FAMILY WELFARE

(Item No.24)

The main objective of the Family Welfare Programme is to improve maternal and child health which will bring down the birth rate, death rate, IMR, SBR, MMR and total fertility rate. The achievements of Tamil Nadu relating to these parameters is noteworthy compared to All-India:

	Indicators	Tamil Nadu	All India
01.	**General Indicators:**		
1.1.	Crude Birth rate (1994) (per 1000 population)	19	28.6
1.2.	Crude Death Rate (1994) (per 1000 population)	7.9	9.2
1.3.	Infant Mortality Rate (1994) (Per 1000 live births)	59	73
1.4.	Maternal Mortality Rate (1994) (Per 1000 live births)	0.8	4.37
1.5.	Total fertility rate	2.2	3.6
1.6.	Couple protection rate (31.3.95)	57%	51%
02.	**Maternal Care Indicators (1992-93)**		
2.1.	Percentage of pregnant Women receiving ante-natal care	94.2	62.3
2.2.	Percentage of pregnant women receiving two doses of tetanus toxoid	90.1	53.8
2.3.	Percentage receiving iron/folic acid tablets	84.1	50.5
2.4.	Percentage of births delivered in medical institutions	63.4	25.5
2.5.	Percentage of deliveries assisted by health professionals / trained persons	71.2	34.2

02. The Crude Birth Rate in Tamil Nadu declined from 30.0 in 1973 to 28.9 in 1979, remained almost static at that level till 1984 and thereafter declined rapidly and touched 19.0 in 1994. The All India Birth Rate in 1994 is 28.6. Only Kerala has a lower birth rate. Tamil Nadu with a population of about 58 million, with a very high percentage of persons living in poverty, is heading to reach net replacement rate level of one and is on the road to population stabilisation. The reduction in CBR in Tamil Nadu is due to the combination of various factors like attitudinal change to have small family, wide acceptance of contraception, spreading of the message of small family norm, birth spacing, attempts at raising the age at marriage to 21, increase in female literacy rate (28.86% in 1971 to 52.29% in 1991, second next to Kerala with 82.4%), steady fall in the dropout rate of girls from schools, emphasis on the status and protection of women etc.

03. The raising of age at marriage has an appreciable impact on the total fertility rate (no.of children per woman). According to the latest data of the Registrar General, the average fertility rate in India is 3.6, the lowest being in Kerala (1.9) followed by Tamil Nadu (2.2). Two major factors have contributed to Tamil Nadu's success, namely (1) strong social and political commitment and (2) good technical and administrative operation back up.

04. The IMR of Tamil Nadu has fallen from about 113/1000 in 1971 to 91/1000 in 1981 i.e. at 2.2 points / 1000 per year. In the next decade the fall was much steeper namely to 57/1000 in 1991 i.e. at 3.4 points per 1000 per year. The acceleration in the fall in the latter decade is attributed to a number of factors, namely intensive training of the ANMs, establishment of Rural Health Training Centres in selected PHCs to provide such training, the creation of Chief Health Nurse to monitor all MCH activities at Block level, special training to Dais in antenatal care services, provision of Disposable delivery Kits, Universal Immunisation Programme, provision of Vitamin A and iron/folic acid supplementation. All these have also resulted in a significant fall of post-natal mortality from 29/1000 in 1981 to 14/1000 in 1991.

Programmes and Institutions:

05. The PHCs and HSCs are the main service points for the family welfare programme and there are 1419 PHCs including 68 CHCs and 8682 HSCs. There are post-partum centres which provide ante-natal and post-natal care through immunisation of pregnant mothers and new born apart from sterilisation facilities. At present, 105 post-partum centres are functioning in the State with 1258 beds (97 centres run by Government Institutions, 4 by Local Bodies and 4 by voluntary organisations).

06. The Medical Termination of Pregnancy (MTP) Programme supplements family welfare, as a large percentage of women undergo medical termination of pregnancy. At present, 711 institutions (450 under Government, 4 under Local Bodies, 36 under voluntary organisations and 221 under private agencies) are rendering MTP services in the State.

07. Information, education and communication (IEC) programmes are drawn up for specific target groups. Women's clubs are formed in villages for IEC activities. Union Government assistance has been sanctioned to the District Collectors for IEC work. The IEC wing imparts training to the field staff of Health Department.

08. There are 382 Rural Family Welfare Bureau, 65 Urban Family Welfare Bureau, 19 District Family Welfare Bureau and 1 City Family Welfare Centre.

Future Thrust Areas:

09. Though the overall achievements of the Family Welfare Programme are quite substantial, the indicators like Rural IMR and MMR, perinatal and neo-natal mortality require our attention and this points to the need for directing our efforts to strengthen the Family Welfare and MCH care services in rural areas. In the last four years i.e from 1991, the IMR of Tamil Nadu has remained almost static at 58/1000. The Districtwise data on Rural IMR reveal that it is high in Dharmapuri with 98.1 per 1000 live births, Madurai with 84.4, Salem with 80.1 and Ramanathapuram with 78.1. Though the Rural MMR in Tamil Nadu is 1.9/1000 live births in 1995, it is the highest in Nilgiris with 4.5 followed by Perambalur with 3.6, Pasumpon and Trichy with 3.3. The Rural Still Birth Rate (SBR) is 18.9 per 1000 deliveries. The high rate in rural IMR and MMR is due to the neo-natal deaths. Ante-natal care can contribute significantly to the reduction of maternal morbidity and mortality. Advice on the correct diet and the provision of iron and folic acid tablets to pregnant women besides medical care will be very useful. This will ultimately aid to reduce the incidence of low birth weight babies and thus reduce perinatal, neo-natal and infant mortality.

State Financial Support:

10. The allocation of funds for Family Welfare Programme during the past three years is as follows:

(Rs.in lakhs)

	1994-95 Actuals	1995-96 R.E.	1996-97 Revised B.E.
Family Welfare (Total)	11062.07	11309.64	10494.29
Of which			
(a) Rural Family Welfare Services	4330.80	5738.90	5635.23
(b) Maternity and Child Health	1602.13	573.65	594.93
(c) Compensation	715.76	775.71	770.21
(d) Mass education	92.76	100.78	92.16
(e) Others	4320.62	4120.60	3401.76

Panchayat Raj Institutions:

11. In the context of decentralised planning, the Centrally Sponsored Family Welfare Programme should be tailored with sufficient flexibility in its operational strategies to meet the needs of the individual districts. The 73rd / 74th constitutional Amendment envisages entrustment of powers and responsibilities to Panchayat Raj Institutions in respect of 29 items of which "Family Welfare" is Item 24.

12. The Tamil Nadu Panchayat Act, 1994 outlines some of the functions of the 3-tier Panchayat Raj Institutions relating to Family Welfare thus:

(i) The Panchayat Union Council, within the limits of its funds, may make reasonable provision for the establishment and maintenance of dispensaries, maternity and child welfare centres, payments of the subsidies to rural medical practitioners, maintenance of a thai service, offering advice and assistance to mothers in family planning, training and employment of vaccinators. (Section 112, b.c.d.)

(ii) The Panchayat Union Council may review the schemes, programmes and other activities executed by the Government or by any statutory body or other agency within the Panchayat Union. (Section 114 (2)).

(iii) Two or more Panchayat Union Councils may establish and maintain common dispensaries, child welfare centres and institutions of such other kind. (Section 118).

(iv) The Panchayat Union Council shall enforce vaccination and it may enforce revaccination throughout the Panchayat Union. (Section 141)

(v) The Act provides that Health Assistants, auxiliary nurses, midwives and maternity assistants in Public Health Establishment of Panchayat Union Councils will be Government Servants (Section 109).

13. With the above background of achievements in the family welfare programme, well established network of health centres and institutions, the future need for reorienting MCH care activities in rural areas and also in the light of the provisions contained in the Tamil Nadu Panchayats Act 1994, the State Planning Commission Group is of the view that the effective implementation of the Family Welfare Programme could be achieved with the entrustment of following powers and functions among the 3-tier Panchayat Raj Institutions.

I. VILLAGE PANCHAYAT

ACTIVITY (1)		*ENTRUSTMENT OF POWERS* (2)
1. Maternal and child Health Care Services	i)	Maintain the records on vital Statistics relating to birth rate, death rate, IMR, MMR (VAO will supply these infor mations to village Panchayats) and report to Panchayat Union.
	ii)	Identify the areas which have high IMR in general and IMR for girl in particular, MMR, SBR and neo-natal deaths and analyse the causes for the same: undertake corrective measures.
	iii)	Assist in the maintenance of health records of pregnant women; assist the maternity centres and HSCs to provide help to the pregnant women who have complications.
	iv)	Ensure effective pre-natal and post-natal care, post- partum care, safe delivery practices from trained health personnel.
	v)	Mobilise the support of voluntary organisations to provide health care services to women both in productive and post-reproductive years.
	vi)	Assist in counselling on exclusive breastfeeding for both male and female infants for the first 6 months.
	vii)	Assist in establishing linkag es between the basic interventions for MCH care with immunisation, control of Vitamin A/iron/ iodine deficiency, ARI and ORT.
	viii)	Organise training to VHNs, Community Health workers and TBAs.
	ix)	Conduct periodical review meetings with the village level officials for MCH care services and officials of Rural Family Welfare Bureau.

(1)		(2)
2. Family Planning	i)	Motivate eligible couples for contraception and particularly encourage male responsibility for reproduction and use of contraceptives.
	ii)	Ensure availability and supply of appropriate contraceptives.
	iii)	Organise periodic family planning/welfare camps.
3. Information, Education and Communication	i)	Disseminate information about contraception, its availability and MCH care services.
	ii)	Sensitise the community Health workers, VHNs and ANMs to communicate effectively with the target groups.
	iii)	Organise counselling activities / programmes connected with contraceptive methods, age at marriage, birth spacing, breast feeding, small family norm, appropriate prenatal care and nutritional diet for pregnant women, lac tating mothers, maternal health hazards connected with unsafe abortions etc.
	iv)	Organise educational and information camps on STD, HIV and AIDS.
	v)	Involve Mahalir Mandrams and Women's groups for counselling women in productive and post-productive age-groups.

II. PANCHAYAT UNION

ACTIVITY (1)		*ENTRUSTMENT OF POWERS* (2)
1. Maternal and Child Health Care Services	i)	Consolidate the Village Panchayat level data and maintain data base on Maternal and Child Health Care.
	ii)	Assist the Village Panchayat in organising immunisation camps and Family Welfare promotional campaigns.
	iii)	Assist, co-ordinate, supervise and monitor the Family Welfare and MCH Care activities in Village Panchayats.
	iv)	Establish and maintain maternity centres, post-partum centres, HSCs and PHCs for family welfare activities.
2. Family Planning	i)	Provide medicines, equipments and contraceptive materials to the centres / village panchayats.
	ii)	Monitor and review the contraceptive services and campaign through the standing committee on "Health and Family Welfare".
3. Information, Education and Communication	i)	Render necessary assistance in disseminating information about the available MCH care and Family Welfare services; in the educational and communication activities of the Village Panchayat.
	ii)	Mobilise the support of voluntary organisations in counselling activities on MCH care, family planning and STD and AIDs control programme.

III. DISTRICT PANCHAYAT

ACTIVITY (1)		*ENTRUSTMENT OF POWERS* (2)
1. District over view of Family Welfare	i)	Prepare Status Paper on the State of Family Welfare in the District comparing it with the best in the State/Country.
	ii)	Identify the gaps & mobilise the co-operation of Village Panchayat, Panchayat Union & all others concerned to overcome the gaps.
	iii)	Encourage the raising of local resources and supplement budgetary support.
	iv)	Hold periodic review conferences and maintain a panel for assessment of quality of services rendered, draw a concerted plan of action and follow-up.
	v)	Take steps to solicit the sup port, ideas and in particular take help from the elected women representatives for expansion of activities and social audit on the utilisation of services for the MCH care and Family Welfare for the poorer sections.
2. Maternal and health care services	i)	Create a data base at the district level and develop a Management Information System on MCH.
	ii)	Monitor and review all schemes and programmes, the MCH care and Family Welfare activities in the district through the Standing Committee on "Health and Family Welfare".
	iii)	Evaluate the impact of the activities undertaken by the Panchayat Union, identify the deficiencies and suggest corrective measures.
	iv)	Advise the Government for improving the storage facilities for drugs and vaccines: availability of drugs and infrastructural facilities for the health centres.
	v)	Review periodically the training and orientation given to the health personnel and suggest improvements.
	vi)	Supervise the functioning of the health centres, post-partum centres and the Rural Family Welfare Bureau.
3. Family Planning	i)	Organise the distribution of medicines, equipments and family planning mate rials to the centres at the Panchayat Union level.
	ii)	Assist the Panchayat Union in the implementation of Family Welfare activities.
	iii)	District Family Welfare Bureau will report to District Panchayat for review of all schemes implemented in the districts.
	iv)	Mobilise NGOs and private medical practitioners and institutions in the Family Planning compaigns and activities.
4. Information, Education and Communication	i)	Assist the Panchayat Union in disseminating family planning information, education and communication.
	ii)	Assist the Panchayat union in the preparation of educational and communi-cation materials for family planning.
	iii)	Organise workshops and contact programmes to implement family welfare strategies.

Administrative implications:

14. Section 109 (1) and (2) of the Tamil Nadu Panchayats Act 1994, protects the status of all health assistants, auxiliary nurses, midwives and maternity assistants in the public health establishments of Panchayat Unions as whole time Government servants and states that the Government may make rules regulating the conditions of service of these personnel.

15. The State Planning Commission makes the following recommendations: The District Family Welfare Bureau could be entrusted with the complete responsibility for managing all the family welfare activities in the district. The Rural Family Welfare Bureau, PHCs, HSCs, MHCs, CHCs, post-partum centres will be brought under the control of Panchayat Unions. The officials and health personnel of the District Family Welfare Bureau at the district level should attend the District Panchayat review meetings and be responsible to District Panchayat. The Panchayat Union should be entrusted with the powers of managing the MCH care and Family Welfare services in which case the personnel in the PHCs, Rural Family Welfare Bureau, and post-partum centres would be made responsible and accountable to the Panchayat Union.

16. The State Planning Commission is of the view that the personnel working in the Panchayat Raj Institutions should be fully and wholly responsible to the local self Government. In order to achieve this objective, it is appropriate to design personnel policy by which over a stipulated period of time, a separate cadre of professionals committed to the Panchayat Raj system should emerge. The emoluments, service conditions and promotions of the health personnel already protected as Government servants will be governed as per the Government rules. Since the family planning personnel from the district to village level are full-time Government servants, the Panchayat Unions and District Panchayats should be entrusted with powers to control administratively for making them accountable to these democratic institutions. Thus amendments may be made in the concerned G.Os for operationalising the above recommendations. Further, Family Planning personnel for the local bodies should be recruited by Panchayat Unions as per the Government guidelines to fill up all future vacancies. Thus, there will be two cadres of Family Welfare staff at the Panchayat Union level (a) Government servants and (b) Panchayat Union staff. This dual system may continue on an extended period of time after which there will be only one cadre of local bodies, health and family welfare staff. This recommendation is on the same lines as has been suggested for health staff of the PRIs.

17. In order to provide dynamics for interaction outside the given administrative framework, the local advisory committees may be set up by each level of the Panchayat Raj Institutions, i.e. Village Panchayat, Panchayat Union and District Panchayat. The Standing Committee and the Advisory Committee of the Panchayat Union and District Panchayat respectively will act as the local advisory committee, whereas for Village Panchayats, Gram Sabha may constitute a Local Advisory Committee for co-ordinating and integrating all the activities at the operational level and such mutual reinforcement and co-ordinated management will best serve the purpose of fulfilling the health care needs of the population.

Financial implications:

18. Under the centrally sponsored Family welfare programme, central assistance is provided to District Family Welfare Bureau, Dais training, Rural Family Welfare Centres at PHCs, post-partum centres, Rural Family Welfare centres run by local bodies and voluntary health institutions, assistance to local bodies and voluntary health institutions for sterilisation and contraceptives, post-partum teaching and IEC activities. Hence the expenditure for the maintenance of these centres, provision of equipments and vehicles, repair and renovation works and training are being met by the local bodies. The Panchayat Unions have been assigned with statutory duties of opening and maintenance of Maternity Centres and Dispensaries. The Government have taken over the Maternity centres maintained by the Panchayat Unions. However, the Panchayat Unions have been required to meet the payment of salary of Ayahs and 2/3rd assistance by way of grant is given from the Government for this purpose (Annually Rs.2.60 crores). The commitment of Government on the remaining 1/3rd will be only Rs.1.30 crores. The maintenance of maternity centres and other Family Welfare programmes should be entrusted to Local Bodies. When the transfer of centres is made to the Local Bodies, the funds for the operation and maintenance of the same may be placed at the disposal of the Panchayat Unions.

Legal implications:

19. As indicated in the foregoing paragraphs, Tamil Nadu Panchayats Act 1994 needs to be amended to accommodate the recommendations for the activities of the Panchayat Raj Institutions relating to Family Welfare and MCH care.