

MUKERJI  
COMMITTEE  
REPOET

For class use only

National Institute of Health Administration  
& Education Fourth Staff College Course  
(Nov 6 - Jan 6, 1968)

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 take 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 have 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 and 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-

(1) 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 to 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 organize, 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 organized at all levels of implementation, from the State Headquarters down to the block. In order that this requirement should be fulfilled, organizational strengthening becomes a necessity.

(ii) there is need for considerable strengthening of the educational and publicity effort. While the effort 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 into control methods.

(iii) there is how much greater need for providing the supplied and service almost simultaneously with the motivation. The need for this has already been recognised in the instructions given some time ago that oriented camps should be, as far as possible, possible, accompanied by service, camps. This requires that, on the one hand, all difficulties that may come in the way 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 advice or service in all medical institutions, Government privates, 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 and 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 those suggestions is also appended to the report. (Annexure B). The Chairman of the Committee and the Commissioner, Family Planning, 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 references 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 required 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 decentralized 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, or 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 I.U.C.D. 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 has 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 oven the laid down

targets would seem to require. The very promising results in terms of numbers achieved in some parts of the country within the first few months of taking up the IUCD programme are not sufficient indication that the organizational 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 I.U.C.D. INSERTIONS of the early months is 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 up to 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 Headquarters 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 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 temp 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 en-large 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 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 those 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 purposes 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, I.U.C.D. 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 Division 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, A.U.D. 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 I.U.C.D., sterilization etc. It will organized 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 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 education 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 I.U.C.D. 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 I.U.CD., 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 I.U..C.D. programme and a small cell be created for this with an U.D. Assistant.

2.12 The Field Operation 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 realized 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 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 bureaus 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 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 organizational, 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 organized 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, Educator and Information Division and Field operation and Evaluation Division. The Administration Division will be in charge of an Administrative Officer of the rank of the 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 one 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, account-keeping 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 operation 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 Staff Bureau. The District Family Planning Officer will be wholly responsible for the programme and should have the authority to correspond directly with the officer at the State Headquarters.

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 man-power 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 IUCD service is concerned, will extend to only a few miles round the centre and there are bound to remain big packets 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 F.H.Cs, and sub-centres. It should be possible for the I.U.C.D. campaign to forge ahead of the F.H.C. programme and not depend over much on the latter. The World Bank Mission has also recommended this. It is for these reasons that the Committee strongly recommend the use of mobile IUCD 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 voluntary 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 its programme all the preparations would have been made and it will be able to accomplish the maximum amount of work during its short stay of 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, which work can be boring and will, therefore, fail to attract a 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 hospitals 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 co-ordination 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 Governments.

2.17. In view of the key role which would be placed in the implementation of the programme by the District Family 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 normal rules of the State Government. If the

interchange between the mobile and the static duty suggested earlier is not feasible in any case, the officer attached to the mobile units may be remained in that position for a specified period of say one year at a time and may then be put in 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 proposal are submitted by and 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 whole time or part-time as may be necessary in any case.

The Committee also considered the existing organizational 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)

2.10. 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 IUCD 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 the 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 Officers.

2.25 In concluding this subject of organization 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. A part 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 person's 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

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 doctors and paramedical 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, more 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 out 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 provide 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 or 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 3000 IUCDs, 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, tubertomy 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 camps.

(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 weak. 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 maybe 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 IUCD are

Employment of Private Practitioners in the  
Sterilization and I.U.C.D. programme

3.3 The employment of more and more private doctors in the sterilisation 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 Training 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. Per 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 sterilization 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 considers 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 check-s 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 came 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 on 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 ho required to submit certain returns and statistics to the State Health Authorities.

#### Compensation for the individuals

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 enlarge the sterilisation operation or the women who have to have the I.U.C.D. 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 hope 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 involved expenditure to them on the travel. In most cases they have to go to the clinic for check up one 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 and 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 too 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 Committees 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 most 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 affect 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 this 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 this 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 do grow, it would be possible to apply correctives without much difficulty but too nigrorous 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 rigorous a check will affect privacy of the women 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 far salpingetomy. 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 salpingetomy operation should be given special casual leave for 14 days when such an operation is not performed luring the period of maternity leave. Women undergoing IUCD insertions should also be given one day's special casual leave.

3.11 The Committee was inform that in the States industrial employees were not entitled to any casual leave for sterilization 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 sterilization,

3,12 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 Government, 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 I.U.C.D... 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 I.U.C.D. 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 is 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:

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 1.5 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 should 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 Panchayat level, various kinds of associations, women's organisations, organisations of all-India standing, the Bharat Sewak Samaj, the Indian 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 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 legal 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 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. organize a Family Planning exhibition on the occasion of a big Male - 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 decentralized. 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 Governments 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 a sanctioning grants to the voluntary agencies.

5.4 The Committee recommended that grants may be sanctioned, both new grants and continuation grants, as follows: -

- (i) Amounts up to 5,000 by the District Family Planning Officers;
- (ii) Amounts exceeding Us. 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 up to an 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 up to a specified limit, say, up to 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 reduced.

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 periodically 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 IUCD 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 Rs3/- 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 on 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

T R A I N I N G

6.1 In the Section on "Organisation" mention was made of the added importance which training of the personnel required for developing the 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 is 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) democrat 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 IUCD programme get due emphasis in all training and orientation courses; 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 -Planning through symposia, seminars etc, for leaders of public opinion and also for higher officers of the administration who will have to play 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 IUCD method.

6.2 The Committee wish to emphasize 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 so 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 long as the big deviations are made from the pattern formulate 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 emphasize the need for accelerating the training of paramedical personnel, nurses, auxiliary nurse-mid-wives, etc. required for the Family Planning Programme. The Committee was 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 full-fledged 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 on the field work will suffer.