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FAMILY WELFARE PROGRAMM

MINISTRY OF HEALTH AND
FAMILY WELFARE

(DEPARTMENT OF FAMILY WELFARE)

**PUBLIC ACCOUNTS
COMMITTEE
1993-1994**

TENTH LOK SABHA

LOK SABHA SECRETARIAT

SEVENTY-THIRD REPORT
PUBLIC ACCOUNTS COMMITTEE
(1993-94)

(TENTH LOK SABHA)

FAMILY WELFARE PROGRAMME
MINISTRY OF HEALTH AND FAMILY
WELFARE
(DEPARTMENT OF FAMILY WELFARE)

[Action Taken on 139th Report of Public Accounts Committee (8th Lok Sabha)]



*Presented to Lok Sabha on 28 April 1994
Laid in Rajya Sabha on 28 April 1994*

LOK SABHA SECRETARIAT
NEW DELHI

April, 1994/Chaitra, 1916 (Saka)

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PUBLIC ACCOUNTS COMMITTEE
(1993-94)

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*Ceased to be a Member of the Committee on completion of her tenure in Rajya Sabha w.e.f. 2 April, 1994.

INTRODUCTION

1. I, the Chairman of the Public Accounts Committee, as authorised by the Committee, do present on their behalf this Seventy-Third Report on action taken by Government on the recommendations of the Public Accounts Committee contained in their 139th Report (Eighth Lok Sabha) on Family Welfare Programme.

2. In their earlier Report, the Committee had recommended evolving of a suitable administrative machinery for securing an effective inter-sectoral coordination of various socio-economic development programmes having a bearing on family planning both at Central and State levels to attack the multi-dimensional population problem. They had also desired such a system at Central level not only for identifying further areas where family planning could be introduced as an integral activity but also for ensuring that the socio-economic developmental programmes of other Ministries/Departments are re-structured to motivate people in favour of small family norms. In this Report, the Committee have observed that in pursuance of their recommendation the Ministry have merely addressed a letter to the States/Union Territories in a rather routine manner emphasising the need for close inter-sectoral linkages and proper coordination of programmes and activities of various Departments in the State/Union Territories. Expressing their unhappiness, the Committee have concluded that the Ministry have not taken any tangible steps to harmonize the work of various agencies involved in undertaking socio-economic developmental work and to take action on the lines suggested by the Committee. They have, therefore, reiterated their earlier recommendation and desired that Government should initiate concrete action in the matter so that the population problem is not tackled in isolation, but in the overall context of the country's social, economic and cultural development and that the people are motivated in favour of small family norms.

3. Drawing attention of Government particularly to the poor performance of Family Welfare Programme in the States of U.P., Bihar, Rajasthan and Madhya Pradesh which accounted for about 40% of the population of the country, the Committee had, in their earlier Report, recommended that a special cell comprising experts under the charge of a Joint Secretary in the Ministry exclusively for these four States and also such corresponding calls in the four States concerned should be set up with the objective of ensuring proper supervision and effective monitoring of Programme implementation in those States. While observing that in pursuance of their recommendations a Committee comprising of experts under the Chairmanship of a Joint Secretary has been constituted and started functioning in

the Ministry for the purpose, the Committee have noted with concern that the corresponding special Cells in those States are yet to be set up. They have, therefore, desired that the concerned State Governments might be asked to expedite the same. The Committee have also desired that the effectiveness of the Committee constituted in the Ministry in improving the levels of performance of the Family Welfare Programme in these four States should be reviewed and they be apprised of the outcome thereof.

4. The Report was considered and adopted by the Public Accounts Committee at their sitting held on 25 April, 1994. Minutes of the sitting form Part II of the Report.

5. For facility of reference and convenience, the recommendations of the Committee have been printed in thick type in the body of the Report and have also been reproduced in a consolidated form in the Appendix to the Report.

6. The Committee place on record their appreciation of the assistance rendered to them in the matter by the Office of the Comptroller and Auditor General of India.

NEW DELHI;
28 April, 1994

BHAGWAN SHANKAR RAWAT,
Chairman,
Public Accounts Committee.

8 Vaisakha, 1916 (Saka)

CHAPTER I

REPORT

1. This Report of the Committee deals with the action taken by Government on the recommendations and observations contained in their Hundred and Thirty-ninth Report (Eighth Lok Sabha) relating to Family Welfare Programme based on paragraph 22 of the Report of the Comptroller and Auditor General of India for the year 1984-85, Union Government (Civil), Volume I.

2. The 139th Report which was presented to Lok Sabha on 17 December, 1988 contained 46 recommendations and observations. Action taken notes received from Government in respect of the recommendations and observations contained in the above mentioned Report have been broadly categorised as follows:—

- (i) Recommendations and observations which have been accepted by Government:
Sl. Nos. 1, 4, 7, 9-17, 21-27, 29-31, 33-36, 39 and 40.
- (ii) Recommendations and observations which the Committee do not desire to pursue in the light of the replies received from Government :
Sl. Nos. 2, 5, 6, 18-20, 28, 32, 37, 38, 41 and 46.
- (iii) Recommendations and observations, replies to which have not been accepted by the Committee and which require reiteration:
Sl. Nos. 3, 8 and 42-45.
- (iv) Recommendations and observations in respect of which Government have furnished interim replies:

—NIL—

Implementation of Family Welfare Programme

3. The Family Planning Programme was introduced in the First Five Year Plan in 1952. From 1966-67, it was made target oriented and time bound. Maternal and Child Health Care Services (MCH Services) designed to improve the health of mothers and children, were also integrated with it during the Fourth Plan period. The Programme was renamed as "Family Welfare Programme" in 1977-78. The main objectives of the Programme were briefly, to bring down the birth rate and to promote the health of mothers and children by providing pre/post natal MCH Services. The Programme is a centrally sponsored scheme. In addition to cash assistance,

the Central Government also provides assistance in kind in the form of contraceptives equipment, vaccines, drugs, etc. It is implemented by the States/Union Territories through a network of Rural and Urban Family Welfare Centres and Sub-Centres. The Department of Family Welfare in the Ministry of Health and Family Welfare provides overall directions and coordination to the Programme.

4. The 139th Report of the Public Accounts Committee, (Eighth Lok Sabha) was based on the findings in the Audit paragraph mentioned above wherein the implementation of the Family Welfare Programme during the Sixth Five Year Plan (1980-85) was test checked by Audit. In their 139th Report the Committee had expressed the opinion that even though the Family Welfare Programme had been in operation for more than 35 years with an expenditure of over Rs. 2,400 crores incurred thereon upto the end of Sixth Five Year Plan, it had not been able to check the growth of population at all. According to the Committee, the nature of population problem had not been perceived in the right perspective in spite of the initial urgency of the population control expressed by the planners in the First Five Year Plan. In the opinion of the Committee the Programme had been implemented without any enthusiasm like any other routine programme with the result that the growth rate of population remained unabated. They had emphasised that the Ministry of Health & Family Welfare should take steps to identify the weak spots in the Programme management from every possible angle since the Programme was a Centrally Sponsored Scheme although it was implemented by the State/Union Territory Governments.

The Committee will now deal with the action taken by Government on some of their specific recommendations.

Mechanism for inter-sectoral integration of various programmes

(Sl. No. 8, Paragraph 2.23)

6. Commenting on the absence of a suitable machinery for securing effective closer inter-sectoral linkages and proper coordination of various socio-economic developmental programmes having a bearing on family planning, the Committee in Para 2.23 of their 139th Report (8th Lok Sabha) had recommended:

"The Committee are concerned to note that while various socio-economic development programmes having a bearing on family planning have been initiated in various Ministries/Dcpts. during different plan periods, the Government have not yet developed any administrative machinery to have closer inter-sectoral linkages and proper coordination of the programmes. The Committee have been informed that the matter relating to development of a mechanism for inter-sectoral integration of family welfare programme at Central and States levels is under consideration of Government of India. The Committee cannot but emphasise the urgent need for securing the

effective inter-sectoral coordination at all levels to attack the multi-dimensional population problem. The Committee trust that the necessary mechanism would be introduced soon. The Committee would also desire such a system at Central level to not only identify further areas where family planning would be introduced as an integral activity but also to ensure that the socio-economic development programmes of other Ministries/Depts. are restructured to motivate people in favour of small family norm. The Committee would like to be apprised to precise action taken by the Government in this regard."

7. In their action taken reply, the Department of Family Welfare have stated as follows:—

"Inter-Sectoral coordination has been an area of great concern. Family Planning Programme is a part of Socio-economic Development and its success depends on other programmes such as poverty alleviation programme, raising status of women, increasing the female literacy rate. Many important developmental programmes are covered under 20 point programme. This Machinery has addressed letters to the Chief Secretaries of States/UTs with copies endorsed to the Health Secretaries, etc. emphasising the need for close inter-sectoral linkages and proper coordination of programmes and activities of various Departments in the States/UTs."

8. The Committee in their earlier Report had recommended evolving of a suitable administrative machinery for securing an effective inter-sectoral coordination of various socio-economic development programmes having a bearing on family planning both at Central and State levels to attack the multi-dimensional population problem. They had also desired such a system at Central level not only for identifying further areas where family planning could be introduced as an integral activity but also for ensuring that the socio-economic developmental programmes of other Ministries/Departments are re-structured to motivate people in favour of small family norms. From the action taken reply furnished by the Ministry it is seen that the Ministry in pursuance of the recommendation of the Committee have merely addressed a letter to the States/Union Territories in a rather routine manner emphasising the need for close inter-sectoral linkages and proper coordination of programmes and activities of various Departments in the State/Union Territories. The Action Taken Note is completely silent about the actual achievement in the development of a mechanism for the integration of the programmes at Central/State levels although the Committee were earlier informed that such a proposal was under consideration of Government. The Committee are unhappy to conclude that the Ministry have not taken any tangible steps to harmonize the work of various agencies involved in undertaking socio-economic developmental work and to take action on the lines suggested by the Committee. They, therefore, reiterate their earlier recommendation and desire that Government should initiate concrete action in the matter so that the population problem is not tackled

in isolation, but in the overall context of the country's social, economic and cultural development and that the people are motivated in favour of small family norms.

Propagation of Family Welfare Programme

(Sl. No. 45, Paragraph 7.45)

9. Stressing the need for making Family Welfare Programme a national movement with the active involvement of civil servants and village heads in propagating it among the rural population, the Committee in Paragraph 7.45 of their 139th Report (Eighth Lok Sabha) had recommended as follows:—

“The Committee consider that the Family Welfare Programme should be taken as a national movement and a willing and determined cooperation should be obtained from the people from all walks of life. Since the main stress of the programme is essentially in villages and the acceptance of Small Family Norm is intrinsically connected with the socio-economic development, the committee are of the view that a committed involvement of administration is very vital for the rural population to be suitably educated on the family welfare measures and the objectives of the programme. The Committee therefore, recommend that a scheme aimed at providing overall guidance on the socio-economic measures being initiated by the Government for the rural people may be formulated with a view to promoting wider acceptance of small family norm in rural India. The proposed scheme should involve civil servants above a particular level who may be asked to adopt a set of 3 to 4 villages for overall development. Such officials must visit the adopted villages once a month and interact with people on the entire range of the socio-economic development programmes being implemented by the Government for the rural population. These officers may also seek the active cooperation of the village heads and Panchayats in propagating the programme.”

10. The Department of Family Welfare in their Action Taken Note stated as under:—

“The suggestion of PAC for the involvement of civil servants and village heads in propagating the Family Welfare Programme will help in making the Family Welfare Programme a people's movement. Civil servants in their official capacity can help in propagating the programme in a better way. Active involvement of village heads and Panchayats is also prerequisite. Rural population can be educated in a convincing manner through the village heads and panchayats about the need for a small family. A D.O. letter has been sent to Chief Secretaries of all States/UTs in this regard.”

11. The Committee in their earlier Report had recommended that a Scheme aimed at providing overall guidance on the socio-economic measures being initiated by the Government for the rural people may be formulated with a view to promoting wider acceptance of small family norm in rural India. Stressing the need for making Family Welfare Programme a National movement, the Committee had outlined the role to be played by civil servants and had suggested for eliciting active co-operation of village heads and Panchayats propagating the programme among the rural masses. The Committee regret to note from the action taken reply furnished by the Department of Family Welfare that even after the lapse of a considerable time since presentation of their Report no concrete action has been taken on the recommendations of the Committee. The Ministry have merely sent a letter to the State/Union Territories in this regard. The action taken note is completely silent about scheme launched or contemplated on the lines suggested by the Committee. The Committee are constrained to point out that the action taken note does not indicate that the Ministry has acted with the seriousness that it required. They, therefore, reiterate their earlier recommendation and desire that conclusive action be taken on it:

Poor performance of Family Welfare Programme in selected States

(Sl. Nos. 3, 42, 43, and 44, Paragraphs 2, 18, 7.42, 7.43 and 7.44)

12. Taking note of the wide variations in the Programme and demographic situation in different States the Committee had expressed the view that population problem in the poor performance States and regions cannot be understood or tackled by a single uniform national strategy and such there had to be multiple strategies to suit inter-state and inter-regional diversities. In this context the Committee in Para 2.18 of the Report had recommended as follows:—

“The Committee note that while the Ministry of Health and Family Welfare have prescribed a uniform Family Welfare Programme for the entire country statistics reveal that there are wide variations in the programme acceptance and demographic situation in the different States. The performance of programme in the major States of U.P., M.P., Bihar and Rajasthan continues to be poor due to various socio-economic factors. The acceptance of Family Planning among certain communities and identifiable groups in the country is also much lower than the national averages due to religious susceptibilities and social attitudes. The Committee are of the opinion that the population problem in the poor performing States and regions cannot be adequately understood or tackled by a single uniform national strategy and as such there has to be multiple strategies to suit inter-State and Inter-regional diversities. For the wider acceptance of the programme, it is imperative that the sensitive issues of religious beliefs and hard attitudes is tackled by the States after taking the advice and help of experts and the States also take special steps to identify the thrust areas requiring priorities and differential

approaches. The Committee feel that the flexibility in approach and financial powers in implementing special schemes for different regions and areas and specific groups should be provided to State Governments so that they are in a position to effectively implement the programme according to realities of the situation."

13. In their action taken reply the Department of Family Welfare stated:—

"In area of Family Planning Programme, special projects have been designed for improving the programme with financial assistance from agencies like World Bank, UNFPA and DANIDA in lagging States. The main emphasis is for strengthening technical skills. Steering Committees have been set up to avoid delays in taking decisions.

In 4 States of Bihar, M.P., Rajasthan and U.P., IEC projects have been launched. These special IEC projects are to be implemented in a phased manner for over three years. Mobility of the workers, fixed work, scheduled and training at all levels, Community involvement and development of appropriate communication and training material at the local levels are the major features of training scheme. Basically, the scheme focusses on ensuring greater rapport between the community and health workers with the help of inter-personnel communication technique, systematizing health care delivery, system of providing on the job training session on monthly and overnightly basis, introducing visit schedule on fix days of the week of health workers in the villages and developing problem solving communication skills leading to qualitative improvement in the system, raising the credibility of health workers in the community."

14. Expressing their concern over the poor performance of the Programme in the four major States of Uttar Pradesh, Bihar, Rajasthan and Madhya Pradesh the Committee in Paras 7.42, 7.43 and 7.44 of the Report had recommended as follows:—

"The Committee are deeply concerned at the poor programme performance in the 4 major States of Uttar Pradesh, Bihar, Rajasthan, and Madhya Pradesh. These States which account for about 40 per cent population of the country, have substantially higher infant mortality and birth rates and lower couple protection rates in comparison to national levels. According to a study conducted in 1985 by Indian Institute of Management, Ahmedabad on facility utilisation and programme management in these four states, the poor quality of services and lack of appropriate follow-up and care in these States has not only resulted in relative under-utilisation of health facilities but have also lowered the credibility of health infrastructure. The Committee are informed by the Ministry that follow-up action on the findings of this study report lies primarily with the State Government concerned and the role of the Ministry is merely confined to ensuring

the follow-up action on the points contained in the study report is taken by the respective State Governments. However, these States have been allotted to two Joint Secretaries in the Ministry who in addition to their normal duties, review periodically the follow-up action as and when they go on tours to these States. The Committee are not at all satisfied with this casual approach of the Ministry towards these low performing States and are of considered view that the programme management in these States needs serious attention for improving their current levels of performance.

The Committee therefore, recommend that a special cell comprising experts under the charge of a Joint Secretary be created in the Ministry of Health and Family Welfare (Department of Family Welfare) exclusively for these four States with the objective of ensuring proper supervision and effective monitoring of programme implementation in these States. Besides, providing suitable guidance, the proposed cell should ensure that attention is given on priority basis to these States in the matter of providing adequate system of delivery of services relating to family planning including MCH, giving publicity through various media units of the Ministry of I&B, encouraging involvement of voluntary organisations, etc.

- For the effective and efficient functioning of the Special Cell recommended in the preceding paragraph, there need for setting up similar cells at the State level also. The Committee would like the Ministry to persuade these four State Governments to establish similar cells at Secretariat or Directorate levels to oversee and monitor the implementation of the programme by the peripheral units. For meeting the additional expenditure on the cells so created, adequate financial assistance should be provided by the Ministry to the State Governments concerned so that the programme is not hamstrung for want of funds. The Cell should identify the specific problems, if any, experienced by the peripheral units and the difficulties being encountered in the programme implementation and tackle them by suitably modifying the strategies according to the realities of the situation so as to speedily improve the programme achievements. If need be, the Special Cell in the Ministry of Health and Family Welfare may be consulted in this regard.”

15. The Department of Family Welfare in the action taken replies have stated as follows:—

“Special attention is being paid to the States of Uttar Pradesh, Rajasthan, Madhya Pradesh and Bihar, keeping in view their poor performance in Family Welfare Programme.

A quarterly review of the Family Welfare Programme in these States is now being done by Cabinet Secretary also. The last review meeting was taken by Cabinet Secretary in September, 1993. Out of

90 demographically poor performing districts identified on the basis of the 1981 Census, 83 are in these four States. A Programme of strengthening the infrastructure in PHCs in these districts has been taken up. A total sum of Rs. 85 crores, including Rs. 80 crores, assistance from the World Bank was provided in 1992-93 and 1993-94 for this Programme, known as Social Safety Net Scheme.

In Uttar Pradesh, a new Project named Innovations in Family Planning Services has been taken up in 1993-94 at an estimated cost of US\$ 324 million. This Project aims to reduce Total Fertility Rate from 5.4 to 4 and increase CPR from 35% to 50% over the ten year project period.

Externally assisted Area projects are under implementation in all the 4 states for strengthening the Family Welfare delivery system. The on-going Projects are mentioned below:—

State	Name of the Project	Commencement & Project Period	Estimated Cost (Rs. in Crores)
U.P.	IPP-IV (World Bank)	6.4.90 (5 years)	110.54
M.P.	IPP-IV (World Bank)	6.4.90 (5 years)	42.57
M.P.	DANIDA assisted project in 8 districts (World Bank)	6.4.89 to 31.3.94 (extended period)	21.85 —
Bihar	IPP-VII (World Bank)	2.11.90 (5 years)	88.18
Rajasthan	UNFPA assisted project (13 districts)	1.4.89 (5 years)	21.66

Further:

“On the recommendations of PAC, a small Committee comprising experts under the Chairmanship of Joint Secretary (A) has been constituted in this Ministry for effective monitoring and supervision of Family Welfare Programme in the four lagging States of Rajasthan, Madhya Pradesh, Uttar Pradesh and Bihar. Its first meeting was held on 19 June, 1989. In the meeting emphasis was laid on the following in respect of these four lagging States.

1. Quality of services rendered by medical and paramedical staff etc.
2. Functioning of the scheme of crash training programme.
3. Aggressive social marketing of Oral Pills and condoms.
4. Need for involvement of Voluntary Organisations/Sector on an extensive scale.
5. Need for training of Dais.
6. Need for integrated project proposal for bringing within its fold component of health, development of women, nutrition, etc.
7. Promotion of spacing methods.

8. Need for contraceptive prevalence survey/concurrent evaluation of programmes.

Keeping in view the adverse demographic indicators in and poor programme performance in these four States, reviews are being done by Secretary (Family Welfare) at regular intervals and at the level of the Cabinet Secretary. Establishing a Technology Mission for these States for Family Welfare is also under consideration.

These four States are also being provided special programme inputs, given below:—

- (i) Strengthening of infrastructure in 83 identified districts under the World Bank assisted Social Safety Net Scheme.
- (ii) The USAID assisted "Innovations in Family Welfare Services" project in Uttar Pradesh.
- (iii) Strengthening the family welfare delivery system under several externally assisted area projects."

Health Secretaries of Uttar Pradesh, Madhya Pradesh, Bihar and Rajasthan have been asked to constitute special cells at Secretariat and Directorate level comprising experts for ensuring proper supervision and effective monitoring of Family Welfare Programme implementation by the peripheral units of these States. PAC has recommended that for meeting the additional expenditure on cells so created, adequate financial assistance should be provided by the Ministry to the State Governments concerned so that the programme is not hamstrung for want of funds. In this regard, we feel that sufficient amount is being provided to the States under the revised staffing pattern. Therefore, it has been proposed that Uttar Pradesh and Bihar State Governments who have already been sanctioned revised staffing pattern may create special cell within their existing staffing pattern and Rajasthan and Madhya Pradesh State Governments where revised staffing pattern has not yet been sanctioned, asked to forward their proposal for the creation of special cell, so that the funds are allocated for the same.

16. Taking note of the wide variations in the programme acceptance and demographic situation in different States the Committee had expressed the view that population problem in the poor performance States and regions cannot be understood or tackled by a single uniform national strategy and as such there had to be multiple strategies to suit inter-State and inter-regional diversities. The Committee had accordingly desired that the flexibility in approach and financial powers in implementing special schemes for different regions and areas and specific groups should be provided to State Governments to enable them to effectively implement the Programme according to realities of the situation. In this connection the Committee had also drawn attention of Government particularly to the poor performance of FWP in the States of U.P., Bihar, Rajasthan and Madhya Pradesh which

accounted for about 40% of the population of the country, but had substantially higher infant mortality and birth rates and lower couple protection rates in comparison to national levels. The Committee had, therefore, recommended that a special cell comprising experts under the charge of a Joint Secretary in the Ministry exclusively for these four States and also such corresponding cells in the four States concerned should be set up with the objective of ensuring proper supervision and effective monitoring of Programme implementation in these States. The Committee note that in pursuance of their recommendations a Committee comprising of experts under the Chairmanship of a Joint Secretary has been constituted and started functioning in the Ministry for the purpose. As considerable time has elapsed, the Committee desire that the effectiveness of the Committee constituted in the Ministry in improving the levels of performance of the Family Welfare Programme in the four States under reference should be reviewed and this Committee apprised of the outcome. The Committee however regret to note that the corresponding special cells in these States as recommended by them earlier, are yet to be set up. They desire that the concerned State Governments might be asked to expedite the same.

CHAPTER II

RECOMMENDATIONS/OBSERVATIONS WHICH HAVE BEEN ACCEPTED BY GOVERNMENT

Recommendation

The Committee are of the opinion that even though Family Welfare Programme has been in operation for more than thirty-five years and an expenditure of over Rs. 2400.00 crores has been incurred upto the end of Sixth Plan it has not been able to check the growth of population at all. While the demographic goals in terms of crude birth rate had been frequently announced and readjusted, the planned targets had remained elusive with birth rate remaining high in the past and stagnating around 33 per thousand population from 1977 onwards. This failure to achieve a swift decline in birth rate has resulted in alarming increase in the population. The high birth rate have also resulted in a broad-base age pyramid with 40 per cent of the population below 14 years of age, which not only raises the dependency burden on the country but would also result in a continuing high fertility rate in the coming year.

[S.No. 1 of Appendix V, para 1.10 of 139th Report of PAC (8th Lok Sabha)]

Action Taken

During the last three decades both the birth and death rate have fallen as can be seen from the following table:—

Year/Period	Birth rate	Death rate	Average Annual Growth (%)	Expo-Rate
1951-61*	41.70	22.80	1.96	
1961-71*	41.20	19.00	2.20	
1971-81*	37.20	15.00	2.22	
1981-91*	NA	NA	2.11	
1987**	32.20	10.90	2.13§	
1988**	31.50	11.00	2.05§	
1989**	30.50	10.20	2.03§	

*Census

**SRS Estimate

§ Natural Growth Rate

NA Not available

The birth rate declined from the Census estimates of 37.2 for the decade (1971-81) (centred in 1976) to 30.5 in 1989 according to SRS. Further, the decline in the death rate was much sharper than the decline in birth rate from the period 1951-61 onwards with the result that the growth rate kept on increasing upto 1971-81. The 1991 Census shows that exponential growth rate (provisional) of population has declined from 2.22% per year in 1971-81 to 2.11% in 1981-91 which is an encouraging feature. It is expected that the birth rate will fall further as a result of Family Planning Programme and socio-economic development particularly in the field of female literacy and this will result in decline in the percentage of children below 14 years, of course, in course of time. The Expert Committee on population projections appointed by the Planning Commission has estimated that the percentage of children below 14 years would fall from 37.8 in 1986 to 31.1 in 2001 AD (using medium projections). The observations made by the Public Accounts Committee have been noted and efforts are on to achieve reduction in birth rate through the National Family Welfare Programme.

Sd/-

[Deptt. of Family Welfare. O.M. No. G. 25018/88-FWB.]

Recommendation

The major long-term demographic goal to be achieved for the country, as specified in the National Health Policy, is to reach the Net Reproduction Rate of Unity (NRR-1) by the year 2000 A.D. which in turn is said to depend upon attaining gross birth rate of 21 per thousand. The attainment of this goal is said to depend on achieving inter alia, 60 per cent effective Couple protection rate by that year. The Committee are distressed to note that no target for effective couple protection has been set for different age groups of the females although the potential for births are very different for women of different age groups. The Committee recommend that women of 15—29 age group should be the main target group and methods, priorities and policies should be formulated and adjusted mainly towards controlling births to desired level in that age group. The Committee feel that this task can be accomplished by proper and earnest implementation of the programme by motivating the couple especially those in the younger age groups.

(S.No. 4 of Appendix V, Para No. 2.19 of 139th Report of PAC (8th Lok Sabha))

Action Taken

The importance of motivating younger couples to accelerate the decline in birth rate has been recognised. A letter from Union Health Minister to major States for taking suitable steps for motivating more and more younger couples in accepting Family Welfare methods has already been sent (a copy of which is appended to this note). Motivation of younger couples and with low parity is being emphasised while communicating Family Welfare target since 1988-89. A resolution for setting targets for different age groups (15 years to 29 years) has also been passed in a meeting of Central Council of Health and Family Welfare in February, 1989.

Efforts are on to educate people against high risk pregnancies. Media Channels are being used to convey the message that pregnancies before 20 years and after 30 years is a danger to the health and life of the women.

As a part of the revised strategy being followed since 1989, all States/UTs have been advised to concentrate on the quality aspect of Family Welfare Programme so as not to emphasis on routine achievement of targets but on actually bringing down the birth rate and IMR rate. All efforts would therefore, be concentrated on emphasising the acceptance of family planning methods on young couples between the age 20-25 years. Others above this age group would, however not be denied service if they approach the health authorities. Immunization efforts would be concentrated on children between the age groups of 0-1.

Sd/-

[Deptt. of Family Welfare. O.M. No. G. 25018/188-FWB.]

D.O. NO. O.110125588-E&I.

August 25th, 1988.

We are collecting annual return on distribution of acceptors of Vasectomy, Tubectomy and IUD by age of wife from all the States/UTs. A provisional analysis done at All India level for the year 1986-87 reveals that the mean age at acceptance of Tubectomy and IUD have increased, as compared to the previous year i.e., 1985-86. This is rather disturbing, considering that better impact of the Family Welfare Programme could be achieved by persuading younger couples to go for various Family Planning methods.

As for the year 1985-86, detailed analysis of the data has been done and I wish to bring to your notice some of the sailent points emerging in respect of your State:

Mean age (of wife) at acceptance of Vasectomy/Tubectomy/IUD has gone up during 1985-86 as compared to 1984-85.

Mean age (of wife) at acceptance of Vasectomy/Tubectomy/IUD is higher than the all India average.

The detailed statements in this respect are enclosed for your persual. I am sure you will appreciate the need to motivate more and more younger couples to accept various family planning methods so as to achieve the maximum impact of the family planning programme.

With regards.

Yours sincerely,
Sd/-

Chief Minister/Governors of States.

MOTILAL VORA

Copy to:—

1. Health Ministers of States.
2. Prof. P.N. Srivastave, Member Planning Commission, New Delhi.

Sd/-
(MOTILAL VORA)

Recommendation

The Committee note that the studies made in the past have revealed that the higher female literacy brings down the rate of fertility. The Committee, however, find that female literacy in the country is as low as 24.82 per cent as per the 1981 census. Moreover, the social perception to have male children is still a pre-dominating factor in the society in retarding the growth of family planning. The Committee feel that it is imperative that intensive and effective measures are taken up to bring about a radical change in the attitudes of the people so as to project the female as an asset rather than a liability. The Committee have been informed that a National Perspective plan for women is being worked out in the Department of Women and Child Development to promote education and overall development of women. The Committee trust that the Government will initiate urgent steps to introduce this Plan in the near future so that the process of changing the social attitudes of the people towards females is set in motion with a view to affecting fertility behaviour in the country.

(S.No. 7 of Appendix V, Para 2.22 of 139th Report of PAC (8th Lok Sabha)]

Action Taken

The National Perspective Plan for Women, has been finalised by the Department of Women and Child Development. Follow up action is being taken by that Department.

Sd/-

[Deptt. of Family Welfare. O.M. No. G. 25018/188-FWB.]

(Updated Action Taken on Pare No. 2.22 of 139th Report of PAC (8th Lok Sabha)

The National Perspective Plan for Women, has been finalised by the Department of Women and Child Development. Follow up action rests with that Department.

It may however, be mentioned that as per 1991 Census, the Female Literacy Rate has gone up to 39.2%.

[Deptt. of Family Welfare. O.M. No. G. 25018/188-FWB.]

Recommendation

The Committee observe that there has been wide gap between the Plan Outlays and the actual expenditure on the Family Welfare Programme during different plan periods. While the Programme could not absorb the various plan allocations upto the end of Inter-plan period (1966-69), the actual expenditure exceeded the Plan allocations during the Fifth and Sixth Plans. These wide gaps between the plan allocations and the actual expenditure are indicative of inefficient handling and defective planning of the programme. It has been conceded by the Ministry that for 100 per cent achievement of the physical targets of terminal methods during Sixth Plan period the excess expenditure over the plan-allocations would have been to the tune of Rs. 230.00 crs. It is, thus, apparent that physical targets had not been properly correlated to financial targets and that Plan allocations have been made without proper appreciation of the needs of the programme in totality. The Committee hope that the Government would in future provide for realistic plan outlays for Family Welfare with physical and financial targets duly inter-linked and inter-related.

[S.No. 9 of Appendix V, Para 3.11 of 139th Report of PAC (8th Lok Sabha)].

Action Taken

The outlay under National Family Welfare Programme are provided by the Planning Commission on resource based and not need based and therefore physical targets envisaged are not inter-linked with the final outlays. These recommendations have been brought to the notice of

Planning Commission requesting for higher outlays for Family Welfare Programme.

[Deptt. of Family Welfare. O.M. No. G. 25018/88-FWB.]

Updated Action taken on para 3.11 of 139th report of PAC (8th Lok Sabha)

The outlay under National Family Welfare Programme provided by the Planning Commission are resource based and not need based and therefore, physical targets envisaged are not inter-linked with final outlays. These recommendations have already been brought to the notice of Planning Commission and this Ministry has taken up the issue for enhanced allocation vigorously during Plan discussions, however, the funds provided are not adequate even to maintain the existing infrastructure. While there is increase in allocations from year to year, yet in real terms it is not sufficient to meet the incremental costs in the Programme which is 100% centrally funded. As a result the arrears continue to build up and it is not possible to revise any norms or initiate new strategies in the programme.

[Deptt. of Family Welfare. O.M. No. G. 25018/88-FWB.]

Recommendation

The Committee have also been informed that the present level of allocations is a major constraint in speedily implementing the various initiatives forming part of revised strategy for Family Welfare Programme. Notwithstanding the fact that the Seventh Plan allocations were finalised much before the formulation of revised strategy, the Committee do not accept the Planning Commission's view that additional resources for the Programme would be considered, *inter-alia*, on the basis of availability of funds. Considering the pressure and alarming consequences the population growth has on the socio-economic developmental plans in the country, the Committee desire that Family Welfare Programme should be given top priority in the allotment of resources, which should be need based rather than resource based. The Committee in this regard cannot but express deep anguish over the unabated growth of population in the country. As valuable time has already been lost without achieving the desired results, the Committee urge the Government to make available necessary resources in time so as to effectively tackle the gigantic problem and to implement revised strategy for Family Welfare Programme.

[S.No. 10 of Appendix V, Para 3.12 of 139th Report of PAC (8th Lok Sabha)]

Action Taken

A formidable portion of outlay earmarked for Family Welfare Programme is absorbed in maintenance of infra-structure created in earlier plan with the result that the Ministry has not been able to take up new initiatives/initiate innovative approach to Family Welfare Programme. This Ministry, in consultation with Planning Commission and Finance Ministry, has taken up the matter with the 9th Finance Commission for transfer of some of plan schemes to the States non-plan so as to ensure sufficient plan allocation for new initiatives.

Sd/-

[Deptt. of Family Welfare. O.M. No. G. 250018/1/88-FWB. dt, 2nd
March 1994]

Updated Action Taken on para 3.12 of 139th Report of PAC (8th Lok Sabha)

A large portion of outlay earmarked for Family Welfare Programme is absorbed in maintenance of infra-structure created in the earlier plan periods with the result that the Ministry has not been able to take up new initiatives/initiate innovative approach to Family Welfare Programme as an alternative. This Ministry, had taken up the matter with the 9th Finance Commission for transfer of some of the Plan Schemes to the States' Non-Plan so as to ensure sufficient plan allocations for new initiatives but this was not agreed to. A similar suggestion has also been made to Finance Commission.

The Committee on population of the NDC has made a recommendation that the States should meet at least 10% of their Family Welfare expenditure, which are non-plan in nature from their own budget. This alongwith other recommendations, is under examination by the Government.

[Department of Family Welfare O.M. No. G. 25018/1/88-FWB]

Recommendation

It is disquieting to note that the Ministry have not maintained various records and accounts relating to the release of assistance to various State/UT Governments and other bodies. The facts relating to non-maintenance of records of sales under Nirodh Commercial Distribution Scheme, inadequate records of release of grants-in-aid to voluntary organisations and the absence of proforma accounts on Miscellaneous Purpose Fund is clearly indicative of lack of financial discipline in the Ministry. Non-preparation of ledger accounts is not a justification at all for failure to watch amount due against each distribution agency under the Nirodh Commercial Distribution Scheme because to discharge its responsibility,

the Ministry should have ensured that proper control records were devised for the scheme in existence for the last two decades.

[S. No. 11 of Appendix V Para 4.6 of 139th Report of P,AC 8th (Lok Sabha)]

Action Taken

The maintenance of ledger accounts for each distributing Company and preparation of proforma account under Nirodh Commercial Distribution Scheme was not introduced under this programme, as it was never considered as a commercial activity. However, steps were taken to ensure that sale proceeds of the supplies made available to the Marketing Companies are received in full and there had never been an occasion when the sale proceeds were not collected from the Marketing Companies in time except in the case of two Public Sector Undertakings viz., IDPL and Smith Stanistreet, where there has been certain delay in respect of sale proceeds. In these cases also, timely action were taken to remind them about their obligations. On the basis of the recommendation of the Comptroller & Auditor General of India in his report for 1984-85, steps have been taken to prepare ledger accounts and proforma accounts from 1985-86 onward. For streamlining these activities, further a post of Assistant Director has also been created for the Nirodh Marketing Division and this post is being filled by a qualified Cost Accountant on deputation basis from Ministry of Finance (Cost Accounts Branch). Apropos records of grants-in-aid to voluntary organisations, it is submitted that grants-in-aid released to these organisations are recorded in the Registers prescribed for the purpose under GFRs on year to year basis.

In so far as proforma accounts for Miscellaneous Purpose Fund (MPF) is concerned, the same has been devised in consultation with CIAP for utilisation and maintenance of accounts of M.P.F. by States/UTs.

[Deptt. of Family Welfare O.M.No.G. 25018/1/88-FWB, dt. 2nd March, 1994]

Recommendation

What is still more disturbing is the fact that Ministry have not succeeded in proper accountal of the supplies in kind made available to the State/UT Governments. Although efforts for maintaining current records and accounts are stated to have been made by the Ministry, the fact however, remains that the Ministry have displayed an apthetic attitude towards general financial principles. Considering the fact that old records of the Ministry and the Medical Stores Depots are weeded out after three years and going by Ministry's own admission, the Committee are inclined to conclude that it would well high impossible for the Ministry to complete some of their old accounting records. The Committee wonder how weeding out of records would have been permitted when they are needed for watching recoveries/adjustments and whether the prescribed precautions

were not observed before grant of sanction for weeding out. The Committee express their displeasure over the total lack of financial control in the Ministry of Health and Family Welfare (Department of Family Welfare) and recommend that a comprehensive report on the position in regard to the specific observations of Audit and action taken thereon may be furnished.

Sd/-

[S. No. 12 of Appendix V Para 4.7 of 139th Report of PAC (8th Lok Sabha)]

Action Taken

All discrepancies pointed out by the Comptroller and Auditor General in regard to supplies made available to State/UT Governments were taken up with the State/UT Governments concerned and discrepancies were got rectified after verification of records and returns. The discrepancies had occurred mainly due to the fact that in the early years the account of supplies were not centralised at the State Headquarter but accounts were maintained at the District as supplies were from the Medical Store Depots to the Districts. From 1983-84 onwards, procedure has been changed and all in kind to the State/UT Govts. are despatched to the Medical Store Depot of the State/State Headquarters concerned, with this change, there had been proper account of all the supplies made available to the State Govt.

In regard to Commercial Distribution of Nirodh though it may not be possible to prepare ledger accounts for the supplies made available to the various Marketing Companies and sale proceeds received from them since inception but before the records for the earlier years were allowed to be weeded out, it was ensured that no supplies made to the Marketing Companies remain unaccounted and payment of the sale proceeds were received for all the supplies sold by the Marketing supplies. The weeding out of the records was necessary in view of paucity of space in the Medical Store Depots as well as in the Department of Family Welfare and weeding was done in the light of instructions received from the Finance Ministry. However, preparation of ledger account as well as of proforma account and proper inventory central of the space made available in kind to the State Governments/Companies had been introduced in the Department on the lines of the suggestions given by the Comptroller and Auditor General of India from 1985-86 onwards and with this it will be possible to have better financial control in the Department.

The specific observations made by the C & AG in regards to certain discrepancies were taken up with the State Governments concerned and in most of the cases the discrepancies have been removed. The discrepancies in regard to Manipur (1983-84) was taken up with the State Government who in turn have confirmed the receipt of entire stock of Nirodh as supplied by the Government of India during 1981-82 to 1983-84. As regards M.P. the Director of Public Health and Family Welfare has stated

that the audit have not taken into account the stock available with the Sub-Centres and workers. While computing the availability of stocks at the Distts./PHCs they have, perhaps, only taken into account the stock balance of Nirodh from the Stock Register maintained by PHCs. The State Health Authorities have, however, stated that Instructions are being issued to the District Health Authorities to ensure correct report of performance as well as stock position of Family Welfare programme in future.

Sd/-

[Deptt. of Family Welfare O. M. No. G. 25018/1/88-FWB].

Recommendation

In the circumstances, the Committee emphasised the need for earnest efforts to complete the accounting records as far as possible so as to effectively regulate the release of funds on Family Welfare Programme. The Committee would also like the Ministry to introduce an efficient system to keep a proper vigil over the general system of financial management and accounting control. The Committee also desire the Ministry to devise suitable ways and means to receive from the State/UT Governments timely information on the supplies in kind and its value received by them so that the financial sanctions issues by the Central Government can take into account the actual supplies in kind.

[S. No.13 of Appendix V Para 4.8 of 139th Report of PAC (8th Lok Sabha)].

Action Taken

The Department of Family Welfare has already devised suitable proforma and issued instructions to all concerned (the suppliers as well as the State Governments) to intimate the details of the supplies despatched/received by them. A Quarterly Report has been introduced as a regular feature of reporting system to ensure that the supplies despatched by the manufacturers are taken on charge by the State/UT Govts. concerned. In addition to this, Quarterly Statement of supplies despatched by the manufacturers based on copies of the Inspection Note received from them which *inter-alia* give details of the despatch particulars (i.e. RR No., Date of despatch and Inspection Note No. and Quality) are also prepared centrally in the Deptt. and sent to the State Concerned on quarterly basis to verify the receipt of the stock and confirm receipt of the supply. With all these measures, it is felt that there will now be proper accounting of the stocks supplied in kind to the State Govts. and sanction of adjustment cost

issued by the Deptt. at the close of the financial year will take into effect value of these.

Sd/-

Jt. Secretary to the Govt. of India

[Deptt. of Family Welfare O.M.No.G. 25018/1/88-FWB, dt. 2nd March, 1994].

Recommendation

The Committee note that various performance statistics on Family Welfare activities at different levels are being received through the States/UTs by the E & I Division of the Deptt. of Family Welfare (MDHFW) with a view to carrying out the monitoring and evaluation of the Family Welfare Programme at Central level. However, the returns and manuals prescribed at the inception of the programme are continued to be used while the news MIES system, introduced in 1982, is yet to be effectively implemented in most of the States. This fact imply brings out that the Ministry have failed in taking appropriate and timely action in developing an information system in conformity with the changing requirements of the programme. The Committee are now informed that the Department of Family Welfare has initiated action to rationalise and streamline the returns and manuals. The Committee would like to know the results of such an exercise as well as steps taken to introduce the new formats.

[S. No. 14 of Appendix V Para 5.13 of 139th Report of PAC (8th Lok Sabha)].

Action Taken

Following Government decision to deliver services under National Health Programme as an integral part of Primary Health Care, comprehensive records and returns were designed in the form of Integrated Health and Family Welfare Information Management System (MIES) which is being handled by CBHI of DGHS. After the finalisation and pre-testing of these records, the same were sent to all the States/UTs to switch over to this system from January, 1982, under which the reporting was required to be made to the Centre on monthly basis directly by the districts. However, the position continued to be reviewed from time to time in regards to the implementation of MIES and it was decided that the monitoring of Family Welfare Programme being of urgent nature and time bound, the States may continue sending the information in the existing formats prescribed under the Family Welfare Programme till such time MIES is firmly stabilised. This was also reviewed in the meeting held under the Chairmanship of DM(FW) on 6.3.1986 and it was decided that the decision on the discontinuance of the existing dual reporting system may be considered when more than 90% reporting under MIES is achieved. MIES was again reviewed in the All India Conference of State Demographers held at Pune from 28-30 May, 1986 and it was desired that States should continue to

send periodical information through various prescribed forms/returns under the Family Welfare Programme until such time MIES is firmly established in each of the States/UTs. Somehow the MIES could not take root satisfactory due to the constraints mainly as given below:-

- (i) The records prescribed under the system could not be maintained at all levels due to shortage of stationery and reports forms.
- (ii) Lack of proper training to the staff.
- (iii) Due to lack of coordination among the Programme Officers at the district level.
- (iv) Under the system, the monthly reports were required to be furnished directly by the districts to the Centre, States did not own the responsibility to the extent as it was expected.

In order to remedy the situation, Government of India has initiated a plan of action for improving the information support for management and evaluation of health development. Accordingly, a Committee has been set up under a project in collaboration with WHO to remodel the health information system in such a way so that meaningful and reliable information is made available in time to all the Programme Officers (including Family Welfare). The Committee after several meetings and interactions with the Central and State Programme Officers has developed modified records and revised the format for the reporting and also rescheduled the information system from periphery to the Centre. One of the main features of the revised MIES (Revised Terminology for MIES-"HMIS"-Health Management Information System) is that the reporting will be made from PHC to the district, from district to the State headquarters who in turn will send the information to the Centre instead of sending the information directly by the districts to the Centre as it was required under the earlier MIES. The test run of the revised formats has already been undertaken in the selected districts of the four participating States of Maharashtra, Gujarat, Haryana and Rajasthan to evaluate the feasibility of implementing this system. This was reviewed in the meeting held at Udaipur from 21-23 December, 1988.

To meet the need of comprehensive training in Management Information System "Training Manual" incorporating the definitions, detailed instructions etc. for filling in the records/registers and reporting formats has also been prepared for imparting training of workers at each level.

Sd/-

[Deptt. of Family Welfare O.M.No.G. 25018/1/8 FWB dated 2nd March, 1994].

Recommendation

The Committee observe that the performance data are compiled primarily at the peripheral units. During their visit to some of the PHCs in the States of Madhya Pradesh and Uttar Pradesh in January, 1988, the Committee noticed that the records maintained at these centres were neither fully informative nor maintained in a manner so as to reveal vital statistics on various family welfare activities. Now, that the Ministry intend to rationalise the various formats of records, the Committee hope that appropriate training courses for the workers and the supervisors from the peripheral level onwards would also be organised well in time so as to upgrade their skills in maintaining the relevant records.

[S. No. 15 of Appendix V Para 5.14 of 139th Report of PAC (8th Lok Sabha)].

Action Taken

The Government of India has initiated a plan of action for improving the information support for management and evaluation of health development. Accordingly, a Committee (has been set up) under a project in collaboration with WHO to remodel the health information system in such a way so that meaningful and reliable information is made available in time to all the Programme Officers (including Family Welfare). The Committee after several meetings and interactions with the Central and State Programme Officers has developed modified records and revised the format for the reporting and also rescheduled the information system from periphery to the Centre. One of the main features of the revised MIES (Revised Terminology for MIES-"HMIS"-Health Management Information System) is that the reporting will be made from PHC to the district, from district to the State headquarters who in turn will send the information to the Centre instead of sending the information directly by the districts to the Centre as it was required under the earliest MIES. The test run of the revised formats has already been undertaken in the selected districts of the four participating States of Maharashtra, Gujarat, Haryana and Rajasthan to evaluate the feasibility of implementing this system. This was reviewed in the meeting held at Udaipur from 21-23 December, 1988.

To meet the need of comprehensive training in Management Information System "Training Manual" incorporating the definitions, detailed instructions etc. for filling in the records/registers and reporting format has also been prepared for imparting training of workers at each level.

Sd/-

Joint Secretary to the Govt. of India

[Deptt. of Family Welfare O.M. No. G. 25018/1/88-FWB dated 2nd March, 1994].

Recommendation

The Committee have been informed that in many States the Eligible Couple Registers (ECRs) even if maintained are not being updated systematically and that the supply of printed ECRs has been a problem due to financial constraints. The Committee consider that besides being a vital document for organising the working programme of family welfare field workers, a systematically maintained ECR can be an effective management tool in devising appropriate strategies according to the felt needs of the people in a particular area. The Committee trust that the Ministry would make available the necessary funds for supplying the printed registers besides ensuring that these registers are systematically maintained and periodically updated. The Committee would also like to point out that definite responsibility would have to be defined for personnel engaged in maintenance and supervision of these registers to ensure enforcement of accountability.

[S.No. 16 of Appendix V Para 5.15 of 139th Report of PAC 1988-89 (8th Lok Sabha)].

Action Taken

The importance of Eligible Couple Registers (ECRs) in planning and monitoring of the programme activities has been well recognised. The States/UTs were requested repeatedly to undertake intensive campaigns for updating the Eligible Couple Registers. Detailed guidelines have also been circulated to the States in this regard. The responsibility at different levels are fixed for updating the ECRs in time, for supervision to ensure that these registers are fully updated and for assessing the authenticity of the data. The peripheral family welfare workers (ANM/Female Family Welfare Worker etc.) are required to update and maintain the Eligible Couple Registers in respect of their areas and the Medical Officers of the Primary Health Centres are jointly responsible for the satisfactory functioning of the system. Supervising officials (BEE/LHV) are required to invoke supervisory controls and ensure that the ECRs are fully updated. The supervisors are required to have 20 percent check whereas Medical Officers are required to take up atleast 5 percent of the household for cross checking of the entries in the ECRs. A copy of the letter addressed to Health Secretaries of all States/ UTs in this regard is appended to this note.

2. A sum of Rs. 40.00 lakhs was provided to States/UTs during 1989-90 for printing of ECRs and sum of Rs 20.00 lakhs was provided in 1990-91. The State-wise allocations out of this amount were made on the basis of population.

Sd/-

[Deptt of Family Welfare O.M.No. G. 25018/1/88—FWB].

No. Q. 11011/2/90—E & I
GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE-
(DEPARTMENT OF FAMILY WELFARE)
New Delhi, dated the 17.7.90

To

Health Secretaries of all States/UTs.

SUB: *Up-dating of Eligible Couple Registers (ECRs) Information as on 30th June, 1990-Reg.*

Sir,

I am to invite your kind attention to this Department letter No. Q. 11011/6/88-E & I, dt. 20th May, 1988, whereby detailed guidelines for the maintenance and updating of Eligible Couple Registers were intimated. The importance of Eligible Couple Registers can hardly be over-emphasised. However, in spite of repeated requests/reminders, the information in the prescribed proforma have not been sent by a number of States/UTs for the year 1983, and 1989 as indicated in Appendix-II. Arrangements may kindly be made to furnish the arrear information, as indicated in Appendix-II.

Attention is also invited to the para 3 of the D.O. letter No. M.11015/23/89—E & I, dt. 9.4.90, from Smt. Vineeta Rai, Joint Secretary addressed to all the Health Secretaries of States /UTs wherein it has been pointed out that the use of updated eligible couple registers is of crucial importance for working out micro level targets. The workers should be directed to update Eligible Couple Registers latest by 30.6.1990.

It is, therefore, requested to issue necessary instructions to all concerned officers of your State/UT for updating the Eligible Couple Registers through out the State/UT as per guidelines given in Appendix-I. Instructions may also be issued that consolidated information as extracted from completed/updated Eligible Couple Registers at the level of sub-centre, PHC, district and State is available in the formats indicated in Annexure-I and II (of Appendix-I) State level information in Annexure-I and II may be forwarded to this Ministry latest by 30th September, 1990.

It may be pointed out that the consolidated information in Annexure-I and II can be used for working out targets as well as planning and monitoring of the motivational activities at peripheral levels. Besides, these annexures will give estimates of couple protection rates separate for rural and urban areas, cross-classified by ages of women and number of living children. Such an information, based on updated and completed Eligible Couple Registers would be extremely useful in planning as well as

evaluation of the programme instructions issued in this regard may kindly be intimated to this Department.

Yours faithfully,

Sd/-

(P.N. KAPOOR)

Joint Director.

Copy for information and necessary action to:—

1. State Family Welfare Officers of all States/UTs.
2. DADG, DG 3D, DGAFMS, Ministry of Defence, New Delhi
3. Dy. Director (Health & FW) Railways Board, Rail Bhavan, New Delhi.
4. All Regional Directors (H & FW).

Copy to:—

DC (TO)/DC (PA)/Director (AP)/US (P)/US (AP)/US (FWB)/
JD(D).

Recommendation

The Committee note from the Audit Paragraph that while the sample verification of accepters by State D&E Cells was less than one per cent as against the prescribed limit of two per cent, the performance of the other two sample survey agencies viz. Central Evaluation Teams and Regional Health Offices also continued to decline in terms of percentage of acceptors selected for verification in each successive year during the period 1980-84. In this connection, the Committee are unable to appreciate the reply to the MOHFW that the number of acceptors every year had been increasing whereas there had been no increase in the staff and that the fall in the percentage verification was inevitable. Keeping in view the growing dimensions of the programme, it is highly desirable that activities of the evaluating agencies are periodically expanded and extended especially when the sample surveys are highlighting poor quality of services.

[S.No. 17 of Appendix V, Para 5.16 of 139th Report of PAC 1988-89, 8th Lok Sabha]

Action Taken

The performance under the Family Welfare Programme has been consistently rising from 1980-81 after a set-back in the period 1977-80. While 6.5 million acceptors of all methods were recruited in 1980-81, the acceptors during 1990-91 stands at 27.3 million which is over four fold increase. However, the number of teams has remained constant. With the result the percentage of samples verified to the total performance keeps on

diminishing. The Ministry is conscious of the fact that the quality of the programme is the need of the hour, particularly when the growing performance is not matching commensurate enough with the birth rate decline. The recommendations of the PAC are noted and we shall be taking steps to augment the field evaluation teams strength so as to bring about verification of increased percentage of family planning acceptors.

Sd/

[Deptt. of Family Welfare O.M. No. G. 25018/1/88—FWB]

Recommendation

As the “responsible and planned parenthood with two child norm” is a new concept in the traditional Indian society, the Committee feel that the wide gap between the awareness and adoption of family planning calls for rethinking on the aspects of communication strategy. Besides disseminating information on various methods of family. Planning, the communication strategy must aim at removal of wide spread social and psychological barriers to the use of family planning services. The Committee, therefore, desire that the Government should take immediate steps to devise a suitable communication strategy which could reach and effectively deliver the messages required to bring a about the desired change in the family norms and motivate people to accept and adopt family planning before it is too late.

[S.No. 21 of Appendix V, Para 6.11,39th Report of PAC,8th Lok Sabha]

Action Taken

A new media strategy with the following main features has been planned and implemented:—

- (a) Casting of Family Welfare communication in an informational and educational would, halt to earlier communication with over-emphasis on demographic and narrow family planning propagandeeing and move to as broader base of social communication addressing the various beyond family planning areas “that impinge on fertility decline and influence family planning acceptance, such as, age of marriage child survival, women’s status etc.
- (b) Shift from paid publicity and pathonage by the F.W. Department to mobilisation of wider involvement and support for the programme.
- (c) Extensive orientation of public leaders such as parliamentarians, Cooperatives, voluntary organisations, organised sector, trade unions etc. State health personnel, I & B media and other media professionals to the broader perspective of F.W. issue and need for involvement in the cause, steps are being taken to further strengthen and intensify these approaches.

It has been initiated in the four densely populated States of Uttar Pradesh, Bihar, Madhya Pradesh and Rajasthan to be implemented in a phase manner over three years. In the first phase the scheme is being implemented in 12 districts (three from each of the 4 States). Mobility of the workers, fixed work schedules and training at all levels, community involvement and development of appropriate communication and training materials at the local levels are major features of the training scheme.

Basically the scheme focussed on ensuring greater rapport between the community and Health Workers with the help of inter-personnel communication techniques, systematizing health care delivery system by providing on the job training sessions on monthly and fortnightly basis, making supervision supportive instead of inspectional, introducing visit schedules on fixed days of the week by Health workers in the villages and developing problem solving communication skills leading to qualitative improvement in the system, raising the creditability of Health workers in the community.

Sd/-

[Deptt. of Family Welfare. O.M. No. G. 25018/1/88—FWB.]

Recommendation

In the opinion of the Committee, interpersonal media can provide vital support to individual communication needs of the people in an area so sensitive as marital relations and reproductive behaviour. The Committee note that the reach of interpersonal media is poor and that these channels were used only to create general awareness rather than in personalising communication needs and motivating the people. The Committee conclude that the potential of this media has been only marginally exploited. The Committee therefore, desire that suitable steps should be taken to improve the effective use of this media by equipping the peripheral level staff through appropriate training and regular reorientation on all aspects of the Family Welfare programme. The main plank of the interpersonal media should be to inform the eligible couple on all the methods of family planning clearly differentiating between terminal and non-terminal methods so as to remove the widespread hesitations, superstitions and fears in the mind of non-adopters of family planning. The Committee also desire that an effective supervisory system should be devised to improve the performance of those workers besides increasing their reach to cover all the eligible couples in their area.

[S.No. 22 of Appendix V, Para 6.15, 39th Report of PAC, 8th Lok Sabha]

Action Taken

Steps are being taken to ensure that periphery staff is in position and undergoes training and continuing education to upgrade skills, within

which interpersonal skills are now being emphasised in the training programmes being implemented/planned. An IEC Training Scheme which aims at restructuring the working pattern of the health personnel with regular supportive training and supervision, with a view to make the health infrastructure more responsive to people's needs, was launched during 1988. It also aims to create synergy between the communication and service programme aspects.

The Scheme was designed after having extensive and intensive consultations with State Health secretaries, Directors of Health and Family welfare Services, State Mass Education and Media Officers, Central Training Institutes and other experts working in allied fields.

Sd/-

Joint Secretary to the Govt. of India.

[Deptt. of Family Welfare. O.M. No. G. 25018/1/88-FWB.]

Recommendation

Keeping in view the fact that advice and experience of the adopters of family planning can be much more convincing than only guidance and education, the committee feel that the involvement of adopters as voluntary extension agents of family planning programme would have a better effect on the non-adopters. With this end in view, the Committee recommend that a suitable scheme should be drawn to use the adopters for propagating family planning among non-adopters. A package of better health and follow-up care alongwith some incentive to the adopters can induce them to play the role of voluntary extension agents of the family planning programme. Besides being effective such a scheme would be viable in economic terms.

[S.No. 23 of Appendix V, Para 6.16 of 139th Report of PAC, 8th Lok Sabha.]

Action Taken

There is an increasing emphasis on present messages for family welfare through the actual beneficiaries. This emphasis is distinctly visible on the Electronic Media particularly T.V. The recent T.V. spots featuring beneficiaries, both male and female, who clarify misgivings about spacing and terminal methods are a few steps taken in this direction. This approach will continue. Besides, the States/UTs were requested vide letter

No.N.23011/27/89-PLY, dt. 14th June, 1989 (copy appended) to start some new schemes for utilising the services of adopters as motivators.

Sd/-

[Deptt. of Family Welfare. O.M. No. G.25018/1/88-FWB.]

No. N. 23011/27/89-PLY

GOVERNMENT OF INDIA

MINISTRY OF HEALTH & FAMILY WELFARE

(Department of Family Welfare)

New Delhi, dated the 14th June, 1989

To

The Health Secretaries of all States/UTs.

SUB: *Utilisation of the services of acceptors of family Planning for propagating Family Welfare Programme.*

Sir,

The Public Accounts Committee in its 139th Report has *inter-alia* recommended that a suitable scheme should be drawn to use acceptors of family planning methods for propagating the message of small family norm as the advice of these persons is bound to be received more positively by the people at large. There can hardly be any difference of opinion about the effectiveness of an advice of an individual who has passed through the experience. For utilising acceptors as motivators, it is very vital to ensure that such people are given quality services to their full satisfaction under the programme.

Acceptors should be encouraged to visit the Hospital/Centre for post-operative check-up and such visits through quality services and good behaviour of the medical and para-medical staff should be used to convert them into effective motivators for the programme. Some of the States have a system of paying motivator money to motivators. The acceptors may be encouraged to take advantage of such schemes in full measures.

Some states may like to start some new schemes for utilising the services of adopters as motivators. Funds available in the MPF may be used for the purpose, if need be. However, it may be remembered that A SATISFIED ACCEPTOR IS THE BEST MOTIVATOR of the programme.

Yours faithfully

Sd/-

(RAMESH CHANDER)

(Under Secy. to the Govt. of India)

Recommendation

The Committee note that the MOHFW have been providing additional inputs to the various media units of the Ministry of I & B in accordance with the pattern of activities formulated under the multimedia programme for stepping up the campaign of family welfare programme. The provision for additional inputs to the Ministry of I & B has been reviewed from time to time and the financial support adjusted accordingly. In 1986-87 the budgetary support to Ministry of I & B was reduced by the MOHFW on the grounds that sufficient support was not coming from the media units and that the Ministry of I & B should provide motivational support to the Family Welfare programme from their own funds. The financial support to I & B was subsequently raised to original level in consideration of the fact that sudden withdrawal of funds would give a set back to motivational programme. The committee further note that the MOHFW have also to pay for their programmes in advertisement format on commercial channels as per normal rules except where free time is allotted on radio or television.

[Sr. No. 24 of Appendix V, Para 6.30 of 139th Report of PAC, 8th Lok Sabha]

Action Taken

The budgetary support to the Ministry of I & B which was reduced in 1986-87 was restored in 1987-88, thereafter it has been rising every year. The I & B Media units were provided Rs. 396.00 lakhs (BE) in the year 1987-88 and Rs. 557.00 lakhs (BE) in the year 1988-89 and Rs. 640.00 lakhs (BE) for the year 1989-90 and Rs. 650.00 lakhs (BE) during 1990-91. However, it is to be noted that the bulk of the money now being given to I & B is for actual expenses incurred on media materials/programmes conducted/provided for field use.

Sd/-

[Deptt. of Family Welfare. O.M. No. G. 25018/1/88-FWB.]

Recommendation

The Committee consider that neither the grounds for withdrawal of budgetary support in 1986-87 nor the grounds for restoration later were based on reasoned thinking and on a practical approach for implementation of such serious programmes as family welfare. The Committee considers that the problem of population control is a primary issue before the nation and every Ministry/department of the Government have to contribute their share in propagating the messages of Family Welfare Programme. The Ministry of I & B being responsible for dissemination of information for raising the level of people's consciousness, have a vital role

in mobilising popular support in favour of family planning. The Committee would accordingly emphasise the need for very close coordination between MOHFW and Ministry of I&B and desire that the various media units of the Ministry of I&B should be strengthened with a view to further stepping up the family welfare campaign in coordination with the MOHFW. Given the resources constraints, the Committee would also like the matter of providing additional inputs to various media units of Ministry of I&B reviewed in consultation with the Planning Commission.

[Sr. No. 25 of Appendix V, Para 6.31 of 139th Report of PAC, 8th Lok Sabha]

Action Taken

One of the important components of the revised strategy which was implemented from 1986-87 onwards is building greater cooperation with I&B media units, reorientating and accelerating programme of action through promoting an interalisation of the responsibility in I&B media units. In this connection, a series of workshops/Orientation Training were held with I&B media personnel, which included: Doordarshan Station Director, programme personnel of Doordarshan Kendras, Senior Air Administrators and producers, AIR (FW) Extension and Script writers, films division Producers and key personnel of Field Publicity and Song and Drama Division. Discussions are being held with I & B to develop an appropriate strategy for the 8th Plan. The concept of free time on commercial channels of AIR and step up of time for messages on Doordarshan will be further pursued.

Sd/-

[Deptt. of Family Welfare. O.M. No. G. 25018/1/88-FWB.]

Recommendation

The Committee are of the view that promotion of family welfare programme, has to be obligatory for all official mass media channels especially radio and television which can not only cross the barriers of illiteracy but also have a comparatively wider and more powerful reach than other channels. In the opinion of the Committee, the present allocation of time for family welfare programme on radio and television is rather low and this area needs improvement. The Committee would therefore like the Ministry of I & B to allocate fixed minimum time alongside qualitatively improving the programmes on radio and television for giving communication support to the various dimensions of family welfare programme. The Committee are of the opinion that promotion of this programme of national importance should be viewed in a commercial context and maximum support should be given for spreading the message deemed necessary to control the population growth. The committee would like the Government to consider allotment of free time on commercial

Broadcasting service of AIR_(Vividh Bharati) which has a mass appeal particularly in the rural areas. The Committee would also like the timings of broadcast/telecast on the family welfare programmes to be so adjusted as to have full impact on the target groups. The Committee would urge the Ministry of I&B to take immediate and appropriate steps for greater and effective utilisation of these channels in consultation with the MOHFW and to use most of the popular programmes to spread the messages appropriate for acceptance of family planning over a wide milieu.

[Sr. No. 26 of Appendix V, Para 6.32 of 139th Report of PAC, 8th Lok Sabha]

Action Taken

Doordarshan and AIR which are the official media of communication have allotted free time for family welfare messages. Doordarshan had contributed two minutes of free time at Prime time on all kendras later one minute for health spots around 7.30 PM has also been allotted. On the request of Ministry of Health and Family Welfare, Doordarshan is also flashing population clock during the morning transmissions. AIR has agreed to give two minutes of free time on all primary channels and one minute on commercial broadcasting services. The allocated time is being closely monitored for ensuring effective operationalism.

Sd/-

[Deptt. of Family Welfare O.M. No. G. 25018/1/88-FWB]

Recommendation

The Committee consider that involvement of well-known personalities from different fields such as films, reports, politics etc. in propagating social and family planning messages through mass media channels would go a long-way in creating better impact on the audience. The Committee would like the Government to initiate necessary action in this regards.

[S. No. 27 of Appendix V of Para 6.33 of 139th report of PAC (8th Lok Sabha)]

Action taken

In order to involve well known personalities from different fields for propagating of social and family planning messages, orientation sessions have been held with leading documentary film makers, T.V. producers, Directors, Writers, Communicators etc. individual meetings have also been held with film Directors. Well-known personalities in the filed of communication are also being involved in writing script for programmes to make them more effective and some leading personalities have given appeals. More efforts will be made in this direction. Meetings of legislators are

being encouraged and have been already held in U.P., Bihar, Rajasthan and there are plans to do so in more States.

Sd/-

(S. B. MISHRA)

Joint Secretary to the Govt. of India.

Recommendation

The Committee further note that the film medium is being used in family welfare programme for a considerable period of time and that the Department of Family Welfare have produced family welfare films through Films Division and arranged for their screening through various units of Family Welfare Bureaux, etc. Yet a recent study was revealed that a majority as large as 73 per cent has reported never seeing a Family Planning film. Even the limited exposure to family welfare films has not been organised properly as the necessary discussions along with the film show took place only in about 50 per cent of the cases. What is still more disquieting is the fact brought out by the study that the films seemed to be out of pace with the changing requirements of the programme. It is obvious from these facts that the use of this medium has been quite disproportionate to the heavy investment made in it. Accordingly the Committee desire that study on the costbenefit ratio of the medium of the film as against other mass-media channels like Radio and Television may be conducted with a view to assuring that the expenditure on various massmedia channel is effectively utilised.

[S. No. 29 of Appendix V Para 6.39 of 139th Report of PAC (8th Lok Sabha)]

Action Taken

An evaluation study undertaken by NIHFV has pointed out that films occupy a unique place and although it is a costly medium, there is no substitute for it and it has a wide mass appeal with the Indian public. Study on cost benefits ratio comparing it with radio and TV will be undertaken in the coming years.

Sd/-

[Deptt. of Family Welfare O.M. No. G. 25018/1/88-FWB]

Recommendation

The Committee feel that special care should be taken to make these films more imaginative and interesting with a view to creating desired impact on the audience as also to make them more receptive to the consent, desire, ability and methods of family planning. The Government may also examine the feasibility of utilising the services of eminent personalities in the field so that the films have much greater impact.

[S. No. 30 of Appendix V Para 6.40 of 139th Report of PAC (8th Lok Sabha)]

Action Taken

All efforts are being made to make the films of films Division more imaginative and interesting including through interaction/Utilisation of eminent film personalities. Besides the films of Film Divison, Ministry also buys films from private producers after these are screened to a Select Committee. The Committee has its members from amongst officials of the Ministry of Health, I&B besides non-officials of engaged in field of communication for Health and Family Welfare. Whenever available the services of eminent personalities of the film world are utilised.

Sd/-

Joint Secretary to the Govt. of India
[Deptt. of Family Welfare O.M. No. G. 25018/1/88-FWB]

Recommendation

In the context of the majority of population of India being in rural areas, the Committee consider it necessary for the MOHFW to ensure that an intensive programme for regular screening of Family Planning shorts in all villages is drawn and executed without linking such screening with the special week drives alone.

[S. No. 31 Appendix V Para 6.41 of 139th Report of PAC (8th Lok Sabha)]

Action Taken

The Dte. of Field Publicity have fixed a norm of 20 films per unit and they have a total number of 257 Field Publicity Unit in the country which go to villages and hold regular film shows there. The Family Welfare Department also has an AV Van in every district which has a similar norm of 20 films shows a month. Strict instructions have been issued to the States not to divert AV Vans for any use other than for media purposes. During the year 1988-89 over 13,000 prints were supplied to field publicity units States MEMOs (FW) of various States Governments/UTs for screening of films in rural areas.

Sd/-

Joint Secretary to the Government of India
[Deptt. of Family Welfare O.M. No. G. 25018/1/88-FWB]

Recommendation

The Committee urge the Government to take care of the anticipated difficulties in advance and initiate proper action after due consultation with the State Governments and other concerned agencies so as to ensure timely completion of the planned health infrastructure which would go a long way in ensuring smooth implementation of Family Welfare Programme. Simultaneously concerted efforts should also be made to arrange adequate training facilities and placement of medical and para-medical staff

upto the sub-centre level so as to make the infrastructure really operational.

(Sl. No. 33 Appendix V Para 7.33 of 139th Report of PAC 8th Lok Sabha)

Action Taken

To operationalise the Family Welfare infrastructure, the need of trained manpower is of utmost importance. The overall availability of medical personnel is reported to be good in almost all States but the problem lies in attracting the medical officers to serve in rural and remote areas. At the initiative of the Ministry of Health and Family Welfare, Finance Commission have made available additional resources to States for construction of residential quarters for medical officers at PHC level and for purchase of equipment to ensure better job satisfaction to the staff.

As a step towards health manpower development and efforts for providing adequate training facilities, a scheme of 'Orientation training of medical and para-medical personnel' was introduced as a Centrally Sponsored Family Welfare Schemes with objective to provide in-service training as a continuing process for medical and para-medical personnel of Primary Health Centres and sub-centres with the objective to update their knowledge and skill.

Sd/-

Joint Secretary to the Govt. of India

[Deptt. of Family Welfare O.M. No. G. 25018/1/88-FWB]

Recommendation

The Committee have been informed that the land for establishment of health centres is required to be donated and in certain cases it may be located out of reach of the community thus leading to non-utilisation or under utilisation of the facilities. The Committee would like the Ministry to evolve a proper system of assessing the suitability of site before taking up construction of the project.

(Sl. No. 34 Appendix V Para 7.34 of 139th Report of PAC 8th Lok Sabha)

Action Taken

The norms fixed by the Planning Commission for unit cost of construction of sub-centre did not include the cost of land till sometime ago. It was expected that the required land shall be provided by the State Government or the village community. The problem mentioned in this paragraph had come to the attention of the Ministry and the Planning Commission and it has been agreed by the Planning Commission that the cost of land can also be met out of the Minimum Needs Programme funds wherever required. State Governments have been advised to select the site giving due regard

to its suitability from the point of view of security of personnel of the sub-centre to all caste and section of the village population.

Sd/-

[Deptt. of Family Welfare O.M. No. G. 25018/88-FWB]

Recommendation

The Committee note that voluntary organisations have been playing a significant though limited role in programme implementation especially in urban areas. The committee further note that in addition to constituting a committee to formulate models for guidance to voluntary organisations, the MOHFW have also provided rolling funds to the Family Planning Association of India to encourage involvement of small voluntary organisations in the family welfare network. While appreciating these steps, the Committee feels that there is urgent need to initiate further concrete steps for larger involvement of voluntary organisations so as to supplement the Governmental efforts in providing family welfare services especially in the areas where programme infrastructure is weak, inadequate or non-existent.

[Sl. No. 35 Appendix V Para 7.35 of 139th Report of PAC (8th Lok Sabha)]

Action Taken

1. The National Family Welfare Programme seeks to promote family planning as People's movement with a view to propagate the ideas of the small family norm as a way of life by the people. The role of voluntary organisations in this sphere has been recognised and given due place of importance.

To encourage larger participation of voluntary organisations under family welfare programme, a number of new initiatives have been taken by the Ministry of Health and Family Welfare in recent years. Briefly, these are:—

- (a) Strengthening of Rolling Fund Scheme by Decentralisation of grants-in-aid procedure through setting up of rolling fund, involvement of small voluntary organisations.
- (b) Broadening terms of reference of the Standing Committee on Voluntary Action (SCOVA).
- (c) Displaying and selling of publication of Voluntary Organisations.
- (d) Delegation of powers to State Governments to release more grants.
- (e) Preparation of Directory of Voluntary Organisations.
- (f) Preparation of Guide Books on Immunisation.

- (g) Organising Workshops of Voluntary Organisations engaged in non-health sector to give orientation to them on family welfare programme.

Sd/-

Joint Secretary to the Govt. of India
[Deptt. of Family Welfare O.M. No. G.25018/1/88-FWB]

Recommendation

The Committee note that grants-in-aid to voluntary organisations are released under the approved patterns schemes which do not provide for grants to these organisations for MCH Services. The Committee consider that the involvement of voluntary organisations in the family welfare programme would be handicapped until the delivery of complete services under family welfare are made available by these organisations to the population they serve. The Committee would like the MOHFW to review their schemes for release of grants to voluntary organisations in the light of changing requirements of the programme and also to encourage the existing and the new voluntary organisations to undertake family welfare activities on a continuing basis preferably in unserved areas. The Committee also desire the MOHFW to develop a suitable system which should not only provide guidance but also periodically review both the physical and financial performance of voluntary organisations.

(Sl. No. 36 Appendix V Para 7.36 of 139th Report of PAC 8th Lok Sabha).

Action Taken

Under the All India Hospital Post Partum programme Scheme and the scheme of Revamping of the Organisational and Service Delivery out-reach services for Primary Health Care and Family Welfare the urban slums in congested areas, adequate provision for MCH services, in addition to Primary Health Care, Family Welfare, etc. also exists. By the end of 7th Plan, 554 District Level Post Partum Centres were established. Out of which 43 are run by Voluntary Organisations. This programme has also been extended to Sub-District level Hospitals and 12 out of 1075 such institutions are covered under voluntary organisations. Out of 1592 Urban Family Welfare Centres of various types functioning in the country 273 are being run by Voluntary organisations. Thus the involvement of voluntary Organisations, in this Scheme by District Level Post Partum Centres and Sub-district level Hospitals is only 7.8 percent and 1.1 percent respectively and that by Urban Family Welfare Centres is 17.1% only. During 8th Plan, 60.70 additional Post Partum Centres at District Level and 825 at Sub-district level are likely to be proposed subject to approval of Planning Commission. Some of which will be run by Voluntary Organisations. The State Governments would be persuaded to recommend centres run by Voluntary organisations for extension of Post Partum Programmes.

2. As regards, establishment of urban Health Posts under Urban scheme instructions have been issued to the State Govts. that they may allocate Health Posts to such Vol. orgns. who show keen interest in involving themselves in the F.W. Programme. Even the existing Health Posts run by the State Govts. can be transferred to Vol. Orgns. if the State Govts. consider such a step feasible.

Sd/-

[Deptt. of Family Welfare. O.M. No. G. 25018/1/88-FWB].

Recommendation

The Committee further note that technical and communication skills of the programme functionaries are identified as the most critical areas requiring improvements. As both these skills cover the entire gamut of the programme implementation, the Committee desire that in-services re-orientation training programme at regular intervals should be organised to improve the capabilities of the service personnel.

(Sl. No. 39 Appendix V Para 7.39 of 139th Report of PAC 8th Lok Sabha)

Action Taken

As a Step towards health manpower development a scheme of 'Orientation Training of Medical and Para-Medical personnel' was introduced as a centrally sponsored Family Welfare Scheme with the objective to provide in-service training as a continuing process to medical and para-medical personnel of Primary Health Centres and sub-centres with the objective to update their knowledge and skill.

Sd/-

[Deptt. of Family Welfare O.M No. G. 25018/1/88-FWB]

Recommendation

The Committee are concerned to note that 'Cold Chain' system for retaining the potency of the vaccines have not been properly maintained at various health centres. The non-availability of various equipments and defective refrigeration facilities for due attention towards scientific management of inventories. The Committee desire that some sort of financial powers to the doctors at PHC level should be delegated so as to enable them to discharge their responsibilities of management effectively.

(Sl. No. 40 Appendix V Para 7.40 of 139th Report of PAC, 8th Lok Sabha.)

Action Taken

Necessary guidelines for installation/maintenance of Cold Chain equipment in UIP Districts have been issued to States vide D.O. letter No. 01.12014/26/88-UIP dated 27.9.88. A copy of which is appended to this note. Sanction of Rs. 2000/- to each PHC in the Distt. covered under UIP for misc. expenses is also issued to the States under UIP.

(S.B. Mishra)

Joint Secretary to the Govt. of India

[Deptt. of Family Welfare. O.M. No. G. 25018/1/88-FWB]

P.K. Mehrotra
Joint Secretary

D.O. NO. M. 12014/26/88-UIP
GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
NEW DELHI-110011

27th September, 1988

Subject:—Installation/Maintenance of cold chain equipment in UIP Districts.

Dear

If have been informed by Medical Store Depots that the supply of cold chain equipment to the districts selected for coverage during 1988-89 is almost complete. I enclose a list of districts (Annexure-I) where supplies have not reached so far but are expected to be provided by November, 1988 end. This situation has arisen owing to short supply of deep-freezers by the manufacturers in Denmark.

Urgent steps are now required to be taken to ensure that the cold chain equipment is installed and operationalised at Primary Health Centres. We have held a meeting with the officers of Messrs Blue Star Limited who are the authorised agents of the manufacturers for installation of VEST FROST machines being currently supplied. Certain difficulties have been pointed out by the representatives of Messrs. Blue Star. We have to ensure that these bottlenecks are removed and clear directions are issued to the Chief Medical Officers, District Health Officers and Medical Officers in-charge of Primary Health Centres.

The following points need action—

(a) The Chief Medical Officer of the concerned district will designate one Senior Officer (either a DHO or the District Immunization Officer or one of the existing Assistant Surgeons) as the Nodal Officer for installation of cold chain equipment. The name of this nodal officer will be communicated to the Zonal Office of Messrs. Blue Star and to the state EPI Officer and also Shri Alok Perti, Deputy Secretary in the Immunization Division of Department of Family Welfare. It shall be the duty of this

nodal officer to facilitate the installation and to act as the Liaison Officer for getting all preparatory steps completed for installation of cold chain equipment.

(b) A check list of preparatory action to be completed before the arrival of the representative of Messrs. Blue Star is enclosed. (Annexure-2). The nodal officer shall fill in the check list and shall send one copy to the designated zonal office of Messrs. Blue Star (addresses in Annexure-3) a second copy to the State EPI Officer and a third to Shri Alok Perti Deputy Secretary, Immunization Division, Department of Family Welfare in this Ministry.

(c) The Chief Medical Officer of the concerned district will take immediate steps to ensure that the equipment supplied under UIP is immediately despatched to the Primary Health Centres for installation. This action can be started immediately after arrival of the goods in the district and should not be delayed. The nodal officer will send a report to the State Immunization Officer and a copy to Shri Alok Perti, Deputy Secretary, Immunization Division of this Ministry notifying that all cold chain equipment and other items have been shifted from the district store to the Primary Health Centre Store (Annexure-4). As we are installing a computerised monitoring system for cold chain supplies, this certificate (regarding equipment having been shifted from District Store to PHC) in the proforma enclosed with this letter must be sent before 30th October, 1988 in respect of districts where supplies have already reached (i.e. on or before 30th September, 1988).

(d) It must be clearly explained to the Chief Medical Officer (District Immunization Officers and Medical Officers in charge of Primary Health Centre and if necessary to the Store Keeper also that correspondence regarding maintenance and repair of VEST FROST equipment is made only with Messrs. Blue Star at the designated zonal office. The address of the office who is to be contacted for repair must be pasted on the outside of the equipment to facilitate memory. The earlier equipment supplied by Messrs. Electrolux was installed by Messrs. Voltas (India) Limited and correspondence regarding the Electrolux equipment is to be made with Messrs. Voltas (India) Limited only these two companies have complained that in many instances the wrong agencies are being approached concerning the repair of equipment and the mistake is discovered only when the mechanic reaches the spot. This must be avoided.

(e) Under the Immunization Mission a Primary Health Centre is being supplied a set of cold chain equipment which comprises one refrigerator and one deep freezer. Both these equipments are to be installed at the same place. It should not be distributed between two PHCs as this will defeat the purpose, of strengthening the cold chain. If the number of sets of cold chain equipment supplied to any district is less than the number of PHCs the available sets should be located at the block level PHCs in order

of their importance and work load and additional demand should be communicated urgently through State Immunization Officer to Shri Alok Perti, Deputy Secretary in the Immunization Division of Department of Family Welfare, Programme of Health and Family Welfare, Nirman Bhavan, New Delhi.

(f) The progress of installation of cold chain equipment may kindly be reviewed every month by the State Director, State Mission Director for Immunization (State EPI Officer) and the representative of Messrs Blue Star. A system of sickness reporting card for the equipment must be operationalised and the State EPI Officers should at any time be able to give this information on the basis of his record as to which units are sick (not functioning owing to same fault). The Medical Officer in-charge of PHC should report the sickness of the cold chain equipment to the State Mission Director of the cold chain equipment to the State Mission Director of the Cold Chain Officer provided at the State level. It shall be the duty of the State Cold Chain Officer to contact the zonal office of Messrs Blue Star/Voltas (India) Limited and also to send a fortnightly report of sickness of equipment to Shri Alok Perti in the preforma attached with this letter (Annexure-5). This information is also being computerised and we would like the State Governments and all persons connected with the Immunization Mission to strengthen the monitoring system for cold chain. If an equipment is found not functioning during field visits of Central Government Officers or State Government Officers or Private Consultancy organisations appointed by the Central Government for the purpose of field checking and it is discovered that no sickness report has been sent for the particular equipment, action will need to be taken against the person responsible for sending the sickness report. The State EPI Officer and State Cold Chain Officer, must therefore, be in a position to organise themselves for this task very urgently. Wherever, the State Governments have not so far appointed a State Cold Chain Officer, Immediate action may kindly be taken to designate one existing officer conversant with statistical work and record keeping to act as the State Cold Chain Officer, pending selection and appointment of a regular incumbent. From the Central Monitoring Unit being set up in the Ministry with the Collaboration of National Industrial Development Corporation, we shall keep a watch over the sickness time of any cold chain equipment and will take remedial measures with the agency responsible for this installation.

(g) For the sake of your convenience I am sending spare copies of this letter for distribution to all the districts which have been covered under Immunization Mission Programme in your State.

With regards,

Yours sincerely,
Sd/-
(P.K. MEHROTRA)

CHAPTER III

RECOMMENDATIONS/OBSERVATIONS WHICH THE COMMITTEE DO NOT DESIRE TO PURSUE IN VIEW OF THE REPLIES RECEIVED FROM GOVERNMENT

Recommendations

The Committee consider that the nature of the population problem has not been perceived in the right perspective inspite of the initial urgency of the population control expressed by the planners in the first five year plan. The Family Welfare Programme has been implemented without enthusiasm like any other routine programme with the result that the growth rate of population remained unabated. The Committee are at a loss to understand as to how and why the birth rate has remained stationary at 33 since 1977 despite the fact that couple protection rate has gone up considerably from 22.5 per cent in 1977 to 34.9 per cent by March, 1986. During their examination of this subject, the Committee have been informed of various difficulties at the programme implementation stage. Even though the implementation of the programme is done by the State Govts. it is mainly the responsibility of the Central Government to ensure that the objectives of the programme are being achieved in accordance with the framework of formulated policies and timely remedial measures are taken to remove deficiencies. Lamentably, as admitted by the Special Secretary (Deptt. of Family Welfare) before the Committee the programme has not been given the seriousness it deserved in view of the mammoth socio-economic implications it has for the country. Considering the utmost importance of Family Welfare Programme in socio-economic development of the country, the Committee desire that the Ministry of Health and Family Welfare (MOHFW) should take urgent steps to identify the weak-spot in the programme management from every possible angle so as to ensure immediate effective remedial measures. In the light of the recent report of Registrar General based on SRS data that the birth rate has not fallen as per projections made by the Expert Committee on population projections, the Committee would like the MOHFW to take appropriate steps to closely monitor the programme at an appropriate higher level periodically so as to ensure the effective implementation.

[S.No. 2 of Appendix V Para 1.11 of 139th Report of PAC (8th Lok Sabha)].

Action Taken

The Couple Protection Rate increased from 17.0 per cent in March, 1976 to 43.3 per cent in March, 1990. The estimates of birth rate given by Sample Registration System of RGI show a decline of Birth rate from 33.0 in 1977 to 30.5 in 1989. However, it is often observed that SRS underestimates the birth rate. The Census estimate for 1971-81 (centred in 1976) was 37.2 which on comparison with SRS estimate of 30.5 for 1989 shows a decline in birth rate by 6.7 points.

A Working Group was constituted by the Planning Commission for reviewing the family welfare programme and making recommendations for 8th Five Year Plan. The Working Group has reviewed issues related to targets, contents and quality of programme, aggregated approach, community participation and involvement of Panchayati Raj Institution, incentives, political will and adequate outlays.

The Working Group in conclusion has recommended improving the Family Planning Programme at various levels. The Working Group recommended measures for improving the Family Planning Services in the following areas:—

- Village level
- Training of Birth Attendants/Dais.
- Strengthening of facilities at PHC levels/Community Health Centres
- Consolidation of Urban Infrastructure
- Putting thrust on Research and Training
- Strengthening of Monitoring and Evaluation System.

The Working Group has also highlighted the need for taking measures on 'Beyond Family Planning Programme' which includes:

- (a) Increase female age at marriage.
- (b) Raising the status of women.
- (c) Increasing the female literacy rate.
- (d) Enhancing Child Survival and Development.
- (e) Linkages with Poverty alleviation Programme.
- (f) Old age security.

The performance of the programme is monitored regularly and is also reviewed periodically at various levels in the Ministry. Besides, the reasons for shortfall are brought to the notice of State authorities regularly for taking suitable remedial measures. In addition, the implementation of the

programme is reviewed under Twenty Point Programme every month.

The performance under the programme is also being reviewed by the CCH & FW, which is the highest body set up by, the Ministry of Health Minister/Health Secretary from all the States/UTs, besides certain number of non-officials and it meets normally once in a year. To follow up the recommendations of the CCH & FW we have a Standing Committee which is meeting once in every quarter. The Committee also consists of Health Minister/Health Secretaries/Director of Health Services from a few selected States.

Sd/-

[Deptt. of Family Welfare O.M. No. G. 25018/1/88-FWB]

Recommendation

The Programme statistics on the couples effectively protected by various Family Planning methods at the end of Sixth Five Year Plan (1985) reveal that more than 77 per cent of acceptors used the terminal method of sterilisation and the protection from other family planning methods was only about 22 per cent. These statistics also reveal that the mean age (by the age of wife) of acceptors of vasectomy and tubectomy was 31.8 years and 30.3 years respectively and the mean number of living children of these acceptors was 3.3 and 3.5 respectively. The Committee feel that while the method of sterilisation has been the main plank in the Government strategy in meeting the family planning targets, generally the older couples in the age group 30 plus have been taking recourse to this method only after attaining the desire family size of 3-4 children thus defeating the very purpose of the programme. Set against these dimension of performance statistics, an estimate on the age of contraceptive acceptors reveals that the percentage of protected couples in the prime reproductive age group 15.29 years is only 15 as against 55 per cent in the upper age group of 30 to 44 years. The Committee are distressed that the Government strategy has not succeeded in providing required contraceptive protection to the eligible couples in the younger age group which in fact deserve top most priority for the success of family planning and population control. The Committee are of the opinion that since the younger age groups may not be inclined to adopt sterilisation which is a terminal method, efforts to promote non-terminal methods should be directed towards these target groups. Taking into account the fact that the birth rate continues to be static since 1977 despite the increase in couple protection rate during this period, the Committee desire that the Family Welfare Programme should be given a re-orientation and projected as a Programme taking care of health and welfare of the parents and their children by emphasising the need for avoiding early pregnancy and spacing after the first child. The Committee also desire the programme func-

*. to review Health and F.W. Programme. This body consists

tionaries to simultaneously motivate the couples with lesser number of living children say 2 to adopt the terminal methods.

[S.No. 5 of Appendix V Para 2.20 of 139th Report of PAC (8th Lok Sabha)]

Action Taken

While bringing younger age couples within the fold of contraception is very important, it would not be advisable to ignore or pay less attention towards those who are comparatively old but are within the re-productive age group. For younger couples, spacing methods are more appropriate, acceptance of which is being encouraged by emphasising the need for spacing of children, delaying of marriage and delaying of birth of first child through media channels. Campaigns for spacing methods are being organised from time to time. Arrangements are made through intensive information, education and communication activities such as camps, audio visual shows, advertisements in local newspapers, slides in cinema halls, radio broadcasts for motivating more and more younger couples to come within the fold of Family Planning through non-terminal methods. It has also been impressed upon that the number of children should not go beyond two and after attaining this size of family, people are encouraged to go in for permanent methods to avoid danger of undesired pregnancy.

2. People will accept small family norm only if they are assured that children born to them will survive and lead a healthy life. Keeping this fact in view, maternal and child health programme has been made an intergal part of the Family Welfare Programme. In addition to expanded programme of Immunization, Universal Immunization Programme has been launched in 1985. The coverage upto 1989-90 is reported to be 82 per cent in respect of DPT and OPV and 89 per cent in respect BCG.

3. Efforts are on to educate people against high risk pregnancies. Media channels are being used to convey the message that pregnancy before 20 years and after 30 years is risky to the health and life of the women.

Sd/-

[Deptt. of Family Welfare O.M. No. G. 25018/1/88-FWB]

Recommendation

The 1981 Census figures highlight that the mean age of marriage for females in the country is 18.3 years and that about 51 per cent of married females are less than 19 years of age. The Committee feels that the low mean age of marriage for females in the country is yet another critical area requiring priority attention from the Government. Although the provision of child Marriage Restraint (Amendment) Act, 1978 prescribed 18 years as the minimum legal age for the marriage of the female, the Government have hardly taken recourse to enforcement of this law. According to the Revised Strategy for National Family Welfare Programme—Approach and Action Plan prepared by the Ministry, the existing provisions of the law

are full of loopholes and the process of implementation of the Act is outmoded considering the fact that the marriage at a higher age would help in reducing the birth rate, the Committee would urge the Government to initiate urgent steps to plug the lacunae in the existing law and ensure its proper implementation in the country. The Committee also desire the Government to closely examine the feasibility of introducing compulsory registration of marriage in the country. The compulsory registration of marriages would not only ensure observance of the legal requirement of minimum age at marriage but would also provide useful information to programme functionaries.

[S.No. 6 of Appendix V Para 2.21 of 139th Report of PAC (8th Lok Sabha)]

Action Taken

This Ministry supports the question of enforcement of the provisions of the Child Marriage Restraints (Amendment) Act 1978. In fact the question of enforcement falls within the purview of the State Governments.

2. This Ministry also supports the proposal of introducing compulsory registration of marriages. In fact, such a step will help in implementing the legal provisions of the Child Marriage Restraint Act.

3. Extracts of the report of PAC in this regard were sent to Ministry of Home Affairs for further action at their end. The Ministry of Home Affairs is of the view that a Central legislation of registering the marriages will not be implementable due to the wide diversities of customs and rites in marriage practices, in India and high level of illiteracy among the rural masses. The Ministry has currently considered the question of making amendment to the Child Marriage Restraint Act, 1929 (Central Act) for raising the Minimum age of marriage for enhancing punishment for violation and for making the provisions more operationally effective. The view of the State Governments have been invited on the proposal before proceeding further in the matter.

Sd/-

[Deptt. of Family Welfare O.M. No. G. 25018/1/88-FWB]

Recommendation

[Updated Action Taken on Sl. No. 6, Appendix V, Para 2.21 of 139th Report of PAC (8th Lok Sabha)].

This Ministry supports the question of enforcement of the provisions of the Child Marriage Restraints (Amendment) Act 1978. In fact the question of enforcement falls within the purview of the State Governments.

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4. It is not proposed, at present, to amend the Child Marriage Restraint Act. The views of the States were sought and after examination, it was decided to achieve the objective of raising the age of marriage by increasing social awareness. As per data of SRS, 1991, the mean age at effective marriage for females has gone up to 19.5 years.

Sd/-

[Deptt. of Family Welfare O.M. No. G. 25018/1/88-FWB]

Recommendation

The fact that as high as 53.30 per cent of sample cases could not be traced in a particular year due to wrong addresses etc., speaks volumes about the need to monitor and evaluate objectively the performance statistics of the Family Welfare Programme. To ensure vigorous monitoring of the implementation of the programme, the Committee desire that at least 10 per cent of sample verifications of acceptors by all methods as well as beneficiaries of MCH services should be prescribed for the agencies engaged in evaluation of this programme of national importance. This percentage of sample verification by the sample survey agencies must be insisted upon and the bottlenecks in achieving the desired level of performance of these agencies like shortage of staff etc., should be urgently removed. The Committee feel that an intensive and regular evaluation of Programme backed by immediate and proper follow up action against the erring officials would go a long way in improving the quality and effectiveness of the programme.

[S.No. 18 of Appendix V Para 5.17 of 139th Report of PAC (8th Lok Sabha)]

Action Taken

Based on the field evaluation data collected in the immediate previous years, the sample cases which could not be traced but due to "wrong/incomplete addresses" ranges from 10 to 11%. The field evaluation is carried out by the Regional Evaluation teams every month in selected districts. Based on their reports, feedback letters are sent to the respective State Governments conveying to them various deficiencies in the programme observed and emphasising the need for taking immediate and appropriate remedial measures. The State Govts., depending upon the gravity of deficiency to take necessary administrative and programme measures which would go a long way in improving the quality and effectiveness of the programme. The recommendation of the PAC to have

at least 10 per cent of acceptors to be taken for sample verification, it will amount to taking a sample of 2 to 3 million acceptors at the present level of performance. If the MCH beneficiaries were also to be added, this number will go up further substantially. The number of teams and its strength have remained constant over the years, more or less turn out a stagnant field evaluation number which in the context of rising performance results in a progressively diminishing percentage. If the suggestion of PAC were to be implemented, this would call for a sizeable expansion in the number of teams and number of members in each team. However, a proposal to reasonable expand the net-work of Regional Evaluation Teams will be taken up for consideration and if this has the approval of the Government the sample verification to be *done* in the future years will show a more true picture.

This was again reviewed with Health Secretaries of States on 17.8.89.

Sd/-

[Deptt. of Family Welfare O.M. No. G. 25018/1/88-FWB]

Recommendation

The Committee observe that although the awareness of the family welfare programme is stated to be over 90 percent, there is still a wide gap between those who hold a positive attitude and those who actually adopt family planning method. It is surprising that while 95 per cent of people are aware of terminal methods of both vasectomy and tubectomy, the awareness of non-terminal methods is lower being 54 per cent for condom followed by 43 per cent for IUD and 36 per cent for pill. What is more distressing is the fact that 62 per cent of people are aware of the various MCH services being provided by the Government. These facts illustrate that the various components of the family welfare programme and MCH services have not been effectively delivered to the masses.

[S.No. 19 of Appendix V Para 6.9 of 139th Report of PAC (8th Lok Sabha)]

Action Taken

Steps have been taken to increase knowledge and awareness about spacing methods. For the last 2 years special stress is given on the six identified themes of Right Age of Marriage, Spacing, immunization, Two Child Norm, Male Responsibility and Safer Births or MCH. All the six campaigns have inter-linkages and the spacing & MCH campaigns are being vigorously pursued through TV spots, radio spots, film quickies, advertisements, posters, folders, booklet, match-box labels and hoardings. The Advertisements on 'Spacing' and other subjects are being issued by DAVP according to the laid time-table. Besides providing language versions of the media materials to the States, the state media set up have been asked to adopt these materials, devise new ones based on the prototypes provided & to disseminate these widely. Promotion of spacing

as a concept and specific information on spacing methods have been taken up in the films, TV and radio spots being released on a regular schedule by MOHFW in all languages. Letters in response to TV spots and press advertisements on the subjects are also being received and the respondents are being mailed informational literature.

Sd/-

[Deptt. of Family Welfare O.M. No. G. 25018/1/88-FWB]

Recommendation

Yet another disturbing feature is the long time-lag, varying as widely as two to eight years or more, involved between awareness and adoption. The fact that "fears and misconception" is the main reason for non-adoption of family planning methods by a large number of persons demonstrates that the communication efforts made by the concerned agencies/ functionaries have neither succeeded in removing misgivings nor in imparting correct knowledge about the programme.

[S.No. 20 Appendix V Para 6.10 of 139th Report of PAC(8th Lok Sabha)]

Action Taken

Behavioural change is dependent on a number of factors. Information, Education & Communication is only one of the factors. Steps have been taken to develop materials in films, radio and print that address the identified fears & misconceptions. These are now proposed to be used on a wide scale to create an accurate information base. Besides the advertisements on radio and TV spots tell the people where to get services and steps are being taken to reorient the workers to a more systematic approach. The Literature produced by the Deptt. provides the relative strengths and weakness of the various contraceptive methods so as to build a strong information base with the public to enable them to make a rational choice as appropriate at a particular stage in the life cycle. The workers are being oriented to follow this pattern & stress is being laid on their counselling skills to overcome fears and misconceptions.

Sd/-

[Deptt. of Family Welfare O.M. No. G. 25018/1/88-FWB]

Recommendation

The Committee note that although about 19 percent of the Family Welfare subjects on the original production programmes of the Films Division during the period 1980-84 were either deleted or deferred, the Films Divisions could not complete even this reduced production programmes in time. In addition, there was also delay in supplying the prints of the films. The Committee feel that the reasons given for slow progress in Films Division are such as could have been foreseen and avoided by proper planning on the part of the executing agency. The Committee hope that concrete measures could be taken by the Ministry of Health and Family

Welfare and I&B to ensure that Films Division take appropriate steps for timely production and distribution of films on Family Welfare.

[S.No. 28 Appendix V Para 6.38 of 139th Report of PAC (8th Lok Sabha)]

Action Taken

The Public Accounts Committee has spoken of lower number of films produced by Films Division. It may be mentioned that output of Films Divisions went up to record level during 1987-88. A total number of 13 longer films and 31 one minute quickies in Hindi and 296 regional language versions of the quickies were produced during this period as compared to a total of 33 films completed during 1986-87. During 1989-90, 8 Family Welfare quickies and seven longer films were produced and one film was purchased through Films Division. During 1990-91 30 films have been completed and 63 are under production at various stages and about 3000 prints have been distributed during 1990-91 for use by mobile units.

Sd/-

[Deptt. of Family Welfare O.M. No. G. 25018/1/88-FWB]

Recommendation

The Committee are concerned to note that adequate health infrastructures through which Family Welfare Services are offered has not yet been provided both in rural and urban areas in the country. During evidence, the representatives of the MOHFW stated that the required infrastructure would be available by the end of the Seventh Plan. The Committee apprehend that since the targetted additions, for the sub-centres and the PHCs during the Seventh Plan are substantially higher than the achievements in establishing the aforesaid centres during Sixth Plan period, it may not be possible to achieve the targets. The Committee further note that certain components of rural health infrastructure are covered under Minimum Needs Programme, which is a State Sector Programme, and the State Governments sometimes express their inability to provide funds for the purpose due to resource constraints. The non-availability of medical and para-medical staff is also stated to be an area of concern as no Centre is considered functional unless the sanctioned staff is in position.

[S.No. 32 Appendix V Para 7.32 of 139th Report of PAC (8th Lok Sabha)]

Action Taken

It has been accepted as a strategy during the 7th Plan that the infrastructure for the Primary Health Care Services comprising community health centres and sub-centres will be set up to achieve the norms based on mid-1987 population and to have one sub-centre for 5,000 population in general areas and 3,000 population in tribal, hilly and difficult areas. At the same time, a network of primary health centre each to serve 30,000 population in tribal and difficult areas will be set up. A community health centre with specialists services and 30 indoor beds will be ultimately

available for over one lakh population but during the 7th Plan, only 50 of the required number would be established. Funds for these activities are made available to the State Governments/UTs under the Minimum Needs Programme and the Planning Commission reviews the position regarding utilisation of funds and establishment of required Units. The State Governments and UT Admns. are strongly advised to utilise the funds for the purpose for which these are meant.

Sd/-

[Deptt. of Family Welfare O.M. No. G. 25018/1/88-FWB]

Recommendation

The Committee are constrained to observe that in spite of heavy investments on family welfare services the existing infrastructure and facilities have not been, optimally utilised by the people due to reasons like in accessibility, poor quality of services and lack of appropriate follow-up care. The Committee also gather from Audit that laparoscopic tubectomies have been performed at various PHCs far in excess of the prescribed norms and follow-up services to acceptors of family planning were not provided to as large a percentage as 61. From these facts, the Committee are inclined to conclude that there is no effective administrative control over the programme implementation machinery to ensure the compliance of medical and technical requirements.

[(S.No. 37 of Appendix V Para 7.37 of the 139th Report of Public Accounts Committee 8th Lok Sabha.)]

Action Taken

This Ministry has been issuing instructions/guidelines to States/UTs to bring about qualitative changes in the functioning of National Family Welfare Programme and particularly in the sterilisation activities under the programme. The maximum number of laparoscopic sterilisation operations to be performed by a team trained in sterilisation techniques has been fixed as 30% per team per day at a fully equipped PHC or at a camp site. The number of a team trained in laparoscopic sterilisation techniques are one gynaecologist with at least three years of experience in obstetrics and gynaecology, one operation theatre nurse and one operation theatre technician attendant. Further the maximum number of cases to be operated by the trained teams of an upgraded PHCs/Community Health Centres of at taluka level hospitals or other institutions should not exceed 100. A copy of the guidelines so issued to States/UTs is, however, enclosed for information and reference. The detailed instructions on patient selection, technical procedure to be followed, pre-medication, patient preparation, hospital stay, follow-up care service and maximum number of cases to be operated are given in the said guidelines for strict compliance by the operating surgeons/gynaecologists.

This Ministry has also called for the action taken Report on the above recommendation from State/UT Governments in the light of the instructions issued to them from time to time. The evaluation teams from E&I Division of the Ministry also undertake verification of sterilised cases, their follow up services and failures etc. on random basis and their findings are circulated to States/UTs for their remedial actions/measures. Besides, Senior Officers from the Ministry also undertake tours to ensure that there is no let up at the State level whatsoever in running the family welfare programme effectively.

Sd./-

[Deptt. of Family Welfare O.M. No. G. 25018/1/88-FWB]

IMMEDIATE

No. N. 11014/14/84-Ster.
GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
(DEPARTMENT OF FAMILY WELFARE)

New Delhi, dated the 10th April, 1988

To

The Health Secretaries,
All State Govts./Uts.

SUBJECT: *Female sterilisation under laparoscopic techniques uidelines—ragarding.*

Sir,

I am directed to say that the guidelines on the laparoscopic sterilisation under the National Programme has already been issued to the States/UTs vide D.O. letters No. N. 11014/10/81-Ster. dated 6.7.1981 and No. N.11025/3/81-Ster. dated 22.12.1982 from Additional Secretary & Commissioner (F.W.).

It is, therefore, requested that a high degree of aseptic measures may please be maintained while conducting laparoscopic sterilisation. Necessary steps to ensure the quality of service to the acceptors of such operation both at the institution and camp levels may be taken. Top most priority

may be given for follow up services of operated cases in the interest of the programme. A copy of the guideline is again enclosed.

Yours faithfully,

Sd/-

(DR. D.K. SEN)

Deputy Commissioner (TO)

Copy to:

1. All D.H.S.
2. All S.F.W.O.
3. All R.D. (H&FW)

Sd/-

(DR. D.K. SEN)

Deputy Commissioner (TO)

GUIDELINES FOR FEMALE STERILISATION BY LAPAROSCOPIC TECHNIQUES

- I. At the PHC level and in the field, minilaparotomy is the procedure of choice but at the Institutional level sophisticated techniques like laparoscopy or culdotomy should also be made available provided the following requirements are met with.
 - a. The persons working should have adequate experience and training.
 - b. No one should head a laparoscopy sterilisation team or offer training unless he/she performed 500 laparoscopic procedures.
- II. **Period of Training**

For laparoscopy techniques, the period should be either 2 weeks or 25 cases whichever is later. For training, a team approach should be used and the team as a whole should be trained. The team should consist of a doctor (postgraduate of three years standing), Operation Theatre Nurse and Operation Theatre Technician.

III. Patient Selection

Proper selection of patients is very important for minimizing the side effects;

- (a) Laparoscopic sterilisation is not advisable for post partum patients for 6 weeks following delivery.
- (b) However, laparoscopic sterilisation can be done as a concurrent procedure to M.T.P.
- (c) Hb % should not be less than 8 gms. per cent.

(d) There should be no associated medical disease *e.g.*

Heart Disease,
Respiratory Disease,
High B.P., Diabetes etc.

IV. Technical Procedures

1. Anaesthesia

Local anaesthesia is the anaesthetic of choice of PHC level. Spinal anaesthesia should be avoided for all sterilisation procedures.

Strength of local anaesthetic solution = 0.5 — 1 % Xylocaine

Dose of anaesthetic injected = not more than 20 ml. depending on the body wt. of the subject.

The presence of a trained anaesthetic is a *MUST* in a laparoscopic camp to permit the administration of general anaesthesia should there be difficulty under local or if laparotomy should become necessary because of some unforeseen complication.

2. Premedication

Should be administered by intramuscular route, approximately 20 minutes before the procedure.

Different combinations may be used.

(i) Pethidine - 50 - 75 mg.
Atropine - 0.4 - 0.6 mg.

(ii) Pethidine - 50 - 75 mg.
Phenargan - 50 mg. or Diazepam 5-10 mg.

(iii) Calmpose - 5 mg.
Atropine - 0.4 - 0.6 mg.

If none of the above combinations are available only then the following combination may be used.

(iv) Morphine - 1/4 gr.
Atropine - 0.4 - 0.6 mg.

(a) No routine antibiotics need to be given to patients.

(b) Analgesic (APC, Paracetamol) may be advised for 48 hours.

3. Patient Preparation

(a) Part preparation (shaving/enema) not necessary but the skin should be carefully swabbed with antiseptic particularly inside the umbilicus.

(b) Clothes of the patients must be changed at the time of operation.

4. Gases

Gas is required for creating pneumo-peritonem for laparoscopy. Following is the preference list in descending Order.

- (a) CO₂
- (b) Nitrous Oxide
- (c) Air

V. Hospital Stay

It is recommended that patients be kept for a minimum of 48 hours. However, if the patient is unwilling, she can be permitted to leave after 4-6 hours, provided the pulse, temperature and B.P. are normal, and the surgeon is satisfied and willing to undertake the responsibility for such early discharge. In such cases, the following certificate must be recorded on the history sheet of the operated case.

I have examined this case which was operated at (time) and am fully satisfied that she is in a fit condition to go home.

Signature of the Operating Surgeon

Time Date

VI. Follow up Care

Follow up after sterilisation procedure is essential. The two period (Short-term and long-term) recommended are:

- (a) 7 - 10 days
- (b) 12 - 18 months

CAMP STERILISATION

I. General

- (a) Maximum number of cases/per team in a Camp should be 30.
- (b) 2 sets of Laparoscopic and minilap instrument per operator/surgeon should be used to shorten the waiting period.
- (c) Maximum number of cases to be operated per day at a fully equipped P.H.C. should be 30. This number for an upgraded P.H.C. or for Taluka level hospital or other institutions should not exceed 100.
- (d) 2 operating tables should be available for use.

II. Technique

a. Laparoscopic Camp

Only persons with post-graduate experience in obstetric and Gynaecolog of at least 3 years and who have done more than 500 laparoscopies are considered competent to organise laparoscopic camps.

b. *Minilap Camp*

Any qualified gynaecologist or surgeon with three years experience can organize a minilap camp.

III. Sterilisation of laparoscopic equipment — sterilisation is to be done by formalin vapour / cydex solution.

The ancillary instrument may be kept for any length of time but the optic should be kept only for 10-15 min. in formalin vapour or cydex solution.

Cleaning alone with spirit is to be condemned.

IV. Site

The organizing leader of the camp will select a suitable site keeping in mind electricity, running water, ventilation and sterilisation facilities.

V. The recommendations for follow-up and hospitalization are same as mentioned earlier.

VI. At National level the method of choice at P.H.C. is a mililap Sterilisation. But, at a Teaching Institution or where expertise is available, it may be Minilap and/or Laparoscopy.

Recommendation

The Committee consider that certain family planning methods require proper medical interventions at various stages and a proper delivery of service is very essential not only to enlarge the acceptability of the programme infrastructure but also to generate demand in favour of adoption of family planning. Every endeavour should be made to ensure the suitability of a person for a particular family planning method so as to avoid any mishap creating demoralising effect on others. The Committee desire that comprehensive guidelines on medical and technical aspects of various family planning methods, be made available to programme functionaries in the first instance. The Government should also clearly define the job responsibilities for all categories of medical and technical staff so as to pin-point their accountability in cases of inadequate delivery of services. The Committee would also like the supervisory system to be strengthened and expanded so as to monitor and enforce the quality of services delivered through the programme infrastructure the findings of sample surveys on deficiencies in implementation of programmes should be brought to the notice of concerned State Governments as soon as detected and remedial measures, including disciplinary action against erring officials, ensured.

[S.No. 38 Appendix V of Para 7.38 of 139th Report of PAC (8th Lok Sabha)].

Action Taken

There are two Committees, *viz.* Standing Committee on Technical Matters and Expert Committee on Technical Matters functioning in the Ministry which advise the Ministry on the efficiency and safety of the various family welfare procedures/methods which are already in use under the National Family Welfare Programme.

The main task of these committees is to ensure the quality in the family welfare services. Besides, ICMR and Centre of Bio-Medical Engineering, Indian Institute of Technology, New Delhi also help immediately in studying the field problems of various contraceptives before they are introduced in the National Family Welfare Programme. The guidelines are issued to States/UT Governments for undertaking sterilisation operations and to enhance the quality of services under the programme, the doctors at PHC/Block level are being trained in MTP techniques, surgical contraceptives (*viz.* Minilaparotomy, traditional tubectomy and laparoscopic sterilisation activities), Oral Pills administration etc. The para-medical personnel *viz.* LHVs/ANMs with three years experience are also being trained in IUD insertions and Oral Pill administration so as to deliver the services to the rural folk effectively.

The job functions of all the functionaries working in the programme are already available and there is a supervisory body functioning at each and every level right from sub-centres to State Headquarters and from State to National level.

Some studies have already been taken up by the Population Research Centres functioning at various Universities and by other National Institution like that of National Institute of Health and Family Welfare, New Delhi, International Institute for Population Study, Bombay, etc. for bringing about improvements on the effective implementation of the Family Welfare Programme from micro-level in the country. The findings of these studies are sent to States/UT Governments for remedial measures.

The need for bringing the deficiencies in programme implementation to the notice of the concerned State Governments has been recognised. There exists a system of evaluation by Regional Field Teams besides evaluation done by independent research agencies including that of Population Research Centres. The State Governments within their set up have Demographic and Evaluation Cells who also undertake periodic evaluation of the programme to know its status in the respective State. The office of Regional Director located at each of the major States have also been assigned the responsibility to regularly monitor, supervisory and give a feedback on the implementation of the programme to the State Governments for bringing about improvement where needed. Further, regular meetings are also organised to remove the bottlenecks and deficiencies faced by the programme with a view to finding out practical solutions as

far as possible. In addition the officials of the Department of Family Welfare do also frequently visit the States and peripheries to obtain the first hand appraisal of the programme implemented in the States.

Considering the crucial role of District Collector, Chief Medical Officer, Medical Officer and Block Development Officer in implementing the Family Welfare Programme, the Ministry of Health and Family Welfare has printed and circulated to all State Governments/UT Administrations four books namely:—

1. Guidelines for District Medical Officers.
2. Guidelines for Block Development Officers.
3. Guidelines for Medical Officers of PHCs.
4. Guidelines for District Collectors.

The State/UTs have been requested to impress upon concerned officers to follow the guidelines given in the booklets.

Sd/-

Joint Secretary to the Govt. of India.

[Deptt. of Family Welfare O.M.No.G.25018/1/88-FWB]

Recommendation

The Committee also feel that the programme requirements have considerably expanded thus necessitating improved mobility of the programme functionaries. While the public transport system in certain areas is not adequate to cater to the needs of these functionaries who have a large jurisdictional area, the use of vehicles supplied under the programme may be a costly proposition. The Committee suggest that a system of providing loans to para-medical staff etc. for purchase of vehicles or mopeds for their official use would enhance the mobility and efficiency of these workers. The Committee would like that while a fix allowance for POL costs may be granted to workers, the responsibility for keeping the vehicles in order should squarely rest with the concerned official.

[S.No. 41 of Appendix V Para 7.41 of 139th Report of PAC (8th Lok Sabha)]

Action Taken

The issue was discussed in the All India State Health Transport Officers' Conference held at Pune during April, 1989. The State representatives were of the opinion that this scheme will not be feasible since enforcing use of two wheelers for purely official work will be difficult, so there is every likelihood of it being badly misused.

Sd/-

Joint Secretary to the Govt. of India

[Deptt. of Family Welfare O. M. No. G. 25018/1/88-FWB]

Recommendation

The Committee are of the opinion that his gigantic task cannot be accomplished solely by Government efforts and it is imperative that private and public sector are equally made conscious of the programme as a national commitment for whole-hearted support and implementation. The Committee, therefore, desire that the involvement of private and public sector industries particularly the major groups, should be sought and a scheme drawn up for implementation of the programmes by them in their respective organisations.

[S.No. 46 of Appendix V Para 7.46 of 139th Report of PAC 8th Lok Sabha.]

Action Taken

Efforts are already being made to involve Private and Public Sector Industries and major groups in implementation of Family Welfare Programme. At present the programme is being implemented in the Organised Sector through Ministry of Railways, Defence, P&T, Border Roads Organisation, etc. Public Sector Undertakings, like H.E.C.? Ranchi, BHEL, Bhopal and BHEL, Ranipur are also provided assistance for maintenance of Family Welfare Centres. Besides, at the instance of this Ministry, Bureau of Public Enterprises, have advised all the Public Sector Undertakings to help in the national efforts of promoting acceptance of Family Planning. Bureau of Public Enterprises is also being addressed to a meeting of all the Public Sector Undertakings to discuss promotion of Family Welfare Programme amongst the workers of their Enterprises. In the private sector organisations like PHD Chamber of Commerce and Industry, Federation of Karnataka Chamber of Commerce and Industry, Assam Branch of Indian Tea Association, National Co-operative Union of India, Employers; Federation of India, All India Organisation of Employers, Employers State Insurance Corporation, Textile Labour Associations, etc. have also been involved from time to time in the promotion of Family Welfare Programme. A meeting of all the Central Trade Union Leaders is also proposed to be held under the Chairmanship of Minister of State for Health and Family Welfare to discuss greater involvement of the workers

of the Trade Union Organisations for the promotion of Family Welfare Programme.

Sd/-

[Deptt. of Family Welfare O.M.No. G.25018/1/88-FWB]

Recommendation

Updated Action Taken on Sl. No. 46 of Appendix V of Para 7.46 of 139th Report of PAC 8th Lok Sabha

The efforts of the Department of Family Welfare to involve Private & Public Sectors in the Family Welfare Programme was continued during the period since the last action taken report was submitted to PAC in July, 1991. To make these efforts more effective and to cover uncovered areas in these sectors, a committee under the chairmanship of Union Health & Family Welfare Minister known as 'Tripartite National Committee' was reconstituted in October, 1991 to deliberate on issues concerning Family Welfare & Family Planning Programmes in these Sectors. This Committee is represented by 40 members drawn from industries, chambers of commerce, public sector enterprises, trade union leaders and Ministries/ Departments of the Government of India. This committee has met thrice so far i.e., on 10.2.92, 16.11.92 & 17.11.93. The Committee has taken decisions including setting up of family welfare cells by each industry/enterprise for its employees and their families, taking up specific geographical areas with weak demographic profile for intensive family welfare work, institution of family welfare annual awards for the best work done in the field of electronic media, national press, regional press, voluntary sector and organised sector. The annual awards for 1992 were announced on 16th November, 1992 and were distributed on 26th March, 1993. The recipients in the Organised Sector were Tata Steels, Jamshedpur, SAIL and Northern Coal Fields Ltd. Some of the industries have also identified specific areas and are planning to launch intensive programme there. The industries have also been requested to prepare specific projects for Family Welfare there. The industries have also been requested to prepare specific projects for Family Welfare Programme under Section 35 AC of the Income Tax Act for which 100% exemption from levy of income tax is available. A list of slogans has also been forwarded to the industries/ chambers of commerce/enterprises for making use in their advertisements for their products.

Efforts are also being made to cover semi-organised sectors in spreading the message of small family norm by implementing specific schemes. At present five such schemes are under execution these are (i) Comprehensive Family Welfare Programme & Income Generation for Working Women in urban slums of Madras & rural areas of Tamil Nadu (ii) Integrated Parasite Control & Family Welfare Project for Plantation Workers in Jalpaiguri distt. of West Bengal (iii) Comprehensive Family Welfare Skill

Development Project for Tribal Population of Gujarat (iv) Family Welfare Education & Services for Beedi Workers in the States of U.P., M.P., Orissa & West Bengal (v) Family Welfare Education & Services for Milk Producers of 30 villages in Gujarat. Further efforts are being made to identify new areas where special efforts are required to be made for motivating and educating the couples for increased acceptance of Family Planning methods. Some of the areas identified so far Tea Plantations, Cooperative Sugar Factories, State Dairy Federations, Fishermen's Cooperatives, Khadi & Village Industries, Cooperatives Spinning Mills & Port & Docks. It is proposed to prepare specific schemes for intervention in these areas.

In addition to above, a Scheme for the sensitisation of Opinion Leaders at the grass root level has been implemented during 1993-94, with the objective to sensitise identified Opinion Leaders through number of one day workshops at districts/sub-districts and Panchayat level so that they could be aware of issues like social, economic and environmental effects of a large and growing population, need for increasing the age of marriage of girls, need to counter the desire for male progeny and the need for informed choice about delaying the first child and ensuring adequate spacing between succeeding children. At present, the scheme is being implemented in the State of A.P., Assam, Bihar, Gujarat, Haryana, Kerala, Karnataka, Madhya Pradesh, Orissa, Rajasthan, West Bengal, Uttar Pradesh, and Tamil Nadu.

To provide knowledge to youths of the country about the Family Welfare Programme, Nehru Yuvak Kendra Sangthan (NYRs) has also been involved.

NYRs has got its own net work through out the country and they have planned to establish one Population Awareness Unit in each village to approach the Youths of each and every village by organising Family Welfare Training Programme for them, so as to create awareness and provide them knowledge about Family Welfare Programme so that these Youths may in turn motivate others to adopt Small Family norm.

The Constitution (Seventy Third) Amendment, 1993 will promote greater involvement of the local community in the National Family Welfare Programme. On the one hand, reservation of one-third of the seats for women in panchayats at all levels, including posts of Chairpersons, is an important step in the direction of political empowerment of women, which would lead to enhancement of their status in society and greater control over their reproductive health. Enhancement of women's status in society would also serve to counter culturally induced preferences for sons. On the other hand, by endowing Panchayats with powers and responsibilities, this Constitutional amendment will bring about greater involvement of these

demographically elected rural self government bodies in the national programmes like family welfare.

Sd/-

(SMT. A.P. AHLUWALIA)

Joint Secretary to the Government of India.

[Department of Family Welfare O.M. No. G. 25018/1/88-FWB]

CHAPTER IV

RECOMMENDATIONS/OBSERVATIONS THE REPLIES TO WHICH HAVE NOT BEEN ACCEPTED BY THE COMMITTEE AND WHICH REQUIRE REITERATION

Recommendation

The Committee note that while the Ministry of Health and Family Welfare have prescribed a uniform Family Welfare Programme for the entire country, statistics reveal that there are wide variations in the programme acceptance and demographic situation in the different States. The performance of the programme in the major States of U.P., M.P., Bihar and Rajasthan continues to be poor due to various socio-economic factors. The acceptance of Family Planning among certain communities and identifiable groups in the country is also much lower than the national averages due to religious susceptibilities and social attitudes. The Committee are of the opinion that the population problem in the poor performing States and regions cannot be adequately understood or tackled by a simple uniform national strategy and as such there has to be multiple strategies to suit inter State and Inter regional diversities. For the wider acceptance of the programme, it is imperative that the sensitive issues of religious beliefs and hard attitudes is tackled by the States after taking the advice and help of experts and the States also take special steps to identify the thrust areas as requiring priorities and differential approaches. The Committee feel that the flexibility in approach and financial powers in implementing special schemes for different regions and areas and special groups should be provided to State Govts. so that they are in a position to effectively implement the programme according to realities of the situation.

[Sl. No. 3 of Appendix V Para 2.18 of 139th Report of PAC 8th Lok Sabha.]

Action Taken

In area of Family Planning Programme, special projects have been designed for improving the programme with financial assistance from agencies like World Bank, UNFPA and DANIDA in lagging States. The main emphasis is for strengthening technical skills. Steering Committees have been set up to avoid delays in taking decisions.

In 4 States of Bihar, M.P., Rajasthan and U.P., IEC projects have been launched. These special IEC projects are to be implemented in a phase manner for over three years. Mobility of the workers, fixed work schedules and training at all levels, Community involvement and development of appropriate communication and training material at the local levels are the

major features of training scheme. Basically, the scheme focuses on ensuring greater rapport between the community and health workers with the help of inter-personnel communication technique, systematizing health care delivery, system of providing on the job training session on monthly and overnightly basis, introducing visit schedule on fix days of the week of health workers in the villages and developing problem solving communication skills leading to qualitative improvement in the system, raising the credibility of health workers in the community.

Sd/-

(S.B. MISHRA)

Joint Secretary to the Govt. of India.

Deptt. of Family Welfare O.M. No. G. 25018/1/88-FWB 2nd March, 1994 dt.

Recommendation

The Committee are concerned to note that while various socio-economic development programmes having a bearing on family planning have been initiated in various Ministries/Departments during different plan periods, the Government have not yet developed any administrative machinery to have closely inter-sector linkages and proper coordination of the programmes. The Committee have been informed that the matter relating to development of a mechanism for inter-sectoral integration of family welfare programme at Central and State levels is under consideration of Government of India. The Committee cannot but emphasise the urgent need for securing the effective inter-sectoral coordination at all levels to attack the multi-dimensional population problem. The Committee trust that the necessary mechanism would be introduced soon. The Committee would also desire that a system at Central level to not only identify further areas where family planning would be introduced as an integral activity but also to ensure that the socio-economic development programmes of other Ministries/Departments are restructured to motivate people in favour of small family norm. The Committee would like to be appraised of precise action taken by the Government in this regard.

[S. No. 8 Appendix V Para No. 2.23 of 139th Report of PAC 8th Lok Sabha.]

Action Taken

Inter-sectoral coordination has been an area of great concern. Family Planning Programme is a part of socio-economic Development and its success depends on other programme such as poverty alleviation programme, raising status of women, increasing the female literacy rate. Many important developmental programmes are covered under 20 point programme. This Ministry has addressed letters to the Chief Secretaries of States/UTs with copies endorsed to the Health Secretaries, etc. emphasising the need for close inter-sectoral linkages and proper coordination of

programmes and activities of various Departments in the States/UTs. A copy of this is appended to this note.

Sd/-

(S.B. MISHRA)

Joint Secretary to the Govt. of India.

[Deptt. of Family Welfare O.M. No. G. 25018/1/88-FWB]

No. G. 20011/1/89-PLY

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

(DEPARTMENT OF FAMILY WELFARE)

New Delhi, the 13th October, 1989

To

Chief Secretaries of all State/UTs.

SUB: *139th Report of Public Accounts Committee (1988-89) in respect of Family Welfare Programme—Regarding.*

Sir,

One of the recommendations of the Public Accounts Committee (1988-89) in respect of Family Welfare Programme is as under:

“The Committee are concerned to note that while various socio-economic development programmes having bearing on family planning have been initiated in various Ministries/Departments during different plan periods, the Government have not yet developed any administrative machinery to have closely inter-sectoral linkages and proper coordination of the programmes. The Committee have been informed that the matter relating to development of a mechanism for inter-sectoral integration of family welfare programme at Central and State levels is under consideration of Government of India. The Committee cannot but emphasise the urgent need for securing effective inter-sectoral coordination at all levels to attack the multi-dimensional population problem. The Committee trust that the necessary mechanism would be introduced soon. The Committee would also desire that a system at Central level to not only identify further areas where family planning could be introduced as an integral activity but also to ensure that the socio-economic development programmes of other Ministries/Departments are restructured to motivate people in favour of small family norm. The Committee would like to be apprised of precise action taken by the Government in this regard.”

It is well recognised that population problem cannot be tackled in isolation. It has to be seen in the overall context of the country's social, economic and cultural development. Earlier, efforts have been made to integrate family welfare programme with the overall

developmental planning process, but population targets have often been set out without due regard to the social and economic aspects of development. Therefore, achievement of targets in the past years has fallen short of the expectations.

This brings out the urgent need of coordinating the efforts of various Government departments both at policy Planning and implementation levels. Within the family welfare and health sector also the desired integration has not fully been effected. There is an equally urgent need to coordinate the efforts of various agencies, both in Government and voluntary sector, engaged in programme.

States and UTs as main agencies for programme implementation should make extra efforts to harmonize the work of various institutions involved in doing family welfare work, covering aspects like motivational, educational, training and service delivery. These institutions should be made fully aware of the programme priorities so that their efforts are mobilised as effective support to the programme.

Apart from this, all the Departments, to whatever extent possible, will also have to inbuild, some component of family planning in their programmes. Achievement of ultimate goals will largely depend on successful implementation of various programmes of social and economic change, particularly rural health, literacy and adult education women's education and employment, nutrition and rural development. It is, therefore, important to have close inter-sectoral linkages and proper coordination of programmes and activities of various Departments in the States/UTs.

You are requested to consider the above views and take appropriate necessary action in the matter.

Yours faithfully,

Sd/-

(S.S. Kapoor)

Director (Policy)

Recommendation

The Committee are deeply concerned at the poor performance in the 4 major States of Uttar Pradesh, Bihar, Rajasthan, and Madhya Pradesh. These States which account for about 40 per cent population of the country, have substantially higher infant mortality and birth rates and lower couple protection rates in comparison to national levels. According to a study conducted in 1985 by Indian Institute of Management, Ahmedabad on facility utilisation and programme management in these four States, the poor quality of services and lack of appropriate follow-up and care in these States has not only resulted in relative under-utilisation of health facilities but have also lowered the credibility of health infra-

structure. The Committee are informed by the Ministry that follow-up action on the findings of this study report lies primarily with the State Governments concerned and the role of the Ministry is merely confined to ensuring the follow-up action on the points contained in the study report is taken by the respective State Governments. However, these States have been allotted to two Joint Secretaries in the Ministry who in addition to their normal duties, review periodically the follow-up action as and when they go on tours to these States. The Committee are not at all satisfied with this casual approach of the Ministry towards these low performing States and are of considered view that the programme management in these States need serious attention for improving their current levels of performance.

[S.No. 42 of Appendix V Para 7.42 of 139th Report of PAC (8th Lok Sabha)]

Action Taken

Special attention is being paid to the States of Uttar Pradesh, Rajasthan, Madhya Pradesh and Bihar, keeping in view their poor performance in Family Welfare Programme. These States are drawing their Annual Action Plan for improving the performance in Family Welfare Programme. Meetings are held from time to time to review their Action Plans. So far two meetings each of the States of Madhya Pradesh and Bihar have been held and one meeting each for the States of Uttar Pradesh and Rajasthan. The recommendations/observations of these meetings are thoroughly examined and action taken reports are prepared and followed up accordingly. Further, critical areas have been identified which need monitoring in these poor performing States. A Committee to monitor the programme in States have also been constituted.

Sd/-

[Deptt. of Family Welfare O.M. No. G.25018/1/88-FWB]

Recommendation

Updated Action Taken on Sl. No. 42 Appendix V, Para No.7.42 of 139th Report of PAC 8th Lok Sabha.

Action Taken

Special attention is being paid to the State of Uttar Pradesh, Rajasthan, Madhya Pradesh and Bihar, keeping in view their poor performance in Family Welfare Programme.

A quarterly review of the Family Welfare Programme in these States is now being done by Cabinet Secretary also. The last review meeting was taken by Cabinet Secretary in September, 1993. Out of 90 demographically poor performing districts identified on the basis of the 1981 Census, 83 are in these four States. A Programme of strengthening the infrastructure in PHCs in these districts has been taken up. A total sum of Rs. 85 crores, including Rs. 80 crores, assistance from the World Bank was provided in

1992-93 and 1993-94 for this Programme, known as Social Safety Net Scheme.

In Uttar Pradesh, a new Project named Innovations in Family Planning Services has been taken up in 1993-94 at an estimated cost of US\$ 325 million. This Project aims to reduce Total Fertility Rate from 5.4 to 4 and increase CPR from 35% to 50% over the ten years project period.

Externally assisted Area Projects are under implementation in all the 4 states for strengthening the Family Welfare delivery system. The ongoing Projects are mentioned below:—

State	Name of the Project	Commencement & Project Period	Estimated Cost (Rs. in Crores)
1	2	3	4
U.P.	IPP-IV (World Bank)	6.4.90 (5 years)	110.54
M.P.	IPP-IV (World Bank)	6.4.90 (5 years)	42.57
M.P.	DANIDA assisted project in 8 districts	1.4.89 to 31.3.94 (extended period)	21.85
Bihar	IPP-VII (World Bank)	2.11.90 (5 years)	88.18
Rajasthan	UNFPA assisted project (13 districts)	1.4.89 (5 years)	21.66

Sd/-

[Department of Family Welfare O.M. No. G. 25018/1/88-FWB]

Recommendation

The Committee therefore, recommend that a special cell comprising experts under the charge of a Joint Secretary be created in the Ministry of Health and Family Welfare (Department of Family Welfare) exclusively for these four States with the objective of ensuring proper supervision and effective monitoring of programme implementation in these States. Besides, providing suitable guidance, the proposed cell should ensure that attention is given on priority basis to those States in the matter of providing adequate system of delivery of services relating to family planning including MCH, giving publicity through various media units of the Ministry of I&B, encouraging involvement of voluntary organisations, etc.

[S. No. 43 Appendix V Para 7.43 of 139th Report of PAC(8th Lok Sabha)]

Action Taken

On the recommendations of PAC, a small Committee comprising experts under the chairmanship of JS(A) has been constituted in this Ministry for effective monitoring and supervision of Family Welfare Programme in the four lagging States of Rajasthan, Madhya Pradesh, Uttar Pradesh and Bihar. Its first meeting was held on 19th June, 1989. In the meeting emphasis was laid on the following in respect of these four lagging States.

1. Quality of services rendered by medical and para-medical staff etc.
2. Functioning of the scheme of crash training programme.
3. Aggressive social marketing of Oral Pills and condoms.
4. Need for involvement of Voluntary Organisations/sector on an extensive scale.
5. Need for training of Dais.
6. Need for integrated project proposal for bringing within its fold component of health, development of women, nutrition, etc.
7. Promotion of spacing methods.
8. Need for contraceptive prevalence survey/concurrent evaluation of programmes.

Another meeting has also been held in August, 1989, which has been attended by the representatives of the State Governments (excepting Bihar). The need for accelerating the pace of programme performance was emphasised and the representatives of the State Government expressed their willing support for achieving quick results for this vital national programme.

(S.B. MISHRA)

Joint Secretary to the Government of India.

[Deptt. of Family Welfare O.M. No. G 25018/1/88-FWB.]

Uptaded Action Taken on Sl. No. 43 of Appendix V, Para No. 7.43 of 139th Report of 8th Lok Sabha

On the recommendations of PAC, a small Committee comprising experts under the chairmanship of Joint Secretary has been constituted in this Ministry for effective monitoring and supervision of Family Welfare Programme in the four lagging States of Rajasthan, Madhya Pradesh, Uttar Pradesh and Bihar. Its first meeting was held on 19th June, 1989.

In the meeting emphasis was laid on the following in respect of these four lagging States.

1. Quality of services rendered by medical and para-medical staff etc.
2. Functioning of the scheme of crash training programme.
3. Aggressive social marketing of Oral Pills and condoms.
4. Need for involvement of Voluntary Organisations/sector on an extensive scale.
5. Need for training of Dais.
6. Need for integrated project proposal for bringing within its fold component of health, development of women, nutrition, etc.
7. Promotion of spacing methods.
8. Need for contraceptive prevalence survey/concurrent evaluation of programmes.

Keeping in view the adverse demographic indicators in and poor programme performance in these four States, reviews are being done by Secretary (Family Welfare) at regular intervals and at the level of the Cabinet Secretary. Establishing a Technology Mission for these States for Family Welfare is also under consideration.

These four States are also being provided special programme inputs, given below:—

- (i) Strengthening of infrastructure in 83 identified districts under the World Bank assisted Social Safety Net Scheme.
- (ii) The USAID assisted "Innovations in Family Planning Services" Project in Uttar Pradesh.
- (iii) Strengthening the family welfare delivery system under several externally assisted Area Projects.

Sd/-

[Department of Family Welfare O.M. No. G. 2818/1/88-FWB]

Recommendation

For the effective and efficient functioning of the Special Cell recommended in the preceding paragraph, there is need for setting up similar cells at the State level also. The Committee would like the Ministry to persue these four State Governments to establish similar cells at Secretariat or Directorate levels to oversee and monitor the implementation of the programme by the peripheral units. For meeting the additional expenditure on the cells so created, adequate financial assistance should be provided by the Ministry to the State Governments concerned so that the programme is not hamstrung for want of funds. The Cells should identify the special problems, if any, experienced by the peripheral units and the difficulties being encountered in the programme implementation and tackled them by suitably modifying the strategies according to the realities of the situation so as to speedily improve the programme achievements. If need be, the Special Cell in the Ministry of Health and Family Welfare may be consulted in this regard.

[S.No. 44 of Appendix V, Para 7.44 of 139th Report of PAC 8th Lok Sabha].

Action Taken

Health Secretaries of Uttar Pradesh, Madhya Pradesh, Bihar and Rajasthan have been asked to constitute special cells at Secretariat and Directorate level comprising experts for ensuring proper supervision and effective monitoring of Family Welfare Programme implementation by the peripheral units of these States. PAC has recommended that for meeting the additional expenditure on cells so created, adequate financial assistance should be provided by the Ministry to the State Governments concerned so that the programme is not hamstrung for want of funds. In this regard, we feel that sufficient amount is being provided to the State under the revised staffing pattern. Therefore, it has been proposed that Uttar Pradesh and Bihar State Governments, who have already been sanctioned revised staffing pattern may create special cell within their existing staffing pattern and Rajasthan and Madhya Pradesh State Governments where revised staffing pattern has not yet been sanctioned, asked to forward their proposal for the creation of special cell, so that the funds are allocated for the same.

Sd/-

(S.B. Mishra)

Joint Secretary to the Govt. of India

[Deptt. of Family Welfare O.M. No. G. 25018/1/88-FWB]

Updated Action Taken on Sl. No. 44 of Appendix V, Para 7.44 of 139th Report of PAC 8th Lok Sabha.

Health Secretaries of Uttar Pradesh, Madhya Pradesh, Bihar and Rajasthan have been asked to constitute special cells at Secretariat and

Directorate level comprising experts for ensuring proper supervision and effective monitoring of Family Welfare Programme implementation by the peripheral units of these States. PAC has recommended that for meeting the additional expenditure on the cells so created, adequate financial assistance should be provided by the Ministry to the State Governments concerned so that the programme is not hamstrung for want of funds. In this regard, we feel that sufficient amount is being provided to the States under the revised staffing pattern. Therefore, it has been proposed that Uttar Pradesh and Bihar State Governments, who have already been sanctioned revised staffing pattern may create special cell within their existing staffing pattern and Rajasthan and Madhya Pradesh State Governments where revised staffing pattern has not yet been sanctioned, asked to forward their proposals for the creation of special cells, so that the funds are allocated for the same.

Sd/-

(Smt. A.P. Ahluwalia)

Joint Secretary to Government of India

[Department of Family Welfare O.M. No. G. 25018/1/88-FWB]

Recommendation

The Committee consider that the Family Welfare Programme should be taken as national movement and a willing and determined cooperation should be obtained from the people from all walks of life. Since the main stress of the programme is essentially in villages and the acceptance of Small Family Norm is intrinsically connected with the socio-economic development, the Committee are of the view that a committed involvement of administration is very vital for the rural population to be suitably educated on the family welfare measures and the objectives of the programme. The Committee, therefore, recommend that a scheme aimed at providing overall guidance on the socio-economic measures being initiated by the Government for the rural people may be formulated with a view to promoting wider acceptance of small family norm in rural India. The proposed scheme should involve civil servants above a particular level who may be asked to adopt a set of 3 to 4 villages for overall development. Such officials must visit the adopted villages once a month and interact with people on the entire range of the socio-economic development programmes being implemented by the Government for the rural population. These officers may also seek the active cooperation of the village heads and Panchayats in propagating the programme.

[Sl. No. of 45, Appendix V, Para 7.45 of 139th Report of PAC, 8th Lok Sabha].

Action Taken

The suggestion of PAC for the involvement of civil servants and village heads in propagating the Family Welfare Programme, is quite

laudable and if implemented in the right spirit will help in making the Family Welfare Programme a people's movement. Civil servants in their official capacity can help in propagating the programme in a better way. Active involvement of village heads and Panchayats is also a pre-requisition. Rural population can be educated in convincing manner through the village heads and Panchayats about the need for a small family. A D.O. letter has been sent to Chief Secretaries of all States/UTs in this regard.

Sd/-

(S.B. Mishra)

Joint Secretary to the Govt. of India

[Deptt. of Family Welfare O.M. No. G. 25018/1/88-FWB]

Recommendation

Updated Action Taken on Sl .No.45 of Appendix V, Para 7.45 of 139th Report of 8th Lok Sabha.

The suggestion of PAC for the involvement of civil servants and village heads in propagating the Family Welfare Programme will help in making the Family Welfare Programme a people's movement. Civil servants in their official capacity can help in propagating the programme in a better way. Active involvement of village heads and Panchayats is also prerequisite. Rural population can be educated in a convincing manner through the village heads and panchayats about the need for a small family. A D.O. letter has been sent to Chief Secretaries of all States/UTs in this regard.

Sd/-

(Smt. A.P. Ahluwalia)

Jint Secretary to Government of India.

[Department of Family Welfare O.M. No. G. 25018/1/88-FWB]

CHAPTER V

**RECOMMENDATION/OBSERVATION IN RESPECT OF WHICH
GOVERNMENT HAVE FURNISHED INTERIM REPLY**

—NIL—

NEW DELHI;
April 28, 1994

Vaisakha 8, 1916 (Saka)

BHAGWAN SHANKAR RAWAT,
Chairman,

Public Accounts Committee.

APPENDIX

Recommendations/Observations

Sl. No.	Para No.	Ministry/ Deptt.	Recommendation
1	2	3	4
1.	8	Health and Family Welfare	The Committee in their earlier Report had recommended evolving of a suitable administrative machinery for securing an effective inter-sectoral coordination of various socio-economic development programmes having a bearing on family planning both at Central and State levels to attack the multi-dimensional population problem. They had also desired such a system at Central level not only for identifying further areas where family planning could be introduced as an integral activity but also for ensuring that the socio-economic development programmes of other Ministries/Departments are re-structured to motivate people in favour of small family norms. From the action taken reply furnished by the Ministry it is seen that the Ministry in pursuance of the recommendation of the Committee have merely addressed a letter to the States/Union Territories in a rather routine manner emphasising the need for close inter-sectoral linkages and proper coordination of programmes and activities of various Departments in the States/Union Territories. The Action Taken Note is completely silent about the actual achievement in the development of a mechanism for the integration of the programmes at Central/State levels although the Committee were earlier informed that such a proposal was under consideration of Government. The Committee are unhappy to conclude that the Ministry have not taken any tangible steps to harmonize the work of various

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agencies involved in undertaking socio-economic developmental work and to take action on the lines suggested by the Committee. They, therefore, reiterate their earlier recommendation and desire that Government should initiate concrete action in the matter so that the population problem is not tackled in isolation, but in the overall context of the country's social, economic and cultural development and that the people are motivated in favour of small family norms.

2. 11 Health and
Family
Welfare

The Committee in their earlier Report had recommended that a scheme aimed at providing overall guidance on the socio-economic measures being initiated by the Government for the rural people may be formulated with a view to promoting wider acceptance of small family norm in rural India. Stressing the need for making Family Welfare Programme a national movement, the Committee had outlined the role to be played by civil servants and had suggested for eliciting active co-operation of village heads and Panchayats propagating the programme among the rural masses. The Committee regret to note from the action taken reply furnished by the Department of Family Welfare that even after the lapse of a considerable time since presentation of their Report no concrete action has been taken on the recommendations of the Committee. The Ministry have merely sent a letter to the State/ Union Territories in this regard. The action taken note is completely silent about scheme launched or contemplated on the lines suggested by the Committee. The Committee are constrained to point out that the action taken note does not indicate that the Ministry has acted with the seriousness that it required. They, therefore, reiterate their earlier recommendation and desire that conclusive action be taken on it.

1	2	3	4
3.	16	Health and Family Welfare	<p>Taking note of the wide variations in the programme acceptance and demographic situation on different States the Committee had expressed the view that population problem in the poor performance States and regions cannot be understood or tackled by a single uniform national strategy and as such there had to be multiple strategies to suit inter-State and inter-regional diversities. The Committee had accordingly desired that the flexibility in approach and financial powers in implementing special schemes for different regions and areas and specific groups should be provided to State Governments to enable them to effectively implement the Programme according to realities of the situation. In this connection the Committee had also drawn attention of Government particularly to the poor performance of FWP in the States of U.P., Bihar, Rajasthan and Madhya Pradesh which accounted for about 40% of the population of the country, but had substantially higher infant mortality and birth rates and lower couple protection rates in comparison to national levels. The Committee had, therefore, recommended that special cell comprising experts under the charge of a Joint Secretary in the Ministry exclusively for these four States and also such corresponding cells in the four States concerned should be set up with objective of ensuring proper supervision and effective monitoring of Programme implementation in these States. The Committee note that in pursuance of their recommendation a Committee comprising of experts under the Chairmanship of a Joint Secretary has been constituted and started functioning in the Ministry for the purpose. As considerable time has elapsed, the Committee desire that the effectiveness of the Committee constituted in the Ministry in improving the levels of performance of the Family Welfare Programme in the four States under reference should be</p>

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reviewed and this Committee apprised of the outcome. The Committee, however, regret to note that the corresponding special cells in these States as recommended by them earlier, are yet to be set up. They desire that the concerned State Government might be asked to expedite the same.

PART II

MINUTES OF THE 23RD SITTING OF THE PUBLIC ACCOUNTS COMMITTEE HELD ON 25 APRIL, 1994

The Committee sat from 1500 hrs. to 1615 hrs. on 25 April, 1994 in Room No. 50, Parliament House.

PRESENT

Chairman

Shri Bhagwan Shankar Rawat

MEMBERS

2. Shri Nirmal Kanti Chatterjee
3. Shri Bandaru Dattatraya
4. Shri Jagat Veer Singh Drona
5. Shri Srikanta Jena
6. Smt. Krishnendra Kaur
7. Smt. Geeta Mukherjee
8. Shri D. K. Naikar
9. Shri Motilal Singh
10. Shri S. S. Ahluwalia
11. Shri Anant Ram Jaiswal
12. Smt. Jayanthi Natarajan

SECRETARIAT

1. Shri S. C. Gupta — *Joint Secretary*
2. Shri P. Sreedharan — *Under Secretary*

REPRESENTATIVES OF AUDIT

1. Shri A. K. Maitra — *Addl. Dy. C.&AG.*
2. Shri K. Muthukumar — *Director General of Audit (Central Revenue)*
3. Shri B. M. Oza — *Pr. Director of Audit, Economic and Service Ministries.*

2. The Committee took up for consideration the following draft Reports:—

- | | | | |
|-------|---|---|---|
| (i) | * | * | * |
| (ii) | * | * | * |
| (iii) | Family Welfare Programme
[Action taken on 139th Report of PAC (8th Lok Sabha)] | | |
| (iv) | * | * | * |
| 3. | * | * | * |

The Committee ~~considered~~ ~~and~~ adopted the following draft Reports with certain amendments/modifications as shown in Annexures I and II respectively:—

(i) * * *

(ii) Family Welfare Programme

[Action taken on 139th Report of PAC (8th Lok Sabha)]

The Committee authorised the Chairman to finalise these draft reports in the light of other verbal and consequential change suggested by some members and also those arising out of factual verification by Audit and present the same to Parliament.

* * *

The Committee then adjourned to meet again on 26th April, 1994 at 1600 hours.

AMENDMENTS/MODIFICATIONS MADE BY THE PUBLIC
ACCOUNTS COMMITTEE IN THE DRAFT REPORT ON ACTION
TAKEN ON 139TH REPORT (EIGHTH LOK SABHA) RELATING
TO FAMILY WELFARE PROGRAMME

<i>Page</i>	<i>Para</i>	<i>Line</i>	<i>Amendments/Modifications</i>
1	2		Reclassify the recommendations and observations appearing at Sl. Nos. 3, 42, 43 and 44 from Chapter II to Chapter IV.
7	11	4 from bottom	<i>Substitute</i> "issue.....Ministry" by "action taken note does not indicate that the Ministry has acted."