

(1) Quality ; (2) Social Justice ; education will be available irrespective of the parents' capacity to pay ; (3) Merit-based ; (4) Utility and social purpose, conforming to national policy ; (5) Having largely rural coverage ; and (6) Fostering national integration.

(c) The schools will be opened in a phased manner during the Seventh Plan period. The phasing will be finalised shortly.

[Translation]

Proposal to declare Water Resources as National Wealth

*66. SHRI HARISH RAWAT : Will the Minister of WATER RESOURCES be pleased to state :

(a) whether there is any proposal to declare water resources as national wealth by restricting the States rights in this regard ; and

(b) if not, the policy of the Government in regard to the settlement of major inter-State water disputes ?

THE MINISTER OF WATER RESOURCES (SHRI B. SHANKARANAND) :

(a) No, Sir.

(b) Inter-State Water Disputes are sought to be resolved through a process of negotiations ; failing which by a process of adjudication under the Inter-State Water Disputes Act, 1956.

[English]

Promotion of Family Planning Programme

*77. SHRI B.B. RAMAIAH : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether the Central Council of Health and Central Family Welfare Council at the Joint Conference held in New Delhi in the first week of September, 1985 discussed various suggestions for promoting Family Planning ;

(b) if so, the suggestions considered ; and

(c) Government's reaction thereto ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI MOHSINA KIDWAI) :

(a) to (c) The 11th Joint Conference of the Central Council of Health (CCH) and Central Family Welfare Council (CFWC) was held at New Delhi from September 2-5, 1985.

The recommendations of the Councils on Family Welfare Programme are given in the statement below.

The broad policy guidelines for the Family Welfare Programme are formulated by the Central Government whereas the programme implementation is done basically by the States/UTs. The programme policies and strategies are being continuously reviewed and redesigned and while doing so, recommendations made by the Councils are duly taken into account.

Statement

RECOMMENDATIONS OF THE ELEVENTH JOINT CONFERENCE OF THE CENTRAL COUNCIL OF HEALTH AND THE CENTRAL FAMILY WELFARE COUNCIL HELD ON SEPTEMBER, 2, 3, 4 and 5, 1985.

Family Welfare Programme including MCH and Immunization :

The 11th Joint Conference of the Central Council of Health (CCH) and Central Family Welfare Council (CFWC) held at New Delhi from 2nd to 5th September, 1985, reviewed the achievements in the Family Welfare Programme during the 6th Five Year Plan and took shock of the major thrusts and strategies proposed to be followed during the 7th Five Year Plan. The Councils resolved that the National goal of achieving Net Reproduction Rate of One must and should be reached by the turn of the century. In other words our birth rate must come down to 21 per thousand and infant mortality rate to 60 per thousand.

The Councils took note of the fact that the programme had made a very good start this year resulting in a very good improvement in the performance. The several new initiatives taken by the Government recently are most welcomed and helped it to give it a further boost. The

Councils welcomed the deep interest shown by the Prime Minister and feel confident that given the required political will and support, mobilisation of voluntary effort in an increased measure, suitably strengthened and expanded supplies and services and demand generation and a determined will on the part of all these involved in the programme, the objectives and targets laid down for the VIIth Plan were within reach. After detailed discussions the following recommendations were made :—

RECOMMENDATIONS

1. Political Commitment

1.1. The Councils noted with great satisfaction the high priority which the Prime Minister has attached to the Family Welfare Programme ; the Councils shared his concern to bring about a swift decline in the birth rates. Since the programme implementation is basically to be done by the States, the Councils recommend that each State should immediately develop a mechanism under which the Chief Minister reviews every month the entire range of programme activities so that the efforts in the Government and the non-Governmental Sectors, closely linked and coordinated, yield the maximum results.

1.2. In the favourable climate of political commitment at the highest level, involvement of people's representatives at all levels should be carried forward so that family planning can become a people's movement. The elected representatives of the people at different levels including local bodies and Panchayat Raj institutions must provide continued support to the performance on a sustained basis. This is imperative for intensifying community participation in the programme.

2. Community Participation

The Councils recommend that :—

2.1. The Government should consider how the current involvement of well known non-Governmental organisations in promoting family planning can be further enlarged. These organisations may be encouraged to accept the responsibility of implementing the programme in certain earmarked areas. The States should take initiative in this

regard, motivate voluntary action and give full cooperation to such organisations. Non-Governmental Organisations may be requested to take up projects in areas which are regarded as difficult.

2.2. Appropriate mechanism for coordination and motivation of different voluntary organisations should be developed by organising Conferences, Seminars and periodical meetings.

2.3. The Government should provide the NGOs with training facilities for the workers and the office bearers of voluntary organisations and NOOs. These organisations may also be assisted and encouraged to set up training facilities for their workers and for the workers engaged in Family Welfare e.g., Dais, Village Health Guides and ANMs etc.

2.4. A few selected organisations with proven record of voluntary action be encouraged to provide consultancy services for identifying existing organisations for Family Welfare work for project designing and evaluation and monitoring.

2.5. Most of the Voluntary Organisations are engaged primarily in promoting the Family Welfare Programme in the Urban areas. It would be necessary for them to move and pay more attention to rural areas also, as 75 per cent of the population lives in villages. In this context local self help and action groups like Mahila Mandals, Women's Cooperatives, Nehru Yuvak Kendras Farmers' Forums, NSS Local bodies including Panchayat Raj institutions or other local groups may be encouraged and assisted in a systematic way to promote population consciousness and acceptance of two child family norm and contraception.

3. Management and Organisational aspects

3.1. The Councils noted that the infrastructure facilities, both physical and manpower, had been greatly expanded in the recent years. While there is need to further expand these facilities so as to extend their reach to the community, there is greater need to improve the performance and efficiency of the existing infrastructure so that it yields optimum results. For this purpose, the Councils recognised that it is necessary to strengthen

the management, evaluation and monitoring components at the State, Regional and District levels. In this context the Councils welcomed the proposal to provide flexibility to the States to design their State/District level management set-up subject to prescribed ceiling in expenditure.

3.2. Continuing re-orientation and regular in-service training are key factors in improving programme performance. This aspect has not received due attention in the past. The Councils therefore, recommends that a comprehensive training programme should be planned and undertaken, with a view to upgrading the professional managerial, IEC and other skills of the personnel at various levels. At the same time, the existing pre-service courses should also be suitably modified so that the medical, para-medical and other personnel are equipped with the necessary skills at the completion of their training to discharge their duties according to programme requirements. For this purpose the Councils specifically recommend that training organisations/institutions at all levels should get priority in allocation of resources so that quality services are provided through skilled workers.

4. Demand generation (Information, Education and Communication)

Over the years national efforts has created a fair consciousness among people to limit the family size and there is also awareness about Family Planning. What is now required is to move from awareness to method specific knowledge and to acceptance of contraception for limiting family size. In fact attention must be focussed on the couples between the 18-25 age group. The conventional media approach may not be the best answer for this. The Councils perceive that media activities have to be professionalised. For this purpose the Councils recommend as follows :—

4.1. The entire hierarchy of Extension and media personnel should be overhauled and suitably trained so that they have the necessary professional skills for the job and duties entrusted to them. Training of all workers has to be ensured on continuing basis through suitable training strategies.

4.2. The equipment and vehicles provided for media and extension activities must be kept in proper working order and be utilised to the maximum. Miscellaneous Purposes Funds may be used for repair of the equipment supplied in the past and adequate arrangements made for the maintenances of new equipment.

4.3 Workers at the grass-root level including Village Health Guides, ANMS, Multi-purpose Workers and Block Extension Educators should have functional and attractive communication materials which can help them in winning the attention of the target audience.

4.4. Messages for different target groups must be carefully designed keeping in view the requirements of the area, the community, socio-cultural and economic background of the audience. Area specific and community specific demand generation campaigns may be based on an adequate understanding of the local need. If necessary expert professional help may be sought for designing area-specific and community specific IEC material.

4.5. The enormous opportunities offered by the expansion of Television, films, electronic media, and the radio must be fully utilised to carry the message and information to all sections of the population. Greater professional element must be introduced in their use.

4.6. The radio and the television should set apart adequate time, on the recommendations of the Ministry of Health and Family Welfare for publicity of the message of family planning. Well designed serial and other internship programmes promoting family planning should be introduced at the earliest.

4.7. The newspapers may be approached to reserve at least 1% of their advertising space for family planning messages.

4.8. The present Media Organisation should be suitably reorganised to carry out Extension, education and communication programmes to promote demand for the two child family and acceptance of family planning methods. For this purpose the whole Media hierarchy from State to block level should be organised and suitable

status and adequate career prospects be ensured for the staff so that this organisation plays an important role in creating demand generation.

4.9. Feature films propagating the message of small family norm should be exempted from entertainment tax. State governments may be requested for necessary action in this regard.

5. Services and Supplies

The Councils emphasised that efforts at demand generation must be matched by adequate provisioning of the required services and supplies in a manner as to become easily accessible. In fact availability of proper quality services itself creates demand and satisfied acceptor is our best ally in promoting acceptance by others. It is, therefore, necessary that the physical infrastructure is suitably augmented and upgraded to improve its quality and extend its outreach in the community. The Councils noted that various schemes for further expansion of infrastructure such as, post partum centres at taluka level, rural family welfare centres at PHC level, conversion of IUD rooms into operation theatres at PHC level, etc., had been sanctioned by the Government of India but the progress of their implementation had been rather slack. The Councils, therefore, recommends that :

5.1. At the primary health centres where operation theatres exist, services like vasectomy, mini-lap, IUDs, MTP should be made available within a period of one year by either posting the trained staff or training the existing staff.

5.2. The buildings of the Rural Health and Family Welfare Centres, conversion of IUD rooms into operation theatres and construction of Post Partum Centres construction of which is in progress must be got completed within a period of two years of the receipt of the sanction orders by the State Governments failing which the States may bear the cost of completing such Schemes.

5.3. Some of the existing institutions, P.P. Centres, PHCs etc. are no longer in a position to cope with the pressure of work. Their output far exceeds the well accepted norms. The councils therefore, strongly recommends selective increase in the

sterilisation beds for institutions which needed it and upgradation of P.P. Centres where the workload justified this.

5.4. The Councils also strongly recommends that proper quality of services and proper follow-up are the most vital aspects which needed constant attention and supervision. States should pay special attention to these aspects.

5.5. It is well understood that the long term demographic goals can be achieved only if a large majority of couples in the younger age group take to spacing methods. The strategies for promoting spacing methods were discussed and following specific recommendations were needed :—

- (i) While about 90% of couples have the awareness and knowledge of sterilisation, knowledge and awareness about spacing methods was much lower. Therefore, as a first step greater dissemination of knowledge about spacing methods is a must. Family Welfare workers also need orientation for this purpose.
- (ii) A large scale programme of population education, media messages aimed at the younger group etc. may be taken up.
- (iii) Special training programme may be conducted to equip ANMs to promote the use of pills and during the current year at least 50% of the ANMs should be involved in this task.
- (iv) Community distribution of condoms will greatly help to popularise this spacing method and the States may open new outlets for distribution of conventional contraceptives through fair price shops, cooperatives, Mehila Mandals and Gram Panchayats in the rural areas.
- (v) A small committee may be set up by the Ministry of Health and F.W. for working out a long term strategy for promoting spacing methods.
- (vi) Marketing and advertising of Nirodh through reputed marketing

companies was welcomed and it was hoped that they would increase the sales by at least 50%.

- (vii) A concerted effort needs to be made to make Family Planning and MCH more community based instead of the Programme still remaining 'clinic based'.

5.6. The Councils noted with concern the declining trend of male sterilisation during the last few years in relation to the overall achievement under the sterilisation programme. Vasectomy is a relatively simple, easy and effective method of contraception. It should be vigorously promoted in all parts of the country so that it becomes once again a popular and acceptable method of contraception. Intensive education and communication campaign should be mounted to remove the apprehensions and fears in the mind of the people which have come to be associated with this method.

5.7. Education and Training in population and proficiency in contraception procedures and M.T.P. should be made a compulsory element of Graduate Medical Education curriculum.

6 Incentives and Disincentives

6.1. The Councils recognised the role which a suitable system of incentives and disincentives can play in promoting the programme. In this context, it was recommended that keeping in view the overall availability of resources, the schemes for giving continuing monetary benefits to acceptors of sterilisation after 2 children and of giving bonds cashable after a specified maturity period may be considered for adoption with such modifications as may be necessary.

6.2. Whatever incentives are available to public servants or others, including maternity benefit, scholarships for education etc., these should be linked with only two children because the small family size in the present context should mean only two or less number of children.

6.3. The scheme of graded incentives recently introduced under which an amount of Rs 20/- in addition is to be paid to acceptors of sterilisation with three or less

children was considered to be difficult for implementation. The Councils recommends that a sum of Rs. 20 per case of sterilisation may be provided to the States partly to be given to all categories of acceptors and partly for being available to them for generally promoting the programme. Full flexibility be given in this.

6.4. Similarly, the Clause restricting payment of Rs. 3/- per IUD insertion towards Miscellaneous Purposes Fund of the States in respect of acceptors with two or less number of children needs to be deleted from the concerned instructions.

7. M.C.H.

The Councils welcomed the decision to provide 'Universal Immunisation' during the current Plan and further commended that this project be dedicated as a living Memorial to the memory of late

Prime Minister, Smt Indira Gandhi whose love for the children knew no bounds.

7.1. With a view to ensuring better mother and child health care and improving the chances of child survival, much greater attention should be paid to ensure proper ante-natal, natal and post-natal care. Risk deliveries should be identified for appropriate referral. Proper training courses should be organised for various categories of workers involved in this programme to equip them with better skills and approaches.

7.2. Organisational restructuring may be done so that the entire range of MCH activities are looked after and coordinated by one senior officer at the State level who may work in close coordination with the State Family Planning Officer under the overall guidance of the State Director of Health Services.

7.3. The students in the medical colleges should be fully involved in the immunisation programme and they should be taught to deliver these services in the community set up under guidance of the teaching faculty. This will not only lead to better utilisation of existing resources but also inculcate a sense of participation in community work among the students and equip them with the necessary skills of immunisation.

7.4. The Seventh Plan targets of reaching universal immunisation can be achieved by two alternative approaches. In the current year, 30 districts have been taken up for universal immunisation. One approach could be that the universal level of immunisation may be continued in these 30 districts and general levels of performance in immunisation may be improved gradually from year to year in the rest of the country. The other approach is that each year additional districts may be taken up for universal coverage so that by the end of the Seventh Plan all the districts are so covered. The Council recommends the latter approach because this would improve the impact, would provide opportunities for transference of lessons learnt and would be more practicable because of the special training and other equipment requirements which can be provided in a phased manner.

The Council recommends that the staff sanctioned for the purpose should be positioned immediately, cold-chai in the selected districts quickly established and carefully managed and emphasised the importance of sending timely returns for effective monitoring.

7.5. The Council noted that Diarrhoea was a very big killer and debilitator for children particularly those under the age of 5. Oral Rehydration Therapy is a simple, affordable, easily available and efficacious technology in managing diarrhoea cases at the household levels. The Council recommends that in order to improve child survival significantly a large scale programme of diarrhoea management, especially through the promotion of oral rehydration therapy may be taken up during the Seventh Plan with a view to reducing mortality among children below by 40-50%. This would require a large scale promotional activity, a crash training programme, adequate provisioning of CRS packets so that the knowledge and skills to identify and treat a diarrhoea case through ORT are transmitted to every household within a period of 2-3 years.

7.6 It was recommended that for a successful FP & MCH Programme ANM's may only be confined to this job and in the house to house duties they may attend to minor ailments. It should suffice if the male multi-purpose workers look after the rest of the work.

8. Programme for Women and Youth Development

8.1. There is need to pursue Family Welfare Programme as part of an integrated programme of socio-economic development. Greater emphasis should be laid, amongst others, on improved status of women, higher literacy rate and school enrolment ratios for women, greater economic participation of women and on maternal and child health services. Coordination and convergence of basic services in various development sectors at the field level should be ensured.

8.2. The Council stressed that it was of vital importance to pay special attention to educational programmes, both through the media and inter-personal contacts, to bring about the desired changes in the attitudes and perceptions of men towards promotion of the Small Family norm.

8.3. Population education among youth, women and others will go a long way in eventually making family planning a way of life with the people. Population education curriculum which has been introduced into the formal education system should be intensified and made people-oriented by bringing in aspects of better family life, sex-education, etc. and should be appropriately devised for different audiences. Non formal and continuing education programmes could have such population education components.

8.4 The Civil Registration System for recording of births and deaths needs to be urgently streamlined so that timely and reliable data on vital statistics become regularly available to the Government so that the impact of the programme can be measured and corrective steps taken in time.

8.5. The average age at marriage is a significant determinant of fertility. A comprehensive and well-thought out massive educational, motivational and social campaign should be undertaken so as to change the attitudes of the people and bring about desired increase in the average age at marriage. The Council recommends that task force should be constituted to design a detailed strategy for raising the age of marriage of women in States where the mean age of marriage is reported to be less than 10 according to last census.

8.6. Demographers hold the view that the goal of NRR of 1 can be achieved if we reach a couple protection rate of 60% on the basis of our experience so far we find that although the couple protection rate is going up, the birth rate figures have not yet started declining. There is need, to empirically varify, this important basic assumption that 60% C.P.R. will lead to N.R.R.I.

8.7. The Councils further recognised the need for research studies of macro and micro nature with a view to get continuous feed back in the progress of the programme and the need and nature of mid-term corrections.

[Translation]

UGC Scheme to Improve Working of Universities

*79. SHRI VIJOY KUMAR YADAV : Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state .

(a) whether the University Grants Commission has formulated any new scheme to improve the working of universities and to remove the irregularities in the examinations ;

(b) if so, the details thereof; and

(c) the time by which Government propose to introduce the said scheme ?

THE MINISTER OF STATE IN THE DEPARTMENTS OF EDUCATION AND CULTURE (SHRIMATI SUSHILA ROHATGI) : (a) and (b). The UGC has formulated regulations under the UGC Act specifying the minimum standards of instruction for the grant of BA/B.Sc/B.Com. degrees by the Universities. These regulations prescribe that every university should ensure that the number of actual teaching days does not go below 180 in an academic year ; that the universities should adopt the guidelines issued by the UGC from time to time in regard to the conduct of examinations; that teachers who do not fulfil the minimum qualifications prescribed by the Commission are not appointed to teaching posts; and that the workload of teachers should be prescribed in accordance with the guidelines issued by the Commission.

(c) These regulations are proposed to be brought into force from June 1, 1986.

[English]

Evaluation of the Progress of Reorientation of Medical Education Scheme.

*80. SHRI BHOLA NATH SEN :

SHRI MOHANBHAI PATEL :

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government have evaluated progress of the Reorientation of Medical Education (ROME) scheme launched in 1977 to improve involvement of medicos and young doctors in rural health care;

(b) if so, the results/findings thereof ; and

(c) the details of assistance being given to each State under the scheme by the Centre ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI MOHSINA KIDWAI) : (a) Yes, Sir.

(b) and (c) A statement is given below.

Statement

(b) The main findings of the evaluation were as under :

- (i) that by and large, most of the institutions had started implementing the schemes in the right spirit ;
- (ii) that the institutions had not yet consolidated fully the first phase of the programme and required additional financial assistance ;
- (iii) that there was need for providing a vehicle to each medical college for transporting staff and students to the PHC ;
- (iv) that permanent garaging facilities should be provided for the mobile clinics ;

(c) Each medical college is entitled to receive the following financial assistance from the Central Government under the ROME Scheme in addition to three mobile clinics each costing Rs. 8.50 lakhs provided under the U.K. Aid Programme,