, Lucknow

9.17. Central Drug Research Institute, Lucknow, had not taken any research and demographic and communication action. The amount spent on biomedical research at this Institute was stated to be as follows:—

	Rs.
1969-70 .	5,89,000
1970-71	12,15,000

9.18. The researches carried out at the CDRI are mostly of applied nature but some of fundamental aspects on the field of family planning programme are also undertaken. A large number of compounds have been experimented and those found to give encouraging results have been given further trials. At present the most promising agents are stated to be:—

(1) *Centchromen.*—This is a morning after pill and the animal experiments have testified to its efficacy and lack of toxicity. Human trials are awaited.

(2) *Centsquare.*—a small piece of synthetic fabric impregnated with a chemical compound which can be used by the woman as an intra-vaginal contraceptive device.

The studies on 100 cases for three months are stated to have yielded successful results.

SELECTION OF TOPICS

I—Bio-medical research

9.19. The selection of research topics and their relation to the guidelines of Family Planning Programme policy is stated to be done through the following:

(1) Indian Council of Medical Research indentifies areas of research in biomedical field, suggests places where such research could be carried out and encourages workers to engage themselves in such areas. The Advisory Committees of the Indian Council of Medical Research scrutinize proposals received from research workers regarding their research worthiness and possibility of fitting into the defined areas.

(2) Research topics are also suggested at Symposia/Seminars and discussions groups held between the members of the Family Planning Department, research workers, administrators and field workers sponsored by National Institute of Family, Planning, National Institute of Health, Administration and Education and other national bodies.

(3) The Ministry has decided to set up a Central Research Policy Committee to lay down research goals.

II—Demographic and Communication Action Research

9.20. The Demographic & Communication Action Research Committe is vested with the responsibility of selecting research topics for being taken up the various research centres and research workers. The Department of Family Planning has also been indicating priorities in research to the D.C.A.R. Committee. It has been stated that there was a continuing dialogue between National Institute of Family Planning (NIFP), International Institute of Population Studies (IIPS) and the Deptt. of Family Planning.

9.21. The research centres on their parts put up proposals after establishing the need for such studies in consultation with the State authorities. Research proposals and designs are discussed in seminars and meeting conducted by various organisations. While there was a balance between research in pure demography and applied demography related to family planning, the emphasis has always been on producing results which would be useful for furtherance of the programme.

9.22. The area of research and research topics suggested by the Department of Family Planning and D. C. A. R. Committee in the field of demography and communication action are given in Appendix No. III.

9.23. In a written note Government have stated the following position with regard to clearance of research findings.

"I—*Biomedical Research*

The information cell of the Indian Council of Medical Research maintains information in different aspects of bio-medical research carried out in India in the field of family planning. This information is available subject-wise, author-wise and institute-wise.

II—*Demographic Research*

For effective collection and dissemination of information from the various research studies, a Documentation Centre has been proposed to be established in the National Institute of Family Planning. At present, a small unit is engaged in this type of work in the institute which prepares summary findings from various studies."

9.24. The Family Planning Target Setting Committee headed by Prof. N. C. Vakil in its report (1971) while recommending about the need for proper coordination in the field of research and feeding back the research findings has stated as follows:

"The present lack of coordination between researchers and administrators is important. This has led to a number of research findings remaining unutilised and several questions of the administrators unanswered. Unfortunately, the DCAR Committee has not provided the necessary co-

ordination. The need for coordinating the work of the Demographic and Evaluation Cells and other institutions was also noted. The Committee recommends that immediate steps be taken by the Central Government to bring out greater coordination among research workers, research institutions and programme administrators.

In view of the importance which the Committee attaches to research, the Committee recommends that there should be a suitable body for organising, stimulating and coordinating the researches which are being carried out in India. The DCAR Committee is only an Advisory Committee, which meets occasionally and at long intervals and its decisions are subject to long delays. The organisation of the Committee should be overhauled, it should be made an Autonomous. Body with powers to decide and allocate funds. It should also have a full time paid Secretary with adequate experience in the subject and capacity to understand and help research workers. The Committee should be able to evaluate the results of research and indicate the manner in which they should be applied in practice to the programme. The Committee should also see that the continuity of work of different research workers does not suffer. The model of the Indian Social Science Research Council is recommended for the early organisation of such a Committee so that it may be able to undertake the various tasks which have been outlined.

9.25. In a written reply as to whether any Non-official organisation was engaged in research work on Family Planning the Ministry has stated as follows:—

"Non-official organisations do undertake research on Family Planning. The Demographic Research Centre and Communication Action Research Centres receive grants from the Department of Family Planning through the recommendation of the Demographic Communication Action Research Committee. The total amounts given in each year

for the Demographic Research Centres and Communication Action Research Centres are as follows:—

Year	DRCs	CARCs
	(In Rupees)	
1966-67	7,90,334	16,99,517
1967-68	8,24,093	16,70,719
1968-69	6,18,407	9,14,236
1969-70	8,51,000	5,09,590
1970-71	8,02,649	5,02,323

Some of the findings of the above studies are stated to be as under:—

(i) Proportion of sterilised Muslim males does not differ significantly from the proportion of sterilised Hindu males.

(ii) Mean age for both males and females of sterilised cases has come down slightly.

(iii) Women prefer sterilisatien for themselves rather than for their husbands because of the fear on the part of the wife that vasectomies might cause physical complication to her husband, the only or main earning member in the family.

(iv) Family Planning re-survey in Dharwar revealed that nearly 1/4th of the respondents were practising Family Planning in 1969, though practice of Family Planning was almost negligible in 1962. Age at marriage study brought out that while the western coastal, northern, earstern and north western regions and Tamil Nadu State are regions of comparatively high age at marriage, the other regions showed low age at marriage. In some studies negative association was found between mortality on the one hand and education and indicators of the socio-economic status on the other.

(v) In another study condom and tubectomy seemed more acceptable to people than other methods of contraception. Consolidated report on demographic particulars of sterilised persons from 1957 to 1966-67 in Kerala showed that age composition of sterilised persons did not change appreciably over the years—the majority of cases came from those ages which are crucial from the point of reproduction.

(vi) Some of the agencies have been collecting contraceptive fertility data in their areas on women; the major objective of these studies is, apart from assessing the impact of family planning programme on fertility levels in respective areas, to develop sensitive measures of fertility which could detect even small changes in fertility levels over a short period of time. Preliminary tabulations have shown that except for a few minor fluctuations, fertility has been steadily declining in the CAR Project areas. The Indian Statistical Institute, Calcutta, conducted studies on Family Planning knowledge and opinion of every married males and females their pattern of behaviour, degree of commitment to Family Planning, induced abortions and sex aspect of contraception. These studies showed that only 30.4 per cent approved abortion."

9.26. In regard to research carried out to find the efficacy of Indian herbs or formulae based on Ayurvedic or Unani System, Government have stated in a written reply as follows:—

"Investigations into the antifertility effect of Indian herbs or formulae has been carried on since 1957. About 400 such combinations were screened of which 91 have been laboratory tested at the contraceptive Testing Unit, Bombay and Central Drug Research Institute Lucknow under the Indian Council of Medical and Research between 1957—1966. In May, 1968, those State Government who have colleges of Indian System of Medicine were authorised to establish family planning research units in these institutions. Each unit involved a recurring expenditure of Rs. 20,000 per annum and a non-recurring expenditure of Rs. 5,000. In practice the expenditure was very little. In October, 1969, a Central Council of Research in Indian Medicine and Homoeopathy was established as a registered society. It took over the research units with effect from 1st April, 1970. Clinical trails on 16 recipes are under investigation and one of these has indicated promise. Units for chemical and pharmacological screening of drugs have been established at Jamnagar, Varanasi and New Delhi during 1970-71. The expenditure during 1970-71 incurred

on research in family planing based on Ayurvedic Siddharth and Unani system of medicine was Rs. 67,000. Upto June, 1971, Rs. 50,000 has already been spent out of a total budget of Rs. 3.8 lakhs.

It is some what early to expect any tangible results of such a research."

9.27. The position about the budget estimates and actual expenditure on research in Indigenous System of Medicine and Homoeopathy during the year 1969-70 and 1970-71 is as below:

1969-70 Budget Estimates	Expendi-Editure	1970-71 Budget Estimates	Expenditure
5,00,000		4·50,000	1,00,000

9.28. During the course of evidence when asked as to whether Government had any research policy under the Family Planning Programme, the Secretary, Ministry of Health and Family Planning stated:—

"There are two types of research—one is the bio-medical field and the other is the socio-economic field. We have number of research centres of both kinds. Most of the research is done through the Indian Council of Medical Research. We have recently taken some steps to bring the Indian Council of Medical Research and Ministry closer so that we may have more purposeful goal-oriented research in this field."

9.29. The Secretary of the Ministry further stated:—

"I am proud to say that there are some very brilliant scientists working in the Central Drug Research Institute, Lucknow, who have produced two items; one is the oral pill which is taken the morning after sexual inter-course and the other is the "Cent-Square". It is a small square of rather thin material which is a sort of film. This can be used either by the man or the woman. If it is inserted into the vagina it is dissolved. It is perhaps hundred per cent effective it has no side-effects; it is not felt. A third item is some ayurvedic preparations being tried here in the All India Institute of Medical Science. One of them has proved quite successful. All these are being tried out."

9.30. About Copper 'T' and Oral pills, the Commissioner, Family Planning explained as follows:—

"Lately we are trying some newer devices which have come up, like 'Copper T'. The copper in the 'T' device has been used as an adjunct to the effect of the foreign body for further prevention of conception and also for the minimising bleeding. Now these C.Ts. are available for use but we have not accepted it as a method, in the programme. We are going to try the device at the various centres to find out the results. So it is not as if we accept a thing that is suggested to us.

The same is true as far as the oral pill is concerned. Now right from the begining when the 10 micogram pill was introduced, there was a campaign to get it on the National Programme. I recall how our previous Hon. Minister Dr. Sushila Nayar was almost heckled at a particular conference by those in favour of pills. But she had taken a correct decision then that she was not going to administer this pill to everybody in the country without properly verifying its effects and stood by her conviction. It was found later that it will have certain ill effects. Gradually, the International World Producers also agreed and reduced the dose of the pill substance to a tenth of the initial components of the pill. The Indian Council of Medical Research has been examing this. We have stopped import of product with high component of progestone for purposes of contraceptives. It was after a great deal of deliberations and trials that a particular drug is approved by Indian Council of Medical Research for its import. The particular pills, could be used by our women as contraceptives only on a medical prescription. Even to-day the Ministry has not made up its mind whether we ca ngive these pills throughout the country o nrequest from women, because we are sure that a large number of our women will continue to take them."

9.31. During the course of evidence of the representatives of the Ministry of Health and Family Planning were asked to state as to what was the *modus operandi* for the studies carried out by various States by official/non-official agencies regarding acceptance of family planning programme by different communities, the Director, Indian Institute of Population Studies informed the Committee as follows:—

"The studies regarding the acceptance of the family planning by religious communities have not yet been undertaken

on an all India basis. In a small area like Bombay, the studies have been undertaken and we find that in Bombay the muslim community has accepted the family planning in the proportion of its size of population. Some studies have been undertaken in other areas also. If we take the All India picture, we will perhaps find some variations community-wise. But my submission to the Committee is that this difference which we find is not so much due to religion or community difference but is due to differences in socio-economic status. If we take the people of the same socio-economic group, that is education, income etc., then it has been found that the fertility of Muslims is lower than that of Hindus. Among the more educated class of people and among the higher income group of people, the fertility is lower than among the less educated and the low income group of people. The difference could be explained in socio-economic terms."

9.32. The Secretary of the Ministry of Health and Family Planning, however, admitted that as far as acceptance of family planning by different communities was concerned, an All India Survey was lacking and perhaps it should be made. They had no community-wise figures of population practising family planning.

9.33. During the course of evidence to another question, the Committee were informed that the Central Family Planning Institute, New Delhi and Demographic Training Research Centre New Delhi and other institutions have published a large number of papers. The Secretary stated that the following were the important broad conclusions that had emerged from their researches:—

"The first is that effective community leadership is necessary. When leaders of all communities express their views in favour of the family planning, the programme gets wider acceptance.

Secondly, more motivational efforts are necessary. Better results can be achieved by making greater efforts in the field of motivation. Family planning involves a change in the attitude, norms and values of the people and this is why motivational effort is necessary.

Thirdly, word of mouth propaganda plays a very significant role in motivating people in accepting family planning.

The attitude and views of the political leadership are very important. If they express views in favour of family planning, then the people tried to follow them.

The role of the District administrator the District Collector at the district level is quite and important factor. If he provides leadership, the Family Planning Programme goes ahead.

There are some of the four or five important results of the study."

9.34. The Committee drew the attention of the Secretary, the Ministry of Health and Family Planning to the following extract from a Seminar paper and asked the Ministry's reaction to it:—

"We should certainly welcome foreign expertise in the biomedical field and to a limited extent in the field of demographic research, but the involvement of foreign experts in the planning and implementation of family planning work is not only uncalled for, but puts family planning on the wrong track."

The Secretary replied as follows:—

"Science knows no frontiers. We encourage our scientists to keep fully in touch with developments abroad, but we do not want foreign scientists to come here and sit in positions of authority or judgement over us.' We do not welcome them in that way. We may welcome them as equal collaborators, not as directors. As far as the socio-econonomic and the administrative part of it is concerned, we no longer welcome foreign experts, because we are equal to or better than them."

9.35. The Committee understand that in the First Five Year Plan a great deal of attention was devoted to research, in the Second Plan attempts were made to extend vigorous action-cum-research programme, in the Third Plan an expanded programme of research was to be undertaken and in the Fourth Plan research in the field of reproduction biology and fertility had been given a place of key importance in the Family Planning Programme. The Committee, however, find that research which is a vital component of the Family Planning Programme has not received sufficient importance as is evident from the funds spent or allocated in the various Plans. In the first three Plans about 6.2, 4.75 and 2.5 (roughly) per cent respectively of the total expenditure on Family Planning had been spent

on research and the allocation made on research has been about 1.7 per cent only of the total allocations on Family Planning during the Fourth Plan period. The Committee are of the opinion that meagre expenditure and continuous decline in allocation of resources on research in various Plans is not a healthy trend, specially when the aim of the Government is to bring about a break-through in the Family Planning Programme in the same manner as the green revolution has been able to make an impact on the country's economy. Proper and scientific research is not only essential but is urgently needed to meet the requirements of the people in a positive, practical and acceptable manner.

9.36. The Committee note that medical research in the development of suitable oral contraceptive either synthetic or extracted from indigenous plant material was being carried on from 1960 onwards, but has not been successful so far. They recommend research should be intensified to evolve an ideal oral contraceptive, simple, cheap, effective and safe from side-effects, with a view to have a real break-through in the family planning programme.

9.37. The Committee feel that there is need for better planning and more effective coordination between researchers and administrators and rational allotment of subjects among the various institutes and research centres. They regret to note that lack of coordination between researchers and administrators has led to a number of research findings remaining unutilised and several questions of administrators unanswered.

9.38. There is need for providing effective clearing house for research findings. The Committee hope that with the setting up of the proposed Central Research Policy Committee to lay down research goals and the recent steps taken by Government to bring the Indian Council of Medical Research and the Department of Family Planning closer, purposeful goal-oriented and cost evaluated research in the various fields of the Family Planning Programme will be successfully carried out. The Committee suggest that the progress made should be reviewed by Government at least once in six months to ensure that it is proceeding on right lines and that all difficulties hampering progress are resolved without delay.

9.39. The Committee consider that there is urgent need to have a systematic and coordinated research on indigenous contraceptives and the Central Council for Research in Indian Medicine and Homeopathy should play an effective role in this connection. They should also like to stress that research may be undertaken to find out some effective homeopathic medicines for Family Planning purposes.

9.40. It has been brought to the notice of the Committee that there is a general impression that certain religious communities are averse to acceptance of Family Planning Programme. They note that no detailed and authentic studies in this regard have been made. The Committee suggest that in the interest of proper development of family planning programme as also to dispel any misapprehension in this regard a systematic survey on All India basis covering representative sections of each major religious community may be carried out and the result widely publicised. The Committee have no doubt that where the survey reveals unsatisfactory progress, Government would intensify their efforts and modify their psychological and clinical approach to gain greater acceptance for the programme by the member of the community concerned.

(ii) *Training*

9.41. Trainings of personnel is stated to be very vital to the success of a programme. The technical staff required for the Family Planning programme comprises Doctors, Nurses, Health visitors, Extension Educators, Health Assistants, Auxiliary Nurses, Midwives, Statisticians etc. In the family planning programme Training assumed greater significance because of the absolute lack of experience and non-availability of trained personnel anywhere to draw upon for a programme of such dimensions. Looking ahead, into the perspective of developing needs and possibilities, the Government instituted various measures to give training of personnel a proper structure and priority, right since the inception of the national family planning programme.

9.42. The training in Family Planning is being provided through a net work of training institutions spread throughout the country. Institutions engaged in Family Planning training are as below:—

(1) *Central Training Institutions*

There are five such institutes engaged in training of the "Hard Core" staff of the trainers and key supervisors in the States on whom the future of the programme depends. Number of various categories of workers trained at these Institutes yearwise is as follows:—

Category	No. trained				
	1966-67	1967-68	1968-69	1969-70	1970-71
1. Trainers of R.F.P.T.Cs.	54*	41	144	68	133
2. Distt. F. P. Officers	96	87	54	80	58
3. Distt. Extension Educator	136	293	191	108	50
4. Other F. P. Workers	707	207	20	98	54

*54 includes 27 trainers who were trained during 1965-66.

The training responsibilities of the five Central Training Institutes are stated to be as follows:—

Name of the Institutes	Category of workers being trained
1. Central Institute of Family Planning, New Delhi.	(*i*) Trainers of Regional Family Planning Training Centres.
	(*ii*) Key administrators of State & District Level.
	(*iii*) Central F.P. Corps Officers.
2. Family Planning Training & Research Centre, Bombay.	(*i*) District Extension Educators
	(*ii*) Staff, Central F. P. Field Units.
	(*iii*) Medical & Paramedical personnel in oral contraceptives.
3. Central Health Education Bureau	(*i*) District Extension Educators.
	(*ii*) Mass Education and Information Officers (State and District level).
4. All India Institute of Hygiene & Public Health, Calcutta.	(*i*) District Family Planning Officers.
5. Gandhigram Institute of Rural Health & F.P., Gandhigram.	(*i*) District Extension Educators.
	(*ii*) Mass Education and Information Officers.

(2) *Regional Family Planning Training Centres*

At present only 44 Regional Family Planning Training Centres are stated to be functioning in the various States out of 46 sanctioned by Government of India. Progress of establishment of these centres is as follows:—

	Functioning 1966-67	Functioning 1967-68	Functioning 1968-69	Functioning 1969-70
No. of REPTCs.	28*	36*	43	44

*Govt. of India sanctioned 2 Centres for the State of Gujarat but five Centres were functioning during 1966-67 and 1967-68.

Number of Family Planning personnel trained yearwise is as follows:—

Categrey	Before 1966	1966-67	1967-68	1968-69	1969-70	1970-71
1. Block Medical Officers	1019	602	1192	1091	2048	2170
2. Block Extension Educator	287	752	1496	1515	967	1502
3. Lady Health Visitor	954	447	679	1471	962	1163
4. Health Assistant Health Inspector	570	704	2348	3233	3852	3279
5. Statistical Asstt./ Computor		14	39	96	1047	459
6. Aux. Nurse Midwife	747	947	1647	3505	973	1391
7. Other	5549	1832	6347	9406	5361	5393
	9126	5298	13,748	20,317	15,210	15,357

(3) *Central Family Planning Field Units*

9.43. Sixteen Central Family Planning Field Units are working at the rate of one per State (1 unit is catering for Punjab and Haryana both). These are mobile units and carrying out 'on the spot' short training courses for medical and para-medical staff. Besides training activities, they also carry out other educational activities like arranging film shows, organising camps etc. The following is the yearwise performance of these Field Units.

Number trained

Category of personnel	Upto 1966-67	1967-68	1968-69	1969-70	1970-71
1	2	3	4	5	6
1. Doctors	4332	356	301	1221	259
2. Health Asstt./ Ext. Edu./Sw.	3128	3247	2429	1448	767
3. Health Visitors	1834	773	1018	659	360

1	2	3	4	5	6
4. F.W./ANMS	2242	2221	3916	4992	3661
5. Others	57510	15243	13014	8443	7,003
		Educational Activities			
Film shows	4372	867	1141	1415	944
Camps Organised	1003	6546	146	108	156
Meetings Held	7709	..	596	528	307

9.44. To equip the private medical practitioners with information on the various aspects of the programme and later on involve them in the promotion of the programme, short orientation training programmes are conducted for them in co-operation with the I.M.A. Indian Medical Association Organises such programme for the leaders in the profession twice a year, at its National Headquarter. besides, the courses are organised at the Head Quarters of the State Branches of the I.M.A. and Family Planning contents have been included in the curriculam of all Nurses training institutions and Medical Colleges in the country.

9.45. The number and categories of personnel trained in family planning upto 31st March, 1971 is stated to be as follows:—

Category	Number
1. Medical Officer	14591
2. Auxiliary Nurse Midwives	26212
3. Health Assistants/Social Workers	20032
4. Extension Educators	11492
5. Lady Health Visitors	10293
6. Computors/Statisticians	1655
7. Key trainers .	369
8. Distt. Extension Educators .	778
9. Distt. Family Planning Officers .	347
10. Mass Education & Information Officers . .	107

It has been stated that the above figures do not give the true present position. The total number trained so far was higher than required for the F.P. Programme. That was because of the following reasons:—

(i) High turnover and dropout after training.

(ii) The Central Family Planning Field Units have before 1968 trained quite a few personnel of other Departments

(iii) Those personnel trained before the Extension Education approach came into existence have had to be trained again.

(iv) A number of family planning personnel have been trained in short and later in longer courses.

9.46. The technical staff required for the programme, as stated, comprised of Doctors, Nurses, Health Visitors, Auxiliary Nurse Midwives, Statisticians etc. It has been stated that there was a shortage of technical staff in manning various posts. The shortages are felt in some States. The extent of shortage can be visualised from the following Table:—

Level	Percentage in position of required and sanctioned staff.		
	Required	Sanctioned	As on
1. District level	66·1		June, 70
2. Urban level	76·2	85·3	April, 70
. Block level	62·4	71·0	April, 70

It has been stated that roughly 68 per cent of the technical staff was in position to the total technical staff required. The following programme is stated to have been drawn by Government to meet the present and future shortage of trained personnel.

(I) **Medical Staff.**—To attract medical personnel to work for M.C.H. and Family Planning Programme, the following measures have been taken by the Department of Family Planning:—

(i) Stipend is provided to under-graduate medical students.

(ii) A Corps of Family Planning Doctors under the Centre has been created to augment the medical man-power in the States especially of Lady Doctors.

(iii) Schemes have been evolved for involvement of private medical practitioners.

(iv) Special allowance is provided to Doctors working in disadvantageous areas.

In service training to Medical Officers, serving at various level in the programme, is provided through special courses organised at Regional Family Planning Centres, Central Training Institutes, District Hospitals and Medical Colleges.

(II) **Extension Staff:**

(a) As no pre-service training exists at present special in-service training courses are being organized for them through Central Family Planning Field Units, the Regional Family Planning Training Centres and Central Training Institutes to equip them with the required knowledge and skills for family planning programme.

(b) Special training programmes are organised at Central Training Institutes to train the faculty of the Regional Family Planning Training Centres and staff of Central Family Planning Field Units.

Scheme for award of stipends to the M.B.B.S. Students under Family Planning Programme.

9.47. In the course of implementation of the Family Planning Programme, it was found that doctors, particularly lady doctors, were not coming forth in adequate number for service under the Family Planning Programme specially in the rural areas. This was acting as a great handicap in successful implementation of the Programme. Therefore, in April, 1966, a scheme for grant of scholarships to such M.B.B.S. students, as executed a bond to the effect that after completion of their studies they would serve in the Family Planning and Maternity Child Health Programme, under the Central Government/ State Government/Local Bodies, for a period equal to the period during which they received the stipend under the scheme, was sanctioned.

9.48. The actual number of students awarded scholarships from year to year under this scheme is stated to be as under:—

Year	Male	Female	Total
1965-66	..	371	371
1966-67	39	149	188
1967-68	89	264	353
1968-69	..	145	145
1969-70	20	68	88
TOTAL	148	997	1145

9.49. In a written reply about the number of medical personnel who received family planning stipend for study, the Ministry has stated as follows:—

"From 1965-66 till July 1971, 1042 Medical Students (both males and females) have been granted scholarships under the stipendiary scheme. 181 stipendiaries after completing their under-graduate training are serving as Medical Officers in the family planning programme. 8 stipendiaries refused to serve under this programme and 2 officers served for a period shorter than the bonded period. The amount of stipend received by them together with an equal amount as penalty as provided in the bond has been recovered from them. 334 stipendiaries have been offered employment under this scheme and registered notices have been issued asking them either to join the service or refund money including the penalty amount.

In case of defaulters the sureties of the stipendiaries have been approached and the respective Collectors have been requested to recover the stipend money together with the penalty."

9.50. In a detailed note about Iranian Law under which men and women leaving universities are conscripted for national service for a period of two years and family planning is one of the programmes they propagate among rural areas, the Ministry has stated:—

"As there was reluctance on the part of the Government servants to serve in rural areas, Iran introduced conscrip-

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"As there was reluctance on the part of the Government servants to serve in rural areas, Iran introduced conscrip-

tion in 1964. Under this law, they have set up Health Corps, Literacy Corps, Development and Extension Corps and more recently, the Women's Corps.

The conscripts to the Health Corps who number thousands of men and women are enrolled into the Army. After six months of military training and training in health and family planning, or other subjects, they are drafted to rural service for social and economic development for a period of one and a half years.

The Health Corps consists of physicians, dentists, pharmacists, sanitary engineers, laboratory technicians, health educators, etc. Following training, the Corps staff is sent to the field for 18 months community service. The Health Corps is formed into mobile teams with a doctor and two aids. These teams make their rounds in villages, treating patients, preventing diseases, developing sanitary environments, providing maternal and child health care, improving nutrition, and generally guiding the rural people to a healthier way of living. They take active part in distribution of oral contraceptives and condoms during daily visits to villages.

The Literacy Corps staff have helped raising educational standards in remote villages. In six years, some 50,0000 Corps School teachers have helped build schools in 20,000 villages. The Literacy corps undergo eigth hours of instruction in family planning and in discussing this subject with village leaders, with parents in adult classes and in referring women to nearby clinics and mobile services, the youth of Iran are helping family planning in the rural areas.

The third group of army conscripts to include family planning to their training and teaching is the Development and Extension Corps.

Recently, the Iranian Government have also formed a Women's Corps consisting of unmarried profesional women and high school graduates aged 18 to 30, and they are also doing valuable work in family planning.

The Ministry of Home Affairs had sponsored a Bill known as "The National Service Bill" in the last Parliament. But

it could not be taken up because of dissolution of the Parliament. This Bill is expected to be revived.

Recently, the Ministry of Law have advised that a bond could be taken from every student entering a medical college, undertaking to render service for a specified period as required by the Government after completion of the course. The State Governments are being advised accordingly."

9.51. The first United Nations Family Planning Mission which visited India in 1965 regarded the shortage of well-trained personnel as the most crucial problem facing the implementation of the programme. The second Mission in their Report on Evaluation of the programme of the Government of India had stated "there could be no two opinions regarding the vital role of training. No amount of physical facilities and services will ensure the effective implementation of the programme if the personnel to man the services are insufficiently skilled. This is recognized by the programme administration, and, since the time of the first United Nations Mission, major efforts have been made to meet the training needs."

9.52. It has also been stated that the Mission had found that the increased support in the field of training was still urgently needed at all levels in the programme. There was a shortage of training personnel of all categories, specially Lady Doctors and Para-Medical staff. In-service training was needed for all programme personnel within their own fields of specialisation and any other subjects with which they had to be concerned. The Mission *inter-alia* had made the following observations and recommendations:

(i) From now on, it is essential to give very high priority to the training aspect of the programme, and this calls for a carefully worked out strategy of training. The first need was to train the supervisory personnel at different levels.

(ii) Training should be viewed as a continuous process and should include refresher training courses for as many categories of personnel as possible.

(iii) Inspite of impressive array of training facilities, training remains a major problem area in the programme. Large percentage of the programme staff have not been trained at all and all those who have attended, may have attended short courses only. The Mission found evidence of insufficient attention at least in some of the places visited, to the academic quality of the training offered.

(iv) The Mission found that there was lack of uniformity in the approach to family planning instruction among the colleges. More over, many teachers have yet to be convinced of their important role.

(v) The Mission noted that the training offered was not always carried out in an environment and under conditions similar to those where the trainees would ultimately be posted. Training which is offered in an urban setting and with no opportunities for field work in rural areas does not prepare trainees for work in rural or semi-rural areas. The Mission suggested that graduates of Medical colleges should be accepted for post-graduates studies only on the condition that they had served in rural area for atleast two years, one of which should have been working in Family Planning and MCH.

(vi) The contents of the training offered to *dais* and auxiliary nurse, mid-wives should reflect the policy of association between family planning and MCH. The training programme for *dais* already embarked upon, should be expanded as soon as possible to permit the wider participation of *dais* in the programme.

Improved training facilities are needed for paramedical personnel in order to help and alleviate the shortage of fully trained lady doctors.

9.53 The Evaluation Report on the Family Palnning Programme of the Planning Commission (April 1970) has stressed the need for a strong team of staff to ensure support, guidance and supervision of work in the district. Speaking about deficiencies it has been stated:

"In a number of sample districts, not only a fewer staff was sanctioned but there was also delay in filling the sanctioned posts. Considering all the sample districts, only two-thirds of the posts sanctioned were filled. Other deficiencies noticed related to turnover of staff, inadequate experience in family planning work and lack of training in family planning."

9.54 In the Report it has been stated that training of personnel should receive high priority. The observations and the recommendations made in the Report are as under:—

1. For effective implementation of the Family Planning Programme it was necessary that the staff at all levels con-

cerned with the implementation of the programme develop the necessary expertise, skills and competence required to carry out efficiently their responsibilities.

2. With a view to place the full staff in position as expeditiously as possible short orientation courses of 3-7 days as duration was attended by the majority of the staff. In order to strengthen their knowledge and skills, staff should be given long term training as early as possible.

3. Due to sudden expansion of the organisation certain difficulties like provision for suitable staff accommodation, arrangement for field work, transport other facilities etc. had come in the way. They had recommended for early removal of these deficiencies.

4. The function of the Central Training Institutes to advice the Regional Family Planning Training Centres on training courses organised by them had not been exercised effectively.

5. A scheme might be worked out by which experience specialists from Centre and some of the successful States might be deputed for short periods to other States requiring services like technical assistance in fields such as training, community organisation and group work, extension education, statistics and demography and programme administration.

9.55. Government in a written reply furnished to the Committee have stated the following measures taken by them to make up these deficiencies:

"Training of staff has received very high priority in the Family Planning Programme in India. Owing to large recruitment initially, the training had to be of brief periods and was initiated with the help of mobile training units called the Central Family Planning Field Units. Subsequently State Training Centres called the Regional Family Planning Centres were established and 44 such centres are functioning at present in the country. 5 Central Institutes also train either the trainers or the District Level staff. Audio Visual aids, literature in the form of books and periodicals are supplied to the training centres which are also encouraged to produce their Audio-Visual aid for programmes. Regarding social and psychological barriers,

various studies have been undertaken in Demographic and Evaluation Cells.

Local leaders are given all encouragement and for their participation, Orientation Camps are held. They are paid specific fees based on motivation of cases. The Family Planning Exten ion Staff keep a constant liaison with the local leaders in their areas."

9.56. In the Mid-term Appraisal of the Fourth Plan the following important points have been brought out:—

(i) The number of medical colleges increased from 30 in 1951 to 93 on the eve of the Fourth Plan and the admission capacity from 2,675 to 11,700.

It is proposed to start 10 more medical colleges with annual admission capacity of 13,000. So far 2 medical colleges have been established taking the annual admission to about 11,850.

(ii) The doctor population ratio at the beginning of Fourth Plan was approximately 1 to 5,000. At the end of the Fourth Plan the ratio was expected to improve to 1 to 4300. There are marked variations in the doctor population ratio from State to State.

(iii) The distribution of doctors between the rural and urban areas is highly uneven. An estimate made in 1965-66 indicated that about 67 per cent of the doctors are concentrated in urban areas and only 33 per cent were in rural areas, though the latter accounted for nearly 80 per cent of the population. The non-availability of lady doctor in rural areas and for Family Planning Programme remains an acute problem.

(iv) It is estimated that about 26,000 doctors including 7,500 post-graduates, are required for the public sector during the plan period. The net additional supply is estimated to be 36,000. It is estimated that not more than 45 per cent of the stock of active doctors is in-service in the public sector. A survey is being carried out to ascertain the existing and future requirements of the medical cadres in States and their recruitment experience. If the difficulty in meeting the public sector requiements persists, measures like compulsory service and acceleration of medical courses may have to be considered.

9.57. The Secretary, Ministry of Health and Family Planning during the course of evidence admitted that there was shortage of doctors and there were not adequate training facilities for them. He also pointed out that the doctors were reluctant to serve in certain parts of the country. Recently in some disadvantaged areas more allowances have been offered and the result was that more doctors than before were coming forward. On 1-4-1969, 900 doctors were paid from Family Planning Funds and today (August, 1971) it was 2,292 doctors.

9.58. There was another problem and that was that doctors were not willing to work for Family Planning Department. During evidence the Committee were informed:—

> "Formerly doctors were allotted exclusively family planning duties and the doctors did not find enough professional satisfaction, in that they had been trained to handle patients and diseases. When we put these doctors on the family planning job, they did not have the patients and therefore they were frustrated. Some months ago, we passed an order that doctors need not be recruited exclusively for family planning. They should be recruited for multipurpose work, that is, they should do both medical care preventive and curative, as well as family planning and maternal and child health duty. In other words, at the primary health centre, there are two doctors. Previously, one doctor was doing exclusively medical care and preventive health service, whereas the other doctor was doing family planning on child health work. Now we have said that both the doctors will do the same type of work. Both will do all these multi-purpose duties, but they may divide their area territorily and not functionally. There is no functional division, but there will be geographical or territorial division."

9.59. The Directorate of Man-power and the Institute of Applied Manpower Research with regard to the nurses has stated as below:—

> "Apart from an overall shortage of nurses during the Plan period, it is also necessary to take note that there are wide disparities in the nurse-population ratio from State to State varying from 1:4950 in Delhi to 1:50000 in J&K. There are known to be shortages of trained nurses in many States in the North while unemployment among trained nurses is reported in Tamil Nadu. It is also understood that the Defence Forces are not easily able to secure the services of additional nurses through normal recruitment on the open market."

9.60. In the Mid-Term Appraisal of the Fourth Plan it has been stated that there was no scheme to establish new training institutions for Nurses Training, but the existing admission capacity was likely to be expanded. The stock of nurses is expected to increase 88,000 and there may not be any overall shortage of nurses by the end of the Plan. There will be regional imbalances with surplus in some States and shortage in others. In Andhra Pradesh and Tamil Nadu there is a stock surplus of nurses while in Rajasthan and Bihar there is an acute shortage. The Health Survey and Planning Committee has recommended a norm of three nurses for one doctor to assist the doctors in performing their duties effectively. But the present stock of nurses gives an unsatisfactory doctor-nurse ratio of 1.7 to 1.

9.61. During the course of evidence the Secretary, Ministry of Health and Family Planning admitted that there was shortage of nurses because there was not adequate training facilities for them.

9.62. About the training of A.N.Ms. Dais and L.H.Vs; the Ministry has stated as follows:—

"Training of Auxiliary Nurse Midwives, Dias and Lady Health Visitors

(i) A.N.M.S. In 1954 the Government of India instituted a scheme for the training of A.N.Ms. Under this scheme the State Government were given 75 per cent non-recurring and 50 per cent recurring grant. In the case of private institutions, a 100 per cent grant was prescribed. In the Third Five Year Plan a sum of Rs. 1,14,69,500|- was spent. At that time 65 private institutions were receiving such grants 1600 A.N.Ms. were registered in the then existing A.N.Ms. Schools all over the country.

In the Fourth Five Year Plan, it is proposed to train 60,000 A.N.Ms. At present about 30,000 A.N.Ms. are in position and 305 A.N.Ms. Schools are functioning with annual admission capacity of about 7,100.

Some of the States like Andhra Pradesh, Kerala and Tamil Nadu have closed down a number of A.N.M. Schools as they have already fulfilled the target of one A.N.M. per 10,000 population. To meet the demand of the required number of A.N.Ms. it is proposed to add eleven new A.N.M. Schools and increase 1500 seats in the existing schools. 5 A.N.M. Schools in Bihar, 5 in Orissa and 4 in U.P. have already

been opened and 300 additional seats have been added in the existing schools in West Bengal and Bihar.

9.63. In the Mid-term appraisal of the Fourth Plan it has been stated that while there may not be any overall shortage of surplus of auxiliary nurses mid-wives (A.N.Ms.) by the end of the Plan, there will be marginal imbalances in some States and shortages in some others. Only in Bihar, Orissa and U.P. there is likely to be a shortage. The Secretary, Ministry of Health and Family Planning during the course of evidence stated:—

"We have sanctioned over 40,000 A.N.M's of whom 30,500 are in position, so there is a shortage of 9,500, more or less almost all concentrated in U.P. and Bihar and it is in these States that a network of schools have to be set up, mostly in the rural areas."

(ii) *Lady Health Visitors*

At the end of Third Year Plan, there were 20 Health Schools with admission capacity of 800. Some of the States have temporarily closed the Schools and at present 15 L.H.V. schools are functioning in the country. During the Fourth Five Year Plan, it was proposed to open 4 new Lady Health Visitors schools and add 576 seats in the existing 15 schools. Of these 3 schools have already been opened, one each in Orissa, U.P. and Kerala.

At present about 5,000 L.H.Vs. are working in different Primary Health Centres in the country. In addition about 2,000 Nurse-midwives are working in some of the States in place of Lady Health Visitors.

(iii) *Dais*

The Co-operation of Dais is considered an important factor in the development of family planning and N.C.H. services in the rural areas. Dais training was started as a M.C.H. scheme during Second Five Year Plan as a centrally aided scheme. According to this scheme Rs. 250 per dai trainee was sanctioned in the manner given below:—

	R
(i) Stipend at Rs. 30 per month for 6 months.	180
(ii) Cost of Dai's bag	50
(iii) Cost of re-fill	20
	250

The duration of training was for 6 months. Against a target of 30,000 Dais to be trained during the Third Plan period only 10,232 were trained. After the Third Plan period, the Dais training programme was transferred to the Family Planning budget and the training was revised to include an element of Family Planning. Under the present scheme, the period of training is still 6 months but the trainees attend Primary Health Centres once a week for lecture demonstration in Family Planning. During the period of training, the Dais live in their own villages.

The scheme was circulated to the State Governments for implementation on 21st October, 1967. Under this scheme the trainee is paid Re. 1|- per day when she attends the training class in the Primary Health Centres. The trained Dai is entitled to payment of Re. 1|- from the Public Health Centre per delivery conducted by her.

Under this scheme, it was proposed to train 75,000 Dais according to the following schedule:—

1967-68	10,000
1968-69 .	25,000
1969-70 . .	40,000
	75,000

As most of the States did not participate in this training scheme, only, 4,672 Dais were trained from 1st April, 1967 to 30th November, 1969. It was felt that the remuneration offered was not attractive enough for Dais in the rural areas to come for such a training.

In order to accelerate the training programe, the following proposals are under consideration:—

"1. To increase the stipend from Re. 1|- to Rs. 2|- per day for attendance at P.H.C. subject to a ceiling of Rs. 60|- for the entire course.

2. To increase the remuneration per delivery to a trained Dai from Re. 1|- to Rs. 2 with the provision that the Dais should bring the expectant mother to the P.H.C. or the Sub-Centre for registration.

3. A total budget provision of Rs. 50|- lakh has been made for Dai Training during the Fourth Five Year Plan. It is pro-

posed to train 6,000 Dais during the current financial year and 8,000 during 1971-72."

9.65. To a suggestion that separate training for Family Planning should be eliminated and every Doctor, Nurse, Health Worker, etc. should be given training in their normal course of study, the Ministry in a written reply stated as follows:—

"This view has already been accepted and a course of training, both theoretical and practical is included in the present curicula of doctors and nursing personnel. For extension workers training in family planning is imparted as an integral part of their inservice training as these persons have had only general non-professional education.

However, till such time as these arrangements became a normal and regular feature, separte special training for family planning for various categories of workers would have to be continued particularly because a large number of the existing medical para-medical and extension staff did not have any exposure of family planning training in their normal course of study."

9.66. The Family Planning Target Setting Committee headed by Prof. N.C. Vakil in its report has made the following observations regarding the training:—

"The Government of India have sanctioned staff for the Family Planning Programme on a set pattern. It takes time for the States to sanction them in turn. It takes a little longer time to fill up these posts. Even such staff after appointment have to be properly oriented to fit into the programme. For this purpose, a Training Centre for every 10 million population is inadequate, and is liable to meet the growing requirements of trained workers. For the staff in the training institutions to be effective, they should have continuous field contacts.

At the State level facilities for training of all key personnel should be available at the Regional Family Planning Training Centre. Periodic refresher courses should also be arranged to keep them informed of the uptodate developments and to keep up the targets of operations.

There should be a separate Training Unit at the District level to undertake training of staff of the Primary Health Centres, hospitals and urban Family Planning Centres. This

Unit should also undertake training of Community leaders through shibirs. These should be supplemented by organising shibirs for community leaders by the Primary Health Centre staff."

9.67. The Committee note that United Nations Family Planning Missions to India in 1965 and 1970 and the Planning Commission in its Evaluation Report on Family Planning Programme (1970) found deficiencies in Family Planning Training Programme and considered the shortage of well-trained personnel as the most crucial problem facing the implementation of the family planning programme. They also note that Government have taken some steps to augment training facil ties by establishing a net work of Central Training Institutions, Regional Fami'y Planning Training Centres and Central Family Planning Field Units. They, however, feel that the efforts made so far fall short of the requirements as would be seen from facts recapitulated below:—

(i) In September, 1969 there was need for 1.5 lakhs trained workers (Doctors, nurses, auxiliary mid-wives, dais etc.), whereas the personnel trained were 35,383.

(ii) Full complement of sanctioned staff in training centres was not in position.

(iii) Reported deaths due to, inter alia handling of cases by not properly trained personnel.

(iv) One of the reasons for shifting the targets of achieving a redutcion in birth rate of 39 per thousand to 25 per thousand from 1973 to 1981 was stated to be lack of trained personnel.

9.68. In the opinion of the Committee the training of personnel is vital for the successful implementation of the family planning programme in the field and suggest that the following steps may be taken in that behalf urgently:

(i) The training programme may be reviewed critically in order to augment the facilities and reorient the training courses to meet the changing needs of the programme.

(ii) Trainees may be encouraged to undertake field work in rural and semi-rural areas as the main thrust of the programme will be in these areas.

(iii) Training should be viewed as a continuous process and should include refresher training courses for as many categories of personnel as possible.

(iv) A survey should be carried out at an early date to ascertain the existing and future requirements of the medical cadre in each State with a view to solve the following problems:

(a) Surplus and shortages in different States of medical and paramedical personnel, as far as possible, should be eliminated. The feasibility of having a central pool or an agency which should be able to bring about full coordination and cooperation in the matter of meeting shortages from surplus States of certain categories of personnel like doctors, nurses etc. should be examined.

(b) The disparities in medical personnel—population ratio in different States need to be reduced, for example, while the nurses-population ratio in Delhi is 1:4,950 it is 1:5,000 in Jammu and Kashmir.

(v) Opening of 10 new medical colleges and the raising of admission capacity to 13,000 as proposed in the Fourth Plan period should be achieved, as in the opinion of the Committee, the present progress (given in the Mid-term Appraisal) of annual admission capacity from 11,700 to about 11,850 showed only marginal progress.

(vi) The Committee are in agreement with the views of the Family Planning Targets Setting Committee (1971), that a training centre for over 10 million population was inadequate and would, therefore, like that not only the sanctioned training centres should be opened but more centres established within the resources available.

(vii) More training centres for nurses and auxiliary nurses midwives (ANMs.) should be opened in U.P. and Bihar as acute shortage is being felt in finding midwives for primary health centres and family planning programmes, particularly in rural areas.

(viii) The programme of training dais should be accelerated since their cooperation is important in the promotion of Family Planning and M.C.H. Services in the rural areas. The Committee consider that the progress made in this regard in the Third Plan period and in the years 1967-68 to 1969-70 was far from satisfactory and the causes for the same need to be urgently looked into with a view to take remedial action.

(ix) The Committee are in agreement with the views of the Family Planning Targets Setting Committee that at the district level there should be a training units for training the staff at lower

levels and training of community leaders and these should be supplemented by organising orientation shibirs, for community leaders at primary health centres and urban centres. The staff in the training institutions should above all have enough field contracts so that they can impart training on realistic lines.

9.69. The Committee hope that the National Service Bill, which could not be passed by the Fourth Lok Sabha on account of its dissolution last year, will be enacted at an early date so as to ensure that enough young medical practitioners become available for service in the rural areas and give the necessary impetus to the implementation of the Family Planning Programme.

CHAPTER X

FOREIGN ASSISTANCE

10.1. Foreign aid in the field of Family Planning was initially in the form of technical assistance by way of consultants and fellowships. In these fields, Ford Foundation has been taking interest in the programme since 1959, followed by the Population Council since 1964. Since 1967-68 agreements have been signed with foreign governments and agencies for aid to the Family Planning Programme. In these inter-governmental agreements, emphasis has been on receiving aid by way of commodities to be utilised directly in the Programme. Consultancy services required in connection with the utilisation of these commodities have also procured. The position in respect of the grants received and the utilisation thereof is stated to be as under:—

Ford Foundation

10.2. As per agreement signed with Ford Foundation on 15th August, 1966 a grant of $ 2.28 million has been allocated for a period of three years. Apart from consultants for which an allocation of $ 1,425,000 has been made and the accounts in respect of which items are kept by the Ford Foundation, the grant provides for allocations under the following three heads:—

	Allocation	Expenditure	
Fellowships	$317,000	$109,491·01	fellowships (up to 30-6-69)
		$12,112·36	Programme (Procurement upto 30-6-69).
		$22,024·27	(Admn fees) up to 30-9-67 to be paid to I.E., New York.
Research	$230,000		
Equipment	$ 610,000	$37,909·05	55 sets of books for Training Division.
		$20,373·98	Equipment for MEM Division.
		$5,686·90	24 sets for vas clips.
GRAND TOTAL :		$207,597·57	

Population Council

10.3. The Population Council has been giving aid for fellowships though it has also given money for promotion of Bio-medical research and for setting up the IUCD factory at Kanpur by way of gifting the loop mould and certain imported components required for the manufacture of the loop. Total assistance from the Population Council from 1964-65 to 1968-69 is as under:—

1964-65	25,610
1965-66	2,01,234
1966-67	91,073
1967-68	82,750
1968-69	28,000

USAID

10.4. USAID assistance has been for approval schemes which have been included in the budget of the Department.

As per various projects agreements signed with USAID, the following funds have been obligated for aid being received from USAID.

Financial year 1967	$37,000 for participants.
Financial year 1968	$46261,000 for commodities;.
Financial ear 1969	$53,000 for participants. $376,000 for commodities. $445,000 for participants.

Besides the above dollar assistance, two rupee agreements have been entered into with USAID. While an amount of Rs. 84 million through PL-480 Funds has been made available for use by the Department for experimental and innovative projects, a specific amount of Rs. 60 million from U.S. rupees has been earmarked for the vehicles programme of the Department of Family Planning. The grant of Rs. 84 million is administered through the Executive Board for Family Planning Programme and the sanction issued for utilisation thereof is at appendix IV. The amount of Rs. 60 million for the vehicles programme will partly be utilised for the strengthening of State Health Transport Organisation and Central Health Organisation. Necessary action in this regard is already being taken and an amount of Rs. 32.44 million has been received under this agreement.

A loan agreement for 2.7 milion dollars has also been signed with USAID for the imported components required for the manufacture of vehicles that would be required for the family planning programme. Out of it, USAID has issued letter of commitment of 642,000 on March 2, 1970. During the year 1970 agreements have been signed with USAID for an additional aid to the tune of $ 17,105 for family planning training and Research Centre and $ 115,132 for Mass Mailing Programme respectively. USAID has also provided $ 20 million grant for intensifying family planning programme.

Sweden

10.5 Under an agreement signed in July 1968 and modified in November, 1969 Sweden has offered the following assistance for family planning programme:—

(i) 1,500,000 gross condoms (Nirodh), since staggered to 164·9 million pieces only.		
(ii) 20 printing units for State Family Planning Bureau and Central Department of Family Planning.		
(iii) 250 tons of off set paper.		
(iv) 500 tons of glazed newsprint.		
(v) A contingency fund of upto 100,000 Swedish Crowns to cover minor, unexpected expenditure in foreign currency areas crucial to the success of the Family Planning Programme.		
(vi) Electric Testing Machine including spare parts.	One unit cost ..	$63,000
(vii) Packing Machines including spare parts	For a total capacity of 210 grass per hour-cost f.o.b. ..	$80,000
Cost of f.o.b.		$143,000
Freight and insurance		$20,000
TOTAL maximum cost c.f. i. US		$163,000

The commodities that are being received are to be used in approved schemes of the Government of India for which necessary staff and organisational framework are said to be already in position.

10.6. Other inter-governmental agreements include agreements with Japan for utilisation of Yen credit to the extent of .4 million dollars for purchase of contraceptives—which credit has already

been fully utilised. Denmark has also given 10,000 pieces of IUD (antigon) for clinical purposes. These loops were said to be under clinical trial by the Indian Council of Medical Research. It has also been stated that Danish Embassy has informed the Government of India that the Parliamentary Finance Committee of the Denmark Government had agreed to provide assistance of Danish Kr. 62 lakhs for the construction of the building for the National Institute of Family Planning.

10.7. The U.N. has been given assistance for Demographic Training and Research Centre, (now Indian Institute of Population Studies) Bombay by way of foreign experts, fellowships and equipments. The Government of India were also receiving aid from its specialised agencies such as WHO and UNICEF. During 1969, the U.N. also financed the visit of the second Evaluation Team on Family Planning to India.

10.8. The UNICEF has been assisting the rural Maternal and Child Health and Family Planning Programme by providing supplies, equipments and transport to primary health centres and subcentres, and for training traditional birth attendants or 'dais' Assistance has also been received from it for upgrading paediatric education and services.

10.9. The WHO has also provided consultants for the maternal and child health programme in addition to fellowships and the field of Family Planning.

10.10. Besides the above, the Government of India are also receiving aid from the following countries:—

Norway

Norway has offered a grant of Rs. 37.30 millions. This aid is to be used for expansion of the Post Partum Programme.

Britain

The British Government has offered £ 1 million as aid. It has been stated that the question as to whether the aid would be additional to the normal technical assistance offered by Britain was still to be decided. As a part of the normal technical assistance, the aid would be used for the extention of the Post Partum Programme

World Bank

During the Aid India Consortium meeting organised by the World Bank in November, 1969 in Stockholm to consider India's Family Planning Programme, World Bank expressed interest in

financing a Project of intensification of a Family Planning Programme. The project was still in the negotiation stage.

10.11. A statement showing total foreign aid received and its utilisation is at Appendix V.

10.12. In regard to whether Government had undertaken any study of the aims and objects, the modes and operational arrangements and the success or shortcomings of international assistance—both financial and technical in the Family Planning Programme, the Government have stated as follows:—

> "No. the assistance has been mostly for the commodities received for the programme and is within the general umbrella of technical assistance programme of the Government of India."

10.13. In a written memorandum about 'Foreign Assistance a prominent social worker has stated as follows:—

> "Government works from the top and often takes advice and grants from opulent foreign foundations who cannot possibily be expected to understand the conditions in the interior of our country or the mind of our common man. Acceptance of financial help from outside constrains our Government into accepting some of the scheme suggested by donors. The sudden introduction of Loop programme and its constant failure is an illustration of the decent haste in accepting and operating a new idea. This episode not only gave a temporary set back to the sterilization programme which was in full swing, but created a feeling of suspicion and distrust in the minds of the public regarding all Family Planning schemes. Elaborate programmes for Family Planning are formulated, again with foreign help, and launched at every level employing people who have little contact with masses."

10.14. During the course of evidence, the Secretary of the Ministry of Health and Family Planning stated:—

> "As regards the loop, it is correct that under the pressure of our foreign advisers, the programme was fomulated and put into operation without thinking of the effects it

would have on women. The result was that a large per centage of women suffered from harmful effects and the use of the loop has went down subsequently. We learnt our lesson and we are now taking great care in inserting loops. Sometimes after the insertion of a loop, the woman is called for an examination. If she is suffering from some side effects, such as bleeding or nausea, we put them right but if we cannot, we take it out and we advise something else. There are certain methods which are positively harmful, we have banned them from our country. Some oral pills are harmful and we have banned them, other we are testing and we are not allowing them to be used on a large scale."

10.15. The Ministry of Health and Family Planning in a written note have stated:—

"As a general policy, all foreign aid to voluntary and private organisations is routed through the Government. In certain cases, however, assistance has been received by Voluntary agencies directly also. In these cases also, prior permission of the Government of India was obtained.

10.16. The following organisations are stated to have received assistance from the Ford Foundation to the extent indicated against each:—

(i) Federation of obstetrics and Gyanechological societies of India, Bombay.	$ 13,036 in 1969	To meet travel funds to bring foreign delegates.
(ii) The Institute of Rural Health and Family Planning, Gandhigram, Madurai.	$ 477,000 in 1970	To help the Institute to provide independent innovative leadership to India's Family Planning Programme

(iii) The International Planned Parenthood Federation, London, has provided the services of one Consultant to the Family Planning Association of India, Bombay, for assisting the Association in expanding its Family Planning Activities.

(iv) USAID—The Government of India has given its approval to the following voluntary organisations for receiving grants given by USAID out of PL-480 funds:—

(1) The Pathfinder Fund	7.50 lakhs
(2) Federation of Indian Chamber of Commerce and Industries	5.00 lakhs
(3) United Planters' Association of South India	1.84 lakhs
(4) Christian Medical Association of India	10.00 lakhs

10.17. In a written reply the Committee were informed as follows:—

"In most of the cases the foreign assistance is tied with projects for which aid has been provided. The projects are, however, negotiated between the foreign aid-giving agency and the Government of India before the same are given a final shape."

10.18. The Committee regret to note that the I.U.C.D. programme was formulated and implemented on the advice of foreign advisers without analysing its pros and cons and without exercising an independent judgment on its suitability in Indian conditions and without establishing any proper infra-structure for the same.

10.19. The Committee suggest that a critical evaluation of the foreign assistance rendered so far may be undertaken and that in the light of the past experience and result of evaluation, foreign assistance may be accepted as and when necessary, keeping in view the overall objectives of the Family Planning Programme and the national interest.

CHAPTER XI

EVALUATION

11.1. The Committee understand that the focus of evaluation of family planning programme at present is on the purposive assessment of the impact of the programme, identification of the areas of success and failures and reasons thereof and feeding back the information for modification and improvement of programme implementation.

11.2. The evaluation of the resources of the programme in terms of a reduction in fertility have not been possible so far on a uniform basis through-out the country. The reasons for this are stated to be firstly, weak reporting system of vital statistics, and secondly, the paucity of resources for such evaluation on a national basis. The present organisational apparatus both at the national as well as State level is yet in a embryonic stage and its duties are confined to collection, compilation and publication of routine service statistics and evaluation of immediate objectives. However, sample surveys have been conducted by the National Sample Survey Organisation and Registrar General. The obvious limitation of these surveys is that they do not yield the desired results as they fail to give the time trend. Some localised knowledge, attitude and practice (KAP) and fertility studies have been made in various parts of the country by some autonomous research bodies and also by a few private organisations. The said surveys and studies do give an indication to a certain extent about the impact of the programme. The data collected disclosed a declining trend in the birth rate which in 1965-66 was estimated to be 41 per 1,000 and at the beginning of the Fourth Plan was estimated to be 39 per thousand population.

11.3. Towards the end of the Third Plan period and thereafter again within a couple of years or so, evaluation studies covering all aspects of programme were made at Government of India's request by the two UN Technical Missions sent under the UN Technical Assistance Programme. The first team of experts arrived in November, 1965. It was to make a general review of the progress and effectiveness of the family planning programme and advise on short as well as long term programmes of policy and research for the purpose of accelerating popular acceptance of the small family norm, practice of family planning and redutcion of national birth rate.

The team submitted its report in February, 1966. The Important recommendations of the team included—(i) setting up of Standing Committee of the Cabinet to keep the programme under constant review and ensure concentrated efforts of all other Ministries, (ii) strengthening and stream-lining of the administrative set up both at the Central and State level, (iii) providing greater power decision and more flexibility of financial authority, (iv) exploitation of all potentialities of IUCD, intensification of sterilisation programme and expansion of domestic production of condoms with the improved system of distribution, (v) vigorous involvement of private practitioners, voluntary organisations and village communities including panchayats, (vi) enlisting enthusiastic support from the States by decentralising administrative responsibilities held by the Centre and increased financial assistance, and (vii) introduction of social changes, *viz.* to raise age of marriage etc.

11.4. The second team started its work in January, 1969. The principal task of the team was to make an evaluation of the Indian Family Planning Programme within the context of national objectives laid adown in Third Five Year Plan and subsequent plans and make recommendations for improvement. Besides extensive consultations with programme officials as well as with representatives of other governmental and non-governmental institutions and organisations concerned with family planning, the team paid field visits to many of the States. While acknowledging the measures taken to expand the programme after the visit of the first team, it emphasised that any programme to reach the vast Indian population effectively must be even larger than the present one, as the current programme would cover only one-third of the country's 100 million couples in the reproductive age-groups by the end of the Fourth Plan. The main recommendations of the team were:—

(i) While supporting the linking of family planning with maternal child health services, it emphasised that the services in respect of physical facilities, equipment, vehicles, drugs and other steps needed to be strengthened both quantitatively as well as qualitatively.

(ii) Factors responsible for sharp decline in IUCD insertion after 1967-68, such as inadequate information to the public regarding the occurrence of side effects, the resultant rumours, lack of adequate preparation and training of the medical personnel involved and insufficient attention to the selection of IUCD cases and their follow-up were needed to be analysed and their solution found out. The team

noted that although these problems were brought out in the Report of the first team, these were not fully appreciated due to enthusiasm as well a slack of an effective evaluation mechanism in the programme.

(iii) Extension education should be strengthened at all levels urgently. Increased attention needed to be paid to the communications, educational and motivational aspects of family planning by ensuring their effective linking, in order to ensure maximum utilisation of medical services and facilities.

(iv) The family life education and knowledge of population dynamics into the eduactional system of the country should be introduced after careful consideration of the socio-cultural setting. The content of the training to be given to the teachers concerned should also be planned before hand so that they may be adequately prepared for the task.

(v) Studies and research relating to the perfection of contraceptive methods were much needed and an effective clearing house for reserach findings needed to be established. While considerable volume of research has been done in the field of reproductive biology, there remain serious problems of data collection on an All India or even a State-wise basis in the sphere of demography research and of the scientific applicability of such data. In other discipline such as sociology, social psychology, economics and entromology involvement by the universities is less evident. The team found scope for improvement in the selection of research topics so as to keep the work to the need for guidelines to policy and policy implementation. The machinery for canalising research finding into the relevant organs of the programme administration was also needed to be perfected. The team further pointed out to less touched area of research with respect to the communications and motivational aspects of family planning.

(vi) An increased support in the field of training was still urgently needed at all levels of the programme. In service training was needed for all programme personnel both within their own field of specialisation and in other subjects with which they have to be concerned. The present evaluation machinery warranted a review in order to evaluate effective procedures. It was stressed that the evaluation should be performed by external as well as by

the internal institutions. The former should undertake intermitant studies of the programme as a whole or all specific aspects of it. While the later should be independent bodies functioning on a continuous basis. In addition, the programme itself should include effective units for concurrent evaluation programme to permit rapid corrective measures. The impending legislation to liberalise the abortion law was welcomed by the team."

11.5. The Programme Evaluation Organisation of the Planning Commission also undertook an evaluation study of the Faimily Planning Programme. The study is based on data collected simultaneously at all levels from 35 districts, 114 Family Centres, 350 villages, over 250 family planning staff members, 4700 villagers and about 6000 adopters. The study discloses that although the overall picture is somewhat optimistic the programme had not spread evenly among the different States. The report has pointed out some serious deficiencies such as inadequacy of the Family Planning Programme, under-utilisation of services, need for continous extension efforts to create the demand for services, delay in contacting and treating after effects (real or fancied), ineffective supervision and guidance to field workers, inadequate use of local leaders and doctors and lack of adequate arrangements for feedback. Thus, considering the goal of reducing the birth rate to 25 per 1000 population in the 10 years period ending with 1978-79, the report concludes, greater efforts both quantitatively and qualitatively are called for. The main points made in the P.E.O. evaluation report and Governments comments thereon are at Appendix VI.

11.6. In a Memorandum submitted to the Committee, it has been stated as follows:—

"For a national programme of such importance, evaluation has to be built in from the very inception of the programme. There has to be a concurrent evaluation and another one after every two to three years. For concurrent evaluation the intelligence Section of the Department of Family Planning receives routine administrative satistics from the States. These statistics relate to the number of sterilizations, I.U.C.D. insertion distribution of contraceptives, education and motivation about personnel training centres and establishmet of urban and rural centres etc. These monthly statements are supplemented by progress reports from the Regional Directors and by tour reports of the officials of the Department of Family Planning in the Centre."

11.7. During the course of examination of the repre entaives of the Ministry of Health and Family Planning to a question whether Government had a system of regular evaluation of the Family Planning Programme, the Committee were informed as follows:—

> "There is a system of concurrent evaluation in the States all over India. Every month, the progress of the programme is assessed and related to the total task. The birth-rate reduction as well as family planning acceptance is worked out every yer. The percentage of achievement of targets is laid down for achieving the ultimate objectives of the programme in all the States. A demographic and an evaluation cell is in position in all States except in Bihar, Madhya Pradesh and Jammu & Kashmir. An assessment of the progress and impact of the family planning programme is done by the demogrphic and evaluation cell in the States as also for each district. In the past, evaluation was done by the demographic research centre and communication action research centre."

11.8. To a suggestion that the work of evaluating the family planning programme should either be assigned to the Planning Commission or to an independent re-earch organisation, the Ministry in a written note has stated:

> "Overall evaluation of the family planning programme is a very elaborate and time consuming process and can be done only at intervals. The Programme Evaluation Organisation (P.E.O.) of the Planning Commission had undertaken the evaluation surveys of the family planning programme in the country in 1964 and 1968 and given their recommendations.
>
> External evaluation was also done by the U.N. Mission twice in 1965 and 1969. As the PEO's main function is to evaluate the plan programmes and they are properly equipped for the purpose, it is expected that they will continue to take up the work of family planning evaluation periodically. It is not thought necessary to entrust this work to any other organisation. The Demographic Re-earch Centres already set up in the country are also engaged in evaluation of the various aspects of family planning programme in teir respective areas. Evaluation of some specific aspects is however entrusted to independent organisations."

11.9. In regard to whether any evaluation of the 'Intensive District Scheme' has been made or is proposed to be made, the Ministry have stated as follows:—

> "At present 17 Intensive Districts have been sanctioned in different States and the State Governments in their turn have sanctioned 16 Intensive District. The Intensive District in West Bengal is yet to be sanctioned by the State Government. Even though the sanction from the Central Government was issued in June, 1969, the last district to be sanctioned by the State Government *i.e.* Kamrup in Assam was in December, 1970. Even after the seanction and repeated requests and contacts from the Department of Family Planning the normal inputs in health infrastructure are still far from satisfactory in most of the Intensive Districts. Similar is the situation about the additional staff sanctioned by the State authorities. Under the circumstances, an evaluation in the intensive district will be worthwhile when such districts have been functioning with seatisfactory staff components and other facilities for some time. That stage has not come yet."

11.10. During the course of evidence, to another question about the steps taken by Government to remove the deficiencies in the programme as pointed out in the First U.N. Technical Mission, the Secretary of the Ministry informed the Committee as follows:—

> "It is not quite correct to say that the second evaluation team found that the deficiences found by the first team were still in existence. As a matter of fact, the second team found that the deficiencies or shortcomings pointed out by the first team had been largely removed. The second mission said as folows in page 4 of their report in para 11.
>
> "When the United Nations Advisory Mission on Family Planning visited India in 1965, the Government of India had alreaay committed itself to a large scale family planning programme, and its health services were being reorganised to meet the needs of that programme. The result was that the recommendations of the Mission were made in a climate which was responsive to action. Measures to implement the recommendation were therefore taken without undue delay."

11.11. Comparing the population problem with the Agricultural side, the Secretary stated as follows:—

> "In the field of agriculture, we have solved our food problem. In the family planning programme, we have not solved our population problem. That solution has yet to come. But I would say that the position to-day is what it was like on the food front in 1964-65. We have not solved it, but we are likely to solve it. We are hopeful I think we are on the threshold of solving our problem."

11.12. During the course of evidence of the Ministry, it was pointed out by the Committee that one of the principal causes of poor performance of the family Planning Programme was poor supervision of the work of field staff. The Secretary in his reply stated as follows:—

> "This is correct. On of the causes is Poor supervision of the work of the field staff. Poor supervision is part of administrative lethargy. We have taken a number of steps. We have tried to carry out more or less an educational and advisory role as far as the State Governments are concerned. We have carried out a number of training schemes for workers in the States at all levels. Then in the backword States we pay special attention by high level officers."

11.13. To another question, as to what precautionary measures have been taken by Government to ensure that the peripheral units do not furnish fictitious figures about sterilization of I.U.C.D. which result in giving a wrong picture about the achievements of the programme, the Secretary of the Ministry informed the Committee as follows:—

> "We have got complaints that fictitious figures about I.U.C.D., are sometimes given. Supervisory officers are supposed to carry out a 5 to 10 per cent test check. We also look into it. Then there are demographic and evaluation cells. They are often able to point out the area which need looking into."

11.14. About the functions of Demographic and Evaluation Cell, the Target Setting Report (1971) have stated as follows:—

> "The Demographic & Evaluation Cell at State Head Quarters collect data from District Family Planning Officers. They in turn got them from PCH (Primary Health Centres). While the information is passed on to the Government of India, very little analysis or appreciation of the data is

done at the State level. In this connection, it may be mentioned that the programme Evaluation Organisation of the Planning Commission had evaluated the programme in 1969-70 and submitted a report. This should be supplemented by a review of the progress at the State, District and Primary Health Centre level. The review should be made by the Demographic & Evaluation Cell so as to pin point the actual causes for success in certain F.P. methods and failure in others. Even if a particular programme has registered success in one area, it might fail in another. It is in this field that the Demographic & Evaluation Cell can and should play an active part.

Periodic surveys of important items of the programme should be conducted, and the data so obtained properly analysed and the results of the analysis made available to the administrators for correcting any imbalance or removing any barrier or supplying an deficiencies so that the programme might proceed smoothly. Any programme pursued over the years is bound to meet with some resistance for certain practical reasons. This resistance barrier often puts a brake on the programme which really accounts for the sharp decline in achievement. Having an eye only on reaching the target and forgetting the need to examine the factors that prevent one from reaching the target, will not help. Even as crop grows, we find weeds also grow. Similarly as we succeed in implementation of the programme, resistance also builds up It is essential that for the programme to be continuously successful, we must remove the sources of discontent and resistance at the same time. This can only be done by intelligent analysis and evaluation of the programme at the local level that is to say at State or District or Primary Health Centre level."

11.15. The Committee consider the contemporaneous evaluation of Family Planning programme of utmost importance with a view to assess the impact of the programme, to identify the areas of success and failures and the reasons thereof and ultimately feeding back the information thus analysed with suitable modifications and improvements to achieve the ultimate objective of reduction of birthrate to 25 per thousand.

11.16. The Committee note that sometime back evaluation Family Programme was undertaken by Programme Evaluation Organisation of Planning Commission and that certain deficiencies were pointed

out in that evaluation study and that certain corrective steps have been initiated by Government. However, they feel that a regular system of evaluation should be instituted so that concurrently the deficiencies are analysed and information thus gathered is fed back to the programme with necessary modiffcations.

11.17. The Committee note that there have been no evaluation of the Programme in terms of reduction in fertility on an uniform basis throughout the country. The Committee realise the difficulties of Government in undertaking such an evaluation—the weak and embroynic stage of organisational apparatus at the national and State levels and the paucity of resources. Nevertheless, they cannot but stress the fact that country-wide evaluation should be undertaken on an uniform basis as rapidly as possible.

11.18. The Committee are unhappy to note that one of the principal causes of poor performance of the Family Planning Programme was poor supervision of the work of field staff. They also note that fictitious figures about I.U.C.D. are also sometimes given. The Committee feel that correct evaluation at these levels can only be possible when correct figures are available. They are, therefore, of the view that suitable measures should be devised to exercise proper supervision of the work carried out by the field workers and that spot checks are introduced to ensure reliable statistics.

CHAPTER XII

CONCLUSION

12.1 Government of India took a decision in 1951 to adopt a national family planning policy and a population control programme as an integral part of its development plans. The seriousness of the problem would be clear from the fact that the rate of net growth of population in the decade 1961—71 was 24.57 per cent as compared to the corresponding increase of 21.64 per cent for the decade 1951—61. The Committee, therefore, feel that it is imperative that highest priority should be given to the problem of population growth so that the benefit of development can be passed on in real terms to the common man. An attempt should be made by Government to evolve as early as possible a positive population policy based on consideration as to what is best for the people of India from all points of view and correlating it to a national plan of development in terms of a balance between population and natural and potential resources of the country. While the importance as well as urgent need to tackle the problem of rapid growth in population from the point of view of socio-economic planning was realised in the First-Five Year Plan itself, concerte efforts to achieve reduction in birth rate were taken only towards the end of the Third Plan. The Committee consider that it should not have taken Government twelve years to assess the attitude of the people toward the Family Planning Programme in order to devise concrete measures for reduction in birth rate. Had this problem been attended to in right earnest with a well defined positive programme in the Second Five Year Plan at least, it would not have assumed such alarming proportion as it has to-day.

12.2. The Committee have come to the conclusion that the plan and schemes for Family Planning Programme are impressive, but the difficulty arises only when the question of implementation comes. The Committee, therefore, are of the view that greater stress should be laid on the implementation of the programme to give it a shape of movement by infusing a spirit of human service and missionary zeal among the doctors, nurses and other workers connected with the Family Planning and Health Programmes though proper education and training and by mobilising necessary inputs and streamlining the "Services and Supplies".

12.3. The Committee are of the view that in order that Family Planning services reach as near to the place of residence of acceptors as possible, steps may be taken to have more mobile family planning clinics, which should visit a specified number of people in rural areas each day and provide family planning services alongwith other medical and health services to the people. who are not near the vicinity of the Static Centres.

12.4. Condoms (Nirodh) have played a major role under the programme of conventional contraceptives. The distribution of 'Nirodh' has improved considerably during the past two years, but steps have not been taken to ascertain the number of regular users. The Committee are of the view that Government should evolve some suitable machinery to obtain correct statistics about the regular users of 'Nirodh' through a systemetic survey of regular users. As condoms provide a cheap and effective method of berth control, the Committee feel that this method needs more popularisation through still better distribution. Government may, therefore, consider making them available through Gram Panchayats, Petrol pumps, way side Railway Stations, post-offices in remote areas etc.

12.5. During pre-natal and post-natal period large number of women coming for check-up and delivery are likely to be most responsive to the idea of family planning. The Committee would like Government to intensify their persuasive and educational efforts during this period and ensure that the women who accept the idea of family planning in principle are enabled to follow it by making available freely and efficiently the means for it. There should be close follow up action of Post-partum programmes.

12.6. The Committee understand that one of the reasons dampening the enthusiasm of all those employed in the family planning programme is the temporary nature of the set up. The Committee find that Government have issued in 1971 a general directive to the States that such posts as are required on a permanent and long-term basis for family planning department should be converted into permanent ones, but not much progress has in fact been made in converting the posts into permanent ones. The Committee consider that if this directive is followed in letter and spirit and a substantial number of posts in the Family Planning Department are made permanent, it would help in no small measure to give the doctors, nurses and others employed a sense of security and belonging and instil in them a sense of greater dedication to work.

12.7. Considering that family planning is a programme of national importance it is imperative that the machinery charged with the

responsibility for implementation should be fully equipped with all the necessary administrative and financial powers. The Committee note that a task force has recently been set up to critically review the shortcomings and shortfalls noticed in the implementation of the family planning projects and to take effective action for resolving difficulties. The Committee have no doubt that if as a result of this critical study it is found that the powers of the Secretary and other senior officials in the Department of Family Planning need to be strengthened, particularly in financial matters, Government should have no hesitation in delegating necessary authority in the interest of timely and efficient implementation of the programme. The Committee need hardly point out that the Health Secretary in the State set-up should be an officer of proven ability and suitable seniority (Commissioner's rank in large States) so as to effect proper co-ordination with all the Department concerned. He should also give a dynamic and purposeful lead in implementing the programme in the field in the interest of providing family planning facilities to persons in lower income groups in urban and rural areas. The State Governments may also be requested to upgrade the post of State Family Planning Officer, where necessary, next to the rank of Director of Health & Medical Services.

12.8. In States where Health, Medical and Family Planning Departments have been merged, Family Planning Programme has done better. Health and Medical and Family Planning Departments etc. should be merged in those States wherever it has not been done. This will incidentally make the chain of command one in the merged cadre and the Chief Medical Officer can give the necessary leadership to the whole of Medical, Health and Family Planning Programmes.

12.9. The Committee have been informed that funds allocated to the States for Family Planning Programme are diverted for other development purposes. As such diversions impede the implementation of the Family Planning Programme, the Committee consider that the Central Ministry of Health and Family Planning should have powers to withhold these grants until such time they are satisfied that the money has been properly spent. However, this matter should be examined in depth and placed before the National Development Council for evolving an agreed solution.

12.10. The Committee are distressed to learn that posts sanctioned for Family Planning Departments in States were not actually filled for many years and that the requisite staff strength in Family Planning Departments was not in position in many States. They consi-

der that for building up a sustained programme, proper infra-structure as per prescribed patterns should be expeditiously placed in position at various levels through sanction of posts, recruitment of personnel and their deployment in the field on a planned basis.

12.11. The Committee consider transport as the life line of the Family Planning Programme and unless the transport organisation in the programme both at the Central and State levels is put in top gear, it would be difficult to provide the requisite mobility support to the Family Planning Programme.

12.12. The Committee note the Government's conclusion that where District Collectors or District Magistrates were involved with the programme and had the support of Government as well as non-official organisations and the people, the progress in Family Planning had been good. The Committee commend that District Collectors/ District Magistrates, Block Development Officers, Panchayats and Co-operatives should be involved more vigorously to push through the programme.

12.13. The Committee feel that the "Voluntary Organisations" and "Organised Sector" have to play a vital role in the field of Family Planning. The Government should be able to mobilise their services more effectively not only to spread the message of Family Planning but also towards its implementation.

12.14. The Committee are of the firm view that trade unions and labour leaders and employers can play an effective role in propagating the message of family planning among workers. Efforts should be made to involve Trade Union representatives of labour and employers more vigorously in spreading the message of Family Planning Programme and also towards its implementation. Government may consider the desirability of including the representatives of All India Trade Unions in the Central Family Planning Council and the Consultative Committee with a view to actively involve them in the Family Planning programme.

12.15. The Committee feel that keeping in view the importance of the Family Planning as an essential requisite for the well-being of the workers, the propagation and implementation of Family Planning programme amongst the industrial workers in the "Organised Sector" was a contribution towards solution of economic and health programmes of workers and their families. The Committee are of the view that the Family Planning programme should be incorporated as a welfare measure for the industrial workers and that the programme should be made a part of labour welfare activities. The

Family Planning facilities should be made available effectively in industrial and slum areas. Government should evolve and implement a model scheme in Delhi to cater to the needs of the weaker sections of society in slum and crowded areas and in industrial colonies.

12.16. The Railways have an integrated system of Medical and Health Services throughout the country for their employees. The Employees State Insurance Corporation have a net-work of dispensaries throughout the country for their workers and their families. Most of the Public Undertakings have also an integrated service of Medical and Health Services for their employees. They should, with the necessary infra-structure available with them, be able to play an effective role in the field of Family Planning. These national undertakings can show the way to other undertakings in the matter of implementation of Family Planning programme. Similarly, the Government have a net-work of Central Government dispensaries under the Central Government Health Service Schemes. With a vast Organisation in Delhi, the Committee feel that there is no reason why the Central Government Health Scheme should not be able to push through the programme of Family Planning and act as a model for other schemes.

12.17. Publicity plays a vital role in propagating the message of Family Planning among the people particularly among the illiterate, rural people and weaker section of the community. There is still great scope for utilising the mass media channels more effectively for propagating the message of Family Planning with a view to cover a wider range of population. Considering that All India Radio has the largest mass media penetration in the country, the Committee suggest that Government may consider whether still more time could be devoted in their programmes particularly in those meant for rural and industrial workers. They feel that Government should utilise the peak periods of their commercial and other broadcasts to focus and spotlight the programme for Family Planning as of national importance. Government should introduce variety in their features and their contents, while highlighting the economic and social aspects of Family Planning. The features should be such as to generate enthusiasm and sustain interest in listeners in actively implementing the family planning programme. Government may also introduce amusing and absorbing slogans, jingles or doggerels in between their musical songs.

12.18. The Committee find that research which is a vital component of the Family Planning Programme has not received sufficient

importance as is evident from the funds spent or allocated in the various Plans. The Committee trust that with increased allocation of funds and better coordination among research institutions as well as with Administration, Government would be able, by intensifying their research programme, to bring about a break-through in Family Planning Programme particularly by evolving some suitable indigenous medicine and oral pills.

NEW DELHI-1
April 20, 1972
Chaitra 31, 1894 (*S*)

KAMAL NATH TEWARI
Chairman,
Estimates Committee.

APPENDIX I

(*Vide* Para 5.55)

Ernakulam Experiment

The broad pattern of the family planning intensive drive in Ernakulam District emerged as a part of the District Development Master Plan which arose from discussions at a District Development Seminar organised in Cochin in August, 1970. This was a time-bound multi-pronged development programme of the District with the perspective of the next fifteen years. This strategy accorded the highest priority to family planning as part of the total development activity so that the benefits of development were not dissipated by a rapid population growth.

2. The District set before itself the aim of bringing its entire 3 lakhs of eligible couples within itself the ambit of the programme within a period of 3 to 5 years. This was to be a people's programme—not just a programme run by the District Family Planning Bureau but a programme of active participation of the entire community.

3. A plan was drawn up for the involvement of all sectors of the community leadership. The massive camp approach was visualised as a means of building up a population movement and breaking down traditional inhibitions of the people. Vasectomy for men was chosen as the principal method to be promoted as it was felt to be the easiest and parmanent method, less expensive and requiring less time.

4. The first such camp was conducted at Ernakulam in November-December, 1970. Over 15,000 people underwent the vasectomy at the camp in one month. In terms of physical achievement, this figure far exceeded the previous all-India records for maximum number of sterilisations conducted in any district in any one month as also for the number of operations conducted in any single camp. Roughly one out of every 11 eligible men in the District, having more than two children, who could be *theoretically* sterilised at the beginning of the camp, were covered.

5. This camp was organised with the active participation of the local leadership of all the Panchayats and Municipalities of Ernakulam District and the Cochin Corporation. The coordinated working of the different Government Departments resulted in an

integrated effort using the entire gamut of the Government machinery. It also demonstrated the potential of a massive publicity drive, involving all media, in dispelling the cloud of secrecy, embarrassment and wrong notions surrounding male sterilisation.

6. Encouraged by the positive response to the first camp, the District authorities planned the second camp as a gigantic Family Planning Festival. This was conducted at the Town Hall, Ernakulam from 1st July to 31st July, 1971. Though vasectomy was the principal method for the second camp also, the facilities were enlarged to cover tubectomies, IUCD insertions and Nirodh distribution. Arrangements were also made for the registration of cases for the recanalisation operation, medical check up for the family members of all who adopted sterilisation at the camp, body shows, cultural programmes and a family planning exhibition. A sterility clinic was set up to provide service to infertile couples.

7. The camp provided the opportunity for a "Cafeteria and Menu Card Method" to needy eligible couples. The tentative target fixed for this festival was 20,000 vasectomies, a large number of tubectomies, IUCD insertions and Nirodh distribution. The camp thus was designed to symbolise the larger and total concept of family welfare.

Organisation Meetings

8. The promotional effort for this massive camp was organised in the same fashion as per the first camp but on a more comprehensive scale. 501 population committees were formed at the District, Community Development Block and Panchayat levels for concentrated propaganda to spread the family planning message to every home in the District and for the intensive promotional effort to persuade the target number of families to adopt a family planning method during the Festival. These included committees for the Cochin Corporation and its forty six divisions and for the four Municipalities and 101 Panchayats of the District. Special committees were formed for squad work in selected pockets of population concentrations such as Fishermen, Harijan and other colonies, slums, large industrial and office establishments etc. Professional associations, Trade Union, Social Service Organisations and other institutions which control large numbers of people in various vocations were also persuaded to form special committees of their own to promote eligible couples from among other members to participate in the camp. The programme was thus developed on a massive scale with the participation of all sectors of the economy and all segments of the population.

9. For making organisation arrangements fool proof, meet ng were held at the District Corporation, Municipal and Block levels. In these meetings all members of the committees for the lower organisational levels in the area as well as a large number of public men were present. These meetings discussed the deficiencies of the First Massive Camp publicly with a view to avoiding these shortcomings in the present camp.

Scheduling of Areas for Participation in the Camp

10. Each day of the month-long Main Town Hall Camp at Ernakulam and the week-long Sub-Camp at Thodupuzha was allotted for praticipation to two or three Panchayats or equivalent area of the Municipalities/Cochin Corporation. Accordingly, a calender was got ready, showing against each date the specific panchayats or the urban area and their allotted targets.

11. This technique helped to achieve a concentration of the entire organisation and full resources of the drive in any defined area a day before the day appointed for that area at the camp. It also facilitated groups of people from each Panchayat gathering at a manageable number of points on the allotted days and their transport to the camp and back the same day after the operation, thereby preventing confusion and enabling orderly running of the camp. There was of course no restrain on any person from any area participating in the camp on any day he liked but the general scheduling helped in ensuring at least a minimum number of people every day at the camp.

Motivational Field Campaign

12. The intensive and extensive publicity and motivational campaign was run by the District Collector himself so as to ensure full involvement and co-ordination of the publicity machinery and resources of all departments. The Publicity Co-ordination Committee consisted of the District Information Officer, the District Mass Education and Information Officer of the Family Planning Bureau and the Officer-in-Charge of the Press Information Bureau of the Government of India.

13. All the field publicity and film units of the various organisations in the District were mobilised for carrying on publicity in a concentrated manner. All-India Radio participated in the campaign with frequent announcements and special programmes; the rural areas were flooded with family planning propaganda through street-corner meetings, mike announcements, wall posters, bit notices, banners, slides at local theatres, variety entertainments and cultural performances on family planning with specific reference to the proposed Festival at Ernakulam.

14. To streamline the motivational work further, public meetings were held in every local-self government area, viz., in the 101 Panchayats, 4 Municipalities and the Corporation of Cochin. The District Collector personally attended the organisational and publicity meetings at the Block Headquarters.

15. The motivational drive went underway two weeks before the camp and continued side by side with the services campaign right up to the conclusion of the Festival.

16. Intensive field work was organised to support the mass-media campaign. House-to-house campaigns and squad work by teams of family planning educators and voluntary workers in each Panchayat helped break the resistance to family planning and motivated a large number of people from each Panchayat. Local opinion leaders, both formal and informal, prominent voluntary organisations including women's and youth organisations and village elders joined in the campaign in each Panchayat area.

17. Each prospective acceptor was given personalised attention. This included discussions of his personal reasons for his attitude towards family planning and removal of all fears and apprehensions that were hindering his decision-making.

18. The area of the special committee registered the names of the potentional acceptors. Wherever field work was not considered upto the mark, immediate corrective steps were taken by making suitable organisational changes or diversion of additional resources and personnel.

19. Two days before the actual inauguration of the camp, all publicity and extension education units were grouped together and were deputed to work with the Panchayats from which the operations in the camp for the subsequent day had been scheduled. In the 24 hours preceding the scheduled day, the localised area was saturated with publicity so that no rural family could miss the message of family planning.

20. Public meetings were also arranged on the pre-operation day in each Panchayat and these meetings were addressed by the local leaders and, wherever possible, by the Members of the Legislative Assembly from the area. Satisfied acceptors of family planning were also encouraged to speak at these meetings.

Family Planning Jathas

21. The campaign strategy also envisaged that the cases selected should proceed to the site of the Camp in the form of 'Jathas' These 'Jathas' were carried in family planning vehicles and when

they alighted from their vehicles in the Ernakulam Town, they conducted a demonstration to the accompaniment of folk dances and music while marching to the Camp site.

22. These 'Jathas' were invariably led by the non-official leaders of the Block Development Committee, Panchayat Presidents and prominent non-officials. These 'Jathas' were received at the Camp site by the District Collector or the other District Officers personally.

23. A high level of incentives was made available to acceptors and promoters with the special help of the Government of India, Kerala State Government, CARE and other voluntary organisations. Free to and from transport from each Panchayat/Municipality to the Ernakulam Town Hall for acceptors and promoters of sterilization and free meals at the festival site were also arranged. A special lottery conducted for acceptors of sterilization at the camp promised 101 prizes starting with a first prize of Rs. 10,000. Altogether an acceptor got in money and kind the equivalent of Rs. 100 and a promotor Rs. 10. The entire other expenditure for the camp put together came only to Rs. 15 per sterilization. Thus only Rs. 125 was spent per sterilisation out of which 110 went to the patient and the promoter. Also out of Rs. 125 spent per sterilisation, Rs. 50 came from CARE and only Rs. 75 was spent by the State Government and the Government of India.

Transport

24. The success of the transport arrangements for the camp was due to the orderly and systematic scheduling of all the available vehicles and their optimum utilisation. About 80 vehicles of the Family Planning Department were deployed under the supervision of an Officer named Vehicle Control Officer. It was the responsibility of this officer to see that vehicles were available at the proper places and at the proper times. Sufficient number of vehicles were available for propaganda as well as for the work of post-operative care in each area.

25. A vehicle maintenance section at the camp site, supplemented by two mobile maintenance units of the Health Department, working the Festival period. The Family Planning Department vehicles about 80 in all were supplemented by two State Transport buses specially requisitioned for the Festival. An ambulance van was always in readiness at the camp site in order to transport any cases to the General Hospital, Ernakulam, only a kilometre away.

Staff Deployment

26. About a 100 medical officers, supported by adequate nurses and nursing assistants or other ministerial staff, pharmacists, drivers, attendants, peons etc., were mobilised for the camp, in addition to the staff of the Family Planning Department. The idea was that only the required number of medical staff was put on duty on the camp, depending upon the registration of cases on a particular day. Only the minimum number of medical officers and the supporting staff were diverted from their normal work. Each Medical Officer was expected to perform about 20 vasectomy cases per day—the optimum number from the point of view of care and safety.

27. The medical staff worked in two shifts—the first shift from 8 a.m. to 2 p.m. and the second shift from 2.p.m. to 10 p.m. or till the day's operations were over. This staff was provided adequate rest rooms, off days, accommodation near the premises, etc.

28. Besides this health and medical staff, a number of personnel had to be drawn from such Departments as Revenue, Civil Supplies and the Cochin Corporation and the various Panchayats for the organisational work. The camp premises were kept neat and tidy during the entire camp period.

Camp Lay-out and Arrangements

29. Side by side with making all arrangements of organisation, motivation, transport and staff, meticulous, attention was given to the lay-out and other arrangements of the Main Camp at the Ernakulam Town Hall. A pucca Pandal was erected to protect the entire compound from the rains. An attractive, illuminated facade was put up in front of the pucca Pandal. Inside the auditorium of the Town Hall, 50 white-painted hard board cubicles with operation tables and other accessories were set up. The arrangements at the Camp were made for an average number of 100 vasectomies each day with ability to cope with upto 3000 operations.

30. Strict arrangements were made for pre-operative check-up and screening of the vasectomy cases so that no ineligible person was sterilised. Cases requiring treatment of diseases like hernia, hydrocele, filaria, infection, etc., were referred from the camp to the General Hospital for treatment. Vasectomies were also performed during this treatment.

31. After the operation, the patient was guided to the medicine section where he was given necessary medical advice and instructions for after-care including the supply of Nirodh. He was also given a warm cup of coffee or tea and then administered an antibiotic injection as a protective against possible infection.

32. After receiving all the incentive money and gifts, the acceptor moved to the auditorium-cum-Waiting Hall to await transportation to his village home.

Sub-Camps

33. Two sub-camps—one at Thodupuzha and the other at the Naval Base were also organised. The first mini-camp was to perform 3000 vasectomies and was arranged for the convenience of the persons of the hilly areas of the District. Even so, most of the inhabitants of the hilly area preferred the Main Camp. The Naval Base Sub-Camp was primarily meant for service personnel and the educated class of population working and residing in the Willingdon Island.

34. Similarly, during the Festival period, mobile surgical teams of the District Family Planning Bureau with adequate staff conductee sterilisations at three locations in the District. These camps were also give advance publicity in the areas and the response was satisfactory.

Other Methods

35. One hundred and forty eight tubectomies and 300 post partum sterilisation operations were also performed during the period of the Festival. Many registered cases could not be given services due to lack of bad strength in the existing hospitals.

36. The achievement in respect of IUCD insertions was modest. The IUCD programme was, however, given a prominent place in the educational effort for this intensive drive.

37. 8,000 gross of Nirodh were distributed in the District during the Festival. The main distribution was arranged through medical institutions. The staff of the Medical and Health Services Department, family planning field workers as well as private medical practitioners, depot holders and interested persons from the public were mobilised for this distribution. At the camp site, a Nirodh Supply Booth was set up.

Technical Supervision

38. To ensure faultless performance of surgery, the concerned medical officers of the district were called in a conference where the technical arrangements in the camp as well as the follow-up arrangements were discussed. The Government of Kerala also deputed eminent surgeons from medical colleges to supervise in turn the surgeries and ensure the highest technical quality in the operation. The Director of Health Services and the other senior officers of the Health Department also made frequent visits and gave personal attention for maintaining the standard of quality in the operations.

Follow-up Arrangements

39. The follow-up of sterilised cases was done in two ways: (i) through hospitals, primary health centres and sub-centres; and (ii) through domiciliary visits.

40. On the third day after the operation, follow-up was conducted by the medical team for each area by camping at a particular public health centre after giving advance publicity. The acceptors were contacted and their welfare was enquired into, first after three days, and again, seven days after the operation. The follow-up continued for a month during which the members of the local committee visited the cases once in a week. Thereafter, these members could visit the cases once a month for two years.

41. Whenever any complication was detected or reported, immediate first-aid was given according to the nature of the complication and hospitalization resorted to wherever necessary. The non-hospitalization cases received free medical assistance at their residences. Each acceptor at the festival had been issued an *identity card* which entitled him prompt medical treatment in all the medical institutions run by the Health Department in the State. Acceptors were advised to get their semen examined after three months. Special arrangements were made for this purpose. A card of each case was also sent to the concerned Primary Health Centre.

Novel Features

42. In addition to the family planning services, mainly terminal operations, attention was also given to infertility cases and recanalisation operations.

43. For infertility cases, a booth was opened for registration at the festival site. About 12 to 15 couple were directed each day with identity card to the infertility clinic.

44. The recanalisation service was offered primarily for the benefit of those earlier acceptors of sterilisation who now wanted to have children. The total number of such registered cases was 117. Of these, only a few operations could be performed at the district hospital by the surgeons of the medical college.

Baby Shows

45. Baby shows were organised at the Festival camp and the sub-camps. The idea was to focus public attention on ante-natal, (intra-natal) and post-natal care and paediatric services. The baby shows were for babies of the parents adopting sterilisation.

APPENDIX II

(*Vide* Para 6.4)

Family Planning Work in Tata Iron and Steel Company

Agencies for Family Welfare Planning Work

(A) Seven Maternity & Child Welfare Centres, functioning as Rural Type Family Welfare Planning Centres.

(B) Two Urban Family Welfare Planning Centres.

(C) Tata Main Hospital.

Family Welfare Planning Activities at Rural Type Centres

(A) *Family Planning*

(i) Free advice on family planning to visitors.

(ii) Free issue of conventional contraceptives to visitors with appropriate guidance on their use.

(iii) Loop insertion in four of the centres once a week. The Lady Doctors attached to the Urban Centres attend the Rural Centres for Loop Insertion work.

(iv) Periodical group discussions and distribution of Family Planning Literature.

(v) Periodical film shows on Family Planning for motivation and education.

(vi) Visits by Social Welfare Organizers (Male) to residential areas for motivation and education.

(vii) Group talks by Social Welfare Organizers to local residents and at local clubs and Community Centres.

B. *Maternity and Child Welfare*:

(i) Free medical advice for ante-natal and post-natal cases, including treatment of minor ailments of infants toddlers and mothers.

(ii) Vists by qualified Dais to conduct labour cases in the area.

(iii) Ten-day follow-up of cases delivered at local residence or at the Tata Main Hospital.

(iv) Preventive immunization of infants and toddlers against small-pox, tuberculosis, diphtheria, whooping cough and tetanus. Preventive immunization of mothers against small-pox.

(v) Free distribution of milk to under nourished children and mothers.

Urban Centres

A. *Family Planning*:

(i) Vasectomy operations—started in October, 1964.

(ii) Loop Insertions—started in July, 1965.

(iii) Free advice on Family Planning to visitors.

(iv) Free issue of conventional contraceptives to visitors with appropriate guidance on their use.

(v) Periodical group discussions and distribution of Family Planning literature in the area.

(vi) Periodical film shows on Family Planning for motivation and education.

(vii) Oral contraceptives issued to selected cases at half the cost price of those below the monthly income of Rs. 500/- per month and at cost price to those above Rs. 500/- per month—started from 2nd September, 1968. Since March, 1970 the Oral Contraceptives are distributed free of cost to all.

(B) *Maternity and Child Welfare*:

(i) Free Medical advice for ante-natal and post-natal cases.

(ii) Treatment minor ailments of infants, toddlers and mothers.

(iii) Preventive immunization of infants, toddlers and mothers.

FAMILY WELFARE PLANNING ACTIVITIES AT THE TATA MAIN HOSPITAL

A. *Family Planning*:

(i) Vasectomy operations—performed frequently since 1951 at the Outpatients' Department.

(ii) Tubectomy Operations.

(iii) Treatment of complicated cases of Loop Insertions including X-Ray examinations, referred from the Family Welfare Planning Centres.

B. *Maternity and Child Welfare*:

(i) Ante-natal, natal and post-natal care-Management of Labour cases.

(ii) Pediatrics Clinic.

(iii) Preventive Immunization of infants against tuberculosis, small-pox and Diphtheria, Whooping Cough and Tetanus.

INCENTIVES FOR FAMILY PLANNING

(a) *Vasectomy Operation Category*	*Incentives*
Non-employees residing in Jamshedpur City	Rs. 100/-as incentives and free operations atthe Urban Centres and the Tata Main Hospital including free post operative cases.
Employees (Permanent, temporary & casual workers)	Free operation, Rs. 200/- as incentive —One day's special leave, started from 1-7-67.
Non-employees husbands of female employees in the age-group 20 to 40 years who have not undergone Tubectomy.	Free operation and Rs. 200/- as incentive (started from 10-1-70).

(b) Tubectomy Operations

One week's special leave besides a cash incentive of Rs. 200/- is granted to the women employees undergoing tubectomy operation falling in the age-group 21 to 40 years whose husbands have not undergone vasectomy. Cash incentive of Rs. 200/- is also payable to the wives of the employees in the age-group 21 to 40 years for

undergoing Tubectomy provided that their employees husbands have not undergone vasectomy operation.

(c) *Loop Insertions* *Category*	*Incentives*
Non-employees	Free insertion & post-insertion care as necessary.
Employees	Free insertions and post-insertion care as necessary. One day's special leave.

FINANCE (TISCO)

A liberal sum of money is spent every year on Family Welfare Planning activity. The Financial Commitments have been progressively increasing from year to year.

HEALTH EDUCATION AND PUBLICITY IN TISCO

Handouts in Hindi or English stressing on the need of Family Planning are issued to all the new employees of the Steel Company. Leaflets in Hindi and English stressing on the need of Family Planning and indicating the locations of the Family Welfare Planning Centres are issued to all members at the time of discharge from the Tata Main Hospital after a child birth.

Leaflets and handouts are also distributed to literate eligible couples through all the Family Welfare Planning Centres.

Personal letters in English or in Hindi are issued to those whose third child or above is born, by the Secretary of the Family Welfare Planning Advisory Committee, being hand delivered by the Social Welfare Organisers, thereby establishing a "face-to-face" contact. To facilitate this work every Family Welfare Planning Centre is furnished by the Secretary every week with a list showing addresses of persons who have been blessed with a child during the week, indicating the order of the birth of the child. The workers attached to the various centres make personal contact with all such people in their respective areas, during home visits.

Regular group discussions are arranged in the different areas in the local clubs and Community Welfare Centres by the staff attached to the Family Welfare Planning Centres.

Advantage is taken of the sterilised persons or of those undergoing Loop insertion or even of the users of conventional contraceptives in discussing the subject with the non-users and new-comers at the Centres.

The member of the All India Women's Conference (AIWC) and the National Council of Women in India (NCWI) visit the centres and the areas by door-to-door visits accompanied by the centre staff and contact female members in the household impressing upon them the need for Family Planning.

Periodical features on Family Planning are published in the house journals both in English and in Hindi.

Big hoardings on Family Planning have been fixed in prominent parts of the city.

Small hoardings with a simple design have been fixed on some of the street light posts throughout the city.

All the State buses plying in the city carry at its back a hoarding on Family Planning.

Posters on Family Planning Centres, are displayed at Family Planning Centres, Community Welfare Centres and other prominent places.

Exhibitions on Family Planning materials with demonstration of models, posters and charts are periodically arranged in Community Welfare Centres and local clubs on special occasions.

Slides on Family Planning are regularly displayed in the local clubs and cinema halls.

Periodical film shows on Family Planning and other health matters are arranged at the Family Planning Welfare Centres and the Community Welfare Centres.

Periodical programmes through the All India Radio, Ranchi, broad-casting facilities for Family Planning available in Jamshedpur and of tape-recorded speeches of persons who have undergone Loop Insertion or Vasectomy or of user of conventional contraceptives are arranged.

With persistent efforts, it has been stated the TISCO have succeeded in covering nearly 64 per cent of their eligible couples by sterilisation, IUCD conventional contraceptives and the Oral pill.

The TISCO was the recipient of the State Award during 1969 for outstanding work in the field of Family Welfare Planning.

APPENDIX III

vide para 9.22

Research Topics suggested by Department of Family Planning

Demography:

1. Studies on methodology—how can we improve quality of information by reducing and/or controlling the non-sampling errors;

2. A large sample survey to understand factors responsible for family formation and acceptance/non-acceptance of the family planning and collecting information on some of the biological factors like sterility, amenorrhoea fetal loss etc.

3. Simulation studies to assess effect of various social policies. This model may give the effects of socio-economic policies on population growth.

Family Planning:

1. Trend in the characteristics of family planning acceptors by method;

2. Check on the accuracy of chart records maintained at the Primary Health Centres and Family Welfare Planning Centres;

3. Follow up of the family planning acceptors;

4. Study of variation in differential family planning performance in areal units;

5. District-wise and urban/rural analysis of the family planning programme.

Areas of Research Topics suggested by Demographic and Communication Action Research Committee

Demography:

(i) As regards the information required for population projections, an examination should be made of the data available from sources like census, National Sample Survey, Sample Registration etc. in order to determine the additional data required through special surveys etc. to fill up the gaps. Population projections for rural and urban areas, and districts and towns might also be made

because such information, especially for municipal towns, would be useful for planning purposes.

(ii) Studies to obtain detailed knowledge of demographic situation and of inter-relationship between demographic, economic and social factors. Studies should also be made of the relationship between population growth and economic development.

(iii) Research on areas having high and low fertility levels to find out the factors responsible for the fertility differentials such as age at marriage, age at widowhood and institutional factors, besides socio-economic factors. Similar special studies should also be made on special social and religious groups. Comparability of such studies undertaken by different centres would be enhanced greately if a minimal uniformity is adopted in respect of acceptors, design of study and tabulation and analysis of data.

(iv) Studies of district or regional variations in growth rates and characteristics should be given priority.

(v) Demographic profiles should be made of areas which had witnessed high rate of economic development. The geographical scope of such studies must be wide enough to permit assessment of the impact of new industrial centre on the regional economy and the impact of industrialisation on fertility, mortality and migration. Such studies might be undertaken both in the new and urban areas as well as rural areas where intensive efforts of development were undertaken.

(vi) Studies on marriage and family formation.

(vii) Bio-statistical studies relation to fertility performance such as loctation amenorrhoea, primary and secondary sterility etc.

(viii) Studies for the development of sensitive indices of fertility.

(ix) Fertility models.

(x) The volume, direction and trend of migration as well as socio-economic and psychological factors associated with the migration phenomenon should be undertaken. Detailed studies should be made of the impact of migration on the demographic pattern including age distribution, aspirations of migrants and their motivations as effecting the size and structure of family planning practices and fertility performance, such studies should cover both the places of out-migration and of in-migration.

(xi) Migration should be studied as a factor of urbanisation and changes in the demographic characteristics. Studies should also be made of the growth of towns and cities.

(xii) Mortality studies should be undertaken with a view to studying the impact of health programme on mortality and to obtaining the impact trends in mortality which might be helpful in projecting the course of mortality decline for different region and for the country as a whole.

(xiii) Studies on infant mortality and its components and factors.

(xiv) Studies on availability and utilisation of human resources.

(xv) Studies of social legislation in relation to family planning for example effect of increase in age at marriage on fertility, knowledge and attitude towards abortion, impact of abortion on fertility.

(xvi) Studies for the improvement of collection of basis data through hospitals etc., and for analysis of data available in the records of hospitals, maternity homes etc. on live-births, still births infant mortality and age-specific mortality.

(xvii) Re surveys of villages and areas for which demographic studies were undertaken sometime ago should he done to measure the demographic changes (to be given low priority).

(xviii) Morbidity surveys should be undertaken with the help of medical and health agencies with a view to ascertaining the incidence of morbidity according to economic status, occupation and social background (to be given low priority).

Family Planning:

(i) Research should be carried out for the development of techniques for the measurement of family size norms, aspirations, psychological and behavioural changes, social change etc. with reference to specific groups and for temporal comparisons. Techniques for measuring knowledge, attitude and practice related to family planning should also be developed.

(ii) Evaluation of the implementation of Family Planning Programmes Studies of levels of knowledge, attitude and practice of different family planning methods and their trends, and follow-up studies to assess the after-affect of methods like sterilisation, IUCD and oral pill should be conducted periodically.

(iii) Periodical studies to assess the number of births averted by one sterilisation, one IUCD insertion and one abortion etc. are very essential. For this purpose, simulation projects and model studies should be undertaken.

(iv) Intensive depth studies should be conducted to ascertain differential receptivity to family planning programme as between different areas, communities and groups. For this purpose differentiation as between communities and groups may be based on the economic-social and psychological characteristics. In order to render the results of various studies comparable, standard design and questionnaire should be used in all the studies.

(v) Ir resistance to adoption of family planning is known to exist in certain groups, studies should be made of such groups to evolve a methodology for overcoming resistance.

(vi) Studies are essential for the development and evaluation of various mass media. Every mass medium should be pre-tested as a part of the administrative programme before it is produced on a mass scale. After the mass medium is produced and used on mass scale it should also be evaluated.

(vii) Studies of the process of communication pattern in the community and among family planning workers should be undertaken.

(viii) Studies on the effect of involvement of primary and secondary teachers and other opinion leaders of various categories in the propogation of family planning programme need to be collected.

(ix) Studies should also be undertaken on the effect of different types of incentives on acceptance of family planning methods and fertility behaviour of coupes and on performance of workers under varying conditions.

(x) Studies on different outlets for distribution of contraceptives e.g. depot holders are necessary.

(xi) Studies bearing upon the improvement of administrative aspects of the programme should be undertaken by the implementing agencies and be conducted. These include studies of operational rsearch type to obtain the clues for the improvement of various facts of the programme."

APPENDIX IV

(*Vide* Para 10·4)

Sl. No.	Scheme Sanctioned	Amount Sanctioned (Rs. in millions)
1	Oral Contraception Demonstration	·2
2	Demographic Training & Research Centre	1·793
3	Strengthening of Family Planning Training Centre	9·464
4	Diversification of UCD Factory	·012
5	Vehicles for CEPC Drs.	1·11
6	Expension of Nirodh Factory	4·07
7	Post-Partum Programme	19·156
8	Selected Areas Programme	9·825
9	Mass Mailing Scheme	2·65
10	(a) Renovation of Bulgarian Pavilion (b) Sanction for two posts of Telephone Operators (Mass Mailing)	·150 ·005
11	Supply and equipment for 4th Meeting for Subsidiary Health Centres in West Bengal	·265
12	C.H.T.O· (Post of Controller and Transport)	..
13	Intensive Districts	17·726
14	Film Unit	·49
15	Tape recorders	4·4
16	Scheme for involvement of Dais	2·4
17	Ferrous Sulphate and Folic Acid	1·8
18	Commercial Distribution Scheme Publicity staff, etc.	7·403

APPENDIX V

(*Vide* Para 10.11)

Statement showing International Assistance revised and Utilised

Sl. No.	Name of the country	Aid offered Project (a)	Aid offered Details of assistance (b)	Assistance received	Progress regarding utilization
1	2	3		4	5
1	USAID	(i) Oral Contraceptive Demonstration	Im. cycles of hormone contraception initially.	The pills have been received in the country	Pilot studies have been started in the country for study of the pills. So for effectiveness of 363 studies have been approved and 256 commissioned. The number of medical and paramedical personnel trained is 444 and 449, respectively. 13,911 women have been put on oral contraception so far and of these 3931 have discontinued the use of pills.
		(ii) Demographic Training and Research Centre, Bombay	Consultancy services and essential training equipment books.	The equipment has been received and the consultants have also been received.	The equipment received has been taken in the stock of DTRC and the consultants have also helped the Institute in its academic activities.
		(iii) Strengthening of Family Planning Training and Research Centre.	Training equipment and books besides consultancy servicess.	Do	There are 43 Regional Family Planning Training Centres already functioning in addition to the 5 Central Institutes. The equipment is being utilised in the training centres.

1	2	3 (a)	3 (b)	4	5
		(iv) Commercial Distribution Programme.	170 million pieces of condoms and 6 packing machines.	The condoms have been received or under receipt. The packing machines have not been ordered.	The Commercial Distribution Programme has been lodged and the condoms are being used in the Programme.
		(v) Intensive Districts	AV and training equipment.	Some equipment has been received.	Government of India has approved 17 districts for launching of the programme.
		(vi) Selected Areas Programme.	Do	Do	A division in U.P. has been approved for the programme.
		(vii) Mass Mailing Unit.	Mailing equipment and consultancy services.	All equipment have been received.	The Mass Mailing Unit has started functioning and plans are also under consideration for further strengthening the Unit through USAID assistance.
		(viii) Radio Support	Supply of 85 Tape Recorders together with tape reels.	The equipment are still to be received.	As and when the equipments are received they will be utilised in Radio cells which are already functioning.
		(ix) Motion Picture Support	Supplu of 2 film units.	Do	The necessary stock has been sanctioned and as and when the units are received, production will be started.
		(x) Anaemia Prophylaxis	200 Kg. of Folic Acid.	Folic Acid has been received.	Ferrous sulphate is being purchased and scheme has been approved for free distribution of combined tablets of folic acid and ferrous sulphate to pregnant mothers and other availing of the Family Planning Service in M.C.H. Clinics.

	(xi) Dais Training	3000 Training Kits		1500 training Kits have been received.	This is being sent to all the Primary Health Centres where the training is being imparted.
	(xii) Bio-Medical Research	Contigency Fund of	$50,000	The amount has been utilised.	This fund has been utilised for import of essential chemicals and equipment required for the research programme in the field of Physiology of Reproduction.
2 Ford Foundation	(i) Foreign Consultants.	$1,425,000		$109,491·01	Have been utilised upto 30-6-69.
	(ii) Fellowships and foreign observation trips	$317,000		$143,627·64	
	(iii) Rupees cost of experiments.	$230,000		$20,373·98	Equipment for MEM Division has already been utilised.
	(iv) Mobile Equipment not available in India	$500,000		$37,909·05	55 sets of books for Training Division have already been distributed to regional Training Centres and this Department.
	(v) Research in reproductive physiology	$110,000		..	Projects for support have been sent to Ford Foundation.
	(vi) Architectural Services for NIHAE and CPFI	..			..
3 Sweden	Condoms (Nirodh)	(i) 164·9 million pieces		135 million pieces	135 million pieces have already reached the medical store depots till 31-7-70 in various parts of the country. They will be utilised in the programme as per demand.

1	2	3 (a)	3 (b)	4	5
			(ii) 18 printing units for F. P. Bureaux	..	These have been distributed to 18 states.
			(iii) 2 printing units of Department of Family Planning	2	They have been received in the department.
			(iv) Offset Paper	250 tons	
			(v) Glazed newsprint	500 tons	
			(vi) Packing machines	2	Shipping documents for import of one packing machine to begin with, have already been received from M/S. Mitsui & Co., Tokyo.
			(vii) Electric Testing machine	One	
			(viii) Contingency Fund	10,00,000 Sw. Crowns	The fund is set aside to cover minor, unexpected expenditure in foreign currency areas crucial to the success of the Family Planning Programme. Equipment worth 93,819 Sw. Crowns has already been imported for purpose of research in reproduction of biology in Institute for Research in Reproduction, Bombay, under the ICMR, New Delhi.
4	Denmark	Trials of Danish Antigens for adoption in India	10,000	10,000	Already received and utilised. They have not been recommended by ICMR for use in India.

5.	Japan	Condoms (Nirodh)	$ 400,000	$ 400,000	It was a loan to the Government of India Under VII Yen Credit. The condoms have since been purchased and utilised.
6.	W.H.O.	Maternal and Child health Services (Paediatric Education)	Consultancy Services, Fellowships and equipment.	For the year 66,'67 and '68 a total amount of Rs. 1,70,800 has been spent by WHO for this purpose.	
7.	UNICEF	Commodity Assistance for Paediatric Education, equipment for sub-centres and vehicles for Family Planning Programme.		..	
8.	UNDP	D.T.R.C.	Commodity and Fellowships.	..	

APPENDIX VI

(*Vide* para 11.5)

Main points made in the Programme Evaluation Organisation's Report of the Planning Commission

The main points made in the Programme Evaluation Organisation's evaluation report and comments thereon are as follows:

The Staff position and the establishment of sub-centres have not reached the desired level and integration of health and family planning at the sub-centre level has not been fully implemented. The need to develop post-partum programme and to have supervisory staff from other disciplines than medical and public health has been stressed.

Comments:

Since the P.E.O. survey, the staff position has considerably improved. There are about 30,000 sub-centres in the country doing health and family planning work. Integration of Health and Family Planning at the lower level is satisfactory while at the higher levels this is gradually developing in the States.

The post-partum programme is now sanctioned in 59 hospitals in the states and another 63 units have been sanctioned bringing the total to 122 which include all Medical Colleges and some other big Maternity Hospitals. It is proposed to gradually extend this programme to District Hospitals. The results are alreardy encouraging.

Supervisory staff on mass education and media and demographic work have since been sanctioned and put in position in most of the States. Further steps along these directions are continuing.

2. All the three methods of family planning have not been popularised in all States.

Comments:

All the three methods have been popularised in all the states but there may be differential acceptance of methods. But by and large, the couples with more than 3 children are taking to sterilisation while those with less than 3 children to IUCD and Conventional Contraceptives.

3. The mobile Units are under utilised. They may be Multipurpose.

Comments:

The turn over of each mobile unit is being examined. The need for the mobile units actually arose when there were not enough static units with trained staff in different states. Now that in most of the States static units have been largely established the utility of these mobile units have decreased their use for other purposes like education, motivation and health cure is under consideration. In these areas of States where adequate number of static units has yet to come up, these mobile units are doing useful work.

4. The staff could not visit all the villages. It is recommended that they may concentrate on some selected villages.

Comments:

This is a matter of practical adjustment which the staff will be doing in any case, as the area allotted is large. The Family Planning Health Assistants who are allotted 20,000 population divide this areas into two halves one for intensive approach and the other for extensive work with periodic visits. The areas are interchanged after some time. The ANM usually covers 3 to 5 thousand population out of 10,000 allotted. Further they have been asked to concentrate on those couples which are favourably inclined but have not taken to family planning methods.

5. Fixation of targets on population basis at Distt. and lower levels is not realistic.

Comments:

The States have been requested to allocate targets according to capability of the District and lower levels, and guidelines have been issued in this regard.

6. Panchayats may be made to participate more by giving incentive money.

Comments:

Panchayats are actively involved in the family planning programme, more so in some of the States like Maharashtra and Gujarat with strong Panchayati Raj system. In these States Family Planning Programme like health and other programmes are implemented by the Panchayat who have shown commendable results. Regarding incentive money a scheme evolved in Maharashtra State called the Gram Gaurav Awards where Panchayat areas showing high rates of sterilisation—60 per thousand of the population are given awards @ Rs. 1 *per capita* for community developments like tube-wells, roads, school rooms, extension of dispensaries, drainage etc. This award is also being given in some of the other States with modification. The recent large scale sterilisation camp undertaken in Ernakulam District is a glowing example of the involvement of Panchayats. In these Vasectomy camps in Eranakulam where 15,000 cases were operated during November-December, 1970 and about 63,000 in July, 1971. Panchayats played a very important role not only for the education and motivation of the cases but also provided from their own funds additional incentives for the acceptance of Vasectomy.

7. Training of staff should receive high priority. Visual aids and literature should be supplied. The social and psychological barriers should be identified and removed. Local leaders have to be involved.

Comments:

Training of staff has received very high priority in the Family Planning Programme in India. Owing to large recruitment initially, the training had to be of brief periods and was initiated with the help of mobile training units called the Central Family Planning Field Units. Subsequently State Training Centres called the Regional Family Planning Centres were established and 44 such centres are functioning at present in the country. 5 Central Institute also train either the trainers or the Distt. Level Staff. Audio Visual aids, literature in the form of books and periodicals are supplied to the training centres which are also encouraged to produce their Audio-Visual aid for programme are provided by the audio-visual vans allotted to each District Family Planning Bureau.

Regarding social and psychological barriers various studies have been undertaken in various Demographic and Evaluation Cells.

Local leaders are given all encouragement and for their participation in the Programme, Orientation Camps are held for them and under 'Helper Scheme' they are paid specific fees based on motivation of cases. The Family Planning Extension Staff keep a constant liaison with the local leaders in their areas.

8. Complaints were expressed by a small percentage of acceptors. It is however, necessary to allay the fears about after-effects. This can be done by the use of acceptors, themselves.

Comments:

Complaints regarding after-effects are received from time to time. Some real and some imaginary on psychological grounds. With gradual improvement in techniques of sterilisation and IUCD insertions and better follow-up complaints are getting less and less in many States. The question of follow-up has received high priority. Further, in order to minimise complaints, best motivators *i.e.*, the acceptors themselves are encouraged to contact possible cases and tell them about their experience.

9. IUCD programme suffered because of lack of follow-up. It is necessary to have selection of cases and follow up of acceptors besides testing the locally manufactured loop itself.

Comments:

Strict instructions have been issued for selection of cases and to provide follow-up services. The loop has not intrinsic defect. With better selection and follow up, together with better training, there has been improvement in regard to acceptance of IUCD.

10. The contact of family planning staff with local organisations and interest groups appeared to be not as intimate as one could expect.

Comments:

The staff have been instructed to form local committees for promotion of family planning programme. It is hoped that with this measure the contacts will become more intimate.

APPENDIX VII

Summary of Conclusions/Recommendations

S. No.	Reference to Para No. of Report	Summary of Conclusion/Recommendations
1	2	3
1	1.11	India has to support 14.8 per cent of the world's total population with only 2.4 per cent total world area and 1.5 per cent of the world's total income. This naturally poses tremendous socio-economic developmental problems not only for maintenance of minimal standards of living, but also of raising them.
2	1.12	The net national income rose between 1950-51 and 1965-66 by 64 per cent but the *per capita* income over the period showed only 21 per cent increase. The widening gap between the numbers and the resources has inevitably resulted in large scale poverty in terms of basic requirements of decent human existence, *e.g.* food, clothing, housing, health, education and cultural and creative pursuits.
3	1.13	The seriousness of the problem would be clear from the fact that the rate of net growth of population in the decade 1961—71 was 24.57 per cent as compared to the corresponding increase of 21.64 per cent for the decade 1951—61.
4	1.14	It is, therefore, imperative that highest priority should be given to the problem of population growth so that the benefit of development can be passed on in real terms to the common man.
5	2.14	The Committee consider that we have arrived at a stage where laying down a population

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		policy aimed at reducing the gap between the rate of socio-economic development and of the growth of the population, resulting in better material standards of living and in the enhancement of the quality of life, individually and nationally is desirable. They feel that the family planning programme aiming at reduction in the birth-rate to a given level cannot be considered in isolation and has to be recognised as a part of broad spectrum of overall national development programme including health and nutrition, education, employment, recreation, social dynamism and political stability.
		The Committee regret to note that Government have not laid down any population policy so far. The Committee are, therefore, of opinion that an attempt may be made by Government to evolve as early as possible a positive population policy based on consideration as to what is best for the people of India from all points of view and correlating it to a national plan of development in terms of a balance between population and natural and potential resources of the country.
6	2.28	The Committee note that a target of birth rate of 25 per thousand to be achieved by the end of 1981 has now been fixed by Government. They also note that in some places there is a feeling that the target so fixed is unrealistic and too high and as a result thereof Government appointed a Family Planning Target Setting Committee to review the question of target setting. The Committee trust that keeping in view the recommenadions of the Target Setting Committee and the views of the State Governments as also the performance of Family Planning programme so far, Government will re-examine the issue of target fixation and arrive at a realistic target to be achieved by a stipulated period at all levels on a firm basis.

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7	2.29	The Committee suggest that Government may also examine whether it will be desirable to fix short-term and long-term birth reduction targets, the short-term targets for a year or two at a time and long-term targets for a decade or so with a view to make purposeful reviews and adjustments, if necessary, from time to time in the Family Planning programme to achieve the national objective of balanced growth.
8	3.23	The Committee regret to note that there has been continuous shortfall in the expenditure on the Family Planning Programme during all the three Plan periods and also during subsequent Annual Plans. While Government have been gradually realising the urgent necessity for tackling the problem of rapid growth of population considering it a high priority programme and have been earmarking increased funds during each Plan periods for the Family Planning Programme, they had not taken adequate steps to utilise effectively the moneys allocated for the purpose in full.
9	3.24	The Committee are constrained to observe that wide gaps in the budget estimates and the actuals indicate faulty planning. They hope that Government would in future frame a more realistic budget estimates as far as possible keeping in view the various factors likely to affect the implementation of the Programme.
10	3.25	The Committee regret to note that while the importance as well as urgent need to tackle the problem of rapid growth in population from the point of view of socio-economic planning was realised in the First Five Year Plan itself, concrete efforts to achieve reduction in birth rate were taken only towards the end of the Third Plan *i.e.* from the year 1965 onwards. The Committee

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		consider that it should not have taken Government twelve years to assess the attitude of the people towards the Family Planning Programme in order to devise concrete measures for reduction in birth rate. Had this problem been attended to in right earnest with a well defined positive programme in the Second Five Year Plan at least, it would not have assumed such alarming proportion as it has today.
11	3.42	The Committee feel that the present policy of allocation of Plan funds to the States on the basis of population without taking into consideration the performance of States in the field of Family Planning is likely to have an adverse effect on those States which are earnestly implementing the Family Planning programme. The suggestion that allocation of money to States by the Centre on the basis of population may be reduced from 60 per cent to 50 per cent and that 10 per cent thus saved may be given to States on the basis of their performance in the Family Planning work with a fixed population base year, may be examined in depth. The Committee recommend that an agreed formula may be evolved as early as possible in consultation with the State Governments to determine:—
		(i) A fixed population base year for the purposes of allocation of Plan funds for the next 10—15 years;
		(ii) A certain percentage of Plan allocations from the Centre to States should be on the basis of their performance in the family planning programme;
		(iii) the yardstick to judge the performance of States in the Family Planning work

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12	3.43	The Committee view with concern the tendency among the States to divert the funds allocated for Family Planning Programme for other development purposes resulting in set-back in the work of family planning. They are of considered opinion that such deviations should not be allowed. They feel that steps so far taken by Government to ensure that deviation of funds meant for family planning programme to other purpose have not proved effective and, therefore, suggest that some suitable machinery and method may be evolved by Government for exercising strict check on the expenditure of the amount earmarked to States for the family planning programme. They also suggest that this matter may be taken up with the State Governments at the highest level with a view to impress upon them the urgency of the problem, the need for proper and timely utilisation of earmarked funds for the family planning programme and for submission of monthly returns to the Central Government in time.
13	3.44	The Committee are inclined to agree with the suggestion made to them that the Central Government may be invested with the power to withhold further grants to the States, in case they come across deviations in the utilisation of funds meant for family planning programme for other purpose until such time they are satisfied that the money has been properly spent and suggest that this matter may be examined in detail and placed before the National Development Council for evolving an agreed solution.
14	3.52	Considering that family planning is a programme of national importance, it is imperative that the machinery charged with the responsibility for implementation should be fully equipped with all the necessary administrative and

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		financial powers. The Committee note that a task force has recently been set up to critically review the shortcomings and shortfalls noticed in the implementation of the family planning projects and to take effective action for resolving difficulties. The Committee have no doubt that if as a result of this critical study it is found that the powers of the Secretary and other senior officials in the Department of Family Planning need to be strengthened, particularly in financial matters, Government should have no hesitation in delegating necessary authority in the interest of timely and efficient implementation of the programme.
15	3.53	The Committee need hardly point out that the Health Secretary in the State set-up should be an officer of proven ability and suitable seniority (Commissioner's rank in large States) so as to effect proper co-ordination with all the Departments concerned. He should also give a dynamic and purposeful lead in implementing the programme in the field in the interest of providing family planning facilities to persons in lower income groups in urban and rural areas.
16	4.5	The Committee regret to note the attendance at the above noted six meetings of the Central Family Planning Council. The attendance at all these meetings show that the interest towards Family Planning Programme both by the State representatives and the Non-officials invited to attend the meetings is lacking. In an on-going programme, like Family Planning, policy decisions have to be reviewed from time to time. The Committee feel that this policy and decision making body whose recommendations are often adopted by the Central and State Governments should be activised and that it should meet at least twice a year as it used to do before April, 1968.

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17	4.6	The Committee would also suggest that this body should also meet outside Delhi particularly in the Capitals of those States which have not been able to make much progress in Family Planning Programme and have the acute problem of ever increasing population.
18	4.8	The Committee note that there is no representative of the Ministry of Education in the Executive Board. In view of the importance of education in population dynamics in schools, colleges and other professional courses, the Committee feel that the responsibility of Education Ministries in the Centre and State for population and health education is great. They, therefore, recommend that a representative of the Ministry of Education should invariably be included in the Executive Board for advising on schemes relating to educational aspects of family planning.
19	4.58	The Committee note that while Central Government has taken steps to put the personnel in the Department of Family Planning on a permanent footing, the State Governments, by and large, have not yet taken concrete steps to make their staff in the Departments of Family Planning as permanent. The Committee note that in spite of request made by the Central Government to States in this regard, only one State and a Union Territory have made a few posts permanent in their Family Planning Departments while the matter is still under consideration in certain States or has not been at all considered in other States. They are disappointed to note that while in theory the States agree to the desirability of making the staff permanent, actually nothing has been done in this matter. The Committee strongly feel that there is an urgent necessity

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		strongly feel that there is an urgent necessity of putting the Department of Family Planning in States on a permanent footing in the interest of Family Planning Programme. This will help in attracting right personnel to man the requisite jobs in these Departments.
20	4.59	The Committee consider that with a view to infuse dynamism and to generate necessary impulse in family planning programme and to make the policy and implementation effective, it is but essential that top posts of the administrative hierarchy should be immune from frequent and rapid changes. They, therefore, suggest that firm tenure should be laid down for the post of Commissioner of Family Planning in the Centre which has been subject to rapid changes. They are inclined to agree with the view of Secretary, Ministry of Health and Family Planning that this post should be held by the incumbent for a minimum period of three and half years. They also suggest that if the incumbent to the post of Family Planning Commissioner becomes eligible for promotion to a post carrying higher emoluments before the expiry of his tenure, he may be granted the higher scale of pay and allowed to continue in that post for the remaining period of his tenure.
21	4.60	The Committee note that in States, particularly in those which have not been doing well in the field of Family Planning, there are frequent transfers of the Health Secretaries and that sometimes junior officers or persons on the verge of retirement are appointed to this post. They consider the posts of Health Secretaries in States as key posts on whose commitment and drive the success of the programme depends. They, therefore, suggest that the State Governments should be impressed upon to appoint their Health Secretaries officers of a high rank, say that of a Commissioner for a fixed tenure of three to four years at least, as may be considered

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		appropriate. They also suggest that the State Governments may be requested to upgrade the post of State Family Planning Officers wherever necessary, next to the rank of Director of Health and Medical Services. His tenure of office may also be fixed for at least three to four years.
22	4.61	The Committee are distressed to learn that posts sanctioned for Family Planning Departments in States were not actually filled for many years and that the requisite staff strength in Family Planning Departments is not in position in many States. It is indeed alarming to learn that even the post of State Family Planning Officer in a certain State continued to be vacant for as long as a period of six months. They consider that for building up a sustained programme, proper infra-structure as per prescribed patterns should be expeditiously placed in position at various levels through sanction of posts, recruitment of personnel and their deployment on a planned basis. The Central Government may take up this matter with State Governments at the highest level and impress upon them the desirability of filling up this lacuna at the earliest in the interest of effective implementation of the Family Planning Programme.
23	4.62	The Committee note that there is acute shortages of doctors and nurses and that there is reluctance on their part to move from one State to the other and even to go to rural areas. They, therefore, suggest that Government may take the following remedial steps: (i) open more medical colleges, within the available resources, to augment the cadre of doctors; (ii) finalise the Scheme of constituting an All-India Medical Service in consulta-

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		tion with State Governments with a view to ensure mobility of doctors from State to State; (iii) impress upon the State Governments particularly those States where there is acute shortage to open more training schools for nurses and to attract women to this profession by increasing their pay, stipends and conveyance and other allowances etc.; and to provide proper housing facilities to them, particularly in rural areas; (iv) with a view to win over the reluctance of doctors to serve in rural areas, the following measures may be taken: (a) it may be made incumbent upon every medical graduate to serve a few years in the rural areas; (b) more incentives in the form of cash allowance, conveyance allowance etc. may be given to doctors, posted to rural areas; (c) proper facilities for their housing, education to children, recreation etc. may be provided; (d) doctors working in rural areas for three years should be given preference for admission to post-graduate Medical Courses; (e) their services in rural areas should constitute an essential consideration for promotion to higher posts.
24	4.63	The Committee note that the States where family planning has been integrated with general health and medical services are doing well while other States where it has not been done

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		so, the programmes are not making as much headway. They, therefore, suggest that this matter may be taken up with the States concerned at the highest level and the desirability of integration of family planning with health and medical services at the earliest may be impressed upon. It may, however, be ensured that while effecting such integration they should see that the needs of both the wings are catered to in a complementary manner without either of them being neglected.
25	4.64	The Committee feel that Community Development Blocks, Cooperatives and Panchayati Raj institutions can play an important role in spreading the message of Family Planning particularly in the field of motivation. They, therefore, suggest that further steps may be taken to involve these institutions in a vigorous and active manner in the work of family planning.
26	4.83	The Committee consider transport as the life line of the Family Planning programme and unless the transport organisation in the Family Planning Department both at the Central and State levels is put in top gear, it will be difficult to provide the requisite mobility support to the Family Planning programme. The Committee are concerned to find that against the entitlement of 7,765 vehicles for the Family Planning programme, only 2,599 vehicles are in position. The Committee also find that in certain States, *i.e.* Meghalaya, Nagaland, NEFA etc. not a single vehicle has been supplied so far. The Committee feel that highest priority should be given to the task of bringing up the number of vehicles to at least the minimum requisite strength in each State in the interest of carrying the message and facilities for Family Planning to the people in their homes. In the context of the constraint on the supply of vehicles, the Committee suggest

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		that Government should evolve, in consultation with the State Governments, agreed priorities for distribution of the limited number of vehicles which would take into account the existing number of vehicles available with each State, the present state of communications in the State, the magnitude of the population problem, etc.
27	4.84	The Committee also find that the percentage of vehicles "off the road" even in 1970 continued to be high, particularly, in the States of Uttar Pradesh, Assam and Bihar, where as many as 25 per cent, 30 per cent and 35 per cent of the vehicles respectively were "off the road". Now that the Central Government have got a Director incharge of the Central Health Transport Organization, it should be possible to send out a "task force" to analyse the reasons for such a high percentage of vehicles remaining off the road and devising effective measures in consultation with the State Governments concerned to put back the vehicles into running duty, with the least possible delay.
28	4.85	The Committee would suggest that the number, condition, serviceability of the vehicles should receive the personal attention of the Family Planning Commissioner/Additional Secretary at the Centre and the corresponding officers in each State. The Committee suggest that these officials at the highest level should review the position in detail, at least, once a month so that effective remedial measures can be taken to see that vehicles are not allowed to go "off the road".
29	4.86	The Committee note that since 1969 Government have established 14 Central Workshops, seven Regional Workshops and 102 mobile main-

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		tenance units. The Committee suggest that Government should have the entire organisation for vehicles' maintenance reviewed critically by an expert body which should have representatives of both the Central and State Governments so that most efficient and economic set-up can be provided on a decentralised basis to attend to the servicing and maintenance of vehicles.
30	4.87	The Committee would also suggest that the Central Health Transport Organisation, which has now experience of some years to its credit, should address itself urgently to the following problems, amongst others—
		(1) Specify the type of vehicles best suited to the Family Planning Programme requirements. There should be standardisation in the purchase of vehicles to the extent feasible to facilitate maintenance and repairs.
		(2) Rationalise inventory of spares so as to ensure that parts which are frequently required are available from the shelf; care being, however, taken to obviate heavy and infructuous inventory being built of slow moving parts.
		(3) The Committee would also suggest that there should be an arrangement for procuring the spare parts, as far as possible, from the manufacturers of vehicles or their direct agents so as to ensure genuineness of parts, guaranteed quality and competitiveness of prices. Imported parts, particularly for repair of imported vehicles, should be rationally distributed in advance to Regional/State organisations to facilitate expeditious repairs.

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		(4) Norms for fuel consumption and lubricants related to distance covered, type of terrain, etc. should be laid down for different types of vehicles in order to get maximum operational results within the ceiling of Rs. 3,400 per annum laid down per vehicle.
		(5) Guidelines for usage of vehicles should be clearly laid down and necessary checks devised and enforced in consultation with the State Governments and the Ministry of Finance Audit in order to obviate misuse of vehicles.
31	4.88	The Committee have been given to understand that some difficulties are being experienced in finding suitable persons for manning technical posts. The Committee would like Government to look into the matter and take assistance of the Directorate General of Employment and Training and polytechnics in order to attract men of the requisite skill for the maintenance organization.
32	4.89	The Committee understand that while training facilities for various categories of staff have been developed, full use is not being made of them. The Committee attach great importance to imparting of proper training in maintenance and repair of vehicles to all concerned and would like the Government to ensure that the requisite personnel avail of the training facilities in accordance with a programme which may be devised in consultation with the State Governments.
33	4.90	The Committee would also suggest that the wage-structure, particularly, allowances of the

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		staff employed on vehicles should be such that it puts a premium on their keeping the vehicles mobile and in efficient running condition.
34	4.91	The Committee attach great importance to keeping the fleet of Family Planning vehicles in efficient and roadworthy condition and would like Government to inform them within three months of the concrete measures taken in implementation of their recommendations.
5.9	5.9	The Committee feel that providing Family Planning services as near to the place of residence of acceptors as possible is very essential. It is to be appreciated that Family Planning is not on the same footing as providing medical service. When a person is unwell, he will anyhow go to a hospital or to a doctor for medical aid. But he will not do so to take cntraceptives even when he believes that family planning is desirable. The Committee, therefore, suggest that besides persuading and motivating people about family planning, services should reach the people near their homes. With this end in view they recommend that the progress of the establishment of the Family Planning Welfare Centres and Sub-centres should be reviewed continuously and Government should see that the targets for establishing Rural Main Centres and Rural sub-centres as envisaged in the Fourth Five Year Plan are achieved so that Family Planning services reach the common man as near to their place of residence, as possible.
36	5.10	The Committee note that only 431 mobile units for providing sterilisation services and 432 units for I.U.C.D., services in rural areas were functioning during 1970-71. The Committee are of the view that in order that Family Planning

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		services reach as near to the place of residence of acceptors as possible, steps may also be taken to have more mobile family planning clinics, which should visit a specified number of people in rural areas each day and provide family planning services alongwith other medical and health services to the people, who are not near the vicinity of the Static Centres. They also suggest that periodic evaluation of work of mobile family planning clinics should be undertaken and suitable steps should be taken to improve their effectiveness, mobility and follow-up as a result of evaluation.
37	5.11	The Committee have already made their that periodic evaluation of work of mobile family meeting the shortage of medical and para-medical personnel. The Committee hope that Government will take early steps to implement them with a view to meet their shortages which is primarily responsible for the shortfall in the opening of Rural Main Centres. Government should also take expeditious steps for meeting the shortage of accommodations for housing these centres, which is also one of the factors for their shortfall.
38	5.38	The Committee note that Family Planning targets for the remaining part of the Fourth and Fifth Plan periods have not been fixed. The Committee hope that meaningful in formation on input-output relationship would be available in the near future to fix performance targets on a more scientific basis. The Committee feel that the targets for the balance of the Fourth Plan may now be fixed early keeping in view the recommendations of the Family Planning Target Setting Report (1971) for successful implementation of the Family Planning Programme.

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39	5.39	The Committee note the downward trend of I. U. C. Ds and Sterilization due to the side effects on the acceptors and lack of follow-up of the programmes. As these are acknowledged to effective and safe methods, Government should take effective measures to reinstate the programme by better pre-checkups and follow-up programme.
40	5.40	The Committee note that condoms (Nirodh) have played a major role under the programme of conventional contraceptives. The distribution of 'Nirodh' has improved considerably during the past two years, but steps have not been taken to ascertain the number of regular users. The Committee are of the view that Government should evolve some suitable machinery to obtain correct statistics about the regular users of 'Nirodh' through a systematics survey of regular users.
41	5.41	The Committee note that the estimated number of outlets selling "Nirodh" has risen to over 2lakh and the primary sale and distribution of Nirodh since the launching of the programme is over 120 million pices. As condoms provide a cheap and effective method of birth control, the Committee feel that this method needs more popularisation through still better distribution. Government may, therefore, consider making them available through Gram Panchayats, Petrol pumps, way side Railway Stations, post offices in remote areas etc.
42	5.42	The Committee have a feeling that in metropolitan areas, while there is increasing awareness, among people of lower income group about Family Planning Programme, there is dearth of services. Government may organise their services in such a manner through their own efforts as well as through the help of Municipal Corporations and local bodies that they reach every

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		married couple in slums and other congested residential areas. The Committee consider that Government should take up the challenging task of making family planning facilities available to persons coming from weaker sections of society living in congested and slum areas in Delhi and New Delhi so that it could provide a model for intensifying the efforts in this behalf in larger cities particularly metropolitan towns and State capitals. The Committee would like to be informed in detail of the concrete steps taken in this behalf, the impact it has made on birth rate as ascertained through objective evaluation and dissemination of the information to States so that they could similarly intensify their efforts to make available the family planning facilities to the needy couples.
43	5.49	The Committee note that a continuous evaluation of the Post-partum programme was being undertaken both quarterly and annually on the basis of the monthly reports received from the participating hospitals. The Committee also note that Government, being satisfied with the programme, propose to extend it to District Hospitals as well and programmes introduction in the smaller hospitals was also under consideration. The Committee share the views of Government that during pre-natal and post-natal period large number of women coming for check-up and delivery are likely to be most responsive to the idea of family planning. The Committee would like Government to intensify their persuasive and educational efforts during this period and ensure that the women who accept the idea of family planning in principle are enabled to follow it by making available freely and efficiently the means for it. There should be close follow-up action of Post-partum programme.
44	5.63	The Committee note that Government have launched 'Intensive District Scheme' and 'Sel-

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		ected area programmes' under which greater inputs have been provided in the hope that it will increase family planning acceptance. The progress of perfomance of the area Varanasi Division under Selected Area Programme is far from satisfcatory. The Committee also note Government's statement that as far as improvement in out put was concerned, there was no appreciable change as normal and additional inputs in the Selected Area at District and P. H. C. level was not in position. The Committee hope that progress in the 'Intensive District Schemes' and Selected Area Programmes would be closely followed up and the total inputs are put in position without delay in order to intensify the efforts, A careful investigation of the trends of these two programmes may be undertaken to remove the shortcomings noticed and ensure more effective implementation.
45	5.64	The Committee note the work done by the District Magistrate at Ernakulam. They note the Government's conclusion that where District Collector or District Magistrate was involved with the programme and he had the support of Government as well as non-official organisations and the people the progress in Family Planning had been good. The Committee commend that the District Collectors|District Magistrates, Block Development Officers' Panchayats and Cooperatives should be involved more vigorously to push through the Family Planning Programme, and suggest that there should be instructions to all the Blocks to include Family Planning Programme as one of the main items of their activities.
46	5.65	The Committee note that the means adopted to make the Family Planning Camp at Ernakulam an impressive experiment are being tried out in about 25 districts throughout the country. The Committee recommend that there should be

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		early evaluation of the means and results achieved in each of these 25 districts so that a composite model programme for implementation at district level could be firmly settled upon. The Committee would like to be informed of the exact progress made in this behalf.
47	5.71	The Committee note that family size is intimately connected with infant mortality rate; the assurance that existing children will survive becomes for parents the determining factor for regulating the size of their families. The Commitee note that the existing child nutrition programme is inadequate. The Committee consider the nutrition programme of the utmost importance as in their opinion better nutrition ensures a healthier growth and longevity. Unless the couples in the weaker sections are assured about the longevity of their children, they may not readily adopt Family Planning methods and prefer to have more children for their support. The Committee would, therefore, stress that adequate attention may be paid and resources found for implementing more vigorously and effectively an integrated child nutrition programme for weaker sections of society.
48	5.74	The Committee feel that the maternity benefits at present provided to the women labour act as a sort of incentive for more production of children. They would like to suggest that Government should, in consultation with labour representives, evolve some way which may provide incentives to the women labour for restricting their families.
49	6.21	The Committee feel that keeping in view the importance of Family Planning as an essential requisite for the well-being of the workers, the propagation and implementation of Family Planning Programme amongst the industrial workers

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		in the Organised Sector was a contribution towards solution of economic and health programmes of workers and their families. The Committee are of the view that the Family Planning Programme should be incorporated as a welfare measure for the industrial workers and that the programme should be made a part of labour welfare activities. Greater attention should be paid in providing suitable living accommodation to the workers.
50	6.22	The Committee note that Railways have got approximately 59,600 running kilometers and 7,058 railway stations. The Railways have also an integrated Medical and Health Service throughout the country. They have also compact colonies. The Committee feel that with the necessary infra-structure available with them, the railways can play an effective role in the field of Family Planning and in fact should be able to give a lead to other employers in this field of work. The Committee suggest that railways should make arrangement of distribution of Nirodh through booking-offices of railway stations where there is no other opening for obtaining the Nirodh by the public. They also further suggest that progress made in the work of family planning should be brought out in the annual reports of the Railways. They should also undertake evaluation of work of the Programme from time to time and take suitable corrective measures in the light of its findings.
51	6.23	The Public Undertakings play a dominant role in the economy of the country. Considering the fact that there are large number of public undertakings in the country employing considerable number of employees housed in compact colonies and possessing an integrated Medical and Health Service, there is no reason why they

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		should not be able to make a success of the Family Planning Programme by concentrated and intensive efforts. The Committee feel that with a view to give greater stimulus to the Undertakings for intensifying the work of Family Planning, annual award may be given to an undertaking whose performance is adjusted as best in the field. The Committee also suggest that mention should also be made in their annual reports about the progress made in the family planning work and that evaluation of the work done may be undertaken from time to time.
52	6.24	The Committee note that Employees State Insurance Corporation have a net work of dispensaries throughout the country for their workers and their families. The Committee feel that the Corporation can play an effective role in implementing the Family Planning Programme by integrating the family planning work with the Medical and Health facilities provided in their dispensaries and hospitals. They should also arrange for free distribution of Nirodh to their workers and families through these dispensaries They should also mention about the progress made in the field of family planning in their annual reports.
53	6.25	The Government have a net work of Central Government dispensaries under the Central Government Health Service Scheme. With a vast organisation in Delhi, the Committee feel there is no reason why the C. G. H. S. should not be able to push through the programme of family planning and act as a model for other such schemes. They should lay greater emphasis on extension work and particularly concentrate their attention on Government employees coming from weaker section by intensifying their programme in Class IV residential colonies.

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54	6.26	The Committee note the work in one of the Private Industrial Sector *viz.* Tata Iron and Steel Company especially the personal "face to face" contacts by the Secretary of the Family Welfare Planning Advisory Committee . The Committee feel that the work done by TISCO towards Family Planning Programme should be studied in detail with a view to follow their working in other organised sectors especially Public Undertakings. The Committee feel that personal letters in English, Hindi or other regional languages be issued to those whose second child or above is born, by welfare or other senior officers of the organisation. The workers of the Social Welfare Organisation attached to various centres should make personal contact with all such people in their respective areas during home visits and explain the benefits of small family and methods of family planning. The Committee also feel that the reasons for good results in TISCO and other Organised Groups should be fed into the main programme to make it a success.
55	6.27	The Committee note that Kaira Milk Co-operative Unit had been approached by the District Panchayat, Kaira for undertaking the work of family planning and that District Panchayat keeps in close touch with the unit in the implemention of the family planning programme. They also note that the State Family Planning Officers have been requested to enlist the cooperation of cooperative societies for educational and motivational work and also to act as depot holders for distribution of Nirodh. The Committee consider that Cooperatives can play a great role in spreading the message of family planning. With this end in view, they suggest that intensive efforts may be made with the help of District Panchayats and Voluntary Organisations to enlist the support and active participation of big co-operative societies in the field of family planning.

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56	6.28	The Committee regret to note that Ministry of Health and Family Planning have not so far had any meaningful dialogue with the trade unions and labour leaders in regard to their involvement in the family planning programme even though the family planning work was given top priority as early as in the Third Plan. The Committee are of the firm view that trade unions and labour leaders can play an effective role in propagating the message of family planning among the workers, particularly in the organised sector. They, therefore, suggest that the Ministry of Health and Family Planning in collaboration with the Ministry of Labour should hold serious dialogue with the representatives of the trade unions and other labour leaders with a view to actively involve them in the propagation and implementation of the family planning programme among workers. They may also take up this question in the Indian Labour Conferences and other tripartite labour bodies. They may also consider the desirability of including the representatives of All India Trade Unions in the Central Family Planning Council and the Consultative Committee with a view to actively involve them in the Family Planning Programme.
57	6.29	The Committee note that Government have as yet no plan to involve agricultural labour in the Family Planning Programme. As agricultural labour constitute a sizeable part of population, the Committee feel that it is imperative that efforts should be made to undertake the work of family planning in an organised manner among them. To begin with, Government may examine the feasibility of implementing this programme in State Agricultural Farms and Zoological and Botanical gardens, where appreciable number of agricultural labour is employed by Government.

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63	7.28	The Committee note with concern the feeling among Voluntary Organisations that due to delay in release of grants-in-aid to them, they are not able to function and play their role effectively in the implementation and propogation of Family Planning Programme.
64	7.29	The Committee also note that Government have liberalised the procedure for release of grants. Nevertheless complaints about delay still persist. They, therefore, feel that the Committee appointed by Government to go into the procedure of aid to Voluntary Organisations should, in consultation with State Governments and Voluntary Organisation, examine in detail and depth this matter and suggest at an early date ways and means so streamline the procedure for grants-in-aid which should be implemented with a view to ensure that grants reach the Voluntary Organisations in the field well in time so that they maintain the tempo of their activity without interruption.
65	7.30	The Committee are unhappy to note that some voluntary organisations had been approaching foreign Governments and foreign agencies directly for financial and other assistance in connection with family planning programme. The Committee feel that all such requests by voluntary organisation should be addressed to the Government of India who are in the best position to judge whether any foreign assistance should be taken and if so, from whom and the quantum and the form thereof. The Committee have no doubt that Government will make it clear beyond doubt to foreign Governments|foreign agencies that all such aid for family planning should be channelised through Government. The Committee would like to be informed of the action taken in the matter.

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66	8.28	The Committee observe that no scientific study has been made to assess the total reach of all mass media put together for propagating message of family planning among the masses. Nevertheless conceding the Government's assessment that the total reach of the mass media would be to the extent of 50 to 60 per cent, they feel that there is still great scope for utilising the mass media channels more effectively for propagating the message of Family Planning with a view to cover a wider range of population.
67	8.29	Considering that All India Radio has the largest mass media penetration in the country, the Committee suggest that Government may consider whether still more time could be devoted in their programmes particularly in those meant for rural and industrial workers. They feel that Government should utilise the prime-spots of their commercial and other broadcasts to focus and spotlight the programme for Family Planning as of national importance. The Committee also feel that the same features repeated from time to time lose their effectiveness. Government should, therefore, introduce variety in their features and their contents, while highlighting the economic and social aspects of Family Planning. The features should be such as to generate enthusiasm and sustain interest in listeners in actively implementing the family planning programme. To achieve this objective Government should spare no pains to utilise the services of best talents in the country.
68	8.30	Government may also introduce amusing and absorbing slogans, jingles or doggerels in between their musical songs. With a view to obtain new, imaginative and popular jingles and doggerels, they may be thrown open to competition and handsome rewards announced for successful entries.

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69	8.31	Introduction of Questions and Answers periods in radio programme may also be considered. Direct answers from important experts and specialists could go a long way in dispelling doubts and alleying mis-apprehensions.
70	8.32	As Government has already decided to introduce population dynamics in schools and colleges, the Committee feel that in their 'Childrens' and 'Yuvavani' programmes, Government may suitably introduce talks on population dynamic with a view to impress upon the young minds the socio-economic advantages of small families.
	8.33	With a view to assess the impact of Family Planning Programme of A.I.R. on the listeners and to improve the contents of the broadcast in the light thereof, the Committee stress that research into listeners reactions should be systematically undertaken and the findings put to use in improving the programme.
	4	The Committee note that programmes of ten minutes duration on Family Planning per week has been introduced on T.V. in Delhi. As visual impression is far more effective than any other mass media, Government may consider whether frequency of such programmes should be increased say twice a week to begin with. As more T.V. stations are likely to be installed shortly, Government may, in advance, draw up a plan of action to propagate the message of Family Planning through such centres when established keeping in view the local conditions.
	8.35	In order that the message of Family Planning may reach the illiterate masses in rural areas, Government should *inter alia* arrange to show from time to time short films on Family Planning through the State Field Publicity units in the villages. Song and Drama Division of

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		A.I.R. should also stage short skits highlighting the socio-economic aspects of Family Planning for the benefit of rural people.
74	8.36	While documentaries on Family Planning are occasionally shown in Cinema Halls, the Committee feel that their frequency should be increased. Such documentaries should be shown at least once a week on peak days. They also suggest that cartoon strips and short films on Family Planning, on the lines of private publicity films, may also be produced and shown to the people.
75	8.37	Considering the fact that wall paintings and hoardings are an effective media in communicating the message of Family Planning to the people, particularly among the illiterates in rural areas; the Committee feel that more artistic, attractive and instructive wall paintings and hoardings should be designed and displayed in the regional languages of respective areas. These wall paintings and hoardings should also be changed from time to time to sustain interest in them. With a view to obtain new, attractive and imaginative wall paintings and hoardings, services of best artists may be utilised. Open competitions may also be organised and successful entries should be suitably rewarded. A suitable system to evaluate the effectiveness and appeal and of these hoardings should be evolved so as to effect necessary improvements.
76	8.38	The Committee note that the message of Family Planning in remote areas, where buses, trains etc. do not ply, is spread through metal works, hoardings, wall paintings etc. They suggest that advertisements in remote areas where buses, trains etc. do not ply may be done also through poster advertisements etc. on bullock carts, rickshaws etc.

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77	8.39	The Committee feel that the most effective means of reaching the individual family, particularly in the rural areas, is through personal visits by social workers of non-official organisations engaged in the work of Family Planning and medical personnel attached to Primary Health Centres. They, therefore, suggest that such personal contacts with families, particularly those coming from weaker sections of the society, should be developed further and sustained in the interest of making the Family Planning Programme, success.
78	8.51	The Committee consider that introduction of education on population dynamics at various levels of education and among teachers in training institutions is a must so that young people before entering the reproductive age group are made fully conscious of the socio-economic disadvantages of large families. The Committee while noting that Government have now decided to introduce education on population dynamics, are constrained to observe that there has been an avoidable delay on the part of Government in this regard. Government should have taken this decision in the Third Plan itself. However, the Committee feel that its implementation should be expedited. Government should finalise the curricula and syllabi for population education for introduction at various levels of education as also for teachers training institutions and in all professional courses at an early date.
79	8.52	Education plays a vital role in bringing about social change in outlook and formation of attitudes. The motivational programme succeeds more when the women are literate. The Committee, therefore, feel that special efforts should be made to spread literacy among rural people particularly among women and girls. This will also incidentally make people conscious of

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		the evils of early marriage and thus help to raise the age of marriage. Family Planning Programme should also form an integral part of adult and social education.
80	8.53	The Committee would like to suggest that suitable books, pamphlets, charts etc. on different aspects of family planning should be brought out in English, Hindi and other regional languages for neo-literates and provided in the village libraries. The Centre may undertake distribution of such material in English and Hindi and the States in regional languages. Short discussions in Social Welfare Centres may also be arranged in villages for the neo-literates to dispel their doubts etc. about Family Planning. Government should also arrange to distribute such literature to all public libraries.
81	8.54	As Family Planning Programme seeks to achieve equilibrium between the population size and the available resources, so as to accelerate the pace of economic development and rise in the standard of living of the people, the Committee feel that besides education, proper emphasis should also be laid on child welfare and nutrition programme for children and avenues should be explored for providing more employment to women. Incidentally they would like to mention that greater attention should be paid to the post-partum programme because it is at the pre-natal and post-natal stages where women are more receptive for adopting family planning.
82	8.56	The Committee consider the medical institutes and colleges, hospitals and maternity homes can act as effective extension centres for family planning programmes. While noting that certain measures in this regard have already been taken by Government, they feel that greater intensifi-

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		cation of effort are needed to make these institutions effective extension centres for family planning programme. They suggest that:—
		(i) suitable curricula may be devised for the medical undergraduates for giving training to them in Family Planning methods in the family planning centres attached to the Medical Colleges.
		(ii) Adequate medical staff may be provided in the Medical Colleges for teaching and in the hospitals for Gynaecology work and for proper motivation of the women to adopt family planning at the Post-natal stage.
		(iii) Regular seminars on Family Planning should be held and medical undergraduates should be encouraged to participate therein.
		(iv) Extension work in family planning should be carried on seriously by the Medical Colleges/Institutes. This would serve the dual purpose of taking the message to masses and of bringing the medical undergraduates in touch with practical realities of life.
83	8.57	The Committee suggest that efficacy of the above mentioned suggestions should be reviewed from time to time with a view to improve their effectiveness in the interest of family planning programme.
84	9.35	The Committee understand that in the First Five Year Plan a great deal of attention was devoted to research, in the Second Plan attempts were made to extend vigorous action-cum-research programme, in the Third Plan an expanded programme of research was to be undertaken

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		and in the Fourth Plan research in the field of reproduction biology and fertility had been given a place of key importance in the Family Planning Programme. The Committee, however, find that research which is a vital component of the Family Planning Programme has not received sufficient importance as is evident from the funds spent or allocated in the various Plans. In the first three Plans about 6.2, 4.75 and 2.5 (roughly) per cent respectively of the total expenditure on Family Planning had been spent on research and the allocation made on research has been about 1.7 per cent only of the total allocations on Family Planning during the Fourth Plan period. The Committee are of the opinion that meagre expenditure and continous decline in allocation of resources on research in various Plans is not a healthy trend, specially when the aim of the Government is to bring about a break-through in the Family Planning Programme in the same manner as the green revolution has been able to make an impact on the country's economy. Proper and scientific research is not only essential but is urgently needed to meet the requirements of the people in a positive, practical and acceptable manner.
85	9.36	The Committee note that medical research in the development of suitable oral contraceptive either synthetic or extracted from indigenous plant material was being carried on from 1960 on-wards but has not been successful so far. They, recommend research should be intensified to evolve an ideal oral contraceptive, simple cheap, effective and safe from side-effects, with a view to have a real break-through in the family planning programme.
86	9.37	The Committee feel that there is need for better planning and more effective coordination

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		between researchers and administrators and rational allotment of subjects among the various institutes and research centres. They regret to note that lack of coordination between researchers and administrators has led to a number of research findings remaining unutilised and several questions of administrators unasnwered.
87	9.38	There is need for providing effective clearing house for research findings. The Committee hope that with the setting up of the proposed Central Research Policy Committee to lay down research goals and the recent steps taken by Government to bring the Indian Council of Medical Research and the Department of Family Planning closer, purposeful goal-oriented and cost evaluated research in the various fields of the Family Planning Programme will be successful carried out. The Committee suggest that the progress made should be reviewed by Government at least once in six months to ensure that it is proceeding on right lines and that all difficulties hampering progress are reseolved without delay.
88	9.39	The Committee consider that there is urgent need to have a systematic and coordinated research on indigenous contraceptives and the Central Council for Research in Indian Medicine and Homoeopathy should play an effective role in this connection. They should also like to stress that research may be undertaken to find out some effective homoeopathic medicines for Family Planning purposes.
89	9.40	It has been brought to the notice of the Committee that there is a general impression that certain religious communities are averse to acceptance of Family Planning Programme. They note that no detailed and authentic studies in this regard have been made. The Committee.

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		suggest that in the interest of proper development of family planning programme as also to dispel any misapprehension in this regard a systematic survey on All India basis covering representative sections of each major religious community may be carried out and the result widely publicised. The Committee have no doubt that where the survey reveals unsatisfactory progress, Government would intensify their efforts and modify their psychological and clinical approach to gain greater acceptance for the programme by the member of the community concerned.
90	9.67	The Committee note that the United Nations Family Planning Missions to India in 1965 and 1970 and the Planning Commission in its Evaluation Report on Family Planning Programme (1970) found deficiencies in Family Planning Training Programme and considered the shortage of well-trained personnel as the most crucial problem facing the implementation of the family planning programme. They also note that Government have taken some steps to augment training facilities by establishing a net work of Central Training Institutions, Regional Family Planning Training Centres and Central Family Planning Field Units. They, however, feel that the efforts made so far fall short of the requirements as would be seen from facts recapitualated below:— (i) In September, 1969 there was need for 1.5 lakhs trained workers (Doctors, nurses, auxiliary mid-wives, dais etc.,) whereas the personnel trained were 35,383. (ii) Full complement of sanctioned staff in training centres was not in position. (iii) Reported deaths due to, *inter alia* handling of cases by not properly trained personnel.

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		(iv) One of the reasons for shifting the targets of achieving a reduction in birth rate of 39 per thousand to 25 per thousand from 1973 to 1981 was stated to be lack of trained personnel.
91	9.68	In the opinion of the Committee the training of personnel is vital for the successful implementation of the family planning programme in the field and suggest that the following steps may be taken in that behalf urgently. (i) The training programme may be reviewed critically in order to augment the facilities and reorient the training courses to meet the changing needs of the programme. (ii) Trainees may be encouraged to undertake field work in rural and semi-rural areas as the main thrust of the programme will be in these areas; (iii) Training should be viewed as a continuous process and should include refresher training courses for as many categories of personnel as possible. (iv) A survey should be carried out at an early date to ascertain the existing and future requirements of the medical cadre in each State with a view to solve the following problems: (a) Surplus and shortages in different States of medical and paramedical personnel, as far as possible, should be eliminated. The feasibility of having a central pool or an agency which should be able to bring about full coordination and cooperation in the matter of meeting shortages from surplus States of certain categories of personnel like doctors, nurses etc. should be examined.

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		(b) The disparities in medical personnel—population ratio in different States need to be reduced, for example, while the nurses-population from ratio in Delhi 1:4,950 it is 1:50,000 in Jammu and Kashmir.
		(v) Opening of 10 new medical colleges and the raising of admission capacity to 13,000 as proposed in the Fourth Plan period should be achieved, as in the opinion of the Committee, the present progress (given in the Mid-term Appraisal) of annual admission capacity from 11,700 to about 11,850 should only marginal progress.
		(vi) The Committee are in agreement with the views of the Family Planning Targets Setting Committee (1971), that a training centre for over 10 million population was inadequate and would, therefore, like that not only the sanctioned training centres should be opened but more centres established within the resources available.
		(vii) More training centres for nurses and auxiliary nurses mid-wives (ANMs) should be opened in U.P. and Bihar as actute shortage is being felt in finding midwives for primary health centres and family planning programmes, particularly in rural areas.
		(viii) The programme of training *dais* should be accelerated since their cooperation is important in the promotion of Family Planning and M.C.H. Services in the rural areas. The Committee consider that the progress made in this regard in the Third Plan period and in the years 1967-68 to 1969-70 was far from satisfactory and the causes for the same need to be urgently looked into with a view to take remedial action.

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		(ix) The Committee are in agreement with the views of the Family Planning Targets Setting Committee that at the district level there should be a training unit for training the staff at lower levels and training of community leaders and these should be supplemented by organising orientation shibirs, for community leaders at primary health centres and urban centres. The staff in the training institutions should above all have enough field contacts so that they can impart training on realistic lines.
92	9.69	The Committee hope that the National Service Bill, which could not be passed by the Fourth Lok Sabha on account of its dissolution last year, will be enacted at an early date so as to ensure that enough young medical practitioners become available for service in the rural areas and give the necessary impetus to the implementation of the Family Planning Programme.
93	10.18	The Committee regret to note that the I.U.C.D. programme was formulated and implemented on the advice of foreign advisers without analysing its pros and cons and without exercising an independent judgment on its suitability in Indian conditions and without establishing any proper infra-structure for the same.
94	10.19	The Committee suggest that a critical evalution of the foreign assistance rendered so far may be undertaken and that in the light of the past experience and result of evaluation, foreign assistance may be accepted as and when necessary, keeping in view the overall objectives of the Family Planning Programme and the national interest.

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95	11.15	The Committee consider the contemporaneous evaluation of Family Planning programme of utmost importance with a view to assess the impact of the programme, to identify the areas of success and failures and the reasons thereof and ultimately feeding back the information thus analysed with suitable modifications and improvements to achieve the ultimate objective of reduction of birthrate to 25 per thousand.
96	11.16	The Committee note that sometime back, evaluation of Family Planning Programme was undertaken by Programme Evaluation Organisation of Planning Commission and that certain deficiencies were pointed out in that evaluation study and that certain corrective steps have been initiated by Government. However, they feel that a regular system of evaluation should be instituted so that concurrently the deficiencies are analysed and information thus gathered is fed back to the programme with necessary modifications.
97	11.17	The Committee note that there have been no evaluation of the Programme in terms of reduction in fertility on an uniform basis throughout the country. The Committee realise the difficulties of Government in undertaking such an evaluation—the weak and embroynic stage of organisational appratus at the national and State levels and the paucity of resources. Nevertheless, they cannot but stress the fact that country-wide evaluation should be undertaken on an uniform basis as rapidly as possible.
98	11.18	The Committee are unhappy to note that one of the principal causes of poor performance of the Family Planning Programme was poor supervision of the work of field staff. They also note

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		that fictitious gures about I.U.C.D. are also sometimes given. The Committee feel that correct evaluation at these levels can only be possible when correct figures are available. They are, therefore, of the view that suitable measures should be devised to exercise proper supervision of the work carried out by the field workers and that spot checks are introduced to ensure reliable statistics.

APPENDIX VIII

(*Vide* Introduction)

Analysis of recommendations containeel in the Report

1. CLASSIFICATION OF RECOMMENDATIONS

(A) Recommendations for improving the Organisation and working :

Serial Nos. 2.14, 3.23, 3.24, 3.25, 3.42, 3.43, 3.44, 3.52, 3.53, 4.5, 4.6, 4.8, 4.58, 4.59, 4.60, 4.61, 4.62, 4.63, 4.64, 4.83, 4.84, 4.85, 4.86, 4.87, 4.88, 4.89, 4.90, 4.91, 5.9, 5.10, 5.11, 5.40, 5.41, 5.42, 5.49, 5.63, 5.64, 5.65, 5.71, 5.74, 6.21, 6.22, 6.23, 6.24, 6.25, 6.26, 6.27, 6.28, 6.29, 6.30, 7.12, 7.13, 7.14, 7.15, 7.28, 7.29, 7.30, 8.28, 8.29, 8.30, 8.31, 8.32, 8.33, 8.34, 8.35, 8.36, 8.37, 8.38, 8.39, 8.51, 8.52, 8.53, 8.54, 8.56, 8.57, 9.35, 9.36, 9.37, 9.38, 9.39, 9.40, 9.67, 9.68, 9.69, 10.18, 10.19, 11.15, 11.16, 11.17, 11.18.

(B) Miscellaneous Recommendations :

Serial Nos. 1.11, 1.12, 1.13, 1.14, 2.28, 2.29, 5.38, 5.39,

GMGIPND—LS II—105 (Aii) LS—27-4-72—1165.