



GOVERNMENT OF INDIA
MINISTRY OF HEALTH

REPORT
OF THE
FAMILY PLANNING
ORIENTATION TRAINING
COURSES COMMITTEE

DIRECTORATE GENERAL OF HEALTH SERVICES
NEW DELHI

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CHAPTER I

INTRODUCTION

1.1. **Appointment of the Committee.**—The Ministry of Health constituted a Committee to study the question of Family Planning Orientation Courses of short duration for all categories of persons under the Central and State Governments, under the Government of India, Ministry of Health letter No. 14-39/60-FP dated the 17th June, 1961 (Appendix 'I').

1.2. **Terms of reference.**—The terms of reference of the Committee were as follows :

- (i) to review the different categories of workers employed by the Government of India and State Governments, Local Bodies and Voluntary Organisations and their existing training programmes ;
- (ii) to suggest measures to give short term orientation courses for all categories of personnel including the duration and content of such training and detailed proposals for training centres that may be established to impart orientation training for workers at various levels ;
- (iii) to suggest the content and duration of training which can be imparted at the existing training centres under different Ministries.

1.3. **Programme of work.**—The Committee made enquiries from all the Ministries of the Central Government, the State Governments and Union Territories (Appendix 'II') regarding the number of training centres maintained by the Central Government, State Governments, Local Bodies and Voluntary Organisations for imparting training to the staff employed by them ; the category and number of trainees ; the duration of each course ; the syllabus ; and whether family planning is included in the course or not, and if not whether it could be included in it. (The summary or information received from the different Ministries of the Central and State Governments is at Appendix 'III').

1.4. The Committee held two meetings, the first on the 23rd October, 1961 and the second on the 17th July, 1962.

1.5. The Committee examined the information and suggestions received. The Committee also examined the report of the Family Planning Third Five Year Plan Committee, 1960, the Third Five Year Plan, the report of the Health Survey and Planning Committee, the recommendations made by the Central Family Planning Board and its expert committees, especially the Communication Motivation Action Research Advisory Committee and the *ad hoc* Committee to evolve a minimum basic standard curriculum for training centres.

1.6. The Committee felt that orientation and training are very closely connected subjects and decided to make recommendations for training programmes also.

1.7. The Committee has used the term 'Training' for courses of instruction and practice to persons who are or will be engaged whole time in conducting the family planning programme, in order to bring them up to the desired standard of efficiency. The term "Orientation" has been used

for short term instruction of all those who should be familiar with the family planning programme, so that they appreciate the problem and their role extending the family planning programme. The training courses will generally be held in well developed family planning training centres and institutions equipped to impart such training. The orientation courses will generally be held by institutions conducting training in various subjects during the normal courses of instruction and by teams especially formed for this purpose. Family planning training centres wherever possible can conduct orientation courses.

1.8. Contents of the report.—This report has been divided into five chapters including the Introductory Chapter. Chapter II gives a brief review of the family planning programme and some salient facts regarding the present training and orientation facilities, Chapter III outlines the recommendations on orientation, Chapter IV deals with the recommendations on training including fellowship programme and Chapter V gives a summary of the main recommendations.

1.9. Acknowledgements.—The Committee desires to express its gratitude to Ministries of the Government of India and Departments of State Governments and their officers and all those who provided valuable information. The Committee is especially grateful to Shri B. R. Tandan, the Chairman, for his guidance which made it possible to present this report in the short time at its disposal.

CHAPTER II

A REVIEW OF THE FAMILY PLANNING PROGRAMME

2.1. Demographic situation in India.—India ranks second in the world population next only to China. With an area of a little more than 2 per cent (2.4 per cent) of the total land area of the world, India has to support about 14 per cent of the world population. If the death rate in India could be lowered to that of the U.S.A., the present birth rate unchecked, may result in a single century in a population five times than that at present. In 1901 the total population in India was 225 million. By 1961 census, this figure increased to 438 million, the rate of increase during the last ten years being 21.49 per cent. The anticipated figure in 1976 is 625 million. During the decade 1951-61 the States on the North East and North West (Assam, Gujarat, Kerala, Madhya Pradesh, Maharashtra, Punjab, Rajasthan and West Bengal) have shown a rate of increase of population above the national average (Assam 34.39 and West Bengal 32.94 leading), whereas the increase in the State of Andhra Pradesh, Bihar, Jammu & Kashmir, Madras, Mysore, Orissa and Uttar Pradesh is below the average of 21.49 per cent. The Demographic situation varies in different States. During the last 60 years the increase differs from over 2.19 per cent in Assam to 51.7 per cent in Uttar Pradesh. The population problem in India, therefore, should not be judged from the all-India figure only, but also from the population figures of different parts of each State, as the population problem is different in different States and also in different parts of some States. There is no doubt that the family planning programme must be carried out in all the States in India, but each State requires different treatment. State Governments should identify the areas and special attention should be paid to them.

2.2. The impact of population growth on our development programmes.—The impact of the population growth on resources is alarming. For example the back log of unemployment at the end of the 2nd Five Year Plan period was about 9 million and under-employment was estimated to be 15-18 million. The addition to the labour force during the 3rd Five Year Plan period may be about 17 million. The plan envisages that the Third Five Year Plan programme will provide about 14 million additional jobs. Thus the back log of unemployment may increase from 9 to 12 million. During the last 10 years the increase in aggregate national income is about 42 per cent but the increase in *per capita* income is only about 16 per cent. Strenuous efforts are being made to increase the resources. A large portion of saving should be diverted to capital formation, for farming, industries, housing, schools, hospitals. The new capital formation should increase productivity and not just maintain old levels. An increase in dependency load makes saving very difficult especially when the *per capita* income is low.

2.3. Priority given to family planning programme in India.—The Planning Commission have stated that “the objective of stabilising the growth of population over a reasonable period must be at the very centre of planned development. In this context the greatest stress has to be placed in the Third and subsequent Five Year Plans on the programme of family planning..... In the circumstances of the country, family planning has to be undertaken, not merely as a major development programme, but as a nation-wide movement which embodies a basic attitude towards a better

life for the individual, the family and the community." The provision for the family planning programme during the First Plan was Rs. 65 lakhs. It was increased to Rs. 497 lakhs during the Second Plan. The provision during the Third Plan is Rs. 2,697.57 lakhs. The programme ceiling is Rs. 50 crores.

2.4. Role of the Ministry of Health.—The functions of the Family Planning Organisation of the Ministry of Health can be broadly categorized as follows :—

- (i) Technical leadership, including planning, research (communication and motivation, medical, biological and demographic), training, expert technical guidance, consultation services and pilot schemes ;
- (ii) Mobilization of public opinion in favour of family planning and family planning practices ;
- (iii) Supply of materials and equipment needed for operation of the programme, including educational material, contraceptive supplies, production of contraceptives in India, etc.;
- (iv) Schemes for provision of skilled personnel like fellowships programme for training abroad and in India, a pool of scientific personnel, etc.;
- (v) Financial grants to State Governments, Local Bodies and Voluntary Organisations to support education, services, training and research activities ;
- (vi) Co-ordination of family planning programme throughout the country ; and
- (vii) Evaluation.

2.5. The results obtained so far.—A four-fold family planning programme (education, service, training and research) has been built up and is now being consolidated and extended. The Central Family Planning Board was formed in September, 1956. The Madras Government had appointed a State Board three months earlier and the Bihar Government had formed a Family Planning Committee in 1954. Gradually State Boards were formed in Andhra Pradesh, Maharashtra, Himachal Pradesh, Kerala, Mysore, Rajasthan, Uttar Pradesh and West Bengal during 1958 and in Jammu & Kashmir during 1960. The next step was to form District Committees in each State, with the assistance of Government of India. Family Planning Officers have been appointed in most States. Some still work part-time for family planning in addition to their other duties. There are now three expert committees in the Ministry of Health viz. the Demographic Advisory Committee, the Committee on Scientific Aspects of Family Planning of the Indian Council of Medical Research (dealing with medical and biological aspects) and the Communication Motivation Action Research Committee. *Ad hoc* Committees are formed for special subjects like oral contraceptives, competitions and awards.

2.6. The education programme includes :

- (i) Projects to collect detailed information regarding factors responsible for community and family attitudes, beliefs and behaviour patterns.

- (ii) The identification of natural groups and natural group leaders and the use of these leaders as channels of communication.
- (iii) The preparation and testing of basic material and methods of (a) mass communication (b) community education (c) imparting specific technical knowledge and skills and (d) training of corps of competent workers.

About 27 studies on family planning attitudes done so far give some indications. These studies were carried out in and around Delhi, Calcutta, Patna, Lucknow, Kanpur, Ludhiana, Hyderabad, Madras, Bangalore and Trivandrum. About 70 per cent people want a limited number of children. Most of them favour spacing of children at an interval of 3-4 years. 70 per cent women of 35 years and above with 4 children appear to be ready to learn family planning methods. Between 10 to 20 per cent married women in rural India have some knowledge of contraceptives. Caste and religion do not appear to be very much co-related with acquiring knowledge of family planning. Education, age, number of living children and the health of the mother seem to be significantly associated with such knowledge. Except for a small minority of conscientious objectors, there is no organised religious opposition to family planning programme. Even among them the opposition is to the methods and not to a small sized family. It will thus be seen that an appreciable number of people feel the need for limiting the family size. Some, however, feel it vaguely. When such people have a discussion with other persons, convinced of family planning, about the reason for limiting the family size, they are going to be strongly motivated.

The studies, without an education programme, however well-designed they might be otherwise, did not yield the desired results. The methods which are being used to promote the movement vary in scope from simple talks with friends and neighbours to group meetings, film shows, advertisements and elaborate family planning clinic services. Among the methods which have been used one which appears to be very promising is the family planning orientation camp. After a number of pilot studies with orientation camps, which yielded encouraging results, the Government of India have recently offered financial assistance for the holding of such camps throughout India. (Guide lines for orientation camps are at Appendix 'IV').

2.7. The adoption of family planning is a complex process involving at least four factors, namely feeling a need, factual information, accessibility of supplies, both physical and psychological, and the social mechanism. The creation of a strong desire and a will to space and limit the number of children is necessary for the success of the family planning programme.

It was considered desirable to appoint Honorary Family Planning Education Leaders (institutional and group). In the selection of such leaders it was considered necessary that these must be the persons who have social influence and can help in creating the requisite background of acceptance among the public. Such leaders are required to arrange wide contact and discussion groups, to disseminate information and extend the participation of people including responsible officials and non-officials in the area, and to mobilise public opinion in favour of family planning. They are required to form committees and groups, address meetings, arrange group discussions and develop a net work of groups at all levels from city to village.

There are 32 Divisional Honorary Education Leaders and 63 District Leaders. (The statewise distribution of these leaders is at Appendix V). It is proposed to extend the Honorary Family Planning Education Leader Programme further. To coordinate the activity of all Honorary Family Planning Education Leaders an Honorary Family Planning Coordinating Leader has been appointed in the Directorate General of Health Services. Those participants in the orientation camp, who are prepared to devote some time for disseminating information on family planning, could be enrolled as *Parivar Kalyan Sahayaks* and *Sahayikas*.

2.8. The educational material is produced mainly with the assistance of the Central Health Education Bureau and the Director of Advertising and Visual Publicity, Ministry of Information and Broadcasting. The educational material produced so far includes 18,95,000 Posters, 51,07,300 pamphlets and folders, 3 films (in addition to these four films were produced one each by Madras State (*Kudumba Nalam*), Family Planning Association of India (In Your Hands), Rajkala (*Ek Ke Baad Ek*), Indian National Pictures (*Prapanch*). All India Radio arrange a number of talks, discussions, interviews and feature broadcasts. A monthly *Family Planning News* is issued by the Directorate General of Health Services in English. It is proposed to issue a Hindi edition of the *Family Planning News*. Grants were also sanctioned to the Family Planning Association of India for a quarterly publication *Journal of Family Welfare* and a monthly bulletin *Planned Parenthood*, for the *Apka Swasthya* in English and Hindi issued by the Indian Medical Association, and for the *Parivar Niyojan*, a Hindi Journal published from Calcutta.

2.9. Wide awareness in favour of family planning has been created. There is now a general acceptance of the programme by the people. In fact it has gripped the imagination of the people.

Training

2.10. The Medical Council of India, Inter-University Board and Indian Nursing Council were requested to incorporate orientation in Family Planning to doctors and Medical Auxiliaries during their normal courses of instruction.

2.11. **The Medical Council of India.**—The Medical Council of India in October, 1958 recommended that “Medical Students should undergo a short course of training in family planning during the period of their internship which they are required to spend in a health unit for participation in practical public health administration. Such health units should have at least one well-developed family planning centre for carrying out this training programme, the centre being under the charge of a Medical Officer trained in the Central Government’s Family Planning Training Institute and with an adequate number of social workers attached to it to promote a sound system of home visiting and follow-up, and the training should consist of about 6 lecture-demonstrations at the family planning centre attached to a medical college or to a recognised health centre, provided this training be undertaken during the post-examination period.”

2.12. The Inter-University Board after its Thirty-seventh meeting at Tirupati in February, 1962, has stated that from the replies received from most of the universities it is noticed that family planning is already a subject which is dealt with in the undergraduate courses and wherever necessary

in the other courses and that the attention of the universities is being again invited to the fact that courses in family planning and subjects of allied nature should be given to all students both medical and para-medical.

2.13. The Indian Nursing Council.—The Indian Nursing Council at a meeting in November, 1957 approved of the proposal to include training in family planning in the basic courses for nurse-midwives and health visitors. It has recommended this measure to all the State Nurses Registration Councils. Most schools for nurses and midwives and all schools for health visitors, having the necessary facilities, are now giving instructions in family planning. Upto December, 1960, a family planning course has been included in 64 nursing schools, 50 midwives' schools and 96 auxiliary nurse-midwives' schools.

2.14. Under the Directorate General of Health Services two Family Planning Training Centres for potential instructors are established in Bombay and Delhi. A rural Training Demonstration and Experimental Centre has been developed at Ramanagaram. Additional centres are being opened in Bihar, Gujarat, Madhya Pradesh and Rajasthan. Under the States, 15 Regional Family Planning Training Centres have been established (Hyderabad, Poona, Nagpur, Trivandrum, Cuttack, Amritsar, Rajkot, Bangalore, Shillong, Ahmedabad, Madras, Patiala, Calcutta, Guntur, Lucknow).

In view of the great difficulty in finding social workers for rural areas, a scheme to train family welfare workers has been approved and grants have been given to the Andhra Mahila Sabha, Madras, the Matru Seva Sangh, Nagpur, and the Kamla Nehru Memorial Hospital, Allahabad, for conducting the training course.

One Touring Training Team has been sanctioned in each State for providing on-the-spot training in Family planning to those medical and para-medical workers posted in hospitals, dispensaries and primary health centres who cannot go somewhere else for training. These teams are now being integrated in the Central Family Planning Field Units.

67. Persons were trained in Family Planning in *ad-hoc* courses conducted during the First Five Year Plan period. The number of trained persons in the country by the end of the 2nd Five Year Plan was 3711 and this number has increased to 5521 by the end of April, 1962. They include 1862 doctors, 1006 Health Visitors, 1157 Social Workers and 1496 other medical auxiliaries. (The Statewise figures are at Appendix VI).

2.15. A regular fellowship programme has been developed to provide facilities for studies in India and abroad in the fields of Demography, physiology of Human Reproduction, and Communication and Motivation. There are altogether 14 Demographic Fellowships (8 in India and 6 in the U.S.A.), 9 Fellowships (in the U.S.A.) for studies in physiology of human reproduction, and 21 Communication and Motivation Fellowships (6 in India and 15 in the U.S.A.). (Other details of the fellowships are given at Appendix VII).

Service

2.16. The Second Plan started with 20 rural and 125 urban family planning clinics. By the end of May, 1962 there were 1380 regular clinics functioning in rural areas and 825 in urban areas. In addition to these 1862 medical institutions in rural areas, which do not have regular family

planning clinics, were distributing contraceptives only. The corresponding figure for the urban areas was 232. Thus by the end of May, 1962, contraceptive services were available at 4299 centres including 3242 in rural areas and 1057 centres in urban areas. (The number of clinics functioning in different States are shown in Appendix VIII). Contraceptives are issued free of charge as well as at subsidised rates. The indigenous manufacture of contraceptives has been increased. Foam tablets, jellies and sheaths (on a small scale) are now manufactured in India.

Sale of contraceptives in India during 1956-61 according to the reports received is set out below —

(number in million)

Year	Diaphragm	Jellies	Condoms	Foam Tablets
1956 . . .	0·025	0·72	0·062	0·246
1957 . . .	0·030	0·78	0·143	0·682
1958 . . .	0·022	0·076	0·737	4·836
1959 . . .	0·055	0·430	0·656	7·912
1960 . . .	0·143	0·307	0·348	14·980
1961* . . .	0·238	0·656	0·748	20·000
Increase in sales during 1956-61.	9·5 times.	9·1 times.	109·0 times.	31·3 times..

*Estimates based on information for 9 months, January-September 1961.

The sterilization operation is recommended on the merits of each case after careful examination by a qualified doctor and with the consent of both husband and wife. The Government of India have sanctioned extra personnel to strengthen the staff of some of the hospitals directly under them, and grant of special casual leave not exceeding six working days to male Government servants who undergo a sterilization operation, and have also offered assistance to State Governments to strengthen staff of hospitals upto taluk level for sterilization operations, for training and for mobile units. A proposal to offer financial assistance to the voluntary organisations for conducting sterilization operations in their hospitals and for mobile vasectomy units is under consideration of the Government. Patients from primary health centres can thus be referred to the sub-divisional, taluk and district hospitals where sterilization teams normally operate. These teams can also go to primary health centres where operating facilities exist. It is anticipated that during the Third Plan facilities for sterilization operations will be extended to district hospitals, sub-divisional hospitals and to the primary health centres which have the necessary facilities for surgical work. With the help of mobile units, these facilities will be extended further. The Government of Maharashtra recently conducted a number of sterilization camps. Notable among them are two, one in Satara District from the 30th October to the 2nd November, 1961 and another in Jalgaon District from the 18th to 21st December, 1961; about 1,400 vasectomy operations including 87 on persons suffering from leprosy were performed in the Satara Camp and 1,071 operations were performed in the Jalgaon Camp.

The number of sterilization operations increased from 7,823 in the year 1956 to 46,613 during 1961 *i.e.*, an increase of about six times. The number of sterilization operations conducted since 1956 as per information available is as follows :—

Year	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
1956 . . .	2,333	29·8	5,490	70·2	7,823	100
1957 . . .	3,671	27·1	9,859	72·9	13,530	100
1958 . . .	9,072	35·1	16,801	64·9	25,873	100
1959 . . .	13,925	39·0	21,797	61·0	35,722	100
1960 . . .	31,067	67·2	15,198	32·8	46,265	100
1961 . . .	33,792	72·5	12,821	27·5	46,613*	100
1962 (May) . . .	6,276	90·9	625	9·1	6,901*	100
Total . . .	1,00,136	54·8	82,591	45·2	1,82,727	100

*Information incomplete.

Research

2.17 A Demographic Advisory Committee was formed in the Ministry of Health to advise on research and training programme, to review and co-ordinate Demographic Research Studies and to examine and recommend proposals for Demographic Training and Research. A Demographic Training and Research Centre in Bombay and 4 Demographic Research Centres one each at Delhi, Calcutta, Trivandrum and Dharwar, have been established.

The emphasis in demographic research is on (i) continuous survey of the population situation in India including projections of population structure, (ii) studies in internal migration with special reference to industrialisation and urbanization, (iii) *ad-hoc* field studies on a regional basis on attitudes and motivations affecting family size, methods of communication, base-line data on attitudes towards family size and knowledge and practices of family planning methods, and evaluation of family planning programme (iv) studies on inter-relationships between social, economic and population changes, fertility and mortality patterns in different regions, national income and *per capita* income, and vital statistics (v) development of existing training research centres and demographic training in universities and (vi) dissemination of information on the population problem and coordination in the field of demography.

Research in medical and biological aspects of family planning is in progress. The Director, Indian Council of Medical Research, has requested all members of the Advisory Committee on Scientific Aspects of Family

Planning, Officer-in-charge of Indian Council of Medical Research Projects, Medical Colleges, Research Institutes and Universities, Administrative Medical Officers, the Medical Association and Societies in India to send for consideration research schemes on (i) development of suitable oral contraceptives either synthetic or extracted from indigenous plant material, (ii) development of more effective local contraceptives (iii) follow-up of sterilization cases both male and female to investigate possible after-effect in such cases, (iv) investigation of mechanism of spermatogenesis and ovulation, fertilization and cytological studies, (v) other studies in the physiology of reproduction and (vi) investigations on sterility. There are 22 medical and biological research schemes in progress at different places. The list is at Appendix IX. The general goals of the Family Planning Communication Action Research Programme are to provide better understanding of basic factors which influence the acceptance of family planning and use of this understanding plus the education, knowledge and skills already available to develop a more effective family planning programme. It is hoped to get a better picture of groups, rural and urban, who plan their families and who do not, of the reasons for not persisting in the use of contraceptive methods accepted at the first visit to the clinic, their needs, anxieties, hopes, aspirations, values and goals.

Co-ordination

2.18 The Family Planning Programme is being conducted with close co-operation of the Planning Commission, Central Ministries concerned, State Governments and other Governmental and non-Governmental institutions, such as, the Ministry of Community Development, Ministry of Information and Broadcasting, Ministry of Labour and Employment, Ministry of Home Affairs, Ministry of Defence, Ministry of Education, Ministry of Commerce and Industry, Ministry of Railways, Members of Parliament, the Central Social Welfare Board, All India Women's Conference, Indian Medical Association, Medical Council of India, Indian Nursing Council, Indian Council of Child Welfare, Family Planning Association of India and its Branches in different States, Bharat Sewak Samaj, Employers' and Employees' Organisations and other Voluntary Organisations of long standing in the field of Welfare activities.

2.19. *International Assistance*—The Ford Foundation agreed to provide assistance amount to \$933,000 for the establishment of a number of Family Planning Communication and Action Research Centres, for a programme of *ad-hoc* grants to support studies aimed at strengthening the Family Planning education programmes and for fellowship training abroad. In addition, Ford Foundation aid along the lines indicated below is now in the planning stage.

(a) *Research in medical and biological aspects of reproduction* : An extensive programme of grants to institutions for expanded medical and biological research on reproduction has been decided upon and is now being launched. This programme will also include provision for advanced training in this field for Indian researchers and provision for visiting scientists. The estimated magnitude of aid under this programme will be approximately \$ 2,000,000.

(b) *Demography* : It has also been agreed in principle that the Ford Foundation will assist in further development of demographic and vital statistics activities in India. Details of this assistance are now under discussion.

(c) *Intensive district health and family planning programme* : Also in a planning stage is a programme for intensive development of the basic organisation of health and family planning services in one district in each State. Strengthening of certain aspects of the supporting organisation at higher levels would also be required as a part of this scheme.

(d) *Central Research and Training Institution* : Now under consideration of the Government is a proposal to develop a Central Research and Training Institute having sections for the principal technical aspects of the family planning programme by combining centres, units already functioning in Delhi including the proposed additional activities. This Institute will have wings for communication research, (already sanctioned) reproductive biology research, and statistics and evaluation as well as the family planning training centre (already established) and demonstration service facilities. Substantial Ford Foundation assistance in establishing this Institute will be available.

In July, 1956 the Government of India decided to establish a Demographic Training and Research Centre at Bombay in association with the Sir Dorabji Tata Trust. On the basis of previous negotiations with the United Nations it was decided that this Centre should become a regional institution to serve the needs of other countries of Asia included in the ECAFE region. Under the agreement between the United Nations and the Government of India, the former undertook to provide long-term advisers and short-term consultants on different aspects of demography and related fields of training as well as equipment and technical literature and other reference material for building up a library. The United Nations also agreed to provide fellowships for students from other countries of Asia. The Government of India undertook to provide permanent buildings for the Centre, to grant scholarships to trainees from India and, in association with the Sir Dorabji Tata Trust, to establish and maintain the Centre.

The immediate aim of the training programme is to produce a nucleus of personnel, who have sufficient knowledge in demography to plan and carry out population studies, which would help the Government in planning. The research programme includes not only fundamental research as a long term measure but also studies to solve immediate problem, like studies on social and economic factors, which may help stabilize the population and collection of data, which may be immediately useful in planning.

The World Health Organisation provided in 1951 a consultant (Dr. Abraham Stone) for advising on studies of the rhythm method at Ramana-garam and Delhi.

The Technical Cooperation Missions gave two fellowships in 1955 for studies in Public Health Education at North Carolina University, U.S.A.

The Population Council, New York, has extended assistance in the development of the Demographic Training and Research Centre, Bombay, fellowships for training abroad in demography and physiology of reproduction, books, equipment and six audio-visual units. The Council also gave assistance to the All-India Institute of Hygiene and Public Health, Calcutta for a rural study at Singur near Calcutta. The Worcester Foundation has offered five fellowships in physiology of reproduction.

A field study (India-Harvard Ludhiana Study) was conducted during 1952-60 with 90 per cent assistance of the Rockefeller Foundation.

The Wattamal Foundation offered a rubber pelvic model. One Voluntary Organisation in Sweden and another in Norway have offered a Mobile Unit each. The International Planned Parenthood Federation, Marriage Guidance Council, London, Family Planning Association, London, Planned Parenthood Federation, U.S.A., and other voluntary organizations/individual experts abroad have given valuable assistance.

CHAPTER III

RECOMMENDATIONS ON ORIENTATION

3.1. The Committee reiterates the observation of the Planning Commission that the considerable awareness of the need for family limitation and desire for practical help and guidance which has been created does not mean that the difficult problems of communication and motivation have been overcome or that in the terms of advice and organisation much more than a beginning has been made, in particular in approaching rural communities. It is to these aspects that greater attention should be given in the Third Plan. The intensification of the education programme is crucial to the success of the entire movement. Family Planning Education, being part of education for a better life, has to be interwoven with other constructive activities, especially the work of the Primary Health Centres, Community Development Blocks and Voluntary Organisations. Information has to be made available on the largest possible scale and conditions created in which individuals can freely resort to family planning. In the urban areas, greater use should be made of private medical practitioners for providing advice, distributing supplies and to the extent possible in undertaking sterilization.

The main task is to find effective solutions to certain basic problems and to mobilize all the possible agencies for educational and extension work in support of family planning. Administrative arrangements at the Centre and in the State will need to be greatly strengthened. To equip thousands of primary health centres and, in due course, their sub-centres also with personnel and supplies and to be able to reach out to the villages not merely with advice but more positively with the means to practise family planning, are tasks whose magnitude and complexity should not be under-estimated. To utilize such diverse agencies as private medical practitioners, indigenous doctors and village *dais* for family planning work along with the family planning clinics and primary health centres will call for most careful planning at the local level. The organisation of production of contraceptives on the scale needed is another major undertaking. It is essential that the help of voluntary organisations, labour organisations, etc. in various fields of national life should be sought on as large a scale as possible and integrated into the practical programmes of work adopted in each area.

Finally, it should be added that besides the facilities which are undoubtedly needed, in any large scale effort to limit families there should be the greatest emphasis on moral and psychological elements, on restraint and on such social policies as education of women, opening of new employment opportunities for them and raising of the age of marriage. In addition to advice on birth control, the family planning programme should include sex and family life education and advice on such other measures as may be necessary to promote the welfare of the family, including the treatment of sterility.

3.2. In order that all categories of personnel can undertake a task of active participation in the programme, the Family Planning Orientation Programme should be widely extended to :—

- (a) Moulders of Public Policy, Planners, Legislators, and Honorary Family Planning Education Leaders.

- (b) Administrators (i) Senior Administrators (ii) Junior Officials in administrative posts under the Central and State Governments especially in the Revenue, Agriculture, Education and Community Development Departments.
- (c) Members of Panchayat Raj Institutions and of Mahila Mandals.
- (d) Local Leaders.
- (e) Extension Workers.
- (f) School Teachers.
- (g) All Medical, para-medical and medical auxiliaries already employed by the State Governments and Local Bodies and Voluntary Organisations with special attention being given to the village *dais* and sanitary inspectors.
- (h) All persons under training in the Medical Colleges and Medical Training Institutions for para-medical personnel and medical auxiliaries.
 - (i) Private medical practitioners.
 - (j) Instructors of training centres.
 - (k) Social scientists and those under training in the Social Welfare Schemes or Institutions.
 - (l) Employers and employees organisations.

3.3. The content and duration of orientation courses for different categories of workers will vary according to the nature of work expected of them. For those under training it will also depend on the total length of their training courses. The objective of orientation of persons is to increase/improve their knowledge and understanding of family planning so that they appreciate their role and functions in their respective spheres of work.

3.4. Moulders of public policy planners, legislators, Honorary Family Planning Education Leaders and high level administrative officers should be acquainted with the population problem, the family planning programme and the measures taken by Government. Seminars, in which experts in the field also participate, can be arranged for them. Special informative pamphlets and field study reports could be made available to them.

3.5. Junior officials may attend a short course of orientation. The training centres for officers like those in the I.A.S., I. P. S. and I. F. S. and Defence training establishments may set apart about 24 hours of the training period for instruction on the population problem and family planning; visiting lecturers who are experts in the field could be invited by the principals of training institutions to hold lectures/discussions and seminars. The Institute of Public Administration may also consider taking similar action.

3.6. For the Community Development workers, short-term *ad-hoc* in-service courses of one week may be held for those, who are already in service. For those now under training and for the future programme, certain periods of orientation in family planning may be included in their courses.

The Committee considered the duration of courses arranged by the Ministry of Community Development and Co-operation and recommend that the period shown against each of the following courses of instruction could be devoted to family planning :—

Types of training centres	Category of persons trained	Duration of training	Period/duration of F.P. Orientation suggested for inclusion in the normal course
(1)	(2)	(3)	(4)
Ministry of Community Development & Co-operation Training Centres.	(1) <i>Gram Sevaks</i>	2 years	40 hours
	(2) <i>Gram Sevikas</i>	1 year	40 hours
	(3) Social Education Organisers.	5 months	30 hours
	(4) <i>Mukhya Sevikas</i>	10½ months	40 hours
	(5) Block Development and Distt. Officers.	3 months	12 lectures.
	(6) Senior Officers	4 weeks	6 lectures-discussions.
Co-operative Training College, Poona.	Officer-in-charge of direction and control at State, Divisional or Distt. level, also the executives of State Divisional or District Co-operative Institutes.	6 months	40 hours
Regional Co-operative Training Centres (located at Poona, Madras, Ranchi, Indore & Meerut).	Co-operative Sub-Registrars etc.	11 months	40 hours
Block level co-operative Officers' Training Centres (located at Hyderabad, Tirupati, Bhavnagar, Kalyani, Faizabad, Kota, Gopalpur-on-sea and Patiala).	Officers dealing with co-operation in National Extension Service and Community Development Blocks.	11 months	40 hours
	Members of Panchayat Raj Bodies.	..	40 hours
	<i>Mahila Mandals</i>	..	40 hours

3.7. The suggested topics for lectures and group discussions for all the above categories, excepting for the Block Development and District Officers and Senior Officers, may be similar to those suggested below for the orientation of local leaders but more elaborate. For the two categories of senior

officers mentioned above, lectures or discussions may be arranged on the family planning programme and the role they can play in the implementation and co-ordination of the programme in their respective jurisdictions.

3.8. The local leaders are group leaders from all walks of life. A local leader is one whose advice and guidance is generally sought by the people whenever some new decision is to be taken by them. A local leader sometimes may actively spread new factual information among the people and sometimes his role may be passive in this regard. Sometimes he may also be one of the first to take up some new practices himself and thus become an "Innovator", whereas in other cases, he may be very conservative. In any case, he is the person whose own ideas and opinions weigh with the group and hence a great potential resource for promoting change. If these local leaders are orientated they could effectively motivate people in favour of family planning and direct the motivated couples to the proper places for further advice and guidance. If willing, their services can also be utilized for distribution of contraceptives. Orientation camps of three days' duration may be held for groups of local leaders, wherever facilities exist. Orientation may be carried out by talks and group discussions on the following topics.

- (a) *Subjects to be discussed in simple talks :*
- (i) Why Family Planning ?
 - (ii) Population of world with special reference to India.
 - (iii) Population growth and food production.
 - (iv) National income, housing and education problems.
 - (v) Population growth and unemployment.
 - (vi) Family Planning and health of the child and mother.
 - (vii) Physiology of human reproduction.
 - (viii) What is contraception: various methods; safety; advantages and disadvantages.
- (b) *Topics for group discussions :*
- (i) Family Planning for family welfare.
 - (ii) What is an ideal family ?
 - (iii) What are the factors that hinder the family planning programme ?
 - (iv) How would you like to propagate family planning in your area ?
 - (v) Role of village leaders in promotion of family planning.
 - (vi) What is the role of husbands in family planning programme ?
 - (vii) How can the people be made more aware of family planning ?
 - (viii) Role of Panchayats in promoting family planning.
 - (ix) How far can health, economic, and social problems be improved by popularizing family planning ?
 - (x) How far can the problem of food supply be improved by popularizing family planning ?

Smt. Soundaram Ramachandran strongly recommended introduction of short-term courses and expressed the view that the duration of instructions in the normal courses of extension workers could be reduced.

3.9. The school teacher has an exceptional role to play in the community. He comes in close contact with the parents of the children, who are under his care, especially where parent-teacher groups are formed. Teachers

can use such opportunities for family planning education. With adequate training, they can prove to be very effective channels of communication. The Committee suggests that the school teachers already in employment may be oriented in camps along with the local leaders. The training institutions for teachers including the teachers' training colleges, training institutions for inspectors and for women teachers, administration courses and workers-teachers' training course should include about one weeks' orientation course in family planning. Selected instructors of the teachers' training schools may attend regular training course at a family planning training centre. Seminar discussions could be held at the teachers' training schools and on occasions when the teachers of a district meet for periodical conferences.

3.10. For the better utilisation of the persons oriented in family planning and for the improvement of the training programmes in different states, the Committee considers it essential that all high level officers responsible for the implementation of the family planning programme in their respective states should be familiar with the programme. Therefore, all Deputy Directors, Assistant Directors and Advisers in the Medical and Health Departments of all States should in groups of generally not more than 30 at a time, attend seminars organised for the purpose, followed by visits to various institutions, where communication, biological and demographic research is in progress and also to field areas and centres where the programme has made considerable progress.

3.11. The Committee recommends that the orientation courses for workers in health and allied fields should be flexible in nature. There should be no rigidity of duration although 2 weeks would be sufficient. The group for orientation courses should be as homogenous as possible e.g. medical in one group, para-medical and medical auxiliary in another, and other categories of workers in allied fields in the third group. In the content of the course, the emphasis will vary depending upon the needs of the workers; for example, in the case of field workers, it has to be more of a technical nature with emphasis on educational and motivational aspects. Similarly, for general practitioners it will be mostly technical. Whenever refresher courses for any type of medical, para-medical, and medical auxiliary workers is undertaken by States and medical associations, the elements of family planning should be included in such courses.

3.12. The Committee feels that instruction in family planning should permeate all basic courses. For undergraduates in medical colleges, the faculty should undertake the responsibility to make a comprehensive programme (to avoid overlapping) during instruction in preventive and social medicine, Gynaecology and Obstetrics, Surgery etc. But one specific department should be responsible for coordination of the instruction, preferably, the Department of Preventive and Social Medicine.

The Committee is of the view that the whole course of training in family planning should not be left over for internship period only, but should be initiated even during the normal instruction in preventive and social medicine; midwifery and gynaecology, surgery etc. Such instruction followed by practical experience during internship would be of great value. Each medical college may consider appointing visting lecturers from one of the family planning training centres and demographic research centres in the vicinity. This would be the most practical and effective step towards creating an impression upon the medical students that family planning is one of the priority needs of the country. Such lecturers will be able to build up a syllabus integrated with the syllabi of the Departments of Preventive and Social Medicine, Midwifery, Gynaecology and Surgery etc.

3.13. The Committee agrees that the syllabus in use at the All India Institute of Hygiene and Public Health may be followed by institutes giving training to Public Health Nurses and Lady Health Visitors and that the syllabus recommended by the Indian Nursing Council may be followed in Schools for nurses and midwives. The heads of the institutes may fit in the subject as and where convenient and suitable throughout the course.

3.14. Similarly instruction on family planning should be incorporated in *Dai's* training courses. For *dais*, who have already had instruction in midwifery and M. C. H., refresher or in-service training could be organised.

The Committee considers that village *Dais* can be valuable in extending the family planning programme. They are readily accessible to people and have their confidence. They could be given short courses of instruction on physiology of reproduction, methods of birth control, use of simple educational material and family planning resources available in the place they work, and simple facts that are necessary to enable them to appreciate the importance of the problem and discuss with others.

3.15. Private medical practitioners can offer valuable assistance in spreading the family planning programme. They can take the message to innumerable homes during their daily practice. The branches of Indian Medical Association and All India Licentiate Association can arrange seminars for private medical practitioners.

3.16. The Committee considered the scope of family planning and noted the observation of the Planning Commission, that besides the facilities which are undoubtedly needed in any large scale efforts to limit families, there should be the greatest emphasis on normal and psychological elements, on restraint and on such social policies as the education of females, opening up of new employment opportunities for them and raising the age of marriage; and in addition to advice on birth control, the family planning programme should include sex and family life education and advice on such other measures as may be necessary to promote the welfare of the family. The committee recommends that the Ministry of Education should take up the question of inclusion of sex education and family life education in schools and colleges. The Education Ministry may consider forming a committee to study the matter and to start a pilot project as soon as possible.

3.17. The Committee has noted the recommendation of the Demographic Advisory Committee that assistance should be provided to Universities having well developed social science departments for conducting university extension lectures and recommends further expansion of the scheme to colleges where scientific forums are formed and to training centres of all types of social workers and social scientists not already covered under the categories mentioned above. There could be about ten lectures arranged. The social scientists already employed and those under training should be among the invitees for the extension lectures.

3.18. About 3 lectures/seminars may be arranged to orientate the members of employees' organisations so as to acquaint them with the population problem, the family planning programme and their role in the promotion of the programme. They may also be supplied suitable publicity material for distribution among their employees. Similarly for the members of the employees organisations about five brief lectures may be arranged on population problems, family planning services available, contraceptives and sterilization. The Committee also feels that it would be fruitful to arrange for group discussions on similar topics for the work group leaders in big establishments so that they can discuss with their fellow workers about family planning and motivate them.

CHAPTER IV RECOMMENDATIONS ON TRAINING

4.1 During the Second Five Year Plan great strides were made in mobilising personnel and supplies and setting up organisations at National and State level while a large number of family planning clinics has been established throughout the country. The extension of the programme especially in rural areas depends a great deal on well organised health services. Intensive efforts have been made to establish at least a minimal team of health workers in "Primary Health Centres" at Community Development Block level. However, of these existing centres a considerable number is still not fully staffed. The Committee considers that multiplicity of categories of workers and competition between various programmes to get workers from limited available manpower resources should be avoided. Over a period of time there should be only category at the periphery. Such a category of workers after completing basic training could be given specialised training in the field in which they are required to function. The Committee noted with satisfaction that the staff sanctioned for family planning clinics services is intended to strengthen the staff of medical and health centres on which it is based. This integrated approach is likely to carry the family planning programme more expeditiously e.g., instead of one field worker for family planning and one auxiliary nurse-midwife for M.C.H., each covering a population of 20,000 both can work for family planning and M.C.H., each covering 10,000 of population. The Committee therefore recommends augmentation of public health workers' and extension workers' training programme especially of auxiliary nurse-midwives, sanitary inspectors, Social Education Organizers (S.E.Os.) *Gram Sevaks*, *Gram Laxims*, and *Gram Sevikas* who after a short term training can work as male and female field workers and Extension Officers in family planning.

4.2. The Committee further recommends (i) the opening of 50 centres for Auxiliary Nurse Midwives with a capacity to train 30 students each during each year of the Third Five Year Plan period for Family Planning Services (ii) the starting of one centre for 20 students to meet requirements of teaching personnel (iii) the strengthening of the staff of the Advisor, Nursing, in the Directorate General of Health Services to supervise the Auxiliary Nurse Midwife training programme.

4.3. The need for family planning field workers is urgent. The development of training programme suggested above will take time. The Committee therefore suggests that concurrently the number of training centres for Family Planning Field Workers should be increased. The Nursing Council should also be approached to recognise this course of training and give exemption for an appropriate period in case these trainees later attend regular courses of Auxiliary Nurse Midwife. This will ensure that some of these workers can attend a short course and qualify as Auxiliary Nurse-Midwife.

4.4. The Committee recommends that in each State there should be one or more centres for Family Planning Welfare Workers depending on the requirements. The course of instruction may be one academic year; 24 weeks may be devoted to class room instruction and associated field work and 12 week to in-service training. Two batches of 50 trainees can be taken each year. In order that the personnel are able to perform their duties efficiently, it is essential that field in-service/training is carried out under adequate supervision. Three trainees could be attached to one clinic. This number could be increased to five if the clinic load justifies it. One field instructor for 9 trainees may be provided. Each training centre

should therefore have about 8 urban clinics and 6 rural clinics associated with it for in-service training. Details of the syllabus are given in the Appendix X.

4.5. The above training centres are for those who have no basic training and are just matriculate or even VIII Standard or Vernacular Final. Training facilities are required also for those who have basic qualifications like trained doctors, qualified Social Workers, Health Visitors, Public Health Nurses and Auxiliary Nurse midwives. The present annual out-turn of personnel from different training centres under the Government of India and State Governments is estimated to be 1990 only (Details in Appendix XI). The estimated requirement of trained personnel during the Third Five Year Plan period is about 30,000. Considerable augmentation of training facilities for these workers is also considered essential. Trainees may be selected for a post and then sent for training to ensure their employment after training.

4.6. The training of personnel for family planning depends on the kind of knowledge that worker placed in varying responsibilities must have, to stimulate and help in furtherance of family planning.

In order to create a certain standardisation of thinking and concepts persons responsible, right from policy makers to those working in the remote periphery, need advice and information, education and training to fulfil their responsibility effectively.

Unlike some other Public Health Programmes, the one for family planning entirely depends on people's participation, based on a fundamental change in their thinking and behaviour, before they are able to accept the programme. The primary step of helping people to accept family planning as a way of life requires the efforts of different workers dealing with public health and welfare programmes. Workers, therefore, placed as they are for certain specific responsibilities, must receive training to help them execute effectively their share in family planning.

With the establishment of Training Centres during the two Five Year Plans, it might be worthwhile to define the responsibility and functions of each one of these in terms of training.

There are three Training Centres under the Central Government and a large number of regional Training Centres at State levels. But the set-up in each differs in respect of the type of personnel, accommodation and functions. It would be worthwhile to consider how each one can be developed to fulfil a particular function and contribute by giving a certain type of training so as to provide a sufficient number of particular category of trained workers and maintain a certain uniformity of standard and concept in training and services.

Married couples whenever available may be admitted for training and posted as male and female Family Planning Welfare Workers in rural areas. This would bring about a substantial return and a better acceptance of family planning than the present response through only a female worker generally having to live away from her husband.

4.7. In order to have adequate standardisation of training to various categories of workers, the following aspects require consideration :

1. Training of Instructors in adequate numbers.
2. Standardisation and uniformity with effective methods suitable for different groups.

3. Training for full-time workers in Family Planning and for those who take partial responsibility.
4. To organise training so that it could be imparted without involving too much additional time, at the same time not lowering quality.

1. *Teaching Staff*: The entire teaching staff of the Training Centre must have training at the Instructors' level — like Doctors, Social Workers, Nurses and Statistician.

Minimum personnel for a regional training centre

- 2 Doctors
- 4 Social Workers (three female Social Workers and 1 Male Social Worker)
- 2 Nurses
- 1 Statistician
- 1 Artist
- 1 Accountant-cum-Head Clerk
- 2 Steno-typists
- 1 L.D. Clerk and Class IV Staff.

Special training centres such as the Family Planning Training and Research Centre, responsible for training the instructors and senior staff must have an additional number of staff members along with a Research Unit.

The following basic staff is suggested for a Family Welfare Workers' Training Centre for 25 trainees :—

- 2 Lady doctors (speaking at least 2 languages including regional language).
- 4 Social Workers
- 3 Public Health Nurses
- 2 Steno-typists
- 1 L.D. Clerk Class IV Staff.

In case yearly intake is increased and staff should be proportionately increased.

2. *Accommodation*: The minimum accommodation required for a Regional Training Centre would be as follows :

- 1 lecture room
- 2 additional rooms for smaller groups
- 2 rooms for clinics
- 4 interview room.
- 1 intake room
- 2 rooms for doctors
- 2 rooms for Social Workers
- 1 room for Nurses
- 1 verandah or additional room for multi-purpose clinic
- 1 small garden
- 1 administrative office and sufficient space for expansion
- 1 library.

3. Each training centre must establish adequate services for imparting training in various aspects of Family Planning without which no training can be effective.

4. Transport facilities, a mobile clinic, a bus and a jeep for field work, will facilitate the adequate designing of learning experience around many field problems and help the trainees to meet such problems and learn to deal with them.

A statistician and an artist would be valuable for assessing and evaluating the work of the agency as well as learning to develop simple audio-visual aid materials etc.

In view of the variety of groups of trainees the duration of course has been divided into three categories according to the respective responsibilities.

- (1) Administrators, whether of a Health Department or of a Block Development area or an industry.
- (2) Those specifically in-charge of Family Planning Programme.
- (3) Liaison workers between the Family Planning services and the people. (Workers through whom Family Planning could be introduced to wider areas and groups).

Duration of training and syllabi have been outlined to suit the needs and responsibilities for each category.

4.8. In the case of medical personnel, it is suggested, that the training should be offered during intership for a period of 2 months, which would provide for one month's theory-cum-urban placement and one month's actual placement in the rural area for completion of the training. In order that the main concept of the Family Planning Centre, at which they are trained, is followed up effectively in the rural areas, it would be useful to associate one Block Development area with each such Training Centre where the responsibility for developing and designing facilities for such placements is carried out. This would secure a meaningful experience to the trainees and develop in due course a pattern of Family Planning Programme for such village areas

One rural area in the form of Block Development area is suggested for training. The staff working in this area may be trained for cooperating in the training programme. In this block one Public Health Nurse and one Social Worker for rural training, would suffice for training and supervision of the group with the cooperation of the staff working in the Block Development area.

4.9. A Block Development area approved for associating with training centre will be first prepared for such responsibility by training various workers in this area, who in turn would be able to supervise the trainees and develop the family planning programme.

Suggested persons to be trained in such a Block Development area are :--

- (1) Block Development Officers
- (2) S.E.Os. (Social Education Organisers)
- (3) *Mukhya Sevikas*
- (4) *Gram Sevaks and Sevikas*
- (5) Primary Health Centre staff *i.e.*, Doctors, Midwives, Health Visitors and Family Planning Workers

- (6) Welfare Workers — Voluntary workers associated with certain activities in the areas like Vanita Mandals, Youth Welfare Service, Adult Education Scheme, Bharat Sewak Samaj, Bharat Scout and Guide Movement, Social Welfare Board etc.
- (7) Workers from Agricultural Departments.

The Primary Health Centre Doctor, the Block Development Officer and the Social Educational Organisers may be trained at Bombay or Delhi and the extension officers, *Gram Sevaks* and *Gram Sevikas* may be trained at a State Training Centre for two months preferably during or soon after their own training.

4.10. The main virtue of undertaking training during internship is that it does not involve training in family planning only to a few, but to all the young doctors passing out during a period when they are not involved in setting up a practice or carrying out duties of a post. Such training could be conducted by experts in family planning at a well established Centre, thus avoiding duplication of staff for training in medical colleges. As it would be an additional qualification to them they are likely to accept such a training. In a short time all medical men and women would start integrating family planning with medical services.

4.11. In the case of students of Institutes of Social Sciences and of training institutions for Public Health Nursing, training in family planning should be given during their regular courses by placing them at Training Centres for two months' block placement.

4.12. In the case of Midwives and B.P.N.As, the training may be dovetailed in their regular training, covering about 2 weeks (54 hours training), but spread over 6 weeks. The training responsibilities should be by the Family Planning Training Centres as the training and practical experience will be to suit the needs of each category.

4.13. In the case of Block Development workers—*i.e.* *S.E.Os*, *Gram Sevaks* and *Sevikas*, a comprehensive training of two months is necessary and it would be as well if this is done during their own training period by 2 months block placement with a Family Planning Training Centre. In case where their own training period is less than 6 months, they may be sent for training in Family Planning after completion of their own training.

The three principles laid down by the Government of India for introducing Family Planning are :—

- (1) It must be implemented as an integrated programme with the Medical and Social Welfare Services.
- (2) It must be considered as an emergency problem and will be included as a priority health service.
- (3) To educate people for accepting the service requires a large number of skilled workers to implement the programme within a reasonably short period of time.

The urgency of the programme, paucity of personnel and necessity to use persons to integrate family planning within the scope of busy programmes of each of these workers, called for a plan that will cause least disturbance, while offering effective and comprehensive training within the shortest possible time.

The suggestions offered are to bring about this effectively without lowering in any way the quality of training.

The medical curricula are so packed with rapid advances in medical sciences that to introduce yet another subject like family planning into them does not evoke a ready response from medical colleges. It is, therefore, suggested that this training of 2 months may be offered during internship, when the doctor has just qualified and will accept such training enthusiastically, as has been ascertained from interneers, who have been coming to the Family Planning Training and Research Centre for orientation lectures.

For others like students in Institutes of Social Sciences or in the College of Nursing or Public Health, they may be given a 2 months' block placement at a Family Planning Training Centre.

The Family Planning Training and Research Centre at Bombay has already got a batch of Social Workers regularly placed at this Centre for block placement. This is not only useful, but is of great help in the social worker's effective handling of community, family and child welfare responsibilities.

By adopting this method, no extra time for training in Family Planning would be necessary for major groups. As the training of all above personnel could be undertaken at the Family Planning Training Centres, it would help achieve the three main objectives stated above with minimum expenditure.

During the present emergency, training of family planning workers on a large scale is of vital importance. Once the concept of family planning takes root along with progressive development in other fields such as education, industrial advancement, improving employment facilities, better food and agriculture production etc., the training plans can be reviewed.

4.14. The Committee recommends that each State should review their requirements of personnel and start more centres as required.

4.15. The Committee feels that it is expedient now to work towards uniform standards of training, conducting examinations and awarding certificates. A certain minimum basic standard curriculum should be evolved to form the hard core of the training programme at each of the Centres. Also a Central Examining Board should be formed, after the training centres in all the States are fully developed, to conduct examinations at different centres. For the present, a Local Board of Examiners may be formed at each centre with the instructors of the training centre, one instructor from another State and a professor or an instructor from a nearby University.

4.16. The content and duration of training for different categories of workers will vary with their background knowledge and the nature of duties expected of them. The programmes have to be carried out for all types of family planning workers namely those employed in family planning clinics, family planning training centres and institutions, orientation and touring training teams etc. The family planning workers can be broadly classified into four categories depending upon their basic qualifications and orientation (i) medical personnel, (ii) medical auxiliaries *i.e.*

trained nurses, health visitors, social workers etc. with Matriculation as the basic minimum educational standard, (iii) Para-medical workers with Master's degree or Bachelor's degree in Social Sciences like Sociology, Economics etc., and (iv) Family Welfare Workers.

4.16. The Committee feels that in view of the necessity for producing the maximum number of trained persons in the shortest possible time, training courses should be intensified and existing facilities expanded for doubling number of admissions at each centre. The course should not extend for more than two months for doctors and medical auxiliaries. The content of the course for doctors and auxiliaries may be as in Appendix XII. The duration of course for the para-medical workers may also be two months and the syllabus of the course may be as in Appendix XIII.

4.17. Each training centre must collaborate with a well developed rural centre which serves as a demonstration centre to provide the trainees in the field material and experience of family planning in rural areas. The Committee underlines the necessity of rural experience and strongly recommends so that such experience should be made available as essential for trainees.

4.18. The Committee considers it important that research activities are developed at each training centre. All the Family Planning Training Centres should be converted into Family Planning Training and Research Centres. The research studies provide opportunities for the trainees to become acquainted with the important problems involved in family planning and their routines. The research related to services e.g., psychological aspects of Family Planning Programme, workload, role of medical social workers, processes in Family Planning Education, follow-up of cases who have undergone vasectomy and tubectomy operations, responsibilities of various para-medical workers in Family Planning Programme, integration of Family Planning with Maternity and Child Health, integration of sex education in schools etc. could be carried out at the training centres.

4.19. The methodology adopted in such training courses should suit the needs of the trainees and fulfil the objective of the training e.g. normally a few lectures followed by discussion and later well-planned reading and further discussions/seminars etc. Various types of student-participation techniques could be used like plays, playlets, quiz, discussion initiated by trainees themselves etc. There should be some simple small scale field studies, which have to be carried out entirely by the trainees under the guidance of instructors. From participation in such studies, the trainees get the experience of interviewing, collection, classification and analysis of data, and presentation of data in proper form. The trainees should also go on observational visits to places where similar studies are in progress.

The teaching/learning situations in family planning training have to be different from those found in the formal training institutions. Experience should be provided to the trainees, which will result in improved performance in relation to their activities and ensure the success of the family planning programme. Information alone will not initiate action on the part of the recipient. The learner must be "emotionally involved" in the learning experience, he/she must see his/her participation as one which will help him/her meet a need which he/she understands and the importance of which he/she accepts. The teaching of adults requires attention to their status as mature individuals. The learning experiences must be designed

around meaningful problems. A learning experience which actively involves the students in its planning and conduct is more likely to achieve the desired result than procedures in which the student's role is that of a passive listener.

4.20. The selection of trainees has to be made with great care. There are advantages if the workers are selected in teams (heterogenous groups) and given instructions especially in the field work. It initiates the spirit of team work in the trainees and provides experience of team work. Special instruction to homogenous groups should also be arranged during the training courses. The States should take into consideration the importance and utility of training. It is desirable that the trained personnel go back to the appropriate places where they could put the training experiences into practice. The Committee is of the opinion that the discussion of such matters at meetings/seminars attended by high level administrative officers would be of considerable help.

4.21. In the interests of the programme, it is recommended that while selecting the candidates no specific bond may be taken from those who are already employed by State Government and local bodies. In respect of the persons sponsored by Voluntary Organisations a bond for one year may be sufficient.

4.22. In order to be able to assess the extent to which the training imparted by the Training Centres is beneficial to the trainees in the actual implementation of the programme in the field and to find out the gaps in their knowledge which needs to be filled by suitably modifying the training syllabus, it is necessary that the instructors of the Training Centres should be provided opportunities to visit the clinics, institutions etc. where their trainees are employed.

4.23. The Committee noted and commended the proposal for the establishment of the Family Planning Institute, Delhi.

4.24. The family planning programme is of recent development in India and every year many studies are conducted on different aspects of family planning, which throw more light on the methods and techniques to be adopted in its implementation. It is, therefore, essential to conduct refresher courses at regular intervals for all the instructors at different training units, who are already trained in family planning, in order to keep them abreast of the developments and to attune them to the task of efficient training of family planning workers. Such refresher courses should be arranged generally at the same institution where the instructors have had their previous training and/or a specialised centres like CHEB. The training centres may convert one of their regular courses into a special course for the instructors who are the key personnel in the training programme. The courses should be decided keeping in view the previous experiences and training of these instructors. The emphasis in these special courses should be on the more important results of research, public health approach of the programme and its integration with the normally medical and health services. A minimum of two weeks for a refresher course is recommended, which may be extended up to 6 weeks, followed by one week for visits to various institutions engaged in work related to family planning. As this course requires the involvement of experts in various fields funds should be provided for honorarium to the specialist lecturers.

4.25. The Committee feels that visits to the following institutions would be beneficial for instructors :

1. Family Planning Institute, Delhi when established or the Family Planning Training Centre and the Communication Action Research Centre, Delhi.
2. All India Institute of Hygiene and Public Health, Calcutta.
3. Family Planning Training and Research Centre, Bombay.
4. Central Health Education Bureau, Delhi.
5. National Institute of Audio-Visual Education, Delhi.
6. Rural Health Centres at Najafgarh, Singur and Poonamalle.
7. Demographic Centres at Bombay, Delhi, Calcutta, Trivandrum and Dharwar.
8. Institutions doing Medical/Biological Research like (a) Contraceptive Testing Unit, Bombay (b) Post-graduate Medical Institutions in Calcutta and Madras (c) Family Welfare Bureau, Bombay (d) Central Drugs Research Laboratory, Lucknow (e) All India Institute of Medical Sciences, Delhi.
9. Schools of Social Sciences at Bombay, Baroda, Delhi and Madras.

4.26. The Committee reviewed the existing staffing and expenditure pattern of the Family Planning Training Centres directly under the Directorate General of Health Services and of the Regional Family Planning Training Centres in States. The Committee is of the opinion that a good training centre should undertake not only training but also applied research demonstrations in the field, both rural and urban, consultant services such as clinics, pregnancy tests, sterility clinics, and marriage guidance and counselling etc. Such ancillary services provide the clinical and field material for training purposes. These functions can be performed satisfactorily if each training centre is provided with adequate staff and works in collaboration with the medical and public health institutions in the locality and the basic science sections of the University especially social sciences, statistics and demography. Each training centre should thus have training section, a clinical section (including both rural and urban), a social science section, a health education section, a mobile clinic and a library.

4.27. The Family Planning Training Centres at present suffer from the handicap that they are not recognised as academic institutions. Moreover the posts do not carry attractive pay scales. Experienced and qualified persons are being attracted towards curative work because of more remuneration and better prospects in such fields. The difficulty of getting qualified persons for family planning training centres could be overcome to some extent, by rationalising the set up of the family planning centres. To attract persons for family planning programme the status and pay scale of the posts should be upgraded. The shortage of experienced persons could be met by absorbing retired professors and administrative officers. Keeping in view the functions of the family planning training centres and the necessity for increasing the out-turn capacity of the centres, the Committee recommends the following pattern of staff for each training centre :—

Director	1
Medical Lecturer-cum-demonstrator	2
Social Scientist Instructor	1
Asstt. Director Health Education	1

Public Health Nurse Instructor	1
Social Workers, Senior	2
Social Workers, Junior	2
Statistician	1
Computer	1
Artist-cum-Photographer	1
Draftsman	1
Projectionist-cum-mechanic	1
Supdt./Section Officer	1
U. D. Clerks.	2
Cashier.	1
Steno-typists	3
Stenographer	1
L. D. Clerk	1
Store keeper.	1
Daftry	1
Peon	1

4.28. One urban and rural clinic should be attached to the Centre with the usual complement of staff according to the approved pattern. A bus for trainees and a station wagon to serve as an audio-visual unit should be sanctioned for each training centre. Sufficient funds should be provided for the building accommodation for the centre and its hostel while sanctioning the establishment of any training centre.

4.29. Each training centre may have in addition to the staff mentioned above a mobile clinic, a mobile education unit, a bus for trainees, associated clinics, field instructors on the scale indicated in para 4.4 above and provision for library and accommodation for the training centre and hostels for trainees.

4.30. There should be clinical staff for specialized clinics and laboratory work, wherever necessary, depending on development of the centres.

4.31. The Officer-in-charge may be designated as Director. Many senior persons and retired administrative medical officers feel hesitant to seek re-employment to a post with designation of Officer-in-charge. All training centres may be designated Family Planning Training and Research Centres.

4.32. The training centres at Bombay, Delhi and Ramanagaram and those proposed to be opened in Baroda and Bihar directly under the D.G.H.S. should be reorganised on the above pattern. State Governments should also be asked to consider re-organising their Regional Centres on the above pattern.

4.33. Such a pattern would help (i) to find suitable trained personnel, to fill the posts created, (ii) to double the number of trainees in each centre (iii) to undertake training by short courses for general practitioners and welfare workers, who volunteer for training at these centres.

4.34. The present fellowship programme in family planning was discussed in Chapter II. The number of fellowships available under the programme, especially those for training and research in India, is not considered adequate and has to be increased. The objective is to provide facilities for post-graduate studies in family planning for persons responsible for carrying out different aspects of family planning and for promising young men and women, who have already availed of existing study facilities. The Committee recommends that Government should offer 30 fellowships every year, 10 for training and research in demography, 10 in communication and motivation and 10 in medical and biological aspects of family planning. Each fellowship may be offered, in the first instance, for one year and may be extended up to three years depending upon the progress of the individual scholars.

Experience in dealing with the eight demographic fellowships in India already sanctioned has revealed that the monthly stipend of Rs. 250 offered is not sufficient to attract outstanding scholars. The Committee, therefore, recommends a monthly stipend of Rs. 350.

4.35. The Committee did not consider training programmes in specialised subjects like demography, medicine and biology and communication as it is assumed that they will be considered by the expert Committee on these subjects. The Committee, however, wishes to emphasise development of specialised courses in India as soon as possible. Some progress has been made in the field of demography. The Committee hopes that rapid progress will be made in other fields.

CHAPTER V

SUMMARY OF THE MAIN RECOMMENDATIONS

Orientation

5.1. Intensification of the education programme is crucial to the success of the entire movement. Family Planning Education, being part of education for a better life, has to be interwoven with other constructive activities especially the work of the Primary Health Centres, Community Development Blocks and Voluntary Organisations. Information has to be made available on the largest possible scale and conditions created in which individuals can freely resort to family planning. In the urban areas greater use should be made of private medical practitioners for providing advice, distributing supplies and to the extent possible in sterilization operations. (Para 3.1).

5.2. The main task is to find effective solutions to certain basic problems and to mobilize all possible agencies for educational and extension work in support of family planning. (Para 3.1).

5.3. Administrative arrangements at the Centre and in the States will need to be greatly strengthened. (Para 3.1).

5.4. To utilize such diverse agencies as private medical practitioners, indigenous doctors and village *dais* for family planning work along with the family clinics and primary health centres will call for the most careful planning at the local level. (Para 3.1).

5.5. It is essential that the help of voluntary organisations, labour organisations etc., in various fields of national life should be sought on as large a scale as possible and integrated into the practical programmes of work adopted in each area. (Para 3.1).

5.6. In addition to advice on birth control, the family planning programme should include sex and family life education and advice on such other measures as may be necessary to promote the welfare of the family including assistance to sterile couples. (Para 3.1).

5.7. The Family Planning Orientation programme should be widely extended to:—

- (a) Moulders of public policy, Planners, Legislators, and Honorary Family Planning education leaders.
- (b) Administrators (i) Senior Administrators (ii) Junior officials in administrative posts under the Central and State Governments especially in the Revenue, Agriculture Education and Community Development Departments.
- (c) Members of Panchayat Raj institutions and of Mahila mandals.
- (d) Local leaders.
- (e) Extension workers.
- (f) School teachers.

- (g) All medical, para-medical and medical auxiliaries already employed by the State Governments and Local Bodies and Voluntary Organisations with special attention being given to village *dais* and sanitary inspectors.
- (h) All persons under training in medical colleges and medical training institutions for para-medical personnel and medical auxiliaries.
- (i) Private medical practitioners.
- (j) Instructors of training centres.
- (k) Social Scientists and those under training in the social welfare schemes or institutions.
- (l) Employers and Employees Organisations including Trade Union leaders. (Para 3.2).

5.8. Seminars, in which experts in the field also participate, can be arranged for moulders of public policy, planners, legislators, Honorary Family Planning Education Leaders and high level administrative officers. Special informative pamphlets and field study reports could be made available to them. Six-monthly reviews could also be circulated to them for keeping them acquainted with the progress of the programme. (Para 3.4).

5.9. Junior officials may attend a short course of orientation. The training centres for officers like those in the I.A.S., I.P.S., and I.F.S. and the Defence Services training establishments may set apart about 24 hours of the training period for instruction on the population problem and family planning; visiting lecturers, who are experts in the field, could be invited by principals of training institutions to hold lectures/discussions and seminars. The Institute of Public Administration may also consider taking similar action. (Para 3.5).

5.10. For the Community Development Workers, short-term *ad-hoc* in-service courses of one week at the Block headquarters may be held for those, who are already in service. For those now under training and for the future programme, certain periods of orientation in family planning may be included in their courses. Family Planning Training Centres should assume responsibility for training personnel in neighbouring blocks. Such centres may be given a touring team as an integral part of their regular staff. (Para. 3.6).

5.11. The period shown against each of the following courses of instruction arranged by the Ministry of Community Development and Co-operation could be devoted to family planning :—

Types of training centre	Category of persons trained	Duration of Training	Period/duration of F. P. Orientation suggested for inclusion in the normal course
1	2	3	4
Ministry of Community Development & Co-operation Training Centre.	(1) <i>Gram Sevaka</i>	2 years	. 40 hours
	(2) <i>Gram Sevikas</i>	1 year	. 40 hours
	(3) Social Education Organisers.	5 months	. 30 hours

1	2	3	4
	(4) <i>Mukhya Sevikas</i> .	10½ months .	40 hours
	(5) Block Development and Distt. Officers.	3 months .	12 lectures
	(6) Senior Officers	4 weeks .	6 lectures/discussions.
Cooperative Training College, Poona.	Officer-in-charge of direction and Control at State, Divisional or Distt. level, also the executives of State Divisional or District Co-operative Institutes.	6 months .	30 hours
Regional Co-operative Training Centres (located at Poona, Madras, Ranchi, Indore & Meerut).	Co-operative Registrars etc.	11 months .	40 hours
Block level co-operative Officers' Training Centres (located at Hyderabad, Tirupati, Bhavanagar, Kalyani, Faizabad, Kota, Gopalpur on-sea and Patiala).	Officers dealing with co-operation in National Extension Service and Community Development Blocks.	11 months .	40 hours
	Members of Panchayat Raj Bodies.	..	40 hours
	Mahila Mandals	..	40 hours (Para 3.7)

5.12. Orientation camps of three days' duration may be held for groups of local leaders. (Para. 3.8).

5.13. The school teacher has an exceptional role to play in the community. School teachers already in employment may be oriented in camps along with the local leaders. The training institutions for teachers including the teachers' training college, training institutions for inspectors and for women teachers, administration courses and workers-teachers training courses should include about one week's orientation courses in family planning. Selected instructors of the teachers training schools may attend a regular training course at a family planning training centre. Seminar/discussions could be held at the Teachers Training Schools and on occasions when teachers of a district meet for periodical conferences. Discussions on family planning may be arranged at village level where a number of schools are functioning in the vicinity wherever training personnel to initiate discussion can be procured from a Family Planning Training Centre. Similar discussion can be held during week-end teachers meeting. (Para. 3.9).

5.14. All high level officers responsible for the implementation of the family planning programme in their respective states should be familiar with the programme. Therefore, all Deputy Directors, Assistant Directors and Advisers in the Medical and Health Departments of all States should in

groups of generally not more than 30 at a time, attend seminars organized for the purpose, followed by visits to various institutions where communication, biological and demographic research is in progress and also to field areas and centres where the programme has made considerable progress (Para. 3.10).

5.15. Orientation courses for workers in health and allied fields should be flexible in nature. There should be no rigidity of duration although 2 weeks might be sufficient. (Para 3.11).

5.16. Instruction in family planning should permeate all basic courses. For undergraduates in medical colleges, the faculty should undertake the responsibility to make a comprehensive programme (to avoid over-lapping) during instruction in preventive and social medicine, Gynaecology and Obstetrics, paediatrics surgery etc. But one specific department should be responsible for coordination of the instruction preferably the Department of Preventive and Social Medicine.

The whole course of orientation in family planning should not be left over for internship period only. The instruction should be initiated during the normal instruction in preventive and social medicine, midwifery and gynaecology, surgery etc. Each medical college may consider appointing visiting lecturers from a family planning training centre or a demographic research centre in the vicinity. (Para. 3.12).

5.17. The syllabus in use at the All India Institute of Hygiene and Public Health may be followed by institutes giving orientation in family planning to Public Health Nurses and Lady Health Visitors, and the syllabus recommended by the Indian Nursing Council may be followed in schools for nurses and midwives. (Para 3.13).

5.18. Instruction on family planning should be incorporated in *Dais* training courses. Village *Dais* can be valuable in extending the family planning programme. They are readily accessible to people and have their confidence. They could be given short courses of instruction on physiology of reproduction, methods of birth control, use of simple educational material and of family planning resources available in the place of work, and simple facts necessary to enable them to appreciate the importance of the problem and discussion with others. (Para 3.14).

5.19. Private medical practitioners can offer valuable assistance in spreading the family planning programme. The branches of the Indian Medical Association and the All India Licentiate Association can arrange seminars for private medical practitioners. (Para 3.15).

5.20. The Ministry of Education may take up the question of inclusion of sex education and family life education in schools and colleges. The Education Ministry may also consider forming a committee to study the matter and to start a pilot project as soon as possible. (Para 3.16).

5.21. Assistance should be provided to universities having well-developed social science departments for conducting university extension lectures, to colleges where scientific forums are formed and to training centres of social workers and social scientists not already covered under the categories mentioned above (Para 3.17).

5.22. Some lectures/seminars may be arranged to orientate the members of employers' organisations so as to acquaint them with the population problem, the family planning programme and their role in the promotion of the programme. They may also be supplied suitable publicity material for distribution among their employees. Similarly for members of employees' organisations, lecture/discussion may be arranged, as well as group discussions for workers' leaders in big establishments so that they can discuss with their fellow workers about family planning and motivate them.

Training

5.23. Multiplicity of categories of workers and competition between various programmes to get workers from limited manpower resources should be avoided. Over a period of time there should be only one category at the periphery. Such a category of workers after completing basic training could be given specialised training in the field in which each is required to function. The integrated approach is likely to carry the family planning programme forward more expeditiously, e.g., instead of one field worker for family planning and one auxiliary nurse midwife for M.C.H., each covering a population of 20,000 both can work for family planning and M.C.H. each covering 10,000 of population (para 4.1)

5.24. Augmentation of public health workers' and extension workers' training programme is necessary especially of auxiliary nurse midwives, sanitary inspectors, S.E.Os. *Gram Sevaks*, *Gram Laxmis*, and *Gram Sevikas*, who after a short term training can work as field workers and extension officers in family planning. (Para 4.1).

5.25. Fifty centres for auxiliary nurse midwives with capacity to train 30 students each during each year of the Third Five Year Plan period for the family planning services may be opened. One centre for 20 students to meet requirements of teaching personnel may be started. The staff of the Adviser, Nursing, in the Directorate General of Health Services to supervise the Auxiliary Nurse Midwife training programme may be strengthened. Provision should be made for 100 per cent assistance for non-recurring and recurring expenditure including hostel accommodation for trainees (Para 4.2).

5.26. The number of training centres for Family Planning field workers should be increased. The Nursing Council should be approached to recognise this course of training and give exemption for an appropriate period in case these trainees later attend regular courses of Auxiliary Nurse-Midwife. This will ensure that some of these workers can attend a short course later and qualify as Auxiliary Nurse-Midwife. (Para 4.3).

5.27. In each State there should be one or more centres for Family Planning Welfare Workers depending on the requirements. The course of instruction may be one academic year; 24 weeks may be devoted to class room instruction and associated field work and 12 weeks to in-service training. Two batches of 50 trainees may be taken each year. In order that the personnel are able to perform their duties efficiently, it is essential that field training is done under adequate supervision. Three trainees could be attached to one clinic. This number could be increased to five if the clinic load justifies it. One field instructor for 9 trainees may be provided. Each training centre should therefore have about 8 urban clinics and 6 rural clinics associated with it for in-service training. (Para 4.4).

5.28. Trainees may be selected for a post and then sent for training to ensure their employment after training. (Para 4.5).

5.29. Married couples whenever available may be admitted for training and posted as male and female Family Planning Welfare Workers in rural areas. This would bring about a substantial return and a better acceptance of Family Planning than the present response through only a female worker, generally having to live away from her husband (Para 4.6).

5.30. One rural area in the form of a Block Development area is suggested for training. The staff working in this area may be trained for co-operating in the training programme. In this Block one Public Health Nurse and one Social Worker for rural training, would suffice for training and supervision of the group with the co-operation of the staff working in the Block Development area. (Para 4.8).

5.31. The Primary Health Centre doctor, the Block Development Officer and the Social Education Organizers may be trained at Bombay or Delhi and the Extension Officers, *Gram Sevaks* and *Gram Sevikas* may be trained at a State Training Centre for two months preferably during or soon after their own training. (Para 4.9).

5.32. The following basic staff is suggested for a Family Welfare Workers Training Centres for 25 trainees.

2 Lady Doctors. (Speaking at least two languages including regional language).

3 Social Workers.

2 Public Health Nurses.

1 Social Worker.

1 Public Health Nurse.

2 Steno-typists.

1 L. D. Clerk.

Class IV staff.

In case yearly intake is increased the staff should be proportionately increased. (Para 4.1).

5.33. Medical personnel, who will take up family planning as a special subject, should be trained during internship for a period of 2 months, which would provide for one month's theory-cum-urban placement and one month's actual placement in the rural area. (Para 4.13).

5.34. In the case of students from Social Science and Public Health Nursing institutions, the training should be given during their regular courses by placing them at Family Planning Training Centres for two months' block placement. (Para 4.16).

5.35. In the case of Midwives and B.P.N.As., the training may be dovetailed in their regular course covering about 2 weeks (54 hours training) but spread over 6 weeks. (Para 4.17).

5.36. Each State should review its requirements of personnel and start more centres as required (Para. 4.19).

5.37. It is expedient how to work towards uniform standards of training, conducting examinations and awarding certificates. A certain minimum basic standard curriculum should be evolved to form the core of the training programme at each of the centres. Also a Central Examining Board should be formed, after the training centres in all the States are fully developed, to conduct examinations at different centres. For the present, a Local Board of Examiners may be formed at each centre with the instructors of the training centre, one instructor from another State and a professor or an instructor from a nearby University. (Para 4.20).

5.38. The training courses should be intensified and facilities should be provided for doubling the number of admission at each centre. The course should not extend for more than two months for the already qualified doctors and medical auxiliaries. The duration of course for para-medical workers may also be two months. (Para 4.21).

5.39. Some of the Family Planning Training Centres should be converted into Family Planning Training and Research Centres.

5.40. While selecting candidates no specific bond may be taken from those who are already employed by State Governments and Local Bodies. In respect of the persons sponsored by Voluntary Organisations a bond for one year may be sufficient. Stipends may be given to local candidates also (Para 4.21).

5.41. In order to be able to assess the extent to which the training imparted by the Training Centres is beneficial to the trainees in the actual implementation of the programme in the field and to find out the gaps in their knowledge which need to be filled by suitably modifying the training syllabus, it is necessary that the instructors of the Training Centres should be provided opportunities to visit the clinics, institutions etc. where their trainees are employed. (Para 4.27).

5.42. The proposal for the Family Planning Institute, Delhi, is commended (Para 4.28).

5.43. It is considered essential to conduct refresher courses at regular intervals for all the instructors at different Training Units, who are already trained in family planning, in order to keep them abreast of developments and to attune them to the task of efficient training of family planning workers. Such refresher courses should be arranged generally at the same institution where the instructors have had their previous training and/or specialised centres like the C.H.E.B. The Training Centres may convert one of their regular courses into a special course for the instructors who are the key personnel in the training programme. A minimum of two weeks for a refresher course is recommended, which may be extended upto 6 weeks, followed by one week for visits to various institutions engaged in work related to family planning. As this course requires the involvement of experts in various fields, funds, should be provided for honoraria to the specialist lecturers. (Para 4.29).

5.44. The visits to the following institutions would be beneficial for instructors :

1. Family Planning Institute, Delhi when established or the Family Planning Training Centre and the Communication Action Research Centre, Delhi.

2. All India Institute of Hygiene and Public Health, Calcutta.
3. Family Planning Training and Research Centre, Bombay.
4. Central Health Education Bureau, Delhi.
5. Institute of Audio-Visual Publicity, Delhi.
6. Rural Health Centres at Najafgarh, Singur and Poonamalle.
7. Demographic Centres at Bombay, Delhi, Calcutta, Trivandrum and Dharwar.
8. Institutions doing Medical/Biological Research like (a) Contraceptive Testing Unit, Bombay (b) Post-graduate Medical Institutions in Calcutta and Madras (c) Family Welfare Bureau, Bombay (d) Central Drugs Research Laboratory, Lucknow (e) All India Institute of Medical Sciences, Delhi.
9. Schools of Social Sciences at Bombay, Baroda, Delhi and Madras. (Para 4.25).

5.45. Selected family planning training centres should undertake not only training but also applied research, demonstrations in the field, both rural and urban, consultant services like pregnancy tests, sterility clinic, marriage guidance and counselling etc. Each training centre should thus have a Training Section, a Clinical Section, a Social Science Section, a Health Education Section, a mobile clinic and a library. (Para 4.31).

5.46. To attract workers for the family planning programme the status and pay scale of the posts should be upgraded. The shortage of experienced persons could be met by absorbing retired personnel. Keeping in view the functions of the family planning training centres and the necessity for increasing the out-turn capacity of the centres, the Committee recommends the following pattern of staff for each of the selected training centres :

Director	1
Medical Lecturer-cum-demonstrator	2
Social Scientist Instructor	1
Asstt. Director, Health Education	1
Public Health Nurse Instructor	1
Social Workers, Senior	2
Social Workers, Junior	2
Statistician	1
Computer	1
Artist--cum-Photographer	1
Draftsman	1
Projectionist-cum-mechanic	1
Supdt./Section Officer	1
U. D. Clerks	2
Cashier	1
Steno-typists	3
Stenographer	1
L. D. Clerk	1
Store Keeper	1
Daftry	1
Peon	1 (Para. 4.32)

An urban and a rural clinic should be attached to the Centre, with regular staff in each clinic, according to the approved pattern for rural and urban clinics. A bus for trainees and a station wagon to serve as an audio-visual unit should be provided for each training centre. Sufficient funds should be provided for the building accommodation for the centre and its hostel while sanctioning the establishment of any training centre. (Para 4.33).

Each training centre may have in addition to the staff mentioned above a mobile clinic, associated clinics, field instructors on the scale indicated in para 5.4 above and a library. (Para 4.34).

The training centres at Bombay, Delhi and Ramanagaram and those proposed to be opened directly under the D.G.H.S. should be reorganised on the above pattern. State Governments should also be asked to consider re-organising their selected centres on the above pattern. (Para 4.37).

The training centres at Bombay, Delhi and Ramanagaram and those in India every year, 10 for training and research in demography, 10 in communication and motivation and 10 in medical and biological aspects of family planning. Each fellowship may be offered, in the first instance, for one year and extended upto three years depending upon the progress of the individual scholars. Monthly stipends of Rs. 350 may be given. (Para 4.39).

APPENDIX I

CONSTITUTION OF THE COMMITTEE

No. F. 14-39/60-FP

Government of India

MINISTRY OF HEALTH

New Delhi-2 the 17th June, 1961.

From

Shri Basheshar Nath,
Under Secretary to the Govt. of India.

To

The Director General of Health Services,
New Delhi.

Subject :—Family Planning Orientation Training Courses of short duration for all categories of personnel under the Central and State Governments—
Constitution of an *Ad hoc* Committee.

Sir,

I am directed to say that the Government of India is pleased to constitute a Committee for Family Planning Orientation Courses of short duration for all categories of personnel under the Central and State Governments.

2. The following will be the members of the Committee:—

- | | |
|--|-------------------|
| 1. Secretary, Ministry of Health | Chairman |
| 2. Secretary, Ministry of Education or his representative | Member |
| 3. Secretary, Ministry of Labour & Employment or his representative. | Do. |
| 4. A representative from Ministry of Community Development and Co-operation. | Do. |
| 5. A representative from Ministry of Home Affairs | Do. |
| 6. Officer-in-Charge, Family Planning, Training & Research Centre, Bombay. | Do. |
| 7. Commissioner for Scheduled Castes and Scheduled Tribes or his representative. | Do. |
| 8. Smt. T. Soundaram Ramachandran | Do. |
| 9. Smt. Avabai B. Wadia | Do. |
| 10. Lieut. Colonel B. L. Raina | Member-Secretary. |

3. The Committee may co-opt one or more members if and when necessary.

4. The Committee may consider measures and make recommendations for furtherance of family planning education programme among all categories of personnel under the Central and State Governments. For this purpose the committee may :—

(i) review the different category of workers employed by the Ministries of Govt. of India and State Governments, Local Bodies and Voluntary Organizations and their existing training programmes;

(ii) Suggest :—

(a) measures to give short term orientation courses for all category of personnel including the duration and content of such training the detailed proposals for training centres that may be established to impart orientation training for workers at various levels;

(b) content and duration of training which can be imparted at the existing training centres under different Ministries.

The Committee will not be concerned with regular courses of training for doctors and medical auxiliaries.

5. The Committee will submit its report to the Ministry of Health within three months of the date of issue of this letter.

6. The non-official members of the Committee will be entitled to the grant of travelling and daily allowances for attending meetings of the Committee in accordance with the provisions of S. R. 190 (as are admissible to an officer of the highest grade in class I of Central Services). Members of the Committee who are Government servants will draw travelling and daily allowances admissible to them under the rules of the Government concerned.

7. The expenditure involved will be met from the sanction budget grant under the Head "39-Public Health" in Demand No. 44-Medical and Public Health—B. Miscellaneous B. 5(4)-Expenditure on Family Planning for 1961-62.

Yours faithfully,

Sd/-

Under Secretary.

No. F. 14-39/60-FP

Copy forwarded to the Accountant General, Central Revenues, New Delhi.

Sd/-

Under Secretary.

No. F. 14-39/60-FP

Copy forwarded for information to :—

1. All Members of the Committee.
2. All Members of the Central Family Planning Board.
3. All State Governments and Union Administrations.

Sd/-

S. D. Lal

Section Officer

APPENDIX II

PROFORMA USED FOR COLLECTION OF INFORMATION
REGARDING TRAINING CENTRES

No. F. 14-39/60-FP
Government of India
Ministry of Health

New Delhi-2, the 21st July, 1961.

From

The Under Secretary to the Govt. of India,
Ministry of Health, New Delhi.

To

1. All Ministries of the Govt. of India.
2. All State Governments and Union Territories.

Subject :—Furtherance of Family Planning Education Programme through the Training Centres maintained by various ministries of Central Government/Local Bodies and Voluntary Organisations.

Sir,

I am directed to say that the Government of India have constituted a Committee for Family Planning Orientation Course for short duration to be conducted through the existing training centres maintained by various Ministries of the Government of India/State Governments etc. for personnel undergoing training at such centres. With a view to enabling the Committee to consider how best family planning orientation training course could be introduced in such training centres, the Ministry of Home Affairs/State Government etc. are requested to kindly fill in the enclosed proforma in respect of each training centres under their jurisdiction and return the same to this Ministry as soon as possible, in any case, before the 31st August, 1961.

Yours faithfully,
Sd/-
Under Secretary.

Copy forwarded for information to :—

1. All Members of the Committee for Family Planning Orientation Courses;
2. The Central Family Planning Board.

Any suggestion on the subject received from them will be appreciated.

NOTE—Please See Proforma Regarding Measures to be adopted for furtherance of Family Planning Education Programme on Page 43 (Column 1-8).

APPENDIX III

SUMMARY STATEMENT OF DETAILS OF TRAINING CENTRES AND CLINICS

Measures to be adopted for furtherance of Family Planning Education Programme through the Training Centres under the Central/State Govts. etc.

Sl. No.	Types of training centre maintained	The category of trainees under training in each sub-Centre	Number of trainees	Duration of training	How F.P. Education programme could be introduced in these training centres	The syllabus and duration of such training course	Remarks (Further suggestion if any)
1	2	3	4	5	6	7	8
	Ministry of Community Development.	1. <i>Gram Sevaks</i> 2. <i>Gram Sevikas</i> 3. Social Education Organisers. 4. <i>Mukhya Sevikas</i> 5. Block Development and District Officers 6. Senior Officers		2 years 1 year 5 months 10½ months 3 months 4 weeks	Included	10 hours 10 hours 5 hours 14 hours 4 hours Full discussion for 1½ day.	40 hours 30 hours 40 hours 40 hours. 12 lecture discussion. 6 lecture discussion.
	Co-operative training College, Poona.	Officer-in-charge of direction and control at State, Divisional or Distt. level, also key executives of State Divisional or Distt. Co-operative Institutes.	40	6 months			

Regional Co-operative Training Centres (located at Poona, Madras, Ranchi, Indore and Meerut). Co-operative Sub-Registrars etc. 40/45 11 months

Proforma regarding measures to be adopted for furtherance of Family Planning Education Programme through the training centres under the Central/State Governments etc. (Regular courses of training for doctors and medical auxiliaries to be excluded).

Sl. No.	Type of training centres maintained by (a) Central Ministries. (b) State Governments. (c) Local Bodies. (d) Voluntary Organisations for imparting training to the staff employed by them	The category of trainees under training in each such centre	The number of trainees	Duration of training course	How the F.P. education programme could be introduced in these training centres	The syllabus and duration of such training courses	Remarks (Further suggestion, if any)
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45

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5.	Workers' Training Course.	Workers who have little or no education.	25	4 months usually, 2½ lectures in year.	may be included.	One week.	
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Ministry of Education Not received so far.
Ministry of Home Affairs.

	<i>Grah Kalyan Kendra</i> under the Min.	Married and unmarried female	35 centres and 1000	1½ years to 2 years.	One centre functions in collaboration	Arrangements exist for Social	
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Home Affairs for imparting training to the dependent family planning Members of Govt. Employees.

trainees above 14 years of age.

trainees in total

with the the F. P. Centres in the CHS Dispensaries.

workers and doctors attached to F.P. Centres to deliver lectures.

Ministry of Transport and Communication.

Training Centre, Saharanpur.

- | | |
|--|-----|
| 1. Postal clerks (outsiders). | 132 |
| 2. Postal clerks (departmental) | 66 |
| 3. R.M. Sorters (outsiders & Deptt.) | 68 |
| 4. Postal Signallers | 88 |
| 5. Telegraphists | 24 |
| 6. Telephone operators in addition, Instructor trainees, prob-superintendents I.P.S. Class I and Postal Supdts. Service Class II Officers from all over India also receive training for 6 weeks, 1 month and 4 weeks respectively. | 50 |

2½ months

2 months

2½ months

6 months

9 months

2 months

The scheme can be introduced if a doctor, who is fully conversent with the scheme is deputed to the training centre for addressing the trainees on Family Planning.

This may be decided by the Ministry of Health.

The training may be imparted to the trainees of the Training Centres provide the P&T Deptt. has not to incur any additional expenditure.

Block level co-operative Officers' Training Centres (located at Hyderabad, Tirupati, Bhavnagar, Kalyani, Feizabad, Kota, Gopalpur on sea and Patiala).	Officers dealing with co-operation in National Extension Service and Community Development Blocks.	100	11 months	..
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*Ministry of Labour and Employment
(Dte. General of Employment and Training).*

1	Central Training Institute of Inspectors, Kanpur, Imparts training to craft Instructor, Trainees in Engineering and non-engineering trade.	Instructor Trainees of ages 20 to 40 years.	244	9 months	may be included	one week
2	Central Trading Institute for women Curzon Rd., New Delhi.	1. Cutting and tailoring. 2. Embroidary and needle work.	16 16	9 months 9 months	may be included	..
(by Central Board for Workers Education).						
3	Teacher-Administrators' training course.	Persons having second class master's degree or Bachelor's degree with 3 years experience.	40	6 months	included	One .
4	Workers-Teachers' Training Course.	Selected industrial workers, who possess quality of leadership.	30	3 months 3 lectures in a year.	may be included	..

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	Communication and Training Centre Jabalpur (M.P.)	1. Asstt. Divisional Engineers Telegraphs (Prob.)	15 approx.	6 months	The scheme can be introduced if a doctor, who is fully conversent with the scheme is deputed to the training centre for addressing the trainees on Family Planning.	This may be decided by the Ministry of Health.	The training may be imparted to the trainees of the Training Centres provide the P&T Deptt. has not to incur any additional expenditure.
		2. Engineer Supervisors.	400 approx.	10 months			
		3. Repeater Station Assistants.		6 months			
		4. Wireless operator	9 months.				
		5. Telegraph Masters	3 months.				
	Regional Telecommunication Training Centre, Madras.	1. Telephone Mechanics.	40 approx.	6 months	Ditto.	Ditto.	Ditto.
		2. Wiremen	20 approx.	3 months			
		3. Telephone Inspector.	40 approx.	6 months			
	Regional Telecommunication Training Centre, Ambala Cantt.	1. Mechanics	40 approx.	6 months	Ditto.	Ditto.	Ditto.
		2. Wiremen	20 approx.	3 months			
		3. Telephone Inspectors.	40 approx.	6 months.			
	Regional Telecommunication Centre, Nasik.	1. Mechanics	30 approx.	6 months	Ditto.	Ditto.	Ditto.
		2. Wiremen	25 approx.	3 months			
		3. Telephone Inspectors.	25 approx.	6 months.			

Office of the Cir. Electrical Engineer T. & D. Circle, Alipore, Calcutta.	Cable Jointers	15 approx.	4 months	The scheme can be introduced if a doctor, who is fully conversant with the scheme is deputed to the training centre for addressing the trainees on Family Planning.	This may be decided by the Ministry of Health.	The training may be imparted to the trainees of the training centres provided the P&T Deptt. has not to incur any additional expenditure.
Asstt. Telecommunication Training Centre, Delhi-1.	1. Mechanics 2. Wiremen 3. Telephone Inspectors	40 approx. 20 approx. 20 approx.	1 year 3 months.			
Distt. Telecommunication Training Centre, Calcutta.	1. Mechanics 2. Wiremen 3. Telephone Inspectors	20 approx. 20 approx. 20 approx.	1 year 8 months. 6 months.			
Distt. Telecommunication Training Centre, Bombay.	1. Mechanics 2. Wiremen 3. Telephone Inspectors. 4. Cable Jointers	20 approx. 20 approx. 20 approx. 20 approx.	1 year 3 months 6 months 4 months.	Ditto.	Ditto.	Ditto.
Distt. Telecommunication Training Centre, Madras.	1. Mechanics 2. Wiremen 3. Telephone Inspectors.	20 approx. 20 approx. 20 approx.	6 months 3 months 6 months			

*Government of U.P.**Regular Course*

Police Training College, Moradabad.	1. I.P.S. Officer's course.	5	6 months	The scheme can be implemented at
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2. State G.Os Course	8	16 months
3. S. Is. C.P. Course	200	12 months
4. Asstt. Public Prosecutors course.	25	12 months
5. Head constables Civil Police course.	200	8 months
6. Mounted Police recruits course.	7	3 months

Refresher Courses

1. C. Os. Refresher course.	8	3 months
2. S. Is. C. P. Refresher course.	32	32 months
3. Circle Inspr. staff course.	8	8 months

Armed Training Centre, Sitapur. *Regular Courses*

1. Armed Police constables promotion course to H.C.A.P. Course.	150-7	6 months (including one month practical training in a P.A.C. Unit)
2. Head constable A.P. Promotion to S.I.A.P. course and directly enlisted to S.I., A.P./P.C. course.	10 x 7 16	

both the training courses provided an expert is deputed for imparting necessary training in F.P. Orientation course to the trainees of regular courses at the above training Centres. It is presumed that the duration of this course will be not more than 4 to 6 days. If so, there will be no difficulty in fixing up this training without any interference in the normal routine training. In this connection it is also proposed that this training should be held in two batches both at PTC and ATC during the months

3. Reserve sub-Inspectors course.	8 to 12	7 months including one month MT training at PMT.	of April and Sept each year. The training should begin at PTC in the first or second week
4. Specialist course for traffic constables.	..	4 months including one month practical training.	of the above months and immediately on its conclusion it should be started at ATC. A clinic should also be established at both these training centres for which accommodation is available. Besides the trainees can be given practical demonstration during the parade off course in the evening as well.
5. Specialist course for Head Const. traffic Police.	35	6 weeks including 2 weeks practical training.	
6. Specialist course for Drill Instructors.	50	3 months .	
7. Specialist course for PT Instructors.	25	6 months .	
8. Initial training of Head constables and constables for shadow duty.	50	Part I training at ATE CA 10 weeks Part II Theoretical training at the CID training school, Lucknow One week. Part III	Cinema slides and other C documentaries in this connection can also be shown to the trainees in both the centres. In PTC there is a 16 mm cinema machine and in ATC 35 mm cinema machine.

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Practical training with Z. O. 3 weeks total training for 14 weeks. Part I at ATC 3 weeks. Part II at CID Training School, Lucknow 1 week, Part III with Zone Officers.

9. Training of Sub-Inspectors as shadows of High personage.	6	Total 6 weeks.	..	..	..
10. Specialist course for Constable Buglers.	25	6 months.	..	..	..
<i>Refresher Courses</i>					
1. Drill (and Musketry) Instructors Refresher Course.	100	6 months	..	..	..

	2. P. T. Instructors Refresher course.	40	6 months	..	..	..
	3. Regulars Refresher course.	20	6 months	..	..	..
	4. Refresher course of Training of Head Constables for shadow duties.	60	Part I training at ATC 2 weeks Part II Theoretical training at the CID Training School, Lucknow, 1 week Part III practical training with Z.O. Lucknow 1 week. Total 4 weeks.	..	..	..
State Govts.	Students of I & II year classes of agriculture and extension Diploma course	76 84 160	Two years	By special lectures and demonstrations	4 to 6 special lectures and demonstration on the methods of F.P. This should not however, be regarded as part of the regular syllabus.	
	Agricultural schools	75 83 158				
	(i) Bulandshahar	50 80 130				
	(ii) Gorakhpur					
	(iii) Chirgaon (Jhansi).					
8 Gram Sevika Training Centres maintained by State Govt.	Nil	40 in each training centre.	One year	Either one of the teaching staff or each training centre	A copy of the syllabus of gram-sevika training	

1	2	3	4	5	6	7	8
	with financial assistance from Govt. of India.				be given training in F. P. or F.P. Instructress be sent to each centre in each session.	centres enclosed here-with. Duration of training is for one year. .	
1.	Cooperative Training Instt., Lucknow.	Subordinate Personnel.	80	9 months	..	..	..
2.	Cooperative Training Instt. Bilari (Moradabad).	Do.	80	Do.	..	..	..
3.	Cooperative Training Instt. Mahson (Basti).	Do.	80	Do.	..	..	..
4.	Cooperative Training Instt. Hastingapur (Meerut).	Do.	80	Do.	..	..	..
5.	Cooperative Training Instt. Durgadund (Varanasi).	Do.	80	Do.	..	..	..
6.	Cooperative Training Instt. Vivind Lodge (Varanasi).	Do.	80	Do.	..	..	..
7.	Cooperative Training Instt. Kurwar No. 1 (Sultanpur).	Do.	80	Do.	..	..	..
8.	Cooperative Training Instt. Kurwar No. 2 (Sultanpur).	Do.	80	Do.	..	..	..

9. Cooperative Training Instt. Jalapur (Aligarh).	Do.	80	Do.			
Telegraph Training Confined for Departmental members of Junior staff of Central Checkers Office.	Telegraphics and senior/Telegraph.	Number of trainees is not prescribed. An average of 20 in a batch is drafted for training as and when required.	10 to 12 months.	Weekly/Biweekly lectures could be arranged.	A copy of a syllabus is attached.	..

Govt. of Punjab

There are three Co-operative Training Institutes at Jullundur, Patiala, Rohtak. Maintained by State Government for imparting Co-operative Training.	Junior Category personnel, viz. Junior Cooperative Officers Sub-Inspectors/Junior Category Personnel of Co-operative Institutes, viz. Secretaries clerks etc.	Maximum 100 candidates in each institute.	6 months	Lectures by the F.P. experts can be delivered to the trainees after consultation with the Principals Co-operative Training Institute.	F.P. Authorities may decide in consultation with Registrar Co-op. Societies.	Nil.
1. <i>Gram Sevaks</i> Training Centres at Nabha/Batala and Sirsa.	1. <i>At Nabha/Batala Sirsa.</i> Pre-service training of <i>gram sevaks</i> two years integrated course. 2. <i>At Nabha/Batala</i> (i) Pre-service training of <i>gram sevikas</i>	50 seats per training centre for each course. 40 seats per training centres for each	2 years . 1 year .	1. Can be taught to <i>gram sevaks</i> under the main subject of public health if : Specialised training in F.P. is imparted to the instructors in public	<i>Syllabus</i> 1. Definition of F.P. 2. Its necessity. 3. Physiology of male & female organs. 4. F. P. methods including uses	

1	2	3	4	5	6	7	8
		at Home Science Wings for one year.	course.			Health Centres now at Nabha, Patiala and Sarsa.	of different contraceptives.
		(ii) Refresher course 3 months in-service training of Gram Sevikas at home Science Wings.	20 seats per 3 months training centre for each course.			3. Necessary literature and models are provided to these centres.	.. ..
		3. At Nabha/Batala/Rai Traing of Panchayat Secretaries 3 months course.	50 seats per 3 months training centre for each course.			The subject is covered in the main subject "Mother and Child Care" taught to Gram-Sevikas.	Duration of course per gram sevaks. One week—total 24 periods.
The Secretariat Clerks Training School in the Punjab Civil Sectt.	Newly recruited/promoted clerks of various Govt. Depts./Offices located at Chandigarh.	50 for the morning class and 50 for the evening class.	6 weeks			The literature on the F.P. Education Programme could be utilised by the Officer-in-Charge in his general lectures (e.g., patriotism happiness, maximum utility to the trainees).	There is no prescribed syllabus. The training aims at acquainting the trainees with office procedure.
1. (a) Forestry State Govt. (Forest Deptt.) at Forest Training Division, Pinjore.	(b) 1. Forestry (F.G.) Foresters & Dy. Rangers. 2. Do. Forest Guards.	40 10 months from 1st May to 28/29 Feb. 2	25 trainees in each courses			An instructor may be nominated by the Medical & Public Health Deptt. for a week in one	This should be settled by the Medical and Public Health Deptt. The training can prove useful to the trainees under going training at the

Forest Training Div. at Pinjore.

year each month detail about of 5 months duration which should be settled with the from 1st May to 30th Sept. and 1st Nov. to 31st March. DFO Forest Training (Div. Pinjore, Ambala Distt.) so that the trainees may remain at Hqrs. during the period of instruction.

2.	Soil Conservation Sub-Assistants.	2. Soil Conservation <i>sub-assistants</i> . Foresters, Dy. Rangers and Sub-Inspectors, Agriculture Deptt.	25-30 trainees in each course.	3 courses in a year each course of 3½ months duration, 16th April to 31st July, 16th Aug. to 30th Nov., 16th Dec. to 31st March.	..	..	..
		3. <i>Clerical Clerks</i>	15-20 trainees in each course.	8 courses in a year each course of 30 days duration.	..	..	..
1.	<i>Family Planning School, Phillaur.</i>						
1	Gazetted Officers Course (I.P.S.)	PS Probationers	5 approximately	1 month	Short lectures on F.P. can be delivered to the trainees re-	Syllabus (Short lectures) should be prepared	

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2	Gazetted Officers Cours (D.S.P's.)	Probationary D.S.P's.	5	approximately.	1 year	ceiving training at P.T.S., Phillaur in the various courses, which are of 6 months duration or more.	on the subject by the Health Deptt. These lectures can be delivered by an expert, to the trainees in about a week's time, in each Deptt.
3	I P. S. I's. Course	Probationary P.S.I's.	37	„	1 year	But an expert on the subject will have to be provided by the Health Deptt. to the Institution concerned for the job.	
4	Upper School Course	Confirmed A.I.S.S.	52	„ in one session	6 months		
5	Intermediate School Course	Confirmed H.Cs. and Probationary	194	„	1 year		
6	Lower School Course	Constables on list B-1.	132	„ in one session	6 months	..	..
7	Drill Course.	Instructors Constables/Head constables.	78	„	1 year	..	..
8	Drill Refresher Course	Instructors Ditto	25	„ in one session	6 weeks	..	..
9	Automatic Weapons Training Course	Instructors Ditto	55	„ in one session	3 months	..	..
10	Photographers Course	Photographers	50	approximately in 3 sessions	3 months	„	..

11	Tear Smoke Course	For all ranks	. 200	approx- imately. in 3 session	10 days	..	..	..
12	Tear Smoke Refresher Course of G. Os.	Gazetted Officers	. 15	approx. in one session	4 days	..	..	..
13	G. Os. Refresher Co- urse.	Gazetted Officers	. 14	(appro- ximately)	13 days	..	..	..
14	Buglers Course	. For Buglers .	. .		6 months	..	..	..
15	E. A. C. Training Course.	E.A.Cs.	. . 15	.,	13 days	..	..	..

*II. Recruits Training
Centre, Jahan khelan*

1	Recruits Course	. Recruits (Constables)	700	.,	9 months	Short lectures on F. P. can be deli- vered to the trainees receiving training at P.T.S., Phillaur, in the various courses, which are of 6 months duration or more. But an expert on the sub- ject will have to be provided by the Health Deptt. to the Institution concerned for the job.	Syllabus (short lectures) should be prepared on the sub- ject by the Health Deptt. These lec- tures can be delivered by an Expert, to the train- ees in about a week's time, in each Deptt.
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III. Constables Advanced Training Centres Ambala.

1	Directly recruited N. G. Os. courses for women Police.	Women N. G. Os. .	2 (approximately) in a year.	6 months	Ditto . .	Ditto.	
2	Recurits course for Women constables.	Women Constables	.. .	6 months	..	..	..
3	Advanced Course for Police constables under P. R. 19.13. Central Silk Board	Constables . .	40 ..	3 months.	..	..	..

(a) Maintained by Central Ministries.

1	The All India Sericultural Training Institute, Mysore (Maintained by the Centre Silk Board).	1. Sr. Certificate course.	25	1 year	It is for consideration by the Ministry.	..	..
		2. Jr. Certificate Course.	25	1 year			

(b) Maintained by State Govt. (with the assistance of Central Silk Board) Agriculture Training Institute, Assam.

	1. Jr. Certificate Course.		1 year	It is for consideration by the Ministry.	..	..
	2. Elementary Certificate course.		1 year			

APPENDIX IV

FAMILY PLANNING ORIENTATION CAMPS

I. INTRODUCTION.

Four conditions are needed for acceptance of Family Planning. The adoption of family planning is a rather complex process, which takes place over a period of time. It is known that, for the usual married couple, at least four different factors or conditions must be provided for, in order for them to take up the practice of family planning. These four conditions are as follows :

Feeling a need :

The couple must feel that it is desirable to have a limited number of children, or to have children less frequently. It is known that many couples already have such a feeling, commonly because of economic reasons, *i. e.* that they wish to provide better care and education for their children. Often there is also concern for the health of the mother and of the child.

People sometimes have such feelings rather vaguely, but have never really paid much attention to them. It is an important fact that when such people have a discussion with other persons about the reasons for limiting family size, these motivating reasons become for them much clearer and stronger.

Factual information :

The couple must also have knowledge first about the fact that people are able consciously to decide when they should have children, and secondly about the various methods and techniques whereby this can be done. This acquired knowledge should include, as well, the specific information which is needed to overcome certain prevailing doubts or fears with regard to use of contraceptive methods. It is also important that information about a variety of methods be provided, so that the individual can decide on which are most acceptable to himself.

It is known that information such as this can be learned easily even by illiterate persons, when it is provided in a simple form which recognizes local traditions, and when it is provided through locally acceptable channels of information.

Accessible supplies :

Contraceptive supplies must be both physically and psychologically accessible. For example, in order to get supplies it should not be necessary to walk long distances, to wait in line, to be asked questions, or to leave one's thumb-print or signature. Also, of course, the contraceptive methods which are available should minimize such problems as storage, messiness, or need for washing facilities. Moreover, it should be possible to obtain supplies in privacy, and from persons or places considered by the people to be suitable for this purpose.

Social pressure :

Even when the above three factors of motivation, information, and accessible supplies are provided for, couples may still be prevented from practising family planning unless they feel that limitation of family size, and use of contraceptive practices, is considered desirable by the whole group within which they live.

It may be, in fact, that most of the members of a group do personally wish to limit their family size, but unless the individual members come to know that others feel the same, and are assured that this is, something that will be accepted with the group, they will hesitate to act.

It is somewhat difficult for people to come to talk about this subject with one another, to find out their common interest in it, and to decide, within their group, that family planning is desirable. It has been found that skilled educators can considerably speed-up this process of development of social pressure in favour of family planning. It can be done by helping groups to get together and raising the subject of family planning, then providing the additional factual information which may be desired. Further more, the educator can help the people to think about methods for transmitting information about family planning to the other members of their group.

Orientation camps are one of many methods to provide the conditions for acceptance of family planning. The family planning movement in India is being fostered by various official agencies, voluntary organizations, and private citizens. The methods which are being used to promote the movement vary in scope from simple talks with friends and neighbours, to group meeting, film shows, advertisements, and more elaborate family planning clinic services. Among the methods which have been used, one which has appeared to be of considerable value is family planning orientation camps.

After a number of pilot studies with orientation camps turned out favourably, the Government of India recently have made financial assistance available for the holding of such camps throughout India. Reports are that they are very popular.

Subsidy is now available for further camps at the rate of Rs. 10 per participant, for a family planning orientation camp of 3 days duration.

The success of family planning orientation camps appears to be due to several reasons.

Wide contact :

The camps collect representatives from a number of villages at one time, thus allowing limited technical personnel to make contact with a larger area.

Frank Discussion :

Village leaders have been enabled to discuss this subject frankly, become more aware of its importance and get the necessary factual information.

Enhanced prestige of leaders :

Being invited to the camp for such discussions often raises the prestige of the participants themselves and lends added importance to the total subject of family planning.

Strength of group decision for family planning among leaders :

Hearing other people discussing this subject, raising all kinds of objections, and becoming convinced about it, helps the individual participants to become more firmly convinced themselves.

Leaders' contribution to general social pressure in villages. When the leaders of a given village have firmly accepted the desirability of limiting family size, and of using contraceptive practices, this becomes known to others in the village and helps to build up the social pressure which is necessary if there is to be wide-scale acceptance of family planning.

Leaders' dissemination of facts in villages :

Those who attend such camps not only influence the popular acceptance of the idea of family planning, but can serve as important channels for disseminating factual information about family planning. At the orientation camp, the villagers have been

encouraged to comment on the disadvantages and advantages of smaller family size and of contraceptive techniques. Experience with such discussions at the time of the camp is useful for the village leaders when returning and participating in such discussions in their own villages.

Help in building supply lines: The leaders have also learned at the camp about the availability of various contraceptive supplies, and have discussed how to make such supplies even more accessible. In some cases, they have been able to plan successfully for establishing a number of villages "stockholders" so that contraceptives can be always available locally.

This general guide gives a summary of experience on how to hold effective camps. From the experience to date, useful lessons have been learned about how to plan and conduct camps. These principles are referred to rural areas, but should also apply to a large extent in urban areas. It is obvious that conditions vary from place to place, and that many local modifications will have to be made.

As further experience with family planning orientation camps is accumulated, many additions and modifications of this general guide to be expected. Those who have experience with such camps are requested to communicate their ideas for improvement of this guide, whenever such suggestions occur to them, to the Director, Family Planning, Directorate General of Health Services, New Delhi.

II. AIMS

The general aim of these camps is to help village leaders to know about and endorse family planning, and then effectively to promote family planning in their own village, so that village families will adopt it as an integral part of their way of life.

Specific objectives of the camps may be summarized as follows :

1. To involve village leaders in the planning of the camps so that they feel that the family planning movement, from the very outset, has sprung up within them and is being developed by them.
2. To try to involve leaders, for a given camp, from all segments of the population in that area, so that no group is omitted in so far as possible.
3. To provide a physical situation and amenities at the camp site which are comfortable, sanitary, and conducive to efficient functioning.
4. To stimulate the village participants to consider their own problems of family size, with reference to the particular economic, health, social, and educational problems as they see them in their own area.
5. To provide accurate information about contraceptive practices and to stimulate the expression of any fears or objections about these so that these can be properly answered.
6. To help the participants to learn how to discuss various aspects of this subject, frankly and seriously, and to help them plan how they can take action to promote family planning within their own village groups.

7. To help the participants to get to know what technical resources are available to them at the primary health centre and community development block levels, and how these resources may be used by them in promoting family planning in their own villages.

8. To gain the confidence of the participants by sincere efforts to assist them in meeting other problems which they consider of importance to themselves. When possible, such assistance may be in a readily tangible form, such as arranging for immunization of cattle, etc.

9. To help in solving various public health problems in the area, without detracting from the main aim for which the camp is held.

III—GENERAL PREPARATIONS FOR FAMILY PLANNING LEADERS' CAMPS IN AN AREA

Arouse interest and participation of responsible *Officials in the area* :

The family planning leaders' camps are but one facet of the total programme. Their successful planning, execution and follow-up depends a great deal upon the interest in this programme which has been aroused among health officials and other officials, including block panchayat leaders, in the area. The first general step, therefore, towards arranging village leaders' camps in an area is to arouse general interest of the responsible officials concerned in the area.

Review all existing family planning programme activities in area and strengthen these :

A second general step will be to review carefully the existing family planning programme activities in the area, in order to have an adequate understanding of the nature of present activities and of the individuals or agencies who are contributing to family planning work, or potentially might contribute. To the extent possible, the general framework of family planning services of all kinds, from various sources, should be strengthened as much as possible at this stage. This will forestall undue criticism of existing services at the time of the camps, and will allow a clear discussion in the camps of how to make better use of the existing services.

Arrange in-service training for existing workers in the area :

The general preparatory steps should include an in-service training camp, preferably at the community development block level, for all extension workers, health workers, peripheral workers of other service organisations, and block panchayat members. In this way, these persons can be prepared to take responsibilities for organising and conducting subsequent leaders' camps as well as to meet the expected increase in demand for services and information. Also, at the time of the in-service training, they can offer suggestions on where and how best to carry out the proposed family planning leaders' camps in the villages.

Number of camps to be held in a given area :

This will vary according to local situations. In any one camp, representatives from no more than about 10 villages can usually be expected to come. Therefore, in a given Community Development Block, a series of approximately 10 camps, held over a period of time in various parts of the Block, should be expected. The series of camps would cover more receptive areas first.

IV—PREPARATION FOR A SPECIFIC FAMILY PLANNING ORIENTATION CAMP

Need for careful preparation :

The success to be expected from a family planning orientation camp is directly proportional to the effort put into the preparations for it. The number of working hours needed for making specific preparations for such a camp is usually at least 3 times the amount of time required for actual execution of the camp. Every detail must be carefully thought out and prepared for, since even a small unforeseen error can disrupt the camp programme.

Number of participants :

As a rule, the number of participants should not exceed approximately 50 or 60 village leaders. For general meetings in the host village, of course, there will be a large number of onlookers from the village, and this should be foreseen in the planning. The general principle governing the number of participants is that the group should be small enough so that every participant has ample opportunity to actively participate personally in the discussion.

The number of technical persons who must be available during the duration of the camp is dependent upon the number of invitees. As a general rule, however, there should be a minimum of one technical staff person for every 8 of the participants. This requires pooling of resources (official and non-official) in the neighbouring areas.

Type of participants :

As a general principle, selection of the persons who will participate in the camps should be done by and with the local people themselves. This is important for developing the feeling among the people that the camps are their own activity, and hence that the decisions arrived at in the camps are their own decisions.

The technical workers in the area such as the village level worker, auxiliary nurse, midwife, sanitary inspector, lady health visitor, social welfare worker, and social education organiser can be of great help in selecting leaders from the villages, since they have had very close contact with them.

The leaders should represent, in so far as possible, all major population groups, within the villages under consideration.

In villages with factions, leaders should be selected from all such factions.

Persons of varying age groups should be included. Discussions on contraceptive techniques may be held in similar age groups.

Both men and women should be included, ideally. In some instances, the preference of the villagers has been to have some joint sessions with men and women and also some separate sessions. Composition of groups should be decided by participants.

Possible religious, idealogical, and political controversies should be avoided.

Village people who have shown special interest in family planning educational or other service activities should be given strong preference. If there are persons who have had sterilization operations, then it may be well for them to be specifically included, since they can testify most effectively in this regard.

Local Leader :

A local leader is one who has the confidence, affection, and the respect of a group of people. He is often sought for by the people for advice and guidance when some new decision must be taken. Sometimes, he may also be active in spreading new factual information among people, or sometimes his role may be passive in this regard. Sometimes he also may be one of the first to take up some new practice himself (an 'innovator') whereas in other cases he may be very conservative, in any event, he is a person whose own ideas and opinions are important in the eyes of other people,

Often times, such persons are 'informal' leaders, meaning that they do not hold any designated official position in the village. On the other hand, they may be holding official positions.

In addition to 'informal' leaders, it will be important to include such 'formal' leaders as the following :

- Panchayat members.
- Village school teacher.
- Village health committee members.
- Representative of rural welfare organisations.
- Representative of youth clubs.

Timing of the camp :

Dates for holding the camp should be decided in close collaboration with the village people for whom the camp will be held. No camp should be held during sowing, transplanting, and harvesting seasons. The dates should normally not coincide with any festivals or holidays. However, they can precede or follow such events if the local leaders so desire, as a continuous part of the festivities.

The duration of a camp should normally be 3 days. In some cases a shorter duration may be necessary. On the other hand, if participants are from villages immediately nearby, discussions could take place for part of each day and be spread out over several days. However, spreading meetings out over several days is usually not recommended. It is much more advantageous for the village leaders to be separated from other distracting influences for the duration of the camp and to devote their entire attention to the topics under discussion.

Physical facilities :

The village in which the camp will be held should preferably be one where notable development work is being done, and where the local leaders show enthusiasm and willing cooperation. The feeling should be encouraged that the village selected for the camp has been given a special distinction.

The site for the camp should be selected after also considering facilities for accommodation, water, excreta disposal, approach from the road, availability of motor transport on the road, and lighting.

Accommodation should include the following :

- Reception of delegates and office
- Space for general meeting of about 60 persons
- Family planning exhibition
- Residential accommodation for about 30 persons who come from distant villages.
- Adequate, safe water supply for bathing and drinking
- Cook-house and dining place
- Latrines and urinals

Accommodation such as a school building garden/orchard with open space nearly can be utilized by putting up tents and installing temporary sanitary facilities. In the case of tented camps, the site should preferably be on high ground. Ploughed areas, or any areas where subsoil water may be expected to be high (such as irrigated land, marshes or beds of water courses), or dusty or insanitary surroundings should be avoided. As far as possible the front of the camp should face the prevailing wind. The entry and exit should be such that vehicles enter by one gate and leave by another, with parking place near the exit. If this cannot be arranged, a separate parking area with entry and exit should be arranged nearby. Vehicular traffic should not be such that the cooking and messing area of the camp is covered with dust. Great care should be taken that vehicles do not disturb the local population, their cattle, waterpoints and vehicles, etc.

General arrangements of the camp may be as follows : Nearest to the entry gate should be the office and reception room. Adjoining this is the meeting demonstration exhibition area. Behind it sleeping accommodation may be provided, or village *chaupals*, *baratghar*, or zamindar's house may be available for sleeping purposes. Cooking and messing accommodation should be nearby at one side.

Latrines provided for the participants should be located to the leeward side no more than 200 yards from the most distant sleeping place, *and not in a place to pollute water supply*. Camps such as these offer a good opportunity for demonstrating to villagers principles of hygiene and healthy living especially ant-fly measures, safe water supply, balanced diet, environmental sanitation prevention of communicable diseases care of mother and child. The sanitary inspector of the health centre and the people in the host village should be helped to install several permanent sanitary latrine facilities. This can be done cheaply, and the latrines will be available for future use by the people in the host village.

The water point and bathing area should be away from the excreta disposal facilities, with drainage to prevent pooling of water. Again, this offers good opportunity to demonstrate improved water supply facilities to the participant villagers, where feasible, covering the village well and a demonstration of the convenience of having cheap, sanitary hand pumps is recommended.

Kitchen and dining area sanitation should be particularly looked after. These should be kept clean, lighted and well ventilated. In the dining area, there should be at least 9 sq. feet of floor space per person. The kitchen and dining area should be fly proof, with additional use of strict anti-fly measures, Food should be served around to the participants to avoid contamination during serving.

Drinking water should be provided in a drum with tap attachment, or be poured by a dipper into drinking vessels. Cups should not be dipped by hand.

Food should be appealingly served and at the same time efforts made to reduce wastage. Types of food which remain uneaten should be noted, so more popular foods can be provided. Sanitary disposal of kitchen garbage should be arranged.

To help in maintaining cleanliness, dustbins should be placed at various places in the camp area.

Adequate lighting should be provided. If necessary, kerosene lanterns or pertomax lamps should be borrowed or hired for this purpose.

Stationery :

Some office supplies will be needed in order to prepare a list of participants, special notes for discussion during the camps, and the recommendations of the discussion groups.

In addition, to help the literate persons among the campers to make notes, sufficient papers and pencils should be provided for distribution during the camp.

First Aid :

Arrangements should be made for simple first aid equipment, and for medicines which may be needed for ordinary ailments and accidents. Assistance of local branch of the Indian Red Cross can be sought.

Entertainment :

Some educational entertainment progress should be arranged, which may include puppet show, film shows, dramas, songs, etc. Local talents and resources should be utilized to the utmost for this. Since these items attract a large audience, ample space should be available as well as an improvised platform.

Even between the sessions at the camp, if some *bhajan mandali* can be arranged, this proves helpful. The *bhajan mandali* attached to community development blocks can be requested to help, through the department concerned.

Educational literature :

Simple pamphlets giving information on family planning and other health subjects should be freely distributed. Leaflets giving questions and answers which are related to the local problems should also be cyclostyled and distributed.

Exhibition :

An exhibition on family planning, and on local health problems and other subjects like maternal and child welfare should also be arranged. Various official and other agencies can be invited to contribute to this. The panels should be simple, with captions in the regional language. The dress, type of houses, and food depicted should resemble local conditions. Anything suggested in the exhibit should fall within the available local resources.

Teaching aids :

A blackboard and chalk will be needed for use during talks. A black board and/or bulletin board are also useful for indicating the day's schedule and posting announcements.

During talks and discussions, use should be made of appropriate khadigraphs, flip-charts or flash cards. These may be quite simply and cheaply prepared for use in such camps.

In addition, when feasible, film strip projector or movie projector and films may also be used, if available.

Enlisting co-operation of all available technical personnel :

All organisations operating in the area, such as the Panchayats, Block Development Staff, Social Education Workers, Social Welfare Board staff, P. H. C. Staff, School teacher, Indian Red Cross, Indian Council of Child Welfare, Mahila Mandals and any other local or voluntary body should be involved as much as possible at all stages of planning the camp. As a large number of personnel are required for organising a good camp, to enlist the participation of these workers is of great help.

Host Village reception committee :

A reception committee should be set up by the leaders from the host village. The whole programme should be planned in consultation with this reception committee as much as possible. One of the village leaders or the sarpanch should act as Chairman of this Reception Committee. Let all the invitations to other village leaders and to guest speakers be issued under the signature of the Chairman. He may also welcome the campers and the chief guest on the first day of the camp.

Issuing of invitations :

The organizers must personally visit the villages which will be included in the camp programme, contact the Panchayats and other in formal leaders, and discuss the scope of the programme. They must be helped to become really interested in it. Let them feel that organisation of camp is their own affair. In this way, get a list of the representatives from all the villages that are to be covered. Then issue invitations (verbal or written, and in the regional language) to them and get their consent. Enquire also whether they would like lodging and boarding arrangements or would like to return to their villages at night. The invitations should be extended to about 10 persons more than the desired number of participants, as all invitees may not come.

It is desirable that the dates of the camp should be fixed and announced *at least two weeks ahead* so that the necessary organizational work can be thoroughly undertaken and carried out.

Distribution of duties of organizing staff :

The organizing staff must divide the duties amongst themselves, and preferably have separate 'office-bearers' who are in charge of the various jobs to be done. The usual types of office bearers are as follows:—

- Coordinator
- Receptionist-cum-inquiry officer
- Recorder
- Officer for physical facilities
- Mess Manager
- Exhibition and Entertainment officer
- Transport officer.

Detailed duties of each of these are suggested in Appendix I.

Members of the host village reception committee should also be associated, as far as possible, with these tasks.

Preparation for talks and discussions :

The subjects to be covered by leaders, discussions and demonstrations should be planned so that they relate to local situations and so that there is maximum participation of the campers. A suggested list of topics is provide in Appendix II.

The speakers should be contacted and time allotted to each confirmed. Brief notes on all subjects to be covered should be carefully prepared, and copies kept ready for distribution. These notes may vary according to local interests and situations, but should be simple, practical, and accurate.

The teaching aids for use during talks and discussions should be prepared as indicated above.

To make the training programme more interesting and useful, other subjects relating to health and development problems may also be included during business sessions. A number of such subjects are also suggested in Appendix II.

It is emphasized, however, that these topics should relate to particular problems of local interest.

Discussion guides should be prepared for all topics which are to be discussed in groups.

The art of leading of discussion groups, so that each person really participates, is a difficult one. Specific training in this matter should be provided to the local technical staff who will be involved in organizing the orientation camp. One way to do this is to have a group of the staff members play the role of villagers, while one staff person tries to get them to raise questions about family planning and to discuss various aspects of the subject. This gives the staff a way of anticipating difficult situations which arise during discussions, and it gives them some practice in handling the situation.

A list of questions normally asked and their answers should be carefully studied. Careful note of all questions asked in every camp should be made and included in discussions. Such questions should also be intimated to the Director Family Planning, Directorate General of Health Services, New Delhi for inclusion in the series 'May we Help You', 'Any Questions'.

V. CONDUCTING THE CAMP

Guest speaker.—Having a prominent leader outside the locality preside over the opening and closing sessions gives impetus to the programme. Care should be taken not to spend undue time and energy for such purposes, and the programme should not suffer in any way on this account. A brief note, on family planning programme, the local situation, the aim of the camp and points they may usefully emphasise, may be given to the guest speaker (s) a few days before they are expected to speak.

Timings of daily camp programme.—The timings will have to be adjusted according to the season. As far as possible the programme activities should not be stretched over long uninterrupted periods. There should be short breaks after reasonable times, regular rest hours, and also adequate meal time breaks, the timing for meals should be adjusted according to customs prevalent in the area.

Daily review of programme.—To help ensure proper functioning of the programme, the coordinator should meet all the office bearers at the end of each day. At this time the staff reviews the work done during the day and makes any additional plans needed for the next day.

Contact with the campers.—As to have contact during the regular camp sessions, the organizers should make a point to help in serving the food and sitting with the campers for eating. This creates the right atmosphere, as well as allowing additional opportunities for discussions.

Expectations from the campers.—It should be recalled at this point that the campers are not intended to become experts on family planning within a three days training period. What is attempted is to help them more clearly see their own reasons for a smaller family size, give them adequate facts about contraception, help clear their fears and doubts, help them to get the habit of discussing the subject freely, help them to think about how they can pass on such information to their fellow villagers, and give them information about sources of contraceptive supplies or services. Some of the leaders may decide to act as stockholders and honorary education leaders and *Parivar Kalayan Sahayaks*.

Suggested Daily Programme :

First Day.—The first day task is registration of delegates and helping them to clear away problems of accommodation etc. in the meantime, they may also see something of the exhibition. At the start of the camp the leaders can be asked to answer a few questions on a questionnaire, regarding their knowledge about family planning and their attitudes towards it. Re-asking these questions at the end of the camp can demonstrate what kinds of changes have been brought about. If such questions are short and simple, they can be of interest to the campers themselves, and stimulate thinking and discussion which help to achieve the aims of the camp.

The inaugural function may start with introduction of the chief guest by the reception committee chairman. The chief guest sets the pace by giving a broad account of the progress of acceptance of family planning in the nation, its importance for improving personal and economic welfare, and the fact that this is the people's movement.

After a small break, the business session should start, which for the first day may be mostly informative. Some of the subjects given in Appendix II may be presented in the form of simple talks of 15-20 minutes duration. However, after each talk at least equal time should be allowed for discussion.

In order to maintain high human interest, simple, brief 'dramas' are very useful, in these, the staff personnel or the villagers themselves choose a situation which illustrates some problem in accepting family planning, and then play the roles of the different individuals involved. In this way tensions can be relieved and difficult situations can be more easily described and considered.

Demonstrations on other health subjects can also make the sessions more lively.

In the evening there should be some entertainments. At the end of the first day's programme, the next day's programme should be announced so that the campers can give some thinking to it.

Second Day.—The second day should be spent mostly in group discussions, with full involvement and active participation of the campers. They may be divided into small groups of 10-12 each. Every group must elect one recorder from amongst the campers, and one leader to help to stimulate and guide the discussion from amongst the organisers. Either all groups at a time discuss some one subject, or different groups discuss different subjects. Any of the subjects listed in Appendix II could be taken for discussion, or any other relevant aspect, according to the needs of the group. Earlier in the discussions, emphasis is usually directed more on the questions of feeling the need for smaller families and on the use of contraception. Toward the last the discussions are guided more towards whether the leaders themselves can do anything to promote family planning.

In the evening there should again be some entertainment programme.

Third Day.—In addition to continuing to discuss some of the subjects in which there is still interest, the reports of all discussion groups should be compiled by the group leaders and recorders.

There should then be a general session of the campers at which the reports of the groups are read. Further discussion and suggestions can then proceed in this open meeting.

A list of questions asked, and answers given, may be circulated. Care should be taken that the answers circulated are carefully prepared and accurate.

The list of names of those who have decided to continue to work regularly as voluntary family planning workers should also be prepared and announced.

At the end of the day, the highlights of the three day programme may be brought out by the camp coordinator, or the person in charge of the organizers, and the chief guest may then sum up with his comments.

Certificates should be given to the campers by the chief guest.

The campers should go back satisfied, with an air of knowledge and of responsibility for promoting family planning in their respective villages.

Parivar Kalayan Sahayak and Sahayikas :

Those campers who are prepared to devote some time for disseminating information on family planning should be enrolled as *Parivar Kalyan Sahayak* and *Parivar Kalayan Sahayika*. Their names should be announced at the concluding session. Attempt should be made that each village has at least one *Parivar Kalyan Sahayak* and one *Parivar Kalyan Sahayikas*. The attempt should be that as many participants as possible enrol themselves as *Parivar Kalayan Sahayaks* and *Sahayikas*.

IV. FOLLOW-UP

Integration with regular family planning activities.—As stressed before, the family planning leaders' camps must be considered only as part of a long process that must be fostered in many other ways. The various technical workers in the rural areas in which a given camp is held should, themselves, emerge from the camp experience with increased interest in this programme. Furthermore, with the help of senior staff present, they should have gathered some *definite ideas about what are the next steps they should take*, in order to more effectively promote family planning in that area.

2. *Villagers' recommendations.*—The suggestions and recommendations made by the villagers in the camp should be taken very seriously, and action to meet these recommendations should be implemented as far as possible.

3. *Meetings with the leaders.*—A definite schedule should be outlined for subsequent contacts with the village leaders who attended the camp. This contact should be either in their own villages or at a central point, at least once a month. The visits should be made by the regular health staff serving the area. At such visits, the difficulties which the leaders may be encountering can be discussed. Further assistance to them should be given as desired. Educational material should be distributed. They should especially be encouraged to proceed with setting up village stockholders of contraceptive supplies. Problems in the maintenance of supply lines to such stockholders can also be taken up.

Support to block workers in their follow-up activities.—Technical staff above the block level should periodically meet the block workers and accompany them to their meeting with the village family planning leaders. In this way they can get a better understanding of the activities which are proceeding and they can give the support and guidance which is essential if the programme is to grow.

Repeat camps.—Plans can be made for holding a second camp in the same village area, after a period of 6 months to 1 year. At this second camp, the leaders who have shown particular interest in family planning activities can meet once more, to thrash out further problems and to exchange experiences. Also, other village leaders not included in the first camp can be involved during this follow-up camp.

Evaluation by the organizers.—At the conclusion of the camp, the organizers, and perhaps some of the interested leaders of the host village, should definitely sit down together and review the programme just completed, while it is still fresh in their minds. They should critically examine what they felt were the strongest points and the weakest point about the camp. They should write a very brief note, based on these observations, regarding the suggestions they would make to organisers of any future camps in the area, in order that the future camps can be as effective as possible.

Evaluation by the leaders themselves.—The service personnel in the area, in the course of their subsequent follow-up visits to the various villages, should ask the leaders themselves for their suggestions regarding the conduct of future camps, with the explanation that their suggestions are needed to improve these camps. After a period of time, a service worker in the particular area may be asked to write a very brief note to the camp organizers summarizing the general recommendations which the villagers themselves made, in retrospect.

Aspects to evaluate.—Evaluation of a camp should be done according to various separate aspects of the camp, each as the following :

Did all the people attend the camp who should have been there ?

Were the physical amenities at the camp adequate ?

Was the factual information provided at the camp sufficient, or were there still unanswered questions ?

Was there sufficient time for discussion of the various topics by the villagers themselves ?

To what extent did they feel it was their own function, rather than a series of lectures they were asked by outsiders to attend ?

Should there have been more large group, or more small group sessions ?

To what extent did the campers actually acquire new information ?

To what extent did the campers get more favourable attitudes towards

(1) small family size; (2) use of contraceptive practices; (3) sterilization operation ?

To what extent did the campers undertake various types of action to promote family planning, on their return to their villages? Did the demand for contraceptives increase? Did more persons volunteered for sterilization operation than before? To what extent did the service personnel take action on the campers' recommendations?

How adequate were the subsequent follow-up activities, aimed at giving further stimulation and support to promotional activities of the leaders?

Specified studies.—For evaluation of the usual camp, the above measures are quite adequate. It is often difficult enough for staff members to find time to think about the effects of a programme which they have undertaken. Simply asking such questions as those posed above, and trying critically to look for answers, can greatly increase the value of their experience.

In addition to these simpler evaluative efforts, it may be considered desirable, to undertake more systematic studies, aimed at clarifying one or more specific aspect of the camp programme.

Some simple assessment could be made of the amount of family planning activity done by the local health workers in the period before the camp, and some months after it. Also, for example, where there appears to be resistance to the programme in a particular village or segment of the population, a specific enquiry can be made into the reasons for this resistance.

For the purpose of framing more systematic types of studies, Director Family Planning may be contacted.

APPENDIX IV a.

DUTIES OF OFFICE BEARERS

I. *Coordinator*

1. To provide overall coordination of the programme.
2. To invite guest speakers, receive consents or arrange alternative programmes.
3. To procure material and equipment needed for the camp.
4. To act as time-keeper for discussions, etc. so that they are completed in scheduled hours.
5. To make alterations in programme, if necessary.
6. To see to overall functioning of the camp.

II. *Receptionist-cum-Enquiry Officer*

1. To register all participants.
2. To distribute reference materials.
3. To guide the participants wherever necessary.
4. To announce changes in the programme.
5. To write down the day-to-day programme on black board and notice board with modification in timings as needed.

III. *Recorder*

1. To record day-to-day proceedings.
2. To record important points, remarks and comments brought out during discussion and talks.

IV. *Officer for physical facilities*

1. To see to accommodation facilities.
2. To provide water facilities.
3. To get latrines and urinals installed and maintained properly.
4. To supervise cleanliness of the camps.
5. To make arrangements for part-time servants; etc.
6. To arrange darees, utensils, pertomax lamps, etc. from different resources in the villages and if necessary on hire.

V. *Mess Manager*

1. To attend to purchase and procurement of rations.
2. To supervise cooking and serving.
3. To serve as storekeeper.
4. To prepare the menu and give instructions to servants regarding meal times and number of persons expected at any one sitting.

5. To keep accounts of the expenditure incurred on the camp.

VI. Entertainment and Exhibition Officer

1. To collect the necessary materials for exhibition from various sources.
2. To get educational materials of proper types and quantities, and to make up packets of these and arrange distribution.
3. To set up the exhibition with proper arrangements for entrance and exit.
4. To train and provide guides who will be detailed to the exhibition all the time during the camp, and ready to explain to any villager the meaning of the exhibits.
5. To arrange for entertainment programmes.

VII. Transport Officer

1. To get transports made available from all sources, like P.H.C. Block, S.E. Dept., etc.
2. To make arrangements for transports, according to programme.
3. To see that vehicles are in order.
4. To have one transport at hand at all times for any emergency.

APPENDIX IV b.

LIST OF POSSIBLE SUBJECTS FOR TALK AND GROUP DISCUSSIONS

I. *Subjects to be discussed in simple talks.*

1. Why family planning?
2. Population of world with special reference to India.
3. Population growth and food production.
4. Population growth and unemployment.
5. National income, housing and education problems.
6. Family Planning and health of the child and mother.
7. Physiology of human reproduction.
8. What is contraception; various methods; safety; advantages and disadvantages.

II. *Subjects which may also be discussed.*

1. Function of primary Health Centre.
2. Personal hygiene.
3. Common diseases relevant to the season and their control.
4. Safe water supply.
5. Sanitary latrines.
6. Balanced diet.
7. Malaria control.
8. Fly borne diseases and their control.
9. Community development programmes.
10. Animal husbandry and common diseases in cattle.

III. *Topics for group discussions by village leaders.*

1. Family Planning for family welfare.
2. What is an ideal family?
3. What are the factors that hinder the family planning programme?
4. How would you like to propagate family planning in your area?
5. Role of village leaders in promotion of family planning.
6. What is the role of husbands in family planning programme?
7. How can the people be made more aware of family planning?
8. Role of Panchayats in promoting family planning.
9. How far can health, economic, and social problems be improved by popularizing family planning?
10. How far can the problem of food supply be improved by popularizing family planning?

APPENDIX V

*Statewise Distribution of Honorary Family Planning Education Leaders
appointed upto 15th June, 1962.*

	Divisional	District	Grand Total
Andhra	1	..	1
Assam . . . . .	.	..	..
Bihar	1	7	8
Maharashtra	5	5	10
Kerala	2	8	10
Madhya Pradesh	6	9	15
Madras	2	4	6
Mysore	1	..	1
Orissa . . . . .	..	9	9
Punjab	2	..	2
Rajasthan	1	3	4
Uttar Pradesh	3	5	8
West Bengal	3	7	10
Jammu & Kashmir . . . . .	..	..	..
Delhi	4	..	4
Himachal Pradesh . . . . .	..	1	1
Manipur . . . . .	..	..	..
Gujarat	1	4	5
Pondicherry . . . . .	..	1	1
TOTAL	32	63	95

APPENDIX VI

Number of persons in different States, trained in Family Planning upto 31st May, 1962

Name of State	Doctors	Health Visitors	Social Workers	Others	Total
Andhra . . .	17	52	6	2	77
Assam . . .	295	10	4	9	318
Bihar . . .	9	11	..	1	21
Maharashtra & Gujarat .	181	112	183	239	715
Kerala . . .	114	151	263	160	688
Madhya Pradesh . .	32	8	33	1	74
Madras . . .	156	71	41	166	434
Mysore . . .	243	45	126	682	1096
Orissa . . .	11	23	1	1	36
Punjab . . .	20	194	29	47	290
Rajasthan . . .	13	3	..	6	22
Uttar Pradesh . .	28	57	353	87	525
West Bengal . .	551	180	75	27	833
Jammu & Kashmir .	10	..	..	..	10
Delhi . . .	126	73	28	33	260
Himachal Pradesh .	9	11	7	2	29
Manipur . . .	9	1	8	19	37
Tripura . . .	1	1	..	..	2
Pondicherry . . .	2	..	..	..	2
Defence . . .	22	2	..	14	38
Railways . . .	13	1	..	..	14
TOTAL	1,862	1,006	1,157	1,496	5,521

APPENDIX VII

Particulars of the Fellowships under Family Planning Programme offered by various organizations

Sl. No.	Subject	Name of Agency awarded fellowship	Duration	Number of fellowships	Amount of stipend	Remarks
1	2	3	4	5	6	7
1	Demography (in U.S.A.)	Population Council New York	12 months, but can be extended on the recommendations of the Govt. of India and Population Council authorities.	6	£5500 per annum including travelling grant.	The selection is done by the Demographic Advisory Committee.. Upto 1961, 4 fellowships were awarded each year and from 1962 onwards the number has been increased to 6 for the next three years.
2	Physiology of Reproduction (in U.S.A.)	Ditto	12 months	4	Ditto	The Selection is done by the Advisory Committee on Scientific Aspects of F.P. of the Indian Council of Medical Research.
3	Physiology of Reproduction (in U.S.A.)	Worcester Foundation	12 months	5	Ditto	Ditto.

1	2	3	4	5	6	7
4	Family Planning Communication Research (in U.S.A.)	Ford Foundation	12 months	According to the requirement (15 in 1962-63)	£5500 per annum including travelling grant.	The selection is done by the <i>ad-hoc</i> selection Committee of Ministry of Health.
5	Demography (in India) .	Govt. of India .	24 months	4	Rs. 250 P.M.	The selection is done by the Demographic Advisory Committee.
6	Demography (at Demographic Training and Research Centre, Bombay.)	Govt. of India .	36 months	4	Rs. 250 P.M.	The selection is done by Demographic Advisory Committee.
7	Communication Research (in India)	Ford Foundation	24 months	6	Rs. 250 P.M.	2 fellowships at Central F.P. Communication Motivation Research Centre. 2 fellowships at Demographic Training and Research Centre, Bombay. 1 fellowships at Indian Statistical Institute, Calcutta. 1 fellowship at All India Institute of Hygiene and Public Health, Calcutta.

APPENDIX VIII

Statewise Distribution of regular Family Planning Centres and the Centres distributing Contraceptives only started (upto May, 1962)

State	Rural	Urban	Total
Andhra Pradesh	548	71	619
Assam	177	19	196
Bihar	40	98	138
Maharashtra & Gujarat	259	122	381
Kerala	675	14	689
Madhya Pradesh	280	73	353
Madras	525	163	688
Mysore	188	102	290
Orissa	87	38	125
Punjab	92	97	189
Rajasthan	52	27	79
Uttar Pradesh	194	48	242
West Bengal	92	97	189
Jammu & Kashmir . . . . .	..	8	8
Delhi	4	57	61
Himachal Pradesh	29	19	48
Manipur . . . . .	..	2	2
Tripura . . . . .	..	1	1
Pondicherry . . . . .	..	1	1
TOTAL :	3,242	1,057	4,299

APPENDIX IX

List of Medical and Biological Research Schemes in Family Planning

Sl. No.	Name of the Officer-in-Charge	Name of the Enquiry	Date of starting of study
1	2	3	4
1	Dr. (Km.) A. D. Engineer, K. G. Medical College, Lucknow.	Field Studies on Foam tablets	September, 1958.
2	Dr. P. C. Das, Eden Hospital Medical College, Calcutta.	Follow up study of sterilization operation in Women.	
3	Dr. G. K. Tiagi, Medical College, Kanpur .	Investigations into the causes of the male infertility with special reference to testicular biopsy.	September, 1960.
4	Dr. B. K. Majviya, K. G. Medical College, Lucknow.	Analysis of human semen and animal semen and an attempt to alter the later 'IN SITU' to bring about sterility.	
5	Dr. J. C. Sachdev, Medical College, Jabalpur .	Qualitative and Quantitative studies on spermatogenesis and its variation during costrogen administration and experimentally induced lever damage.	1958-59.
6	Dr. B. K. Anand, All India Institute of Medical Sciences, New Delhi.	Enquiry on hypothalamic and endocrinal control of physiology of reproduction.	September, 1957.
7	Dr. A. Das, Lady Hardinge Medical College, New Delhi.	Follow up of sterilization cases in female to investigate possible after effects.	September, 1961.
8	Dr. S. B. Ankalesaria, B. J. Medical College, Ahmedabad.	Follow up of sterilization cases and to study the use of graefinbergs ring in Ahmedabad.	September, 1961.
9	Dr. B. Mukherjee, Central Drug Research Institute, Lucknow.	Pharmacological studies on meta-xylo-hydro-quinone	
10	Dr. (Km.) P. K. Malkani, All India Institute of Medical Sciences, New Delhi.	Studies in women with meta-xylo-hydro-quinone and concentration on changes produced in the andometrium.	

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|----|--|--|--------------------------------|
| 11 | Dr. (Km.) L. V. Phatak, Principal, Lady Hardinge Medical College, New Delhi. | Study of sterilization in human females and its evaluation by experimental Work on female rats. | April, 1962. |
| 12 | Dr. K. Chandra Menon, Kerala Veterinary College, Mannuthy, Trichur. | Studies on the control of fertility through substances added to diet. | April, 1961. |
| 13 | Dr. Shanta S. Rao, Indian Cancer Research Centre, Bombay. | Immunological investigation with gonadotrophic hormones. | |
| 14 | Dr. P. N. Shah, Indian Cancer Research Centre, Bombay. | Histological and histo-chemical studies on endometrium. | |
| 15 | Dr. V. R. Khanolkar, Indian Cancer Research Centre, Bombay. | (i) Field Studies on Foam Tablets
(ii) Field Trials of contraception
(iii) Laboratory testing of Chemical, Mechanical, Oral and External Contraceptive and Research on Physiology of Reproduction. | January, 1956 |
| 16 | Dr. P. M. N. Naidu, Director of Animal Husbandry, Hyderabad. | Investigations on the Minor constituents of bull-buffalo semen. | } New Schemes not yet started. |
| 17 | Dr. H. S. Chakravarty, Nilratan Sircar Medical College, Calcutta. | Studies on the mechanism of the action of the indigenous oral contraceptive drugs. | |
| 18 | Dr. L. D. Sanghvi, Indian Cancer Research Centre, Bombay. | Studies on twins and consanguinity. | |

Development of Oral Contraceptives in India from indigenous products.

- | | | | |
|----|---|---|------------|
| 19 | Dr. M. L. Gujral, K. G. Medical College, Lucknow | Study on spermicidal drugs on Oral contraceptives. | |
| 20 | Dr. S. N. Sanyal, Bacteriological Institute, Calcutta-6. | Research on oral contraceptive Metaxy-lo-hydroquinone | |
| 21 | Dr. B. P. Ghosh, Institute of Post Graduate and Medical Education Research, Calcutta. | Research on Oral Contraceptive Cirantin' | |
| 22 | Rural Health Training Centre, Najafgarh | Field studies on Foam Tablets | May, 1958. |

APPENDIX X

Syllabus for Training of Family Welfare Workers

DURATION OF COURSE—36 WEEKS

	Hours
<i>Theoretical</i>	360
Practical, clinical work, demonstration, tutorial and seminars	360
In-service training (including 150 hours in rural areas) and organisation of educational programme	360
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TOTAL	1,080
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Theoretical-Lectures

1. Anatomy	30
2. Physiology	30
3. Nutrition	20
4. First Aid and Bandaging	30
5. Ethics	10
6. Family Planning	70
7. Introduction to home visiting.	6
8. Art of interviewing	5
9. Book-keeping and records	6
10. Elementary Nursing, theory and practice	75
11. Pharmacology	8
12. Hygiene and Public Health	50
13. Child Health	10
14. Maternal Health	10
	<hr/>
TOTAL	360
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ANATOMY AND PHYSIOLOGY (60 hours)

What makes up the body, cells.

Tissues, epithelial, muscular, nervous, areolar, adipose, cartilages.

The cavities of the body and their contents.

The skeletal system.

General view of the skeletal framework and the body tissue.

Names and positions of bones.

Joints—Types and attachments.

Names of important joints of the body.

Muscular system.

Voluntary, involuntary and cardiac muscle tissue. (No. microscopic structure).

Names, position and action of the following muscles :

Deltoid, gluteal, respiratory, anterior abdominal wall, psoas, levator ani.

Nervous system.

The brain, names of four chief section of brains, spinal cord, their coverings, sensory, motor and autonomic nerves.

What are they?

Blood and circulation.

Blood—Composition and function.

Lymph—Lymph and tissue fluid.

Heart—Position and general structure.

Blood vessels—Arteries and veins.

Names of chief blood vessels.

Circulation of blood.

Pulmonary circulation.

Respiratory system.

Air passages—names of the parts.

Lungs—general idea.

Respiration and its relation to circulation.

Digestive system.

Alimentary canal and accessory organs.

Names, position and general idea of structure and function.

Muscular cavities in the Alimentary canal, general idea of the change brought about in the food by digestion (No chemical change).

Absorption and use of food in the body.

Waste products.

Exeretary system.

Bowels—Composition of faeces.

Urinary system.

Position, structure, function of kidneys, ureters, bladder and urethra.

Composition and formation of urine.

Skin—Structure and function.

Endocrines.

Position and function of pituitary, thyroid, parathyroid, supra-renal gland.

Internal secretions of pancreas, ovaris and testis, (Very elementary).

Reproductive system.

Position and structure of male and female reproductive organs.

Menstruation.

Semen—formation and composition.

Mammary gland and physiology of Lactation.

Special organs eye, ear and hearing. Taste and smell.

NUTRITION (20 Hours)

Classification of foods on the basis of their nutrient composition.

Carbohydrates—their sources, uses and value.

Proteins—their sources, uses and value.

Fats—their sources, uses and value.

Mineral salts in food, sources, values, ways of preserving.

Vitamins—sources, deficiency diseases, daily requirements.

Practical:—Preparation of diet for a child at different ages and ante-natal mother diet for the patients.

FIRST AID AND BANDAGING (30 HOURS)

Bandaging	First Aid.
Bandaging	First aid in cuts, bites and stings.
General principles	
Types and uses of bandages.	
The making of bandages.	
Bandages of the limbs.	First aid in fractures.
Fingers, hand, arm, foot and leg.	
Bandages of joints	First aid in sprains.
Knee, ankle, elbow.	
Bandages of the chest	First aid in haemorrhage.
Breast bandage.	
Spica of groin and shoulder.	
Abdominal binder	First aid in Poisons.
Triangular bandage and its uses.	
Triangular bandage (<i>contd.</i>)	Artificial respiration.
	First aid in burns.
Slings and splints	Moving ill patients on stretchers.
Bandages of head and neck.	First aid in shock.
Capeline. Twisted Bandage for the head.	
Bandages for the eye and ear.	First aid in foreign body in eye or ear.

ETHICS (10 Hours)

Team work methodology, and efficiency in clinic work, discipline and sharing of responsibilities, integrity, honesty and efficiency in work.

It is a training in the "ART AND SCIENCE OF WORKING WITH PEOPLE".

FAMILY PLANNING (70 Hours)

1. What is Family Planning?
2. Population—trend of population growth in different States in India.
3. Why family planning from national and individual point of view—Medical aspect.
4. Socio-Economic aspect of family planning.
5. Family Planning Movement in India (details of Family Planning Programme in 1st, 2nd and 3rd Plans).
6. Vital statistics in relation to family planning.
7. Physiology of menstruation.
8. Semen formation, composition and function.
9. Physiology of conception.
10. Techniques of conception control.
 - (i) Abstinence—possibility, limitations.
 - (ii) Safe period.
 - (iii) Coitus interruptus.
 - (iv) Diaphragm and jelly.
 - (v) Jelly with applicator.
 - (vi) Condom.
 - (vii) Foam tablets.
 - (viii) Oral contraceptive.
 - (ix) Combination of methods.
 Usefulness—irregular user—higher birth rate.
11. Case card filling—maintenance of accurate case histories, records and reports.
12. Techniques of interviewing and case recording.
13. Importance of follow-up visits—its functions and techniques.
14. Active cases—irregular cases, dropped cases—definition, causes, variation of birth rates.
15. Home visiting—aims—organization—record keeping.
16. Importance of Diary.

Submission of progress report, weekly, monthly, yearly.
17. Sterility—general information and where to refer such cases.
18. Eugenics—simple information in hereditary diseases—creating healthy and quality citizens.
19. Integration of family planning with other health, social and welfare services.
20. Social welfare and social response.

21. Abortion is not a method of family planning—its effects.
22. Vasectomy—indication—difference between vasectomy and castration—what is done actually, complication, follow-up of vasectomy.
(Vasectomy for lay people issued by D.G.H.S. may be consulted).
23. Salpingectomy—indication—what is done actually—which operation preferable.
24. Facilities for family planning services—for sterilization and spacing.
25. Educational methods—
 - Personal contact
 - Group discussion
 - Mass meeting
 - Seminar
 - Audio-visual aids
 - Khadigraph, flash cards, flip charts, slides, film strips, exhibitions, films
 - Orientation camps
 (All these should be discussed elaborately, a group of student should be given assignment on a particular item).

INTRODUCTION TO HOME VISITING (6 Hours)

- Qualities of a good family Welfare worker. Purpose of home visiting.
- How to plan for home visit.
- Essential things to be carried while doing the visits.
- Certain guides for home visitings.
- Evaluation of work done.

ART OF INTERVIEWING (5' hours)

- Aims of interviewing. The method of interviewing.
- Understanding human nature.
- Relationship between the interviewer and the one being interviewed.
- Attitude of the interviewer.
- Essential conditions of good interviewing.
- Selected interviews.

BOOK KEEPING AND RECORD WRITING (6 hours)

- Purpose of records and record keeping. Certain underlying principles.
- Types of records. Aids in recording. Study of individual and family records.
- Types of registers kept in a centre. Certain rules for recording each register.
- Reports. Daily reports. Monthly statistics. Yearly statistics.

ELEMENTARY NURSING THEORY AND PRACTICE (75 hours)

General care of the patient :

- (a) Lifting and turning.
- (b) Bathing, in bed, in bathroom.
- (c) Care of back, hands, feet, head, hair, mouth, teeth, bed making.
 - (a) General
 - (b) Improvisation in the home bed sores.

Filling and use of hot water bottles.
 Charting : Temperature, pulse, respiration.
 Measuring of lotions and simple drugs, weights and measures.
 Inhalations by steam kettle, inhaler oxygen apparatus.
 Enemas, cleansing and stimulant.
 Excreta. Preservation of specimens.
 Requirements, for simple dressings.
 Care and sterilization of catheters.
 Mending and care of rubber gloves.
 Preparing and serving meals.
 Feeding helpless patients and children.
 Irrigation of eyes.
 Technical terms and abbreviations in common use.
 Injections; Hypodermic and intramuscular.

Invalid Cookry

Method of cooking.
 Milk preparations; whey; milk jelly; milk food; gruel; arrow-root.
 Egg preparations; albumen water; eggflip, custard; omlette, poached egg;
 scrambled egg.
 Meat preparations; mutton broth; bone and vegetable broth; liver soup.
 Various; Barley water, Lemonade.

PHARMACOLOGY (8 hours)

1. What is drug ?
2. Dosage of drugs—its variation—in age, sex, weight, temperament etc.
3. Routes of administration of drugs.
4. Methods of administration of drugs, reading label, shaking etc.
5. Poisonous drugs.

HYGIENE AND PUBLIC HEALTH (50 hours)

How disease is caused
 Cleanliness essential to health.
 A clean place to live.
 Fresh air and ventilation.
 Safe water supply.
 Protection of wells.
 Chlorination.
 Personal cleanliness.
 Care of the hair, care of the nails.
 Posture and body mechanics.
 Rest and recreation.
 Exercise.
 Clothing.
 Health habits, Healthy attitudes.

Food and health.
 Cleanliness of food.
 How to avoid diseases.
 Food-borne diseases.
 Protection of food.
 Regularity and hygiene of elimination.
 Air-borne diseases and how to avoid them.
 Disposal of refuse in household and community.
 Drainage ; soakage-pits.
 Latrines—House hold and community.
 Sanitation of cowsheds.
 The hygiene of menstruation.
 Malaria—Plague.
 Worm diseases and how to avoid them.
 Control of flies and other insects.
 Small-pox, chicken pox, cholera, diphtheria.
 Mental Health.
 Tetanus and how to avoid it.

CHILD HEALTH (10 hours)

The care of the new born, its mental, social and physical development.

Care of the infant, requirements of the growing child, capacity of the stomach.

Feeding :

Breast feeding. Contra-indication of breast feeding. Composition of breast milk and cows milk,. Humanisation of cows milk. Preparation of feeds and calculation of feeds for infants of different ages. Supplement in artificial feeding.

Introduction of solids, weaning, diet at one year.

MATERNAL HEALTH (10 hours)

Signs and symptoms of pregnancy, Objects of ante-natal care.

Advice regarding environmental hygiene, diet, care of health, clothing, rest, exercise, bowels, care of the breast, general advice to the expectant mother.

APPENDIX XI

List of Family Planning Training Centres

(As in May, 1962)

FAMILY PLANNING TRAINING CENTRES		Number of annual admission.
1.	Family Planning Training and Research Centre, Parakh Hospital Building, Sardar V. Patel Road, Bombay-4.	150
2.	Family Planning Training Centre, Central Health Education Bureau, Temple Lane, Kotla Road, New Delhi.	120
3.	Family Planning Training Demonstration and Experimental Centre, Ramanagaram (Distt. Bangalore)	70
4.	Regional Family Planning Training Centre, Government Maternity Hospital, Hyderabad (Andhra).	100
5.	Regional Family Planning Training Centre, C/o Deputy Director of Public Health Services, Poona.	100
6.	Regional Family Planning Training Centre, C/o Deputy Director, Public Health Services, Nagpur (Maharashtra)	100
7.	Regional Family Planning Training Centre, S.A.T. Hospital, Medical College, Ulloor, Trivandrum.	100
8.	Regional Family Planning Training Centre, S.C.B. Medical College, Cuttack.	100
9.	Regional Family Planning Training Centre, Medical College, Amritsar.	100
10.	Family Planning Training Centre, Lucknow, Uttar Pradesh	100
11.	Regional Family Planning Training Centre, Bangalore, Bangalore.	100
12.	Regional Family Planning Training Centre, Kolsawala Bungalow, Junction Plot, Rajkot (Gujarat)	100
13.	Regional Family Planning Training Centre, Shillong (Assam)	100
14.	Regional Family Planning Training Centre, C/o Deputy Director, Public Health Services, Ahmedabad (Gujarat)	100
15.	Family Planning Training Institute, Govt. Hospital for Women & Children, Madras	100
16.	Regional Family Planning Training Centre, Medical College, Patiala.	100
17.	Regional Family Planning Training Centre, C/o Family Planning Officer, Directorate of Health Services, Writers' Building, Calcutta	100
18.	Regional Family Planning Training Centre, Govt. General Hospital Guntur, Andhra Pradesh	100
19.	Family Welfare Workers Training Centre, Kamla Nehru Memorial Hospital, Allahabad	50
20.	Family Welfare Workers, Training Centre, Andhra Mahila Sabha Nursing Home and Free Dispensary, Adyar, Madras-28	50
21.	Family Welfare Workers Training Centre, Matru Sewa Sangh, Sitabuldi Maternity Home, Ambazari Road, Nagpur	50
TOTAL		1,990

APPENDIX XII

Syllabus for two months Training in Family Planning for Medical Personnel, Medical Auxiliaries and Para-Medical Personnel

FUNCTIONS OF A FAMILY PLANNING TRAINING CENTRE

- I. To provide a high standard of training in family planning for Doctors, Nurses, Health Visitors, Social Workers etc. ;
- II. To establish a Model Family Planning Centre with fully developed modern family planning services such as :—
 - (a) Birth Control.
 - (b) Field work in urban, rural and industrial areas.
 - (c) Laboratory investigation pertaining only to meet the needs of Family Planning services.
 - (d) Sex education.
 - (e) Sterility and sub fertility.
 - (f) Marriage counselling and guidance.
- III. To undertake field studies which provide such field material as is required for training purposes and
- IV. To impart upto date knowledge in the field of family planning and to arrange refresher courses to offer similar opportunity to the instructors of the training centres.

Duration of full-term training course	Two months.
Total No. of working hours'	294 hours.
Class Room Lectures	90 hours.
Clinical work	40 hours.
Field work	70 hours.
Institutional visits	80 hours.
Seminars/discussions	14 hours.

SUGGESTED SYLLABUS FOR TWO MONTHS TRAINING IN FAMILY PLANNING

Subject	No. of Hours.
1. Family Planning General (For whole group) :	
(a) History of the Family Planning Movement :	
(i) Through the ages all over	} Two hours.
(ii) In India	
(b) World Population and resources	One hour.
(c) Trends of population Growth in India	One hour.
(d) Population problem in India (food, employment, Income—National and per capita)	One hour.
(e) Medical and biological aspects of family	One hour.
(f) Family life education	One hour.
(g) Cultural Pattern and motivation	One hour.
(h) Review of research in demography communication, Medical & Biological aspects	Two hours.

Subject	No. of Hours.
2. Administration & Management of Family Planning Services (Whole group)	
I. (a) Progress in 1st and 2nd Five Year Plans	
(b) Programme for 3rd Five Year Plan	
(c) Family Planning in India :	
(i) At Centre level	} One hour.
(ii) At State level	
(iii) Local Body	
(iv) Voluntary Body	
II. Family Planning Services in a locality (Whole Group)	
(a) Object, service at	
(i) Clinic	} One hour.
(ii) Home and	
(iii) Locality	
(b) Building.—Area and population to be covered by a Clinic	One hour.
(c) Staff.—Number of staff needed and qualifications of staff—Discipline and duties of different staff	One hour.
(d) Maintenance of records	One hour.
(e) Voluntary Workers	One hour.
(f) Relationship with other individuals and bodies	One hour.
(i) Private practitioner.	
(ii) Institution.	
(iii) Other Social agencies.	
(g) Contraceptives & Equipment Supplies	One hour
(i) Ordinary supplies	
(ii) Replacement of equipment.	
(iii) Checking of stock and equipment.	
(h) Other activities (Local Welfare Groups, Women and Child Welfare)	One hour.
(i) Report	One hour.
III. Family Planning (Technical)	
(a) Contraceptive Technique	Four hours.
(i) Through ages.	
(ii) Who needs contraceptives ?	
(iii) What is an ideal contraceptive ?	
(iv) Classification of method : Female method/Male Method.	
(b) Oral Contraceptives	One hour.
(c) Rhythm method	One hour.
(d) Sterilization in male	} One hour.
(e) Sterilization in female	

Subject	No. of hours.
3. Mainly for doctors :	
(a) Biological aspects of fertility control	One hour.
(b) Sterility	Two hours.
(c) Artificial insemination	One hour.
(d) Gynaecological Examination	One hour.
(e) Minor—Gynae complaints in F.P. Clinics	One hour.
(f) Study of Cervical mucus	One hour.
(g) Study of semen	One hour.
(h) Biochemistry of semen	One hour.
(i) Recent advances in fertility	
(j) Recent advances in physiology of reproductive control	
(k) Technique of contraceptives	{ (For all) Four hours,
(l) Sterilization (Male & Female)	
4. Mainly for Social Workers :	
(a) Anatomy of Reproductive System	{ One hour.
(b) Physiology of Reproductive system	{ One hour.
(c) Sterility form in male and female	{ One hour.
5. Public Health in Family Planning (For all other than doctors) :	
(a) Present concepts in public health administration leading to positive health programme in a community.	One hour.
(b) Public Health Admn. in Family Planning	One hour.
(c) Integration or Family Planning in Medical and health services (For all)	One hour.
(d) Personal Hygiene	One hour.
(e) Venereal diseases	One hour.
(f) Communicable diseases	One hour.
6. Sex-Marriage and Psychology of Family Planning (For all) :	
(a) Marriage and Family Living	One hour.
(b) Psychology and Physiology of sexual relations	One hour.
(c) Merital conflicts—with special reference to sexual adjustments and problems in marriage	One hour.
(d) Psycho-somatic disorders with special references to sex, marriage and Family life	One hour.
(e) Sex education and sex problems of adolescent	One hour.
(f) Psychological Aspects of Family Planning	One hour.
(g) Psychological Aspects of Family Planning with special reference to social and psychological aspects and sterilization	One hour.
7. Maternal and Child Health (For all except Doctors) :	
(a) Psycho-social development of the child from birth to adolescence	Three hours.
(b) Importance of preventive pediatrics in F. P.	One hour.

Subject	No. of Hours.
(c) Importance of care of the pregnant and nursing mothers	One hour.
(d) Family Planning as in integrated service in M.C.H. (For all)	One hour.
8. Statistics (For all) :	
(a) Fertility and mortality rates.	One hour.
(b) Collection of Statistical material	One hour.
(c) Presentation of scientific material	Two hours.
9. Social Welfare and Family Planning :	
(a) What is Social Work ?	
Fundamental Concept of Social Work	(For all except Social Workers) One hour.
(b) Social Work Techniques and Family Planning (For all)	One hour.
(c) Organizing Family Planning through existing Social Welfare Agencies in Rural and Urban Communities	One hour.
(d) Social Welfare and Social Reform	One hour.
(e) Public Relations	One hour.
(f) Community Organization	One hour.
(g) Team Concept	One hour.
(h) Education of urban and rural communities	One hour.
10. Family Planning Education (For all) :	
(a) Introduction of health education and health education opportunities	One hour.
(b) Utilization of those opportunities for individual and group work	One hour.
(c) Methods and Techniques of health education	One hour.
(d) Learning, teaching and communications	One hour.
(e) Educational material that can be used into educational opportunities already out-lines their preparation, procurement and use.	One hour.
(f) Social and cultural functions in family planning	One hour.
(g) Social structure in rural and urban areas	One hour.
(h) Guides for planning, group discussion/camps	One hour.
(i) Assignments to the students	
(i) Assignments to the students :	
Presentation of assignment and the students' evaluation of the training	Two Years.
11. Field Work and Records (For all) :	
(a) Lecture on Field Work	One hour.
(b) Principles of interviewing	Two hours.
(c) Case work	One Hour.
(d) Case load	One hour.
(e) Case-card filling	One hour.

12. *M.C.H. & Family Planning Clinics of C.H.S. & M.C.*

- | | |
|--|------------------|
| (a) Set up of the Clinic | } Seven
Days. |
| (b) Activity of the Clinic | |
| (c) Demonstration of the contraceptive methods | |
| (d) For the doctors, prescribing the method | |

13. *Seminar.*—The Seminar occupies an important place in the teaching programme of the Centre. It is, here that the student's independent reasearch project is developed :

- | | |
|--|----------------|
| (a) Reading assignments | } Two
Days. |
| (b) Dissertations | |
| (c) Reading assignments of special study | |
| (d) Their own obligations to be written up & discussed { | |

14. *Practical work in field :*

- | | |
|--|-------------|
| (a) Interviewing the people (New contacts) | } 70 hours. |
| (b) Follow up of accepted and drop out cases | |
| (c) Special studies designed from time to time | |

15. *Examinations :*

- | | |
|--------------------------------|-------------|
| (a) Written | } Two days. |
| (b) <i>Viva-Voce</i> | |

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