



REPORT
OF THE
SPECIAL COMMITTEE
APPOINTED TO REVIEW
STAFFING PATTERN AND
FINANCIAL PROVISION UNDER
THE FAMILY PLANNING
PROGRAMME
1966

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MINISTRY OF HEALTH & FAMILY PLANNING
GOVERNMENT OF INDIA



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COMPOSITION OF THE SPECIAL COMMITTEE

Chairman

Shri B. Mukherjee,
Secretary, Ministry of Health & Family Planning
Government of India.

Members

Secretary, Department of Health,
West Bengal, Calcutta.

Secretary, Department of Health,
Maharashtra.

Secretary, Department of Health,
Mysore.

Member-Secretary

Commissioner, Family Planning.

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SECTION I

INTRODUCTION

1.1 In the first meeting of the Central Family Planning Council held at Madras on the 31st December, 1965, it was resolved that a Committee be formed of the following officers:—

1. Secretary, Ministry of Health & Family Planning, Government of India.
2. Secretary, Department of Health, West Bengal-Calcutta.
3. Secretary, Department of Health, Maharashtra.
4. Secretary, Department of Health, Mysore.
5. Commissioner, Family Planning as Member-Secretary.

“to review what additions and changes are necessary as a result of the greatly altered situation due to the I.U.C.D. having come in the forefront of the programme, in the staffing pattern, financial provisions etc.” The need for such a review had become quite apparent. The 1963 reorganised scheme, while it did rightly emphasise the need to make the programme to the masses, had been approved before the I.U.C.D. programme was adopted for large scale implementation. It provided principally for the free flow of supplies and community education and was based mainly on the use of condoms and on male sterilization. In fact however, because a vast network of distribution centres needed for producing a real impact on the problem through the use of condoms was not organised and because on account of foreign exchange difficulties condoms have been in short supply, so much so that the scheme for their central purchasing and distribution through the Medical Stores Depots introduced in May, 1965 could not be implemented even till today, the main reliance came to be placed on sterilization. Although spectacular results have been achieved in sterilization in a few States where a great deal of enthusiasm for this programme was generated, there can be little doubt that by relying only on this method, the Family Planning Programme could never be made a mass movement which in some ways underlay the

philosophy of the 1963 reorganised scheme. It is Principally because of the I.U.C.D. method becoming available that a mass programme has become feasible on account of this method's very great clinical and administrative advantages over sterilization. These advantages have now been well established and have become well known and well accepted. With the possibility thus opened up of developing the Family Planning Programme on a national scale by using all the three principal methods, namely, I.U.C.D., Sterilization and use of condoms, but placing particular emphasis on the first, a realistic assessment has become necessary of the true dimensions that the programme has to acquire and is capable now of acquiring. Without question, the programme has to acquire very large dimensions. Even the figures that constitute the tentative all India targets of the three methods. That have to be reached, spread over a period of 10 years, in order that the birth rate may be brought down from the present 41 per thousand to 25, will show how big the task is. There is every likelihood that the actual task may turn out to be even bigger than these target figures indicate, if account is taken of facts, such as, that our vital statistics are defective; that we do not yet know what would be the rate of expulsions and removals of I.U.C.D. over a period of time which is certainly likely to be more than what it is at present when our experience is limited to only a few months; that the task of follow-up on the I.U.C.D. programme would get bigger and more difficult as this programme progresses and gains momentum; that much that needs to be known for an effective programme is not yet known as much of the current Planning is being done on the basis of inadequate knowledge, that much of our success so far has been with easier groups of people and in the more advanced areas of the country. It should not be necessary to elaborate these points.

1.2 In the view of the Committee, the following are the principal ways in which the coming in of the I.U.C.D. programme principally affects the situation and the strategy of the family planning programme:—

- (i) target-oriented programming, fixing the targets both for different areas of operation and periods of time, now not only becomes possible but must be

given considerable importance if the ultimate objective of reducing the birth rate of 25 per thousand of population within the stipulated period is to be achieved. The targets should be fixed in terms of results that will directly affect the birth rate. And related to the targets should be the plan for provision of money, staff, equipment supplies etc. which will achieve the targets. In her address in the first meeting of the Central Family Planning Council at Madras, the Union Health Minister had stated that a stage had been reached when we must have targets for different aspects of the programme, for each State, for each district, for each city and for each block. While planning targets, it was necessary to plan and organise all the steps necessary to reach the targets. Targets should be reviewed at least once in two months and if there are any shortfalls reasons for the lag should be ascertained and rectified without delay. This requires that considerable emphasis be now placed on planning, organisation, administration, supervision and evaluation on the basis of assessment of results through a good and sound system of reporting. This process has to be organised at all levels of implementation, from the State Headquarters down to the block. In order that this requirement should be fulfilled, organisational strengthening becomes a necessity.

- (ii) There is need for considerable strengthening of the educational and publicity effort. While the effect at creating public awareness of the concept of family limitation has to be continued and even intensified much greater effort has to be made to spread the knowledge concerning birth control methods.
- (iii) There is now much greater need for providing the supplies and services almost simultaneously with the motivation. The need for this has already been recognised in the instructions given some time ago that orientation camps should be, as far as possible, accompanied by service camps. This requires that, on the one hand, all difficulties that may come in the way of motivation of eligible couples for accepting

the family planning methods of their choice be removed and, on the other, that much larger resources of manpower of the requisite kind be drafted in the service of the programme and all difficulties that there may be in their working with maximum enthusiasm and efficiency be removed. Fortunately, with the I.U.C.D. method it is possible to develop easily and effectively the facilities for rendering this advise of service in all medical institutions, Government or private, medical colleges, M.C.H. Centres, post-partum clinic, well-baby clinic etc. It is important that all such resources should be fully utilised.

- (iv) In order to make the programme a truly mass movement as it has to become, it has to be supported by voluntary agencies and local leadership to a much larger extent than has hitherto been necessary; and their assistance can be taken in a variety of ways as will be mentioned later.

1.3 Arising from the above requirements, the Committee dealt with the following main fields :—

- (i) Organisation.
- (ii) Finance.
- (iii) Resources of manpower.
- (iv) Role of voluntary agencies.
- (v) Training of personnel.

The sections that follow are arranged under these topics.

1.4 The Committee had three meetings of two days each, one in Calcutta and two in Delhi. The conclusions reached by the Committee are based not only on the experience of the members constituting the Committee and the discussions amongst themselves but equally on consultations with an participation in the meetings of representatives from other States too, who were specially invited to the meetings. A list of the invitees who attended the meetings is appended (Annexure A). Suggestions had also been invited from all

the State Governments and such of the suggestions as came within the scope of the work of the Committee were considered by the Committee and most of them were also discussed with the representatives of the State Governments who attended the meetings. A statement containing a summary of these suggestions is also appended to the report. (Annexure B). The Chairman of the Committee and the Commissioner, Family Planning, had had the advantage of visiting the States of Mysore, Madras, Andhra Pradesh, Maharashtra, Uttar Pradesh, Madhya Pradesh and Gujarat where they had studied in detail the programme being implemented by these State Governments and discussed its problems in detail with the officials and non-officials like Honorary District Education Leaders, Members of the State Family Planning Board, etc. The Committee also referred to the Evaluation Report of the World Bank (Bell Mission Report), the U. N. Evaluation Report and the Report of the Family Planning Programme and Evaluation Committee and found that many of the conclusions reached by the Committee also find corroboration in these other reports.

1.5 The Committee wish to place on record their sincere thanks to all the invitees who responded to the Committee's invitation and extended considerable assistance to them in their studies. The Committee also wish to record their appreciation of the valuable spade work of collecting material, preparing statements and making available previous referenes which was done by Dr. H Banerjee and which greatly facilitated the task of the Committee.

SECTION II

ORGANISATION

2.1 As has been mentioned in the previous section, the coming in of the IUCD programme makes a mass programme feasible and also emphasises the importance and urgency of building up the requisite instrumental capacity to undertake such a programme. It focuses attention on the need for building up a strong administrative machinery from the Central down to the block level which will be able to systematically plan the implementation of the programme on the basis of scientifically worked out targets and to provide the necessary drive, supervision and guidance for the efficient and speedy implementation of the programme. This will require not only that the organisation at different levels is of requisite size and competence, but also that it is well composed and well-manned and the method and techniques of work are improved, procedures are streamlined and everything needed is done to create leadership at all levels so that decision making takes place in a decentralised manner and initiative is exercised at as many points as possible. The training of all the personnel acquires added importance. By and large, these requirements at present are not fulfilled. The preparation of detailed integrated State Plans taking care of all the components that must go to form such a plan, *e. g.* of education and motivation, of building up of the organisation, of recruitment and training of personnel, financial provisions, fixation of targets scientifically and their distribution regionally as well as by time schedule, the development of a good reporting system and for the scrutiny of the reports and the timely application of correctives, of the follow-up work, particularly of IUCD cases etc., is either largely absent or far from being perfect in the different States. The State Plans have to be broken up into district Plans and even Block Plans and not only should these plans show what has to be achieved during any period of time but should also show in considerable details what have to be done to achieve the objectives and targets

in view. In other words; there should be detailed planning for the implementation of the Plan of achievement, which is hardly being done in the States today. Tasks are being undertaken in an *ad hoc* manner. In the planning process, little relationship is being established between the goals designed to be achieved and the effort planned to be put in for their achievement. The District, and more so the Block Plan, will have to be kept under constant review and modified from time to time according to changing requirements and circumstances. The task of detailed planning at the district level will assume another dimension. A great deal remains to be done in the field of training. A very pointed reference has been made by the World Bank Mission in their report to the gap that exists and has to be filled up in the field of training. More has been said on this subject in a later part of the report. That the instrumental capacity has to be sufficiently strengthened and enlarged and at all levels of implementation of the programme has been finding of all the Evaluation teams. They only corroborate the experience of the members of the Committee and of other officers in the States where any serious effort at implementing a sizeable programme has been made.

2.2 The Committee are convinced that for some of the reasons mentioned in the earlier section, it would be wise for us to plan for a much bigger effort than even the laid down targets would seem to require. The very promising results in terms of members achieved in some parts of the country within the first few months of taking up the IUCD programme are not sufficient indication that the organisational strength provided for under the 1963 reorganised programme is capable of achieving the very big targets that have to be achieved to bring down the birth rate to the desired extent in the short period of 10 years. In a programme of this nature seeking to bring about change in traditional beliefs of mostly illiterate people, by appeal to reason, the success achieved in the initial stages, when only small groups and generally the easier ones are tackled, is not enough guarantee that the programme can be given the necessary momentum in the coming years without substantially strengthening the implementing agencies. It would be pertinent to quote here from the report of the World Bank Mission as follows:—

“The numbers relating to various methods are impressive but the base population is so large that massive

numbers of effective users are required if there is to be any measurable effect on the overall birth rate".

It would be natural to expect that many among those who readily accept a family planning method would not use it persistently and effectively. In the coming years more difficult areas and more resistant groups will have to be tackled and more effort would be needed. Further, we will soon have to become more selective than is the case at present in approaching couples for motivating them to adopt the kind of family planning method which will produce the maximum results in terms of reducing births in the shortest period of time. This again will make the task harder and the increase in the number of users of the different methods slower. There is already indication coming from some parts of the country that the rate of increase in IUCD insertions of the early months tending to slow down.

2.3 Our educational and publicity effort needs to be considerably strengthened, as has already been mentioned in the previous Section. We have to use the various forms of mass media more extensively and effectively and in a much more sustained manner than hitherto, supplemented by the use of special media which is most suitable for different areas and regions and groups of people. Use could be made with advantage of normal commercial channels of distribution of contraceptives for purposes of educational and propaganda work as these agencies will be interested in doing their own promotional work as a part of salesmanship. The use of local leadership on the largest scale possible and going down upto the village level is essential for the success of the programme. The role of voluntary agencies has been considered in a later Section.

Strengthening the State Head quarters Organisation.

2.4 Keeping the above consideration and requirements in view, the Committee examined in detail the administrative set up at different levels provided under the 1963 reorganised scheme and give their recommendations below.

2.5 The 1963 reorganised scheme did not provide for any staff for Family Planning for the State Secretariat. All proposals from the State Health Directorate have to be processed by the Secretariat and necessary sanctions given or orders issued. Even with the maximum delegation of powers to the Health Directorate, and this would be a desirable thing to do, there will still be considerable volume of work for the Secretariat, and this work has to be attended to with efficiency and speed if the operation of the programme is not to be hampered. All correspondence with the Central Government will have to be done by the State Health Department. With the increase in the tempo of work in those of the States which have been implementing the programme in a bigger way than others, the work of the Secretariat has already become so heavy that it is no longer possible to deal with it expeditiously without some strengthening of the state Health Department.

2.6 Considering the financial position of the State Governments and their inability to enlarge their responsibility and the fact that the family planning programme is a Centrally sponsored one for which the bulk of the finances are being found by the Central Government, the Committee recommend that the additional staff needed for strengthening the Health Departments of each State should be sanctioned by the Central Government and its cost shared on the same basis as for other similar staff, as a part of the overall scheme. The Committee recommend that there should be a separate cell in the State Secretariat for dealing exclusively with the Family Planning programme. This cell should be headed by an Under Secretary/Assistant Secretary with a small supporting staff so that all proposals relating to the family planning programme can be processed quickly and put up to the appropriate authorities for expeditious decision. The Committee recommend that this cell should have the following staff.—

Proposed staff for Health Department (Secretariat)

| | | |
|----------------------------------|-----------|---|
| Under Secretary/Asstt. Secretary | | 1 |
| U.D. Assistant | | 1 |
| Steno-typist | | 1 |
| Orderly Peon | | 1 |

With this staff, a beginning can be made but it may become necessary before long to further strengthen it if from experience it is found that on the programme gaining more momentum, the increased volume of work that will have to be handled in the State Health Departments (Secretariat) would need more staff.

2.7 The Committee also recommend that a strong executive agency should be created in the Health Directorate of each State Government to deal exclusively with the Family Planning Programme. This agency should have the full support of the various Branches of the Directorate whose support is necessary for the implementation of the family planning programme. This agency should be headed by an officer of adequate status. In the opinion of the Committee, the status of this officer should not be below that of a joint Director of Health Services, otherwise he will not be able to discharge his responsibilities properly nor pull sufficient weight with the other Branches of the Health Directorate. There may be exceptions to this rule when an individual Deputy Director of Health Services, because of his special suitability and experience or, for other similar reasons, may be preferred to a Joint Director, but these can be only exceptions. If the status of the officer is not adequate it would not be possible to delegate to him adequate powers necessary to facilitate the operation of the programme. As has been said earlier, the family planning programme does require that it should function largely in a decentralised manner with delegation of powers to the implementing agency all down the line so that decision making can take place and initiative exercised at all levels of implementation. Though in a State the Director of Health Services/ Director of Public Health will be in overall charge of the programme, the officer actually in charge of the State Bureau should have the authority to correspond directly with the Commissioner, Family Planning. The Director of Health Services should confine himself to major matters and should not be burdened with routine matters otherwise there is bound to be delay in taking decisions and other officers will not take initiative and responsibility. The Director should help the Joint Director (F.P.), to secure the cooperation and help of the other officers of the Directorate and should give him guidance and only to the extent that is necessary for pur-

poses of discharging these functions, that the Director should keep himself informed of what is happening in the family planning programme.

2.8 The Committee would wish to emphasise that the State Family Planning Bureau as the State Headquarters Organisation responsible for the implementation of the programme has to be regarded more as an administrative agency, than one providing the clinical services and should be structured and staffed accordingly. Administration in this context would involve the processes of planning, operation, supervision and evaluation. It will not have the responsibility of actually providing the services such as sterilization, IUCD insertions etc. It may continue to be called the State Family Planning Bureau, but the concept of providing the clinical services and of information and advice often associated with a bureau should not be allowed to come to the forefront but instead that of an administrative headquarters. The State Family Planning Bureau should have two major Divisions, namely, Administrative and operational. The set-up which the Committee recommended is shown in Annexure 'C'.

2.9 The Administrative Division should be headed by an Administrative Officer not below the rank of a senior Deputy Collector of the Provincial Civil Service. This Divisions should attend to all administrative work including budget and should have a small unit which will deal with grants to voluntary organisations. In a later Section dealing with voluntary agencies, we are recommending a certain scheme of delegation of powers to sanction grants to voluntary agencies which will give considerably more work to the State Governments than at present. An Upper Division Assistant should be sanctioned for this cell. The Administrative Section should have a Stores section under a Stores Officer which will be concerned with supply of all types of contraceptives, training materials, charts, hospital equipments for IUCD, sterilization etc. It will organise a proper system of distribution, indenting etc. which will ensure that supplies are always available and in adequate quantities at all points of consumption. This work is very important, will grow in size and complexity and will have to be attended to with efficiency and promptness if the progress of the programme is not to be affected when it begins to gain momentum.

2.10 The Operational Division should be headed by an Assistant Director of Health services and will be divided into two sections—one to deal with education and information and the other to look after planning, field operation, evaluation and training. The education and information section will be headed by a Health Education Officer who will be responsible for the educational and publicity campaign in the State. We are suggesting a change in the designation of this Officer from the existing designation 'Health Educator, because we consider it necessary that this officer should function not merely as a Health Educator and in that capacity supervise the work of the District Extension Educators (we have suggested a change in the designation of this officer also as well as amplification of his functions) but also as the Publicity Chief for the programme. We have already mentioned that considerable intensification of the educational and publicity effort is needed. The work of the Health Education Officer, no doubt, will have to be supplemented by the work of the State Publicity/Public Relations/ Information Department, but it will be the responsibility of the Health Education Officer to ensure that for the Family Planning Programme, intensive and sustained publicity and educational programmes are kept going in the whole State.

2.11 In view of the predominant role which the IUCD programme will play in the total programme and the multiplicity of tasks and problems that would have to be attended to in respect of this programme, such as of training doctors in IUCD, getting the services of private doctors, arranging the camps and the programmes of the mobile teams (described fully later), arranging supplies, organising the follow-up work etc., the Committee recommend that another doctor should be appointed in the State Family Planning Bureau exclusively for the IUCD programme and a small cell be created for this with an U.D. Assistant.

2.12 The Filed Operations Division will have to provide the drive, guidance and help for the operation of the programme in the districts. The officers of this Division will have to keep in constant touch with the programme in the field, review the situation from time to time, identify problems and help in providing solutions. It is through this Division that

there should be the kind of constant contact between the State Organisation and the District Organisation that is needed for the successful implementation of the programme. It is very likely that as the programme gains momentum and its magnitude and complexities and the arising problems are more fully realised this Division will need to be further strengthened from what we have suggested in Annexure C. We have already said that training will need special attention. There is already a big gap that has to be filled. The statistical work that will be done in this Division will relate to current statistics needed for purposes of assessing progress from time to time. The more long term studies based on statistics should be undertaken in the State's Statistical Bureau which by so doing will give necessary support to the work of the State Family Planning Bureau. Similarly, the State Health Education Bureau will help in family planning education. These two bureaux will need to be suitably strengthened. Each State should work but its proposals for such strengthening and the Committee recommend that the cost that will be incurred may be met by the Central Government as a part of the family planning programme.

Strengthening of the District Family Planning Bureau

2.13 The Committee examined in very great detail the requirements of staff at the District level with reference to the nature and load of work that will have to be performed at this level. The district continues to remain the most important unit of administration. The District has also to be the unit for the preparation of detailed operational plans and much of the responsibility for the implementation of the Family Planning Programme will also have to be discharged at the District level. The bulk of the work will be administrative and organisational, involving planning, supervision, evaluation, application of correctives etc. Problems relating to these will predominate and not clinical problems. The Committee recommend that the District Family Planning Bureau should be organised and manned in the manner shown in Annexure D. The existing pattern has also been indicated in the annexure for purposes of comparison. It will be seen that the District Family Planning Bureau will have three Divisions Administration Division, Education and Information Division and

Field Operation and Evaluation Division. The administration Division will be in charge of an Administrative Officer of the rank of Sub-Deputy Collector Tehsildar/of the State Civil Service, and should look after general administration, stores and accounts. We have suggested the strengthening of the Accounts Section, to consist of one Accountant, one Assistant Accountant and Cashier because the work of account keeping will considerably increase as a result of some of the recommendations made by us later in the report in regard to payment of incentives, grants to voluntary agencies etc. In a fast moving, diverse and financially well supported programme of the nature of the Family Planning Programme, proper budgeting, accountkeeping and control over expenditure should be given importance. The Education and Information Division should be headed by the Health Education and Information Officer and the Field Operation and Evaluation Division by a Statistical Investigator. The Head of the Bureau would be the District Family Planning Officer who should be a Class I Medical Officer. The work of the Education and Information Division will extend over both the field of education extension as well as general publicity for the programme. Field operations and Evaluation Division will look after the field operation of the programme and its current evaluation. The mode of working of the District Bureau should be the same as of the State Bureau. The District Family Planning Officer will be wholly responsible for the programme and should have the authority to correspond directly with the officers at the State Head-quarters.

2.14 To each District Family Planning Bureau should be attached a mobile sterilization unit and a mobile education and publicity unit. The set-up of the mobile sterilization unit is also shown in Annexure D. There would also be attached to the District Family Planning Bureau mobile units for IUCD according to the population of each district, providing one unit for 5 to 7.5 lakhs of population, depending on the terrain and density of population of the district. The Committee wish to emphasise that much more work with the same manpower resources-and this will admittedly continue to remain limited for quite some time--will be done with mobile units for IUCD than would be possible from static centres. Moreover, even in the best of circumstances the coverage of the Primary

Health Centres, so far as rendering of actual I.U.C.D. service is concerned, will extend to only a few miles round the centre and there are bound to remain big pockets in every district which cannot be served by the Primary Health Centre. The role of the sub-centres will only be educational and motivational; there will be no agency at the sub-centre for actually rendering the clinical services and even its role of guiding the persons motivated to go and get service from the Primary Health Centre, will be achieved only to a very limited extent. For quite some time to come it will be difficult for most States to fully man all their P.H. Os. and sub-centres. It should be possible for the I.U.C.D. campaign to forgo ahead of the P.H.C. programme and not depend over much on the latter. The World Bank Mission have also recommended this. It is for these reasons that the Committee strongly recommended the use of mobile I.U.C.D. units to the maximum extent possible, which, of course, will depend on availability of staff, vehicles, equipment etc. Admittedly, the units can be organised only gradually; but that emphasis on the organisation of such units to the largest extent possible and as quickly as possible should continue to be placed, is what the Committee would strongly recommend.

2.15 The Committee have considered the question of attaching the mobile units to the Primary Health Centre as an alternative to their being attached to the District Bureau and are of the view that attachment to the latter would give considerable operational advantages as well as ensure that the units would be put to more fruitful use in a planned manner. It is the Committee's suggestion that for each mobile unit a detailed programme, for one or two months at a time, should be prepared by the District Bureau, sufficiently in advance and circulated to all the workers concerned at the Sub-centres, to village leaders and voluntar organisations, who may be brought into the programme, so that all the promotional work would have been done in advance of the arrival of the unit at any centre. When the unit does arrive at a centre in accordance with programme all the preparations would have been made and it will be able to accomplish the maximum amount of work during its short stay if one or two days at each centre. After completing the work in one centre, the unit will move to the next centre according to schedule, thus

completing the whole programme within the stipulated period. The staff will then remain at the Headquarters for some time and other staff should take over the duties of the mobile unit. In this manner it will not be necessary for the same staff to do long periods of hard touring in the villages nor will they be doing exclusively I.U.C.D. work for long periods, which work can be boring and will, therefore, fail to attract in sufficient number of doctors. The staff of the Primary Health Centres should also be interchanged in a similar manner with the staff of the mobile units. This will give to all the staff working on the programme in the whole district an evenly distributed load of work of all kinds in the medical, public health and family planning programme. To achieve this purpose also it is necessary that the mobile units be attached to the District Headquarters.

2.16 The Committee will further recommend that there should be some administrative arrangements at the district level whereby proper coordination would be established between the District Civil Surgeon, who controls the hospital staff, the District Health Officer and the District Family Planning Officer. If necessary, the senior most among them could be put in overall charge of the entire health and Family planning programme in the District, but only for purposes of effecting necessary coordination that has been referred to. Definite directives should be issued by the State Governments that all concerned officers should give full and effective support to the family planning programme. It will also be an advantage to have at the District level an Implementation Committee which may be presided over by the District Collector and should have all important District Officers as its members, particularly those who can lend support in one way or another to the family planning programme. This Committee will review the progress of the programme from time to time, bring about coordination in the functioning of the different departments so far as the family planning programme needs it and see that the support of the entire District administration to the extent necessary is given to this programme. This proposal has already been made by the Ministry to the State Government.

2.17 In view of the key role which would be played in the implementation of the programme by the District Fami-

ly Planning Bureau, the Committee strongly recommend that the District Family Planning Officer should be a Class I Officer and the post should carry a special pay or allowance and the amount may be appropriately fixed with reference to allowances payable in similar posts in the State. Similarly the officers who would be attached to the mobile units should be paid some allowance for the period they will be on mobile duty. The Committee suggest that an allowance of Rs. 150 p.m. for the Assistant Surgeon will be appropriate. This should be in addition to the T.A. and D.A. that they may be entitled to under the formal rules of the State Government. If the interchange between the mobile and the static duty suggested earlier is not feasible in any case, the officers attached to the mobile units may be retained in that position for a specified period of say one year at a time and may then be put in a some static position.

2.18 It was brought to the notice of the Committee that there are a few very large (some in terms of area, others in terms of population and still others in terms of both) Districts in the country in which an intensive programme cannot be properly managed by one District Family Planning Bureau. To deal with this problem, one suggestion was that the District may be divided into two parts and a Bureau may be sanctioned for each; another suggestion was that one or two sub-bureaus may be started at the Sub-divisional level with less staff than for a full District Bureau. As the Committee could not get enough information and representative opinion on this problem, they are unable to make any recommendation of their own, but do wish to suggest that if concrete proposals are submitted by any State Governments bearing on this problem they would merit consideration by the Central Government.

Urban Family Welfare Planning Centre

2.19 The Committee are of the view that the existing set up should be adequate, but provision should be made for appointment of a sweeper either wholetime or part-time as may be necessary in any case. The Committee also considered the existing organisational set-up for the static and mobile sterilization units attached to the Urban Family Welfare Planning Centres as adequate.

Rural Family Planning Centre (C.D. Block)

2.20 With the revised pattern which now provides for one sub-centre for every 10,000 of population, the staffing pattern for the Block is adequate. While agreeing with the principle that health services should be provided in an integrated manner and the workers should be multi-purpose for the basic health field, including Family Planning, as far as possible, the Committee is definitely of the opinion that some change is needed in the duties of the Basic Health Worker and the Health Assistant, so far as the family planning work is concerned. The duties and responsibilities assigned to the Basic Health Worker will leave him hardly any time for doing any substantial work in the field of family planning and if he is required to do this latter work also, it can only be at the expense of the other health programme. The Committee is, therefore, of the view that the Basic Health Worker should be a multipurpose worker for the general health services, but for family planning he can only provide some information to the people. The Health Assistant (Family Planning) who should have some experience of community health work, can do adequate justice to the Family Planning work, if he is not required to supervise the work of the Basic Health Worker. There should be one health assistant for every 20,000 population, irrespective of whether the area is in the malaria maintenance phase or not. In difficult terrain the limit of population may be reduced to 15,000 or even 10,000.

2.21 There should be one Health Visitor for each unit of 40,000 population to supervise the work of the 4 Auxiliary Nurse-midwives. Since in the staffing pattern there is already provision for one Health Visitor for the Primary Health Centre, this recommendation of the Committee will involve the appointment of only one additional Health Visitor. In the malaria maintenance area there should be one male supervisor to supervise the work of the 4 Basic Health Workers. There is one male supervisor at this level in areas which have not entered the malaria maintenance phase. The recommendation of the Committee, therefore, involves the retention of this person even after the area enters into the maintenance phase. The recommended set up is shown in Annexure E.

2.22 These recommendations are the same as the conclusions that were reached in the Special Workshop organised by the Central Family Planning Institute on "Training of Family Planning Personnel"

2.23 The Committee recommend that wherever District authorities consider that it would be useful to have part-time workers for motivating and bringing cases for vasectomy and I.U.C.D. insertions, such workers may be appointed on payment of an honorarium of Rs. 50 p.m., or alternatively the honorarium may be Rs. 30 p.m. and if more than 50 cases of vasectomy/IUCD are brought by the worker in a month he or she may be paid Re. 1/ for each additional case above 50. This latter mode of payment will act as an incentive for putting in additional effort and enthusiasm into the work. These workers will naturally have to be selected carefully. They will have to be persons having influence in the locality and enjoying a good reputation. The appointment should be made by the District authorities, making it clear to the persons appointed that their continuance in their position will depend entirely on their performance.

2.24 The Committee are of the view that one Honorary District Education Leader cannot cover the whole district sufficiently intensively as is needed for the programme of Family Planning and since the Educational work, which non-official leaders can best do, is of great importance to this programme, the Committee recommend that Honorary Education Leaders should be appointed one for each Block. Such block level leaders should be given an all inclusive honorarium of Rs. 600 per annum to meet their incidental expenses inclusive of the expenses on their touring. They should be appointed for six months at a time and their retention should be dependent entirely on their performance. The appointments should be made by the District authorities. It would be best if these appointments are made by the District Collector on the recommendation of the District Family Planning Officer.

2.25. In concluding this subject of organisation needed at various levels, the Committee would strongly recommend that some flexibility should be allowed in the matter of qualifications of different categories of personnel. The rigid

application of the qualifications laid down by the Central Government is creating considerable difficulties for the State Governments in recruiting the necessary number of persons in the different categories. Apart from this, it has also been the experience of the State Governments that even persons possessing the stipulated qualifications have not necessarily turned out to be suitable. For example, young persons fresh from college with M.A. degree in Sociology have proved ineffective as District Extension Educators. It would be best if the State Governments are allowed to frame their own recruitment rules for the various categories of personnel taking into account the availability of candidates and the kind of qualities and experience required in the different posts.

SECTION III

RESOURCE POSITION

3.1 We have already drawn attention to the fact that although the I.U.C.D. method provides very great administrative and clinical advantages which makes a mass programme possible, the need also arises for the employment of doctors and para-medical personnel in much larger numbers. There is not only shortage of doctors for the family planning programme, but also general reluctance on the part of doctors to work on this programme and, were particularly so, if they are stationed in the rural areas, or have to be on mobile duty. The reasons for the reluctance are several. Naturally, the doctors do not wish to get cut off from their wide field of clinical work by being put exclusively on family planning work. Added to this, often by being appointed in the family planning programme doctors suffer in their emoluments. Sometimes they lose house rent allowance and other allowances. In the rural areas if residential accommodation is not provided by Government, houses are difficult to get. Some of the State Governments are imposing conditions on all doctors entering Government service or in some cases even when a student is admitted to a medical college, that they will serve in the rural areas for a certain number of years after joining service or obtaining their degree. The Committee is strongly of the view that along with the imposition of such obligations, a serious effort should also be made by the State Governments to improve the conditions of service of doctors serving in the rural areas so as to compensate them for the hardships of disadvantages. No doctor employed in the family planning programme should suffer any loss of emoluments. If any allowances are being given to other doctors holding other similar posts, not in the family planning programme, the doctors working in the family planning programme should be compensated by being given a suitable family planning allowance. The Committee have already recommended earlier that a special

allowance should be given to doctors on duty with mobile units. Rs. 150 p.m. could be regarded as a suitable amount for this allowance. A condition could be attached that at least 150 vasectomies or 300 IUCD, or equivalent combination of these, should be done per month. This would be a test of performance to justify that with the allowance the work is attended to with necessary enthusiasm and earnestness.

3.2 In addition to protecting the emoluments and compensating for the hardships of mobile duty as recommended above, the Committee also strongly recommend that doctors should be given some special incentive, on the basis of their performance, to ensure that they will put in their best effort in the family planning programme. The Committee's recommendations are as follows:—

- (i) Whole-time Government doctors engaged in sterilization camps should be paid Rs. 5 per vasectomy and Rs. 10 per tubectomy if they do this work over and above their full normal duties. Similarly, in IUCD camps they should be paid Rs. 2 per insertion. But in the case of doctors who are withdrawn from their normal duties for the period to be employed in the camps while they should be paid for vasectomy, tubectomy and IUCD at the same rate as indicated above, a deduction of 25% from their total dues should be made because they would not be performing their normal duty for the period that they would be attending to work in the camp.
- (ii) Part-time private medical practitioners who work in family planning centres should be paid a fixed allowance of Rs. 100 per month for working 2 hours a day, three days in the week or for three hours a day, two days in the week. This is also the present practice; but flexibility should be allowed to the State Governments to suit the local situation. Over and above this fixed allowance these part-time medical officers should be given some monetary incentive on the basis of performance, so that they undertake some promotional work also to get larger number of cases. The present system of payment of fixed allowance per month only has not evoked much

enthusiasm among the private doctors. The Committee recommend that these part-time doctors may be paid, in addition to the fixed allowance, Rs. 10 per vasectomy over and above 10 cases done in a month and Rs. 2 per IUCD insertion over and above 50 insertions done in a month. There may be combination of vasectomy and IUCD insertions for purposes of calculating the amount of payment due on vasectomy being considered equivalent to 5 I.U.C.D. insertions.

Employment of Private Practitioners in the Sterilization and IUCD Programme

3.3 The employment of more and more private doctors in the sterilization and IUCD programme, particularly in the latter programme, and making the most effective use of them, should be given considerable importance. The hitherto prevalent attitude among the majority of private doctors that the family planning programme is a Government programme and not a part of their own professional responsibility must be changed. This change has to be brought about by introducing family planning as a part of the regular medical education, (which has already been done) by training private doctors in IUCD work, and by providing them the needed facilities and incentives for doing the work. To quote from the report of the World Bank Mission: "with the use of the IUCD a new role for the private physicians in the national programme becomes evident. To encourage the participation of these doctors is to increase immediately the effectiveness of any programme. For insertion costs to the Government are likely to be lower in the form of a subvention to private doctors than in any other part of the programme."

3.4 These private doctors should be selected carefully. They should be persons of integrity and good reputation. According to the existing pattern private doctors are already being utilised in sterilisation camps and IUCD camps, though not to the same extent in every State. Private doctors are also allowed to undertake insertions of IUCD in their own clinics. The pattern of assistance, however, is not attractive enough to get a large number of private doctors coming

forward to work in the programme. The Committee consider that private doctors should also be allowed to do vasectomy operations in their own clinics/nursing homes. These clinics/nursing homes should be carefully selected and only after inspection to ensure that they are suitable for IUCD and sterilization operations. These doctors should be required to submit reports to the State Health authorities, giving all particulars of the patients. After the selection of doctors is carefully made, they can be largely trusted, but some random checks should be done with the information furnished in the reports to prevent malpractice. If the conduct of any doctor comes under suspicion, his name may be removed from the list of approved doctors.

3.5 As regards payments, from the information gathered by the Committee they are convinced that the present rates of payment are not adequate incentive for involving private Medical practitioners in the programme in any large way. The Committee suggest that the following payments be made to private doctors.—

- (i) For the sterilization programme Rs. 10/- per case if, done in their own clinic or nursing home and Rs. 10 per case subject to a maximum of Rs. 150 on any single day for doing vasectomy in sterilisation camps organised by the State Governments.
- (ii) For IUCD insertions Rs. 5 per case if insertions is done in the doctor's own clinic/nursing home; Rs. 2 per case if the doctor performs IUCD insertions in a centre run by the State Government within the same town; and Rs. 3 per case subject to a minimum of Rs. 25 per day if done in camps, organised by the State Government. The minimum has been suggested because the number of cases available in a camp depend on its organisers and not on the doctor and not many private doctors would be willing to devote a whole day at the cost of their private practice, without being assured of a minimum payment of Rs. 25.

3.6 The Committee also recommend that in the case of women from the upper strata of society who may prefer to go to their own family doctor for IUCD insertion and will

pay for this service, the doctor may be allowed to charge his fees but Government should supply him loops free of charge and the doctor will be required to submit certain returns and statistics to the State Health authorities.

Compensation for the individual

3.7 The Committee consider that for achieving the maximum results it would not be enough only to give to the medical personnel the incentive recommended above. Their efforts would be most fruitful when at the same time the individuals who have to undergo the sterilisation operation or the women who have to have the IUCD inserted, are compensated for the difficulties, loss of wages or any other such disadvantages which they have to suffer. The Committee is aware of the view against giving any financial incentives to persons who undergo sterilization operation or to women who have IUCD insertions, as this is capable of being abused and can lead to malpractices and also because the main reliance in the family planning programme has to remain on the educational and promotional activities. After carefully considering this objection, the Committee remain convinced that some payment should be made to the individual and this would be fully justified. These payments are to be regarded more correctly as necessary for removing the difficulties and disadvantages and not as a financial inducement. The principle has already been accepted in the case of vasectomy where payment can be made to wage earners for loss of wages. There should therefore, be no objection to extend this principle to apply also to IUCD. Persons in the rural areas are becoming desirous of having a higher standard of living. They are also becoming conscious of the need for limiting the size of their families, if the gains that are made by increasing agricultural production are to be preserved. So the situation is getting gradually more and more favourable for extending the Family Planning Programme on a mass scale. People are getting ready to adopt family planning methods, and though the extension education method should continue to be applied as the principal means of motivation, it is necessary and important to remove any difficulties that may come in the way of persons motivated to actually adopt the family planning methods of their choice. Women of the poorer classes coming to camps for IUCD insertion lose at least a day's

wage; often their husbands or other men-folk accompany them and they too lose a day's wage. Very often children if they are very young and cannot therefore be left alone at home are also brought to the camp and some expense is incurred on their feeding. It is already the experience in several parts of the country where the IUCD Programme has been rapidly catching up that women-folk in the rural areas generally prefer to go to distant clinics or camps for IUCD insertion for reasons of privacy and this involves expenditure to them on the travel. In most cases they have to go to the clinic for check-up once or even twice after the insertion. Already the information seems to be spreading in the areas where IUCD has been rapidly spreading that a number of visits have to be made to the clinic which involve expenditure on travelling. It is, therefore, necessary that some payment is made to meet the expenses of such journeys, if the programme is not to suffer a set-back after some time. The representatives from the West Bengal Government, including the member of the Committee stated that already in some areas of that State it was beginning to appear as if the programme was slackening because of this reason. For the success of the IUCD programme a systematic follow-up of the cases is of utmost importance. If this is not done and cases where there is trouble are neglected it would give a serious set-back to the programme eventually. Even in cases of minor complications following IUCD insertions it always helps to meet the person and remove her fears. For the requirements of this kind of follow-up to it is necessary to encourage, rather than allow a situation to develop where it will discourage, women from coming forward for the IUCD insertions and for subsequent check-up when necessary.

3.8 Taking all these factors into consideration the Committee is strongly of the view that for IUCD insertions a woman should be paid Rs. 5 towards loss of wages, cost of food transport charges and other incidental expenses. They have given due consideration to the alternative course of Government providing the transport and food. Apart from this not being administratively feasible when the programme gains momentum, it would not take into account the last factor, viz. the expenses to the women connected with the follow-up

journeys. According to a decision recently taken by the Standing Committee of the Central Family Planning Council, Rs. 7 to voluntary agencies and Rs. 5 to Government and local bodies will be payable by the Central Government for each IUCD insertion to cover cost of medicines, refreshments, transport and other incidental expenses. There will be no bar to any amount out of this Rs. 7 or Rs. 5 being paid to the woman taking the IUCD insertion by the voluntary agency, State Government or local body. So the principle of such payment is accepted. The Committee's recommendation will ensure that the woman does receive the payment which she should, for the reasons stated, and that the amount is adequate. Out of the amounts of Rs. 7 and Rs. 5 intended to cover so many charges an adequate amount cannot be paid to the woman to meet her expenses and remove her difficulties.

3.9 The Committee considered carefully the danger of malpractice growing out of the proposed payment of Rs. 5 on account of transport, etc. and are of the view that the danger can be unnecessarily exaggerated. It is the Committee's conviction that this danger is certainly less than the danger that will definitely threaten the success of the programme if this payment is not made. This latter danger may not become apparent in the early stages of the programme, but is bound to arise in a sufficiently serious form before long to effect the progress of the programme. There is so far very little evidence to support any belief that any large number of women would resort to the malpractice, or be parties to it, of getting the loop removed and reinserted to get his payment of Rs. 5 repeatedly. In getting the loop removed they will have to incur some expenditure and what may be left of this payment of Rs. 5 may, therefore, be hardly worthwhile. Also, it is unlikely that many women will submit themselves repeatedly to the examination and insertion of IUCD to make his small amount of money, when account is taken of all the trouble and expense involved in going to a centre, spending the whole day there, incurring expenditure on food, travelling etc. Taking all aspects of the matter into consideration the Committee are convinced that whatever risk there may be in making this payment is very much worth taking and would ultimately be found to work out on the side of the success of

the programme. If malpractices to grow, it would be possible to apply correctives without much difficulty, but too rigorous a check from the beginning to guard against the malpractice will not be desirable both because we are convinced the danger is not so real and great and also because too rigours a check will affect privacy of the woman and hamper the progress of the programme.

3.10 As regards payment for vasectomy, the charges paid at present are all right except that the payment on account of loss of wages may in all cases be Rs 12. At present no payment has been provided on account of loss of wages for salpingectomy. The Committee recommend for this a payment of Rs. 25 which will provide for loss of wages, for care after the operation and other incidental expenses. Persons undergoing vasectomy operation get six days special casual leave. Persons undergoing salpingectomy operation should be given special casual leave for 14 days when such an operation is not performed during the period of maternity leave. Women undergoing IUCD insertions should also be given one day's special casual leave.

3.11 The Committee was informed that in the States industrial employees were not entitled to any casual leave for sterilisation operation. It is recommended that the Ministry of Labour and Employment should be approached to make it obligatory for industrial establishments to grant special casual leave on the same lines as given to the Central Government employees for sterilisation.

3.13 For providing incentives and promoting a spirit of competition, the Committee recommend:—

- (i) that a special fund be placed at the disposal of the State Governments out of which rewards can be given to the members of the staff for any outstanding work and to villages and groups of villages which show outstanding achievement.
- (ii) that the auxiliary nurse-midwives, nurses, etc., who work beyond their normal hours of duty in camps be allowed an amount equal to their normal daily allowances from the family planning budget, to compensate them for hard work that has to be done in camps.

SECTION IV

FINANCE

4.1 After examining carefully the existing financial pattern and pattern of budget provisions the Committee make the following recommendations which will fill up the present gaps or make up for the deficiency that exist.—

- (i) *Cost of drugs, dressings etc. payable to State Governments, local, bodies or voluntary agencies.*—At present there is no provision for this payment in the financial pattern. The Committee recommended that for salpingectomy Rs. 10 per case should be paid for drugs and dressings. For vasectomy Rs. 7 should be payable which will include Rs. 2 for food. For IUCD Rs. 3 per case should be payable for drugs and dressing. This will be inclusive of the expenditure on treatment of cases, which initially on examination are not found fit for IUCD insertion, and on follow-up. Care will be taken to ensure that payments on these accounts are not made twice over, once through hospital contingencies and again separately per case. The Committee are convinced that these payments are necessary if the reasonable expenses incurred by the State Governments etc. are to be reimbursed to them and the treatment of cases initially not fit for insertion and the follow-up are not to be neglected.
- (ii) *Travelling Allowance and Daily allowance.*—For block level workers there should be a fixed monthly travelling allowance. The amount can be fixed in each case by the State Governments taking into account the amount of touring that officers of the various categories will have to undertake and the scales of fixed T.A. given to officers of similar category in the State.

At the District and State level, a sum equal to 20% of the provision on account of pay and allowances

of the officers and staff sanctioned for those levels should be provided in the budget to cover their T.A. and D. A. The provision will be inclusive of the expenses on the mobile teams.

- (iii) *Provident Fund.*—The share of the employers' contribution should be met by the Central Government in respect of staff of the State Governments local bodies and voluntary agencies.
- (iv) *Hiring of accommodation.*—The State Governments, local bodies and voluntary agencies should be given authority to hire accommodation, both for office and residential purposes, where there is no provision for construction of buildings or pending the construction of buildings. The scale of accommodation should be such as may be certified by the State Government to be suitable and the rent to be fixed at an amount which the State P.W.D. will certify as being reasonable. This recommendation should apply to all cases, to Family Planning Centres, clinics, training centres, contraceptives distribution depots.
- (v) *Maintenance of vehicles.*—Budget provision should be made for the maintenance of vehicles at the following rates:—
- (a) For petrol, oil, lubricants and minor repairs etc. Rs. 6,000 per annum per vehicle. This figure has been reached on the basis of actual expenditure that has been incurred by some of the State Governments. This amount will be treated more or less as ceiling; the actual expenditure incurred will be recoverable from the Central Government.
 - (b) For major repairs, replacement of tubes, tyres etc., it is recommended that a fund may be created for this purpose, to which the central government should contribute 10 per cent of the actual expenditure on item (a). This additional amount will be drawn together with what will be admissible under (a) and the State Governments would be expected to meet the charges on major repairs, replacements of tubes, tyres etc. when they arise.

- (vi) *Publicity and educational material.*—The Committee recommend that in the field of publicity and mass education, the respective roles of the Central and State Governments should be well defined. While the Central Government could best utilise the all India media, such as the A.I.R., cinema films, newspapers of all-India standing, the state Governments should use the media of local importance, such as, local newspapers, exhibitions, drama and other traditional media best used in the different regions. It was considered that since a total allocation of Rs. 25 lakhs annually would be available for the publicity programmes, a sum of Rs. 1 to 1½ lakhs should be made available for publicity to each State Government. If any special publicity programme like the production of a film were taken up by a State Government, special provision will have to be obtained for the purpose.
- (vii) *General contingencies.*—5 per cent of the budget provision on pay and allowances should be provided as general contingencies.

SECTION V

ROLE OF VOLUNTARY AGENCIES

5.1 Bearing in mind the size which the programme has to acquire and its nature, voluntary agencies must be induced to play an increasing role in its implementation. A much more comprehensive view of voluntary agencies should be taken than has been taken hitherto. It would include all kinds of agencies which are willing to make a contribution in the programme and in whose case a view can justifiably be taken that they will be sincere in doing their work and can be trusted. Voluntary agencies should include those of trade and industry, of labour, local authorities going right down to the village Panchyat level, various kinds of associations, women's organisations, organisations of all-India standing, the Bharat Sewak Samaj the India Red Cross Society, the Indian Medical Association, etc. Only by having a flexibility of approach towards them would it be possible to bring in large numbers of them in the programme.

5.2 Two conditions should be fulfilled by a voluntary agency to qualify for participation in the programme, apart from their being trust worthy and capable of doing the work they intend taking up, *viz.* (1) they should have a defined objective which is acceptable as a good and useful objective to promote for purposes of the family planning programme. and (2) the agency should have a level status, permitting the entrustment of public funds to it. It is not necessary that all voluntary agencies should take up all the aspects of the programme. Some may only like to take up the educational and promotional part of the work, others may only be entrusted with distribution of contraceptives and still others may be willing to run a centre with all its functions. Some may wish to take up an activity only on some special occasion e.g. organise a Family Planning exhibition on the occasion of a big *Mela* somewhere, or participate in an educational drive during the Family Planning Week. In admitting voluntary agencies care should be taken not to have overlapping jurisdictions.

5.3 Since it is the Committee's recommendation that large numbers of voluntary agencies should be brought into the programme, it is necessary that the authority to sanction grants-in-aid to them should be decentralised. Under the existing system even with much smaller numbers of voluntary agencies working in the programme, there has been many cases of delay in sanctioning grants-in-aid. This has a particularly dampening effect on voluntary agencies which do not have abundant resources of their own. There has also been persistent demand from State Governments that they and their authorities should have much greater say in giving grants to voluntary agencies. Hitherto not having been given the authority to sanction the grants State Government and their officers have shown a certain measure of indifference in keeping in touch, helping and reporting on the voluntary agencies that have been receiving grants-in-aid from the Centre. The Committee will venture to submit that it will help to create greater enthusiasm and feeling of participation in State Governments and thus help in bringing in much greater contribution of voluntary agencies in the programme if State Governments and their officers are entrusted with the function of selecting and sanctioning grants to the voluntary agencies:

5.4 The Committee recommend that grants may be sanctioned, both new grants and continuation grants, as follows.—

- (i) Amounts upto 5,000 by the District Family Planning Officers;
- (ii) Amounts exceeding Rs. 5,000 but not exceeding Rs.20,000 by the State Family Planning Officers;
- (iii) Applications for amounts exceeding Rs. 20,000 should be considered by a Grants Committee, consisting of the Administrative Medical Officer of the State, the State Family Planning Officer and the Regional Assistant Director General of Health Services. The recommendation of the Grants Committee should be submitted to the State Governments. The State Governments should have the authority to sanction grants-in-aid upto and amount of Rs. 1 lakh. Applications for higher amounts should be

forwarded to the Commissioner, Family Planning, with the recommendation of the State Government. Commissioner, Family Planning, should have full powers to sanction such grants.

5.5 The grants-in-aid should be sanctioned by the various authorities in accordance with the rules to be framed for this purpose. This will obviate the necessity of consulting the Finance Department in every case. These rules should *inter-alia* lay down ceilings for the various items of expenditure, but the sanctioning authority should have power to vary the ceilings under the different items upto a specified limit, say, upto 15 per cent, provided that the pay and allowances of the officers and establishment do not exceed the scales applicable to corresponding personnel of the State Government. Ceiling for contraceptives should not be received.

5.6 The General recommendation made earlier regarding hiring of accommodation and payment of rent for it should apply also in the case of voluntary agencies.

5.7 There should be objective assessment of the work of voluntary agencies with reference to the actual results achieved, every time that the grant is renewed.

5.8 The State Governments should be required to furnish to the Central Government particularly a consolidated statement of expenditure incurred on account of grants-in-aid given to voluntary agencies. For this purpose a proforma can be laid down.

5.9 The Committee recommend that audited statement of accounts prepared by an auditor need not be insisted upon in the case of grants-in-aid not exceeding Rs. 20,000. In such cases the State Government may get the accounts audited by their own auditors. The Committee recommend that one or two auditors, depending on the volume of work, may be appointed for each District Family Planning Bureau to undertake this kind of audit work. These auditors can also help voluntary agencies in receipt of grants-in-aid in the preparation of their accounts, so that there is no delay in submitting their audited statement of accounts to get timely release of

the grants-in-aid. The objective should be to help, encourage and guide the voluntary agencies to get the best out of them than to control them.

5.10 Where Municipalities are not able to undertake responsibility for opening Urban Family Planning Welfare Centres according to the laid down pattern, one for every 50,000 of population, or to the extent that they are unable to do this, the State Government should undertake the responsibility and should get financial assistance from the Centre on the same basis as the Municipality would have got. In order that the work in the area of a large Municipality, like that of Bombay, Calcutta, Delhi, is properly planned, organised and implemented, there should be a headquarters organisation which may be of the same pattern, more or less, as of a District and should discharge the same functions. Detailed proposals for this can be worked out by the Municipalities themselves and should be sanctioned and financed by the Central Government.

5.11 It was brought to the notice of the Committee that in several States the programme was not advancing under the Employees State Insurance Corporation as the Corporation have not been able to set up Family Planning clinics under the scheme. The Committee recommend that in such areas where the Employees State Insurance Corporation has not set up family planning clinics, industries and associations of industries who wish to take up Family Planning work on the pattern of voluntary agencies, should be encouraged to do so and should be given financial assistance as to a voluntary agency. This does not affect the Committee's general recommendation that voluntary agencies of trade and industry and labour should be encouraged to participate in the programme to the maximum extent possible and should be given grants for this purpose.

5.12 As regards the pattern of financial assistance to voluntary agencies for the I.U.C.D. programme, the voluntary agencies can be classified in two categories, (i) those that receive separate recurring and non-recurring grant for running Family Welfare Planning Centres, and (ii) those that do not

receive such assistance. The Committee recommend that voluntary agencies in the first category should get Rs. 2 for each case of insertion and those in the second category should get Rs. 5 per insertion. This will be inclusive of the charges for drugs and dressings referred to in paragraph 4.1. In addition to this they should also get the charges payable to the State Governments for the *Dai* or neighbour bringing the case, and for food, transport and incidental-expenses payable to the women receiving the insertion and the incentives recommended earlier for the doctor.

SECTION VI

TRAINING

6.1 In the Section on "Organisation" mention was made of the added importance which training of the personnel require for developing that Family Planning Programme into a mass programme has acquired and the big gap that already exists in this field. The Committee's attention was drawn to the report of the Workshop recently organised by the Central Family Planning Institute on the "Training of Family Planning Personnel". The Committee are in agreement with the Workshop's recommendations. These recommendations will take care of the principal requirements of the situation which could be summarised as follows:—

- (a) demarcate the respective spheres of work of the Central and State training centres;
- (b) take care of the much larger numbers of personnel of various categories that will have to be trained now;
- (c) make the initial courses shorter and more job-oriented and provide later for refresher courses, and lay down revised and more precisely defined job description of the various categories of personnel where necessary. Let the requirements of the I.U.C.D. programme get due emphasis in all training and orientation courses;
- (d) provide training to the higher level personnel working in supervisory positions in administration, planning, supervision, evaluation and in accounts and budgeting;
- (e) provide for the orientation in family plannings through symposia, seminars etc. for leaders of public opinion and also for higher officers of the administration who will have to play a supporting role in the implementation of the programme;

- (f) provide more extensively and systematically for education and training in Family Planning in all medical and public health centres of all kinds and even in other educational courses whenever possible; and
- (g) provide for large scale training of private medical practitioners in I.U.C.D. method.

6.2 The Committee wish to emphasise that the scheme so formulated should be put into effect as soon as possible in order that the big gap that exists at present in the field of training is quickly filled up. The recommendations of the Workshop are appended to this report for facility of reference (Annexure F).

6.3 The State Governments should now quickly draw up a detailed programme of training in accordance with the pattern worked out by the Workshop and implement it according to schedule. It will be important to ensure that the plan for the development of the training facilities of any State is synchronised with that for the recruitment of the personnel of various categories that a situation is not created in which the capacity of the training centres set up is not fully utilised or is short of requirements.

6.4 The Committee recommend that the State Governments should be allowed some flexibility in developing their scheme of training centres and training courses or organisation big deviations are made from the pattern formulated by the "workshop" and the total expenditure does not exceed the ceiling of expenditure under the Centre's scheme the flexibility may be allowed in matters such as the place where the various kinds of training will be given, the staffing pattern of training centres, duration of courses etc.

6.5 The Committee also wish to emphasise the need for accelerating the training of paramedical personnel, nurses, auxiliary nurse-mid-wives, etc. required for the Family Planning Programme. The Committee were informed that in several areas of the country it was difficult to get girls with the prescribed educational qualifications for taking the A.N.M. training. The Committee recommend that where such was the case, suitable women from the local area should be recruited

and given a short course of training to work as additional female workers. Later on these women could be given further training to make them fullfledged A.N.M. The programme of training of *dais* should also be taken up quickly.

6.6 A training reserve should be created for all cadres equal to 8 per cent of the cadre strength to ensure that the personnel would be released by the State Governments for undergoing the training. This is essential to do otherwise either training capacity will be wasted or the field work will suffer.

ANNEXURE 'A'

List of persons who attended the meetings of the Special Committee appointed by the Central Family Planning Council by special invitation

1. Shri D. J. Madan, Joint Secretary, Min. of Finance.
2. Shri K. N. Srivastava, Jt. Secretary, Min. of Health & Family Planning.
3. Smt. Sarla Grewal, Secy. to the Govt. of Punjab, Medical & Health Department, Chandigarh.
4. Shri S. K. Choudhary, Jt. Secy., to the Govt. of U. P., Medical & Public Health Department, Lucknow.
5. Shri S. K. Chakravarty, Deputy Secy. to the Govt. of West Bengal, Department of Health, Calcutta.
6. Shri S. L. Ogale, Dy. Secy. to the Govt. of Maharashtra, Department of Health, Bombay.
7. Shri B. D. Sharma, Deputy Secy. to the Govt. of Rajasthan, Health Department, Jaipur.
8. Colonel D. Bhatia, Director of Health Services, Punjab, Chandigarh.
9. Dr. S. V. Raja Rao, Dy. Director of Health Services (FP), Mysore, Bangalore.
10. Dr. S. K. Das Gupta, Dy. Director of Health Services (FP), West Bengal, Calcutta.
11. Dr. (Mrs.) S. L. Talwar, Asstt. Director of Health Services (FP), Uttar Pradesh, Lucknow.
12. Dr. H. Banerjee, Asstt. Dir. Genl. of Health Services (FP), Headquarters.
13. Dr. H. K. Basu, Asstt. Dir., Genl. of Health Services (FP), Eastern Region.
14. Shri A. P. Atri, Deputy Director Administration (FP), Directorate General of Health Services.

ANNEXURE B

Summary of suggestions received from different States and position regarding their consideration by the Special Committee

| Nature of suggestion | Suggested by | Remarks |
|--|---|--|
| A. ORGANISATION | | |
| A.1 State Family Planning Bureau | | |
| (i) State Family Planning Bureau should have separate cells for | Andhra Pradesh (Reference Public Health Dte. P.O. No. 2503 T. I./65, dated 20-1-1966. | All these various suggestions have been considered by the Committee at its first meeting and a new pattern of staffing has been suggested which covers practically all the suggestions as made by the different states with very slight variation. For instance, in place of the Post of Editor, as suggested by Mysore, a post of Assistant Editor has been suggested by the Committee. |
| (a) Training (b) Audio-visual (c) Accountant (d) Family Planning material (e) Education, and (f) Administration | | |
| each headed by a competent officer with suitable auxiliary staff. | | |
| (ii) State Family Planning Bureau should have the following staff. :— | Gujarat (Reference Directorate of Health & Medical Services D.O. No. 306-B, dated 21-1-1966). | In place of Family Planning Project Officer (non-technical) as suggested by Rajasthan, a Statistician has been suggested by the Committee. As regards Evaluation Cell, as suggested by West Bengal, the committee decided that low term evaluation should be done by the State's Statistical Bureau which |
| 1 Dy. Director of Public Health (Family Planning). | | |
| 1 Assistant Director of Public Health (IUCD) | | |

ANNEXURE B—contd.

| Nature of suggestion | Suggested by | Remarks |
|--|---|---|
| 1 Administrative Officer 1 Supply Officer for record collection purchase and supply of F.P. material. 1 Superintendent 2 Statistical Assistants 1 Senior Assistant 1 Junior Assistant 4 Junior Clerks 2 Steno-typists 1 Packer 4 Peons. | Kerala (Reference Health Secretary's DO. No. 2274/A3-66-4/HLD dated 17-2-1966). | should give necessary guidance to the State Family Planning Bureau but, for operational statistics, a post of Statistician, one Statistical Assistant and One Upper Division Clerk has been Suggested by the Committee. This has not been considered by the Committee. All the suggestions made against (i) to (v) have been considered by the Committee and the revised staffing pattern suggested by the committee covers all the points raised with very minor variation. For instance, West Bengal has suggested an Evaluation Cell in the District Bureau consisting of a statistician, 2 Computers and Clerk. Against, this, the Committee has suggested one Statistical Investigator and 2 Family Planning Field & Evaluation Workers. This has been done because, in the Committee's opinion, long-term |
| (iii) A Post of Publicity Officer should be created at the State Bureau to organise education activities of the ancillary workers at the periphery. | Mysore (Reference Directorate of Health D.A 86-8001/65-66 dated 22-1-1966). | |
| (iv) State Family Planning Bureau should be strengthened by the following staff for Family Planning Health Education:— | | |
| 1 Education Officer | | |

- 1 Editor
 - 1 Artist-cum-Photographer
 - 1 Exhibition Officer (Health Education Technician).
 - 1 Driver
 - 1 Class IV Servant
- (v) State Bureau should have an Evaluation Cell and an Administration Cell. The Evaluation Cell shall consist of:—

- 1 Family Planning Project Officer (Non-technical),
- 2 Investigators
- 1 Stenographer
- 1 U.D.C.
- 2 Peons

The Administration Cell shall consist of :—

- 1 Senior-scale Store-keeper
- 1 U.D.C. and
- 1 Peon

- (vi) State Bureau should be provided with a non-medical administrative officer to look after routine and non-technical administrative functions.

Rajasthan

(Reference Medical & Public Health Department letter No. F. 4(254) M. PH/65/Gr. I, dated 27-12-1965).

West Bengal

(Reference Health Department letter No. PH/5238/4F-152/65, dated 6-12-1965).

evaluation will have to be done by the State's Statistical Bureau while the districts will only do the concurrent evaluation.

ANNEXURE B—contd.

| Nature of suggestion | Suggested by | Remarks |
|---|--|---------|
| <p>(vii) State Bureau should have an Evaluation Cell consisting of:—</p> <p>1 Medical Officer</p> <p>2 Statisticians</p> <p>2 Computers, and</p> <p>2 Clerks</p> <p>for carrying out evaluation.</p> | <p>West Bengal (Reference Health Directorate letter No. PH/5238/4F/152/65, dated 6-12-1965).</p> | |
| <p>(viii) A Special Officer in Class I should be appointed at State Family Planning Bureau for I.U.C.D. programme to organise, supervise and coordinate the programme throughout the State.</p> | <p>Orissa (Reference Health Secretary's D.O. No. 2767/H, dated 21-2-1966).</p> | |
| <p>A.2 District Family Planning Bureau.</p> | <p>Andhra Pradesh</p> | |
| <p>(i) The District Family Planning Officer should be a Class I Officer in the scale of Rs.600-1000 and not a Class II Officer as at present.</p> | <p>(Reference Health Directorate D.O. No. 2503/I 65, dated 20-1-66).</p> | |
| <p>(ii) District Bureau should be strengthened with the following additional staff for carrying out health education of the masses in the field of family planning and to carry out knowledge, attitude and practice studies in different areas:—</p> | <p>Gujarat (Reference Medical Health Directorate letter No. 308-CFPC-Meeting-FP, dated 1-12-65).</p> | |
| <p>1 Health Educator</p> <p>1 Audio-visual Technician, and</p> <p>1 Artist-cum-Clerk</p> | | |

(iii) A publicity Officer should be posted in each **Uttar Pradesh** District Bureau for proper education and publicity throughout the District. (Reference Health Department letter No. 7923/XVI-I/999/1965, dated 17-12-1965).

(iv) A competent person, specially trained in **Punjab** mass communication methodology, with the rank of an A.D.H.S. should be provided in each Dist. Bureau for organising family planning publicity on a whole-time basis. (Reference Health Secretary's D. O. No. 1182-2 BIV-66/4140, dated 8/10-2-1966).

(v) Each District Bureau should have an Evaluation Cell consisting of: — **West Bengal** (Reference Health Directorate letter No. HMG-F-12-66/670, dated 21-1-1966).

| | | | | | | | | | | |
|---|----------------|---|---|---|---|---|---|---|---|---|
| 1 | Statistician | . | . | . | . | . | . | . | . | . |
| 2 | Computers, and | . | . | . | . | . | . | . | . | . |
| 1 | Clerk | . | . | . | . | . | . | . | . | . |

(vi) A lady doctor should be provided in each Distt. F.P. Bureau for implementation of I.U.C.D. programme in the District including organisation of IUCD camps. **Osissa** (Ref. Health Secretary's D.O. No. 2767/H dated 21-2-1966). A lady doctor is already provided even in the existing pattern. In the re-organised pattern suggested by the Committee, lady doctors have been provided for each of the mobile IUCD Units which shall always be more than one in any district.

ANNEXURE B—contd.

| Nature of suggestion | Suggested by | Remarks |
|--|---|---|
| (vii) In each Distt. Bureau there should be one nurse for IUCD Programme and one nurse for sterilization programme. | Mysore (Ref. Health Directorate D.O. No. FPO/86- 8001/65-66, dated 22-1-1966). | On the revised pattern suggested by the Committee, one Auxiliary Nurse Midwife has already been suggested for each mobile IUCD Unit. |
| (viii) Two mobile IUCD Units consisting of one Medical Officer, one nurse and one attendant should be provided for each district Bureau. To meet the required number of personnel, sterilization units at Taluqa level hospitals may be abolished. | Gujarat (Ref. Directorate of Health Med. Services D.O. No. 306-B dated 21-1-1966). | This has also been considered by the Committee and the Committee has recommended mobile IUCD Units in the ratio of one for 5 to 7.5 lakh population in the district. As a result of this there will be a minimum of 2 mobile IUCD Units in each district. |
| (ix) The Distt. Family Planning Medical Officer should be responsible for M.C.H. and FP programme only and not malaria maintenance programme. | Kerala (Ref. Health & Labour Deptt. letter No. 807- 29/A3/65-3/MGH dated, 6-12-1965) | This has been considered by the Committee both in its first as well as in its second meeting and the Committee has expressed the opinion that F.P. Programme shall not be integrated with malaria eradication and eradication of communicable diseases programme. |

(x) Due to dearth of suitably qualified medical personnel to man the post of Distt. Family Planning Officer retired personnel of suitable rank and qualification as well as non-medical personnel may be appointed against this post.

Rajasthan

(Ref. Health Directorate
D.O. No. FP/64,
dated 20-1-1966).

(xi) Addl. Distt. F.P. Bureaus should be provided in big districts in the proportion of one Bureau for every 15 lakh population.

West Bengal

(Ref. Health Directorate
letter No. HMG
12-66/670 dated
21-1-1966).

(xii) F.P. Bureaus should be set up at Sub-divisional or Taluqa level with provision for a mobile team for effective supervision of the Family Planning Programme in the Sub-division and for providing services where there are no centres. If such a scheme is not acceptable then the office of the Sub-divisional officer may be suitably strengthened.

West Bengal

(Ref. Health Dte's letter
No. HMG-F-12-66/670,
dated 21-1-1966).

It shall only be integrated with MCH and F.P. Programme.

This has not been considered specifically by the Committee. But the Ministry of Health had on an earlier occasion written to all State Governments to employ retired officers for F.P. Programme.

This was considered by the Committee at its first meeting. The Committee expressed the opinion that instead of sanctioning 2 District Bureaus and making a pattern of that type the flexibility should be allowed and additional staff should be provided for bigger districts and each case shall be decided on merit. West Bengal Government has also requested to put up proposals to that effect.

This has not been considered by the Committee.

ANNEXURE B—contd.

| Nature of suggestion | Suggested by | Remarks |
|---|---|--|
| A.3 Rural Family Planning Organisation in C.D. Blocks | | |
| (i) Male F.P. Field workers should do only F. P. work as they cannot effectively supervise work of basic health workers and malaria maintenance as well as perform F.P. duties. | Kerala (Ref. Health & Labour Deptt. letter No. 80729/A3/65-3/HLD. dated 6-12-1965). | As already stated earlier, this was considered by the Committee in both the meetings and the Committee has suggested that F.P. programme should be integrated only with M.C. H. programme and not with malaria maintenance. |
| Assam | | |
| (ii) State Govts. should be allowed to appoint male doctors in rural F.P. Organisation where female doctor is not available. | (Ref. Health Deptt. No. HLB. 178/65/70, dated 20-1-1966). | This has been considered by the Committee at its first meeting. In the revised staff pattern, suggested by the Committee, the original condition has been relaxed. While attempts should be made to appoint lady doctors, male doctors may be appointed when lady doctors are not available. |

Kerala

- (iii) Auxiliary Nurse Midwife should be provided on the basis of one for 5,000 population instead of 10,000 population for effective work in MCH & F.P. Alternatively additional Hony. Family Planning Women Social workers should be appointed to attend solely to IUCD programme because of shortage of A.N.Ms. Instead of fixed pay these Hony. workers should be given remuneration on the basis of performance viz. Rs. 60 per month for 30 IUCD cases or 10 vasectomy cases p. m. Additional sum of Rs. 3 per IUCD case and Rs. 4 per vasectomy case over and above the target indicated.

(Ref. Health & Labour
Deptt. letter No. 80729
/A3/65-3/ILLD dated
6-12-1965).

The question of providing Auxiliary Nurse Midwife on the basis of one for 50,000 population was not considered by the Committee. But the Committee considered the question of providing additional hony workers in the sub-centres and has suggested that for every 2 sub-centres in addition to the whole-time paid male family planning field worker, there should be an hony. worker on part-time basis who may either be given a fixed honorarium of Rs. 50 per month for motivating and bringing a minimum number of cases of vasectomy IUCD or they may be appointed at Rs. 30 for the first 50 cases in a month and thereafter Re. 1 for each additional case. In addition to this type of voluntary worker the Committee has also suggested that there shall be a Block level hony. Education Leader in each Block whose appointment and supervision of work will be controlled by the District Family Planning Officer.

ANNEXURE B—*contd.*

| Nature of suggestion | Suggested by | Remarks |
|---|--|---|
| Punjab | | |
| (iv) Auxiliary Nurse Midwife should be posted for 5,000 population and another woman not necessarily Auxiliary Nurse Midwife should also be posted. Flexibility of qualification should be permitted and A.N.Ms. qualification need not be insisted upon. | (Ref. Health Secretary's D.O. No. 1182-2HBIV-66/1140, dated 8/10-2-1966). | |
| Manipur | | |
| (v) For difficult and hilly terrain having sparse population staff for PHC and its sub-centres should be increased to ensure total coverage. | (Ref. Med. Deptt. letter No. 9/5/65-M dated 3-12-1963). | This has not been considered by the Committee. |
| West Bengal | | |
| (vi) Each Rural F.P. Organisation should have an evaluation cell consisting of one Statistician and one Computer. | (Ref. Health Dte. letter No. HM G-F 12-66/670, dated 21-1-1966). | This item was also not considered by the Committee but the Committee considered general policy of evaluation, decision on which has been quoted earlier against District Bureau and State Bureau. |
| Punjab | | |
| (vii) As basic health worker has to do multi purpose work, his work-load should be reduced to 5,000 from 10,000. | (Ref. Health Secretary's D.O. No. 1182-2 HBIV-66, 4140 dated 8/10-2-1966). | This has not been considered. |

A. 4 *Urban Family Welfare Planning Centre*

(i) Of the 2 Medical Officers, the Lady Medical Officer shall be whole time to push up IUCD programme and the Mail Medical Officer should be part time.

(ii) Due to shortage of doctors one whole time doctor may be appointed in place of two, who may be mail or female, according to availability.

(iii) Male Family Planning Field Worker may be substituted by A.N.M. to assist in IUCD insertion when local circumstances so demand.

Andhra Pradesh

(Ref. Health Directorate D.O. No. 2503 RI/65 dated 20-1-66).

Those suggestions were not specifically considered by the Committee but the Committee considered the staffing pattern of Urban Family Planning Centres and were unanimously of the opinion that the existing staff is adequate except that a sweeper should be provided for each urban centre.

Assam

(Ref. Health Deptt. No. HLB 176/65/70. dated 20-1-66).

A.5 *Miscellaneous.*

(i) Pay & Allowance Committee Report approved by Central Family Planning Board would be accepted by Govt. of India immediately and sanction issued.

(i) **Andhra Pradesh**

(Ref. Health Dte. D.O. No. 2503 TI/65, dated 20-1-66).

(ii) **Punjab**

(Ref. Health Secretary's D.O. No. 1182-2-EBIV 66/4140-8/10-2-1966).

This has not been considered by the Committee.

(iii) **West Bengal**

(Ref. Health Deptt. letter No. PH/5233/4F-152/65, dated 6-12-65).

ANNEXURE B—contd.

| Nature of suggestion | Suggested by | Remarks |
|---|--|---|
| (ii) The Committee should go into the details about the factors that are standing in the way of certain States for integrating Medical & Public Health Departments. The non-integration is effecting the programme adversely. | Andhra Pradesh (Ref. Health Dte. D.O. No. 2503TI/65, dated 20-1-66.) | This is perhaps not covered by the terms of reference of the Committee. |
| (iii) <i>Mass Education & Publicity</i> | Punjab | This question was again raised by the Deputy Secretary, West Bengal, during the second meeting at Delhi. The members were informed that All India Radio is already taking necessary action for further publicity in Family Planning programme through all their stations but the state authorities have to provide necessary material to the All India Radio. As regards making the village Sarpanch preside over the gathering at the listening post, it is perhaps internal administrative matter of the State Governments. |
| (a) Every Regional Radio Station should set apart a fixed hour and a day in a week for broadcasting features on F.P. Programme, village Sarpanch should preside over the gathering of the villagers at that hour near the listening sets. | (Ref. Health Secretary's D.O. No. 1182-HHBIV 66/4140 dated 8/10-2-1966). | |

- | | | |
|--|---|--|
| (b) Statutory bodies like Zilla & Anchal Parishads and Anchal and Gram Panchayats should be directly involved in the F.P. Programme as they have such influence on the people and they can effectively educate and motivate them for adopting F.P. methods. Suitable funds may be placed at their disposal to enable them to participate in the programme. | West Bengal (Ref. Health Deptt. letter PH/5238/4F-152/65, dated 6-12-1965). | This has not been considered by the committee. |
| (c) Adult education centres in rural areas should also be involved in F.P. Programme. Teachers of these centres may be given short course of Family Planning Orientation and suitable allowance may be granted to such teachers who are willing to work for the programme. | Ditto. | Ditto. |
| (d) Part-time Social Workers who have very good influence in the area but who are not forthcoming for whole-time appointment due to various reasons may be given in selected urban areas in addition to existing staff for education and motivation work. | Ditto. | Ditto. |
| (iv) Establishment of regional laboratories for undertaking studies in respect of endometrial viopsy (cytology), vaginal swabs (Bacteriological and Biological studies as well as studies for finding out mode of action of IUCD in providing contraception, cause of bleeding after I.U.C.D. insertion, and measures to prevent this complication. | West Bengal (Ref. Health Directorate letter No. HMC-F-12-66/670, adated 21-1-1965). | Ditto. |

ANNEXURE B—contd.

| Nature of suggestion | Suggested by | Remarks |
|--|---|--|
| B. RESOURCE POSITION | | |
| B.1 Doctors | | |
| Andhra Pradesh | | |
| (i) To meet shortage of lady doctors for IUCD programme, proper incentive must be given to attract lady doctors. | (Ref. Health Dte. D.O. No. 250311/65, dated 20-1-66). | These were considered by the Committee at its second meeting and the Committee was unanimously of the opinion that doctor employed in F.P. Programme should not suffer loss of emoluments. Any loss of emolument should be compensated by giving suitable F.P. Allowance. Doctors on mobile duty should also get special allowance because of hardship in such duties and, in addition to protection of emoluments, all the doctors should be given special incentive on the basis of their performance. |
| Punjab | | |
| (ii) Disparity in Special Pay/Allowances admissible to similar category of Medical and | (Ref. Health Secretary's D.O. No. 1182-2HBIV- | |

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Para-medical personnel working under different programmes poses a great problem in posting the staff under the FP Programme. Unless the Central Government equalises the Special Pay/Allowances, State Govts. are reluctant to do so.

66/4140, dated
8/10-2-1960).

Uttar Pradesh

- (iii) Because of overall shortage of lady doctors, all the existing lady doctors in the Govt. service have to be mobilised for IUCD work and they should be given extra allowance for the extra time devoted by them outside their duty hours.

(Ref. Health Deptt. letter
No. 7923/XIV-I-990/1965,
dated 17-12-1965).

Punjab

- (iv) To meet the shortage of lady doctors, a Central Pool of lady doctors should be created under the Directorate General of Health Services and out of these "Loops Squads" may be provided on a short-term basis to the needy States.

(Ref. Health Secretary's
D.O. No. 1182-2HBIV
/66/4140, dated
8-2-1966).

This was considered by the Committee at its second meeting and it was decided that doctors may be recruited centrally under the Central Health Cadre and given to State Governments as and when required in specific areas of activity. A task force of doctors may be created at the Central level for filling up the gap in the States further follow-up action in creating the task force is being taken by the Ministry of Health.

ANNEXURE B—contd.

| Nature of suggestion | Suggested by | Remarks |
|--|--|--|
| Rajasthan | | |
| (b) To meet shortage of doctors, stipends should be given to undergraduate students who are willing to join family planning services after completion of their medical course. | (Ref. Med. & Public Health Deptt. No. F. 4/364) MHF/65/Gr. I. dated 27-12-1965). | This has not been considered by the Committee. The Ministry of Health is, however, instituting a scheme of giving 500 scholarships every year to under-graduate women medical students for the next 5 years on the condition that the persons receiving the stipend will execute a bond for serving in MCH and FP Programme either under the State Govt. or under the Government of India. |
| Kerala | | |
| (vi) To attract medical officers for mobile units, more posts of Grade II Civil Surgeons should be created and existing. Asstt. Surgeons doing work be promoted. (Alternatively they should be given Rs. 3 per case of sterilization.) | (Ref. Health & Labour Department No. 80729/A3/65-3/HLD dated (6-12-1965). | Not yet considered by the Committee. |

(vii) Distt. F.P. Medical Officers, Asstt. Director of Health Services (FP) and Dy. Director of Health Services (FP & MGH) should be given non-practising allowance as well as family planning allowance as they are debarred from private practice and are not given any compensation while their colleagues working in hospitals are allowed private practice.

Gujarat

(viii) Private medical practitioners who are properly qualified and trained and are willing to take up the programme may be supplied I.U.C.D. free provided they give the full account of the insertions.

(Ref. Dte. of Health & Med. Services D.O. No. 306-B, dated 21-1-1966). During its second meeting the Committee also discussed such a measure.

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OTHER STAFF

Accommodation

Kerala

(1) Office accommodation should be provided to F.P. Health Assistants and Central assistance should be provided for that.

(Ref. Health & Labour Deptt. No. 7.29/A3/65-3/ HLD, dated 6-12-1965). Not yet considered by the Committee.

ANNEXURE B—contd.

| Nature of suggestion | Suggested by | Remarks |
|--|--|---|
| Punjab | | |
| (ii) Construction of sub-centre buildings should be undertaken where economic level of the village is so bad that they cannot provide any adequate building. Ample land should be donated by the village. For other areas building for F.P. Sub-centre should only be provided if the village donates enough land plus 1/3rd of the cost of the building. | (Ref. Med. & Health Dep. No. 13666-2HBIV-65/40530 dated 13-12-1965). | Not considered by the Committee but according to the existing pattern State Governments are entitled to get Rs. 7,000 for construction of sub-centres under F.P. Programme provided under the original P.H.C. Scheme. |
| Assam | | |
| (iii) Existing accommodation in the office of the Chief Medical Officers of Health and in hospital and health centres is inadequate for accommodating F.P. Bureaus and F.P. Centres. Provision should be made for hiring accommodation for the District Bureau as well as Urban Centres and Rural centres and Sub-centres. Provisions should be made for residential accommodation of staff of urban centres, residential accommodation for staff in rural centres as well as additional accommodation at the primary health centre for F.P. Centre. | (Ref. Health Deptt. No. HLB178/65/70 dated 20-1-1966). | This has not yet been considered by the Committee. |

B. 4. *Vehicles***Andhra Pradesh**

- (i) One jeep should be provided to each Urban Family Planning Centre for the lady doctor to go to districts and perform IUCD insertions in the camps.

(Ref. Public Health Dte. D.O. No. 2503TI/65 dated 20-1-1966.)

All these suggestions have been considered by the Committee at its first meeting and the Committee has recommended 2 vehicles one for mobile audio-visual unit and the other for mobile sterilisation unit. These 2 vehicles are already provided for in the existing pattern. The Committee has suggested additional vehicles for mobile I.U.C.D. units and according to the target of population fixed by the Committee there will be more than one vehicle in each District Bureau.

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Kerala

- (ii) At the District Level there should be 4 vehicles; (one for mobile audio-visual unit, and one each for 2 mobile doctors and one for the District Extension Educator).

(Ref. Health Secretary's D.O. No. 2274/A3/66-4 HLD dated 17-2-1966).

ANNEXURE B—contd.

| Nature of suggestion | Suggested by | Remarks |
|--|--|---|
| Mysore | | |
| (iii) A separate vehicle for IUCD programme over and above 2 vehicles already sanctioned in the pattern should be provided for each District Bureau. | (Ref. Health Dte. D.O. No.FPO/86-8001/65-66 dated 22-1-1966). | |
| Punjab | | |
| (iv) Two more vehicles should be provided for the Dist. F.P. Bureau for pushing IUCD programme in rural areas. | (Ref. Health Secretary's D.O. No. 1182-2HBIV-66/4140 dated 8/10-2-1966). | |
| B. 5 Education & Publicity materials | | |
| West Bengal | | |
| (i) For continuous publicity through exhibitions, audio-visual aids, advertisement, press publications, etc., permanent exhibition units should be provided at the State Bureau. | (Ref. Health Deptt. No. 5230/4F-152/65, dated 6-12-1965). | This has not been considered by the Committee but according to existing pattern, State Governments can get 100% assistance for all education and publicity materials. |

B. 6 Contraceptives

Bihar

- (i) All types of contraceptives should be stocked by the Regional Medical Store Depot and 3 months supply should be made at a time direct to the respective institutions and centres on the basis of indents sent through Health Directorate. Non-availability Certificate should be sent within a week. (Ref. Health Dtc. letter No. I/FPVI-1-28/3465 (6) dated 20-12-1965). This has not been considered by the Committee.

West Bengal

- (ii) All contraceptives should be supplied from the Regional Depot and not from different Medical Store Depots. (Ref. Health Deptt. letter No. PH/5238/4F/152/65, dated 6-12-1965). This has not been considered by the Committee.

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I.U.C.D.

Kerala

- (i) Drugs like mycostatin, vaginal tablets, myceteclin, flagyle (to treat trichomonas infection), penicillin and sulpha-drugs should be provided for each IUCD Centre. None of these suggestions have been considered by the committee. A list of equipment that could be purchased by the State Governments for each IUCD.
- (ii) Electric cautery at district hospitals and taluq level hospitals should be provided to treat chronic cervicitis. (Ref. Health Secretarys' D. O. No. 2274/43/66-4 HLD dated 17-2-1966).
-

ANNEXURE B—contd.

| Nature of suggestion | Suggested by | Remarks |
|---|--|--|
| (iii) Set of speculum sponge holder and vulseilum forceps to be supplied to each sub-centre. | | |
| (iv) A portable examination table should be provided for each mobile van. | | |
| (v) Drugs like Savlon are difficult to be obtained and should be supplied centrally to the various States. | Mysore | |
| (vi) Instruments for IUCD clinics should be standardised and should be purchased in bulk by the centre for distribution to the States. | | (Ref. Health Dte. D. O. Centre was circulated to the State Governments under Ministry of Health letter No. F-13-48/65-FP III dated the 25th June, 1965. Not yet considered by the Committee. |
| | | |
| | West Bengal | |
| (vii) IUCD should be supplied directly from the factory at Kanpur and indents may be placed directly on the factory at Kanpur instead of routing it through the office of the D.G.H.S. Buffer stock of 1 Lakh loops and 5,000 applications should be maintained at the Office of the D.G.H.S. and suitable buffer stocks should be maintained at all Govt. Medical Store Depots to meet emergency demand. | (Ref. Health Deptt. No. PH/5238/4F/152/65, dated 6-12-1965). | |

G. FINANCE

C.I. IUCD

- (i) Incentive to the person receiving IUCD insertion.

This was considered by the Committee at its second meeting held.

- (a) Rs. 5 for meeting travelling expenses and diet charges. (i) **Gujarat**

(Dte. of Health & Medical Services D.O. No. 306-B, dated 21-1-1966).

- (ii) **Kerala**

(Health & labour Deptt. No. 80729/A3/65/3 dated 6-12-1965 and Health Secretary's D.O. No. 2274-A3/66-4/MLD dated 17-2-1966).

- (iii) **Madhya Pradesh**

(Health Secretary's D.O. No. 560/638/XVII-MED (iii), dated 25-1-1966).

ANNEXURE B—contd.

| Nature of suggestion | Suggested by | Remarks |
|---|---|---|
| Kerala | | |
| (b) Rs. 3 to the woman receiving insertion for loss of one working day and meeting food charges. | (Ref. Health Directorate letter dated the 20th Dec, 1965). | At New Delhi and it was decided that each woman receiving IUCD insertion should be paid Rs. 5. towards cost of food, transport charges and other incidental expenses. |
| Mysore | | |
| (c) A sum of Rs. 3 should be provided for food and transport to the person undergoing IUCD insertion. A sum of Rs. 5 should be provided towards transport charge of the person and his dependent receiving insertion; | (Ref. Health Directorate D.O.No. FPO/86-8001/65-66 dated 22-1-1966.) | |
| Punjab | | |
| (d) A woman receiving IUCD insertion should be given free transport plus Rs. 2 per day for 3 days for loss of wage. | (Ref. Med. & Health Deptt. letter No. 13666-2 HBIV 65/40530 dated 13-12- 1965). | |

- (e) A sum of Rs. 2 to self-employed woman from economically backward and poor communities in rural areas. (Ref. Health Secretary's DO No. 1182-2-HBIV 66/41-40 dated 8/10-2-1966).

Uttar Pradesh

- (f) A woman receiving IUCD insertion should be given 50 Paise for light refreshment. (Ref. Health Deptt. letter No.7923/XVI-I-990/19-65 dated 17-12-1965).
- (g) Person undergoing IUCD insertion should get for food and Rs. 1.50 for transport. (Ref. Health Dte's D.O. No. FP/IUCD-1/5443 dated 22-1-1966).

Gujarath

(ii) *Promoter's fee*

- (a) Promoter should get Re. 1 per case

(Ref. Dte. of Health & Medical Services D.O. No. 306-B dated 21-1-1966).

This was considered by the Committee at its second meeting and the Committee decided that the existing pattern of Re. 1 to be given to the dai or neighbour for bringing a case of IUCD insertion should remain. Attempts should be made to bring in agencies who really work for the community, who are social leaders and who can motivate them and change their outlook instead of depending on canvassors for this programme.

ANNEXURE B—contd.

| Nature of suggestion | Suggested by | Remarks |
|--|---|---------|
| Mysore | | |
| (b) Promotor should get Re. 1 per case both in clinic and in camp. | (Ref. Health Dte. D.O. No. FPO/86-8001/65-66 dated 22-1-1966). | Ditto. |
| Punjab | | |
| (c) Promoters' fee of Re. 1 should also be given to Govt. servants. | (Ref. Med. & Health Deptt. letter No. 13666-2HBIV-65/40530 dated 13-12-65). | |
| Kerala | | |
| (d) Promotor should get Rs. 2 per case irrespective of who they are. | (Ref. Health & Labour Deptt. letter No. 80729/A3/65-3/HLD dated 6-12-1965). | |
| Kerala | | |
| (e) Promoter should get Rs. 2 per case if they exceed monthly quota of 10 cases. | (Health Dte. letter dt. 25-12-1965). | |

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Rajasthan

- (f) Promoters should get incentive on bonus basis as in Life Insurance. The incentive should increase proportionately with the number of cases brought by person for IUCD. (Dte. of Health D.O. No. FP/65, dated 20-1-1966)
- (g) The incentive to the dai should be raised to Rs. 2 from Re. 1. (Health Deptt. letter No. 7923/XVI-I-990/1965 dated 17-12-1965).

Uttar Pradesh

- (h) Promotor should get Rs. 2 per case instead of Re. 1. (Health Dte. D.O. No. FP/IUCD-1/844 dated 22-1-1966).
- (ii) *Private practitioners' fees*
- (a) The private Gynecologist should get Rs. 5 per case. (Dte. of Med. Health Services D.O. No. 306-B, dated 31-1-1966).

This has considered by the Committee at its second meeting and the Committee was suggested that the private doctor should get Rs. 5 per case if insertion is done in the Doctor's clinic/nursing home; Rs. 2 per case if the doctor's held in IUCD insertion in a centre run by the State Government within the same town and Rs. 3 per case of IUCD insertion in camps organised by the State Governments subject to a minimum of Rs. 25 per day.

ANNEXURE B—*contd.*

| Nature of suggestion | Suggested by | Remarks |
|---|---|---------|
| Kerala | | |
| (b) The private practitioners and Govt. doctors should get Rs. 3 per case of insertion. | (Health & Labour Deptt. letter No. 80729/A3/65-3/HL dated 6-12-1965). | |
| (c) Every doctor should get Rs. 2 per case of insertion. | (Health Secretary's D.O. No. 2274/A3/66-4/HLD dated 17-2-1966). | 83 |
| Mysore | | |
| (d) All doctors including Govt. doctors should be paid Rs. 2 per insertion as Govt. doctors are not paid N. P. A. | (Health Dte. D.O. No. FPO/65-8001/65-66 dated 22-1-1966). | |
| Uttar Pradesh | | |
| (e) The private practitioners' fee for IUCD insertion should be raised to Rs. 5 from Rs. 2. | (Health Deptt. letter No. 7923/XVI-I-990/1965 dated 17-12-1965). | |

West Bengal

- (f) The private practitioner should get Rs. 5 per insertion to meet incidental expense. (Health Deptt. letter No. PH/5238/4F-153/65 dated 6-12-1965).

(iv) Other Charges

Gujarath

- (a) To meet additional expenditure for IUCD programme both recurring and non-recurring contingent expenditure for urban and rural family planning centres should be increased by 100% (Ref. Med. & Health Dtc. letter No. 308 -CFPC-Meeting-FP dated 1-12-1965). These suggestions are covered by the deliberations of the Committee at its second meeting and the committee has suggested that a sum of Rs. 3 should be provided for drugs and dressing for each case of IUCD insertion. As regards suggestion (d), it was explained to the representatives of the U. P. Government that the sum of Rs. 3 as recommended by the Committee will not be required for each case and the savings can be utilised for treatment of minor gynaecological complaints as suggested by U.P.
- (b) State Govt. should get Rs. 5 as contingent charges for each case of insertion. (Ref. Dtc. of Health & Med. services D.O. No. 306-B dated the 21-1-1966).

ANNEXURE B—*contd.*

| Nature of suggestion | Suggested by | Remarks |
|--|--|---------|
| Kerala | | |
| (c) The lady doctor should be allowed to do IUCD insertion at the person's own residence and allowed to charge usual fee. | Ref. Health Secretary's D.O.No. 2274/A3/66-4/HLD, dated 17-2-66. | |
| Uttar Pradesh | | |
| (d) Cases found unfit for IUCD insertion should be treated for minor gynaecological complaints and a sum of Rs. 5 per case may be provided for this purpose. | (Ref. Health Deptt. letter No. 7923/XVI-1-990/1965, dated 17-12-1965). | |
| (e) State Government should get cost of patrol at Rs. 5 per case of insertion. | (Ref. Health Dte. D.O. D.O. No. FP/IUCD-1-844, dated 22-1-1966). | |
| (f) State Government should get Rs. 10 per case of insertion. | (Ref. Health Dte. D.O. No. FP/IUCD-1-844, dated 22-1-1966). | |

C.2 Sterilisation

- (1) Incentive to the person undergoing operation.

This was considered by the Committee and the Committee recommended that in case of vasectomy every person should be paid a sum of Rs. 12 and in case of salpingectomy, every person should be paid Rs. 25 for loss of wage, care after the operation and other incidental expenses. The cases of vasectomy can also get Rs. 2 for food which has been provided for the State Government either in cash or in kind. The Committee further recommended that persons undergoing vasectomy-operation should get 6 day Casual Leave as at present but persons undergoing salpingectomy operation should be given special Casual Leave for 14 days.

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Madhya Pradesh

- (a) For selpingectomy operation, the lady (Ref. Health Secretary's D.O. No. 560/368/XV IISMedi. 111, dated 25-1-1966).

ANNEXURE B—contd.

| Nature of suggestion | Suggested by | Remarks |
|---|--|--|
| Rajasthan | | |
| (b) Each person undergoing vasectomy should get Rs. 10 for drugs, dressing, diet and transport charge and Rs. 10 for loss of wage. | Ref. Health Dte. D.O. No. FP/ 65, dated 20-1-66). | |
| C.3 Incentive to doctors | | |
| Andhra Pradesh | | |
| (i) Lady doctors for mobile teams should be given special allowance of Rs. 200 per month or special allowance on the basis of performance as IUCD programme has to be done through camps by mobile teams until sufficient lady doctors are available for posting at lower levels. | (Ref. Health Dte. D.O. No. 2503 T1/65, dated 20-1-1966). | The question of incentive to doctors was considered by the Committee at its second meeting and the Committee has recommended that when whole-time Government doctors are engaged in sterilisation camps, they should get Rs. 5 per vasectomy and Rs. 10 per tubectomy if they do this work over and above their normal duties. Similarly in IUCD camps they should be paid Rs. 2 per insertion if they do this work over and above their normal duties. But in cases |
| Gujarath | | |
| (ii) Government medical officers including officers in F.P. Programme should get some incentive for IUCD insertion as given to private gynaecologists viz. Rs. 5 per case. | (Ref. Health & Med. D. O. No. 306-B, dated 21-1-66). | |

where they are withdrawn from their normal duties and employed wholly in the camps they should get the same rate of allowance as indicated above but a deduction at the rate of 25% of the total dues should be made as they would not be performing the normal duty on the day they attend camps.

Kerala

- (iii) Government doctors including whole-time doctors under F.P. Programme should get Rs. 3 per case of sterilization to compensate loss of practices. (Ref. Health & Labour Deptt. letter No. 80729/A/3/65-3/HLD, dated 6-12-65).

Madhya Pradesh

- (iv) Doctors performing the sterilisation operation should get Rs. 3 per case. Ref. Health Secretary's D.O. No. 560/368/XVII Med. (III), dated 25-1-1966).
-

ANNEXURE B—contd.

| Nature of suggestion | Suggested by | Remarks |
|---|--|---------|
| Mysore | | |
| (v) All Govt. doctors should get Rs. 5 per case of sterilisation whether in P.H.C. or in camp for compensating loss of practice as private doctors are not helping vasectomy camps. | (Ref. Health Dte. D.O. No.F10/85-8001/65-66, dated 22-1-1966). | |
| Punjab | | |
| (vi) Medical Officers doing vasectomy operations single-handed outside camp should get Rs. 5 per case and Rs. 6 in camp should get Rs. 3 per case. | (Ref. Med. & Health Deptt. letter No. 13666-2HBIV-65/40530, dated 13-12-1966). | |
| Rajasthan | | |
| (vii) Medical Officers performing IUCD insertion should be paid Re. 1 per case. | (Ref. Health Dte. D.O. No. FP/64, dated 20-1-66). | |
| (viii) All Medical Officers in F.P. programme should get a non-practical compensatory allowance for loss of practice Rs. 35 of pay subject to a minimum of Rs. 150. | | |

U. P.

- (ix) Lady doctors in Govt. hospitals should get special pay for IUCD work at the rate of Rs. 200 per month for 75 cases in a month, Rs. 100 per month who perform 50 of the above specification. Addl. Rs. 50 to be paid for every 25 cases over and above 75 cases stated above. (Ref. Health Dte. D.O. No. FP IUCD-1/844, dated 20-1-1966).

Rajasthan

- (x) Lady doctors engaged in IUCD programme should be given prizes at State and Distt. level each year prizes at State level Rs. 200, prize at Distt. level Rs. 300. (Ref. Health Dte. D.O. No. FP/64, dated 20-1-1966). This has not been considered by the Committee.

Mysore

- (xi) Distt. F.P. Officers should get Rs. 150 per month as F.P. Allowance for loss of private practice. (Ref. Health Dte. D.O. No. FPG 86-8001/65-66, dated 22-1-1966). Ditto.
- (xii) Distt. Health Officer who is a key person for overall implementation of the programme should get F.P. Allowance of Rs. 200 per month for loss of private practice. Ditto. Ditto.

ANNEXURE B—contd.

| Nature of suggestion | Suggested by | Remarks |
|---|---|---|
| West Bengal | | |
| (xiii) Part-time Medical Officers' honorarium should be raised to Rs. 200 per month from Rs. 100 as admissible now. | (Ref. Health Deptt. letter No. PH/5238/4F-152/65, dated 6-12-1965). | The Committee at its 2nd Meeting decided that remuneration may remain at Rs. 100 p.m. for working 3 hours a day for 3 days in a week or 2 hours a day for 2 days in a week. The duty hours will be flexible to suit local conditions. Additional incentive to be given on the basis of performance Rs. 10 for vasectomy over and above 10 cases in a month and Rs. 2 per IUCD insertion over and above 50 insertions per month. Combination of case should be allowed—one vasectomy being considered equivalent to 5 IUCD insertions. |
| C.4 Incentive to other staff | | |
| Gujrat | | |
| (i) Medical attendant in IUCD programme should get Rs. 3 per case. | (Ref. Health & Med. Dte. D.O. No. 306-3, dated 21-1-1966). | This was discussed by the Committee at its second meeting. No separate incentive was |

(ii) The nurse attached to the IUCD Unit should get Re. 1. per case.

suggested by Committee but the Committee. felt that the Medical Officer shall give a part of his own incentive to the paramedical staff to get their cooperation.

Uttar Pradesh

(iii) The Auxiliary Nurse Midwife should get special pay of Rs. 75 per month for bringing 50 cases of IUCD. (Ref. Health Dtc. D.O. No. FP/IUCD-41/844, dated 22-1-1966).

Rajasthan

(iv) Staff nurse and other staff working in IUCD programme should get prizes at State and District level each year. Prize at State level Rs. 200 for staff nurse, Rs. 100 for Class IV servant, prizes at District level Rs. 150 for staff nurse, Rs. 50 for class IV servant. (Ref. Health Dtc. D.O. No. FP/64, dated 20-1-1966). Not considered by the Committee.

ANNEXURE B—contd.

| Nature of suggestion | Suggested by | Remarks |
|---|---|---|
| <i>C.5 Production of Education & Publicity materials</i> | | |
| West Bengal | | |
| (i) Publicity and education material including films should be produced by F.P. Bureau and provision of Rs. 4 lakhs including Rs. 3 lakhs for a full length film should be provided by the State Bureau every year. | (Ref. Health Deptt. letter No. PH/5238/4F152/65, dated 6-2-1965). | This was not considered by the Committee. However, according to existing pattern of Central assistance, State Governments are entitled to get 100% central assistance for education and publicity programme. Any proposal from the State Government can be considered on merit under existing patterns of Central assistance. |
| <i>C.6 Pattern of Central Assistance.</i> | | |
| Madhya Pradesh | | |
| (i) Third Five-Year Plan's schemes should not be treated as committed expenditure during Fourth Plan and Central share of recurring expenditure should be raised to 90% from 73%. | (Ref. Health Secretary's D.O. No. 560/368/XVII-Med. (111), dated 25-1-66. | This was discussed by the Committee at its first meeting and members were informed that both the Planning Commission and the Ministry of Finance |

have agreed not to treat the Third Five-Year Plan schemes as committed expenditure during the Fourth Plan. They further agreed to raise the pattern of assistance for recurring expenditure from 75% to 90% and to continue Central assistance for the next 10 years formal orders from the Ministry of Health are being communicated to the State Governments.

- (ii) All expenditure in connection with pay of staff and contingent charge should be 100% Central Assistance. (Ref. Health Dte. D.O. No. FP/64, dated 2-1-1966).

West Bengal

- (iii) Expenditure for Third Plan should not be treated as committed expenditure and 100% Central assistance should be given to institutions started during Third and Fourth Plans. (Ref. Health Deptt. letter No. PH/5238/4F-150/65, dated 6-12-1965).
-

ANNEXURE B—contd.

| Nature of suggestion | Suggested by | Remarks |
|---|---|---|
| C. 2 Miscellaneous | | |
| Andhra Pradesh | | |
| (i) Each State Govt. should be given an ad-hoc grant of Rs. 1 lakh per year for implementing scheme that may be considered suitable for a particular State but that does not come under approved pattern. This will allow flexibility to State Government. | (Health Dte. D.O. No. 3503TI/65 dated 20-1-1966) | None of these suggestions have been considered by the Committee. Only casual referenc was made regarding award to various categories of workers during the second meeting of the Committee. |
| Kerala | | |
| (ii) Awards may be given at State level, District level and Block level for each category of workers for good work. | (Health & Labour Deptt. letter No. 80729/3/65-3/HLD dated 6-12-1965.) | |
| Punjab | | |
| (iii) Whenever exigencies of situation demand State Govts. make blanket cut on budget including family planning budget and this affects adversely the programme. Central Govt. should direct all State Govts. not to impose any cut under any circumstances in the budget of the family planning programme. | (Health Secretary's D.O. No. 1182-2HBIV-66/4140 dated 8/10-2-1966). | |

West Bengal

- (iv) There is no provision for contingent expenditure at State Bureau. A sum of Rs. 12,000 per annum should be provided at State Bureau to meet contingent expenditure on purchase of stationery, duplicators, etc. and for organising seminars, discussions, council meetings, etc. (Health Deptt. letter No. LH 5238/4F-152/65 dated 6-12-1965.)
- (v) Provision for maintenance of vehicle in district bureaus is inadequate to perform vasectomy operations and IUCD insertions from mobile teams. Each district has a big vehicle and a small vehicle. The provision should be Rs. 7,660 per annum for the big vehicle in bigger districts and Rs. 6,660 for ordinary districts. The provision for maintenance of jeeps should be at the rate of Rs. 4,000 per vehicle per annum. (Health Deptt. letter No. No. PH/5238/4F-152/65 dt. 6-12-1965).

D. TRAINING OF STAFF

Punjab

- (i) The entire health personnel should be involved in the F.P. Programme and should be given orientation training. (Med. & Health Deptt. Not yet discussed. No. 13666-2HBIV-65/40530 dated 13-12-65).
-

ANNEXURE B—contd.

| Nature of suggestion | Suggested by | Remarks |
|--|---|--|
| E. VOLUNTARY AGENCIES | | |
| (i) Gujarat | | |
| (i) Voluntary organisations and private medical institutions should receive the same amount of assistance for IUCD programme as admissible to State Governments. | (Health & Med. Dte. D.O. No. 306-B date 21-1-1966). | This was discussed by the Committee at its second meeting. The Committee recommended that voluntary organisations receiving Central grants for running Family Welfare Planning Centres should be entitled to Rs. 3 for each case of insertion and those that are not receiving any Central assistance for F.P. Programme should get Rs. 5 per insertion. In addition to that they will also get the monetary assistance as for State Governments for the dai or neighbour bringing the case for food, transport and incidental expenses for the person receiving the insertion and for incentive to the doctors as |
| | (ii) U. P. (Health Deptt. letter No. No. 7923/XVI-1/990 dt.17-12-1965). | |

admissible to State Govern-
ments.

Utter Pradesh

- (ii) Honey, Education Leaders have not proved effective except in a very few cases. The scheme should be reviewed and if necessary amount spent on such leaders may be diverted for giving suitable honorarium to Parivar Kalyan Sahayaks and Sahayikas at the village level say Rs. 10 to Rs. 13 per month. (Health Deptt. letter No. 7923/XVI-I-990/1965 dated 17-12- 1965. This has not been considered by the Committee.
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SUGGESTION FROM ASSAM STATE

Extract from Letter No. HLB-178/65/70, dated the 20th January, 1966 from Shri G. C. Phukan, I.A.S., Secretary to the Govt. of Assam. Halth Department, Shillong, to the Secretary to the Govt. of India, Ministry of Health and Family Planning, Patiala House, New Delhi.

Budget provision.—So far as staff pattern is concerned there will be small modification in the light of suggested modified staff pattern. But the main problem is accommodation. The present position is that with the extremely limited funds for the buildings of a Primary Health Centre the administrative and dispensary building constructed is rather inadequate even to run as a Public Health Centre for other purposes. For having the IUCD programme, the minimum requirements of space in the dispensary/administrative building are a small sitting room, a room for a examination and insertion and a bath room. The additional floor space required is 300 sq. ft.

Due to limitation of fund pointed out above, it has not been possible even to provide residential accommodation to all the staff normally appointed in a Public Health Centre. Without provision of accomodation neither in the urban clinic nor in the rural clinic, it will not be possible to post staff. In rural areas hired accommodation is not available. In Urban areas, mainly due to large number of buildings being under Defence occupation, houses for hiring are extremely difficult to get. Even when a house is available, the rent is very high and the location may be at a considerable distance away from the place of work. Hence, unless residentail accommodation can be provided, the Clinics will remain mere by their Sign Board than by activities. It will be impossible to induce any person to go and work without residential accommodation. Even when some one can be induced to go, some one is bound to quit the job within a few days.

It is fully realised that we should think more of the work than building. But the minimum quantum of building is a pre-requisite to actual field work. We also appreciate

that construction cost should be minimised. We are thinking of doing it. For instance, the normal amount admissible for the residential accommodation of an Assistant Surgeon-I is about Rs. 24,000/-. We are now thinking of providing cheaper type of accommodation and with more restricted floor area.

In the light of the foregoing, the amount required for purposes is as follows :

A. Rural Centres :

| | Rs. |
|---|-------------------------------------|
| (1) Addition to the PHG dispensary—300 Sft. | 2,100 |
| (2) Residential Accommodation of A.S.I. | 15,000 |
| (3) Residential accommodation to the Extension Educator, the Computer, the Store-Keeper, the two Family Planning Field Workers and the four Midwives—lump sum | 75,000 |
| TOTAL | <hr/> 92,100 per rural Centre |

B. Urban Centre :

| | |
|---|--------------------|
| (1) Residential accommodation for A.S.I. | 15,000 |
| (2) Residential accommodation for the two Family Planning Extension Educators, the two Family Planning Welfare Workers, the Store-Keeper and the attendant—lump sum | 60,000 |
| TOTAL | <hr/> 75,000 <hr/> |

It is suggested that the budget provision may kindly be increased accordingly.

ANNEXURE "C"

State Family Planning Bureau (Staff Proposed)

JOINT DIRECTOR/DEPUTY DIRECTOR

| Existing Staff | Administration & Stores Division | Operation Division |
|--------------------------------------|--|---|
| 1. Dy. Director F. P. & M.C. | 1. Administrative Officer (FP) (Senior Deputy Collector from F.C.S. Cadre) | 1. Asstt. Director of Health Services (FP) |
| 2. State Family Planning Officer. | 2. Store Officer | Education Information Planning, Field Operation, Evaluation & Training |
| 3. Health Educator | 3. Officer Superintendent | |
| 4. Statistician (Statistical Asstt.) | 4. Stenographer | |
| 5. Steno-typist | 5. Inspection Officers of Stores. | |
| 6. Superintendent/Health Clerk. | 6. Upper Division Assistants (One for Stores). | 1. Health Education Officer. |
| 7. Assistant/Upper Division Clerk. | 7. Senior Accountant | 1. Medical Officer Incharge (IUCD Programme). |
| 8. Lower Div. Clerks | 8. Accountant (one for Stores). | 2. Upper Div. Clerk |
| 9. Driver | | 3. Assistant Editor |
| | | 4. Artist-cum-Photographer. |
| | | 5. Steno-typist |
| | | 3. Statistical Assistant. |
| | | 4. Upper Division Clerks. |

| | | | |
|-------------------|---|----------------------------|---|
| 10. Cleaner . . . | 1 | 9. Lower Division Clerks . | 3 |
| 11. Peon . . . | 1 | 10. Typists . . . | 3 |
| | | 11. Packers . . . | 2 |
| | | 12. Peons . . . | 5 |
| | | 13. Drivers . . . | 2 |
| | | 14. Cleaners . . . | 2 |
| | | 15. Night Guard . . . | 1 |

ANNEXURE "D"
District Family Planning Bureau
DISTRICT FAMILY PLANNING OFFICER (CLASS I OFFICER)
PROPOSED REVISION

| Existing pattern | Administrative Division | Education & Information Division | Field Operation & Evaluation Division |
|---|---|--|--|
| 1. Distt. Family Planning Medical Officer. | 1. Administrative Officer (Sub-Deputy Collector/Tehsildar). | 1. Health - Education & Information Officer. | 1. Statistical Investigator. |
| 2. Asstt. Surgeon Grade I (Female). | 2. Upper Division Clerk. | 2. Distt. Extension Educator (1 Male & 1 Female) | 2. Family Planning Workers (1 Male & 1 Female) |
| 3. Asstt. Surgeon Grade I (Male). | | | |
| 4. Distt. Extension Educators (1 Male & 1 Female) | 3. Accountant | 3. Artist-cum-Photographer. | |
| 5. Statistical Asstt. | 4. Asstt. Accountant | 4. Projectionist | |
| 6. Operation Theatre Nurse | 5. Cashier. | 5. Driver-cum-Mechanic. | |
| 7. Upper Division Storekeeper. | 6. Upper Division Clerk (Stores). | 6. Cleaner | |
| 8. Clerk-cum-typist | 7. Lower Division clerk-cum-Typist. | | |
| 9. Operation Theatre Attendant. | 8. Steno-typist | | |
| 10. Projectionist | 9. Peons | | |
| 11. Driver-cum-Mechanic | | | |

12. Cleaner 1

13. Family Planning Field-Workers (1 Male & 1 Female). 2

STERILIZATION UNIT (MOBILE)

MOBILE IUCD UNIT

(One per District Bureau)

(One for 5 to 7.5 Lakhs population)

1. Assistant Surgeon Grade-I . . . 1

2. Operation Theatre Nurse 1 . . . 1

3. Operation Theatre Attendant 1 . . . 1

4. Driver-cum-Mechanic 1 . . . 1

5. Cleaner 1 . . . 1

1. Asstt. Surgeon Grade -I (Preferably a Lady Doctor). 1

2. Auxiliary Nurse Midwife . . . 1

3. Attendants (1 Male & 1 Female) 2

4. Driver-cum-Mechanic . . . 1

5. Cleaner 1

ANNEXURE E

Rural Family Planning Organisation (In C. D. Block)

(See Paragraphs 2.20 and 2.22)

| <i>Existing Pattern</i> | <i>Proposed revision</i> |
|--|---|
| <i>Main Centres at the P.H.C.</i> | <i>Main Centre at the P.H.C.</i> |
| Asstt. Surgeon Gr. (Women) 1 | *Asstt. Surgeon Gr. I 1 |
| Extension Educator, F.P. 1 | Extension Educator (F.P.) 1 |
| Computer 1 | Computer 1 |
| Store-keeper-cum-Clerk-cum-Accountant. 1 | Storekeeper-cum-clerk-cum Accountant 1 |
| A.N.M. 1 | A.N.M. 1 |
| **Sub-centres (1 for 10,000 population) | Sub-centres (1 for 10,000 population). |
| A.N.M. 1 | A.N.M. 1 |
| Voluntary Worker to act as female attendant 1 | Voluntary Worker to act as female attendant 1 |
| Male F.P. Field Worker (FP Health Asstt.) 1 | ***Male F.P. Field Worker 1 (F.P. Health Assistant for two sub-centres |
| to sub-centres entering Malaria Maintenance Phase otherwise two per Block. | ****Lady Health Visitor 1 for 40,000 population |

*This Officer should be a lady and all attempts should be made to appoint ladies. If lady medical officers are not available then male medical officers may be appointed.

**3 of the sub-centres are according to original scheme of P.H.Cs The additional sub-centres above 3 will be financed by Family Planning Programme.

***In difficult terrain the population to be covered by the Family Planning Health Assistant may be reduced to 15,000 or even 10,000.

****Provision for One Lady Health Visitor already exists in the staffing pattern of P.H.C. one additional Lady Health Visitor will therefore meet the requirements of most of the P.H.Cs.

ANNEXURE F

Recommendations made by the Workshop for Training of Family Planning Personnel held in New Delhi from 8th March to 12th March 1966

The workshop for training of Family Planning Personnel came to the following conclusions :—

1. *Orientation*

1.1 It is affirmed often that family planning should be given the highest priority in national opinions, policies and plans. A powerful favourable public opinion is an essential pre-requisite to this. Towards achieving this purpose the Central Family Planning Institute should explore possibilities of arranging symposia/seminars for MPs, MLAs, and other leaders of public opinion.

1.2 Seminars should be organised by the State Family Planning and State Health Education Bureaus for administrators at the district level like collector, deputy commissioners, development officers, district extension officers, zila parishad chairman and other.

1.3 Orientation for sub-divisional and block level officers should be arranged. These should be co-ordinated by the regional A.D.Gs. and the Central Family Planning Field Units may be involved in it.

2. *Strengthening of other courses*

2.1. The All India Institute of Hygiene and Public Health should offer a course in Family Planning in continuation of the D.P.H., D.I.H., D.M.C.W., DHE and public Health nursing courses. This intensive training would be in addition to integration on Family Planning in the regular courses. This course may be standardized by All India Institute for Hygiene and Public Health.

2.2 Other institutions giving similar public health courses may undertake certificate courses not exceeding one month based on the method and content finalised by the All India Institute of Hygiene and Public Health.

2.3 Inclusion of Family Planning content in medical colleges and nursing schools is of great importance. Attempts made in regard to this are noted. Much more needs to be done. The Central Family Planning Institute should pursue this matter further.

2.4 Family Planning content should be included in the course of instructions in the Administrative Staff College, so that the future district officers acquire the necessary conviction, and are able to provide leadership to the programme. The Central Family Planning Institute may explore possibilities.

2.5 Family Planning content in the training programmes of institutions in the Development Departments should be assessed by the Central Family Planning Institute with a view to strengthening it, so that the workers can play an important role in the programme.

2.6 Family Planning instruction should be included in different courses offered by universities so that Family Planning will become a part of the mental make-up of the young people. The Central Family Planning Institute, may take this up with the University grants Commission and the Inter-university Board.

3. *Training of Technical Personnel*

3.1 *General Considerations*

3.1.1 Training courses should be job-oriented and less theoretical of as short a duration as possible supplemented with refresher courses, seminars and discussion groups to make up for initial short coming of courses, and also to keep the knowledge up to date.

3.1.2 Contents of the various training programmes may be so organised as to emphasise the importance of training, administration, planning, reporting, assessment evaluation

and follow up. Contents may also particularly provide adequate attention to the IUCD programme. It is of paramount importance to-day.

3.2 Allocation of Responsibilities and Mechanism of Training

3.2.1. Trainers of state training centres should be trained at the Central Family Planning Institute, New Delhi. The following may be the guiding principle.

3.2.1.1 The duration should be 70 working days.

3.2.1.2. They should be trained as a team of all the instructors. Instruction in administration in all of its different aspects—planning, supervision and guidance, reporting and evaluation, and health education should form an integral part of training with the active participation of NIHAE and CHEB respectively.

3.2.1.3 Three such courses should be offered during the year;

3.2.1.4 The number of trainers—trainees in each batch or course should be a maximum of 30.

3.2.1.5 The content of the courses should be reviewed in the light of current discussions.

3.2.1.6 In the course of training these trainers should familiarise themselves with the method and content of training of DEPOs and DEEs at the other Central Training Institutions.

3.2.2 District Family Planning Officers should be trained at the All India Institute of Hygiene and Public Health, Calcutta. The following may be the guiding principles.

3.2.2.1 The duration should be 45 working days.

3.2.2.1 Four courses should be offered during a year.

3.2.2.3 A maximum of 30 candidates should be admitted to each course.

3.2.2.4 Content should include administration, planning budgeting, financing and supervision.

3.2.2.5 Training of the DFPOs should include one week in New Delhi at the Central Family Planning Institute. The NIHAIE, and other senior administrators in Delhi can assist in emphasising the different aspects of administration.

3.2.2.6 The present course offered by the Institute may be modified in the light of these recommendations.

3.2.3 District extension educators should be trained at the Central Health Education Bureau, New Delhi, the Family Planning Training and Research Centre, Bombay, and the Institute of Rural Health and Family Planning, Gandhigram. The following may be the guiding principle.

3.2.3.1 The curriculum developed by the Central Health Education Bureau for the job orientation training of district extension educators for a duration of 60 working days may be adopted with necessary adaptation to give the requisite focus on Family Planning.

3.2.3.2 The Central Health Education Bureau will offer two such courses in a year with 30 trainees in each; The Family Planning Training & Research Centre, Bombay, four courses in a year, initially with 20 trainees each, subsequently to be increased to 30; and the Institute of Rural Health and Family Planning, Gandhigram, two courses in a year with 30 trainees in each. Thus, about 240 DEEs will be trained in a year.

3.2.3.3 Candidates for training in the CHEB will be from Assam, Bihar, Jammu & Kashmir, Punjab, Rajasthan, Uttar Pradesh and West Bengal and the Centrally administered areas except Goa and Pondicherry; for the Family Planning Training & Research Centre, Bombay from Gujarat,

Madhya Pradesh, Maharashtra, Orissa and Goa; and for IRH & FP, Gandhigram, from Andhra Pradesh Kerala, Madras, Mysore, and Pondicherry.

3.2.3.4 Coordination of the DEE training programme will be done by the Central Health Education Bureau and they will provide necessary assistance.

3.2.3.5 Directors of the Central Health Education Bureau, the Family Planning Training & Research Centre, Bombay, and the Institute of Rural Health & Family Planning, Gandhigram, will meet and evaluate the common curriculum for the 60 days' training/course for district extension educators. This group should modify the syllabus prepared by the Central Health Education Bureau to suit the training of distt. extension educators based on their jobs specifications.

3.2.3.6 Staff-student ratio for the district extension educators training programme may be 1 : 6. The Central Health Education Bureau may also develop Qualifications for the educators and allied staff who may be employed as trainers in these institution.

3.2.4 The Central institutions will start their training programme as per schedule below :—

3.2.4.1. The Central Health Education Bureau—February and September (District Extension Educators).

3.2.4.2 The Family Planning Training & Research Centre, Bombay—February, June, September and December (District extension Educators).

3.2.4.3 Institute of Rural Health & Family Planning, Gandhigram—April and October (District Extension Educators).

3.2.4.4 All India Institute of Hygiene & Public Health Calcutta—February, May, August and November (District Family Planning Officers).

3.2.4.5 The Central Family Planning Institute—February July and October (Trainers of training centres).

3.2.5 The duration of training for each category of other workers and the venue of training should be as under :—

| Block | Medical Officer (MO. PHC) | One Week (excluding IUCD and sterilisation) | SFPTC |
|--------------------------|---------------------------|--|--------------|
| Lady Assistant Surgeon | | 15 days | SFPTC |
| Block extension educator | | One month | Do. |
| Health Assistant | | One month | Do. |
| Lady Health Visitor | | 7 days | SFETC/Distt. |
| Computer | | 7 days | District |
| Auxiliary Nurse midwife | | 7 days | Distt./PHC |
| Health Inspector | | 4 days | Distt./PHC |
| Basic Health worker | | 3 days | Distt./PHC |
| Storekeeper-Cum-Clerk | | 3 days | PHC |

Training at the district and PHC levels is contingent upon facilities being available *e.g.* a training cell in a district Family Planning Bureau.

3.2.6 As a fellow up of the training programme the various training institutions may organise refresher courses for personnel who have taken the initial training.

3.3. *Special Groups*

3.3.1 The general practitioners of medicine who have facilities for inserting IUCD may be given special short orientation training. Wherever possible the local IMA and the Government agencies may provide the necessary training.

3.3.2 The Commissioner, Family Planning and the Central Family Planning Institute may take steps to help agencies like Railways, Defence, Industry, Labour, Voluntary Organisations, etc. in training their personnel in the implementation of the Family Planning Programme with special emphasis on IUCD.

3.4. *Refresher seminars*

3.4.1 Orientation seminars for senior general and health administrators at the national and State levels should be organised by the Central Family Planning Institute. These may be held in different parts of the country, each seminar catering to the needs of a small group of States.

3.4.2 The Central Family Planning Institute should organise short seminars for special groups with a view to discussing administrations, planning, budgeting, and programme planning and implementation.

3.4.3 In annual seminar for State Family Planning Officers and other officers directly connected with the family planning programme like those in MCH, Health Education, Vital Statistics, should be organised by the Central Family Planning Institute. These seminars may be held in different parts of the country. Teachers and research workers in these fields should be invited to attend these seminars. It was suggested that this seminar may follow the family planning workers' conference that may be held annually in which the officers mentioned above will also participate.

3.4.4 In annual conference on family planning to be attended by workers at all levels may be organised by the Commissioner, Family Planning.

4. *Administrative considerations*

4.1 There should be a training division in the family planning Commissioner's Office, adequate in size and capacity to undertake the responsibilities involved.

4.2 The Commissioner, Family Planning may assume the responsibility for implementing and coordinating training from the operational point of view, announce the courses to the States, ensure that the trainees are deputed in time as per capacity of the various institutions and evaluate the effectiveness of the training programme. Subsequent enquiries in regard to training may go direct to the institution concerned.

4.3 The Commissioner, Family Planning may also provide staff and resources necessary for each training centre to take up the new responsibility.

4.4 Certificates may be awarded to the trainees on successful completion of the course by the training centre concerned, under the signature of the Director of the Institute and the Head of the Faculty. These certificates should be recognised by the Govt. of India.

4.5 A report of each training course offered by the Central institution, should be prepared within a month after the end of the course and circulated to other training institutions. A form for uniform reporting will give all the information necessary for the purpose in view, should be designed by the Central Family Planning Institute.

4.6 Faculties of each of the training centres may meet at least once a year at the different training institutions. This will give a scope for visiting faculty to discuss the training programmes with the staff the host institute and visit their field training areas so as to review and modify the training programme and bring uniformity and standardisation in the total curriculum.

4.7 The group also felt strongly that training cells should be established in every district and should include one health educator and one public health nurse. This would be in addition to a training centre for every 10 million population.

4.8 In most states, the field units are doing good work. In some States where they have so far not proved very useful they could be made more useful. All the units should be continued, and wherever necessary they should be strengthened. If any State needs one more unit, this should be provided. These units would be most useful in the training of family planning workers at the field level where the state training organisation is not yet strong enough to take the entire burden of such training. These few units can also be very useful in giving orientation training to various lay groups. They could also take up the work of mass communication and

evaluation of specific programmes, and in some places, could even lend a hand in the service programme. What specific role any unit should play should be determined by the State authorities as a part of the total training programme of State. The units should work under the direction of the State D.H.S. and be administratively controlled by the State Authorities although they will continue to be treated as Central units for financing purposes. In this manner it would be ensured that these field units work in unison with the State policies.

4.9 It is necessary to examine the extent to which existing rural health training centres, and training centres administered by the development department can be utilised in training family planning personnel.

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