

**Prem P. Talwar**

## **Increasing Contribution of Voluntary Organisations in Attaining Population Stabilisation**

### **Introduction**

INDIA was the first country in the world which took family Planning Programme at national level. The first five year plan of independent India in 1951 made this programme as an essential part of the overall exercise of socio-economic development as it was clearly stated that population growth rate was to be contained to reap the benefits of social and economic development of the country. Though the programme started with a small budget outlay but it kept on increasing in successive five year plans. Another indicator reflecting the importance this programme had been receiving over the years was to make it goal-oriented and time-bound. Though the goals had been changing because of their non-achievement, but it was more due to over-enthusiasm of our programme managers about reduction in the growth rate and lack of experience of the usually-slow progress in the behavioural aspects of reproduction.

The National Health Policy in 1983 had, after a review of the programme, set a long term goal of the population programme. The country has committed itself to achieve zero population growth; as a first step the goal is to achieve net reproduction rate of unity (NRR = 1.0) by 2000 AD. It is envisaged that achievement of NRR = 1.0 by 2000 AD will take to the ultimate goal of population stabilisation in the next 50 years or so. An effort has been made to translate the goal of NRR = 1.0; it will mean the following demographic parameter levels:

Crude birth rate	21.0
Crude death rate	9.0
Infant mortality rate	60
Couple protection rate	60-65

### **Current Demographic Situation**

Five significant features of India's population growth are: (i) almost negligible rate of population growth till 1921, (ii) increase in the rate of population growth to a little over 1.0

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percent per year from 1921 to 1951, (iii) further increase of rate of population growth to about 2.0 percent per year during 1951-81, (iv) peak in the growth rate between the period 1961 to 1981 of about 2.2 per cent per year and (v) slow decline in the growth rate in 1988 (last year for which data were available) to 2.04 percent per year from the peak of 2.2 per cent. In terms of demographic parameters, 1988 data and goals for the year 2000 are shown in Table 1.

TABLE 1 : VALUES OF DEMOGRAPHIC PARAMETERS IN 1988 (ACTUAL) AND 2000 (GOAL)

Demographic parameters	1988	2000
Grade birth rate	31.3	21.0
Grade death rate	10.9	9.0
Infant mortality rate	94	60.0
Couple protection rate	42 (1990)	60-65

It may be noted that:

- (a) India will be able to achieve the goal of mortality (crude death rate and infant mortality rate).
- (b) The level of couple protection rate will also be achieved though acceptance of programme has been mainly by couples who have passed high fecund years and thus their demographic contribution has been low.
- (c) The problem is in terms of achievement in the level of birth rate, which requires both higher rate of contraceptive acceptance and acceptance by younger couples whose potential for birth prevention is higher.

### **Issues Related to Family Planning Programme Acceptance**

As stated above, there is a great need to strengthen the family welfare programme so as to achieve the goals set for the programme. For this purpose, a quick review of the programme suggests the following as the major issues:

- (a) In spite of the extensive network of the programme infrastructure, the accessibility of the programme has been poor. A subcentre is expected to cater to 5000 population covering about 4 to 5 villages. It is envisaged that working of subcentres for certain time and the domiciliary visits of the workers together, will enable people to receive preventive, promotive and curative services. But this is not happening. The workers are unable to reach all the villages except where the subcentre is located (Headquarter). Thus the accessibility of services is still poor.

- (b) In order to strengthen the accessibility of the services, two schemes namely, training of Traditional Birth Attendants (TEA) and Health Guides (HG) were implemented. It was expected that these two community members will be able to meet the first aid needs of the community—TEA for MCH care and HG for basic health care—and both these functionaries can help in health and family welfare educational activities. These two members were expected to coordinate with the subcentre health workers to ensure that those who needed services after the first aid had their needs met. This coordination is greatly lacking and therefore health care accessibility has still remained poor.
- (c) The mobility of health workers has been another problem responsible for poor contact of workers with the people. Though a vehicle has been provided at Primary Health Centre but limited POL budget, poor vehicle maintenance budget and its poor management have restricted its movement. The result is that field staff has not been in a position to be mobile and cover its assigned geographical area.
- (d) The medical officer at the Primary Health Centre and District Health Officer at the district have a large number of staff members to be guided and supervised. It is necessary that they should be able to manage the staff and the whole set up and should therefore have leadership qualities. Managerial skill and its repeated updating could go a long way to strengthen this role of these officers. Some efforts have been made in this direction but more are needed.
- (e) A vast network of services has been created in the programme but often it is found to be under-utilised. One major reason for this is poor quality of services available. There is need to improve the quality of services so that the satisfied users could create demand of its own. This aspect has been taken up in the 8th Five Year Plan which is being considered as a phase of consolidation of the programme.
- (f) The family planning acceptance pattern of the programme needs much to be desired. The acceptance of sterilisation, the terminal method is very high. There is rapid increase in the figures on couple protection rate (CPR) but the birth rates have not shown consistent decline because of protection of couples at higher ages. This is one reason that goal set for CPR might be achieved but it requires much greater effort to achieve the goal of birth rate. There is need that younger couples are brought in the programme. In other words, the programme has to emphasise spacing methods so that couples can be brought into the programme in their high fecund period. This will help achievement of targetted level of birth rate.
- (g) There is need to strengthen monitoring and supervisory mechanism of the programme. The programme has been collecting a large amount of data which is being put to little use for monitoring the programme. Therefore the programme has not been utilising the full potential of monitoring activities. The result is low-effectiveness of the programme. The supervisory chain and the supervision mechanism have also been very ineffective. Instead of treating it as policing, there is need to treat it as training and guidance.
- (h) One of the weak elements of the programme is its educational activities. Though almost all media are being used in the programme but their effectiveness so far

- (m) Since population size cuts across programmes of various ministries like education, urban development, agriculture, women and children, rural development, labour etc., there is a strong need that all these ministries should pool their resources to give momentum to this programme. Though Health Ministry has to take a major role but its major concentration should be on providing quality services.
- (n) The programme has so far been a government programme, running with the support of the community. There is need to reverse the situation — people's (community) programme with a support from the government. For this purpose, role of voluntary organisations and non - governmental organisations becomes critical. Though they have been playing some role but it has to be; augmented and made more effective.
- (o) Last but not the least, organised sector has to be brought into this programme in a full-fledged fashion. The programme in this sector could be very cost-effective. Not only workers in this sector are easy to motivate but they can have ripple effect because of their regular contact with the villagers from where they hail.

### **What Voluntary Organisations Can Do ?**

As stated above the programme has to be given community orientation from its image of government programme. Unfortunately, people feel that this programme is of the government and for the government; it is not perceived as their programme ;and for their own welfare. This is one major reason that the motivation to accept programme services has been lacking despite all the efforts made by the programme educational machinery. Besides this basic change in the orientation to the programme for which voluntary organisations are very much adept because of their good image and credibility; they can also make:

- (a) advice and services more easily accessible;
- (b) coordinate with the programme workers, Traditional Birth Attendants and Health Guides;
- (c) train and retrain the functionaries, particularly low-level functionaries in their field-based activities;
- (d) help in continuous supply of spacing methods like Nirodh and oral contraceptive pills to the acceptors;
- (e) provide followup services to the acceptors, particularly terminal method acceptors; and
- (f) provide support to make family welfare educational activities more effective in the organised sector. This was clearly expressed in recent survey conducted among the voluntary organisations .

### *Degree of Current Involvement of NGOs*

The potential contribution of Voluntary Organisations has been recognised right from the first five year plan of Independent India. This collaboration remained marginal until the fifth plan which included a specific programme for the promotion of voluntary schemes and social action programmes through the provision of financial assistance through the States

and directly to NGOs. This effort gained momentum in 1982 when the Prime Minister wrote to all Chief Ministers, emphasising the need to increase the role of voluntary agencies. This effort continued through the preparation and design of the Seventh Plan (1985-90) where it is stated that serious efforts will be made to involve the voluntary agencies in various development programmes.

In health and family welfare sector, Government's increasing recognition of the potential benefits of NGO's involvement is clearly reflected in the National Health Policy (1982). The Seventh Five Year Plan (1984) and the Revised Strategy further highlighted the strategy of greater involvement of NGOs. All documents convey the message of maximising involvement of NGOs to sustain and further promote the family Planning movement. In a recent survey, conducted by the National Institute of Health and Family Welfare in five States of the five regions of the country (Orissa in the East, Gujarat in the West, Karnataka in South, M. P. at Centre and UP in the North) had shown the following degree of involvement<sup>1</sup>:

- (a) Seventy eight percent of the facility-based\* NGOs and 54 percent community-based organisations had been collaborating with the government by receiving grants-in-aids from the Central and/or State Governments.
- (b) Most (85 percent) of the facility-based organisations have been giving services related to general health, MCH and family planning programme. Only about 15 percent have been giving services in exclusive health programmes like tuberculosis, leprosy, handicapped children or blindness control programme.
- (c) About 75 percent of the NGOs giving general health services have also been engaged in the health education related to their services.
- (d) Only 15 percent of facility-based organisations had reported training as part of their activities.
- (e) Only about 24 percent facility-based organisations were not working in rural areas. About 34 percent of them were not working in urban areas and about 61 percent were not working in urban slums.
- (f) Sixty four percent community-based NGOs were engaged in health related activities including MCH.
- (g) About 25 percent NGOs (community-based) were engaged in organising camps for family planning and immunisation services. About 30 percent reported health camps related to diagnosis and treatment of TB, Leprosy, eye/ear and nose.
- (h) Twelve percent (community-based NGOs) were providing education in aspects related to family welfare.
- (i) Only 22 percent community-based organisations were not giving services in rural areas, 53 percent were not working in urban areas and 66 percent in urban slums.

### **Experiences of Collaboration with Government**

It may be noted that quite a bit collaboration exists in the health and family welfare programme. They have been collaborating with the government and supporting the programmes. But mostly had expressed unhappiness in their collaboration • . The following were

\* Facility-based organisations were those which were working mainly with some service unit like hospital, dispensary, or nursing home. The community-based organisations were those without such facility as the main work area.

important reported disadvantages of the collaboration:

- (a) Delayed processing of grant applications—many times NGOs lost interest in the collaboration because of such delays.
- (b) Delayed release of grant.
- (c) Too many requirements for application and grant release, lengthy procedures and too much paper work.
- (d) Too much interference, affecting the flexibility and innovativeness of NGOs.
- (e) Too much rigidity in the funding schemes and thus experience of NGOs can not be utilised. No flexibility in the pattern of funding.
- (f) No response to the enquiries; too much following the files leads to frustrations.
- (g) Centre and State Offices where one has to approach for funding are too far and thus accessibility is poor.

The programme managers were also asked about their experience on the current involvement of NGOs<sup>1</sup>. Two major responses were that (i) the current involvement was much below the potential of NGOs because of (a) limited funds, (b) low trained manpower, (c) low technical capacity, and (d) poor communication with the government, and (ii) the funds given to them were poorly utilised.

#### **How Can their Collaboration be Augmented and Made More Effective**

The Ministry of Health and Family welfare is very keen to make this programme a people's programme. For this purpose, it is absolutely necessary that NGOs should have greater involvement in this programme. It requires efforts in five directions:

- (a) Creation of Voluntary Organisations in different parts of the country.
- (b) Collaboration with Government should be made a happy experience by overcoming the problems so that more and more NGOs come forward to collaborate.
- (c) Identification of programme areas of collaboration.
- (d) Health and family welfare activities should be so planned that it gets integrated with their ongoing activities.
- (e) The operation should be made more effective.

#### *Need for Generating Voluntary Movement*

Existence of voluntary organisations is very uneven—it is more in southern and western regions of the country and much less in the northern and central regions. Even in southern and western regions, they may have more concentration in some areas and may not be covering the other areas. It is therefore necessary to see the even spread of the voluntary organisations so that their involvement can be augmented in all parts of the country. The steps in this direction will be (i) identification of the geographical areas where they should be encouraged, (ii) some systematic efforts to encourage individuals to create voluntary organisations, and (iii) allocation of some seed money to encourage them to work for the programme — of course, there will be need to monitor the work in initial stages.

### *Need to Make the Collaboration a Happy Experience*

The survey cited above had asked suggestions from the voluntary organisations how to make the collaboration problem-free. The following suggestions were made:

- (a) Simplification of procedures for funding and release of grants
- (b) Decentralisation in the release of grants so that even small NGOs could be involved.
- (c) The correspondence with NGOs should be prompt, without unnecessary bureaucratic delay. Many of them had suggested one-window approach.
- (d) Giving flexibility in the schemes in which NGOs can get involved.
- (e) Dissemination of information about the schemes and keeping regular dialogue with NGOs through literature and meetings.
- (f) Organising training in the types of reports and returns required as part of review of the progress of the project.
- (g) Changing perception of government functionaries towards NGOs.

### *Need to Integrate Health and Family Welfare with their Ongoing Activities*

The experience has shown that health and family welfare programme with NGOs project, most of the times, has been a vertical project with a completely separate existence. Such arrangements tended to reduce effectiveness of the project as it became a strenuous and extraneous project. Therefore cost-effectiveness and cost-efficiency suggests the following guidelines:

- (a) Technical assistance may be provided to develop the project so that good integration may be possible with the ongoing activities of the organisations.
- (b) Project should be small as per the capacity and capability of the organisation.
- (c) The project should be monitored closely, atleast in the initial stages so that it gets implemented in the form of an integrated and comprehensive activity.

### *Areas of Programme Collaboration*

The survey had enquired the areas of collaboration from the NGOs. Their strength is flexibility and good rapport with the community. Therefore, the following areas were suggested for possible collaboration:

- (a) The facility-based NGOs had expressed willingness to collaborate in the services related to terminal and non-terminal family planning methods. The community-based NGOs have shown interest to collaborate in distribution of non-terminal methods.
- (b) All NGOs were willing to collaborate on mother's health related programmes. For child health, only about 50 percent NGOs had expressed willingness.
- (c) All NGOs were willing to intensify their educational and motivational activities if the required training and support is provided to their manpower.
- (d) Other activities reported in which collaboration could be increased were (1) MCH services, (2) training activities, (3) follow up of acceptors of FP and MCH services, (4) organisation or collaboration in organisation of medical, -health and family welfare camps, and (5) nutritional programmes.

The views of the programme managers in regard to the areas of collaboration were also similar. Almost every body thought that they could do educational and motivational activities very effectively and thus their strength should be fully harnessed for the programme. They also mentioned NGOs involvement in immunisation of children.

#### *Need to Make NGOs Functioning Effective*

Three major weaknesses of NGOs are (a) lack of technical manpower, (b) lack of technical knowledge and (c) lack of funds. It was reported that there is need to strengthen their training/motivational activities as there lies their strength. It could be done by (a) providing more infrastructural support, (b) training their manpower to undertake this work systematically, and (c) improving communication and extension skills of their workers.

Very large majority of NGOs expressed need for technical support in order to be efficient in their operations. The areas where technical support was needed were: (a) development of programme ideas, (b) preparation of proposals for funding, (c) help/advice in effective implementation, (d) training of their manpower, and (e) orientation in monitoring and evaluation of their own programme. It was suggested that their activities need to be closely monitored and they be given guidance to make them effective.

#### Need for Full Attention to NGOs for their Effective Involvement

In spite of the best of intentions indicated in various five year plans and other documents, the collaboration between the Government and NGOs could not flourish when machinery for such collaboration operated from within the government system. The steps indicated above are pre-requisite for their effective involvement. Thus there is need to take machinery out from the government so that collaboration can receive full attention. In this regard, the following recommendations were made :

- (a) There is an urgent need to set up or bring about an external body to look after the Government/NGO collaboration and all other matters connected thereto. This would include promotion of voluntary movements, identification, calling for applications and processing them, formulating schemes, dissemination of information, appraisal and approval of projects, sanction and release of money, monitoring and evaluation, technical support and consultancy.
- (b) Government of India may appoint a five member board for this purpose. The composition shall be: (i) one representative of Government of India; (ii) one representative of states (to be nominated by the Central Board of Health and Family Welfare); (iii) two representatives from Voluntary Organisations; and (iv) one Chief Executive Officer.
- (c) The Chief Executive Officer shall be a full time officer of the Board. He/She should be a professional person from the Voluntary Organisations, or one who has worked in close association with them. He/She shall be on contract. The Board shall be appointed by an executive order of Government.
- (d) The entire funds meant for Voluntary Organisations and their projects shall be handed over to this Board. This Board shall be fully autonomous in all matters of implementation and also minor policy matters. Only the macro-policy issues will

require to be referred to Government. The Board activities will be subject to audit.

- (e) A similar mechanism external to Government should be identified or set up at each State level.
- (f) The composition of the State level mechanism should follow the pattern of the Central Board. Instead of the representative of Center, the state unit shall take one nominee of the Central Board (mentioned above). The nominee need not be a Central Board Member.
- (g) Care should be taken to ensure that the core staff, technical and administrative, does not become too large. For consultancy and specialist services, the Central Board should prepare a panel of qualified experts.
- (h) Efforts should be made to ensure the involvement of district, block and village level institutions and functionaries. Wherever possible a district level body could be created on the same lines, power delegated thereto. This will serve the cause of voluntary organizations working at the micro level.
- (i) One form of giving grant is scheme-orientation which is mostly followed now. There is also need to provide flexibility and innovation by inviting proposals for undertaking some specific activities.
- (j) There is need to avoid duplication of efforts between government machinery and NGOs. A desirable thing will be to accept recommendation in the Seventh Five Year Plan where it is stated that areas where NGOs are providing services should be handed over by the state government to avoid duplication.

### To Sum Up

A great potential exists of increasing involvement of NGOs in family welfare programme. Once they get involved, the programme will have community orientation which is a pre-requisite for the success of the programme. The steps suggested above could go a long way to ensure that NGOs get involved in the programme and make substantial contribution.

### References

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