

ESTIMATES COMMITTEE **(1972-73)**

(FIFTH LOK SABHA)

THIRTY-THIRD REPORT

MINISTRY OF HEALTH AND FAMILY PLANNING
(Department of Family Planning)

[Action taken by Government on the Recommendations contained in the Thirteenth Report of the Estimates Committee (Fifth Lok Sabha) on the Ministry of Health and Family Planning (Department of Family Planning) on Family Planning Programme.



सत्यमेव जयते

LOK SABHA SECRETARIAT
NEW DELHI

March, 1973/Phalguna, 1894 (Saka)

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CORRIGENDA
TO

The Thirty-Third Report of Estimates Committee
of the Ministry of Health and Family Planning
(Department of Family Planning).

<u>Page</u> <u>No.</u>	<u>Rec.</u> <u>S.No.</u>	<u>Line</u> <u>No.</u>	<u>For</u>	<u>Read</u>
3	5	14	Gvernment	Government
30		28	No.G.25C13/1/72- B&B(FP-Vol.III), dt. 23.12.72.	F.8-23/72-S1 dt. 25.8.72
30	34	<u>Read</u>	<u>Further information called for by the Committee</u>	
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(1972-73)

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(iii)

(iv)

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Shri G. D. Sharma—*Deputy Secretary.*

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ESTIMATES COMMITTEE
(1972-73)

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12. Dr. H. P. Sharma
13. Shri Pravinsinh Solanki
14. Shri K. Suryanarayana
15. Shri Nanjibhai Ravjibhai Vekaria.

INTRODUCTION

1. The Chairman of the Estimates Committee having been authorised by the Committee, present this Report of the Estimates Committee on action taken by Government on the recommendations contained in the Thirteenth Report of Estimates Committee (Fifth Lok Sabha) on the Ministry of Health & Family Planning (Department of Family Planning) on the Family Planning Programme.

2. The Thirteenth Report was presented to Lok Sabha on the 28th April, 1972. Government furnished their replies indicating action taken or proposed to be taken on the recommendations contained in that Report on the 23rd December, 1972. The replies were examined by Study Group 'E' of Estimates Committee (1972-73) at their sitting held on 21st February, 1973.

3. The draft Report was adopted by the Estimates Committee (1972-73) on the 26th February, 1973.

4. The Report has been divided into the following Chapters:—

I—Report.

II—Recommendations which have been accepted by Government.

III—Recommendations which the Committee do not desire to pursue in view of the Government's replies.

IV—Recommendations in respect of which replies of Government have not been accepted by the Committee.

V.—Recommendations in respect of which final replies of Government are still awaited.

5. An analysis of the action taken by Government on the recommendations contained in the Thirteenth Report of the Estimates Committee (Fifth Lok Sabha) is given in Appendix XI. It would be observed therefrom that out of the 98 recommendations made in the Report 91 i.e., 93 per cent have been accepted by the Government; the Committee do not desire to pursue 3 recommendations i.e., 3 per cent in view of Government's replies; and 4 i.e. 4 per cent recommendations in respect of which final replies of Government are still awaited.

NEW DELHI-110001;

March 5, 1973.

Phalguna 14, 1894 (Saka).

KAMAL NATH TEWARI

Chairman,

Estimates Committee.

CHAPTER I

REPORT

The Estimates Committee are glad to observe that the recommendations contained in their 13th Report (Fifth Lok Sabha) on the Ministry of Health & Family Planning—Family Planning Programme have been replied to by Government generally to their satisfaction.

2. The Committee desire that the final position regarding implementation of recommendations included in Chapter V on which action has already been initiated by the Ministry may be intimated to the Committee.

CHAPTER II

RECOMMENDATIONS WHICH HAVE BEEN ACCEPTED BY GOVERNMENT

Recommendations (Sl. Nos. 1,2,3 & 4, Paras 1.11 to 1.14)

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 income. This naturally poses tremendous socio-economic developmental problems not only for maintenance of minimum 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.

Reply of Government

The conclusions/observations of Committee at Sr. Nos. 1 to 3 (Paras 1.11 to 1.13) have been noted.

As regards S. No. 4 (Para 1.14), it may be mentioned that in the Fourth Five-Year Plan document, Family Planning has been mentioned as a programme of the highest priority (Chapter 18, Para 18.16). The programme is being implemented as a Centrally Sponsored Scheme for which significantly 100 per cent Central assistance is assured to the States for a continuous period of 10 years from the beginning of the Fourth Plan i.e. during the IV Five Year Plan as well as V Five Year Plan periods. This assurance of financial

assistance for a period exceeding a Five Year Plan is unusual and reflects the high priority given to the programme.

The recommendation of the Committee has also been brought to the notice of the Planning Commission.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 5 Para No. 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.

Reply of Government

The question of evolving a population policy and correlating it to national development plans was referred to the Planning Commission. They have stated that the Task Force on Family Planning has recommended the constitution of an Expert Committee to go into the question of framing a population policy for the country. This recommendation will be considered by the Steering Group on Health, Family Planning and Nutrition and it is expected that a view will emerge at the next round of deliberations of the Steering Group.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 6, Para No. 2.28)

The Committee note that a target of birth rate of 25 per 1000 population 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 levels on a firm basis.

Reply of Government

The targets for 1971-72 for sterilisation, IUCD insertions and C.C. Users were fixed by the Family Planning Target Setting Committee on the basis of Good and Medium districts in the State and recommended that for 1972-73 the targets may be fixed on the same lines. The matter was examined in detail in the context of the need to reduce the birth rate and the achievements of some districts in the country. It was felt that if some districts in the country could achieve good results other districts could also follow the example by stressing on motivational efforts by providing extensive and improved supplies and services and better supervision of work. The targets were therefore worked out for 1972-73 on the basis of the performance of best 50 districts in the country. These targets were then discussed with the State representatives during Annual Plan discussions and the targets as accepted as feasible by the State Government were finalised and issued to the States. The 50 best districts were identified on the basis of the number of equivalent sterilisation per thousand population. On the basis of recommendations of Health Secretaries, A.M.O.'s etc. held on 6th, 7th and 8th June, 1972 at New Delhi it has been decided that in order to bring down the birth rate and cover the back-log of targets, the target for sterilisation for 1972-73 should be raised to 10 per 1000 population. The camp approach which brought about good performance in a short time could be profitably followed for achieving the targets. In the Fifth Plan the objective of reducing the population growth rate to 1 per cent (as stipulated by the Planning Commission) required fixation of higher targets; this can be achieved by more inputs, better management and motivation, the camp approach and carrying out research into, and introduction of new methods of Family Planning.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 7, Para No. 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.

Reply of Government

The Department is preparing a perspective plan for family planning which will contain long term birth reduction targets. Each year targets for reduction of birth rate and for motivating couples to accept various methods with a view to achieving those targets are laid down. On the basis of actual performance the future annual targets for different methods are reviewed every year and revised, if necessary, to conform to the long-term goal of reduction in birth rate to achieve the objective of balanced growth.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 8, Para No. 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.

Reply of Government

Government have noted the observations made by the Estimates Committee. Steps are being taken to utilise effectively the moneys allocated for the Family Planning Programme.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 9, Para No. 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.

Reply of Government

The observations of the Committee have been noted. Efforts have been and are being made to frame realistic estimates, and recently they have met with some success.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 10, Para No. 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 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.

Reply of Government

The observations of the Committee have been noted.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 11, Para No. 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 purpose 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.

Reply of Government

The above recommendation has already been under consideration of this Department and the State Governments were addressed to ascertain their reactions. On the basis of replies received, the matter has been taken up with the Planning Commission.

[Ministry of Health and Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 12, Para No. 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.

Reply of Government

As suggested by the Committee, the matter has been taken up with the State Governments at the highest level. A letter has been sent by the Union Minister of Health and Family Planning to the State Chief Ministers. Government are also considering more effective ways of ensuring that the funds meant for the family planning programme are used only for that purpose and not diverted by the States to other programmes or purposes.

[Ministry of Health and Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 15, Para No. 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.

Reply of Government

The recommendation is accepted in principle. The Chief Secretaries of the State Governments have been addressed to move the State Governments to take action accordingly.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 16, Para No. 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 activated and that it should meet at least twice a year as it used to do before April, 1968.

Reply of Government

It has been accepted in principle that the Central Family Planning Council should meet twice a year.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 17, Para No. 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 such progress in Family Planning Programme and have the acute problem of ever increasing population.

Reply of Government

The above suggestion has been agreed to in principle.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 19, Para No. 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 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.

Reply of Government

The Department of Family Planning agrees with the views of the Estimates Committee. A copy of this recommendation has been sent to all the State Health Secretaries requesting them to intimate the latest position regarding the number of posts in different categories at various levels which have been made permanent. The State Governments are being regularly reminded to expedite action on conversion of temporary posts into permanent ones. Six State Governments and one U.T. have already issued orders converting a good proportion of posts into permanent ones. The matter is under consideration of the remaining States and Union Territories.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 20, Para No. 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 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 views of the Secretary, Ministry of Health and Family Planning that this post should be held by incumbent for a minimum period of three and a 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.

Reply of Government

The recommendation has been noted for guidance in making future arrangements.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol, III, dated 23-12-72].

Recommendation (Sl. No. 21, Para No. 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 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.

Reply of Government

The recommendation is accepted in principle. The Chief Secretaries of the State Governments have been addressed to move the State Governments to take action accordingly.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72—E&B (FP)—Vol, III, dated 23-12-72].

Recommendations (Sl. Nos. 22 and 24, Paras Nos. 4.61 and 4.63)

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.

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.

Reply of Government

As suggested by the Estimates Committee the matter has been referred to the State Government *vide* D.O. letter No. 4-60/72-Prodated 5th October, 1972, from the Union Secretary of Health and Family Planning to Chief Secretaries of State Governments (copy enclosed).

[Ministry of Health and Family Planning (Department of Family Planning) O.M. No. G. 25013/172-B&B (FP)—Vol. III, dated 23-12-1972].

ANNEXURE

D.O. No. 4-60/72-Pro.

MINISTRY OF HEALTH AND FAMILY PLANNING

K. K. DASS,

Secretary.

GOVERNMENT OF INDIA

Nirman Bhawan, New Delhi-11,

October 5, 1972.

In its 13th Report, the Estimates Committee (1971-72) on Family Planning Programme has made some recommendations which concern the States also. These were forwarded to all Chief Ministers in May, 1972 and we are required to report action in respect of the recommendations before 25th October, 1972.

2. I would invite your attention particularly to recommendation Nos. 22 and 24. The Committee has observed that for building up a sustained programme, a proper infra-structure according to prescribed patterns should be quickly built up. It has specially emphasised the desirability of integration of Family Planning with Health and

Medical Services, which requires no physical inputs and can be done by a Secretariat exercise. You will appreciate that the implementation of these recommendations expeditiously is in the interests of the future of the nation.

3. I shall be grateful if you would kindly look into the matter and inform us of the action taken at an early date.

Yours sincerely,
Sd/- K. K. DASS.

Encl: As above.

Recommendation (Serial No. 25, Para No. 4.64)

The Committee feel that Community Development Blocks, co-operative 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.

Reply of Government

The Ministry of Agriculture (Department of Community Development) had already issued instructions to all the State Governments on the subject *vide* their letter No. 26 (41) |66-Prg. dated 27th September, 1966 (copy attached). The Conference of Chief Ministers and State Ministers of Community Development and Panchayati Raj held in 1968 reiterated that "Non clinical Family Planning work may be entrusted to the Community Development Agency." The instructions indicate the various steps for involvement of C.D. Blocks, Co-operatives and Panchayati Raj institutions, as envisaged in the recommendations made by the Estimates Committee.

A copy of recommendation was also sent to the Planning Commission. As suggested by them, the recommendation was placed before the Central Family Planning Council at its meeting held on 1st and 2nd November, 1972, and the Council has recommended as follows:—

- (i) Elective local bodies like Panchayati Raj Institutions be entrusted with greater responsibilities for the implementations of the Family Planning programme, wherever feasible;

- (ii) Steps be taken for greater and more effective involvement of leaders of opinion, voluntary social welfare agencies, Panchayati Raj Institutions, Trade Unions, Cooperatives, Farmers associations, Professional Associations, Employers' Organisations and other mass organisations of the people at all levels and a system of awards, both monetary and honorific, be instituted to encourage them to work for family planning programme.

These recommendatins have been referred to the State Governments etc. for implementation.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72-B&B(FP)-Vol. III, dated 23-12-72.]

No. 26(41)/66-Prg.

GOVERNMENT OF INDIA

MINISTRY OF FOOD, AGRICULTURE COMMUNITY DEVELOPMENT AND COOPERATION, (DEPTT. OF C.D.)

New Delhi, the 27th September, 1966.

To

The Development Commissioners|
Agricultural Production Commissioners,
All State Governments/Union Territories.

SUBJECT:—*Family Planning Programme.*

Sir,

As you might be aware, the Ministry of Health and Family Planning (Department of Family Planning) have issued a communication on September, 15, 1966 (copy enclosed), outlining measures for coordination and collaboration by the Community Development Organisation and the Panchayati Raj institutions in the motivational aspect of the family planning programme. As mentioned therein, it has become imperative that a massive effort should be made in the rural areas to disseminate knowledge regarding family planning, encourage individuals to adopt family planning practices and popularise

the small family norm among the village communities. In this effort, it is clear, the Panchayati Raj institutions, which are the premier representative bodies of the local people and the Community Development block agency, with its intimate contact with the village families, have to play an important role. Although agricultural production would continue to be the prime responsibility of the Panchayati Raj institutions and the Extension agency, they can, even while engaged in tasks connected with agricultural production, actively assist in the motivational or extension side of the family planning programme.

2. I invite your special attention to the pattern suggested in the letter of the Ministry of Health and Family Planning referred to above, to provide for systematic support to the programme. The arrangements contemplated are briefly indicated below:—

- (i) The Development Commissioner/Agricultural Production Commissioner should be a member of the Implementation or Review Committee constituted for the Family Planning Programme at the State level under the Chairmanship of the Chief Secretary. In the absence of the Chief Secretary, he would preside over the meetings of the Committees.
- (ii) In some States where there are Commissioners, Regional Committees under the Chairmanship of the Commissioner have been constituted for supervising and guiding the Family Planning Programme. These Committees could also help in ensuring close support to the programme by the block staff.
- (iii) The Family Planning Committee at the District level should be presided over by the Collector or the Chairman of the Zila Parishad. If Zila Parishads do not exist, the Collector should be the Chairman. Members of the Committee would include Civil Surgeon/District Medical Officer of Health, District Family Planning Officer; the District Family Planning Officer would be the Member Secretary of the Committee. The Committee would be responsible for drawing up a coordinated Family Planning Programme for the district, assigning specific tasks and responsibilities to the Officers and institutions concerned, receiving and reviewing the progress reports and removing any bottlenecks or difficulties.

- (iv) The Block Level Family Planning Committee should consist of a few elected representatives of the Panchayat Samiti, the Block Medical Officer, the Block Development Officer and the Family Planning Extension workers. The Chairman of the Panchayat Samiti would be the Chairman of the Committee and the Block Development Officer the Member-Secretary.
- (v) In order to establish proper coordination with the Community Development and Panchayati Raj organisations and workers, the Extension Educator and the Family Planning Health Assistants in the blocks would be integrated with the block team of workers. Their functions would, however, be left undisturbed and the salaries and allowances would be drawn and disbursed by the Primary Health Centre doctor and they would receive technical guidance. In their work from their own departmental hierarchy.
- (vi) Payments at the block level to (a) individuals coming for sterilisation or I.U.C.D. in order to meet their out-of-pocket expense such as on transport, and diet and to compensate them for the loss of wages, etc. and (b) part-time workers, for transport charges etc., would be routed through the block agencies. These payments would be regulated according to the schemes sanctioned by the State Government. The drawal and disbursement of funds and maintenance of accounts of such Payments would be governed by the general rules and instructions prescribed by the State Government for receipts and disbursements by the Panchayat Samiti or equivalent body.
- (vii) Cooperatives should be encouraged to undertake sale of contraceptives.
- (viii) Apart from the Panchayati Raj bodies, institutions such as Mahila Mandals, should be fully involved in the programme.
- (ix) The Family Planing Programme should become an essential part of the block activities the Panchayati Raj enactments may be amended suitably, where necessary.
- (x) The syllabus for the training of various functionaries in the Community Development blocks should include training in Family Planning matters.

- (xi) The Block agencies should cooperate actively in the organisation of camps for sterilisation or I.U.C.D. and the block jeeps should be made available to the Family Planning workers during such camps.
- (xii) Suitable targets should be fixed at all levels and their implementation carefully watched.
- (xiii) Specific duties should be allocated to each category of staff such as Block Development Officer, S.E.O. Mukhya Sevika, in the light of local conditions.

3. While the clinical aspects of the family planning programme would remain centred on the Primary Health Centres and Sub-Centres, the Community Development organisation and the Panchayati Raj institutions could, as mentioned earlier, make a major contribution on the motivational side, which is vital for the success of the programme. It is essential, therefore, that the arrangements indicated above, are implemented as early as possible.

4. The receipt of this letter may kindly be acknowledged and a copy of the set of instructions issued on the subject may be sent to the Ministry for information.

Yours faithfully,

Sd/-

S. M. H. BURNEY,

Joint Secretary to the Government of India.

Copy (without enclosures) forwarded to the Ministry of Health and Family Planning New Delhi.

Sd/-

Section Officer,

Programme Section.

Recommendation (Serial No. 26, Para No. 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.

Reply of Government

In this paragraph, 4 points have been raised:—

- (1) Development of Central Health Transport Organisation and State Health Transport Organisations.
- (2) Supply position of vehicles.
- (3) Neglected States like Meghalaya, Nagaland, Arunachal Pradesh, etc.
- (4) Evolve a system of priorities in distribution.

These are dealt with below *seriatim*:—

- (1) The development of Central Health Transport Organisation has been considered at the Family Planning Executive Board meetings and as integrated approach was approved by which work originally contemplated to be done by 510 men could not be done by 399 men. Out of these, sanctions for 198 posts have already been issued. The question of creating the rest of the posts is under consideration.
- (2) Since 1970-71, out of an order placed for 1190 jeeps, we have been able to procure only 334, whereas against order for 1458 vehicles other than jeeps, we could procure 1310 vehicles. As on date, we got only 1222 jeeps against 2264 ordered in the last 4 years. In view of this, we are trying to persuade the State Governments to accept non-jeeps atleast to the extent of 25 per cent of their total requirement for Primary Health Centres in their States.

If the States accept this proposition, we should be able to reach the state of 60 to 70 per cent vehicles in position at Primary Health Centres by the end of the Fourth Plan. Other vehicle requirements of Family Planning Programme have been fairly met. In so far as vehicles to be supplied by UNICEF (for Health Programme) are concerned the Government has taken up with them that in future they should supply only jeeps.

- (3) It is true that some States were not allotted vehicles as per the statement supplied to the Estimates Committee. Information on the number of vehicles to be transferred to Meghalaya consequent on its becoming a separate State was not available then. In the future allotments, we are allocating vehicles to Meghalaya separately. Nagaland and Arunachal will also be allotted vehicles during this year subject to these new States fulfilling the conditions laid down by the USAID.
- (4) The question of priorities for distribution of vehicles, as and when considered necessary, is discussed in the meetings of the Central Family Planning Board and other Departmental meetings etc. and priorities already fixed are reviewed periodically.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72-B&B(FP)-Vol. III, dated 23-12-72.]

Recommendation (Serial No. 27, Para No. 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, whereas 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 has got a Director, incharge of the Central Health Transport Organisation, 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.

Reply of Government

In spite of the repeated instructions, the off-road percentage of vehicles is not being reported by the States in the past few years.

On enquiry, it is found that there is no machinery available in the States to collect, compile and communicate the percentage of off-road vehicles because, barring one State, all others have not even sanctioned the Vehicle Administration Control staff.

As this is a vital information for control of the programmes, it was decided to engage a management consultancy firm to conduct a physical survey of all the Health and Family Planning vehicles and to introduce a simple system of reporting direct to the Control Government from the vehicle user, and the analysed data would be fed back to all the States and Union Territories. The proposal is under consideration of the Ministry of Finance and as soon as it is cleared it will be implemented. Effective measures will be devised in consultation with the State Governments concerned to put back the vehicles into running duty, with the least possible delay, with the help of Transport Wing of the Department of Family Planning at the Centre.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72-B&B(FP)-Vol. III, dated 23-12-72.]

Recommendation (Serial No. 28, Para No. 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".

Reply of Government

The figures of "off the road" percentage of vehicles in most of the cases are estimated ones as these were based on reports of the visiting officers in the years 1969-1970. There is no staff employed in the State Health Transport Organisations nor are the vehicle users sending their monthly reports as required. The total reporting from the vehicle users to State Health Transport Organisations is of the order of 3 to 4 per cent of the total fleet.

In view of the fact that only 20 persons were employed as against 287 persons required for Vehicle Administration Control work, i.e., collecting, compiling and analysing all informations on 13,000 vehicles

as of 1970, it was decided that the Central Government would collect this information direct and analyse and send reports to the States for which purpose the first step was to conduct a physical inventory of all the vehicles employed in the Health and Family Planning Programmes. A proposal to engage a management consultancy firm is under examination of the Ministry of Finance. As soon as this is cleared we may be able to obtain some definite information. In the absence of this information it is not possible for us to conclude that the percentage of vehicles "off the road" is increasing. On the contrary, since we had added over 2,500 new vehicles in the fleet, the percentage of "off-road" vehicles must have decreased because all these 2,500 vehicles are likely to be on road.

Secretary and Additional Secretary are personally paying attention to the development of State Health Transport Organisation and Central Health Transport Organisation. Due to their personal efforts 50 per cent of the staff in Central Health Transport Organisation has been sanctioned and the other 50 per cent is under consideration. In the various State Health Secretary's Conferences, the Secretary, Additional Secretary and Family Planning Commissioner impressed upon the Health Secretaries of the States to appoint atleast 25 out of 40 men required for every 100 vehicles immediately.

No sooner this is implemented by the States, maintenance will improve.

The officers mentioned above and the officers of the Transport Wing of this Department go quite frequently on tours to discuss the problems on the spot and suggest/take remedial measures as far as possible.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72—B&B (FP)—Vol, III, dated 23-12-72].

Recommendation (Serial No. 29, Para No. 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.

Reply of Government

On the lines of the working Group appointed on the Administrative and Financial Management and supplies by the Planning Commission, it is being proposed to formulate a high powered committee consisting of Health Secretaries and State Family Planning Officers and a few management experts for the development of transport maintenance organisations all over the country.

To assist this high powered committee, it is suggested that a committee consisting of some officers of the Transport Wing at the Centre and some of the State Health Transport Officers would be constituted. As regards providing of an efficient and economic set up on a decentralised basis, it may be stated that a beginning in this direction has already been made by posting Deputy Directors of Transport to some of the Regions.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72-B&B(FP)-Vol. III, dated 23-12-72.]

Recommendation (Serial No. 30, Para No. 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.

(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. 2,400 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 Ministry of Finance/Audit in order to obviate misuse of vehicles.

Reply of Government

(1) The list of types of vehicles approved by the Vehicle Committee appointed by the Family Planning Department is placed below (attached). Standardisation in the purchase of vehicles for the programme is thus achieved. We are, however, enquiring from the States as to which is the best type of vehicle for their Family Planning Programme keeping in view the actual performance of vehicles in view of the non-availability of jeeps.

(2) An amount of Rs. 200|- per vehicle towards starting the initial inventory has been approved to be given to each State Health Transport Organisation for all the vehicles in the Health and Family Planning Programme. If the State Governments can give the staff sanctions for the material management divisions of their State Health Transport Organisations a store house can be started with this money, and with the savings from the repair grant of Rs. 1750/- for each of the Family Planning Vehicles, which are all new the State Health Transport Organisations should be able to have a proper inventory of spares for all Health and Family Planning Fleet. The bottleneck is in the issuance of staff sanctioned by State Governments and the starting of the pooled budget. This aspect is receiving the personal attention of the Secretary and Additional Secretary and efforts are being made to persuade the State Governments to give staff sanctions and to start pooled budgets.

(3) Arrangements exist with all the vehicle manufacturers who are on DGS&D rate contract for supply of spares on rate contract. The States are not able to take advantage of the rate contracts only because of lack of pooled budget.

Regarding imported spare parts, at present we are getting spares from the UNICEF free of cost. These are being regularly indented and distributed to State Governments. The supply of UNICEF spares has increased by 300 per cent during the last 3 years. In addition,

during this year we are proposing to the States to apply for actual user import licences so that we can consolidate all the requirements of the State Governments and procure and supply them through the Central Health Transport Organisation.

(4) *Norms for fuel consumptions*: This work will be taken up as soon as the vehicle Administration Control project is installed because the data required for fixing up the norms age-wise terrain-wise and make-wise for vehicles would then be forthcoming through the VAC (Vehicle Administration Control) monthly reports from the vehicle users and from Mobile maintenance Units and State Health Transport Organisations.

(5) At present there are no data available on record to show that the vehicles are being mis-used except for some stray complaints. However, when the VAC Project is installed, we would be able to see the mileage done per vehicle per annum under each programme in each area or State and thereby evolve a system for control of vehicle utilisation. Without these basic data on transport needs programme-wise and location-wise, it is difficult to control the use, abuse, mis-use or non-use of vehicles.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G.25013|1|72-B&B (FP)—Vol. III, dated 23-12-1972.]

Vehicles approved by Vehicle Committee for the different functions of the Family Planning Programme

Type I: Primary Health Centres

For supervisory and occasional service:

- | | |
|---|---|
| (i) CJ4 (4×4) | For Hilly/sandy areas |
| (ii) (a) CJ4 (4×2) | } For plain areas where
2 W.D. vehicles can ply. |
| (b) Tempo Viking (4×2) | |
| (c) Ambassador Drive-away Station Wagon (4×2) | |
| (iii) Standard-20 Station Wagon. | |
| (iv) Ambassador cars. | |

Type II : A. V. Vans for intensive districts|selected areas|S.F.P.B.| D.F.P.B.;

FC-160 (4×4)

Special areas

Tempo-Matador

Dodge/Fargo FC-119 V.B.

Hindustan FFC-120" V.B.

Type III : Training Centres|Family Planning field units for supervision purpose.

- | | | |
|---------------------------|----|-----------------------|
| (i) FC-160 (4×4) | .. | For Hilly/Sandy areas |
| (ii) Tempo Viking (2WD) | .. | } For plain areas. |
| (iii) Ambassador Driveway | .. | |
| (iv) Station Wagon | .. | |
| Dodge/Fargo—Mini Bus | .. | |

Type IV: District level|selected areas|IUCD|Sterilisation|Mobile Service vans.

- (i) FC-160 (4×4)

Type V: Training Centres—Mini Bus—for carrying students and Faculty Members.

- (i) Dodge-119" V.B. F.F.C. Model

- (ii) Bedford-120" V.B. F.C.C. Model

Recommendation (Sl. No. 31, Para No. 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 maintenance organisation.

Reply of Government

The difficulty in getting suitable persons is mainly in the higher supervisory and managerial cadres. This was due to the rapid growth of automobiles at the rate of 17.5 per cent per annum (as against 2.5 per cent growth of population). Whereas there is no proportionate increase in the production of Senior automobile engineers there is a large number of unemployed engineers and technicians of other trades in the country. Most of the senior automobile engineers in the country are being pirated by the ever-expanding automobile and ancilliary industry in the private sector. This Ministry has approached the Pay Commission to revise the pay scales for all higher posts in transport wing. This Department is already taking action to rationalise the recruitment rules for the posts of officers in the Transport Wing and the Central Health Transport Organisation. The 3354 LS—3.

Ministry has prepared and circulated model recruitment rules to all the States laying down the requirement of Industrial Training Institute Certificates and Licensiaship in Automobile Engineering| Licensiaship in Mechanical Engineering (LME and LAE Diplomas) plus certain years of experience for most of the higher posts because at present there is an estimated surplus of 1 to 1.5 lakhs of LMEs and Industrial Training Institute trained personnel unemployed in the country. There is no difficulty in getting adequate men for these categories and Central Health Transport Organisation is being completely geared up to take up the responsibility of training each and every technical employee of the Central Health Transport Organisation by conducting suitable courses with the assistance of all vehicle manufacturers in this country. For the higher posts, while the UPSC is being approached from time to time, we have also taken action to get retired army officers from the Directorate of Resettlement & Employment and officers on deputation from the States by which process most of the posts except 8 out of 26 have been filled up on *ad-hoc* basis. The assistance of the Directorate General of Employment and Training is also being taken to attract men of the requisite skill for the maintenance organisation. If necessary, they circulate the vacancies on All India basis. That Directorate will be requested to contact the polytechnics also to recommend proper type of persons.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP—Vol. III, dated 23-12-72)].

Recommendation (Sl. No. 32, Para No. 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.

Reply of Government

The main reason for non-utilisation of the available training facilities in the Central Health Transport Organisation is the inability of the State Health Transport Organisations to depute persons as they are themselves staffed with only 20 to 25 per cent of their requirements. As mentioned in recommendation No. 28 the Secretary/Addl. Secretary/Family Planning Commissioner are personally paying attention to this aspect of persuading the State Government

to implement the decisions of the State Health Secretaries Conferences and appoint at least 25 out of 40 men required for every 100 vehicles, in other words, 62 per cent of the staff immediately. If no action is taken by the end of the 4th Plan, Government of India propose to pool all the Central Government grants for maintenance of vehicles and appoint staff in State Health Transport Organisations from that amount. The Primary Health Centre, National Malaria Eradication Programme and Family Planning grants will enable appointment of at least 25 persons for 100 vehicles by utilising only 60 per cent of the maintenance grant on staff expenditure. Arrangements are also being made to send trainers' teams to the transport staff on the spot. Automobile manufacturing firms are also being requested to send their training staff to some of the States to train the staff of State Health Transport Organisations. The training programmes at the Central Health Transport Organisation are also being streamlined to impart better and extensive training. This issue will also be discussed in the forthcoming All India State Health Transport Officers' Conference.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72-B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 33, Para No. 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.

Reply of Government

An intensive scheme was drawn up for drivers and is at present under consideration of the Government. After Government's approval it will be tried in Delhi in the first instance.

In view of this recommendation the matter will be referred to a management consultancy who specialised in wage and salary Administration, so that they can study the Central Health Transport Organisation and State Health Transport Organisations and Health and Family Planning vehicle drivers in the various States and suggest a suitable form which can bring out the desired results.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72-B&B (FP)—Vol. III, dated 23-12-72]

Recommendation (Sl. No. 34, Para No. 4.91)

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

Reply of Government

The Central Health Transport Organisation which was established with the following objectives is being strengthened and streamlined. This organisation alongwith the Transport Wing in the Department of Family Planning when fully established should be able to control, supervise, direct, guide and support/assist the Health Transport Maintenance management activity all over the country and to take care of all the State Health Transport Organisations in the States and Union Territories:—

- A. (i) To provide coordination between the various State Health Transport Organisations and to render any assistance or guidance as may be necessary.
- A. (ii) To establish a spare parts storage department for UNICEF|N.M.E.P. and for other vehicles engaged in Health|Family Planning Programmes.
- A. (iii) To organise for the personnel in the Transport Division of the Health Directorates in the States Union Territories, suitable courses of training refresher courses, seminars etc. in the modern methods of:—
 - (a) Vehicle fleet management
 - (b) Spare parts management
 - (c) prevention and reduction of costly vehicle repairs through systematic and timely preventive maintenance
 - (d) Vehicle repair procedures
 - (e) Maintenance and repair of other Health equipment.
- A. (iv) To maintain and repair UNICEF vehicles and equipment associated with other programmes and Departments in Delhi area.
- A. (v) To ultimately take over from the UNICEF the functions regarding coordination and technical guidance at present provided to the States by the UNICEF.

- A. (vi) To eventually assume all the responsibilities connected with the collection, repairs, assembly, servicing, proper storage, payment for such services and timely issue of vehicles to consignees.

B. The Controller, C.H.T.O. and the Transport Wing in the Department of Family Planning are to render help to the States & Union Territories in:—

- B. (i) Preparation of, or getting, the plans for organising State Health Transport Organisations on a scientific basis.
- B. (ii) Assisting the States in recruitment of Transport Officers and other personnel.
- B. (iii) Preparation of project reports for starting or expanding activities of State Health Transport Orgn. and State Health Equipment Maintenance Organisations.
- B. (iv) Preparation of organisational pattern, work, measurement, quantum of staff, job requirement, job titles, recruitment and selection of personnel and on the job training programmes.
- B. (v) Formulation of Finance management, material management and personnel management policies.
- B. (vi) Design and preparation of Body Building specifications, prototypes of both metal and F.R.P. Bodies.
- B. (vii) Rationalisation and standardisation of marks of vehicles, parts units, health equipment etc.
- B. (viii) Selection and choice of right vehicle and right equipment for each job.
- C. (i) During the Fourth Five Year Plan, a provision of Rs. 150 lakhs has been made to assist in the overall development of State Health Transport Organisation as under:—
- (a) for the construction of workshops.
- (b) for the provision of machinery and tools to equip the workshop.
- (c) provision of mobile maintenance units, their tools and equipment.

- (d) float units and any other spare parts which are not indigenously available.
- C. (ii) The State Governments are being persuaded to start pooled budget for spare parts servicing and repairs of all Health and Family Planning Vehicle.
- C. (iii) It is proposed to start vehicle administration control project at the centre and conduct 100 per cent survey of existing Health and Family Planning Vehicles and evolve and instal a proper vehicle management information system in all the State Health Transport Organisations.
- C. (iv) All the State Governments are being requested to sanction essential staff as decided in the last two State Health Secretaries' Conferences. The staff structure in the Transport Wing of the Department of Family Planning and the C.H.T.O. is also being strengthened to come with the work.
- C. (v) Qualified talent for the jobs in the Transport Wing should be attracted by giving them enhanced pay scales as proposed to the Pay Commission and better service conditions. The recruitment rules have been recently reviewed in consultation with the U.P.S.C. for all posts in the Ministry and the C.H.T.O. providing appropriate channels of promotion to all categories of staff. It is hoped that exodus of qualified persons as has happened in the past may not continue after the implementation of the revised recruitment rules and revised pay scales.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP—Vol. III, dated 23-12-72)].

Reply of Government

The progress made on the various items spelt out in the plan for strengthening the Central Health Transport Organisation and the State Health Transport Organisations as mentioned in the reply to the Recommendation No. 34 is given *seriatim* in the Appendix I. The salient points are:—

A. 50 per cent of the staff requirement at the Centre is in position and the other 50 per cent staff is under consideration of the Family Planning Executive Board. Land has been secured and building plans are under finalisation. Temporary sheds for the workshops are nearing completion at Haus Khas.

A. (i) Co-ordination with the State Health Transport Organisation is being actively pursued by seminars, workshops and All India Conferences.

A. (ii) National storage of free spare parts for UNICEF vehicles was taken over from UNICEF by the Central Health Transport Organisation in January, 1970 and the stock now held at Mahindra & Mahindra, Bombay are proposed to be shifted to Delhi during the next year.

A. (iii) Training of the various categories of SHTO staff has started and 1071 persons have been trained so far.

A. (iv) The Delhi SHTO workshop which was started as a training aid to the C.H.T.O. has been strengthened by increasing the staff from 14 to 66 during the plan period and is able to perform preventive maintenance and servicing to 46.7 per cent (approximately) of the Delhi Health and Family Planning Fleet.

A. (v) In order to ultimately take over from the UNICEF all the functions of co-ordination and technical guidance to the SHTOs, an integral approach was adopted in the CHTO by dividing the total functions into four distinct divisions, viz. Planning and Development, Procurement, Technical and Training divisions. By this approach, the total staff requirement was reduced from the estimated 516 to 399 persons. Nearly 50 per cent of the staff has been sanctioned and 5 Regional Directorates were opened during this year.

A. (vi) Out of 7765 vehicles required for the total Five Year Plan for the F.P. Programmes, 1375 vehicles were available at the beginning of the plan and a further 4886 vehicles have been procured during the plan period, making a total of 6261 vehicles as on date, and the rest of the vehicles are under procurement.

B. (i) For proper development of the S.H.T.Os on a scientific basis, master plans were prepared for 16 out of 20 States and buildings worth Rs. 20 lakhs with 1224 staff and Rs. 32 lakhs worth equipment were raised. For the preventive maintenance of the 10,000 and odd vehicles in the various Health and Family Planning Programmes, 128 Mobile Maintenance Units, 5 regional workshops and 13 central workshops have been started so far.

B. (ii) After studying the organisational patterns of Govt. Workshops, private workshops, state road transport undertakings and Indian Army Workshops, organisational patterns with quantum of

staff were evolved for 4 model organisations of 250, 500, 1000, and 1500 fleet strength to suit our peculiar needs. The job requirements, job titles and approximate pay scales were evolved for these organisations and were communicated to the State Government.

B. (vi) Designs and specifications were finalised for all makes of vehicles which could be used in the various facets of the FP Programme and a book on designs was published for use of all State Govts., contractors, DGS&D and inspectors.

B. (vii) and (viii) A vehicle committee was appointed with a technical sub-committee to examine all the makes of vehicles produced in this country and to determine the suitable vehicles with alternatives for each facets of the programme.

C. (i) Out of a total amount of 200 lakhs proposed to be given as Central assistance to the States which includes 81 lakhs from UNICEF and Rs. 30 lakhs from USAID Rs. 150 lakhs were provided in the Plan and nearly Rs. 60 lakhs have been utilised so far.

C. (ii) *Pooled Budget*: The State Governments are being persuaded at the personal level of the Secretary and Additional Secretary for introduction of pooled budget at the earliest. So far 5 States have adopted pooled budget.

C. (iii) To accelerate the faster development of the SHTOs in the States, a Central Vehicle Administration Control was envisaged and it was recently decided to carry out this project departmentally to supply required vehicle intelligence to the various levels of transport management in the States.

C. (iv) Most of these items as mentioned above were possible because of the augmentation of the staff at the Centre in 1971-72 upto 50 per cent of the plan requirements and the other 50 per cent of the staff is under examination of the Family Planning Executive Board for sanction.

C. (v) There has been an exodus of technical talent in the past due to unsatisfactory pay scales. A proposal was submitted for enhancing pay scales to the Third Pay Commission and the recruitment rules have been reviewed in consultation with the U.P.S.C. and are being finalized.

With further strengthening of the staff at the Central Health Transport Organisation and in this Ministry and re-organisation as

proposed with better scales of pay and better service conditions, it is hoped that much progress will be made by the end of the Fourth Plan period towards better maintenance of Health and Family Planning Fleet.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72-B&B (FP)—Vol. III, dated 23-12-72]

Recommendation (Sl. No. 35, Para No. 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 the 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.

Reply of Government

Progress of the establishment of Family Welfare Planning Centres and Sub-Centres is reviewed at various levels, namely implementation Review Committee at State level, in the Central Department of Family Planning, Working Group of the Planning Commission which considers annual Plan proposals, Zonal meetings of Administrative Medical Officers, and the annual conference of Health Secretaries, Administrative Medical Officers, State Family Planning Officers and the Central Family Planning Council twice a year. The target set for the Fourth Plan and the achievement are as follows:—

Item	Target	Achievement	Deficiency%
1. Urban F.W.P. Centres	1856	1908	—
2. Rural F.W.P. Centres	5225	5204	0.4
3. Rural Sub-Centres	31752	32157	—

Besides 855 mobile service units against a requirement of 1384 have also been established.

It will be observed from the above table that the targets for the establishment of urban centres and Rural Sub-centres have already been exceeded but there is some deficiency in the establishment of Rural Family Welfare Planning Centres and mobile service units. It is expected that it will be made up by the end of the Fourth Plan in the case of Rural FWP Centres. With the increasing number of static units coming up, it is proposed not to add to the existing mobile units.

Each Rural Family Welfare Planning Centre is intended to provide services to a community development block covering a population of 60,000 to 1,50,000 and Sub-Centre to a population of 10,000. Depending upon the availability of resources it is proposed to provide a larger number of Rural Family Welfare Planning Centres and Sub-centres with a view to providing service facilities to the people as near to their homes as possible.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72-B&B (FP)—Vol. III, dated 23-12-72]

Recommendation (Sl. No. 37, Para No. 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 shortfall 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.

Reply of Government

Necessary action on the recommendation of the Committee about meeting the shortage of medical and para-medical personnel is being taken separately and the position will be intimated to the Lok Sabha Sectt. in reply to recommendation (No. 23) made in para 4.62 of the Committee's Report.

As regards meeting the shortage of accommodation for housing the rural main centres as well as sub-centres opened under the Family Planning Programme, the Government have already laid

down targets for the construction of buildings for these centres during the Fourth Plan period and have been constantly impressing upon the States through whom the programme is being implemented to accord high priority to this work and assuring them funds to the maximum extent they can utilise for achieving the targets. The two main factors contributing to the slow progress of the programme are (i) the prescribed unit costs being low and (ii) the building capacity of the State P.W.Ds being limited. These difficulties are being looked into and necessary steps will be taken to remove them as far as possible in consultation with the State Governments. However, the progress of the programme is being constantly watched and as a result of some of the steps already taken like liberalisation of ceiling costs, authorising the use of alternative construction material with the approval of State P.W.D. and creation of construction cells for keeping liaison at the State level, the building programme has already gained momentum and compared to the first two years of the Plan the progress is faster now.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G 25013|1|72-B&B (FP-Vol. III, dated 23-12-72)]

Recommendation (Sl. No. 38, Para No. 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 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 Targets Setting Committee's Report (1971) for successful implementation of the Family Planning Programme.

Reply of Government

Family Planning targets for the remaining years of the 4th Plan and of the 5th Plan periods are being fixed. In the absence of information on the quantitative relationship between inputs and outputs, targets for the year 1972-73 have been set on the basis of the performance of 50 high performance districts in India which incidentally have the sanctioned inputs in position. It was also seen that with good administrative leadership, motivational drive and organisation of services supplemented by additional incentives the performance can be improved manyfold as revealed by the mass vasectomy camps in various Districts in India in 1971-72. This approach could also

make the achievements in sterilisation during 1971-72 higher than the targets as set by the Target Setting Committee. For the year 1972-73 the targets for various methods of family planning have been set by considering the expected achievement if all districts can follow the example of high performance districts and if mass vasectomy camps can be held in the various States.

The method adopted by the Target Setting Committee to fix targets was not followed as it was felt that it may tend to reduce the targets and that it would not be very difficult for the States to achieve more in sterilisation with added emphasis on various aspects of the programme. However, further investigation for bringing out meaningful information on input-output relationships that will be helpful for fixing the performance targets on a more scientific basis will also be pursued vigorously.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72.]

Recommendation (Sl. No. 39, Para No. 5.39)

The Committee note the downward trend of the IUCDs and Sterilisation due to the side effects on the acceptors 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.

Reply of Government

IUCD Programme:

The downward trend noted in IUCD Programme prior to 1968-69 has been arrested and the programme has stabilized, as would be seen from the following figures:—

1968-69	..	478731
1969-70	..	458726
1970-71	..	475669
1971-72		480541
		(Provisional)

The Government of India has appointed a Working Group to advise the Ministry of Health and Family Planning on IUCD Programme. The Working Group met on 9-3-72 and made certain re-

commendations which have been accepted by the Department of Family Planning.

For pre-insertion check-up and for proper follow-up of IUCD cases, procedures have been drawn up and proformae have been sent to States.

(Deptt. of F.P. No. 2-9/72-IUCD dt. 5-4-72.)
 (Deptt. of F.P. No. 2-9/72-IUCD dt. 23-5-72.)
 (Copies at Appendix II).

Sterilisation Programme:

There was a continued downward trend in sterilisation programme from 1967-68 and 1970-71. However, the performance in the year 1971-72 has gone up to the extent of 62 per cent over 1970-71 and the achievement of 1971-72 is highest in any year since the inception of the programme.

A comprehensive Sterilisation Manual has been brought out in 1971 which gives details of technical aspects of sterilisation, selection of cases, operation technique, post-operative care and follow-up.

Guidelines for Mass Vasectomy Camps have also been drawn up and sent to the States. All these measures would help toward the rehabilitation of the programme.

[D.O. No. 22-43/72-Ster.(FP) dt. 12-10-72.]
 [D.O. No. 2-5/72-Ster. (FP) dt. 21-3-73.]

(See Appendix II)

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72-B&B (FP)—Vol. III, dated 23-12-72.]

Recommendation (Sl. No. 40, Para No. 5.40)

The Committee note that condoms (Nirodh) has 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.

Reply of Government

1. Surveys on fertility and family planning with special reference to users of conventional contraceptives have been carried out in the States of Tamil Nadu and Haryana by the Population Council of

India and in Orissa by the Institute of Management, Calcutta in 1971-72. An all India survey of Family Planning Practices in India (1970) has also been carried out by the Operations Research Group, Baroda which furnishes some information on the regular users of Nirodh.

2. In addition, all the State Demographic and Evaluation Cells have been asked by this Department to keep a complete record of regular users who accept pieces of 'Nirodh' distributed free from the various centres. Five States—Bihar, Haryana, Madhya Pradesh, Punjab and Uttar Pradesh—have already started keeping this record and have sent information on the regular users of 'Nirodh' in 1970-71, (April to November, 1970).

3. A sample survey on acceptors of 'Nirodh' has also been designed recently in the Department of Family Planning and sent to the States to ascertain the percentage of regular users by field visits. Three States—Madhya Pradesh, Tamil Nadu and Orissa have started the survey in a few areas on a pilot basis.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72-B&B (FP)—Vol. III, dated 23-12-72.]

Recommendation (Sl. No. 41, Para No. 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 felt 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.

Reply of Government

The recommendation regarding distribution of Nirodh through Gram Panchayats is being examined in consultation with Department of Community Development and State Governments.

Negotiations have been initiated with Indian Oil Corporation for the sale of Nirodh under Commercial Distribution Scheme through their petrol pumps and other outlets. It is intended to initially confine the sales operation to a limited area for trial purposes.

Discussions have been also started with the Fertilizer Corporation of India for sale of Nirodh through their rural outlets under the Commercial Distribution Scheme. To begin with it is intended to utilise their outlets in the Eastern Zone on an experimental basis.

Sale of Nirodh through selected post offices in remote areas under the Depot Holder Scheme is already in existence. However, this scheme has not made headway so far and the State Governments have been requested to give their views with regard to the continuation or otherwise of this Scheme.

The utilisation of wayside railway stations for the distribution of Nirodh has been covered in the Government reply given in respect of Serial No. 50—Para No. 6.22 of the Estimates Committee Report.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72-B&B (FP)—Vol. III, dated 23-12-72.]

Recommendation (Sl. No. 42, Para No. 5.42)

“The Committee has 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 considers 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.

Reply of Government

It is agreed that efforts should be made to increase the availability of services for the people of the low income group in Metropolitan areas. Government are paying due attention to this matter and all the State Governments have been requested to involve in the pro-

gramme in increasing number of Municipal Corporations, local Bodies and Voluntary Organisations. This, however, is a continuous process and the result may not be visible in the short run.

In the Union Territory of Delhi several steps have been taken to intensify the Programme. Full data in this regard is given in Appendix III.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72-B&B (FP)—Vol. III, dated 23-12-72.]

Recommendation (Sl. No. 43, Para No. 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 as 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.

Reply of Government

The recommendations of the Committee are already a part of the Post-Partum Programme as follows:—

(1) Persuasive and educational efforts during the pre-natal and post-natal period of women attending the hospitals are carried out in:—

- (a) Ante-natal Clinic and Ante-natal Ward.
- (b) Maternity Ward and Post-natal Ward.
- (c) Post-natal Clinic.
- (d) Husbands and Visitors Waiting Rooms.
- (e) Paediatric Clinic.

The following topics are covered by the Extension Educator| Nurse/Doctor during the many contacts they will have with the women:

- (a) How conception takes place.
- (b) The birth of the child and feeding and care of the new born.
- (c) Hazards to the mother and child associated with repeated child birth.
- (d) How the coming child will economically affect the parents.
- (e) Various methods of contraception and where these services are provided.

For these persuasive and educational efforts, the Public Address system, Audio-Visual Equipment and Films, Slides, etc. available in the centre are made use of as required in addition to the personal rapport established with the patient by extension educator/public health nurse/ward nurse/doctor and other staff.

(2) All contraceptive services (sterilisation, I.U.C.D., pill and conventional contraceptives) are freely and efficiently available in these Post-Partum Centres.

(3) Besides the quarterly and annual ongoing evaluation of the Post-Partum Programme, it is intended to have this Programme evaluated independently.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72—B&B (FP)—Vol. III, dated 23-12-72]

Recommendation (Sl. No. 44, Para No. 5.63)

The Committee note that Government have launched "Intensive District Scheme" and "Selected Area Programmes" under which greater inputs have been provided in the hope that it will increase family planning acceptance. 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 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. 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.

Reply of Government

Progress in implementation of the Intensive District Scheme and the Selected Area Programme is being watched and shortcomings are being brought to the notice of the respective State Governments for stepping up these programmes. State Governments are also being requested repeatedly to build up the organisation and infrastructure at all levels as admissible under the normal programme, recruit all the additional staff provided under the two schemes and purchase all additional commodities admissible under these special schemes.

It may, however, be mentioned that the additional inputs provided under these two schemes are only marginal. Under the intensive District Scheme, each district will have 3 additional multi-purpose vehicles for education, motivation and services, 3 units of education and motivation of staff consisting of extension Educators and Projectionists and 2 units of mobile service staff consisting of Medical Officers, A.N.Ms. and other ancillary personnel. Certain additional A.V. equipments and other commodities have also been provided under this scheme. Under the Selected Area Programme each of the districts will have 3 additional A.V. vans with only projectionists but no Extension Educators. There is no provision for additional Medical Officers and A.N.Ms for providing mobile service. In addition to A.V. vans, some additional A.V. equipments have been provided for primary health centres and some strengthening of Regional Family Planning Training Centre has been done. An off-set printing press has also been provided. In addition to all these, a supervisory organisation has also been provided at the divisional level.

Progress under both these schemes is being reviewed critically at various conferences. The Conference of State Health Secretaries, State A.M.Os. and State Family Planning Officers held in New Delhi from 6th—8th June, 1972 reviewed these programmes and recommended that they should be implemented more vigorously for which purpose the entire organisation should be built up latest by 31st December, 1972. The two programmes were also reviewed by the Central Family Planning Council at its 7th meeting held at Jaipur in October, 1971 and at its 8th meeting held at Hyderabad on 1st and

2nd November, 1972. The Council also recommended that for effective implementation of these programmes, the organisation at various levels should be built up promptly. These recommendations are being followed up by the Department of Family Planning by writing to the State Health Secretaries (including d.o. letters from the Additional Secretary) for building up of the organisation.

The Government of Maharashtra have intimated that the additional inputs sanctioned by the Government of India have been put in position but in their opinion the additional inputs as at present sanctioned, are too inadequate to make a substantial increase in the output on a long-term basis.

The Government of U.P. have intimated that they are unable to build up the organisation at all levels because of overall shortage of Lady Health Visitors and Auxiliary Nurse-Midwives in the State. It has been stated that this shortage is likely to continue for some time longer in spite of vigorous efforts made to overcome the shortage. All male peripheral workers are, however, in position and all the P.H.Cs. have been provided with vehicles. The additional multi-purpose vehicles have not yet been provided because fabrication of body has not yet been completed. The State Demographic and Evaluation Cell is carrying out regular studies in the 7 districts covered under the two programmes to identify the problems, determine the shortcomings and evaluate the programme implementation.

The Government of Rajasthan have intimated that almost all the additional inputs under the scheme have been put in position.

The Government of Andhra Pradesh have intimated that all additional inputs under the Intensive District Scheme have been put in position. The State Government are considering the question of establishing more Urban Family Planning Centres in the district according to pattern for improving the performance. The performance in the district is, however, already very satisfactory.

It is expected that with the building up of the organisation both the programmes will succeed in achieving the objectives set out under the programmes. A watch is being kept on the progress and setting up of the organisation in each of the districts included under the two programmes.

It may, however, be mentioned that in spite of the deficiencies in organisation at various levels and in spite of the fact that additional

vehicles have not yet been provided in some of the districts involved in the two programmes, the progress in implementation of the programme and in achievement of targets has been more satisfactory during 1971-72 as compared to the achievements in 1970-71. During 1971-72 all the 5 districts under the Selected Area Programme and 11 out of 17 districts under the Intensive District Programme have shown better performance in the sterilisation programme as compared to the performance during 1970-71. During the same year two of the districts under the Selected Area Programme and seven districts under the Intensive District Programme have shown better performance in I.U.C.D. insertion. In terms of equivalent sterilisation, four of the five districts under the Selected Area Programme and 12 out of 17 districts under the Intensive District Scheme have shown better performance as compared to 1970-71.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 2503|1|72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 45, Para No. 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 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.

Reply of Government

All the State Governments|U.Ts. have been requested *vide* this Ministry's letter No. 5-VIII(16)|72-Ply, dated 18th August, 1972 (Copy attached) to take necessary action to implement the recommendation in so far as it relates to greater involvement of District Collectors/District Magistrates, Block Development Officers, Panchayats and Co-operatives in the F. P. Programme. Ministry of Agriculture (Department of Community Development) have also

been requested to take necessary action on their part. That Ministry has, however, stated that their Department's circular letter No. 26(41)/66-Prg, dated 27th September, 1966 (Copy attached) gives comprehensive instructions to the Governments in regard to the association of Block Organisation|Panchayati Raj institutions|co-operatives for motivating people and educating them about Family Planning Programme. The Conference of Chief Ministers and State Ministers of Community Development and Panchayati Raj held in 1968 also reiterated that "non-clinical family planning work may be entrusted to the Community Development Agency." Department of Community Development consider that these instructions cover the recommendations now made by the Estimates Committee.

Copy of letter No. 5-VIII(16)|72Ply, dated the 18th August, 1972, from Government of India, Ministry of Health and Family Planning (Department of Family Planning) addressed to All State Governments|Union Territories, etc. etc.

SUBJECT: *Involvement of District Collectors|District Magistrates, Block Development Officers, Panchayats and Co-operatives in Family Planning Programme.*

I am directed to say that the Estimates Committee (1971-72—5th Lok Sabha) have in their 13th Report on Family Planning Programme observed as follows:

"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 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."

The commendation of the Committee that the District Collectors/District Magistrates should be involved more vigorously to push through the Family Planning Programme is in consonance with the

existing policy being followed under Family Planning Programme. As the success of the Family Planning Programme depends upon multiple factors like motivational and educational level, socio-economic status, availability of easy and quick services, etc., the District Collector/District Magistrates/District Development Officers who are incharge of the various developmental activities in the District could wield considerable influence and initiative. I am, therefore, to request that the Government of Andhra Pradesh, etc. may kindly take necessary action to implement the recommendation of the Estimates Committee in so far as it relates to greater involvement of District Collectors|District Magistrates in the Family Planning Programme.

Yours faithfully,
Sd|-
A. P. ATRI,
Under Secretary.

No. 26(41)|66-Prg.

GOVERNMENT OF INDIA

MINISTRY OF FOOD, AGRICULTURE COMMUNITY DEVELOPMENT AND CO-OPERATION (DEPTT. OF C. D.)

New Delhi, the 27th September, 1966.

To

The Development Commissioners/
Agricultural Production Commissioners,
All State Governments/Union Territories.

SUBJECT: *Family Planning Programme.*

Sir,

As you might be aware, the Ministry of Health and Family Planning (Department of Family Planning) have issued a communication on September, 15, 1966 (copy enclosed), outlining measures for co-ordination and collaboration by the Community Development Organisation and the Panchayati Raj institutions in the motivational aspect of the family planning programme. As mentioned therein, it has become imperative that a massive effort should be made in the

rural areas to disseminate knowledge regarding family planning, encourage individuals to adopt family planning practices and popularise the small family norm among the village communities. In this effort, it is clear, the Panchayati Raj institutions, which are the premier representative bodies of the local people and the Community Development block agency, with its intimate contact with the village families, have to play an important role. Although agricultural production would continue to be the prime responsibility of the Panchayati Raj institutions and the Extension agency, they can, even while engaged in tasks connected with agricultural production, actively assist in the motivational or extension side of the family planning programme.

2. I invite your special attention to the pattern suggested in the letter of the Ministry of Health and Family Planning referred to above, to provide for systematic support to the programme. The arrangements contemplated are briefly indicated below:—

- (i) The Development Commissioner/Agricultural Production Commissioner should be a member of the Implementation or Review Committee constituted for the Family Planning Programme at the State level under the Chairmanship of the Chief Secretary. In the absence of the Chief Secretary, he would preside over the meetings of the Committees.
- (ii) In some States where there are Commissioners, Regional Committees under the Chairmanship of the Commissioner have been constituted for supervising and guiding the Family Planning Programme. These Committees could also help in ensuring close support to the programme by the block staff.
- (iii) The Family Planning Committee at the District level should be presided over by the Collector or the Chairman of the Zila Parishad. If Zila Parishads do not exist, the Collector should be the Chairman. Members of the Committee would include Civil Surgeon/District Medical Officer of Health, District Family Planning Officer; the District Family Planning Officer would be the Member Secretary of the Committee. The Committee would be responsible for drawing up a co-ordinated Family Planning Programme for the district, assigning specific tasks and responsibilities to the Officers and institutions concerned, receiving and reviewing the progress reports and removing any bottlenecks or difficulties.

- (iv) The Block Level Family Planning Committee should consist of a few elected representatives of the Panchayat Samiti, the Block Medical Officer, the Block Development Officer and the Family Planning Extension workers. The Chairman of the Panchayat Samiti would be the Chairman of the Committee and the Block Development Officer, the Member-Secretary.
- (v) In order to establish proper co-ordination with the Community Development and Panchayati Raj organisations and workers, the Extension Educator and the Family Planning Health Assistants in the blocks would be integrated with the block team of workers. Their functions would, however, be left undisturbed and the salaries and allowances would be drawn and disbursed by the Primary Health Centre doctor and they would receive technical guidance. In their work from their own departmental hierarchy.
- (vi) Payments at the block level to (a) individuals coming for sterilisation or I.U.C.D. in order to meet their out-of-pocket expense such as on transport, and diet and to compensate them for the loss of wages, etc. and (b) part-time workers, for transport charges etc., would be routed through the block agencies. These payments would be regulated according to the schemes sanctioned by the State Government. The drawal and disbursement of funds and maintenance of accounts of such Payments would be governed by the general rules and instructions prescribed by the State Government for receipts and disbursements by the Panchayat Samiti or equivalent body.
- (vii) Co-operatives should be encouraged to under take sale of contraceptives.
- (viii) Apart from the Panchayati Raj bodies, institutions such as Mahila Mandals, should be fully involved in the programme.
- (ix) The Family Planning Programme should become an essential part of the block activities the Panchayati Raj enactments may be amended suitably, where necessary.
- (x) The syllabus for the training of various functionaries in the Community Development blocks should include training in Family Planning matters.

- (xi) The Block agencies should co-operate actively in the organisation of camps for sterilisation or I.U.C.D. and the block jeeps should be made available to the Family Planning workers during such camps.
- (xii) Suitable targets should be fixed at all levels and their implementation carefully watched.
- (xiii) Specific duties should be allocated to each category of staff such as Block Development Officer, S.E.O. Mukhya Sevika, in the light of local conditions.

3. While the clinical aspects of the family planning programme would remain centred on the Primary Health Centres and Sub-Centres, the Community Development organisation and the Panchayati Raj institutions could, as mentioned earlier, make a major contribution on the motivational side, which is vital for the success of the programme. It is essential, therefore, that the arrangements indicated above, are implemented as early as possible.

4. The receipt of this letter may kindly be acknowledged and a copy of the set of instructions issued on the subject may be sent to the Ministry for information.

Yours faithfully,

Sd/-

S. M. H. BURNEY,

Joint Secretary to the Government of India.

Copy (without enclosures) forwarded to the Ministry of Health and Family Planning, New Delhi.

Sd/-

Section Officer, Programme Section.

Recommendation (Sl. No. 46, Para No. 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 recommended 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.

Reply of Government

Some studies for the evaluation of mass vasectomy camps conducted during 1971-72 were carried out by the National Institute of Family Planning, the Institute of Rural Health and Family Planning, Gandhigram and certain Demographic and Research Centres. A summary of the findings of the National Institute of Family Planning is given in Annexure-IV. As regards the results achieved a statement showing place, period, targets, achievements and expenditure in mass vasectomy camps held in 1971-72 is given in Annexure-V.

Over and above, a questionnaire (Annexure-VI) was addressed to several key personnel both medical and non-medical, in the States in which camps were held, some of whom were associated with the camps. The strong and weak points, which were mentioned in the replies of the questionnaire are given in Annexure-VII.

The strategy of holding mass vasectomy camps was also considered by the Conference of Health Secretaries held in June, 1972 who have recommended that mass vasectomy camps with higher level of expenditure per case including the higher quantum of compensation for the acceptor may be made a regular feature of the Family Planning Programme for some years.

Based on the evaluation of experiments conducted during 1971-72 and the recommendations of Health Secretaries Conference, it has been decided that mass vasectomy camps with a higher level of expenditure per case may be a regular feature of family planning programme for some years subject to certain conditions and while the maximum expenditure on camps may vary according to the local conditions, the ceiling of central assistance for expenditure per case may be fixed at Rs. 100.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G.25013/1/72-B&B—Vol. III, dated 23-12-72]

Recommendation (Sl. No. 47, Para No. 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 section 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.

Reply of Government

Two Nutritional deficiency diseases commonly occurring among children viz. Nutritional Anaemia and Vitamin 'A' deficiency are being tackled with funds from the Family Planning budget.

The scheme for Prophylaxis against Nutritional Anaemia among mothers and children seeks to administer a tablet containing daily minimum requirement of Iron and Folic Acid to mothers and children who are on the border line of anaemia.

The scheme for Prophylaxis against blindness in children caused by Vitamin 'A' deficiency seeks to protect children from Keratomalacia which is widely prevalent in the country, especially among pre-school age children in the Eastern and Southern parts of the country. The scheme for the present is confined to the States in these regions.

The Planning Commission is working out projects from nutritional aid to children of the weaker sections of the population.

The Family Planning Projects in U.P. and Mysore to be assisted by the International Development Association envisage Nutritional aid to mothers and infants on a pilot scale.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G.25013/1/72-B&B—Vol. III, dated 23-12-72]

Recommendation (Sl. No. 49, Para No. 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 among 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.

Reply of Government

The Employees' State Insurance Corporation responsible for the medical care of the industrial workers has been extending co-operation in the National Programme of Family Planning by allowing use of its dispensaries and hospitals for Family Planning services besides allowing the Medical Officers and para-medical staff to participate in the Programme. The Government has under active consideration the question of further accelerating the pace of work in the Corporation.

The Department of Labour and Employment is also providing welfare facilities, through funds raised by specific levies in the coal/mica/iron ore mining fields. The Family Planning Programme is already being implemented in the coal mining areas on an extensive scale since 1957-58 through the Central/Regional Hospitals of the Coal Mines Labour Welfare Fund where Family Planning Clinics are functioning under trained staff. Field Staff who are specially trained for the job are deputed for doing extensive educational work amongst the coal mining population. Five static and three mobile Family Planning Units are functioning in different coal fields. Nirodh and other contraceptives are supplied free of cost to coal miners. Grant-in-aid is paid to colliery owners for intensifying propaganda among colliery workers. Family Planning is propagated with the help of charts, film strips, cinema shows, family planning orientation camps, holding of dramas, free supply of literature through colliery doctors, labour leaders and influential local persons.

The recommendation has been brought to the notice of the Mica Mines Labour Welfare Fund and the Iron Ore Mines Labour Welfare fund for implementation in the mica/iron ore mining fields.

The other medium through which the advantages of family planning can be highlighted among the workers is the Central Board

for Worker's Education which aims at educating the worker in trade union philosophy, and rights and obligations of the workers. The syllabi of this Body contain specific topics on "population problem and need for family planning" for the training courses of the "Worker-Teachers" and the "Workers". Besides, it organises meetings, symposiums, exhibitions, special short-term programmes, and has also brought out a pictorial booklet on Family Planning.

As regards housing for workers, the Coal Mines Labour Welfare Fund has constantly been endeavouring to improve matters has sponsored various Housing Schemes in the Coal Mining areas from time to time. At the end of April, 1972 the position regarding construction of houses/barracks for coal miners was as follows:—

<i>Constructed</i>		<i>Under construction</i>	
Houses	Barracks	Houses	Barracks
67,266	158	7,733	57

The Department of Labour and Employment is also having various housing schemes for industrial workers and economically weaker sections of the community, mica and iron ore miners, dock workers and plantation workers. These schemes are constantly reviewed with a view to improving them.

Recommendation (Sl. No. 50, Para No. 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 under-take evaluation of work of the Programme from time to time and take suitable corrective measures in the light of its findings.

Reply of Government

The Ministry of Railways who have been consulted have agreed to the suggestion of the Estimates Committee that Railways should make arrangements for distribution of Nirodh through booking offices of the Railway Stations where there is no other facility for obtaining Nirodh by the public. However, to start with, the scheme is proposed to be tried in the North Eastern, Northeast Frontier, South Central, South Eastern and Western Railways who have agreed to implement this scheme at stations considered suitable for the purpose. Further necessary action to select the stations in these Railway Zones and for the supply of Nirodh to the Station Masters/ Assistant Station Masters at the stations is being taken.

The progress of work in family planning is already being depicted in the annual report of the Ministry of Railways on the working of the Indian Railways.

The recommendation that there should be evaluation of work of the programme in the Railways from time to time for taking suitable corrective measures in the light of such evaluation is accepted. The Ministry of Railways have submitted a proposal for setting up a Demographic and Evaluation Cell for this purpose which proposal is under consideration. However, it may be mentioned that with the existing staff preliminary studies on the subject indicated below have been undertaken:—

1. Impact of family planning programme on birth rate among the railway employees;
2. Knowledge, attitude and practice of family planning among the railway officers;
3. Follow up of vasectomised cases in Delhi.

The results of the above mentioned studies have been quite instructive.

Recommendation (Sl. No. 51, Para No. 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 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.

Reply of Government

The Union Department of Family Planning are making all efforts to expand the participation of the Central Public Sector Undertakings in the Family Planning Programme. The State Governments have also been requested to take suitable action in this respect in regard to the Public Sector Undertakings set up by them.

The Government of India have already instituted a system of awards for the best Family Planning Welfare Centre run by a Public Sector Undertaking.

The suggestion that mention should be made in the annual reports about the progress made in the family planning work and for evaluation of the work done from time to time will be communicated to all the Central Public Sector Undertakings who receive grants-in-aid from the Government of India for family planning work. The suggestion will also be communicated to all the State Governments for necessary action in so far as State Public Sector Undertakings receiving grants-in-aid for family planning work are concerned.

This recommendation of the Estimates Committee has also been brought to the notice of all the State Governments.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72-B&B—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 52, Para No. 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.

Reply of Government

The Administrative Medical Officers under the Employees' State Insurance Corporation have already been advised to make necessary arrangements to ensure free supply of Nirodh to the beneficiaries under the E.S.I. Scheme through the net work of the E.S.I. Dispensaries and Hospitals. The Administrative Medical Officers have also been advised to issue necessary instructions to the Medical Officers working in the Dispensaries and Hospitals to give necessary advice and guidance on the Family Planning Programme. As the dispensaries and hospitals set up under the E.S.I. Scheme work under the administrative control of the respective State Governments, the contributions made by these institutions are reflected in the overall performance of the State Governments. Nevertheless, progress made in the field of Family Planning through the E.S.I. Corporation shall also be reflected in the annual report of the E.S.I. Corporation hereafter. The E.S.I.C. authorities have been requested to send detailed proposals in this regard for necessary assistance from the Department of Family Planning.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 53, Para No. 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.”

Reply of Government

This recommendation is accepted. In this connection it may be mentioned that the C.G.H.S. is giving special attention to the colonies

inhabited by Class III and Class IV staff in Delhi. Regular surveys are done, field visits arranged and concentrated work carried on for bringing down the birth rate in these areas. Some encouraging results have already been noticed. It will be the endeavour of the C.G.H.S. to push the family planning programme further in the areas covered by it to achieve better results in the future.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 54, Para No. 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.

Reply of Government

The suggestion 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 has been noted. Arrangements are being made to obtain the latest report of the work under the F.P. Programme done in TISCO. Copies of this report will be distributed to all the Public Undertakings and the large industrial organisations in the Private Sector at present participating in the family planning programme so that they may study the report with a view to adopting the strategy and techniques used by TISCO.

The TISCO programme operates in a compact community. Among the factors which have contributed to its success high cash incentives to acceptors are prominent. High incentives were also tried successfully in the Ernakulum camp in Kerala. Similar camps are being organised in many States this year. The acceptors at these

camps are given compensation money at a higher rate than under the normal programme.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 55, Para No. 6.27)

The Committee note that Kaira Milk Co-operative Unit had been approached by the District Panchayat, Kair 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 and 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.

Reply of Government

The recommendation is accepted. It has been brought to the notice of all the State Governments for implementation.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 56, Para No. 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 dialogus 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.

Reply of Government

At the instance of the Department of Family Planning the question was included in the agenda for the 27th Session of the Indian Labour Conference held at New Delhi on 29th-30th January, 1971, and a Memorandum on the subject was also circulated to all members attending the meeting. The item was not, however, discussed for want of time.

The item is proposed to be included in the agenda of the next Session of the Indian Labour Conference|Standing Labour Conference.

The Department of Family Planning in consultation with the Ministry of Labour and Rehabilitation are seeking to arrange a meeting with major national trade unions representatives for discussing the matter.

It has been decided that representatives of All India Trade Unions shall be included as members of the Central F. P. Council. Regarding their inclusion in the Consultative Committee, the Department of Parliamentary Affairs have informed that the following Members of Parliament who are associated with labour unions are already included in the Consultative Committee for the Ministry of Health & Family Planning and Works & Housing:—

1. Dr. G. S. Melkote.
2. Dr. L. N. Pandeya.
3. Dr. K. Nagappa Alva.
4. Shri B. S. Murthy.
5. Smt. Jyotsna Chanda.
6. Shri Bholā Manjhi.
7. Shri Kota Punnaiah.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72—B&B (FP)—Vol. III, dated

23-12-72.]

Recommendation (Sl. No. 58, Para 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.

Reply of Government

The recommendation has been brought to the notice of all the State Governments.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 59, Para No. 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 voluntary organisations should be made with a view to make the programme more comprehensive in the urban area and more extensive in the rural areas.

Reply of Government

The recommendation is accepted. It is the policy of the Government of India to involve the voluntary organisations in the Family Planning Programme in an increasing measure both in the urban and rural areas, for which grants are released from the family planning funds. Necessary action is being taken to encourage further

involvement of voluntary organisations after periodic review of the situation.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 60, Para No. 7.13)

The Committee note that Government have taken 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.

Reply of Government

This matter is already receiving Government's consideration. A Working Group on the continued participation of Voluntary Agencies in the Family Planning Programme which was set up by the Planning Commission in June, 1972 has made its recommendations to the Task Force on Family Planning Programme for the 5th Five Year Plan. The Task Force has since submitted its recommendations to the Steering Group on Health, Family Planning and Nutrition. It is expected that fresh guidelines will emerge as a result of these deliberations. As it is, there is a clear policy to foster voluntary activity in the area of family planning and guidelines have been issued to the States from time to time in the past.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 61, Para No. 7.14)

The Committee note that Government have issued instructions to State Government to organise a programme 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 up to 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 manageable and desirable limits.

Reply of Government

The recommendation is accepted.

The State Governments are giving all legitimate help to the voluntary organisations participating in the family planning Programme to function effectively. The performance of the voluntary organisations is reviewed at the meetings of the Grants-in-aid Committees of the States and draw-backs brought to the notice of the voluntary organisations with a view to improving their performance. The Government of India are continuously examining this question and in the light of the experience gained, further steps as may be necessary will be taken for building as till closer rapport with the voluntary organisations for achieving the common objective of bringing down the birth rate to the desired levels.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 62, Para No. 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 F. P. techniques particularly amongst the weaker sections of society in rural areas and in slum and industrial areas of Metropolitan cities.

Reply of Government

Since its inception every attempt has been made to involve the voluntary organisations in National Family Planning Programme. Some of the Associations like F.P. Association of India, Bhartiya Gramin Mahila Sangh, Indian Red-Cross Society etc. have made a significant contribution towards dissemination of the small family concept rendering of family planning services among industrial workers and in urban slums and rural areas. These Organisations are encouraged to expand their activities.

Letters have been addressed to the State F.P. Bureaux to prepare a list of voluntary organisations operating at grassroot levels. It is proposed that the organisations found suitable should be provided with special educational material, printed literature, A. V. aids, exhibition sets etc. which may be used in disseminating the F.P. message in their respective areas. Special educational drives in the forms of campaigns are proposed to be organised with the help of these voluntary organisations.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. Nos. 63 and 64, Para Nos. 7.28 & 29)

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 propagation 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 Organisation 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.

Reply of Government

It is agreed that the procedures for grants-in-aid to voluntary organisations participating in the Family Planning Programme should facilitate the sanctions and disbursement of funds to voluntary organisations participating in the Family Planning Programme. The Committee appointed by the Govt. of India in the Deptt. of Family Planning to go into this question has submitted its report to Government on 25-10-1972 which is under consideration.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 65, Para No. 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 organisations 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 to the action taken in the matter.

Reply of Government

A comprehensive Bill is under preparation in the Ministry of Home Affairs to regulate the flow of foreign assistance (including assistance in the form of hospitality) to the country. It is hoped that when this bill is enacted, it will serve adequately the purpose underlying the Committee's recommendation.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72]

Recommendation (Sl. No. 66, Para No. 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 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.

Reply of Government

Some efforts have been made to assess the reach and efficacy of mass media channels. Besides the survey carried out by the National Family Planning Institute, New Delhi, the All India Radio have also undertaken a number of field surveys, through their Audience Research Unit, to gauge the extent of listening to the Family Planning Programme and awareness created by Radio among the Slum dwellers of Cities/Towns and the rural population of nearby villages. A grant totalling Rs. 6,83,000/- has been sanctioned to the Indian Institute of Mass Communication for carrying out "Communication Experimental Studies of Programme Impact in the Family Planning Motivational Development" and an intensive area study on the target population in some of the districts of Central India and Uttar Pradesh.

The D.A.V.P. have also carried out six surveys on Family Planning publicity materials/posters/advertisements displayed by them on behalf of this Department for assessing their impact and effecting improvements in future publications in the light of the findings of the surveys.

A Media Development and Research Unit has been set up in the Department of Family Planning for formulating plans and projects for better utilisation of various media and help in devising the 'strategy' for these activities.

A committee has also been set up to consider the reach of the medium of films by introducing the Super 8mm Film format in the Family Planning Programme.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (S.No. 67, para 8.29)

Considering that A.I.R. has the largest mass media penetration in the country, the Committee suggest that the Government may con-

sider 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 a national importance. The Committee also feel that the same features repeated from time to time loss 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 the objective Government should spare no pains to utilise the services of best talents in the country.

Reply of Government

Programmes of Family Planning themes are planned and produced by All India Radio Stations for broadcast both in general and special audience programmes for rural listeners, women's programmes, industrial workers programme and programmes broadcast for youth. The programmes include talks, discussions, plays, songs, slogans, skits, presentation of stock characters, family serials, poetry recitations, Kavi Sammelans, Mushairas, features and documentaries and interviews based on field recordings. Thus all efforts are made to bring in variety in the programmes and to make them as informative and interesting as possible to attract the maximum number of listeners.

The recommendation has been noted for guidance.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 68, Para 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.

Reply of Government

All India Radio is already putting out slogans and short musical interludes on Family Planning at convenient intervals during its broadcasts.

The recommendation has been noted.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 69, Para No. 8.31)

Introduction of Questions and Answers periods in radio programmes may also be considered. Direct answers from important experts and specialists could go a long way in dispelling doubts and allaying mis-apprehensions.

Reply of Government

This is already being done by All India Radio. Experts are invited for broadcasts of answers to the questions received. Interviews with doctors for removal of mis-givings and doubts are also broadcast. Timings of these broadcasts are publicised in advance to ensure extensive listening.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72]

Recommendation (Sl. No. 70, Para No. 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.

Reply of Government

Family Planning Cells of All India Radio Stations are being asked to plan programmes on population dynamics in the programmes for children and youth.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72]

Recommendation (Sl. No. 71, Para No. 8.33)

With a view to assess the impact of F.P. 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 up to use in improving the programme.

Reply of Government

All India Radio has already undertaken a number of field surveys through their Audio Research Unit to gauge the extent to the listening to Family Planning Programmes and the awareness created by the Radio on the slum dwellers and city towns and rural folk of nearby villages. More such surveys are proposed to be undertaken in due course.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72]

Recommendation (Sl. No. 72, Para No. 8.34)

The Committee note that programmes of ten minutes duration on F.P. 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 F.P. through such centres when established keeping in view the local conditions.

Reply of Government

There is no fixed frequency for telecast of Family Planning Programmes from the T.V. Centre at Delhi. However, family planning programmes are telecast from time to time for a duration of about 100 minutes per quarter on an average. The number of programmes is proposed to be increased further.

Advance programme plans for T.V. Centres expected to come up in the near future have already been drawn up and programmes on F.P. have been provided for adequately.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72]

Recommendation (Sl. No. 73, Para No. 8.35)

In order that the message of F.P. may reach the illiterate masses in rural areas, Government should *inter-alia* arrange to show

from time to time short films on F.P. through the State Field Publicity Units in the villages. Song and Drama Division should also stage short skits highlighting the socio-economic aspects of F.P. for the benefit of rural people.

Reply of Government

In respect of F.P. Publicity in urban and rural and interior areas the general Field Publicity Units as well as the 30 Family Planning Field Units of the Directorate of Field Publicity have been organising educational programmes on Family Planning by showing films and utilising other media in the rural areas and interior areas apart from the urban Centres. The field publicity units have been encouraged to cover as many interior villages as possible.

The Song and Drama Division of the Ministry of Information and Broadcasting are also presenting short skits on the socio-economic aspects of F.P. through their departmental troupes and registered parties.

The S&D Division is contracting various writers for getting more scripts on the Family Planning theme.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP—Vol. III, dated 23-12-72)].

Recommendation (Sl. No. 74, Para No. 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 in peak days. They also suggest that cartoon strips and short films on Family Planning on the lines of private publicity films may be produced and shown to the people.

Reply of Government

Films Division has already released nearly 35 films on the subject of Family Planning from 1968 to the middle of 1972. This works out to nearly 8 films per year. In every case, maximum number of prints which can be distributed under the circulation pattern, were prepared in order to have the widest possible coverage. On some occasions (e.g. for the films 'Angles of Triangles' and 'Magic' and 'Umbrella') double the normal quota of prints were prepared to ensure greater coverage.

Films Division has been making cartoon films on the subject of Family Planning, which have been released theatrically and non-theatrically from time to time. A new programme of releasing short advertisement films on Nirodh has also been taken in hand. A number of such films are under production.

According to the present arrangements of distribution of short films under the compulsory exhibition programme in the cinemas, any film is shown for one week at a time in a theatre in accordance with the circulation pattern of prints and it is not feasible to have screenings once a week.

Cartoon films as well as short documentary films acquired from the Films Division, as well from private producers, are being shown extensively by the Mobile A.V. Vans of the States and the field publicity units of the Central Directorate of Field Publicity, all over the country.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72—B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 75, Para No. 8.37)

Considering the fact that wall paintings and hoardings are an effective media in communicating the message of the 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 competition 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.

Reply of Government

The wall paintings and hoardings are at present designed and visualised by Senior Artists of the Department of Family Planning and Directorate of Audio Visual Publicity. The designs of the hoardings etc. are also changed from time to time to sustain the interest of the people.

Pretesting and post-evaluation of some of the designs used in hoardings, posters, display advertisements etc. is also being arranged and necessary improvements in the light of the findings are got effected.

Regarding an open competition to tap outside talent, with a view to obtain attractive and imaginative designs for F.P. Hoardings/Wall Paintings etc. details in this regard are being worked out.

To implement the wall paintings programme on a mass scale, in far away places all over the country, funds have been allocated to the State F.P. Bureaux and wall paintings in rural areas have already been put up.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72]

Recommendation (Sl. No. 76, Para No. 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.

Reply of Government

Utilisation of Family Planning Posters and metal plates for rickshaws and bullock carts, display of kiosks on telephone/electric poles, putting up of wall paintings and hoardings is already being made. Recently steps have been taken to make better use of the medium of posters. A series of posters/stickers in line with the new motivational strategy was printed centrally and during the year 1971-72, 11.5 million copies of 24 posters and 18.00 million copies of 22 stickers in 12 languages were distributed to all the States.

The State Governments have also been allocated funds for making effective use of these media.

The recommendation has been noted for guidance.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72—B&B (FP)—Vol. III, dated 23-12-72]

Recommendation (Sl. No. 77, Para No. 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.

Reply of Government

The importance of inter-personal communication in promoting the norm of a small family has been reiterated from time to time. The State Governments have been addressed to strengthen this aspect of the programme. It has also been emphasised that the workers in the field should keep the "target-couple registre" up-to-date and periodically contact the eligible couples in a phased manner. The medical officers in the rural and urban Family Planning Centres also propagate the norm of a small planned family during their home visits and contacts with the people. The non official opinion leaders also complement these activities.

A Study Group has been set up to make a detailed study of the staffing pattern, mode of recruitment and training of the mass education and extension education staff in the field and suggest ways and means of strengthening and streamlining the mass education programme.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25012|1|72—B&B (FP)—Vol, III, dated dated 23-12-72]

Recommendation (Sl. No. 78, Para No. 8.51)

The Committee consider the 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 reproduction 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 the Government in this regard. 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.

Reply of Government

The Population Education Cell in the National Council of Educational Research and Training, Ministry of Education has taken several steps for the introduction of population education in the existing curricula of different standards of education. The CERT conducted a National Conference in October, 1971, with participation of State Directorates of Education as well as the Chairman of the Boards of Secondary Education. In this Conference detailed steps have been worked out for accelerating the introduction of population education in existing systems of education. Some of the achievements made in this programme are:—

- (i) Draft syllabi in population education have been developed for different standards of education from 1—11.
- (ii) Instructional materials have been prepared for the teachers.
- (iii) Bibliography of different published materials has been developed.
- (iv) Comprehensive programme have been developed for both in services and pre-service teachers' training.
- (v) In collaboration with the State Directorates of Education of Kerala, Maharashtra, Himachal Pradesh, Delhi and Haryana, Population Education syllabi have been incorporated in different streams of education.
- (vi) Two workshops and a national conference have been held last year with participation of experts from the field of Family Planning and Education. The Directors of Education as well as some Chairmen of the Boards of Secondary Education also participated in it. In these workshops and Conference a blue-print has been made out for the implementation of population Education for school children.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72-B&B (FP)-Vol. III, dated 23-12-72].

Recommendation (Sl. No. 79, Para No. 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.

Reply of Government

The Department of Family Planning is working with the Indian Adult Education Association for building up a programme for the integration of population dynamics in the adult literacy campaigns running in the country. This organisation has set up a Committee for recommending various steps required for integration of population education in their association's activities. It has been envisaged that this organisation through its branches at various levels of States and districts, will provide information on population dynamics along with their functional literacy programme.

The Central Social Welfare Board is running Family and Child Welfare Centres all over the country. These centres run Nursery schools for the children, craft classes, nutritional classes and adult education for the rural women and girls. A Working Group has been set up by this Committee to prepare schemes for integrating family planning programme with the activities of these centres.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|172-B&B (FP)-Vol. III, dated 23-12-72].

Recommendation (Sl. No. 80, Para 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.

Reply of Government

The Population Education Cell of NCERT is developing various educational materials for the neo-literates. The Department of

Family Planning has produced a large number of posters, stickers and folders in different languages. These are being sent to various urban and rural libraries, welfare centres, Panchyats and voluntary agencies.

The Department of Family Planning is in touch with the voluntary organisations to develop prototypes of books which will be useful for providing information on different aspects of family planning to the neo-literates.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72-B&B (FP)-Vol. III, dated 23-12-72].

Recommendation (Sl. No. 81, Para No. 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 postpartum programme because it is at the pre-natal and post-natal stages where women are more receptive for accepting family planning.

Reply of Government

The recommendations of the Committee are accepted in principle. In fact, Government are already implementing them to the extent resources permit.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72-B&B (FP)-Vol. III, dated 23-12-72].

Recommendation (No. 82, Para No. 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 medical undergraduates should be encouraged to participate in 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.

Reply of Government

(i) The Indian Medical Council has prepared a curriculum which has been sent to all Medical Colleges for implementation. The curriculum spells out contents of family planning to be integrated in various topics at various levels including the internship period Appendix VIII.

As a part of the Hospital Postpartum programme medical college hospital have been provided with an Urban Family Welfare Planning Centre wherein motivational and clinical experience on family planning is provided to the student.

(ii) The Department has sanctioned the following additional staff for teaching of family planning in the Medical College under the Hospital Postpartum programme.

1. Asstt. Professor/Reader (Deptt. of Obst-Gyn) One
2. Lecturer in Health Education & F.P. One
3. Lecturer in Statistics and Demography One
4. Lecturer in Paediatrics One

(iii) Provision already exists for the organisation of two seminars per medical college per year on Family Planning. A sum of Rs. 500/-

per seminar provided to the concerned college. The colleges have been again asked to organise these seminars Appendix IX.

(iv) An urban and rural field practice area is attached to each Medical College. Experience in Extension Work in Family Planning and Health aspects is provided to both undergraduates and interns in these field areas.

During the internship period in the compulsory rural experience the interns gain experiences in community education and motivation.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72-B&B (FP)-Vol. III, dated 23-12-72].

Recommendation (Sl. No. 83, Para No. 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.

Reply of Government

The teaching of Family Planning in Medical Colleges is reviewed periodically in the Zonal Meetings which are attended by the representatives of Medical Colleges. Besides information on the progress of teaching of family planning in undergraduate medical education is also collected from the Medical Colleges.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72-B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sr. No. 84, Para No. 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 as 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 only of the total allocations

of 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.

Reply of Government

In the IVth Five Year Plan allocation for Research in Family Planning is 10 crores out of a total of 315 crores (3 per cent).

The Coordination Committee for Research in Family Planning has under its consideration a proposal for an enhanced outlay in the next five years. The proposal envisages strengthening of the existing facilities in Research Institutes, Universities, Medical Colleges, etc., and the creation of new centres and cells for Research, utilising the facilities and personnel available.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72-B&B (FP)—Vol. III. dated 23-12-72].

Recommendation (Sr. No. 85, Para No. 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.

Reply of Government

The Department agrees with the comments of the Estimates Committee 1971-72 that it is necessary to intensify research especially on an ideal oral contraceptive.

With this end in view, research is being carried out on this aspect by the Indian Council of Medical Research and in other Institutions. The Central Drug Research Institute, Lucknow, has developed an oral contraceptive "Centchromen" which has shown 100 per cent contraceptive effect in a variety of female animals when given orally with-

In four days of coitus. Clinical trials are now being carried out in the humans.

The Central Council for Research in Indian Medicine and Homoeopathy has studied two drugs "Vidanga" and "Japakusum" pharmacologically. The anti-fertility factors of both these drugs have been isolated and extensive studies are now being undertaken.

Recommendation (Sr. No. 86, Para No. 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.

Reply of Government

The Department has constituted in December, 1971 a high-powered Coordination Committee for Research in Family Planning under the Chairmanship of the Secretary, Ministry of Health & Family Planning which includes, researchers and administrators. The Committee constituted five panels as follows:

1. Present status of knowledge in the field of Human Fertility Control.
2. Education and Training.
3. Biosocial Research.
4. Identification of immediate problems including innovative techniques.
5. Long term strategy of Research in Human Reproduction.

The panels have submitted their reports and these are now under consideration.

At the last meeting of the Committee on August 2, 1972 it was decided to form a group under the Chairmanship of Prof. V.K.R.V. Rao, which would deal on the researches in the field of socio-economic aspects of Family Planning.

The Committee decided at its meeting on 15th April, 1972 that the Department would initiate action to obtain sanction, for financial

outlay and its disbursement according to the flexibility of the procedure, from the Cabinet Committee for Family Planning. The Finance Ministry will be approached for delegating powers to the Chairman of the Committee for sanctioning amounts within the earmarked funds.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72-B&B (FP)—Vol. III. dated 23-12-72].

Recommendation (Sl. No. 87, Para No. 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.

Reply of Government

The Committee which was constituted in December, 1971 has brought together Indian Council of Medical Research and various other organisations and scientists and the Department of Family Planning together. The Committee has studied the present status of knowledge in the field of Family Planning and has laid down strategy for Research in Human Reproduction.

The Coordination Committee for Research in Family Planning under the Chairmanship of the Secretary, Health and Family Planning, has on its Panel, Director General, Indian Council of Medical Research, Director, Central Drug Research Institute, Lucknow, Director, National Institute of Family Planning, Director, All India Institute of Medical Sciences and other scientists and administrators.

The Coordination Committee has taken into account the present status of knowledge in the field of family planning and has laid down broad principles of strategy in future researches in the field of reproduction.

Since its inception in December, 1971 the Committee has held six meetings.

A Committee on Socio-economic Studies on Family Planning under the Chairmanship of Prof. V. K. R. V. Rao, has been appointed. The Committee shall advise and coordinate research on the economic, sociological, educational, psychological, communicational and demographic aspects of population growth and Family Planning and review the programme of the research work done in these fields. The Committee shall also examine and make recommendations on research proposals in these fields to the Ministry of Health and Family Planning.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72-B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 88, Para No. 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.

Reply of Government

9.39. The Department agrees with the comments of the Estimates Committee 1971-72, that there is an urgent need to have a systematic and coordinated research on indigenous contraceptives and that the Central Council for Research in Indian Medicine and Homoeopathy should play an effective role in this connection.

With this end in view, the Deptt. has earmarked budget of Rs. 3,630,000 for the Council for 1972-73, though the revised estimate for 1971-72 was Rs. 1,45,000.

Ten clinical and three pharmacological units are at present engaged in the trial of selected ayurvedic recipes. Two more chemopharmacological units are being established, one at Bhubaneswar and another at Trivandrum. Studies are also being conducted at Banaras Hindu University on the oestrogenic and progestine activity of certain homoeopathic drugs.

The Central Council for Research in Indian Medicine and Homoeopathy has studied two drugs "Vidanga" and "Japakusum"

pharmacologically. The anti-fertility factors of both these drugs have been isolated and intensive studies have now been undertaken.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72-B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 89, Para No. 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 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.

Reply of Government

The Family Planning Programme is advocated as a national programme and supplies and services for contraception are provided on a voluntary basis to all sections of the population. Information on the religion of acceptors is being recorded in the case of cards of acceptors which are maintained at the peripheral levels. A sample study on the basis of such data was carried out by the Central Department of Family Planning in 1968-69 to assess the extent of acceptance among various religious communities. Recently, detailed instructions have been issued to all State Governments to carry out an analysis of the acceptance rate by religion on a sample basis every year. The results will be used for shaping the Programme strategy, and special steps will be taken to intensify the mass education and motivation programme, particularly among those sections of the population which show relatively low acceptance of the Programme. Publication of the results will be resorted to as and when considered in the interest of the family planning movement.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72-B&B (FP)—Vol. III, dated 23-12-72].

Recommendation (Sl. No. 90, Para No. 9.67)

The Committee note that United Nations Family Planning Missions in India in 1965 and 1970 and the Planning Commission in its Evaluation Report on Family Planning Programme (1970) found 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 recapitulated below:—

- (i) In September, 1969 there was need for 1.5 lakhs trained workers (Doctors, Nurses, Auxiliary Midwives, 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 reduction in birth rate of 39 per thousand to 25 per thousand from 1973 to 1981 was stated to be lack of trained personnel.

Reply of Government

(i) In the year 1969 there were about 70 thousand family planning workers in position at different levels. It is expected that more than one lakh workers will be in position by the end of 4th Plan. The Department is conscious of the large backlog of training of workers in position requiring specific training and the need for the deployment of trained personnel for the achievement of the objectives of the programme. Each of the 44 Regional Family Planning Training Centres, Five Central Training Institutes, 16 Central Family Planning Field Units prepare their respective yearly calendars of training activities in advance. This helps in the better utilization of their resources.

(ii) The percentage of sanctioned staff as in position in training centres has improved considerably and was 89.0 per cent on 1st April, 1972 as against 70.5 per cent in 1969.

(iii) States have been advised to utilize the services of adequately trained doctors for conducting sterilization operations and insertions of IUCD. They have further been advised to improve the follow up procedures.

(iv) Of the 46 Regional Family Planning Training Centres sanctioned to train peripheral level F.P. functionary, 44 have been established and are conducting training programmes regularly. As a consequence the training status of workers in position has improved. These training programmes are of varying durations as at Appendix X. The emphasis so far has been on short term courses with a view to provide knowledge to a maximum members of workers in position. The Department is taking steps for instituting longer courses for various categories of workers at Central Institutes as well as Regional Family Planning Training Centres for better skill development.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72-B&B (FP)—Vol. III, dated 23-12-72]

Recommendation (Sl. No. 91, Para No. 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

co-ordination and co-operation 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 co-operation is important in the promotion of Family Planning and MCH 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 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 contacts so that they can impart training on realistic lines.

Reply of Government

(i) The Department regularly reviews the progress of training through the quarterly and annual progress reports received from the Central Institutes, Regional Family Planning Training Centres and the Central Family Planning Field Units.

In addition the training programmes are also reviewed at the zonal meetings organised each year.

The Central Training Institutes help the faculty of the Regional Family Planning Training Centres to modify their training curricula according to the changing needs of the programme.

Evaluation and review have also been carried out by a number of agencies like the Programme evaluation organisation of the Planning Commission, United Nations Family Planning Mission and a special group set up by the Department. In addition, the Department periodically reviews the training performances of the various Central Institutes.

(ii) All Training Institutes and Centres have a rural and urban field practice and demonstration areas. These areas are utilized by the Training Institutions to provide field experiences to the trainees. To facilitate mobility for trainees and staff, each centre has also been provided with necessary transport.

(iii) Training of programme personnel has always been considered as a continuous process since the inception of the programme. All the family planning workers are given initially a short training course to acquaint them with their roles (Appendix X). After the first initial exposure the workers have to come back for longer courses of 30—90 days duration. Those who have to wait for their turn to join these longer courses have to be provided refresher courses at least once a year. A diploma course in Health Education has been instituted in three Central Institutes.

Workshops and seminars are also arranged from time to time on special aspects of the programme.

(iv) a. & b. From time to time the Institute of Applied Manpower and Research has been conducting studies on Health and Medical Manpower since 1964. The Institute has worked out estimates of Manpower requirement for the IV Plan Period.

While some States have said that they had surplus doctors, it was found that there were 175 primary health centres in the coun-

try as a whole without any doctor and 2553 primary health centres with only one doctor. To remedy this, various types of incentives have been recommended to attract young doctors to work in the rural areas and thus absorb some of the surplus as well as overcome some of the shortages. The incentives are in the form of rural allowance, rent free accommodation, forming a single cadre of doctors for rural and urban areas in the State. The recommendations are in various stages of the process of implementation in different States.

A team consisting of representatives of Director General of Health Services, Department of Health, alongwith respective representatives from the states visited the states of Rajasthan, Bihar, Tamil Nadu, Mysore, Andhra Pradesh, Kerala, Madhya Pradesh, Punjab, Assam and Bengal and interviewed and selected doctors for the C.H.S. cadre for employing them in the union territories and other organisations participating in the Central Health Scheme.

In the States of Madhya Pradesh, Maharashtra and West Bengal, the surplus nurses are provided short term training in community health and appointed in place of lady health visitors.

A scheme to create a central pool of doctors under the name of "Central Family Planning Corps Officers" was started in the year 1966 with a view to meet the shortages in deficit and difficult areas. But this scheme did not prove successful. Some of the reasons for this were:

1. Disparity of pay scales between the Central Corps doctors and State employees led to resentment on the part of the State doctors and resulted in non-acceptance of the Corps doctors and non-co-operation.
2. The pool doctors were reluctant to go to difficult areas. Ultimately the scheme was abandoned in 1971. A Central Pool of para-medical personnel is still more difficult to operate. Attempts are being made as far as possible to eliminate the shortages in different states in respect of doctors and other para-medical personnel by:

(1) Opening new Institutes: In the 4th Plan, 25 ANM schools were sanctioned as under:

10 for U.P.

10 for Bihar and 5 for Orissa.

All these have been established except 2 in U.P. which will be opened shortly. In addition, 10 schools for U.P.

and 9 for Bihar are to be opened with UNICEF assistance.

- (2) Financing the Auxiliary Nurse Midwife and LHV training Institutes.
- (3) Strengthening of teaching faculty in the Medical Colleges.

In States which have achieved a ratio of one Auxiliary Nurse Midwife for 10,000 population, proposals are under consideration for appointing one ANM for 5000 population.

(v) The seats in the medical colleges are likely to be increased to 13,000 by the end of the Fourth Plan Period.

(vi) At present the training facilities provided in the 44 existing R.F.P.T.Cs are not being fully utilised. The Department is making all attempts for fuller utilisation of training facilities as well as improving the quality of training. With this view it is planned to strengthen the faculty of R.F.P.T.Cs and Central Training Institutes. Later when the staff is available and there is better utilization of existing facilities more centres will be opened.

(vii) Since the beginning of the Fourth Plan 8 new ANM schools have so far been opened in U.P. 10 in Bihar and 5 in Orissa. In addition 12 additional schools will be opened in U.P. and 9 in Bihar from 1972 to 74.

(viii) The question of training of *dais* was discussed by the Central Maternal and Child Health Advisory Committee. The Committee recommended that the question of training of practising traditional birth attendants (*Dais*) may be examined by a Sub-Committee, which has been constituted (1) to study the extent of the problem in the country (2) to review the training scheme being implemented in the different states (3) to identify reasons for their slow pace in the Fourth Five Year Plan and suggest ways for accelerating it (4) to review the existing legislative provisions for regulating the practice of midwifery by untrained personnel and make recommendations for further provision if necessary.

(ix) District training teams have been formed in Punjab, Haryana and Gujarat. These teams undertake short term initial orientation training programme for the peripheral workers. Other states have accepted the concept of District Training Teams and are initiating action to develop such teams.

The orientation shibirs are conducted by the Block level staff.

The staff in the training institutions have facilities for field contacts through their urban and rural field practice and demonstration areas which are used for self-development as well as working out field work methodology.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72-B&B (FP)—Vol. III, dated 23-12-72]

Recommendation (Sl. No. 92, Para No. 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.

Reply of Government

The National Service Bill has already been passed by Parliament and has since become an Act.

[Ministry of Health and Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72-B&B (FP)—Vol. III, dated 23-12-1972]

Recommendation (Sl. No. 93, Para No. 10.18)

The committee regret to note that the IUCD programme was formulated and implemented on the advice of foreign advisers without analysing its pros and cons and without exercising an independent judgement on its suitability in Indian conditions and without establishing any proper infra-structure for the same.

Reply of Government

This is an observation and no action is called for.

[Ministry of Health and Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72-B&B (FP)—Vol. III, dated 23-12-1972]

Recommendation (Sl. No. 94, Para No. 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

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may be accepted as and when necessary, keeping in view the overall objectives of the Family Planning Programme and the national interest.

Reply of Government

The above suggestion of the Estimate Committee has been noted for compliance.

[Ministry of Health and Family Planning (Department of Family Planning) O.M. No. G. 25013[1/72-B&B (FP)—
Vol. III, dated 23-12-1972]

Recommendation (Sl. No. 95, Para No. 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 birth rate to 25 per thousand.

Reply of Government

Concurrent evaluation of the Family Planning Programme is being done. At the State level, D&E Cells have been established. One of the items of work earmarked for the cell is to identify areas of success and failures and reasons thereof in different districts of the States.

The Department of Family Planning reviews the work carried out by the different States during different months by preparing monthly progress reports which are being circulated to the States every month. While forwarding this report, the deficiencies are pointed out to the States to enable them to take corrective measures. In turn the States have also been requested to prepare such monthly progress reports by districts every month and feed back this information to the districts and to lower levels which also helps the States in taking corrective action in the areas of unsatisfactory performance. The Planning and Evaluation Division in the Department is also being strengthened.

The Department of Family Planning with the help of NIFP and other agencies is also undertaking studies to locate good and poor performance areas to find out the reasons for success or otherwise of

the programme in the States. For example studies have been conducted in selected good and bad districts of U.P. and Bihar.

[Ministry of Health and Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72—B&B (FP)—
Vol. III, dated 23-12-1972]

Recommendation (Sl. No. 96, Para No. 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 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.

Reply of Government

In order to evaluate the programme on a continuing and uniform basis, Demographic and Evaluation Cells have been set up at the State level. Concurrent evaluation similar to that being done at the Central level is also being undertaken by these cells. Besides studies|surveys regarding the Family Planning Programme are also undertaken by them as desired by the Programme Administrators at the State level and by the Department. The results thrown up by such studies are fed back into the programme to revise the strategy of the programme to achieve the results.

[Ministry of Health and Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72-B&B (FP)—
Vol. III, dated 23-12-1972]

Recommendation (Serial No. 97, Para No. 11.17)

The Committee note there have been no evaluation of the Programme in terms of reduction in fertility on an uniform basis throughout the country. The Committee realised the difficulties of Government in undertaking such an evaluation the weak and embryonic 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 uniform basis as rapidly as possible.

Reply of Government

The D&E Cells have been established in the States which will be able to evaluate the impact of the programme in terms of reduc-

tion in fertility on a uniform basis. Sufficient infrastructure has been or is being built up at all levels for the purpose. For evaluation on a uniform basis throughout the country a work-shop of Demographers working in D. & E. Cells was organised by the Department last year in 1971. It is hoped that the studies planned to be undertaken by the D. & E. Cells will be able to give estimates of parameters that will be used in the calculation of births averted. This will facilitate the calculation of reduction in fertility as a result of Family Planning Programme in the country. For technical supervision and coordination of work in these fields the Planning and Evaluation Division of the Department of Family Planning is being strengthened.

The Department of Family Planning has sanctioned schemes for evaluation in terms of assessment of fertility rates to the Population Council of India and the Institute of Management, calculate to conduct surveys in Haryana, Tamil Nadu and Orissa. Similar surveys may be sanctioned for other States also. These surveys proceed on uniform lines. The results of the Sample Registration Scheme of the Registrar General of India are also used to arrive at the reduction in, birth rate at all India and State levels. Besides surveys conducted by the DRCs|CAR Centres and D. & E. Cells are being streamlined to arrive at comparable results.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G.25013/1/72-B&B(FP)-Vol. III, dated 23-12-1972].

Recommendation (Sl. No. 98, Para No. 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.

Reply of Government

Instructions have already been issued to the State Governments to the effect that, the Officers of the State level, District level as

well as the Block level, when they go on tour, should check at least 2—5 per cent of the recorded sterilisation and I.U.C.D. cases at random. This has again been reiterated when the subject of 'Supervision at various levels' was discussed in detail at the Conference of the Health Secretaries, A.M.Os. and S.F.P.Ss. held at New Delhi from 15th to 17th April, 1970 when the following recommendation was adopted:—

“Since adequate and continued supervision at all levels is the key to the success of dynamic programme like Family Planning, the State Governments may lay down the criteria for essential touring by the supervisory officers such as number of days of tour, number of night halts outside their headquarters, number of blocks to be inspected for every month so that proper supervision is ensured.”

All the State Governments have been requested to implement the above recommendation of the conference and many of the States have taken necessary action.

In order to facilitate effective supervision, provision has been made for vehicles for supervision purpose.

Regional Directors of the Department, when they go on tours, make random checks to ensure correct reporting.

Realising the urgency of the need for ensuring timely flow of accurate information from the peripheral to higher levels required for systematic concurrent evaluation at various levels, the Seventh Meeting of the Central Family Planning Council held at Jaipur on the 14th and 15th October, 1971 resolved that “regular sample check of data collected in the field be undertaken by the Demographic and Evaluation Cells and the Regional Directors. For the purpose, staff for the Demographic and Evaluation Cells on the pattern suggested and qualifications prescribed by the Department of Family Planning be placed in position and the system of collection and supply of information as recommended in the Manual of Family Planning Records and Returns be strictly followed.”

The need and importance of having a check on the performance Statistics in respect of the various methods of family planning have already been appreciated by the Central and State implementing authorities. Sample check of these statistics to detect fictitious, ineligible cases and discrepancies in recorded information has already been undertaken in a large number of the States. This subject was also discussed at the Workshop of Demographers/Statisticians-in-Charge of Demographic and Evaluation Cells in the States held in

this Department during September, 1971 and it was agreed to undertake a sample check of 2 to 5 per cent cases through the District Statistical Assistants/Investigators, Field Investigators and the headquarters staff. On the basis of the available information in this Department, most of the States, in which Demographic and Evaluation Cells have started functioning, are undertaking a sample check (of 2 to 5 per cent cases).

Some of the States are utilising the services of Assistant Surgeons-in-Charge of mobile service units for undertaking the supervisory work. The State/Divisional/District level officers are also undertaking random checking of the family planning acceptors in addition to the Statistical Assistants, who are also carrying out the job at the district level.

CHAPTER III

RECOMMENDATIONS WHICH THE COMMITTEE DO NOT DESIRE TO PURSUE IN VIEW OF THE GOVERNMENTS REPLIES

Recommendation (Serial No. 18, Para No. 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 or advising on schemes relating to educational aspects of family planning.

Reply of Government

The Executive Board on Family Planning, according to the functions assigned to it, is not concerned with all schemes relating to the family planning programme. The inclusion of a representative from the Ministry of Education in the Board on a regular basis may not, therefore, be necessary. The Board has been given powers to invite other experts/members. A representative of the Ministry of Education shall be invited to the Board meeting whenever schemes relating to educational aspect of family planning come up for consideration before it.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G.25013/1/72-B&B(FP)-Vol. III, dated 23-12-1972].

Recommendation (Serial No. 36, Para No. 5.10)

The Committee note that only 431 mobile units for providing sterilisation services and 432 units for IUCD 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.

Reply of Government

In the earlier stages of the programme provision of services like sterilisation and IUCD insertions was not satisfactory due to inadequate facilities at the urban and rural centres as well as lack of trained medical officers to undertake these operations. Under these circumstances it was considered desirable to have mobile service units which were to move from place to place and undertake sterilisation operations and insertion of IUCDs. Accordingly mobile sterilisation units with a vehicle and medical and para-medical staff were sanctioned in October, 1963, one for each district Family Planning Bureau. Later on with the initial success of the IUCD programme in 1965-66 similar mobile IUCD units were sanctioned towards the end of 1966. The main purpose of these mobile units was to provide facilities for sterilisation operations and insertion of IUCDs, though a modest provision was made for treatment of minor ailment etc. for the community which these units visited. It was never the intention that these mobile units will provide medical care and preventive health services.

With the development of urban and rural centres with trained medical officers, sterilisation operations were gradually undertaken in most of the static Family Planning centres both in the urban and rural areas. With this development the need for mobile sterilisation units went on declining gradually.

After the establishment of IUCD units considerable progress was noted specially during the year 1966-67 when these mobile IUCD units moved from place to place for insertion of IUCD mainly centred around the urban and rural centres and sub-centres. Lack of lady doctors hampered this programme from the very beginning and later due to the unpopularity of the IUCD on account of various reasons the workload for these mobile IUCD units went on decreasing. At the same time facilities for IUCD insertions were also made available in most of the urban Family Welfare Planning Centres as well as in some of the rural ones where lady doctors were posted.

In this situation the mobile units whether for sterilisation or IUCD were converted into mobile service units to provide facilities for sterilisation or IUCD insertions as required, in areas where static service units with trained medical officers were still lacking. But again with the development of the static centres the need for these mobile units declined considerably. Under these circumstances the State Governments were requested to evaluate the performance of these mobile units during the last 3 years and to send their comments and recommendations on the continuation of these mobile units, either in their existing form or with necessary modifications. On the basis of available reports the performance of these units was considered to be unsatisfactory. In the meantime, some of the States on their own abolished a number of these mobile units while reports from other States are still awaited. The question is thus under consideration of Department of Family Planning.

Under the circumstances, the recommendation that more mobile units be established, does not appear to be feasible, and the only question that remains is whether to abolish such of them as are no longer necessary or to convert them for other facilities under the Family Planning Programme.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G.25013/1/72-B&B(FP)-Vol. III. dated 23-12-1972].

Recommendation (Serial No. 57, Para No. 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.

Reply of Government

According to the Census report 1971 "Agricultural labour" is defined as "a person who works in another person's land for wages in money, kind or share. He has no risk in the cultivation but merely works in another man's land for wages and he has no right of lease or contract on the land on which he works".

According to the same 1971 census report it is estimated that there are 47.3 million agricultural labour (according to the definition given above) dispersed all over the country. It may thus be seen that it may not be feasible to organise a programme specifically to involve agricultural labour in the Family Planning Programme since they are spread all over the country in the rural areas. As far as is known this agricultural labour is not organised in our country with trade unions' and other activities except perhaps in Kerala and West Bengal. Moreover, these individuals form a part of the general rural community and can avail of educational and motivational facilities as well as the services provided for the general community in the area.

However, under special circumstances like State agricultural farms where large number of agricultural labour are employed, it should be possible to organise special programmes. The recommendation is accepted in this perspective and has been brought to the notice of all the State Governments for consideration.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G.25013/1/72-B&B(FP)-Vol. III, dated 23-12-1972].

CHAPTER IV

**RECOMMENDATIONS IN RESPECT OF WHICH REPLIES OF
GOVERNMENT HAVE NOT BEEN ACCEPTED BY THE
COMMITTEE**

NIL

CHAPTER V

RECOMMENDATIONS IN RESPECT OF WHICH FINAL REPLIES OF GOVERNMENT ARE STILL AWAITED

Recommendation (Sr. No. 13, Para 3.44)

The Committee are inclined to agree with the suggestion made 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.

Reply of Government

This matter has been taken up with the concerned authorities. The finalisation of a decision is likely to take some time. The Lok Sabha Secretariat shall be informed as soon as a final decision is reached.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72-B & B (FP)—Vol. III, dated 23-12-72]

Recommendation (Sr. No. 14, Para No. 3.52)

Consideration that family Planning is a Programme of National importance, it is imperative that 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 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.

Reply of Government

The question of delegation of larger financial powers to the Secretary is under consideration.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013|1|72-B and B (FP)—Vol. III, dated 23-12-72]

Recommendation (Sr. No. 23, Para No. 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 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 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.

Reply of Government

The Department of Health have circulated this recommendation to all State Governments/U.Ts. for appropriate action. The Recommendation has also been Communicated to the Chief Secretaries of State Government|U.Ts. vide D.O. No. G. 25013|1|72-B&B (FP) dated the 23rd May, 1972 from Shri R. N. Madhok, Additional Secretary, Ministry of Health and Family Planning for initiating necessary action in this regard (Copy attached).

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72-B&B-Vol. III, dated 23-12-1972].

R. N. MADHOK,
ADDITIONAL SECRETARY,

D.O. No. G.25013/1/72-B&B (FP)

MINISTRY OF HEALTH AND FAMILY
PLANNING (DEPARTMENT OF
FAMILY PLANNING)

Nirman Bhavan

New Delhi, the 23rd May, 1972.

Dear Shri,

The Estimates Committee of the Parliament have completed their examination of the estimates relating to the National Family Planning Programme. A copy of the 13th Report of the Committee on this programme, which was presented to the Lok Sabha on 28-4-1972 is enclosed. The recommendations made by the Committee and the conclusions arrived at by them are of particular relevance to the States as the implementation of the programme largely rests with them. Necessary action for consideration of these recommendations and arriving at decisions thereon will, to the extent relevant to the State, need to be initiated as a report has to be furnished to the Estimates Committee, within six months of their Report. This has to be furnished in respect of each recommendation separately in the enclosed proforma.

I enclose herewith a list of the recommendations/conclusions relating to the States/Union Territories. The State Government may kindly furnish a report on the action taken or proposed to be taken.

This information may kindly be sent separately for each recommendation in the proforma enclosed by 30th June, 1972.

With regards,

Yours sincerely,

Sd/- R. N. MADHOK

All Chief Secretaries of
State Governments/U.Ts.

Recommendation (Sr. No. 48, Para No. 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.

Reply of Government

The matter has been considered in an inter-Departmental meeting convened by the Union Health Secretary at which the representatives of the Ministries of Finance and Labour and Rehabilitation were present. A working paper will be prepared in the light of the exchange of views at this meeting which will be further discussed by the representatives of the concerned Ministries for making out a draft scheme. It is proposed that the matter may be subsequently discussed with representatives of workers and employers.

[Ministry of Health & Family Planning (Department of Family Planning) O.M. No. G. 25013/1/72-B&B-Vol. III, dated 23-12-1972].

NEW DELHI;
March 5, 1973

KAMAL NATH TEWARI,
Chairman,
Estimates Committee

Phalguna 14, 1894 (Saka)

APPENDIX I

(vide recommendation No. 34)

Statement showing the progress made in the various components spelt out in the Plan for strengthening the Transport Organizations at the Centre and States in the Health and Family Planning Programmes

Para of the reply	Items and important parameters	Prior to IV th Year Plan	IVth Plan targets	Achievement upto 31-3-1972	Achievement during 1972-73
1	2	3	4	5	6
A.5	C. O. T. & C.H.T.O.				
	(a) Staff (Nos)	42	398	199	Nil
	(b) Buildings				
	(i) Plinth Area	Nil	60,000 Sq. Ft.	6,600 Sq. Ft.	Nil
	(ii) Cost	Nil	Rs. 16 Lakhs		Rs. 3.8 lakhs
	(iii) Equipments	Rs. 1.00 lakh	Rs. 26.25 lakhs (Approx.)	Rs. 2.50 lakhs	Rs. 1.00 lakh
	(iv) Library	Nil	Rs. 1.00 lakh	Nil	Rs. 0.1 lakh
A(i)	Co-ordination SHTCs				
	Preparation & updating of Master Plans	Nil	One a Year	Twice	Once
A(ii)	National Stores				
	for UNICEF Vehicles	Under UNICEF control	Under Govt. of India's control & storage	Brought under control & stored with M.M. Bombay	Nil.

(A iv) Training to S.H.T.O. Personnel

(a) Management	Nil	4,700	20	13
(b) Supervisory	}		14	7
(c) Technical			142	65
(d) Operative			674	136
			40,000	
			850	221

(A iv) Delhi S.T.O.

No. of vehicles	170	250	175	—40
Men	14	100	555+11	Nil
Machinery	Rs. 0.22 lakh	Rs. 1.65	Rs. 1.00 lakh	Nil
Material	Nil	Rs. 1.00 lakh	Nil	Nil
Percentage of vehicle service	Nil	90%	38.3 %	46.7%

A (v) Controlling Function

(a) Integrated approach	Nil	4 different divisions	2 Divisions partly	Nil
(b) Regional Directorates	Nil	6	5	Nil
(c) Men	42	398	199	Nil
(d) Technical Publications	Nil	Infinite	11	7

A(vi) Vehicles procurement 1370 7765 3646 1240

(B(i) S.H.T.O

Master Plans	Nil	20	9	7
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	1	2	3	4	5	6
Buildings	Nil	Rs. 117.48 lakhs	Rs. 8.87 lakhs	Rs. 12.00 lakhs		
Staff	843	5102	1204	20		
Equipment (i) UNICEF.	Rs. 11.00 lakhs	Rs. 81.00 lakhs	Rs. 27.26 lakhs	Rs. 5.51 lakhs		
(ii) USAID	Nil	Rs. 30.00 lakhs	Nil	Nil		
M.M. Us :	52	221	102	26		
RWs	Nil	37	5	Nil		
Central Office	11	20	13	Nil		
CWs	10	20	13	Nil		
Central Stores	10	20	13	Nil		
Pooled Budget	Nil	20	4	1		
B(ii) <i>Assisting the States in Selection of Transport Personnel</i>	Nil	20 States	Nil	2 States		
B(iii) <i>Preparation of project reports for conversion from SHTOs to HEMOs.</i>	Nil	20 States	Nil	1 State		
B(iv) <i>Job Evaluation work measurement etc.</i>	Nil	Not susceptible to qualification	Nil	Model qualifications, pay scales & Organisational set up prepared and supplied to States.		
B (v) <i>Policy formulation on Finance Management, Material Management & Personnel Management</i>	Nil	Not quantifiable	Adequate technical material was prepared and sent to SHTOs.			

B (vi)	<i>Design specifications for building</i>	Nil	All makes	Standardised specification for all makes	Reviewed, modified & updated designs & specifications.
B(vii)&	<i>Rationalisation selection & Standardisation of vehicles & equipment</i>	Nil	Not quantifiable	Standardized makes in use in F.P. programmes.	Adoption to availability & changing needs and product development.
C(i)	<i>Central Financial Assistance for CHTO development</i>	Nil	Rs. 290.00 lakhs	Rs. 41.63 lakhs	Rs. 17.50 lakhs
C(ii)	<i>Pooled Budget</i>	Nil	All States	Four	One Secretary, Addl. Secretary, is taking personal interest to persuade the State Govt.
C(iii)	<i>Central V & C Project</i>	Nil			It was recently decided to carry out this project departmentally instead of entrusting it to a management consultancy.
C(iv)	<i>Strengthening of Staff structure of the Transport wing of the Deptt. of F.P. & SHTO</i>	Nil			The proposal for strengthening the Transport Wing in the Deptt. of F. P. & C.H. T. O. is under examination.
C (v)	<i>Pay Scales & Qualifications for the Transport wing of the Deptt. of F.P. & CHTO</i>	Nil			A proposal regarding enhanced pay scales and better service conditions has since been submitted to the Pay Commission. The recruitment rules have been reviewed in consultation with the UPSC and are being finalized.

APPENDIX II

(Vide recommendation No. 39)

No. 2-9|72-IUCD

GOVERNMENT OF INDIA

MINISTRY OF HEALTH & FAMILY PLANNING

(Department of Family Planning)

New Delhi, dated the, 5th April, 1972

To

All the members of the Working Group.

SUBJECT: *The 1st Meeting of the Working Group to advise the Ministry of Health & Family Planning in regards to IUCD Programme held on 9-3-72 at Nirman Bhawan, New Delhi.*

Sir|Madam,

I am directed to send herewith a copy of the minutes of the above stated meeting for information.

The recommendations made by the Working Group are under examination of this Department.

Yours faithfully,
(Sd|-) M. D. SAIGAL
Convenor.

No. 2-9|72-IUCD

Copy forwarded to:—

1. All Invitees present in the meeting.
2. All Officers & Section of this Department.
3. All Regional Directors (FP).

(Sd|-) M. D. SAIGAL
for Commissioner Family Planning.

Minutes of the first meeting of the working group to advise the Ministry of Health and Family Planning in regards to IUCD programme held on 9th March in Nirman Bhawan, New Delhi

The First Meeting of the Working Group was held on 9th March under the Chairmanship of Dr. (Miss) L. V. Phatak Commissioner Family Planning & MCH. The following members and special invitees were present:—

MEMBERS:

CHAIRMAN

1. Dr. (Miss) L. V. Phatak

MEMBERS

2. Dr. Kanaka Durgambba, Additional Director of Health Services, Andhra Pradesh.
3. Dr. B. N. Purandare, Dean, Nowrosjee Wadia Maternity Hospital, Bombay.
4. Dr. R. P. Soonawala, Medical Superintendent, Wadia Maternity Hospital, Parel Bombay.
5. Dr. M. K. K. Menon, Madras.

CONVENOR

6. Dr. M. D. Saigal, Assistant Commissioner (Sterilisation).

SPECIAL INVITEES:

7. Dr. Nawal Kishore, Prof. of Obstetrics and Gynae., S. N. Medical College, Agra.
8. Dr. V. Apte, Superintendent, Associated Group of Hospital, Udaipur, Rajasthan.
9. Dr. P. R. Desai, Director of Health Services, Family Planning Mysore State, Bangalore.
10. Dr. G. P. Sengupta D.C. (P&I).
11. Dr. I. Bhooshana Rao, D.C. (TO).
12. Dr. H. Banerjee, A.C. (IDS).
13. Dr. (Mrs.) S. F. Jalnawalla, D.D. (MTP).
14. Dr. (Mrs.) Leila Mehra A.C. (PP).

The following agenda items were discussed:—

1. Steps for rehabilitation of IUCD Programme.
2. Feasibility of camp approach.
3. Introduction of check list for field staff.
4. Insertions by para-medicals.
5. Involvement of Senior Obstreticians and Gynaecologist.
6. Training of Doctors for IUCD Programme.
7. Frequency of follow-up required.

1. REHABILITATION OF THE IUCD PROGRAMME:

Members felt that the most important step in the rehabilitation of the programme is to convince the doctors about the definite place of IUCD in the Family Planning Programme. For this purpose it has been suggested:—

- (a) The leading Gynaecologists in the country should take active part in convincing the medical profession about the utility and the place of IUCD in the Family Planning Programme. As a first step, this aspect may be discussed by the members of the Committee at the ensuing Annual meeting of the 16th All India Obstetrics and Gynaecological Congress being held in New Delhi from 10th March, 1972.
- (b) The meetings of the doctors working in the District should be organised by the State Family Planning Bureau, at which the senior gynaecologists from within the state and outside, if necessary, may be invited to talk on IUCD with the doctors working in Government service and in private practice.
- (c) Initially the doctors in the field should be asked to do only limited number of case after required training where necessary and follow them up so that they know the results for themselves and get convinced about the utility of the IUCD.
- (d) Beside Indian Medical Association, the Obstetrics and Gynaecological Association of India may also be involved in conducting the orientation courses in Family Planning. In future, the orientation courses may be on the lines of those conducted by Christian Medical Association of India.

- (e) The rehabilitation programme should be started in the first instance in those districts which have shown a steady performance. In the districts where there has been a sharp decline in the IUCD Programme, the rehabilitation process should start a little later giving some time to the acceptors and population in general to get over the adverse reports about the IUCD. In the meanwhile motivational efforts in stepping up the IUCD programme may be taken up intensively.
- (f) An essential step for the rehabilitation of IUCD appears to be the motivation of ANMs regarding the advance targets of IUCD in Family Planning Programme. For this purpose the following steps are suggested: (i) para-medicals staff should be given training alongwith medical officers; (ii) in the training of ANMs, the Regional F.P. Training Centres and District Family Planning Bureau should be actively involved; (iii) during the training period of ANM should be posted in Family Planning Centres also for certain fixed period and (iv) the question papers for the examination of nurses, Health Visitors and ANMs should also carry questions on family planning.

In order to implement these suggestions it is desired that the Department write to the Nursing Council and to the Administrative Medical Officers.

- (g) It was felt that once the confidence is created about the IUCD programme among the doctors, the social workers and ANMs it will become much easier to convince the acceptors. It has been suggested that the general information leaflets containing the opinion of prominent gynaecologists may be utilised for changing the attitudes of the public towards IUCD.

2. FEASIBILITY OF CAMP APPROACH:

The members were of the unanimous view that any attempt for camp approach for IUCD at the present stage is likely to be detrimental to the IUCD Programme.

3. INTRODUCTION OF CHECK LISTS:

It is recommended that a check-list for the follow-up of IUCD acceptors is essential and should be introduced at the earliest.

A check list for the use of field workers in selecting the likely acceptors should also be prepared.

The Department of Family Planning should send the States a model check list for this purpose which can be modified by the States, if necessary, in consultation with the prominent medical personnel.

1. INSERTIONS BY PARA-MEDICALS

The members were of the view that in the present context of the IUCD programme, para-medicals should not to be allowed to do IUCD insertions.

5. INVOLVEMENT OF SENIOR OBSTETRICIANS AND GYNAECOLOGIST:

The members felt that the Senior Obstetricians and Gynaecologists of the Medical Colleges are still not fully involved in the programme. The Department of Family Planning should address letters to the Administrative Medical Officers and the Professors of all the Medical Colleges in this connection.

6. TRAINING OF THE DOCTORS:

It was felt that at present the training which is imparted is mostly theoretical. Greater emphasis should be put on practical training.

Selected doctors who are already doing IUCD inserters may be further trained for a short period in the practical aspects of the IUCD in district and teaching hospitals. In case there are not enough cases for practical training, the trainees may be given practice on the insertion of IUCD on cases of dilatation and curettage prior to the actual dilatation of the cervix.

In case of other doctors a longer training will be required. During this training initially the doctors should be trained for proper gynaecological examination on certain number of cases, so that they are able to detect various gynaecological conditions and identify suitable women for IUCD insertions.

7. FREQUENCY OF FOLLOW UP REQUIREMENTS:

The Committee recommended that one of the major reasons for the set back of this programme is the negligence of the follow-up work. It was further recommended that the IUCD services should

be made available only where regular follow up of the cases is possible.

The first follow up should be within 1 week of the insertion, second after the first menstrual period and subsequent follow up every quarterly.

Normally the follow up will be done by ANMs at the residence of the acceptors. However, it is desired that one follow-up may be done by the doctor concerned preferably within the 2nd month of insertion.

In case where the side effects are not checked in a short time or when the patient insists for the removal the IUCD should be removed without delay or arguments.

No. 2-9/72-IUCD

GOVERNMENT OF INDIA

MINISTRY OF HEALTH & FAMILY PLANNING

(Department of Family Planning)

New Delhi, dated the 23rd May, 1972

To

All the State Family Planning Officers
and Union Territories.

SUB: *IUCD Programme—procedure for follow-up.*

Sir,

The question of laying down follow-up requirements in the IUCD Programme was discussed at the First Meeting of the Working Group constituted by the Government of India to advise the Ministry of Health & Family Planning in regard to the IUCD Programme.

The Committee recommended that one of the major reasons for the set back of this programme is the negligence of the follow-up work. It has further recommended that the IUCD services should be made available only when regular follow-up of the cases is possible.

The first follow-up should be within one week of the insertion, second after the first menstrual period, and subsequently every quarter. Normally the follow-up will be done by the ANM|Health Visitor|Female Social Workers at the residence of the acceptors. However, it is desirable that one follow-up may be done at F.W.P.C.

(Urban and Rural) by the doctor concerned preferably within the second and third month of insertion.

This norm is laid down for the routine follow-up. In cases where the acceptor has some side effects the follow-up by the doctor may be required more frequently and at any time. In case where the side effects are not checked in a short time, or when the patient insists on the removal, the IUCD should be removed without delay or arguments.

The Committee further recommended that follow-up forms should be prepared for the follow-up of IUCD acceptors and introduced in the programme at the earliest. It was further desired that a check-list for the use of the field workers may be introduced to help the field workers in properly selecting the likely acceptors.

The above recommendation of the Committee has been accepted by the Department of Family Planning. You are therefore requested to please take necessary action for the implementation of the same.

A proforma of the follow-up card alongwith instructions about its use and the check-list to be used by motivators are enclosed herewith. It is requested that immediate action may please be taken to introduce them into the programme.

Yours faithfully,

(Sd/-)

M. D. SAIGAL

for Commissioner, Family Planning.

Copy to:—

1. All Regional Directors.
2. Members of the Working Group.
3. Officers of the Deptt. of Family Planning.

(Sd/-)

M. D. SAIGAL

for Commissioner, Family Planning.

FOLLOW-UP CARD FOR I.U.C.D.

(to be used by Health Visitors, Auxiliary Nurse Midwives and Social Workers for follow-up of the cases in the field)

Date of follow-up _____

A. Name of case

Name of Husband _____

B. Case Card No.

Date of Insertion.

C. Address.

Questions to be asked:

1. How are you feeling Normal/Weak
 (a) If weak enquire if she was ill. ———
2. When was the last menstrual period. days back
3. Was the period normal (if yes, (a) Prolonged/short
 ask question No. 4, if No, then (b) More bleeding/scanty
 ask reasons and tick mark the (c) accompanied by pain
 reasons given).
4. Inter-menstrual bleeding Yes/No.
5. Has the loop come out Yes/No, if Yes, ———
 days back.
6. If removed,
 (a) when ————— days back
 (b) by whom ————— doctor|Nurse|Dai|Self.
 (c) reasons for removal.
7. If any tablets given
 (write their name and quantity)
8. Advised to visit the doctor on (date)

Signature of ANM|HV|SW

OVERLEAF**INSTRUCTIONS FOR THE USE OF FOLLOW-UP CARD**

1. Doctor of the Family Planning Centre|PHC should get column A. B. & C. filled up when the follow up is due and give this card to the ANM|Social Worker of the area who is supposed to follow up the case.
2. After the field staff has followed-up the case, the follow up form should be seen by the doctor concerned and instruct the field staff, if any further instructions are to be given.
3. A new follow-up card is to be used for each follow up.

4 The follow-up form should be returned by the field staff to the Family Welfare Planning Centre after the follow-up and should be attached with the case card of the case.

5. The question should be asked in the form they are written. The leading questions are likely to elicit incorrect information.

6. In question 1, if the case says she is weak, enquire the reasons of the weakness like illness, heavy work etc.

7. In question No. 3, if the reply is in 'Yes' there is no need to ask the details of the Menstrual period but if the case reply is in 'No' the reasons given by the case should be tick marked.

8. The question No. 8, if the field staff feels that the case the time and date when the doctor will be available in the clinic.

Check list for the use of para-medicals|Social Workers

- | | | |
|--|-----------|---------------------------|
| 1. Name | | |
| 2. Age | 3. Parity | |
| 4. Does the case belongs to the area covered by you. | | Yes No |
| 5. Is her name in eligible couple register | | Yes No |
| 6. Has she ever been pregnant | | Yes No |
| 7. Has she had a pregnancy within the last three years | | Yes No |
| 8. Did she suffer from puerperal sepsis at any time. | | Yes No |
| 9. Are her menstrual period normal | | Yes No |
| (a) Is the amount of bleeding | | Normal Scanty Excessive. |
| (b) Does she suffer from pain during periods | | Yes No |
| 10. Is she in lactation Amenorrhoea Date of last. | | Yes No |
| 11. Does she suffer from low backache | | Yes No |
| 12. Does she has excessive vaginal discharge | | Yes No |

13. Is she using any contraceptive Yes No
14. When was the last menstrual period —————days back

Check list for selection of cases for IUCD by A.N.M.

1. The case should be from the local area served by the clinic and should be out of the Eligible Couples Register of the para-medical staff for the area and one where follow-up can be ensured.
2. Pregnancy or suspicion of pregnancy should be ruled out.
3. There should be no history of irregular cycles and/or excessive bleeding during menses.
4. In case of lactational amenorrhoea pregnancy should be excluded.
5. There should be no history of Dysmenorrhoea.
6. Cases with recent delivery should be brought for placement only after 6 weeks of delivery and 6 weeks after an aseptic abortion.
7. Women who have not conceived for the last 3 years without using any family planning method need not be brought for the IUCD.
8. The women should be in the first week of the menstrual cycle.
9. There should be no history of pain in the lower abdomen or lower back or puerperal fever after the last delivery.
10. The cases will be re-screened in the clinic by thorough pelvic examination by the Lady Doctor.

NOTE:—1. Do not bring nulliparous women or women in the post partum phase for placement of device.

2. Help to remove doubts and misconceptions to the best of your ability (keep a list of talking points with you).

D.O. No. F. 22-43/71-Ster. (FP)

DEPARTMENT OF FAMILY PLANNING
MINISTRY OF HEALTH & FAMILY PLANNING

Dr. (Miss) L. V. Phatak,
Commissioner (FP & MCH)

Nirman Bhawan, New Delhi-11
October, 12 1971.

Dear Dr.

You are aware that there has been a sharp decline in the performance of vasectomy operations in the last few years. In order to boost up the programme, certain States are proposing to organise big vasectomy camps.

In our anxiety to reach the targets, we are inclined to sacrifice quality for quantity. Whenever a death occurs after a vasectomy complications following the operation like sepsis and failure of vasectomy resulting in a pregnancy leads to a lack of faith in the method leads to enhanced psychological complications and ends up in a set back to the programme. While the failure and sepsis gives a set back as a long term effect, a single death spell an end of the programme in the area for a long time.

In order to facilitate the planning and organising big camps, the guidelines on the technical requirements of such camps has been prepared in consultation with experts. A copy of the guidelines is herewith enclosed and I request you to see that they are strictly followed in the conduct of Vasectomy camps.

The receipt of this letter and the action taken in the matter may please be communicated.

Yours sincerely,
(Sd|-) L. V. PHATAK.

To

All State Family Planning Officers (by name)

Copy for information to:—

1. State Health Secretaries (by name)
2. All the AMOs (by name)
3. All the Regional Directors (by name)
4. Officers and Sections of this Department.

GUIDELINES FOR ORGANISATION OF LARGE VASECTOMY CAMPS

Large vasectomy camps are becoming very popular in certain parts of the country. The organisation of such camps needs detailed planning and provision of additional facilities.

The following guidelines are suggested for Vasectomy camps where it is proposed to operate more than fifty cases per day.

1. Prior to organising such large camps, the Director of Health Services of the State should appoint two officers—Camp Officer and Technical Adviser to look after the administrative and technical side of the arrangements at the Camp. The Camp Officer, would either be the Chief Medical Officer of the District or the District Family Planning Officer, who should be made responsible for the organisation, administration, accounts, supplies and transport. On the other hand, the technical officer should be a Professor|Associate Professor of Surgery of one of the Medical Colleges in the State, and he should be made responsible for the overall supervision and guidance of the surgical work at the Camp and help the DFPO or Camp Officer.

2. At the planning stage, the maximum number of sterilization operations likely to be done per day at the camp must be assessed and accordingly the Medical Officers, para medical and other auxiliary staff, surgical equipment, sterilization and auto-claveing facilities etc. required for the camp should be worked out. If the number of cases on any day is more than the number planned, they may be operated on the next day or if it is desired not to postpone operating on such cases 25 per cent of the requirements of any particular day may be arranged additionally as reserve to meet additional demand.

3. *Area Distribution:*

In case of large camps, it is desirable to fix up area-wise operation days so that cases motivated from that particular village|block may come for the operation on the fixed day. This would help in the deployment of the field staff, providing transport facilities and follow up after operation.

4. *Transportation:*

Depending on the number of cases proposed to be operated on any one day, transport arrangements for the cases coming to the

camp and return journey should be made. It may desired that the field staff indicates to the Camp Officer the number of cases expected from their respective areas on the previous evening. This would facilitate the allotment of vehicles etc.

5. *Registration:*

A special counter should be made for registration. In case the number to be operated in one day is more than 100, additional registration counters should be opened at the rate of one counter for each group of 100 additional cases. At the registration counter, all details regarding the case should be entered and it should be made obligatory to verify these details from the Target Couple Register. In case the volunteers coming from other Districts whose Target Couple Register is not available at the camp site, it should be arranged that he brings a chit from the Family Planning Health Assistant|Auxiliary Nurse Midwife|B.E.F. of his area to the effect that his name appears in the Target Couple Register of the area. In case it is not possible, the motivator of the Case should certify on the case form that the details given by the volunteer are correct and the person is eligible for operation.

6. *Medical Check-up:*

After registration, the case should be medically examined for being fit for undergoing the operation. During the medical check-up, it should be specifically noted that person is not suffering from diseases like diabetes, hyper-tension, hernia, hydrocele and elephantiasis. Cases suffering from these diseases need special attention and as such should not be operated in any camp.

During the medical check-up, the cases should also be examined for the presence of old operation scars on the scrotum, discontinuity of the Vas or presence of a module in the Vas. This is necessary to detect already operated cases who may come again for the lure of money. Semen examinations may also be done in doubtful cases.

One medical officer assisted by one Compounder/Helper may be necessary for the medical check up of 50 cases. The required number of teams for medical check up should be arranged depending on the number of cases to be operated on a particular day.

7. *Preparation of cases:*

Once the case has been found eligible and medically fit for operation, he should be taken to preparation room. Special care needs to be taken during shaving to avoid scratches or cuts to the skin. After

shaving the part should be scrubbed with soap and water and anti-septic lotion applied. The spirit, iodine, or other should not be applied on the scrotum. After application of anti-septic lotion, the part should be covered with a piece of sterilized gauze and a "T" bandage given to the patient.

8. *Pre-Medication:*

Normally, no pre-medication is necessary. However, in cases of excitable or apprehensive nature some light sedative or analgesic will help making the person more co-operative during the operation. A.T. serum should not be given as a routine. However, if a person has got a septic wound or injury in any other part of the body, it is desirable to give A.T.S. and penicillin injection as a prophylaxis after intradermal testing.

9. *Requirements of operation:*

(i) A suitable room/rooms along with side room should be prepared for sterilization of instruments, linen.

(ii) Not more than three operation tables should be placed in one room.

(iii) Once a cubicle is set up for operation not more than 20 operations will be done there at a stretch. With the change of doctor for a second shift same room and table can be used after a minimum gap of 3 hours, during which the room should be cleared, disinfected and arranged afresh as at the beginning of the first shift. During this period all instruments should be thoroughly cleaned, sterilized and the equipment tables and trolleys re-arranged.

(iv) Whenever sterilized instruments are taken in trays they should be covered. The trolleys when taken from sterilization room to the operation theatre should always be covered by a sterilized cloth.

(v) One Medical Officer should not do more than 20 vasectomy operations per day one or two doctors in reserve should be arranged as a stand by to take up the operative work in case of any emergency.

(vi) One nurse to look after the requirements of each operative surgeon and one doctor/nurse/compounder to assist him at the operative table should be made available.

(vii) One sister, two nurses and two Class IV servants should be made available for central sterilization room for cleaning, sterilization and arranging operation instruments.

(viii) In order that the sterilized instruments are made available to the surgeons without a break. Four sets of instruments per table may be provided.

(ix) The requirements of linon and gloves per day should be calculated on the basis of the minimum of half to two aprons depending on availability, 3 draw sheets and two pairs of gloves for each case. All these should be auto-claved a day previous to the day of the operation and therefore the requirements of two days should be made available so that while half are being used for the day, the other half are being sterilized|auto-claved for next days operations.

(x) Adequate quantity of cotton, T. bandage, anti-septic lotion, drugs, etc. should be available at the camp.

10. Procedure for Operation:

(i) Arrangement of soap, scrubbing brushes and anti-septic lotion should be made available for preparation of the hands by the operating team.

(ii) It is desirable that the Surgeon and his assistant should change the apron after every operation. However, in view of the fact that this will require large supply of aprons and facilities for their auto-claving, Surgeons and their assistance can use half sleeves sterilized aprons and change them after every four operations, provided the operating team is operated continuously and the aprons do not get soiled during this period.

The use of gloves by Surgeon and his Assistant is absolutely necessary.—Even though the apron may be changed after every four operations, gloves should be changed after every operation. For this purpose, after the operation, the gloves should be removed, the hands washed in anti-septic lotion and new pair of sterilized gloves to be used again. After every four operations, the Surgeon and his Assistant should scrub afresh completely and change the aprons also.

11. Techniques of operation:

(i) The vasectomy operation can be done in different ways as far as the skin incision is concerned. The method in which the particular surgeon is most experienced should be adopted. However, operation should be done by the standard techniques.

(ii) The Vas should be excised in all cases. The portion excised should not be more than 1 cm. in length. The removal of excessive Vas makes a recanalising operation difficult if it is required in future. The Vas should not be cut very close to the epididymus.

(iii) Excised ends of the Vas should be tied with non-absorbable suture No. 50 cotton thread is quite suitable for this purpose. However, it should be ensured that the non-absorbable suture is sterilized properly as sepsis in the presence of non-absorbable suture is very difficult to treat and may even lead to sinus formation later on.

(iv) The skin wound should invariably be sutured. Usual material used for this purpose is thread. However, in special cases the skin suture can also be done with 000 plane Catgut. Use of Tr. Benzoin C O adhesive tape causes excoriation of the scrotal skin and should be avoided.

12. Post Operative treatment

As a routine, cases operated for vasectomy should not need any specific post operative treatment except that for preventing post operative sepsis. The most common organisms responsible for the infection of the wound are strepto or staphyococci. The long acting sulpha drugs provide as great a cover against these common organisms as is provided by Pencillin. A Pencillin anaphylactic shock to any case in the camp situation may create a serious technical and administrative problem leading to closure of the camp and it is very difficult to arrange for sensitivity test in every case in a large camp. Treatment by long action sulpha given for three days is considered enough in vasectomy cases. Broad spectrum anti-biotics should not be given except when there is specific indication for it. Prescribing broad spectrum anti-biotics as a routine, beside adding to the cost is a waste of precious drug and against the future interests of the volunteers.

APC and mild sedatives may also be required for providing symptomatic relief to the cases for the minor post operative complaints which may arise in some cases.

13. Follow Up procedure:

The cases operated in a large camp should be followed at least twice before the removal of stitches. The first follow-up may be after 24 hours and second on 3rd or 4th day of the operation. The field staff should be provided with the specific list of the cases whom they are supposed to follow and should report to the Medical Officer at the concerned Primary Health Centre. For the follow up of the cases coming in the camp from other districts, a list of the cases operated alongwith their full addresses should be sent to the District Family Planning Officer of the Districts and Medical Officer of the Primary Health Centre concerned so that these cases may be looked after properly by the staff of the area concerned.

States, and may request you to take the following steps immediately to attempt pervention of such deaths in future.

Instructions may be please be issued that tubectomy operation are to be done by qualified and experienced doctors only in places where fully equipped operation theatres are available. It is noticed that these operations have been done in PHCs and in buildings not at all suitable for such operations. Normally, PHCs are neither equipped nor have the requisite facilities for tubectomy operations and as such tubectomy camps at PHCs should, as a rule be avoided. In case however, it is felt that due to increased demand, the tubectomy camps at PHCs' cannot be avoided, such camps may be held only in very selected PHCs. Such PHCs should be fully equipped with surgical instruments in sufficient quantities to permit abdominal surgery anaesthesia equipment, facilities for transfusion with sufficient amounts of parenteral fluid, ambulance facilities for transferring a patient immediately to the nearest hospital etc., so as to meet any emergency that may arise. The doctors and the nursing staff posted at such places should also be fully trained in early diagnosis as also in the management of complications after abdominal operations so that these cases are diagnosed early and shifted to the nearest hospital.

It should be ensured that no attempt is made to keep cases developeing complications after tubectomy at the PHC or the camp but are shifted immediately to the nearest districts or Teaching Hospital.

Extra care is required to be taken in post-partum tubectomy cases. While it is true that the approach is easy in post-partum cases, the operative risks in these cases are high due to friability and vascularity of the tubes and weak delicate conditions of the patients after delivery. The chances of cases getting sepsis are also high. As such, post partum tubectomy should be done only in district and other well equipped hospitals.

Further it needs to be ensured that female sterilisations by other methods like cukloscope or laproscope are done only be experienced doctors in properly equipped institutions. Tubectomy as an adjunct to other surgical procedures like Caessarian Section hysterectomy etc. should be done only in hospitals.

It has also come to our notice that in certain areas exclusive tubectomy hospitals have been established without prior permisssion of the Department of Mamily Planning, Government of India. It may be made very clear that such exclusive hospitals are not entitled to receive any non- recurring and recurring grants under the Sterilisation Bed Scheme.

I would appreciate if the above suggestions are implemented at the earliest and I am informed about the action taken in the matter.
With regards,

Yours sincerely,
Sd/- (L. V. Pathak)

All Administrative Medical Officers Copy to:—

1. State Health Secretaries.
2. State Family Planning Officers.
3. Regional Directors and
4. Officers of the Department of Family Planning.

APPENDIX III

(Vide recommendation No. 42)

The Union Territory of Delhi which has an area of 1500 Sq. Kms. cover a population of 40.66 lakhs (Urban: 36.47 lakhs and Rural: 4.19 lakhs) as per 1971 census. The growth rate during 1961-71 was 52.10. The density of population is 1723 Sq. Kms. The Family Planning Programme is being implemented through various agencies operating in the Union Territory viz., Local Bodies, Voluntary Organisations and the Central Government. The Directorate of Family Planning Delhi Administration, is responsible for effective implementation of the Programme, coordination of the activities of these agencies, assisting them in removal of their difficulties and organising publicity. The Delhi Administration provides grants-in-aid to Local Bodies, Autonomous Bodies and voluntary Organisation for implementing the Programme.

Provision of Family Planning Services in Rural Areas

A total 5 main Rural Family Welfare Planning Centres are functioning 4 under the Municipal Corporation and one under directorate General of Health Services. In addition, 41 Rural sub-Centres are also providing Family Planning services in rural areas.

Provision of Family Planning in Urban Areas

In urban areas there are 67 Urban Family Welfare Planning Centres functioning under different agencies as indicated below:—

Agency	Urban Family Welfare Planning Centres
1. Autonomous Bodies.	3
2. Ministry of Defence.	1
3. Director General of Health Services:	
(i) Hospitals and Institutions.	3
(ii) Central Government Health Scheme.	14
4. Municipal Corporation Delhi.	29
5. New Delhi Municipal Committee	4
6. Delhi Administration.	2
7. Voluntary Organisation.	11
	Total: 67

In addition to these Family Welfare Planning Centres in rural and urban areas, there are at present 12 static units in different hospitals for providing sterilisation facilities. Two mobile service units are also rendering Family Planning services in Delhi. Sterilisation beds have also been provided in some hospitals. 7 Institutions have also been sanctioned for Post-partum Programme. These Institutions provide Tubectomy services. For the supply of conventional contraceptives distribution centres have been opened for every block of 1,000 population. Besides this, commercial distribution of conventional contraceptives is also being done through a net work of chemists and druggists shops and the sales is the highest compared to any State in the country. Arrangements have also been made to distribute conventional contraceptives in government offices.

Regarding involvement of local bodies, it may be pointed out that Municipal Corporation Delhi, New Delhi Municipal Committee and Cantonment Board have been fully involved in the implementation of Family Planning Programme. Besides 29 Family Welfare Planning Centres run by Municipal Corporation of Delhi for which grants-in-aid is being given, there are 76 MCH & FP Centres functioning under this body where integrated Family Planning and Maternity and Child Health services are provided.

Similar in addition of 4 Family Welfare Planning Centres run by New Delhi Municipal Committee for which grants-in-aid is given 13 MCH Centres are also providing integrated Family Planning & Maternity and Child health services. The Cantonment Board which is the third local body is running one Family Planning Centre for which it gets grants-in-aid from the Directorate of Health and Family Planning Delhi Administration.

Government is paying special attention to Family Planning services in Jhuggi and Jhaunpari colonies in the Union Territory of Delhi, which covers a population of about 4 lakhs. One Family Planning Field Worker is being provided in each of the 16 dispensaries that have been set up recently by Delhi Administration and 12 by Delhi Development Authority in these areas. Facilities for I.U.C.D. insertion and conventional contraceptives apart from publicity material will be provided through these dispensaries, cases of Sterilization will be attached by mobile units until the doctors in these dispensaries are trained. Action has already been taken to impart training to Medical officers Incharge of these dispensaries in motivation as well as services.

In order that the programme should reach the low awareness areas efforts have been intensified by holding special tubectomy

camps. There camps were arranged last year to cover the slums and congested and backward areas of Delhi which proved a success. In the current year also there proposal to organise 3 tubectomy camps out of which 2 will be organised at St. Stephen's Hospital and Lady Hardinge Medical College for the weaker sections of community particularly those inhabiting congested areas and J.J.Colonies. It is also proposed to hold large vasectomy camps, to cover the weaker sections of different parts of Delhi.

During the year 1971-72, the achievement of the target in respect of sterilization, I.U.C.D. and users of Conventional Contraceptive is 63.1 per cent, 59.1 per cent and 124.1 per cent respectively. The number of couples currently protected by all the methods is 201,082 (upto June, 72) which amounts 29.71 per cent of the total couples in the reproductive age group.

The birth rate figures estimates under the Sample Registration Scheme of the Registrar General of India, for rural and urban areas of Delhi for the years 1968, 1969 and 1970 are as follows:—

Year	Estimated birth rate per 1000 population		
	Rural	Urban	Combined
1968 .	45.9	32.9	34.2
1969 .	42.4	33.0	34.0
1970	47.6	29.6	31.4

APPENDIX IV

(*Vide Recommendation No. 46*)

SUMMARY OF OBSERVATIONS OF N.I.F.P.ON

A.—Role of Incentives in Mass Vasectomy Camps

The National Institute of Family Planning has also studied the role of high incentives in Mass Vasectomy Camps. The summary of the important observations is as follows:—

1. Among the respondents who came for vasectomy operation 21.95 per cent wanted money and were not worried about more children. 72.69 per cent wanted money but did not like to have any more children and 5.35 per cent had no response.
2. In about 25 per cent cases the main motivating force was money while about 75 per cent were motivated by both factors, money as well as limiting the family size.
3. Only 18.12 per cent of cases felt the pinch of having more children to support to be the most important reason for coming for vasectomy operations.
4. The incentive actually created a situation for more intense and fruitful extension education. Also the condition that incentives undercuts or are opposed to extension education approach does not seem to hold good.
5. The dominant trend observed in the camps does not seem to justify the observation that vasectomy is prescribed or trends to be accepted where some other family planning methods may be more appropriate because of medical, personal or other reasons.
6. According to the information given by the cases themselves, in 32 per cent cases the wives had already reached menopause and in 3 per cent respondents failed to give information. In the remaining 65 per cent cases wives were in the reproductive age group and were having regular menstruation and were not pregnant at the time of operation.

7. In a large majority of cases there was enough evidence to indicate that basically they were convinced of the need of limiting their family, 16.1 per cent respondents were found to have made an instant decision. In such cases there was very little or no deliberation in terms of benefit or harm of the operation. The data indicates a few instances where acceptance is because of external forces.
8. Most of cases considered incentive money as help from Government partly for health, partly for loss of wages and partly to improve general family welfare.

B.—Demographic & Socio-Economic Characteristics of Vasectomised Persons in the camps

The results of various studies on the socio-economic characteristics of acceptors of vasectomy at large scale camps are summarised in the statement annexed.

The main findings are as follows:—

1. There is a great variation in the mean age of wife of the acceptors from one camp to the other. It ranges from 30.4 years for the camp in Trivandrum to 37.5 for the camp in Monghyr in Bihar. The average for the normal programme in India is 36.1 years. It is higher than this average in the case of Monghyr and Gorakhpur but lower in all other cases.
2. There is not much variation in the average number of children living for acceptors at various camps except for the camp in Haryana which shows a figure of 5.4 and Tamil Nadu districts which give an average of 3.4 children. These figures except for these exceptions do not differ from the normal programme which gives an average figure of 4.4 children.
3. There has been a good deal of variation in the percentage of wives of acceptors in the age group 30—39 years ranging from 39.7 per cent in Haryana to as high as 65.95 per cent in Uttar Pradesh.
4. Mostly acceptors were from the low income group with income less than Rs. 100/- except for Bulandshahar.

Characteristics of acceptors as various mass Vasectomy Camps Held in 1971-72 and their Comparison with the Normal Programme

Sl. No.	Name of Distt./State	Compiled by	No. of cases	Mean age	Mean No. of li-ving chil- dren	% of Wives with three or less children	% of wives in 30-39	% of Hindu Muslim	% illiterate		% with in- come less than Rs. 100/-		
									Hus.	Wife			
I	2	3	4	5	6	7	8	9	10	11	12	13	14
1	Monghyr (Bihar)	N.I.F.P.	137	37.6	44.1	4.3	22.6	39.8	99.3	0.7	68.6	87.3	73.7
2	Muzaffarpur (Bihar)	N.I.F.P.	321	32.3	37.3	3.9	37.4	63.3	89.4	10.6	68.5	85.6	71.8
3	Bulandshahr (UP)	N.I.F.P.	14047	35.1	39.5	4.5	28.0	65.9	89.0	10.3	63.7	..	38.8
4	Gorakhpur (UP)	D&E Cell Up	61697	36.5	40.3	4.4	30.3	67.9	90.9	8.7	86.2	97.1	91.6
5	Trivandrum (Kerala)	Bureau of E&S	15519	30.4	38.3	3.9	51.0	45.6	74.7	5.4	30.4	..	48.2
6	Ernakulam Nov.-Dec. 1970 (Kerala)	Do.	15003	32.2	38.9	4.2	42.0	52.4	53.9	8.1	73.0	..	71.3
7	Ernakulam July, 1971 (Kerala)	Distt. Collector	63418	30.8	37.4	4.1	48.7	50.6	68.1	5.5	59.9	..	78.9
8	Gurgaon, Jind and Mohi- hindergarh (Haryana)	D&E Cell	6265	35.8	39.8	5.4	..	30.7	92.7	4.1	57.8	85.8	..
9	Three Distts. (Maharashtra)	SFP Bureau	43,476	..	40.5	4.4	32.9	..	92.7	5.0	65.7	..	80.0
10	Seventeen Distts. (Gujarat)	SFP Bureau	223060	..	35.7	4.5	28.9	..	93.9	5.6	65.7	88.2	76.3
11	Seven Distts. (Tamil Nadu)	Date of H.S. & F.P.	93179	34.1	39.7	3.4	58.9	59.6	96.5	1.3	56.9	..	100.0
12	All India Programme	Normal	..	36.1	..	4.4	33.2	48.1	87.0	88.6

APPENDIX V

(Vide Recommendation No. 46)

Place, Period, Targets, Achievements and Expenditure on Mass Vasectomy Camps held in 1971-72

Sl. No.	State	Place of Camp	Period of camps	Targets	Achievements	% Achievements	Achievements	Expenditure per case (in Rs.) (Normal + additional Central + other agencies)
1	2	3	4	5	6	7	8	
1	Andhra Pradesh	1. Visakhapatnam	1st Oct. to 30th Nov. 71	10,000	16,255	162.55	30	
		2. Srikakulam	16th Oct. to 30th Nov. 71	10,000	12,436	124.36		
		3. Chittoor	1st Oct. to 5th Dec. 71	10,000	11,124	111.24		
		4. Nizamabad	1st Oct. to 5th Dec. 71	10,000	4,435	44.35		
				40,000	44,250	110.62		
2	Bihar	1. Darbhanga	1st Feb. to 20th Feb. 72		2,698	164.7	30 + 70-100	
		2. Muzaffarpur	Do.		10,829			
		3. Monghyr	Do.	30,000	14,362			
		4. Patna	Do.		8,181			
		5. Saran	Do.		8,152			
		6. Gaya	Do.		5,186			
								49,408

I	2	3	4	5	6	7	8
3	Gujarat	In all the Districts	15th Nov. 71 to 14th Jan. 72	1,59,000	2,23,060@	123.9	40+50+15=105
4	Haryana	1. Gurgaon	1st Dec 71 to 13th Jan. 72	10,000	12,945	129.45	30+50=80
		2. Jind	Do.	10,000	10,377	103.77	
				<u>20,000</u>	<u>23,322</u>	<u>116.61</u>	
5	Kerala	1. Ernaculam	1st July, to 31st July 71	20,000	62,913	314.57	135
		2. Trivandrum	1st Jan. to 31st Jan. 72	10,000	16,428	164.28	30+50=80
		3. Trichur	7th Feb. 72 to 19th Feb. 72	10,000	20,820	208.20	
		4. Cannanore	13th March to 19th March 72	10,000	13,000	130.00	
				<u>50,000</u>	<u>113,161</u>	<u>226.32</u>	
6	Maharashtra	1. Poona	1st Dec. 71 to 31st Dec. 71	10,000	19,680	196.80	46+20=66
		2. Parbhani	Do.	10,000	16,818	168.18	
		3. Aurangabad	Do.	10,000	22,587	225.87	
		4. Ratnagiri	Do.	10,000	11,797	117.97	
		5. Akola	Do.	10,000	12,474	124.74	
		6. Thana	Do.	10,000	11,756	117.56	
				<u>60,000</u>	<u>95,112</u>	<u>158.52</u>	

7	Tamil Nadu	1. South Airoot	1st Dec. to 10th Jan.	10,000	40,437	404.37	46 + 204 + 58 = 124
		2. Thanjavur	Do.	10,000	23,376	233.76	46 + 20 + 5.30 = 71.30
		3. Madurai	Do.	10,000	9,551	95.5	46 + 20 = 66
		4. Salem	Do.	10,000	19,551	195.51	
		5. Tiruchirrapalli	Do.	10,000	14,859	148.59	
					14,621*		
				50,000	1,22,395	244.08	
8	Uttar Pradesh	1. Bulandshahr	15th Nov. to 15th Dec. 71	10,000	14,934	140.34	30 + 74 + 10 = 114
		2. Gorakhpur	27th Jan. to 26th Feb. 72	10,000	18,766	187.66	
		3. Azamgarh	Do.	10,000	13,182	131.82	30 + 84 + 10 = 124
		4. Basti	Do	10,400	113.65	113.65	
		5. Deoria	Do	10,000	17,462	174.62	
				50,000	74,809	149.62	
9	Madhya Pradesh	Durg	1st Dec. to 7th Jan. 72	10,000	10,000	100.00	30 + 50 = 80
		TOTAL		490,000	755,517	154.2	

†Does not include 8,940 tubectomy cases done.

* District-wise break-up is not available.

APPENDIX—VI

(Vide recommendation No. 46)

QUESTIONNAIRE

*(Please use the space on the right for the reply.
Space overleaf may also be used, if necessary.)*

Questions	Replies
1. What are your considered views on the mass vasectomy camps (s) held in the State during 1971-72? In particular, please mention, in the light of the experience of your State/district, the strong and weak points of the camps including their effect on the programme in the State as a whole and on the performance in the concerned and other districts.	
2. (a) What in your opinion, based on the experience of the camp(s), are the main factors which contribute to the success or otherwise of the camp?	
(b) What in your opinion was the relative contribution of these factors? Please indicate them in order of importance.	
3. Do you consider that large scale vasectomy camps be made a regular part of the Family Planning Programme? Please give brief reasons for your reply whether it is in the affirmative or otherwise, keeping in view the repercussions of the camps on the normal programme.	

Questions

Replies

-
4. If you are in favour of including the large-scale vasectomy camp(s) approach in the Family Planning Programme on a regular basis, what are your suggestions in regard to their organisation and details; in particular?
- (a) should they be organised as:
 - (i) a single large camp at the district level; or
 - (ii) at sub-divisional levels; or
 - (iii) in PHCs and urban-centres?
 - (b) what should be the duration of the camps? Which part(s) of the year is/are most suitable for the camps?
 - (c) what should be the minimum target?
 - (d) how frequently should the camps be held in a year?
 - (e) what are your specific suggestions for:
 - (i) mounting the requisite motivational and educational strategy including involving of other government departments, Panchayats, local leaders, voluntary organisations and other workers;
-

 Questions

 Replies

- (ii) proper selection of cases
(please also indicate what age-groups should be excluded);
- (iii) quality of services
(please also indicate whether the individual acceptors should stay for rest for one or more days in the camps);
- (iv) follow-up of cases?
- (f) what should be the level of compensation/incentives for the various categories;
- (i) persons receiving the services;
- (ii) motivators;
- (iii) doctors;
- (iv) other workers?
- (g) should the payment of compensation/incentives be:
- (i) fully in cash; or
- (ii) partly in cash and partly in kind (what should that be); or
- (iii) fully in kind?
- (please give brief reasons for your preference)
- (h) should the payment be made:
- (i) in one lump; or
-

Questions	Replies
<p>(ii) in parts, once when the cases come for services and second when they come for follow-up like removal of sutures? If the latter, what should be the break-up?</p>	
<p>(i) should there be any contribution in cash or kind from the local sources, and if so, to what extent?</p>	
<p>5. Can the large-scale camp approach be applied to other methods like tubectomy, IUD? If so, what are your specific suggestions about it?</p>	

NOTE:—The filled in Questionnaire may be sent back on the following address:

Shri D. N. CHAUDHRI,
 Deptt. of Family Planning,
 Post Box No. 5410,
 New Delhi-1.

Sender's Name

Address

APPENDIX VII

(Vide recommendation at S. No. 46)

Strong and Weak points of camp strategy

The following strong and weak points were mentioned in the replies to this questionnaire.

A. *Strong points:*

- (i) The mass vasectomy camp is good for massive acceptance and for getting things done in a short period, and for fulfilment of targets;
- (ii) Cooperative attitude among all the concerned official and agencies such as Revenue, Community Development, Panchayats and non-officials was considerably strengthened;
- (iii) Higher incentive money, publicity and motivation played an important part in showing improved performance; and
- (iv) Wider acceptance of family planning programme among the rural population was achieved as a result of this novel experiment.

B. *Weak points:*

- (i) After the camp, there is a general relaxation and performance deteriorates considerably;
- (ii) Proper selection of cases and due care in operation was found to be lacking in many cases;
- (iii) Sometimes transport facilities were not adequate.
- (iv) Time given for preparation, motivation and publicity was very short in some cases;
- (v) Camps lead to some sort of commercialisation of the sterilisation programme and as such even motivated potential acceptors might in future wait for such occasions;
- (vi) Such camps may not help in the acceptance of family planning as a way of life and in fact might lead to some malpractices.

APPENDIX VIII

(Vide recommendation No. 82)

Curriculum in 'Family Planning' for the MBBS Course

The curriculum may be considered under various pro and para clinical heads, and the following details are worked out for each of the disciplines.

Anatomy

- 1.1 Gross and microscopic anatomy of the male and female generative organs.
- 1.2 The Menstrual cycle.
- 1.3 Spermato genesis and Cogogenesis.
- 1.4 Fertilisation of the ovum.
- 1.5 Tissue and organ changes in the mother in Pregnancy.
- 1.6 Embryology and organogenesis.
- 1.7 Principles of Genetics.
- 1.8 Applied anatomy of mechanical methods of preventing conception.
 - (a)—in female—chemical contraceptives, pessaries, IUCD, tubectomy.
 - (b)—in male—condoms, vasectomy.

Physiology

- 2.1 Physiology of reproduction.
- 2.2 Endocrines and regulation of reproduction in the female.
- 2.3 Endocrines and physiology of reproduction in the male.
- 2.4 Physiology and Endocrinology of pregnancy, parturition and lactation.
- 2.5 Nutritional needs of mother and child during pregnancy and lactation.
- 2.6 The safe period—rhythm method of contraception.
- 2.7 Principles of use of oral contraceptives.

Pharmacology

- 3.1 Mode of action and administration of
 - (a) Chemical Contraceptives
 - (b) Oral contraceptives
- 3.2 Contraindications for administration
- 3.3 Reactions and toxic effects.

Community Medicine

- 4.1 The need for Family Planning.
- 4.2 Organisation of Family Planning Service.
- 4.3 Health Education in relation to Family Planning.
- 4.4 Nutrition.
- 4.5 Psychological needs of the mother, the child and the family.
- 4.6 Demography and vital statistics.

Obstetrics and Gynaecology

- 5.1 Contraceptive methods male—Female
 - (a) Mechanical—1. Pessaries, IUCD, Condoms
2. Tubectomy and Vasectomy
 - (b) Chemical
 - (c) Oral
 - (d) Rhythm Method.
- 5.2 Demonstration of use of pessaries, IUCD condoms and technique of tubectomy.
- 5.3 Advice on Family Planning to be imparted to parents.

Paediatrics

- 6.1 Problems of child health in relation to large family.
 - (a) Organisation of paediatric services.
 - (b) Nutritional problems of mother and child.
 - (c) Childhood diseases due to overcrowding.

Survery—Technique of vasectomy

Compulsory Internship

Placement of a student for inservice training in a family planning clinic for a period of at least one month.

Examinations

It is necessary that questions of family planning be introduced in the theory, practical and oral examinations throughout the MBBS course.

The curriculum content has been indicated subject-wise. However, it would be more advantageous to the student for purposes of integrated learning, and for understanding of the subject, if family planning instruction within the curriculum content indicated could be divided into three phases.

Phase I.—Instruction in Anatomy

Physiology, Biochemistry and Pharmacology

There should be close integration in the teaching of these subjects. It is suggested that during the pro, and early para clinical years, two to three weeks may be set apart for Instruction in Family Planning relating to these subjects; so that the student gets an overall understanding of the principles and practice of 'Family Planning', within the limited time available for covering all the subjects of the medical course. The method suggested would save time and repetition of essential facts.

Phase II.—This includes the later para clinical and clinical courses. The practical aspects of Family Planning methods should be emphasised. This programme of instruction should be supervised by the Department of Obstetrics and Gynaecology and the departments of community medicine, Internal medicine, Psychiatry, Paediatrics and Surgery must be closely associated in imparting instruction relating to the problems arising from want of family planning and the advantages to society and the individual which will be gained by adopting the measures suggested.

Phase III.—Period of compulsory internship. During this period there must be one month's practical inservice training, during which period the student is attached to a family planning clinic.

Seminars.—The medical colleges should organise occasional seminar in which staff from all departments and the inservice trainees should participate.

APPENDIX IX(a)

(Vide recommendation No. 82)

No. 29-1/71 Trg.

GOVERNMENT OF INDIA

**MINISTRY OF HEALTH & FAMILY PLANNING
(DEPTT. OF FAMILY PLANNING)**

Nirman Bhavan, New Delhi

Dt. the 20th April, 1972

To

The Principal,
All Medical Colleges,

SUB:—*Organisation of Seminar on Family Planning—Submission of report thereof.*

Sir,

It is hoped that you are aware of our Department's scheme on the organisation of two Seminars each year on Family Planning Programme in each Medical College. The scheme was introduced in the year 1967 and has thus been now in operation for about 5 years.

This Department is interested to know your opinion about the utility of the scheme and accordingly, it is requested that you may give your opinion on the following points:

- (i) General Impacts of the Seminar on the knowledge about Family Planning Programme amongst the students and faculty of the Medical Colleges.
- (ii) Interest shown by the faculty and students in the Seminar conducted in your colleges.

This may be treated as urgent.

Yours faithfully,

Sd/-

PRAKASH ANAND

for Commissioner (F. P&MCH)

APPENDIX IX(b)

(Vide recommendation at S. No. 82)

No. 29-1/71 Trg.

GOVERNMENT OF INDIA

**MINISTRY OF HEALTH & FAMILY PLANNING
(DEPTT. OF FAMILY PLANNING)**

Nirman Bhavan|P.B. No. 5410

New Delhi Dt. the Oct., 1972

To

The All Principal of Medical Colleges

SUB: *Organization of Seminars on Family Planning yearwise.*

Sir,

In continuation of this Department's letter No. 29-1/71 Trg. dated April 20, 1972 on the above subject. I am directed to request you to ~~this Ministry~~ the number of Seminars on Family Planning, held in your Institute yearwise since, 1967.

This may please be treated as urgent.

Yours faithfully,

Sd/-

P. ANAND

for Commissioner (PF&MCH)

APPENDIX X

(Vide recommendation Nos. 90, 91)

Training Duration

A. For various Categories of Family Planning Personalle :

i. At Regional P. P. Training Centres :

	No. of working days	
	Initial short term training	Subsequent long term training
1 F. P. Health Assistants	6	30
2 Block Extension Educators/ Block Co-ordinators	6	30/90
3 Urban Extension Educators	6	30
4 Lady Health Visitors	6	..
5 Block Medical Officer	6	30
6 Lady Medical Officer	6	15
	(with training in IUCD)	
7 Family Planning Field Worker (Male or Female)	..	30
8 Medical Officers (Urban Centres)	3	6
9 Medical Officers (Oral Pill Project)	6	
10 Para-medical (Oral Pills Project)	6	..
11 Selected Nursing personnel (for I. U. C. D.)	..	21
12 Sister Tutors (Nurse Educators)	6	
13 Homoeopaths Practitioners	2	
14 Statistical Investigators/Statistical Assistants	15	

II. At Central Institutes :

15 Health Education Officer	30	60
16 District Extension Educators/ District Co-ordinators	30	60
17 District F. P. Officers	6	30
18 Distt. Mass Education and Information Officers	15	
19 Joint/Deputy/Assistant Director (FPN/MCH/M.Ed.) State Mass Edu. & Infn. Officers	3	..
20 Principals	7	24
21 M. L.-cum-Demonstrators	7	30
22 H. E. Instructors	7	30

23	P. H. N. Instructors	}	R. F. P.	7	30
24	S. S. Instructors		T. C.	7	30
25	H. E. E. Officers		Staff	7	30
26	Family Planning Officers			7	15
27	Sr. Health Educators				
28	Health Educators.			7	15
29	Jr. Health Educators	}	CFP field	7	15
30	Social worker		Unit staff	7	15
31	Statisticians (R. F. P. T. C.)			15	
32	Artists (R. F. P. T. Cs)				
33	Associate/Asstt.	}	Prof. Reader		
34	Registrars		F. P. Teaching		
35	Lecturer, H. Edn.		Staff for		
36	P. H. Nurse		Medl. College		
37	Demographer	}	State D &		
38	Social Scientist		Evaluation	15	
39	Statistician				
40	St. Assistant				
41	St. Investigator				
42	Computer				
III. Central Family Planning Field Units :					
43	Auxiliary Nurse Midwives.			6	
44	F. P. Field Workers			6	
IV. District P. P. Bureau :					
45	Computers			7	
46	Store-keeper-cum-Clerk			3	
47	Helpers				
V. I. M. A. College of General Practitioners :					
48	Genl. Medl. Practitioners Central Office			4	
49	Genl. Medl. Practitioners—				
	From State Level (Capital)			1	
	From Distt. Level (At capital)			2	

B. For Health and other Establishment Personnel :

I. At Regional F. P. Training Centres :

1	Distt. Health Officers/D. M. Os.	3	6
2	Block Development Officers	3	6
3	Health Inspectors/ Sanitary Inspectors/Malaria Inspectors/ Food Inspectors etc.	3	6
4	Trainers and Teachers from Teachers' Training Institutions and from training institutions of various other Departments and Agencies	6	..

II. By Central F. P. Field Units :

1	Basic Health Workers	3	6
2	Vaccinators	3	6
3	Inspectors/Extension Officers of Other Department like C. D., Agriculture, Education, Social Education etc. at block level	3	6
4	Teachers/ Panchayat Secretaries etc.	3	6

III. By District Family Planning Bureau :

1	Distt. and Block Level Leaders.	1—3	..
2	Distt. and Block level Officers of various Departments	1—3	..
3	Personnel of other Govt. and Voluntary Agencies working for progress other than those for Health and Family Planning.	3	..
4	Members of I. M. A. and General Private Practitioners.	2	..

IV. By Primary Health Centres (Block):

1	Block and Panchayat level leaders.	1—3	..
	Block and Panchayat level officers of different Departments and agencies	1—3	..

C. For Special Courses Workshops etc.

1	Oral Pills	6	..
2	IUCD Practical Training :	(At Distt. Hospitals, Teaching Hospitals, Mobile Camps, spread over a period till at least 10 insertions have been done and 20 witnessed by Doctor under guidance),	
3	Sterilisation Practical Training :	(At Distt. Hospitals, Teaching Hospitals, Mobile Camps, spread over a period till at least 5 vasectomies have been performed and 10 witnessed under guidance.)	
4	Medical College Seminars.	1	..

5	District level joint Seminars for staff of Distt. F. P. Bureau and Block	3—6	..
6	Selected Nursing personnel for IUCD		3 weeks
7	Reproductive Biology	..	6 months
8	Sister-tutor Workshops .	6 days	..
9	D. F. P. O's Distt. Workshops	6 days	..
10	Diploma in Health Education course	..	One year
11	Special Workshops for Trainers	6 days	
12	Public Health Nurse Instructors' Workshops	6 days	..
13	Research Clinics .		3 months

APPENDIX XI

(*Vide* Introduction)

Analysis of the action taken by the Government on the recommendations contained in the Thirteenth Report of Estimates Committee (Fifth Lok Sabha)

I. Total number of recommendations	98
II. Recommendations which have been accepted by Government (<i>vide</i> recommendations at Sl. Nos. 1,2,3,4,5, 6, 7, 8, 9, 10, 11, 12, 15, 16, 17, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 49,50, 51, 52, 53, 54, 55, 56, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, and 98.	
Number	91
Percentage to total	93
III. Recommendations which the Committee do not desire to pursue in view of the Government's replies (<i>vide</i> recommendations at Sl. Nos. 18, 36 and 57)	
Number	3
Percentage to total	3
IV. Recommendations in respect of which final replies of Government are still awaited (<i>vide</i> recommendations at Sl. Nos. 13, 14, 23 and 48)	
Number	4
Percentage to total	4