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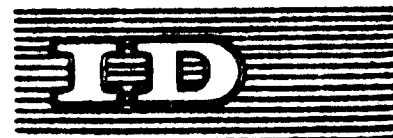
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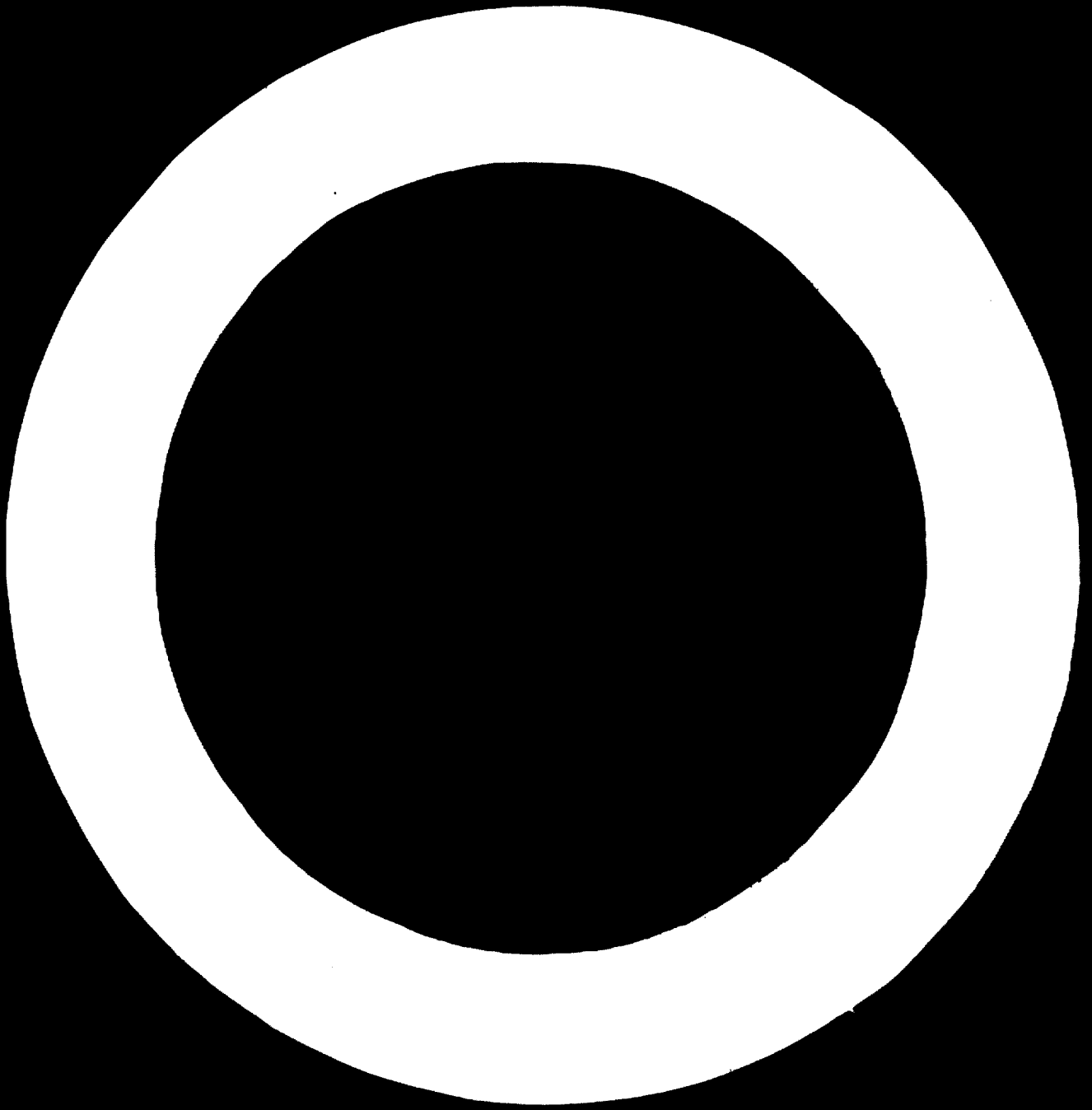
PRESENT STATUS AND FUTURE PLANS ON
THE USE OF CONTRACEPTIVES IN INDIA^{1/}

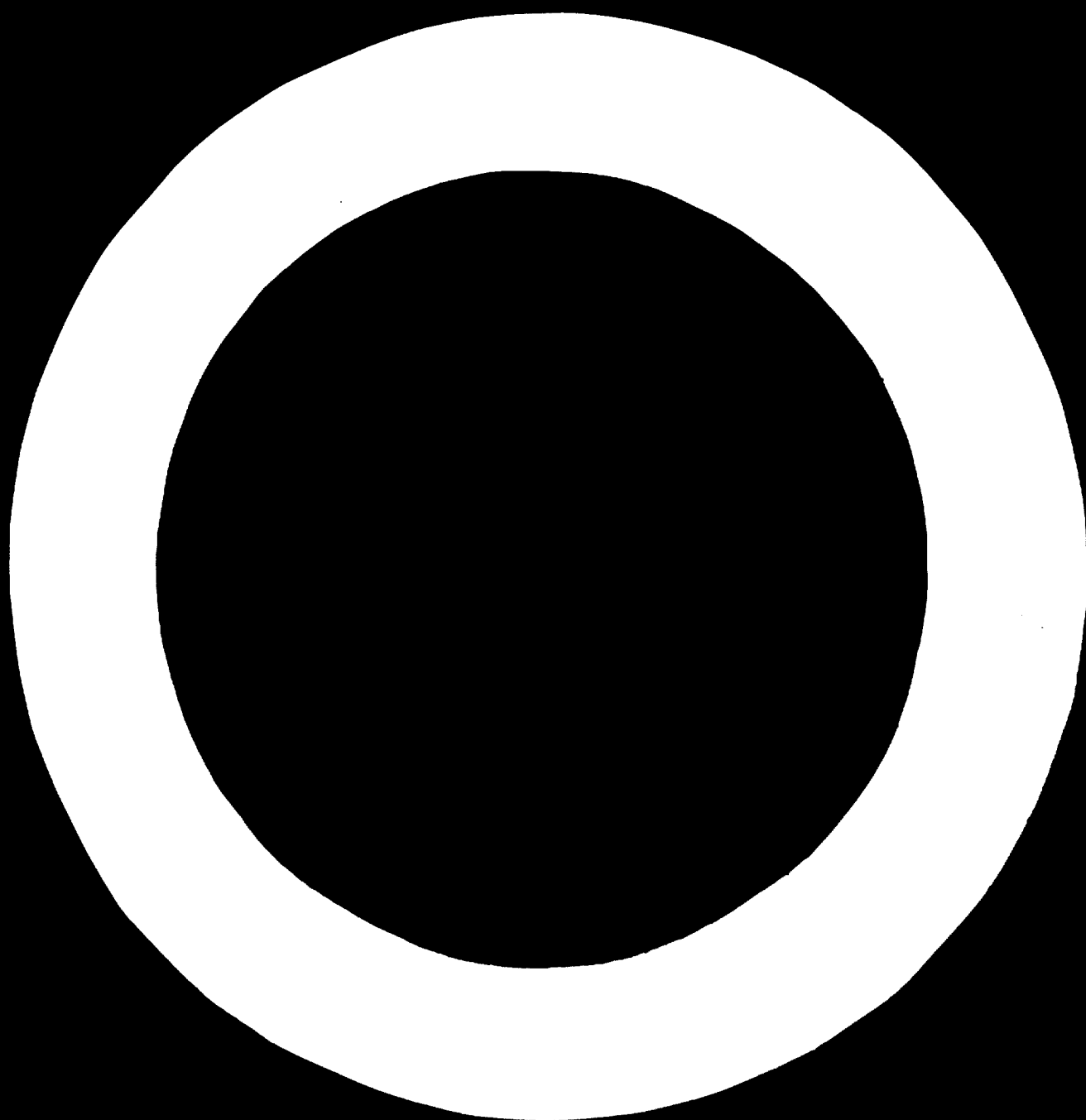
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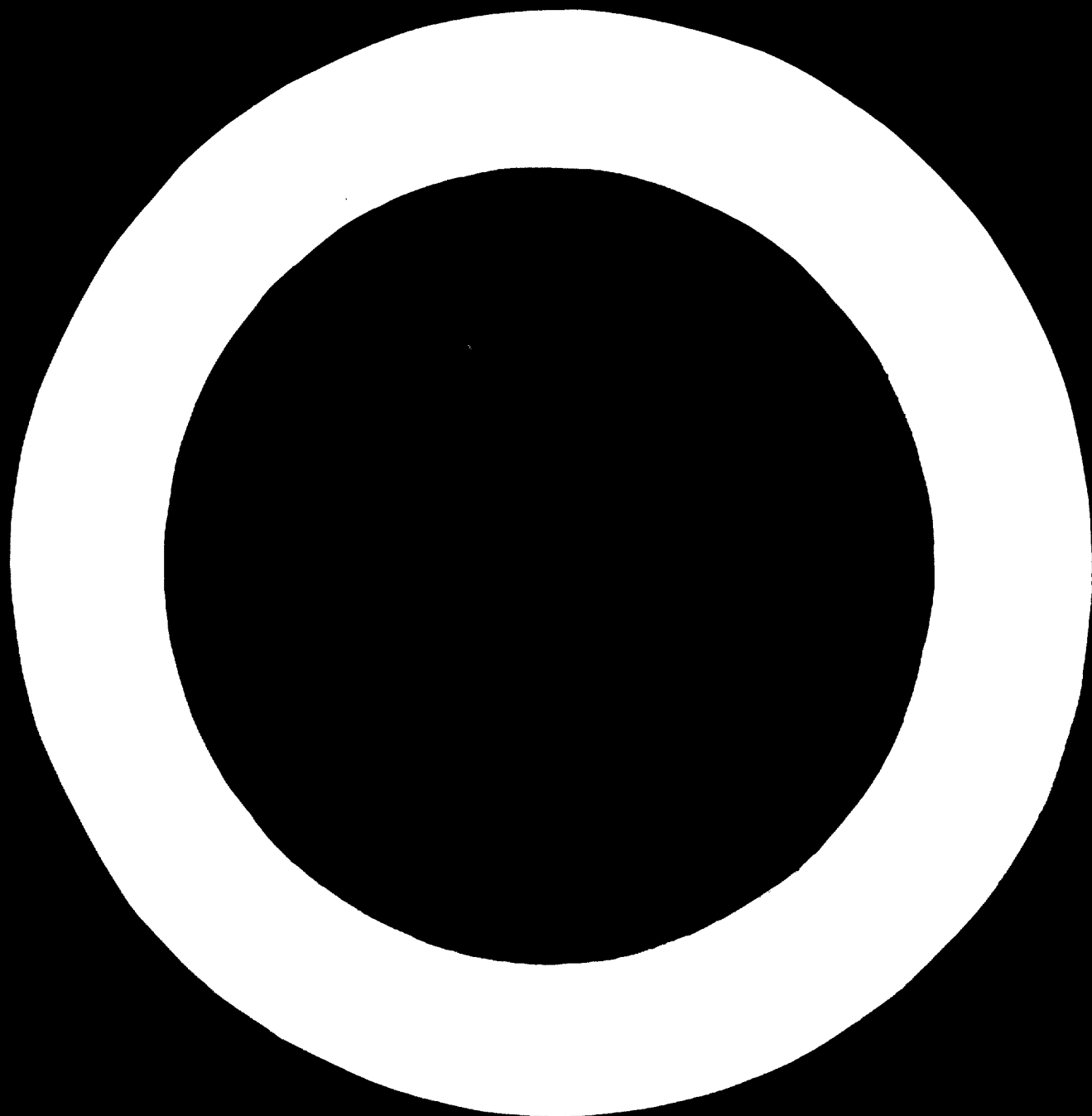
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FAMILY PLANNING PROGRAMME

Introduction

Government of India was the first Government in the world to adopt national Family Planning policy and a population control programme as an integral part of its development plans in 1951. This was preceded by voluntary efforts in various parts of the country by some prominent social workers and voluntary organizations. The subject has found a prominent mention and place in the successive plan documents and programmes. In the Fourth Five-Year Plan, the Family Planning Programme has been included amongst items of highest national priority.

Objective

The programme has aimed at reducing the birth rate in the context of a sharp decline in the death rate resulting from the control of communicable diseases, improved public health measures and massive use of antibacterial drugs. While the objective set out earlier was to reduce the birth rate to 25 per thousand population as expeditiously as possible, in the fourth Plan document this objective has been made concrete, namely, to reduce it from 39 per thousand to 32 by 1974 and to 25 in another 5 to 7 years. The death rate is expected to come down to 10 or 9 over the same period and the population growth rate is sought to be brought down from the present 2.4 per cent to 1.5 per cent in the next 10 years.

Historical developments

In the first two Five-Year Plans, the efforts were of an exploratory character in the form of some research projects and for development of central and state organizations. The approach was clinical, i.e. providing family planning education and services through clinics. The emphasis was on rhythm method and use of conventional contraceptives. In 1956, a voluntary sterilization programme was introduced in some States, namely, Maharashtra and Tamil Nadu, as a measure for fertility control.

The decennial census of 1961 which disclosed 21 per cent growth in ten years, sharply brought out widening gap between birth and death rates, thereby focussing on the need for family planning as a paramount imperative. The third plan, therefore, envisaged a vastly extended programme with extension education approach and enlargement of services and facilities for carrying the message and services nearer to the homes of the people. For its implementation, the development of basic infrastructure as a part of Primary Health Centres in the rural areas and Urban Family Welfare Planning Centres for the urban sector was necessary.

In 1965, the introduction of intrauterine contraceptive device (IUCD) acted as an excellent catalyst in stimulating the mass acceptance of various other family planning methods and practices. A Special Committee under the Chairmanship of the then Health Secretary, Shri B. Mukherjee, examined organizational set-up for the programme in detail and this set-up was further reinforced at various levels.

Until the end of the financial year 1966, the family planning work was being looked after at the Centre by a unit in the Directorate General of Health Services (DGHS). In view of the enormous growth and diversification of the programme as envisaged, a separate Department of Family Planning was set up in the Ministry of Health in April 1966, for central direction, policy making and technical guidance. The organizational set-up of this Department has undergone changes from time to time and the present position is given in the chart enclosed.

Some salient features

(a) Family Planning is a voluntary programme unbacked by any force, coercion or compulsion and aims at promoting voluntary acceptance of one or the other method of contraception through the process of education and motivation.

(b) There is a "cafeteria" approach under the programme in which approved methods and devices are made available either free or in highly subsidized manner and in some cases a small compensation for out-of-pocket expenses, conveyance charges, etc. is also given. The methods advocated are sterilization, (both male and female), intrauterine contraceptive device and conventional contraceptives (condoms, known as Nirodh, jellies, foam tablets, diaphragms, etc.). Oral contraceptives are also tried on an experimental basis in over 300 Centres. While the couples are free to choose any of these methods, the "cafeteria" approach is somewhat circumscribed by the advice of the doctors and the requirements of the couples. Sterilization is obviously a terminal method to be adopted after two or three children while intrauterine contraceptive device and conventional contraceptives are for spacing. Facilities for re-canalization for sterilized persons, wherever necessary, are also provided. Similarly, advice and services are rendered at a few selected places to couples against infertility.

(c) In the Indian Constitution, health is a State subject and family planning services are provided through the health agency. In fact, Family Planning and Maternal and Child Health Services have been integrated at various levels. The implementation

of the programme lies in the State sector. There are inter and intra-State variations in size, degree of development, density and content of population, efficiency of health and other administration, physical conditions and many other factors. Correspondingly, this leads to varying degrees of efforts, performance and results amongst the States and in different parts within the same States. An important variable, as in other programmes, is the leadership, both political and administrative.

For ensuring highest priority for this programme in the various States and for a co-ordinated approach, the various steps taken so far are:

- (i) The programme has been made a centrally sponsored scheme assuring 100 per cent assistance to the States for all approved schemes of family planning for an assured period of ten years covered by fourth and fifth Plans. This is perhaps the only programme with such long-term assurance of continuing assistance.
- (ii) A Cabinet Committee on Family Planning at the Centre and similar Cabinet Committees in the States headed by the Chief Ministers for giving policy direction and to remove bottlenecks have been set up.
- (iii) A Central Family Planning Council headed by the Union Minister for Health and Family Planning and including the Health Ministers of States, some members of Parliament and representatives of the voluntary organisations and others concerned with the Family Planning Programme as members, provides the means for effective Centre-State communication. Similar councils exist at the State level.
- (iv) Periodically, meetings at an all India level are held with all State Health Secretaries, Administrative Medical Officers of States to ensure co-ordination in operation and implementation and for removal of bottlenecks.
- (v) State Implementation Committees generally presided over by Chief Secretary of the State meet regularly to remove inter and intra-departmental difficulties.

- (vi) In a large number of States, the financial powers for operating the programme to the extent of budgeted amount have been delegated by the State Finance Departments, to the Health Secretaries. This makes for quick and expeditious action. Similarly, the authority for giving grants to voluntary organizations and local bodies which was vested earlier with the Central Government has been decentralized.

Progress of the programme

Since 1965-66, there has been considerable improvement in the adoption of various contraceptive methods. Up to 1964, the total number of acceptors covered over a period of decade by the two methods of sterilization and conventional contraceptives was around 1 million. The total number now since inception is 14.5 million couples - 8.62 through sterilizations, 3.78 million through intrauterine contraceptive device insertions and 2.1 million through conventional contraceptives. The total number of acceptors of these methods has been going up from year to year from 2.26 million in 1966-67 to 2.99 million in 1967-68, to 3.10 million in 1968-69, to 3.40 million in 1969-70 and to 3.8 million (figures incomplete) during 1970-71. The relative progress of the acceptance of various methods from 1966-67 to 1970-71 is as follows:

(figures in millions)

Method	1966-67	1967-68	1968-69	1969-70	1970-71 (figures provisional)
Sterilization	0.89	1.84	1.66	1.42	1.28
I.U.C.D.	0.91	0.67	0.48	0.46	0.46
C.C. Users	0.46	0.48	0.96	1.52	2.06
Total acceptors	2.26	2.99	3.10	3.40	3.80

Thus while sterilizations have declined since the peak year of 1967-68 and intrauterine contraceptive device insertions have tended to stabilize around 0.46 million, the number of conventional contraceptive users has been inclining upwards.

There are 98.1 million couples in India in the reproductive age-group. The acceptance of family planning methods is currently protecting 10.9 million (after considering attrition on account of deaths, couples going out of reproductive span, and so on), i.e. 11.2 per cent of the couples in the reproductive age-group (15-45 years of age for females), percentage due to sterilization, intrauterine contraceptive device and conventional contraceptives being 7.5 per cent, 1.6 per cent and 2.1 per cent respectively.

While there was increase in the total number of acceptors for India as a whole in 1970-71 as compared to 1969-70, this increase was largely in nine States only i.e. Andhra Pradesh, Gujarat, Haryana, Jammu and Kashmir, Orissa, Punjab, Tamil Nadu, Uttar Pradesh and Mysore, while in other States there was over-all decline in the total number of acceptors as compared to the preceding year. In the case of Union Territories, there was increase in all the cases except Manipur and Tripura.

Sterilization

The total sterilizations since 1956 to the end of March 1971 were 8.62 million giving a rate of 15.8 per thousand population for India as a whole. Maharashtra (28.1), Tamil Nadu (23.8), Orissa (23.1), Andhra Pradesh (20.7), Kerala (19.7), Gujarat (19.6), Madhya Pradesh (16.9), Punjab (15.9) and Union Territory of Pondicherry (18.8) have done better than the average.

In 1970-71, the number of sterilizations was 1,276 million (provisional), being 46 per cent of the expectation of 2.8 million. Orissa (82.6%), Maharashtra (80.6%), Andhra Pradesh (70.1%), Haryana (62.2%), Gujarat (58.7%), achieved more than 50 per cent of the expectation.

The percentage of tubectomy to the total sterilization has been on the increase having gone up from 16.9 per cent in 1968-69 to 25.8 per cent in 1969-70, to 33.5 per cent in 1970-71. Andhra Pradesh, Gujarat, Haryana, Jammu and Kashmir and Kerala and Union Territory of Goa, Daman and Diu and Manipur bettered their sterilization performance in 1970-71 over 1969-70.

Intrauterine contraceptive device

The programme started in July 1965. The number of insertions up to March 1971, was 3.78 million giving a rate of 6.9 per thousand population. Punjab (29.7), Haryana (23.3), Himachal Pradesh (11.6), Kerala (10.2), Jammu and Kashmir (9.8), Orissa (8.6), Mysore (8.5) and Assam (8.1) among the States and Pondicherry (26.0), Chandigarh (17.3) and Delhi (15.2) have done better than the national average.

In 1970-71, the intrauterine contraceptive device insertions, numbering .458 million constituting 45 per cent of the expectation of 1.02 million, have been done. Orissa, Haryana, Jammu and Kashmir, Tamil Nadu, Punjab, Madhya Pradesh and Uttar Pradesh have achieved more than 50 per cent of the expectations. Andhra Pradesh, Jammu and Kashmir, Orissa, Tamil Nadu, Uttar Pradesh and Union Territories of Delhi, Pondicherry, Andaman and Nicobar Islands, Dadra and Nagar Haveli, improved their performance during 1970-71, over that of 1969-70.

Conventional contraceptives

The number of users in 1970-71 was 2.06 million constituting 40.6 per cent of the expectations of 5.081 million users. This figure, however, improves by about 35 per cent as compared to 1969-70. All the States except Maharashtra and Uttar Pradesh showed improvement in this programme as compared to 1969-70.

On an over-all basis, as a result of the work done under the Family Planning Programme, 7.4 million births have been averted up to March 1971, of which 2.24 million were averted during 1970-71, 1.86 million in 1969-70, 1.42 million in 1968-69, and .9 million in 1967-68. Certain demographic calculations show that as a result of averting these births, the birth rate should have come down to 37.7 for 1970-71 which compares well with that reflected by the Sample Registration Scheme (37.4) in 1970 for rural areas.

Projections made by Expert Committee set up by the Planning Commission put the population of the country as 561 million as at 1 April 1971. As against this the 1971 Census (provisional figures) have put the population at 547 million, i.e. a shortfall of 14 million.

It would be observed from the foregoing note that the performance in the States has been considerably varying.

With the present level of achievement, the birth rate may not be brought down to 32 by 1974 but may take another three to four years.

The States which have lagged considerably behind in this programme are Bihar, Uttar Pradesh, Assam, Rajasthan, West Bengal and Himachal Pradesh.

Outlays and expenditure

As mentioned earlier, implementation of the Family Planning Programme is largely in the States and therefore, major part of the expenditure is incurred in the States and Union Territories. Prior to fourth Five-Year Plan, assistance to the States for Family Planning Programme was given on Plan-to-Plan basis on a sliding scale. From the beginning of the fourth Plan, 100 per cent assistance is being given to the States for approved scheme on an assured basis for ten years.

The statement below gives the allocation and expenditure on Family Planning Programme from first Plan up to 1970-71:

Plan	Plan provision	(in lakhs of rupees)	
		Expenditure	
1st Plan	65.00	14.51	
2nd Plan	497.00	215.58	
3rd Plan	2,697.57	2,485.95	
1966-67	1,493.00	1,342.61	Provisional
1967-68	3,100.00	2,652.29	-do-
1968-69	3,700.00	3,051.45	-do-
Fourth Plan Provision: Rs.33,000.00 lakhs ^{1/}			
1969-70	4,200.00	3,718.10	-do-
1970-71	5,200.00	4,723.88	-do-
1971-72	6,060.46	-	

(Proposed in the budget)

For the years 1969-70 and 1970-71, the allocation to the Central and State Sectors and the corresponding expenditure figures are given in the statement below:

Fourth Plan Outlay: Rs.31,500.00 lakhs^{2/}
Rs. 1,500.00 " ^{2/}

	Central Sector ^{3/}		State Sector ^{3/}		Total	
	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure
1969-70	720	461.75 (64%)	3,480	3,256.35 (90%)	4,200	3,718.10 (88%)
1970-71	581.29	426.85 (73%)	4,618.71	4,297.03 (95%)	5,200	4,723.88 (90%)

From the above it would be observed that the percentage shortfall of expenditure in the Central Sector during the two years 1969-70 and 1970-71 has been much more than in the State Sector. The shortfall in the Central Sector is mainly in the case of Nirodh, Research and Mass Education. In the State Sector the shortfalls are accounted for in the field of compensation, training, developing of new schemes, including immunization and nutrition programme and to some extent mass education and construction. The pace of performance as well as the expenditure through which the development of the programme in the various fields gets reflected, have been uneven as between different States.

^{1/} Including Rs.1,500.00 lakhs assistance from USAID.
^{2/} Assistance from USAID.
^{3/} Estimated.

Analysis of the expenditure in the States against the provisional payments made to them indicate that the maximum shortfall has been in the case of Bihar, being 25 per cent and 31 per cent during 1968-69 and 1969-70 respectively followed by Jammu & Kashmir being 17 per cent and 29 per cent for 1968-69 and 1969-70. Other States which have lagged in spending the amount allocated to them are Madhya Pradesh, Assam, Mysore and Uttar Pradesh. Although the States are required to send quarterly statements of expenditure, most of them have been late in doing so and Bihar and West Bengal have been regular defaulters.

A Study Team has been constituted to go into the reasons for shortfall during 1969-70 and 1970-71 and also to suggest measures for avoiding it for 1971-72. Its report is awaited. Further, it has been decided to have a monthly review of the expenditure so as to keep a closer watch on its pace. It is hoped that with the proper use of financial powers delegated to the State Health Secretaries, the pace of the programme and its expenditure will go up.

Different components of the programme

The main ingredients of this programme are motivation and education, services and supplies, training research and evaluation. An organizational set-up from the Centre to the peripheral level has been evolved as an integrated part of the existing medical and health services to implement these various aspects. At the Central level a fully-fledged Department of Family Planning, set up in April 1966, is headed by a Secretary to the Government of India who is also in charge of the Department of Health. He is assisted by a Joint Secretary, a Commissioner (FP & MCH) and Marketing Executive who work in full co-ordination and co-operation so as to obtain optimum results. The Department works in co-operation with the Department of Health and the Directorate General of Health Services.

On the Secretariat side, the Joint Secretary is assisted by Deputy and Under Secretaries who look after policy, planning, budgeting, administration, co-ordination and external assistance. On the technical side, the Commissioner is assisted by Deputy and Assistant Commissioners and others at headquarters for programme implementation and supervision and guidance on technical matters to those engaged in the implementation of the programme. There are six Regional Directors stationed at Ahmedabad, Bhopal, Chandigarh, Lucknow, Calcutta and Bangalore under the Commissioner, each covering a group of States to liaise with them and to stimulate activity besides watching and speeding up the pace of progress. These Regional Directors have got in each State a Central Family Planning Field Unit which helps in training of various categories of personnel and also in carrying out of field studies.

In the Technical Wing at the headquarters, the broad divisions are training, progress and intelligence and technical operations.

To look after the transport supplies and maintenance requirements, one of the wings, namely the Central Health Transport Organization has been set up in the Department of Family Planning. Its job is to procure and supply vehicles to the States and help them to set up State Health Transport Organizations.

Nirodh Marketing Division under the Marketing Executive is responsible for procurement and distribution of Nirodh throughout the country through three modes of commercial sales, free supplies and supplies through Depot Holders. A Mass Mailing Unit for production and distribution of family planning literature has also been established as a part of the Media Division which is headed by the Chief of Media. This MEM Division reviews and modifies the mass and extension education strategy, prepares prototypes and provides co-ordination, technical guidance to the States and others in these fields and also looks after the development of population education programme. It liaises with the efforts of the various media divisions of the Ministry of Information and Broadcasting.

A Central Internal Audit Party under the Internal Financial Adviser with four Regional Units has been set up. It is proposed to have shortly a new unit styled as "Programme Analysis and Research Information" (PARI), to be headed by a Director. There are three autonomous organizations under the Department of Family Planning, namely:

- (i) National Institute of Family Planning, New Delhi;
- (ii) International Institute of Population Studies, Bombay;
- (iii) Hindustan Latex Ltd., New Delhi.

The National Institute of Family Planning (formerly known as Central Family Planning Institute), New Delhi, was set up in 1962 and is the chief technical resource to the programme. It also co-ordinates Demographic and Communication Action Research undertaken at various places in the country. It provides training facilities for key personnel of the Regional Family Planning Training Centres and others.

The International Institute of Population Studies, (formerly known as Demographic and Training Research Centre), Bombay, provides teaching and research facilities in the field of demography and population studies for India and countries of ECAFE Region. It has a one-year certificate course and two-year diploma course in population studies and also provides facilities for Ph.D. guidance and research.

Hindustan Latex Ltd. is a public sector undertaking set up in 1966 for production of condoms for the programme. It has a factory at Trivandrum which has an installed capacity of 144 million pieces of condoms.

The Department of Family Planning has also a Central Family Planning Corps of Doctors to help the States which have deficit of female doctors.

State level organization

At the State level a small cell in the State Health Department, a well staffed Family Planning Bureau as a part of the State Directorate General of Health Services, plans and ensures implementation of the various aspects of the programme. A Demographic and Evaluation Cell, Audit and Accounts Cell, mass and health education components form important components of the State level organization. A printing press has been provided to the State Bureau.

District level

At the district level, a district family planning bureau, as a part of medical and health organization to plan the work and provide supervision to rural and urban centres in the district and to look after mass education and publicity and also to provide mobile mass motivational and contraceptive service support is headed by a District Family Planning Officer mostly drawn from the Medical and Health Services. The Bureau has administrative and technical staff support. There is also one A.V. Mobile Team for every district and Mobile Service Unit for every five to 7.5 lakh population.

In some States like Uttar Pradesh, Madhya Pradesh and Maharashtra, a divisional level organization has also been sanctioned.

Urban level

For services in the urban population, there are 1,812 urban family welfare planning centres of which 330 are run by voluntary organizations, 336 by local bodies and the rest by State Governments. Each of these Centres serve a population of 50,000 or less.

In bigger cities, where more than four urban centres exist, City Family Planning Bureaux have been provided for supervision.

• Rural level

Over 80 per cent of India's population is rural. Family Planning Services in the rural areas operate as an integral part of the Primary Health Centres numbering (ultimately) 5,432, each of which provides total health care including Family Planning and MCH to a population of 60,000 to 120,000. The Primary Health Centre staff was sanctioned under the State Health Programmes and has been supplemented by additional staff under the Family Planning Programme. This additional staff consists of a doctor, preferably a female, a lady health visitor, an auxiliary nurse mid-wife, an extension educator, family planning health assistants (at the rate of one for 20,000 population) and some statistical and other staff. This staff works in co-ordination with the staff of the Primary Health Centres. These centres provide service facilities for sterilization, intrauterine contraceptive device insertions and supplies of conventional contraceptives and also act as focal point for educational and motivational work.

Rural sub-centres

Under each main centre it is aimed to establish sub-centres at the average rate of one for every 10,000 population manned by an auxiliary nurse mid-wife and an attendant, to provide maternal and child health and family planning services in that area. Against the requirement of over 42,000 sub-centres, around 30,000 are at present functioning.

The services are also provided through other static centres attached to district and other hospitals and through mobile service units which operate from district level.

Voluntary organisations

In the official Family Planning Programme, voluntary sector has an important role which is well recognized by encouraging the voluntary and social organizations to take up motivational and services programmes in their respective spheres of influence. Organizations like the Family Planning Association of India, the Population Council of India, the Indian Red Cross Society, Rotary and Lion Clubs and organizations having local importance have been encouraged and financed for undertaking family planning activities. Since October 1970, this field of activity has been extended to cover even the rural areas.

Organized sector

There are about 12 million workers in the organized sector and industrial establishments. Accordingly organized sector programme has been undertaken through railways, defence forces, mines, tea plantations, public sector undertakings, industrial establishments and Post and Telegraph Department and is being extended steadily. Special schemes have been evolved and are being implemented for each of these sectors.

Mass and extension education

Since Family Planning is a voluntary programme, mass education and motivation of the people to adopt the norm of a small family has vital role in it.

A broad-based M.E.M. programme was launched in January 1967. It has three different levels of functioning - Central/State/District. The Centre provides the guidelines and financial assistance for the implementation of the programme and supplements the States' efforts in the fields of press, film, radio, field publicity and exhibitions, the bulk of the funds and resources have been allocated to the States. The resources of various media of the Ministry of Information and Broadcasting have been supplemented from Family Planning funds for working for this programme.

The programme lays emphasis on mass as well as group and inter-personal communication. Necessary staff has been sanctioned at the State/district/rural levels for these activities.

The mass education and motivation strategy has been renewed recently and proposals are being formulated to bring about a deeper impact. It is also proposed to introduce population education in the schools in consultation with the Ministry of Education. Family Planning will also be made a component of the new vocation-based part-time schools for adults which are to be set up under a new scheme of the Ministry of Education and Youth Services.

With a view to stimulate opinion leaders from all walks of life, a programme of direct mailing of suitable audience oriented educational materials has also been launched. An integrated editorial-cum-printing-cum-mailing unit has been set up in Department of Family Planning. Mailing lists of 0.6 million addresses of opinion leaders have already been coded and by the end of fourth Plan, it is proposed to have 2.5 million addresses on the mailing list.

Manpower and training

The total manpower requirements of the Family Planning Programme number around 150,000 for various categories. These include doctors, nurses, health visitors, extension educators, health assistants, demographers, statisticians, social scientists and auxiliary nurse mid-wives. The broad break-up of the requirements is as under:

<u>Category</u>	<u>Requirements</u>
Doctors	12,523 (8,000 lady doctors)
Auxiliary nurse mid-wives	60,000
Lady health visitors	13,600
General nurses, etc.	2,876
Family Planning Health Assistants and Field Workers	25,300
Extension Educators, etc.	11,748
Computers	5,597
Others (Statisticians, Investigators, Projectionists, Artists, etc.)	

The total number in position as in April 1970, was about 67,500. The major short-falls are under the category of medical and para-medical staff like doctors, auxiliary nurse mid-wives and lady health visitors. The position in these categories is as follows:

Doctors - As against the requirement of 12,523 doctors, 3,559 were in position at various levels as in April 1970. With 95 medical colleges having an intake capacity of 11,500 students annually and their output of 8 to 9 thousand coupled with special measures taken to enlist the services of doctors for Family Planning Programme like stipends to medical students, providing working and living accommodation and mobility, it will be possible to make good the shortage in most of the States in the next year or two. The shortage in Uttar Pradesh is the most acute and unless they make special efforts by getting doctors from outside, the shortage is likely to continue for a considerable time.

The objective was to have 8,000 female doctors out of 12,523. This is not likely to be made good in many of the States.

Auxiliary nurse mid-wives - On the basis of one auxiliary nurse mid-wife for every 10,000 population (which is also inadequate for effective service) and for other ancilliary requirements, a total of 60,000 auxiliary nurse mid-wives are required against which only 30,000 are available. There are 305 auxiliary nurse mid-wife

schools in the country with annual admission capacity of 7,100. By the end of the fourth Plan, there will not be over-all shortage but there will be regional imbalances. Shortages are likely to continue in the States of Uttar Pradesh, Bihar and Jammu and Kashmir. There may be surplus in Kerala, Andhra Pradesh, Haryana and Punjab. To overcome the shortages, 25 new schools are being opened and 1,500 additional seats are being added to the existing schools. Another 25 schools may be opened by assistance from external resources.

Lady health visitors - Against the requirements of 13,600, 6,500 are already in position. To make good the shortages, 4 new schools and 576 additional seats to the existing schools are to be added. The positions are also proposed to be filled up by employing general nurses by three months training in community nursing and family planning. The shortage is likely to continue in all the States except Andhra Pradesh, Orissa, Mysore and Punjab.

The other categories of personnel are not likely to present serious difficulties in being employed under the programme.

Training

In Family Planning Programme most of the staff except medical and para-medical is trained subsequent to their employment. With reorganization and expansion of the programme and integration of family planning and maternal child health (MCH) the training load for such large numbers of personnel employed in the programme has tremendously increased. Training includes initial job training, a short-term orientation, refresher courses, long-term training and on-the-job training.

There are five Central Training Institutes to provide training to the key trainers and to develop regional training centres. There are forty-four Regional Family Planning Training Centres spread in various States. Besides, training is also imparted with the help of sixteen Central Family Planning Field Units. The total number of persons trained by various institutions is over one lakh. There is, however, still a back-log of about 29,000 Family Planning personnel at various levels to be filled. When the sanctioned positions are all filled up, another 30,000 persons will have to be trained.

For training of auxiliary nurse mid-wives and lady health visitors, there are 305 auxiliary nurse mid-wife schools and 18 lady health visitor schools. Training to the private medical practitioners is also being imparted through the Indian Medical Association and also by arranging orientation courses for practitioners of homoeopathy and Indian systems of medicine.

Family Planning content has been added to the various courses in the medical colleges and in the training programmes of other ministries and departments, like Defence and Social Welfare.

Research

The Family Planning Programme provides financial support for Family Planning related research in bio-medicine, communication action and demography.

Bio-medical research

Bio-medical research is carried out through the agency of the Indian Council of Medical Research and the Central Drug Research Institute, Lucknow. This research is both basic and applied. Certain universities and institutions are being given support on a regular basis for research in reproductive physiology. The project, includes studies in the field of reproductive biology, devising and testing of new contraceptives, improvements in the existing contraceptive devices. Recently the use of COT device is under study and morning-after pill and some other devices are being taken up for clinical trials.

Demographic research

In the field of demography and communication action, the Government of India have established nine Demographic Centres and eight Family Planning Communication Research Centres. The research in the field of demography and communication action is co-ordinated with the help of an Expert Committee (Demographic and Communication Action and Research Committee). This inter-disciplinary committee has drawn from various specialities like economics, sociology, mass media, demography, statistics and action programme. In the field of demography, the leading institution is the International Institute for Population Studies. Considerable research work has been undertaken in the demographic field. There are also a sizable number of studies on various other allied subjects like mortality, migration, urbanisation, population projections, age of marriage, age at widowhood etc.

The KAP studies have shown that there is no organized religious or community objection to family planning in India. They also indicate that the rural masses want an average of four children whereas the urban population desire to restrict their families to three children. These studies also suggest that 90 per cent of the rural couples with four or more children do not wish to have additional children.

Evaluation

Concurrent evaluation is undertaken in the Department of Family Planning through the Evaluation and Intelligence Unit, with the help of periodical statistics obtained from the States. This Unit has also been undertaking various other studies on age, parity community and educational characteristics of sterilized persons and intra-uterine contraceptive device users.

In the States, besides the statistical staff provided at various levels, a Demographic and Evaluation cell has been provided to undertake specialized evaluation studies in connexion with the various inputs of the programme, including deficiencies in certain areas of the programme.

Performance budgeting and cost studies with reference to various inputs in the programme are also being increasingly developed. Periodic independent evaluations are done by independent evaluation agencies like the Programme Evaluation Organization of the Planning Commission and by special missions. Independent evaluation teams are also sometimes set up for evaluating certain programmes.

Another new feature introduced in the Regional Internal Audit Parties to ensure useful and fruitful expenditure and to create cost-consciousness consistent with the requirements of the programme.

Social measures

Raising the minimum age at marriage and liberalization of abortion laws are amongst the measures which have been under consideration. The latter has already been through the Rajya Sabha and would be shortly taken up by Lok Sabha. Compulsory sterilization of certain categories of persons has been advocated and the matter is being further examined.

External assistance

International interest in the programme came in the wake of national family planning efforts. In the beginning, the policy was to accept technical assistance and a number of consultants in different fields such as training, mass education and research were accepted. Equipments and commodities which were not being manufactured indigenously were also received as aid. External assistance was used for training of officers in the FP Programme in various fields in foreign universities. Assistance along the above

lines came from Ford Foundation, USAID and Sweden. With the need for foreign exchange items diminishing, the concept of utilizing foreign assistance for local cost financing began to be applied. USAID gave a grant of Rs.84 million out of PL-480 funds for using for innovative projects. This assistance was limited to schemes within the planned budget of the Department. This grant was followed by another grant of Rs.60 million for purchase of vehicles and for setting up of Central and State Health Transport Organizations.

At the India Consortium meeting held in Stockholm in 1969, the new policy was enunciated for taking foreign aid for local cost financing. According to this if foreign aid was "ad-on" to the normal aid available to India, this would be used to augment the family planning allocations. The import requirements of the family planning programme being marginal, the assistance made available through additional foreign exchange allocation would be used to augment those segments of the programme for which enough allocation was not available under the Plan. In terms of this new approach, a grant of Rs.16 crores (US\$20 million) was received from USAID.

International interest in the Indian Family Planning Programme has been on the increase. Norway, UNFPA, Canada, Denmark, World Bank have been indicating positive interest for financial assistance in selected areas of the programme.

Special schemes and efforts

The re-organized Family Planning Programme has been supplemented since 1966 by a number of new schemes for specialized, selective and intensive efforts for quicker results and better responsiveness. Amongst them may be listed the following:

1. Intensive districts and selected areas programme

Fifty-one districts in the country cover about one-third of the population. Intensive efforts through additional inputs in these districts should help in quicker results. Seventeen districts have already been taken up for this programme. Similarly, Varanasi Division has been taken up for intensive work. This scheme has been moving rather slowly. In the second set of seventeen districts, the normal organizational set-up is being completed so as to prepare them for take off to intensive phase. Both in the matter of additional inputs and the criteria for further selection of districts, this scheme is being examined.

2. Post-Partum programme

Women during pre-natal, natal and post-natal stages are in the most vulnerable period for advice and adoption of Family Planning methods. This having been established through international experimentation, a large scale All India Hospital Post-Partum programme of special inputs for motivation, education and services in hospitals with 3,000 or more annual deliveries and abortion has been taken up. Till last year fifty-nine hospitals including forty-seven teaching ones had been put in this programme. The results have been quite encouraging during 1970, the direct acceptors being 18.3 per cent of the 2.25 lakh cases which attended these hospitals. An equal number were indirect acceptors. The percentage of acceptors has recently shown further upward trends. The programme is being extended to further sixty-three hospitals.

3. Immunization and prophylaxis schemes

There is a widely held belief, particularly in the context of high infant and maternal mortality rates in the not too distant past, that family planning message would register better in case the health of the new-born could be assured through some positive action. Immunization and prophylaxis schemes for the pregnant and lactescent mothers and for the children up to the age of five have therefore been introduced as a part of Family Planning Programme. Briefly the schemes and their coverage are:

<u>Scheme</u>	<u>No. of beneficiaries</u>		<u>Financial allocation</u> <u>(Rs.in lakh)</u>
	<u>Total</u>	<u>Annual</u>	
	<u>(in lakhs)</u>		
(i) Immunization of infants and pre-school age children against D.P.T.	26	5	30
(ii) Immunization of expectant mothers against tetanus	10	2	5
(iii) Prophylaxis against nutritional anaemia for mothers and children	150	30	200
(iv) Prophylaxis against blindness caused by Vitamin 'A' deficiency in children	120	24	40
(v) Training of dais (mid-wife)	0.5	0.1	50

4. Nirodh distribution schemes

In 1968, commercial distribution scheme for making Nirodh freely available in the market at a subsidized price of fifteen paise for three pieces was launched with the help of six big commercial companies operating in this country. This has been making a fairly satisfactory progress, the outlets having increased from 45,000 to 200,000, the sales having gone up from 15.74 million pieces in 1968-69 to 29.59 million pieces in 1969-70 and 52.71 million in 1970-71. Large-scale publicity programme has accompanied this programme. Alongside another scheme - the Depot Holders Scheme whereunder 14,000 Post Offices are making Nirodh available at a highly subsidised price of five paise for three pieces has been introduced during the last year. The free supplies through the FP Centres, Sub-Centres and Clinics have gone up considerably:

(In millions of pieces)

<u>Year</u>	<u>Commercial</u>	<u>Free</u>	<u>Total</u>
1967-68	-	24.49	24.49
1968-69	15.74(from Oct.'68)	43.40	59.14
1969-70	29.59	69.28	98.87
1970-71	52.71	76.94	129.65

5. Provision of mobility

For supervision from the district level and for motivational work, services and follow-up in the rural areas, mobility is altogether essential. Thus, 5,000 vehicles for the Rural Centres and the requisite numbers for the D.F.P.Os and Training Centres have been approved and are being supplied. Over 1,300 having been already supplied or on the way. For proper maintenance of these vehicles, State Health Transport Organizations are being set up and training programmes in vehicle maintenance are being organized through the Central Health Transport Organization.

6. Construction programme for rural Family Planning Services

Working and residential accommodation construction for the rural centres and sub-centres has been accorded very high priority. All the funds needed that can be absorbed are being released. Special staff is being appointed in some States to step up the work. By 1 April 1971, 453 main centres and 2,920 sub-centres buildings had been completed.

7. Services through camps

Small and large camps have been quite popular in some States like Andhra Pradesh, Maharashtra, Punjab, Gujarat, Orissa etc. They help in community participation, and serve as a good venue for co-operative efforts by the various district and local organizations and for training of medicos in the contraceptive techniques. Some large camps like the one in Ernakulam in Kerala and earlier in Gunnavaram and Guntur in Andhra Pradesh and Faridkot in Punjab have been some landmarks, though all of them have not been too happy experiences. With proper organization these camps approach has a definite future for sometime to come particularly for taking services to remote areas.

8. Experimental projects and innovations

Innovative approaches, wherever forthcoming have been encouraged. Maharashtra's experiment, Dr. Pai's approach in Bombay for making condoms and sterilization facilities available at railway stations, Andhra Pradesh's experiment of Nirodh Fortnight, Ernakulam Camp are amongst those new and bold experiments.

For experimental projects, a lump sum is annually earmarked in the Family Planning Budget and each project costing not more than five lakhs can be approved by the Secretary.

9. Awards

Awards have been instituted for creditable performance by the individuals, States, Panchayats, Community and for production of Family Planning films, with a view to encouraging competitiveness for better performance.

10. Evaluative studies and injection of new ideas

Studies are being undertaken and counsel held with various material persons for injecting improvements and new ideas in the programme. The Uttar Pradesh study and IIPA Seminars are amongst these efforts.

11. Changing approaches and strategies

The mass motivational strategy is being modified, population education being brought in and work in the organized sector is being intensified.

APPENDIX

STATISTICAL INFORMATION ON PRESENT STATUS AND FUTURE PLANS ON THE USE OF CONTRACEPTIVES IN INDIA

1. POPULATION

(a) The population of India (provisional) recorded in the 1971 census has been put at 546,955,945 at sun rise on 1 April 1971 - 283,055,987 men and 263,899,958 women.

(b) The world's present estimated population (1971) is around 3,710 million. The population of India is about 14.7 per cent of the world's total population.

(c) India's population is almost equal to that of the population of the USA, the USSR and Japan put together.

(d) India with 3.2 million sq. kilometers of land area accounts for 2.4 per cent of the total land area of the world which is 135.7 million sq. kilometers.

2. FAMILY PLANNING PROGRAMME

(a) Objectives: In the fourth Five Year Plan, the Family Planning Programme has been included as an item of national priority. The Plan document sets a concrete objective of reducing the annual birth rate from 39 per thousand of population at the start of the fourth Plan to 32 by 1973-74 and to 25 in another 5 to 7 years. This would mean that no couple should have more than three children and all couples should practise family planning in an effective manner.

(b) Performance: The number of sterilizations done from the inception of the Programme (1956) to the end of March 1971 is 8.6 million. This works out to 15.8 per thousand of population. The figure for IUCD insertions is 3.8 million, giving a rate of 6.9 per thousand of population. Another 2.1 million couples are estimated to have been using various other types of conventional contraceptives during 1970-71.

(c) Couples protected: About 10.9 million couples have been protected as a result of the work done up to the end of March 1971, which works out to 11.2 per cent of the estimated 98.1 million couples (1971) in the reproductive age group. The total percentage is made up: Sterilization: 7.5 per cent, intrauterine contraceptive device: 1.6 per cent and conventional contraceptives: 2.1 per cent.

(d) Impact of the Family Planning Programme.

- (i) Number of births averted: Calculations made on the basis of performance show that a total of 7.4 million births have been averted till 1970-71. It is estimated that, eventually, the effect of the work done up to 1970-71 would be that 26 million births would have been averted by 1991-92.
- (ii) Birth rate: It has been estimated by the Department that the birth rate has come down to 37.7 per thousand of population (provisional) in 1970-71. The birth rates as given by the Sample Registration Scheme are 39.5 in 1966-67, 39 in 1968, 38.6 (rural areas) and 32.6 for urban areas in 1969. Provisional estimate of birth rate for 1970 has been given as 37.4. Those furnished by the National Sample Survey are 31.3 for urban areas and 36.7 for rural areas for 1966-67. From the above it is seen that the estimates made by the Department agree with the Sample Registration Scheme for the Registrar General of India.

FAMILY PLANNING STATISTICS AT A GLANCE
(1971)

I. POPULATION AND AREA

1. Population (1961-Census) ... 439 million (as on 1 March 1961)
2. Population (1971-Census) ... 547 million (as on 1 April 1971)
(Provisional)
3. Average Annual Increase ... 10.7 million
4. Area ... 3.2 million sq. kms.
5. Density per sq. km.(1971)... 182*
6. Sex ratio (No. of females
per 1,000 of
males as 1971
Census) ... 932
7. No.of districts (Revenue)... 354

N.B. India has only 2.4 per cent of worlds land area but 15 per cent of the world's total population.

II. VITAL STATISTICS

(a) POPULATION GROWTH OF INDIA FROM 1901-71**

<u>Year</u>	<u>Population</u>	<u>Decade growth rate (%)</u>	<u>Progressive growth rate over 1901</u>
1901	238,337,313	-	-
1911	252,005,470	+ 5.73	+ 5.73
1921	251,239,492	- 0.30	+ 5.41
1931	278,867,430	+11.00	+ 17.01
1941	318,539,060	+14.23	+ 33.66
1951	360,950,365	+13.31	+ 51.45
1961	439,072,582	+21.64	+ 84.22
1971	546,955,945	+24.57	+129.49

* Excludes NEFA and Jammu & Kashmir, for which data are not available.

** Census of India, 1971-Paper I of 1971 - Provisional population data by R.G. & Census Commissioner India; p.42.

(b)

DISTRIBUTION OF POPULATION, SEX RATIO, GROWTH RATE AND DENSITY OF POPULATION

India/State/ Union Territory	Population 1971		Sex ratio i.e. females per 1000 males		Density of population per km.		Decennial growth rate of population		
	Persons	Males	Females	1961	1971	1961	1971	1951-61	1961-71
INDIA	546,955,945	283,055,987	263,899,958	941	932	138	182	+ 21.64	+ 24.57
States									
Andhra Pradesh	43,394,951	21,944,326	21,450,625	981	977	131	157	+ 15.35	+ 20.60
Assam	14,857,314	7,813,565	7,043,749	871	901	112	149	+ 35.06	+ 33.51
Bihar	56,387,296	28,839,524	27,547,772	994	955	238	324	+ 11.77	+ 21.38
Gujarat	26,680,929	13,771,613	12,889,316	940	936	112	136	+ 24.88	+ 29.21
Haryana	9,971,165	5,317,149	4,654,016	868	875	172	225	+ 33.79	+ 31.36
Himachal Pradesh	3,424,332	1,735,106	1,689,226	938	974	51	62	+ 17.87	+ 21.76
Jammu Kashmir	4,615,176	2,452,661	2,162,515	878	882	-	-	+ 9.44	+ 29.60
Kerala	21,280,397	10,538,873	10,741,524	1,022	1,019	435	543	+ 24.76	+ 25.89
Madhya Pradesh	41,449,729	21,352,291	20,097,438	953	941	74	93	+ 24.17	+ 28.04
Maharashtra	50,295,081	26,024,146	24,270,935	936	933	129	163	+ 23.60	+ 27.16
Mysore	29,224,046	14,910,851	14,313,195	959	960	123	152	+ 21.57	+ 23.90
Nagaland	515,561	275,359	240,202	933	872	22	31	+ 14.37	+ 39.64
Orissa	21,934,827	11,028,036	10,906,791	1,001	989	113	141	+ 19.32	+ 27.99
Punjab	13,472,972	7,192,305	6,280,667	854	873	221	268	+ 21.56	+ 21.00
Rajasthan	25,724,142	13,442,056	12,282,086	908	914	59	75	+ 26.20	+ 27.63
Tamil Nadu	41,103,125	20,772,549	20,330,576	992	979	259	316	+ 11.85	+ 22.01
Uttar Pradesh	88,299,453	46,896,648	41,402,895	909	883	250	300	+ 16.66	+ 19.73
West Bengal	44,440,095	23,488,244	20,951,851	878	892	394	507	+ 32.80	+ 27.24
Union Territories and other areas:									
Andaman & Nicobar Islands	115,090								
Chandigarh	256,979	146,888	110,091	652	749	1,052	2,254	+ 394.13	+ 114.36
Dadra & Nagar Haveli	74,156	36,240	37,916	963	1,007	117	151	+ 39.56	+ 27.95
Delhi	4,044,338	2,244,290	1,800,048	785	802	1,792	2,723	+ 52.44	+ 52.12
Goa, Daman & Diu	857,180	431,026	426,154	1,071	989	169	225	+ 5.14	+ 36.78
L.M. & A Island	31,798	16,062	15,736	1,020	980	831	994	+ 14.61	+ 31.90
Manipur	1,069,555	539,101	530,454	1,015	984	35	48	+ 35.04	+ 37.12
Meghalaya	983,336	503,351	479,985	953	954	33	44	+ 25.97	+ 32.02
N.E.F.A.	444,744	233,154	211,590	894	908	-	-	-	+ 32.14
Rondicherry	471,347	236,850	234,497	1,013	990	787	982	+ 16.34	+ 27.71
Tripura	1,556,822	802,509	754,313	932	940	107	149	+ 78.71	+ 36.32

* Excludes Jamar & Sentinal. Source: Census of India 1971- Series-I, Paper I of 1971- Provisional Population Totals

(c) BIRTH RATE, DEATH RATE & GROWTH RATE

(i) Birth, death and growth rates (by various census)

<u>Period</u>	<u>Birth Rate</u> (per 1000 pop.)	<u>Death Rate</u> (per 1000 pop.)	<u>Growth Rate</u> (%)
1901-10	48.1	42.6	0.55
1911-20	49.2	48.6	0.06
1921-30	46.4	36.3	1.01
1931-40	45.2	31.2	1.40
1941-50	39.9	27.4	1.25
1951-60	41.7	22.8	1.89
1961-70	-	-	2.22

(ii) Birth rates by Sample surveys

<u>Source</u>	<u>Period</u>	<u>Birth Rate</u>	
		<u>Rural</u>	<u>Urban</u>
(a) Sample Registration Scheme	1966-67	39.5	29.7
	1968	39.0	-
	1969	38.6	32.6
	1970	37.4*	-

* Provisional.

(b) National Sample Surveys (July 1966 - August 1967)	36.7	31.3
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(iii) Birth rate from sample registration scheme and annual geometric growth rate from 1971 census (State-wise)

<u>State</u>	<u>Birth rate per 1000</u>		<u>Annual geometric growth rate from 1971 Census per 1000</u>
	<u>in 1968</u>	<u>in 1969</u>	
1. Andhra Pradesh	36.6	35.4	19.0
2. Assam	45.5	40.8	29.3
3. Bihar	NA	NA	19.7
4. Gujarat	45.4	42.3	26.0
5. Haryana	44.3	39.7	27.7
6. Himachal Pradesh	NA	NA	19.0
7. Jammu & Kashmir	41.3	39.5	26.3
8. Kerala	33.2	31.1	23.3
9. Madhya Pradesh	NA	NA	25.0
10. Maharashtra	36.9	32.9	24.3
11. Mysore	33.7	34.0	21.9
12. Nagaland	NA	NA	34.0
13. Orissa	39.3	36.5 (Jan. June)	22.6
14. Punjab	33.6	33.6	19.6
15. Rajasthan	46.0	44.0	24.7
16. Tamil Nadu	34.9 (Jul. Dec.)	33.8	20.0
17. Uttar Pradesh	45.4	45.6	17.8
18. West Bengal	32.2	31.2 (Jan. June)	24.3
19. Delhi	45.9	42.4	42.4
20. Manipur	35.9	34.8	32.0

(d) INFANT MORTALITY RATES IN INDIA

<u>Period</u>	<u>Infant mortality rate per 1,000 live births</u>	
1941-50*	183	(males = 190; females = 175)
1951-60*	146	(males = 153; females = 138)
1961-65**	125	(males = 131; females = 121)
1966-70**	113	(males = 115; females = 112)

*Census estimates.

**Estimates based on projections made by the expert committee on population set up by the Planning Commission in 1964.

III. EXPECTATION OF LIFE AT BIRTH (in years)

<u>Period</u>	<u>Males</u>	<u>Females</u>	<u>Over all</u>
1941-50*	32.5	31.7	32.1
1951-60*	41.9	40.6	41.2
1961-65**	48.7	47.4	48.1
1965-70**	53.2	51.9	52.6
1971-75**	57.3	56.0	56.6

*Census estimates.

**Estimates based on projections made by the expert committee on population set up by the Planning Commission in 1964.

IV. LITERACY RATES

<u>Year</u>	<u>(Literacy rates (percentages))</u>		
	<u>Males</u>	<u>Females</u>	<u>Persons</u>
1951*	24.9	7.9	16.6
1961*	34.4	13.9	24.0
1971**	39.5	18.5	29.4

*Census of India 1961, vol.I, part II-c(i) social and cultural tables, page 93.

**Census of India 1971, series-I, Paper I of 1971-provisional population totals- pp.55.

V. NUMBER OF MARRIED COUPLES PER 1000 POPULATION (1961 census)

<u>Age group</u>	<u>Number of married couples per 1000 population</u>		
	<u>Rural</u>	<u>Urban</u>	<u>Total</u>
15-19	29	21	27
20-24	40	38	40
25-29	39	38	39
30-34	31	30	31
35-39	24	22	24
<u>40-44</u>	<u>19</u>	<u>17</u>	<u>19</u>
15-44	182	166	186

VI. (a) MARITAL AGE SPECIFIC FERTILITY RATES*

<u>Age group</u>	<u>Rates*</u>
15-19	228
20-24	315
25-29	284
30-34	225
35-39	161
40-44	95
<u>15-44</u>	<u>236</u>

(b) General fertility rate = 195

* Deduced from the National Sample Survey 14th round data by adjusting to the general fertility rate of 195 per thousand.

VII. COUPLES IN THE REPRODUCTIVE AGE GROUP

(Age of wife 15-44 years)

<u>Period</u>	<u>No. of couples in the reproductive age-group</u>	
1966-67	90,024,739	} On the basis of projected population
1967-68	92,259,936	
1968-69	94,552,216	
1969-70	96,903,134	
1970-71	99,309,228	
1971*	98,086,988*	

* Estimated by applying the married rates of 1961 census to the population provisional total in 1971 (census)

VIII. PERCENTAGE DISTRIBUTION OF WOMEN BY THE NUMBER OF CHILDREN*

<u>No. of living children born</u>	<u>Percentage of women</u>		
	<u>Rural</u>	<u>Urban</u>	<u>All areas</u>
0	18.8	16.4	18.5
1	15.5	15.2	15.5
2	15.0	14.7	15.0
3	14.3	13.5	14.1
4	12.5	12.4	12.4
5 and over	23.9	27.8	24.5
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>

* 'Some data on Target Women in the Indian Family Planning Programme' printed in the Journal of Family Welfare, Vol.XIV, No.2, December 1967.

IX. ORDER OF BIRTHS*

<u>Order of birth</u>	<u>Fertility Survey</u>		
	<u>Rural</u>	<u>Urban</u>	<u>Total</u>
1	19.1	18.1	19.0
2	19.0	18.1	18.8
3	17.9	16.6	17.7
4	15.4	15.0	15.3
5	11.3	11.6	11.4
6 and above	17.3	20.6	17.8
	100.0	100.0	100.0

* Country statement for India-Asian population conference (New Delhi, 10-20 December 1963), Government of India, Department of Statistics, Central Statistical Organization, New Delhi.

X. FAMILY PLANNING EXPECTATIONS

(i) State expectations

METHOD	1968-69		1969-70		1970-71		1971-72	
	No.	Rate per 1000 pop.	No.	Rate per 1000 pop.	No.	Rate per 1000 pop.	No.	Rate per 1000 pop.
(a) Sterilization	3,162,821	6	2,431,300	4.5	2,777,900	5.0	2,078,592	3.8
(b) IUCD Insertions	2,108,543	4	811,100	1.5	1,022,600	1.8	830,973	1.5
(c) Conventional Contraceptives	3,162,821	6	3,242,300	6.0	5,081,400	9.2	3,829,000	7.0

(ii) National Expectations

METHOD	1968-69		1969-70		1970-71		1971-72	
	No.	Rate per 1000 pop.	No.	Rate per 1000 pop.	No.	Rate per 1000 pop.	No.	Rate per 1000 pop.
(a) Sterilization	2,108,543	4.0	2,215,283	4.1	2,600,000	4.8	3,000,000	5.4
(b) IUCD Insertions	790,716	1.5	702,407	1.3	900,000	1.6	1,200,000	2.1
(c) Conventional Contraceptives	2,108,543	4.0	2,431,409	4.5	4,800,000	8.8	7,000,000	12.5

(iii) Feasible targets for 1971-72 (as fixed by the target setting committee set up in September 1970)

METHOD	No.	Rate per 1000 pop.
(a) Sterilization	2,078,592	3.8
(b) IUCD	830,973	1.5
(c) Conventional Contraceptives	382,900	7.0

State-wise targets for 1971-72 are given in Annex E.

XI. ACHIEVEMENT IN FAMILY PLANNING

1. Sterilization operations since 1956

1.1 Sex-wise performance since 1956.

Year	Number of sterilizations				Percentage achievement	
	Male	Female	Total	% of females to total	State expectations	National expectations
1956	2,395	4,758	7,153	66.5		
1957	4,152	9,584	13,736	69.8		
1958	9,189	15,959	25,148	63.5	*	*
1959	17,633	24,669	42,302	58.3		
1960	37,591	26,742	64,338	41.6		
1961	63,880	40,705	104,585	38.9		
1962	112,357	45,590	157,947	28.9		
1963	114,621	55,625	170,246	32.7		
1964	201,171	68,394	269,565	25.4		
Jan., '65 to March, 1966	576,609	94,214	670,823	14.0		
1966-67	785,378	101,990	887,368	11.5	70.2	70.2
1967-68	648,152	191,659	1,839,811	10.4	89.4	119.2
1968-69	1,383,053	281,764	1,664,817	16.9	52.6	79.0
1969-70	1,055,810	306,258	1,422,118	25.8	58.5	64.2
1970-71	815,556	410,880	1,275,962	33.5	46.0	49.1
		(incomplete) (49426)**			(proportionate)	(proportionate)

* Expectations were fixed from 1966-67 onwards.

** Sex-wise break-up of figures indicated in the bracket is not available.

1.2 Rural/Urban break-up of sterilization operations

Year	Rural	Urban	Total	Percentage of rural to total
1966-67	512,322	375,046	887,368	57.7
1967-68	1,135,334	704,477	1,839,811	61.7
1968-69	1,068,221	596,596	1,664,817	64.2
1969-70	794,325	627,793	1,422,118	55.9

- 1.3 Total since inception (up to March 1971) = 8,615,919 (including 20.3 per cent tubectomies)
 1.4 Rate per 1000 population = 15.8
 1.5 State-wise performance in sterilization given in Annex A.

2. IUCD insertions since 1965

2.1 Year-wise performance since 1965.

Year	Insertions	Percentage achievement	
		State expectations	National expectations
1965-66	812,713	*	*
1966-67	909,726	21.7	21.7
1967-68	668,979	16.3	32.5
1968-69	478,731	22.7	60.5
1969-70	458,726	51.6	55.3
1970-71 (incomplete)	453,185	44.9 (proportionate)	51.0 (proportionate)

2.2 Rural/Urban break-up of IUCD insertions

Year	Rural	Urban	Total	% of rural to total
1966-67	542,228	367,498	909,726	59.6
1967-68	394,027	274,952	668,979	58.9
1968-69	281,181	192,550	470,731	59.8
1969-70	267,982	190,744	458,726	58.4

* Expectations were fixed from 1966-67 onwards.

- 2.3 Total since inception (up to March 1971) - 3,787,060
 2.4 Rate per 1000 population = 6.9
 2.5 State-wise performance in intrauterine contraceptive device given in Annex B.

3. Distribution of Conventional Contraceptives

3.1 Yearly progress

Year	D I S T R I B U T I O N						Percentage achievement	
	Condoms	Diaphragms	Jelly Cream Tubes	Foam Tablet	Conventional* Contraceptive users	State Expectations	National Expectations	
1963-64	3,332,373	108,136	298,623	6,131,251	297,113 (33.9%)	**	**	
1964-65	14,111,569	120,745	298,053	9,775,812	428,903 (15.6%)			
1965-66	23,810,482	205,466	392,710	6,667,602	582,141 (56.3%)			
1966-67	16,438,012	77,438	419,710	9,912,508	464,505 (49.1%)	20.1	20.1	
1967-68	24,489,324	30,101	347,970	5,064,875	475,235 (71.5%)	15.4	23.1	
1968-69								
(a) Free distribution	43,474,956	33,403	386,967	4,793,118	742,373			
(b) Commercial distribution	15,733,656	-	-	-	218,523			
(c) Total	59,208,612	33,403	386,967	4,793,118	960,896 (85.6%)	30.4	45.6	
1969-70								
(a) Free distribution	68,759,723	22,692	455,062	4,724,423	1,098,405			
(b) Commercial distribution	30,018,225	-	-	-	416,923			
(c) Total	98,777,948	22,692	455,062	4,724,423	1,515,329 (90.5%)	46.7	62.3	
1970-71								
(a) Free distribution	86,250,414	13,941	381,490	2,744,577	1,332,917			
(b) Commercial distribution	52,694,758	-	-	-	731,872			
(c) Total	138,945,172	13,941	381,490	2,744,577	2,064,789 (95.0%)	40.6	43.0	

* State-wise Conventional Contraceptive users are given in Annex C. (incomplete)

** Figures within brackets are percentages due to Mirodh only. ** Expectations were fixed from 1965-57 onwards.

4. Number of couples protected

Items	No. of couples protected (in millions)	Percentage of couples protected	Period
(a) Sterilization	7.33	7.5	Since inception up to March, 1971
(b) IUCD insertions	1.54	1.6	"
(c) Conventional Contraceptive users	2.06	2.1	During 1970-71 up to March, 1971

5. Percentage of rural to total

(1969-70)

Sl. No.	State/Union Territory	Sterilization	IUCD insertions	General population
1.	Andhra Pradesh	45.7	13.7	82.6
2.	Assam	69.5	69.8	92.3
3.	Bihar	40.9	45.4	91.6
4.	Gujarat	52.4	54.6	74.2
5.	Haryana	58.3	70.8	82.8
6.	Jammu & Kashmir	67.2	74.8	83.3
7.	Kerala	59.0	76.9	84.9
8.	Madhya Pradesh	71.8	61.8	85.7
9.	Maharashtra	51.7	47.8	71.8
10.	Mysore	67.4	67.0	77.7
11.	Orissa	79.1	62.9	93.7
12.	Punjab	61.5	74.2	76.9
13.	Rajasthan	63.0	51.8	83.7
14.	Tamil Nadu	41.3	63.9	73.3
15.	Uttar Pradesh	77.4	59.5	87.1
16.	West Bengal	62.7	57.9	75.5
17.	West Bengal	58.8	67.0	93.7
18.	Nagaland & Union Territories	33.1	27.5	64.2
ALL INDIA		55.9	58.4	81.9

6. (a) Distribution of family planning acceptors by age of the wife *

<u>Age of wife</u>	<u>Sterilization</u>	<u>IUCD</u>
Less than 20 years	2.63	1.41
20-24	3.16	14.23
25-29	16.28	27.91
30-34	26.95	30.17
35-39	21.10	18.90
40+	29.88	7.33
Total	100.00	100.00

(b) The average age in case of sterilizations = 31.7

(c) The average age in case of IUCD = 31.3

* The above figures are based on the results of nation-wide sample study on characteristics of acceptors of various family planning methods carried out by the Department of Family Planning in 1979.

7. (a) Distribution of family planning acceptors by number of living children *

<u>No. of living children</u>	<u>Family Planning Method</u>	
	<u>Sterilization</u>	<u>IUCD</u>
2 or less	11.07	28.82
3	22.04	18.53
4	24.33	19.59
5	18.92	15.49
6	12.27	11.00
7	5.11	5.48
8	3.08	3.11
9	1.03	1.22
10+	1.05	1.75
Total	100.00	100.00

(b) The average number of living children in case of sterilization = 4.36

(c) The average number of living children in case of IUCD = 4.03

* The above figures are based on the results of nation-wide sample study on characteristics of acceptors of various family planning methods carried out by the Department of Family Planning in 1979.

8. Estimated number of births prevented in India

(a) Births prevented in various years.

<u>Year</u>	<u>Births prevented</u> (in 1000)
1961	32
1962	53
1963	85
1964	124
1965	209
1966-67	524
1967-68	898
1968-69	1417
1969-70	1859
1970-71	2238 (provisional)

(b) Number of births prevented eventually as a result of work done up to 1970-71.

(i) up to 1973-74	= 14 million
(ii) up to 1978-79	= 21 million
(iii) up to 1991-92	= 26 million

(c) Total acceptors by methods and at all India levels since inception are given in Annex D.

XII. ORGANIZATIONAL SET-UP (as on 10.6.71)

1. State Family Planning Bureau	= 18
2. District Family Planning Bureau	325
3. Percentage of technical staff in position to the total technical staff required:	
(i) State level	= 75.2
(ii) District level	62.1
(iii) Peripheral level:	
(a) Rural	= 55.9
(b) Urban	= 57.8
4. Number of urban centres functioning with whole time staff for family planning work:	
(a) State Governments	= 1,064
(b) Local bodies	= 367
(c) Voluntary organizations	= 350
	<u>1,812*</u>
(d) Other institutions doing family planning work	= 2,288
5. Number of Rural Family Welfare Planning Centres	
(a) Main Rural Family Welfare Planning Centres functioning	= 5,100
(b) Number of sub-centres functioning	= 29,996
(c) Other medical institutions doing family planning work	= 7,589
6. Mobile units:	
(a) Sterilizations	= 431
(b) IUCD	= 432

* Includes 31 centres run by local bodies/voluntary organisations of which break-up is not available.

XIII. TRAINING PROGRAMME

1.	(i) Regional Family Planning Training		
	Centres functioning	=	44
	(ii) Central Family Planning Field Units ..	=	16
	(iii) Central Institutes	=	5
2.	Persons trained		
	(i) Long-term course:		
	(a) Doctors	=	5,604
	(b) Others	=	24,197
	(ii) Short-term course:		
	(a) Doctors	=	13,156
	(b) Others	=	163,751

Progress over the years is given in Annex F.

XIV. STUDIES REGARDING REDUCTION IN BIRTH RATE

	<u>Area of study</u>	<u>Birth rates</u>	
1.	Gandhiyam Project (Madurai District)	40.0(1962)	36.3(1965)
2.	International Institute of Population Studies	12% reduction in birth rate during 1964-66	
3.	Singur rural area of the A.I.I.H & P.H., Calcutta	39.3(1962)	34.2(1965)
4.	Chetla urban area of the A.I.I.H & P.H., Calcutta	29.0(1961)	24.0(1966)
5.	Assam Branch of the Indian Tea Association	43.4(1960)	31.2(1966)
6.	Doom Dooma area, Assam Valley	41.0(1960)	31.9(1965)
7.	Doer's plantation in West Bengal	35.1(1963)	27.8(1965)
8.	The Indian Statistical Institute Project, West Bengal	26.0(1963)	22.0(1964)
9.	Demographic Research Centre, Dharwar	37.1(1961-62)	31.2(1968-69)
10.	Majafgarh block (rural Delhi)	37.5(1966)	31.9(1968)
11.	Haryana study	36.0(1961)	32.4(1968)
12.	Gujarat study	43.0(1966)	40.6(1968)

ANNEX A

Progress of sterilisation programme in India

Sl. No.	State/U.T.	Cumulative since inception						Rate per 1000 on 1971 census population
		1966-67	1967-68	1968-69	1969-70	1970-71**	Number of sterilizations	
1.	Andhra Pradesh	58,267	170,796	205,071	208,578	209,309	899,660	20.7
2.	Assam	1,299	3,220	14,731	18,386	16,277	79,014	5.0
3.	Bihar	57,056	144,044	92,564	96,845	61,191	474,277	8.4
4.	Gujarat	39,776	85,037	100,559	94,308	94,537	521,250	19.6
5.	Haryana	10,538	16,689	19,347	18,556	21,707	111,575	11.2
6.	Jammu & Kashmir	1,066	8,646	11,841	7,662	9,727	49,598	10.7
7.	Kerala	40,274	65,155	73,840	60,546	64,491	419,458	19.7
8.	Madhya Pradesh	76,190	176,148	135,110	126,096	88,067	701,772	16.9
9.	Tamil Nadu	248,242	128,166	11,353	112,155	70,993	979,662	23.8
10.	Maharashtra	65,614	332,329	273,034	231,479	248,170	1,411,293	28.1
11.	Mysore	52,389	109,730	92,256	48,793	46,748	419,188	14.3
12.	Nagaland	42	47	35	-	-	345	0.7
13.	Orissa	79,089	88,012	70,839	102,165	97,120	506,376	23.1
14.	Punjab	18,841	29,462	38,676	41,085	31,114	214,312	15.9
15.	Rajasthan	8,212	35,710	37,830	43,375	30,269	200,299	7.8
16.	Uttar Pradesh	79,435	159,168	155,883	78,110	77,490	704,990	8.0
17.	West Bengal	28,229	226,732	172,202	84,666	67,301	627,539	14.1
18.	Andaman & Nicobar Islands	60	106	158	135	99	779	6.8
19.	Chandigarh	56	307	501	441	341	2,017	7.8
20.	Dadra & Nagar Haveli	14	45	17	109	67	252	3.4
21.	Delhi	4,730	15,002	8,865	8,826	7,759	59,840	14.8
22.	Goa, Daman & Diu	745	1,300	1,581	1,382	1,878	8,311	9.7
23.	Himachal Pradesh	2,326	4,500	7,936	5,442	3,771	41,767*	12.2
24.	L.M. & A. Islands	3	7	29	32	14	85	2.7
25.	Manipur	33	111	124	558	468	1,532	1.4
26.	N.E.F.A.	-	-	1	21	34*	55*	0.1
27.	Pondicherry	183	565	2,463	2,815	2,518	8,863	18.8
28.	Tripura	63	376	4,528	4,210	3,067	12,545	8.1
29.	Central Govt. Insts.	13,796	38,301	31,262	24,841	21,435	159,264	-
TOTAL		887,368	1,839,811	1,664,817	1,422,118	1,275,962**	8,615,919	15.8

* Up to February 1971

** Figures are incomplete

Progress of the intrauterine contraceptive device in India

Sl. No.	State/U.T.	Cumulative since inception							Rate per 1000 on 1971 census population
		1966-67	1967-78	1968-69	1969-70	1970-71**	Number of IUCD insertions**		
1.	Andhra Pradesh	53,792	54,072	17,459	9,204	9,277	153,026	3.5	
2.	Assam	38,491	21,345	21,791	9,533	6,119	127,818	8.1	
3.	Bihar	35,195	32,499	25,041	48,483	33,546	187,411	3.3	
4.	Gujarat	34,051	20,338	12,422	10,648	9,490	176,450	3.6	
5.	Haryana	55,457	58,056	29,464	27,176	23,470	232,511	23.3	
6.	Jammu & Kashmir	11,851	9,636	7,552	4,295	8,064	45,405	9.8	
7.	Kerala	40,760	37,553	36,052	37,708	29,820	217,620	10.2	
8.	Madhya Pradesh	37,307	31,779	35,927	42,669	39,765	208,552	5.0	
9.	Tamil Nadu	5,295	9,542	25,358	41,609	50,740	136,035	3.3	
10.	Maharashtra	141,617	28,664	11,105	10,293	9,501	331,390	6.6	
11.	Mysore	87,670	40,782	19,717	13,051	9,968	217,293	8.5	
12.	Orissa	12,374	39,233	35,860	37,326	58,404	139,201	8.6	
13.	Punjab	120,131	103,196	36,248	29,987	26,891	400,237	29.7	
14.	Rajasthan	15,577	24,032	21,060	21,933	17,288	112,903	4.4	
15.	Uttar Pradesh	106,462	103,042	90,792	81,154	96,281	523,089	5.9	
16.	West Bengal	73,538	21,705	21,684	9,833	8,225	299,372	6.7	
17.	Nagaland	76	70	35	-	-	181	0.4	
18.	Andaman & Nicobar Islands	68	45	98	60	62	363	3.2	
19.	Chandigarh	1,161	1,248	817	526	396	4,445	17.3	
20.	Dadra & Nagar Haveli	-	5	2	1	4	12	0.2	
21.	Delhi	12,758	5,184	6,704	7,277	8,460	61,658	15.2	
22.	Goa, Daman & Diu	779	1,170	1,065	423	256	3,743	4.4	
23.	Himachal Pradesh	6,727	7,971	7,704	3,684	1,339*	39,686*	11.6	
24.	L.M. & A. Islands	4	2	5	3	-	14	0.4	
25.	Manipur	1,027	944	1,562	1,158	1,103	6,923	6.5	
26.	N.E.F.A.	384	276	107	55	37*	861*	1.9	
27.	Pondicherry	832	2,761	3,213	2,283	3,100	12,225	26.0	
28.	Tripura	351	269	584	346	442	1,692	1.1	
29.	Central Govt. Insts.	15,991	13,559	9,293	8,008	6,437	66,854	-	
TOTAL		909,726	668,979	478,731	458,726	458,185**	3,787,060**	6.9	

* Up to February 1971.

** Figures are incomplete.

ANNEX C

Number of conventional contraceptive users

Sl. No.	State/U.T.	1966-67	1967-68	1968-69	1969-70	1970-71 ^{d/}
1.	Andhra Pradesh	24,074	6,301	10,166	46,717	108,370
2.	Assam	3,523	5,832	7,802	7,959	8,742
3.	Bihar	5,158	9,062	26,448	82,034	85,181
4.	Gujarat	25,815	40,574	54,267	61,994	76,396
5.	Haryana	6,941	11,148	11,604	22,263	46,859
6.	Jammu & Kashmir	3,750	10,037	4,115	4,946	4,996
7.	Kerala	12,799	22,476	17,688	20,094	23,504
8.	Madhya Pradesh	16,116	23,021	36,649	62,530	76,552
9.	Tamil Nadu	29,232	16,499	25,716	40,997	71,466
10.	Maharashtra	79,439	87,640	193,654	206,706	186,518
11.	Mysore	56,545	36,356	41,103	45,055	48,800
12.	Nagaland	-	-	-	N.A.	72 ^{a/}
13.	Orissa	35,137	11,536	16,291	48,283	57,170
14.	Punjab	13,744	18,413	33,883	52,688	87,613
15.	Rajasthan	6,469	21,075	21,990	39,609	44,921
16.	Uttar Pradesh	63,570	44,749	116,256	168,061	140,104 ^{b/}
17.	West Bengal	37,899	29,343	28,563	52,158	54,417
18.	A. & N. Islands	48	118	182	150	228
19.	Chandigarh	-	-	1,843	2,874	3,318
20.	D. & N. Haveli	18	341	79	88	203
21.	Delhi	15,903	33,035	47,865	64,610	94,755
22.	Goa, Daman & Diu	196	1,548	1,147	1,455	2,235
23.	Himachal Pradesh	3,738	4,712	5,435	5,429	3,722 ^{c/}
24.	L.M. & A. Islands	N.A.	19	68	177	106
25.	Manipur	191	131	166	914	611
26.	N.E.F.A.	-	-	44	-	-
27.	Pondicherry	167	443	394	1,006	1,034
28.	Tripura	1,508	516	963	2,102	1,834
29.	Central Govt. Insts.	22,595	40,311	37,992	57,507	103,190
30.	Commercial Distribution	-	-	218,523	416,923	731,872
TOTAL		464,605	475,236	960,896	1,515,329	2,064,789 ^{d/}

N.A. Not available.

^{a/} Up to May 1970.

^{b/} Up to December 1970.

^{c/} Up to February 1971.

^{d/} Figures are incomplete.

ANNEX D

Statement showing total number of acceptors
of FP methods during the various years

1. Year-wise performance since 1956

<u>Year</u>	<u>Sterilizations</u>	<u>IUCD insertions</u>	<u>Conventional contraceptive users</u>	<u>Total acceptors</u>
1956	7,153			7,153
1957	13,736			13,736
1958	25,148			25,148
1959	42,302			42,302
1960	64,338			64,338
1961	104,585			104,585
1962	157,947			157,947
1963	170,246		207,613	467,859
1964	269,565		438,903	708,468
Jan. 1965- March 1966	670,823	812,713	582,141	2,065,677
1966-67	887,368	909,726	464,605	2,261,699
1967-68	1,839,811	668,979	475,236	2,984,026
1968-69	1,664,817	478,731	960,896	3,104,444
1969-70	1,422,118	458,726	1,515,329	3,396,173
1970-71*	1,275,962	458,185	2,064,789	3,798,936

* Information for the year is provisional.

2. (a) Total number of sterilizations since inception
up to March 1971 8,615,919
- (b) Rate per thousand population 15.8
3. (a) Total number of IUCD insertions since inception
up to March 1971 3,787,060
- (b) Rate per thousand population 6.9

ANNEX E

Targets for 1971-72

Sl. No.	State/Union Territory	Sterilization		IUCD		C.C. users	
		Rate per 1000 pop.	No.	Rate per 1000 pop.	No.	Rate per 1000 pop.	No.
1.	Andhra Pradesh	5.99	260,062	0.26	11,114	3.38	146,702
2.	Assam	2.11	33,405	0.67	10,592	2.26	36,849
3.	Bihar	2.91	163,958	1.96	110,299	3.38	190,787
4.	Gujarat	5.52	147,264	0.57	15,139	3.51	93,588
5.	Haryana	2.68	26,732	3.68	36,691	5.99	59,753
6.	Himachal Pradesh	2.63	8,995	0.99	3,373	2.19	7,496
7.	Jammu & Kashmir	2.50	11,536	1.56	7,210	2.23	10,300
8.	Kerala	4.14	88,048	2.59	55,030	2.59	55,030
9.	Madhya Pradesh	4.16	172,602	1.02	42,098	3.35	138,923
10.	Tamil Nadu	4.23	173,883	1.48	60,657	2.75	113,226
11.	Maharashtra	6.33	318,195	1.03	51,739	5.14	258,695
12.	Mysore	2.43	71,092	1.04	30,252	3.31	96,806
13.	Orissa	6.35	139,294	3.35	73,547	3.86	84,691
14.	Punjab	4.11	55,357	3.60	48,438	7.65	103,026
15.	Rajasthan	3.07	79,054	1.11	28,623	3.39	87,232
16.	Uttar Pradesh	1.75	154,461	2.28	201,268	3.18	280,839
17.	West Bengal	2.41	107,037	0.21	9,308	3.67	162,883
18.	Nagaland	-	-	-	-	0.17	89
19.	A. & N. Islands	1.88	216	1.18	136	2.98	343
20.	Chandigarh	2.32	596	1.61	413	12.81	3,300
21.	D. & N. Haveli	2.23	165	1.41	104	3.04	225
22.	Delhi	4.02	16,270	2.79	11,268	23.40	94,647
23.	Goa, Daman & Diu	2.94	2,516	1.13	969	3.66	3,137
24.	L. M. & A. Islands	0.88	28	1.22	39	4.38	140
25.	Manipur	0.88	942	1.53	1,637	1.10	1,178
26.	N.E.F.A.	0.18	81	1.26	562	-	-
27.	Pondicherry	6.85	3,227	7.83	3,688	3.92	1,844
28.	Tripura	3.64	5,671	1.40	2,184	2.62	4,085
29.	Central Govt. Insts.	4.17	37,905	1.72	14,595	16.91	143,500
30.	Commercial distribution	-	-	-	-	3.02	1,650,686
TOTAL		3.80	2,078,592	1.52	830,973	7.00	3,829,000

Circulated vide No. 6-2/71-Ply.(G.O.No.1-1/71(26), dated the 29.4.71, to all State Governments/Union Territories.

ANNEX F

Progress at a glance over the years

Sl. No.	Item	1965-66	1966-67	1967-68	1968-69	1969-70	1970-71 ^{a/}
1.	District Family Planning Bureau	N.A.	196	299	315	318	325
2.	Rural Family Welfare Planning Centre:						
	(i) Main Centres	3,676	4,564 ^{b/}	4,174	4,326	4,812	5,100
	(ii) Sub-Centres ^{c/}	7,081	13,550	19,168	22,540	28,912	29,996
	(iii) Urban Family Welfare Planning Centres	1,381	1,580	1,806	1,775 ^{d/}	1,775 ^{d/}	1,812
	Total (i to iii)	12,138	19,694	25,148	28,663	35,499	36,998
3.	Mobile units						
	(a) Sterilizations	192	255	384	395	419	431
	(b) IUCD	129	202	370	394	443	432
4.	Regional Family Planning Centres	N.A.	31	41	42	44	44

N.A. Not available.

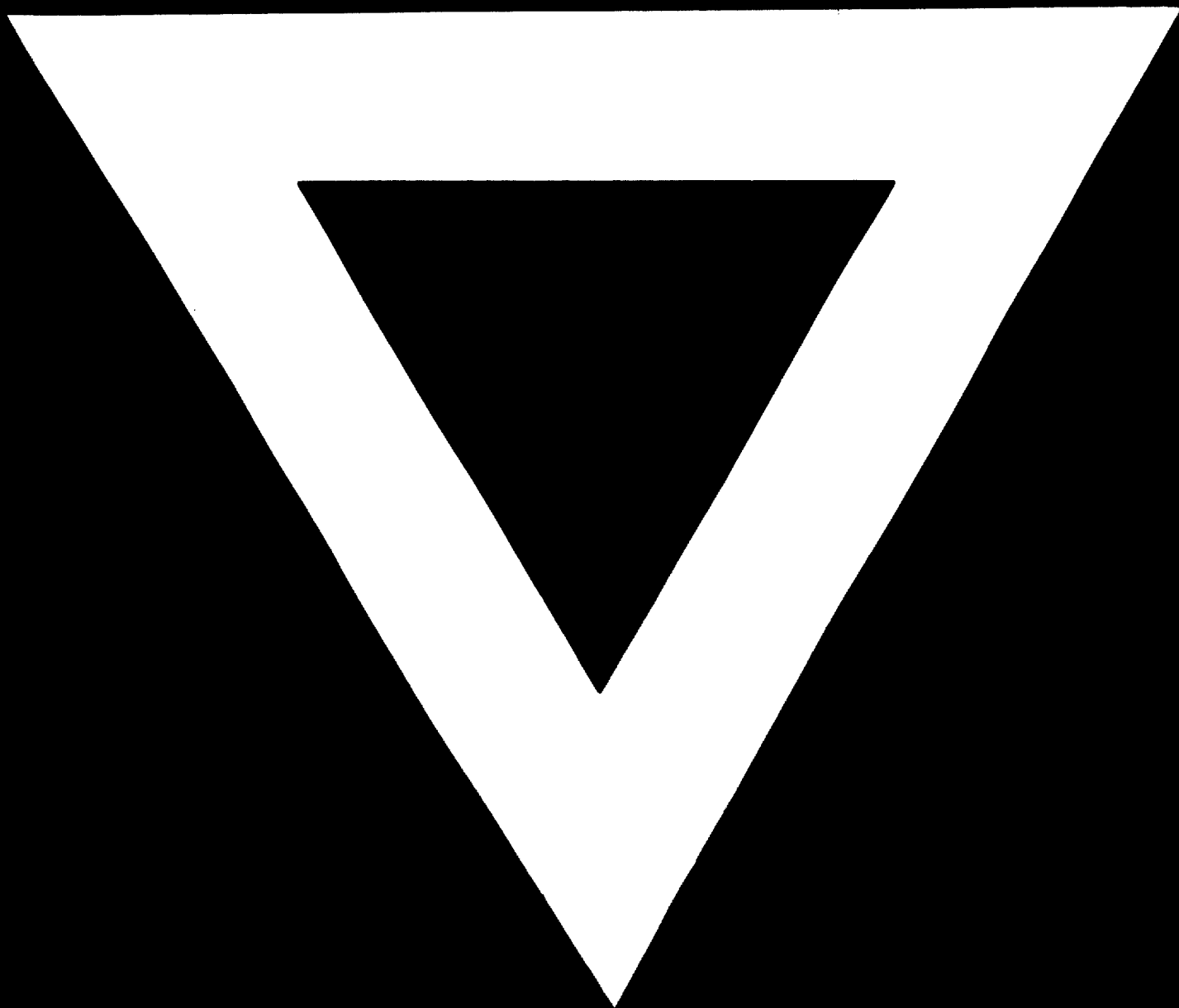
a/ Figures for 1970-71 are provisional.

b/ Under verification.

c/ Total number of sub-centres functioning inclusive of sub-centres opened under the health programme.

d/ Reduction is due to closing of some of the urban centres.





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