

Evaluation of Family Planning Programme Reports of Assessment Teams And The Panel of Consultants

1. The Study

On the recommendations of the Central Family Planning Board, the Ministry of Health of the Government of India constituted the Family Planning Programme Evaluation and Planning Committee towards the end of July, 1963 to make a critical review of the progress of the Family Planning Programme in the Third Plan and to formulate proposals for the Fourth Plan. At the instance of Family Planning Programme Evaluation and Planning Committee, a panel of consultants was constituted in October, 1963 for the purpose of working out the details of an evaluation of the Family Planning Programmes.

On the recommendations of the panel of consultants, the Directorate of Family Planning, Ministry of Health appointed six Assessment Teams, five for evaluating the programme in different states and one for assessing the organizational and administrative set-up at the centre. Thus, the study was undertaken by PEO at the instance of the Family Planning Programme Evaluation and Planning Committee.

2. Objectives

The objectives of the study and terms of reference of the assessment teams as formulated by the panel of consultants were as follows:

- i) To examine the organizational and administrative set-up in the States/Union Territories/Centre from the point of view of its adequacy and effectiveness for the Family Planning Programme;
- ii) To analyse the physical achievement and financial performance under the programme;
- iii) To assess the extent of understanding and acceptance of the 'reorganised' Family Planning Programme and the preparations made for launching it;
- iv) To estimate the progress to be made for a full implementation of the programme and the difficulties and bottle-necks to be overcome; and
- v) To suggest ways and means for improvement.

3. Sample size/criteria for selection of sample

The study was conducted in all the fifteen states of India, viz., Andhra Pradesh, Assam, Bihar, Gujarat, Jammu & Kashmir, Kerala, Madhya Pradesh, Madras, Maharashtra, Mysore, Orissa, Punjab, Rajasthan, Uttar Pradesh and West Bengal.

4. Reference Period

The reference period of the study was Third Five Year Plan. However, for some states which were existing then the data was also collected for First and Second Five Year Plan. The field work of the study was initiated in January, 1964 and could not be completed earlier than September, 1964. The reports of assessment teams were received by the Directorate of Family Planning as well as the Panel, at different times from the middle of 1964 to February, 1965.

5. Main Findings

1. It was found that lack of sufficient priority for the Family Planning Programme was a most severe problem in the States. This insufficient feeling of urgency was hindering the development and implementation of the programme in many ways.
2. Uncertainties about continuation of aid into the Fourth Plan have also seriously hindered the implementation of such a staff-intensive scheme. Although diversion of family planning funds to other non-plan health expenditure is commonly reported to occur, the Planning Commission and Ministry of Health have not been in a position to intervene or ascertain the extent of diversion.
3. It was observed that State Family Planning Boards had not always been very effective and in many cases the officers were not able to estimate this body sufficiently. In the State Family Planning Bureaus, the sanctioned staffing pattern was inadequate to carry out the leadership and executive functions. Moreover, district family planning committees had not lived up to their potential for providing strong support to the programme.
4. Transportation was reported to be a severe and crippling bottleneck in every state family planning programme, since it was needed for supervisory purposes, for mobile sterilization or IUCD services, for mass publicity purposes, etc.
5. Over 80 percent family planning service units were managed by State Governments while local government bodies (towns etc.) were still under represented with less than 2.6 percent of the total.
6. At the time of field visits, relatively few units had built up a strategy to spread the message of family planning and actively involve the groups in their area.

7. Production of basic audio-visual materials for use in training and educational efforts was still inadequate. Moreover, the formal educational system had so far not been involved in support of the family planning programme.
8. Three techniques of contraception i.e., sterilization, IUCD and Condom were emerging as methods which met the criteria of effectiveness and popularity on a large scale.
9. Outmoded record systems and accounting procedures had hindered the distribution of supplies. Routine records and reports on contraceptive distribution were still considered as individual record.
10. The inability to get precise estimates of birth rates in the states prevented adequate diagnosis of population trends and made it impossible to assess the results of programme efforts.

6. Major Suggestions

1. It is recommended that the family planning programmes should be included among the State Plan schemes. The proportion of central assistance should be kept at least at the present level and the possibility of raising it to a higher level may also be considered.
2. There should be decentralization of certain powers to the states, particularly, those relating to the sanction of grants to voluntary organisation and local bodies.
3. An outline of a scheme for a substantial strengthening of staff of the Central Family Planning Organisation has been suggested, keeping in view the executive jobs and functions needed for the programme.
4. An 'extension' approach was needed to reach the masses rapidly. The Central Family Planning Institute should be strongly built up and lay special stress on methodological studies in the field of extension, communication and evaluation. Moreover, the National Institute of Health Administration should also be utilized to the utmost to strengthen the family planning programme.
5. Immediate action is recommended to provide family planning workers with the maximum level of salary, allowances and service benefits that are provided to any other staff with similar qualifications.
6. Provision of adequate transportation can also serve as an incentive to the states to meet standards of staffing and operation. Hence, high priority needs to be given to the provision of adequate transportation facilities. Maintenance facilities are also to be provided as these are an integral part of transportation planning.

7. Because of shortage of women medical officers for provision of IUCD services in rural areas, a special arrangement has been suggested whereby the post of female medical officer can be retained in some blocks in each district.
8. More systematic arrangements are needed in Panchayati Raj training centres to educate local leaders in the ways to promote family planning in their areas.
9. Strong attention needs to be given to improving basic-training courses for various types of personnel needed for the family planning programme. Schools of social work should give special attention to preparing their students – as likely recruits to posts of family planning extension educators at district and state levels.
10. It has been recommended that beds be subsidized in hospitals for maternity services and reserved specifically for female sterilization cases. The states should be allowed to set up patterns of compensation or payment which after careful consideration, they feel best suited to their own local situation.
11. An urgent action is needed to set up a public sector plant for the production of condoms and the states should adopt the policy for liberal distribution of contraceptives.
12. Computers posted at the Block level should now be used to collect basic vital registration data from the village registrars and transmit these upto the state level. Health personnel should also feed-in reports through the registrars and computers.
13. It has been suggested that a special study team or working group be constituted to work out an improved system of reporting of progress and administrative intelligence data. This group should include representatives from the Family Planning Directorate, Programme Evaluation Organisation, Community Development Ministry, National Institute of Health Administration and Education and Central Family Planning Institute.
14. Henceforth, an evaluation of the programme should be aimed at. The strategy and plans for this can be developed by Central Family Planning Institute, Programme Evaluation Organisation, Family Planning Directorate and State Evaluation Organisations.