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UNITED NATIONS FUND FOR POPULATION ACTIVITIES

PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director

Assistance to the Government of India

Support of a comprehensive population programme

Proposed UNFPA assistance:	\$63,800,000
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1986
Executing agencies:	Government of India International Labour Organisation (ILO) United Nations Fund for Population Activities (UNFPA)
Government co-operating agencies:	Ministry of Health and Family Welfare Ministry of Education Ministry of Social Welfare

INDIADemographic Facts

Population by sex		Population density (/sq. km.)	232
Total (in 1000)	761,175	Average annual change	
Male (in 1000)	393,879	Population increase (in 1000)	14,444
Female (in 1000)	367,296	Births (in 1000)	24,095
Sex ratio (/ 100 females)	107.2	Deaths (in 1000)	9,652
Population in year 2000 (in 1000)	961,531	Net migration (in 1000)	0
Population by age group		Rate of annual change	
Age 0-14 (in 1000)	283,981	Population change total (%)	1.99
Age 15-64 (in 1000)	450,531	Urban (%)	3.7
Age 65+ (in 1000)	26,663	Rural (%)	1.4
Age 0-14 (percentage)	37.3	Crude birth rate (/ 1000)	33.2
Age 15-64 (percentage)	59.2	Crude death rate (/ 1000)	13.3
Age 65+ (percentage)	3.5	Natural increase (/ 1000)	19.9
Age indicators		Net migration (/ 1000)	0.0
Median age	21.0	Fertility and mortality	
Dependency: age 0-14	63.0	Total fertility rate	4.41
Dependency: age 65+	5.9	Completed family size	N/A
Dependency: total	69.0	Gross reproduction rate	2.15
Youth: 15-24 (in 1000)	155,078	Net reproduction rate	1.58
Women: 15-49 (in 1000)	185,111	General fertility rate (/ 1000)	138
Urban-rural population		Child-woman ratio	602
Urban population (in 1000)	194,186	Infant mortality rate (/ 1000)	118
Rural population (in 1000)	566,989	Life expectancy: male	53.0
Per cent urban (%)	25.51	Life expectancy: female	52.0
Per cent rural (%)	74.49	Life expectancy: total	52.5
Population density (/ hectare of arable land)	2.63	GNP per capita (U.S. dollars, 1982)	260

Sources: Area and population density on arable land: derived from Food and Agriculture Organization, FAO Production Yearbook 1980; Gross national product per capita: World Bank, World Development Report 1984; Completed family size: Noreen Goldman and John Hobcraft, "Birth Histories", in Comparative Studies, No. 17 (International Statistical Institute: Voorburg), 1982; all other data: Population Division, United Nations Department of International Economic and Social Affairs, Demographic Indicators by Countries as Assessed in 1982 (computer printout, 1 November 1983) - "population by sex" through "population density (/sq. km.)" as of 1985, and "average annual change" through "life expectancy: total" as of 1980-1985.

I. SUMMARY

1. UNFPA proposes to support the population programme of the Government of India, a priority country for UNFPA assistance, in the total amount of \$63,800,000 over the five-year period 1986-1990. Based on the findings and recommendations of the second Needs Assessment Mission that visited India in March-April 1984, this third UNFPA country programme is designed to assist the Government in reaching its population goals set forth in its seventh five-year plan (1986-1991). The Needs Assessment Mission emphasized the importance of continuing external assistance to the Government of India in order to sustain the momentum of the country's population programme. The Government has requested, and has both the need for, and the capacity to absorb, a much larger amount of UNFPA assistance under the third country programme. However, a larger amount than that proposed would not appear to be available on the basis of expected future programmable resources, as set forth in the "Update of the review and reassessment and work plan for 1986-1989 and request for approval authority" (DP/1985/35).

2. Under the second programme (1980-1985), a total of \$70 million will have been provided, directed primarily towards the Government's maternal and child health (MCH)/family welfare programme through the supply of contraceptives and equipment, strengthening of infrastructure and service delivery, support of population education and communication activities and provision of technical assistance.

3. Under the proposed third programme, UNFPA assistance would include support for the following activities: upgrading the service delivery capacity of the health care and family welfare network through two intensive area development projects in the states of Bihar and Rajasthan; strengthening the data collection and analysis system; expanding acceptance and utilization of health and family welfare facilities in Bihar and Rajasthan; strengthening the managerial capability at all levels of the programme through training, research and the development and strengthening of management information and evaluation systems; supporting the population education programme, both in and out of schools; providing contraceptive equipment and supplies; producing additional audio-visual and printed materials for motivation campaigns; strengthening the communications component of the programme through training and improvement of technology and equipment; and supporting health and family welfare programmes aimed specifically at women through innovative projects and the establishment of a special unit to serve as a focal point for women's programmes. UNFPA assistance would support advisory services; in-country and out-of-country training activities; study tours; expendable and non-expendable equipment and materials, including contraceptives; workshops and seminars; construction costs and salaries of local personnel.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, will be undertaken in accordance with the principles and objectives of the World Population Plan of Action, that is, population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)), respect for human life is basic to all human societies (para. 14 (e)) and all couples and individuals have the basic right to decide

freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. The official policy of the Government of India to reduce fertility has been in existence since 1951, when it was introduced in the first five-year plan (1951-1956). In 1952, an official family planning programme was adopted at the national level. Initially the programme was relatively modest, with a primarily clinical approach. When the demographic implications of the 1961 census became apparent, efforts to implement an effective programme were intensified. Since that time, the programme has steadily expanded into a serious and concerted national effort to control the growth of India's population. A community-centred approach was adopted in the 1960s. In the mid-1970s, it was decided to integrate family planning within overall health, maternal and child health and nutrition services and to introduce the multi-purpose worker scheme, an approach followed to the present time. Annual national expenditures on the programme, physical infrastructure facilities and the number of family planning personnel involved have increased rapidly to make India's family planning programme one of the largest and most complex in the world.

6. The basic aim of the Government's population policy is to reduce fertility by influencing social variables known to promote fertility reduction (e.g., health education and literacy) and by implementing a family planning programme. Under the sixth five-year plan (1980-1985), family planning continued to be accorded high priority, with emphasis on programme integration and co-ordination of activities involving all ministries and departments. The Government is firmly committed to a voluntary, integrated family planning programme in the context of its overall strategy of "Health for All by 2000". The sixth plan proposes to extend the delivery of services through the strengthening of health and family planning infrastructure, particularly rural infrastructure, and stipulates that facilities for all methods of family planning are to be made available on a wider scale and at all levels. The reduction of morbidity and mortality of mothers and children is a special concern of the plan. The plan also highlights the importance of the role of education, including female education, and encourages extension education programmes.

7. Since the 1960s, the family planning programme has been target-oriented, both in terms of the number of couples protected by family planning methods and in terms of fertility levels. Current national goals call for a net reproduction rate equal to one for the country as a whole by 1996 and for all states by the year 2000. It has been estimated that to realize this, the crude birth rate must be reduced to 21 per 1,000, the crude death rate to 9 per 1,000 and the infant mortality rate to 60 per 1,000 live births. A "couple protection ratio" (i.e., the proportion of couples at risk protected by modern methods of family planning) of 60 per cent is integral to the achievement of these goals.

8. In a statement outlining India's views on population, for the benefit of those attending the International Conference on Population, the late Prime Minister

Indira Gandhi said, "For two thirds of the world's population, economic development is the first need. It is not enough if their countries generate more goods and services. Each person should get a greater share and, for this, the rate of growth of population should be well below the rate of growth of the economy. Population control is an essential part of the strategy of development. Family planning makes a direct contribution to social change. Our system precludes the use of any coercion in so private a relationship. We have strengthened our family planning and rural health services to provide facilities for those who want to control the size of their families through the use of contraceptives and resort to sterilization".

9. India has been experiencing population trends characteristic of the conventional pattern of demographic transition of many countries. During most of the nineteenth century and the early twentieth century, both birth and death rates were over 45 per 1,000 and the population was virtually stationary. Then came a decline in the death rate from about 36 per 1,000 in the 1920s to around 20 per 1,000 in the 1960s, while the birth rate remained more or less constant at about 42-45 until the 1960s. Consequently, the annual growth rate rose from about 1 per cent in the 1920s to a peak of 2.5 per cent in the period 1960-1965. The population of India has, thus, more than doubled from 350 million in 1950 to an estimated 761 million as of mid-1985.

10. According to United Nations estimates, the birth rate in India has declined in each quinquennium since the post-War peak of 47.1 per 1,000 in 1960-1965, to 33.2 per 1,000 for the period 1980-1985. Death rates have continued to fall, though to a slightly lesser extent in recent years, with the result that the growth rate of India's population has shown a modest decline since the mid-1960s and now stands at just below 2 per cent for 1980-1985, at which rate a population will double in 35 years.

11. Of particular relevance to India's efforts to limit population growth is the rate of growth among those age groups constituting the target groups for the family planning programme. The number of women in the child-bearing ages of 15-49, currently totalling about 185 million, is projected to increase by 21 million over the next five years, and by over 65 million within 15 years, notwithstanding projected declines in the overall population growth rate. Similarly, the youthful population of ages 15-24 is projected to increase to 185 million--an addition of 30 million--by 2000. In order for the Government's target of a national contraceptive prevalence rate of 60 per cent by the year 2000 to be met, the number of couples practising fertility regulation must rise from the present 30 million couples to over 100 million by the turn of the century.

12. UNFPA assistance to India through 1984 totalled \$104 million. Other recent or ongoing major external support in the population field has come from the United States Agency for International Development, in support of integrated rural basic health and family planning services in 13 districts in 5 states; from the United Kingdom Overseas Development Administration, to assist in the construction and equipping of facilities at sub-district hospitals and primary health centres for female sterilization; and from the Danish International Development Agency, in support of the construction of a Health and Family Planning Institute in New Delhi,

as well as in support of health and family welfare in 7 districts in Madhya Pradesh and in 2 districts in Tamil Nadu. In 1984, the Government of Finland commenced shipment of 500,000 copper-T intrauterine devices (IUDs) under a multi-bilateral arrangement with UNFPA. The Government of Norway is providing substantial assistance for projects to strengthen post-partum health care.

13. The World Health Organization has provided support to collaborating Indian institutions, through its Special Programme for Research, Development and Research Training in Human Reproduction, for institution strengthening and service and psychosocial research in family planning, as well as on the incidence of infertility. The World Bank is currently providing the Government with a \$70 million IDA credit over a five-year period. The third World Bank population project in India will support service delivery, including construction of health centres and training of staff; demand generation; monitoring, evaluation and operational research; and project management. The United Nations Children's Fund has contributed to a number of population-related health projects, and the World Food Programme is providing substantial assistance for supplementary nutrition for pre-school children, pregnant women and nursing mothers. Major support from non-governmental organizations has come from the International Planned Parenthood Federation, Family Planning International Assistance and the International Development Research Centre.

III. REVIEW OF THE PROGRAMME 1981-1985

14. The first UNFPA country programme in India, approved by the Governing Council at its eighteenth session in June 1974, provided approximately \$40 million over the five-year period 1974-1979. Activities were concentrated on the improvement of integrated health and family welfare service delivery through training and through strengthening of service delivery infrastructure; improvement of the quality of contraceptive services and expansion of supplies; pilot activities to promote and, in some cases, provide family planning services through trade unions; and establishment of a population documentation centre at the National Institute of Health and Family Welfare.

15. At its twenty-seventh session in June 1980, the Governing Council approved the second UNFPA country programme of assistance to India in the amount of \$100 million over the period 1980-1984. However, beginning in 1981, owing to financial constraints, UNFPA, with the concurrence of the Government, instituted substantial reductions in the budget allocations to the programme. Several project activities had to be extended. Others, where project formulation had not yet begun, were not started. Expenditures in the years 1980-1983 totalled \$29.4 million and allocations in 1984 amounted to \$26.9 million, to which \$400,000 is to be added, which was provided in kind through multi-bilateral arrangements with the Government of Finland. With allocations in 1985 expected to reach \$13.4 million, UNFPA will have made available to India about \$70 million under the second country programme. This figure corresponds to the intended reduction of the second country programme, as outlined in the "Review and reassessment of the UNFPA programme for the period 1982-1985" (DP/1982/28), and as approved by the Governing Council in its decision 82/20, I, paragraph 2. The balance is subsumed under the third country programme

which will start in January 1986.

16. Outlined below are the major activities in the various sectors undertaken under the second country programme, many aspects of which are to be continued, expanded or refocused during the proposed third country programme.

Maternal and child health and family planning

17. Strengthening health and family welfare infrastructure: Rajasthan. This project aimed to establish, in accordance with the Government's model plan for MCH and family welfare, adequate infrastructure facilities (primary health centres, sub-centres, rural health and family welfare centres, residential accommodations for staff, maternity units, etc.) in the selected districts of Kota, Bharatpur and Sawai Madhopur, to provide an efficient delivery system for MCH and family welfare services. Under the project the following types of construction activities have been undertaken: building of 292 sub-centres, 173 female health visitors' quarters, 26 staff quarters for rural family welfare centres, 402 boundary walls, 36 medical officers' quarters, 24 operation theatres and 2 maternity units; upgrading of 9 primary health centres; and installation of water and electrification at 156 sub-centres. A substantial proportion of the construction targets for each category has been achieved, although there have been delays in some instances in placement of staff. Such activities in all the districts covered presented severe challenges because of topographical conditions and levels of economic development. The Needs Assessment Mission reported that it was therefore commendable that the bulk of construction was completed and the facilities staffed at the critical points, including trained volunteers at the village level. Total assistance to this project amounts to about \$4.7 million.

18. Strengthening health and family welfare infrastructure: Bihar. This project had objectives similar to those outlined above for Rajasthan, namely, strengthening health and family welfare infrastructure facilities in Bihar in accordance with the Government's model plan. The project is now operational in six districts. This project had a slow start, and there has been a serious backlog in the construction of primary health care sub-centres, wards, upgraded primary health centres, rural family welfare centres, staff quarters, wards and operation theatres. Only a small proportion of the targeted programme of construction has been completed and only 25 per cent of the approved budget had been spent through the end of 1984. The Needs Assessment Mission identified the reasons for this slow progress as unrealistic and overly optimistic planning, delays in official approval, managerial problems, delays in posting approved staff and lack of involvement in the planning procedures on the part of officials at the district level. Of the approved budget for this project under the second programme of \$15,611,000, \$8.4 million has been allocated. The balance would be subsumed under the proposed third country programme.

19. Family welfare area project: Rajasthan. The objective of this project was to increase significantly the availability and utilization of family welfare services through improved management and communication components, increased participation of community leaders and local organizations, training, evaluation and monitoring and use of innovative approaches. Substantial progress has been made in areas of service delivery and construction. However, as the Needs

Assessment Mission reported, it is still too early to assess the impact of the project on the number of couples practising family planning in the four districts (one of the three original districts was subdivided) which UNFPA is assisting. Early information suggests that one is performing above the mean average of non-project districts, two are at about the district mean level and one is below. Furthermore, the Mission reported that not enough has been done to introduce innovative approaches to service delivery, to improve information, education and communication activities or to increase community participation. However, as the Mission reported, the basic objectives of the project are being met to varying degrees in the four districts, and it is hoped that as a result of five years of experience of using trained staff in better facilities, supplemented by village level workers and trained dais (traditional birth attendants), better quality services and a higher acceptance rate will be achieved. Total UNFPA allocations amount to approximately \$5 million.

20. Family welfare area project: Bihar. The UNFPA area project in Bihar, the objectives of which are similar to those outlined above for the Rajasthan area project, covers 11 districts. Although it was decided in 1980 that UNFPA, at the request of the Government, should assist in implementing the Family Welfare Area Model Plan in Bihar, a project document was not submitted to UNFPA until 1984. Until that date, the family welfare area project for Bihar was being implemented by the Government. The finalization of the project document in 1984 means that this project will have a duration of two years (1984-1985) and will be continued in the third country programme. This two-year phase will be used to establish a basic working infrastructure (clinics, trained staff management, etc.) to further develop the area project during the third country programme. Total UNFPA allocations for this project total \$3.5 million.

21. Baseline survey: Bihar and Rajasthan. These surveys were designed to provide bench-mark data against which achievements of programme activities could be assessed. The surveys present information on the knowledge of, attitudes towards and practice of family planning; on the utilization of family planning and MCH services; and on fertility, mortality and migration, etc. Baseline surveys in both states have been completed, with total UNFPA assistance amounting to \$158,160.

22. Supplies of contraceptives and related materials and equipment. During the second programme, UNFPA has played a critical role in helping the Government to meet the contraceptive supply requirements of its family welfare programme. The supply projects provided for the importation of copper-T IUDs, as well as materials for the local manufacture of copper-Ts (copper wire, monofilament spools, insertion tubes and moulds); condoms; laparoscopes; and raw materials for local manufacture of oral pills. Acceptor rates for non-permanent methods have been increasing, but slowly, and are short of official targets and the potential market for birth-spacing methods. The establishment of the Contraceptive Marketing Organization is expected to increase dramatically the demand for conventional contraceptives. UNFPA is expected to play a leading role in meeting the supply requirements for non-permanent methods generated by the Contraceptive Marketing Organization and government promotion campaigns in the coming years. In addition, UNFPA will continue to supply laparoscopes in support of the Government's policy of providing sterilization services to older couples. Total allocations to

these five contraceptive supply projects amount to \$17.4 million.

23. Expansion of the sterilization programme. This project provided partial support to the sterilization programme by meeting a portion of the local costs incurred for diet, drugs, dressings and transport. Through 1983, a total of \$10.5 million was provided under this project.

24. Office management of externally aided area projects. UNFPA supported the salary and equipment costs of establishing a unit in the Central Ministry of Health and Family Welfare for effective operational management of the area projects. The project's chief objective was provision and co-ordination of detailed technical guidance to the states so that programme development, implementation and evaluation could take place with speed and effectiveness. The unit has been providing assistance not only to those states with UNFPA-assisted projects, but also to other states with family welfare area projects receiving external support. A total of \$247,379 has been provided to this project by UNFPA.

25. Family welfare projects for the organized sector. During the second country programme, several projects in the organized sector were undertaken, with the International Labour Organisation as the executing agency. The objectives of these projects were to promote family welfare through integration of population education with all ongoing workers' education programmes; encourage greater collaboration between employers' and workers' organizations in developing population education programmes for promotion of family welfare; provide orientation of management and workers; provide family planning services as part of normal occupational health and labour welfare programmes; promote family planning among trade unionists; and support the Government's family planning programme in the tea plantations and among industrial workers in the organized sector. A UNFPA-sponsored independent evaluation of these projects in 1983 indicated that there had been progress in the promotion of population and family planning services; orientation and training of management, trade unionists and workers; and development of more positive attitudes towards family planning. In some of these projects the executing agency is expected to be able to continue its support with its own regular budget resources, both at current project sites and in new areas. These projects were designed as pilot demonstration activities, with plans for the executing agency to replicate them in other areas. However, this replication has not taken place. Moreover, there is no evidence that the education/training programmes have been followed up by actual adoption of family planning methods. The Needs Assessment Mission recognized the contribution of the ILO-assisted projects and recommended that population education and family planning education linked with health and family welfare services for the organized sector be a priority in future programmes. Total UNFPA allocations for these projects amount to approximately \$1.4 million.

Population information, education and communication

26. The objectives of this project are to institutionalize population education in the formal education system, to establish population education units at national and state levels, to develop curricula and teaching materials, translate such materials into regional languages, organize training programmes, conduct research and introduce relevant courses in the universities. The project has two major

components: (a) a central unit, the National Council of Educational Research and Training, New Delhi, which is the body co-ordinating the technical aspects of a UNESCO-executed project; and (b) population education at the state level (executed by the Government and UNFPA). A comprehensive national population education programme in the formal education sector was launched by the Ministry of Education in 1980 with the financial support of UNFPA and technical assistance from UNESCO. A total of \$4.8 million has been allocated by UNFPA for the period 1980-1985. After a slow start, the rate of implementation has risen and as many as 28 states and union territories are now at various stages of implementing this programme. The majority of states have developed a curriculum and instructional materials, and many have been able to integrate population education within revised textbooks. A significant proportion of the teachers have been trained and a variety of innovative strategies have been used by the states in developing materials and training teachers. The central unit is performing well, providing academic guidance to the states for development of curricula, preparation of instructional materials, orientation and training of key persons and monitoring of state project activities. Assistance for population education is probably one of the most effective components of the overall UNFPA programme. Despite the significant achievements made under this project, much remains to be done in terms of development of new materials, training of teachers, improving the qualitative aspects of the programme, using television and radio effectively and conducting research and evaluations. There is also a need to extend the programme to all levels of schooling and to include non-formal education, adult education and university education.

27. Strengthening the national capacity of the International Institute for Population Sciences (IIPS), Bombay. As part of the effort to strengthen the national component of IIPS, the Government decided to install electronic data processing equipment. All physical facilities required for installation and operation of the computer have been completed. The purchase of a computer will be done by international tender. Total assistance through 1984 amounted to \$398,400.

28. Assistance for local manufacture of condoms. This project was designed to help India achieve self-sufficiency in condom supply through the expansion and upgrading of the production facilities at Trivandrum and Belgaum of the government-operated company, Hindustan Latex Ltd. The total budget for this project is \$4 million.

29. Expansion of the maternal and child health/family planning programme through the reduction of infant/maternal mortality. This project provided support for the supply of vitamin solution, vaccines and drugs to the states and union territories. The protection and promotion of the health of mothers and young children and the reduction of infant and maternal mortality are fundamentally related to attaining widespread acceptance of the small family norm. UNFPA allocations through 1984 totalled \$8.5 million.

IV. PROPOSED PROGRAMME FOR 1986-1990

30. The findings and recommendations of the Needs Assessment Mission of

March-April 1984 were reviewed and analysed by the Government and UNFPA. The Mission recommended that assistance be provided in the areas of maternal and child health and family planning; population information, education and communication; population dynamics; and special programmes. The Mission specifically recommended the following:

- (a) Greater recognition should be given to the interrelationship between population dynamics and the various sectors of the economy;
- (b) More emphasis should be given to factors that will increase demand for family welfare services and for birth-spacing methods among younger couples;
- (c) The monitoring and evaluation system should be strengthened, with greater utilization at the local level of the data collected;
- (d) UNFPA should support the Government in providing larger supplies of contraceptives and laparoscopes than during the previous programme. Assistance should be provided to produce copper-T IUDs and other contraceptives, such as condoms and pills, locally;
- (e) Support for the population education programme in the formal education sector should be continued, and assistance should be given for extending population education to the non-formal, adult and tertiary education sectors;
- (f) The institutional framework for the communications programme should be strengthened through greater decentralization, use of locally produced materials and strong technical advisory services from the central level;
- (g) Donors assisting area projects should encourage the state authorities and district staff to undertake innovative projects to provide services through voluntary organizations, with special emphasis on community participation. In-country study tours should be organized whenever such projects show good results;
- (h) There is a need for improvement in the organization and management structure of the family welfare programme, as there has been a major expansion and diversification of the programme at all levels with no significant changes in the management structure. The Mission recommended a workshop to identify managerial problems and possible solutions;
- (i) Donors to area projects should encourage integrated projects for women, including income-generating activities, vocational training, literacy, health and family welfare;
- (j) The Mission recommended continuation of UNFPA assistance to the area project in Rajasthan with the inclusion of additional districts;
- (k) The Mission saw the need for managerial improvements and streamlined administrative structure in the area project in Bihar.

31. The proposed programme for the five-year period 1986-1990 would be a

continuation and, in some cases, expansion of activities initiated under the first and second UNFPA country programmes. Allocations of \$63.8 million are proposed (including \$3.6 million for projects not yet formulated at the time this document was written) in the areas of maternal and child health and family planning; population information, education and communication; population dynamics; and special programmes, as outlined below.

Maternal and child health and family planning

32. Family welfare area project in Rajasthan. This project would cover seven districts in Rajasthan, in addition to the four districts covered earlier under the project during the second country programme. The additional districts were selected on the basis of geographical contiguity, so as to provide comprehensive coverage of a particular region. Approximately 10 million people live in these seven districts, compared with 34 million in the entire state, according to 1981 population census figures. The project is based on a model plan, developed by the Government, to reduce fertility and maternal and child mortality. The project aims to strengthen the capability of the Rajasthan Health Department in the organization and management of health and family welfare delivery systems, health manpower development, research and evaluation, information, education and communication (IEC) activities and co-ordination with non-governmental and other agencies, and to improve coverage and quality of health and family welfare services in the project districts and promote greater acceptance and utilization of these services. There are four specific activity components envisaged, relating to improving project management; strengthening of the health and family welfare service delivery system; greater utilization of services; and development and implementation of innovative schemes and approaches. The project would support the establishment of primary health centres, sub-centres and upgraded health centres; provision of supplies and equipment for primary health care centres and sub-centres; improvement of quality of family welfare care through better management, supervision and training of assistant nurse midwives and lady health visitors; establishment of an appropriate monitoring system; sub-contracting of research; intensification of information, education and communication activities and training of IEC personnel; and support for salaries of local personnel. It is proposed that \$12.4 million be allocated to this project for the period 1986-1990, to be executed by the Government.

33. Family welfare area project in Bihar. The objectives and the activities of this project and the activities envisaged are similar to those outlined above for the Rajasthan family welfare area project namely, strengthening project management; providing the physical infrastructure and trained personnel for effective provision of MCH care and family planning services; effective utilization of services; and innovative approaches to the delivery of services. To avoid the problems encountered in the similar project under the second programme (see para. 18 above), the Government and UNFPA will involve district level staff in the project planning stage to reach a more complete understanding of objectives and responsibilities before UNFPA funds are allocated. It is proposed that \$11,450,000 be allocated to this project for the period 1986-1990, to be executed by the Government.

34. Production and distribution of family welfare/family planning programmes by television. The communications component of the Government's family welfare

programme has played a vital role in the spread of awareness, knowledge and practice of fertility regulation methods in India. The Government is rapidly expanding the physical facilities necessary to reach the goal of 90 per cent television coverage during the early part of the seventh five-year plan. This project aims in the long run to fully utilize television technology to reach the majority of people with family welfare serials and related films to significantly increase communication and reach a higher standard of quality and impact. The principal aim of this project is to develop the systems and methodology, and to generate the data and all other information necessary, to initiate, direct and control the production of a complete family welfare series of television programmes with optimum entertainment and educational value. The project would support consultancy costs and salaries of local personnel, travel, training, fellowships and workshops, sub-contracts and equipment. It is proposed that \$1,950,000 be allocated to this project for the period 1986-1990, to be executed by the Government.

35. Upgrading of printing facilities for production of population education materials. This project would support the Mass Mailing Media Unit at the Ministry of Health and Family Welfare and the printing presses under the Directorate of Health and Medical Services in the states of Bihar and Rajasthan. The Mass Mailing Unit provides support to the Government's family welfare communications strategy by producing mailers, folders, posters and related materials. Experimentation with printing technology and improvement and software development, supported by adequate training and manpower development, would go beyond the routine technical work of duplicating or printing and would, in the long run, provide the Mass Media Mailing Unit with the capacity to implement qualitative improvements. Project inputs would include software and hardware needs assessments; manpower development by means of orientation, training and consultation; and procurement of required equipment and technical backstopping for installation and maintenance. The project, in addition to providing equipment necessary to carry out improved mass media and printing activities, would contribute to improving the quality and impact of mass and interpersonal communication material. It is proposed that \$300,000 be allocated to this project for the period 1986-1990, to be executed by the Government.

36. Purchase of contraceptive supplies and equipment. In order to achieve its long-term demographic objectives, the Government has set a target of protection of 35 per cent of all couples by 1990. Under the seventh five-year plan, due to begin in 1986, the Government has adopted a strategy of redirecting a good part of its family planning efforts towards reaching younger couples with reversible methods of contraception, while simultaneously continuing the policy of providing sterilization for older couples. A Contraceptive Marketing Organization has recently been established to stimulate the demand for, and increase the availability of, contraceptives. To meet the anticipated increase in demand, a large quantity of contraceptive equipment and supplies would be required during 1986-1990. The objective of this project is to ensure an adequate and regular flow of contraceptive supplies and equipment, sufficient to constitute a significant contribution towards the achievement of the couple protection goal of 35 per cent by 1990. Under this project, the following would be supplied: laparoscopes and fallopian rings, IUDs and raw materials for the local manufacture of oral pills. It is proposed that \$19,950,000 be allocated to this project for the period

1986-1990, to be executed by the Government.

37. Strengthening of sterilization management and monitoring of family welfare/family planning programmes. The expansion of the family welfare programme, and its increasing diversity and complexity, call for a strengthening of managerial skills and capabilities for more effective implementation. There is an urgent need for management development in planning, programming, monitoring, training and evaluation and utilization of research data. The objective of this project is to establish management training, research utilization, management information and evaluation systems, data processing and utilization for decision-making and state co-operation in transfer of management technology. At the central level, the project would support a planning and management unit, management support systems, management training and workshops, equipment and technical assistance. The project would also provide for upgrading managerial capability of the health and family welfare programmes of Bihar and Rajasthan to ensure effective implementation of the area projects, where planning and management units would be established. The project would also assist in building institutional capabilities in Rajasthan and Bihar for research, training, management development, monitoring, co-ordination, planning and evaluation, and it would assist in the modernization of information processing equipment. The project would also support interstate transfer of management technology and sharing of management experiences and innovative activities. Project inputs would consist of salary for local personnel, travel, consultancies, sub-contracts, training and equipment. These inputs would be provided at the central level and at the state level in Rajasthan and Bihar. It is proposed that \$2 million be allocated for this project for the period 1986-1990, to be executed by the Government of India, with assistance from the International Committee on the Management of Population Programmes.

38. In-country and Asia-region study tours for family welfare/family planning administrators. The objective of this project is to increase the awareness of central and state government officials of the range of health and family welfare delivery strategies in India and elsewhere so that successful approaches may be applied more widely. Given the size of India, and the fact that the family welfare programme is administered and implemented by several different state governments, successful activities in a given area are not automatically available as models for other areas. Thus, there is an urgent need for rapid diffusion and wider dissemination of information on the successful components of the programme from officials in one part of the country to those working elsewhere. Similarly, it is anticipated that certain successful approaches developed in other Asian countries could be suitably adapted and introduced in India.

39. In this project there would be both regional workshops and overseas study tours. A maximum of three workshops a year through the plan period would be organized within India, and up to three overseas study tours by central, state and district level government officials would be undertaken per year over the same period. Particular emphasis would be given to successful non-governmental programmes and to programmes which promote non-permanent methods of contraception. It is proposed that \$550,000 be allocated for this project for 1986-1990 to fund the workshops and study tours. The project would be executed by the Government.

40. Establishment of a monitoring and surveillance system for sterilization services. The objective of this project is to increase the acceptance rate of family planning methods by improving the technical quality of family welfare services, reducing the rates of complication and failure and providing services for reversal of sterilization. The project would help to develop an efficient reporting and monitoring system, both at the local and national level, initially for sterilization services and eventually for birth-spacing methods as well. It would aim to ensure adherence to basic medical and technical standards, adequate maintenance of equipment, investigation of all sterilization-related deaths and a minimization of family planning-related morbidity and mortality.

41. The project proposes to establish (a) a central technical surveillance system along with four mobile teams (two in each of the two districts under surveillance) to monitor the quality of family welfare care and ensure adherence to the Government's technical standards. The technical unit would review the guidelines and manuals relating to sterilization, develop the details of a monitoring system, develop the necessary forms for monitoring at central and state levels, go on study tours and review the present recording/reporting system. The mobile teams would check the compliance of facilities providing sterilization with the standards prescribed by the Government. A baseline survey would collect data on sterilization-related mortality and morbidity and problems related to equipment, staffing and medical practices; and (b) two micro-surgery training and service centres for training in micro-surgery and reversal of sterilization in different parts of the country, in addition to establishing service centres in the major states. Study tours and fellowships for training abroad would be provided under the project. During the project period, eight service centres would be established with UNFPA assistance. UNFPA inputs for both components would provide salaries of local personnel, consultancies, training and expendable and non-expendable equipment. It is proposed that \$1,8 million be allocated for this project for 1986-1990, to be executed by the Government.

Population information, education and communication

42. The Government has identified population education as an important programme in support of its family planning activities. UNFPA proposes to continue its support to this programme over the period 1986-1990. During the second country programme, UNFPA assistance was directed at population education in the formal school sector. During the proposed programme, it would be expanded to the higher education sector, the non-formal sector and to adult education. In the field of population education, UNFPA is proposing to support three projects, as described below.

43. Introduction of population education into the formal education system. A national population education project in the formal education sector was launched in 1980 as part of the Government's sixth five-year plan, with the financial support of UNFPA and technical assistance from the United Nations Educational, Scientific and Cultural Organization. Thus far, 28 states and union territories have joined this project. Although a great deal of ground has been covered, there remains much to be done in improving the coverage and overall quality of the programme. Under the sixth five-year plan, this project was confined to formal school education up to grade 10. The scope of this project would now be expanded

to cover students and teachers of grades 11 and 12, more comprehensive teacher training at both elementary and secondary stages and the inclusion of the non-formal education sector. The objectives of this project are to establish population education units in the remaining states and union territories with teams of full-time technical personnel; to develop prototype curricula and instructional materials for post-secondary schooling; to develop teaching materials for use in non-formal education centres; to develop audio-visual aids and television and radio programmes; to promote and conduct evaluation studies; to translate selected population education materials developed at the state level from regional languages into Hindi and English; and to provide training, fellowships and study tours. The Ministry of Education and Culture would continue to be the implementing agency of the project. UNFPA support would provide international consultancy services of the Population Education Advisory Team at the UNESCO Regional Office for Education, Bangkok, and a national consultancy to assist in development of materials, training and evaluation; salaries of local personnel; training through fellowships, workshops and study tours; equipment; sub-contracts for developing radio and television programmes; and agreements with states and union territories for implementing the population education programme. It is proposed that \$4 million be allocated for this project for the period 1986-1990, to be executed by the Government.

44. Integration of population education into adult literacy programmes. The Government plans to eradicate adult illiteracy in the 15-35-year age group by 1990. This means providing education for approximately 87.7 million illiterate adults. This is one of the priority areas of the Government and has been included in the National Development Programme. The overall objectives of this project are to introduce a substantial component of population education in the current programme of adult education; to strengthen the State Directorates of Adult Education, State Resource Centres and the National Resource Centre in Population Education; to produce sufficient trained manpower for implementing the integrated population education programme; to develop the core curricula to prepare and produce the teaching materials and software; and to provide orientation courses to administrators and training to personnel at state and central levels. During the period 1986-1990, the project would be implemented in 22 states. UNFPA support would cover salaries of local personnel, sub-contracts, training and equipment. It is proposed that \$2.5 million be allocated to this project for the period 1986-1990, to be executed by the Government.

45. Integration of population education into colleges and universities. The University Grants Commission has taken the initiative to introduce population education at the university level and plans to expand the programme by providing facilities for training through courses at the undergraduate and post-graduate levels. It is, therefore, appropriate for the institutes of higher education to integrate population issues into the curricula of various departments at the university level and in its extension and community service. Universities and colleges would be involved in a phased manner during the period 1986-1990. During that period, 12 population education resource centres would be established at various universities with some centres specializing in population issues relating to women and others in the rural population. The project would support development of curricula, teaching materials and training manuals; development of audio-visual

aids and material for the mass media; development of courses at undergraduate and post-graduate levels; training of population education personnel; study tours, action-oriented research and evaluation of the impact of the programme; development of library services and provision of equipment; and seminars and workshops. It is proposed that \$1,000,000 be allocated for this project for the period 1986-1990, to be executed by the Government, with technical backstopping from UNESCO.

Population dynamics

46. Strengthening of demographic training in population studies and research centres in Rajasthan and Bihar. Although India is renowned for its demographers and population specialists, which reflects the high quality of its training institutions, these institutions are located for the most part in the larger cities of the country. There is a need for increasing the capability for training and research in many parts of the country, and this project attempts to meet, partially, this need. The project has two objectives: first, institution building in selected parts of the country to increase the regional capacity for undertaking research; and second, promoting action-oriented research that will support the ongoing health and family welfare programme. This project would operate in the UNFPA area project states of Bihar and Rajasthan.

47. The project would support the Population Research Centres in Patna, Bihar, and Udaipur in Rajasthan and also the Population Studies Centre at Rajasthan University, Jaipur. The Population Research Centres would undertake surveys to collect district-level data on fertility and mortality, including infant mortality rates and contraceptive prevalence. The project would support regional institutions in Rajasthan and Bihar to build a strong, self-supporting capability in population research and survey methodology. Training and research activities would be supported by such national institutions as the International Institute for Population Sciences (IIPS), Bombay, and the National Institute of Health and Family Welfare, New Delhi, in co-ordination with state institutions such as the State Institute of Public Administration, Jaipur. UNFPA would support salaries of local personnel, travel costs, sub-contracts, training and equipment. It is proposed that \$600,000 be allocated to this project for the period 1986-1990, to be executed by the Government.

Special programmes

48. Integration of women into population and development programmes. This project is directed towards the need for programmes aimed specifically at women, who play a crucial role in the achievement of the country's population and development goals. It is an innovative project, as it constitutes the first attempt to institutionalize women's programmes at the central level, to identify innovative approaches for reaching women through projects that will incorporate income-generating and family planning motivation components and, in particular, to focus attention on younger women with a view to raising their age at marriage and lowering their fertility. The project has three components: (a) the establishment of a Women, Population and Development Cell at the Central Ministry of Health and Family Welfare to create a focal point for relating population and fertility issues to women and development, and for giving leadership and promoting programmes aimed

specifically at women; (b) specific programmes for women in the two area development project regions of Rajasthan and Bihar, in which activities would be focused on promoting family planning education and income-generating activities through women's and girls' clubs; and (c) support to four innovative women's projects in Gujarat, Jaipur, Uttar Pradesh and Madras. UNFPA would support salary of local staff, training, expendable and non-expendable equipment and sub-contracts. It is proposed that \$1.7 million be allocated to this project for the period 1986-1990, to be executed by the Government.

Pending projects

49. At the time of this writing, discussions between the Government and UNFPA were under way concerning UNFPA support for several projects for which project documents were in various stages of preparation. These activities, for which UNFPA has earmarked a total of \$3.6 million are described below.

50. Domestic production of copper-T IUDs. The Government is committed to increasing the number of non-terminal contraceptive acceptors and to deliver non-terminal methods of contraception to a large sector of the population. The anticipated increased demand requires assistance in the supply of contraceptives in greater amounts during the seventh five-year plan period. To ensure a steady availability of supplies, assistance should be provided to India to enable it to become self-sufficient in the production of contraceptives, especially copper-T IUDs. The Government of India plans to execute this project.

51. Assistance to population education and family planning education in the organized sector. Two projects are being proposed, to be executed by the ILO, for target groups in the organized sector. With the rapid rate of urbanization, the organized sector needs continuing assistance for population education and family planning education. These educational activities should now be integrated with health and family welfare services to realize the benefits and the overall impact of previous projects in the organized sector on the family welfare programme.

52. Innovative projects. Several innovative projects are envisaged to be developed during the third country programme, involving community participation with particular emphasis on women and youth and on other "beyond family planning" activities.

53. Expansion of the sterilization programme. Sterilization is one of the most effective and accepted methods of family planning in India. In view of the significant increase in the annual number of sterilizations, there is a proposal to expand the sterilization programme by providing sterilization facilities to increasing numbers of couples. UNFPA would be requested to provide a portion of the local costs of the programme.

Evaluation and monitoring

54. The programme would be monitored according to the revised "UNFPA Instructions on an Integrated System for Monitoring the Implementation of Country

Programmes and Country Projects" (UNFPA/RR/78/23, dated 15 September 1978). Although the instructions emphasize distinct components of the monitoring system (progress reports, tripartite reviews, annual country reviews and a final report), they also include reporting by the UNFPA representatives to headquarters in order to identify problems at an early stage.

Financial Summary

55. The proposed total UNFPA contribution, by programme area, subject to availability of funds, is as follows:

<u>Maternal and child health and family planning</u>	\$
Family welfare area project in Rajasthan	12 400 000
Family welfare area project in Bihar	11 450 000
Production and distribution of family welfare/ family planning programmes by television	1 950 000
Upgrading of printing facilities for production of population education materials	300 000
Purchase of contraceptive supplies and equipment	19 950 000
Strengthening of sterilization management and monitoring of family welfare/family planning programmes	2 000 000
In-country and Asia-region study tours for family welfare/family planning administrators	550 000
Establishment of a monitoring surveillance system for sterilization services	<u>1 800 000</u>
Subtotal	<u>50 400 000</u>
<u>Population information, education and communication</u>	
Introduction of population education into the formal education system	4 000 000
Integration of population education into adult literacy programmes	2 500 000
Integration of population education into colleges and universities	<u>1 000 000</u>
Subtotal	<u>7 500 000</u>

Population dynamics

\$

Strengthening of demographic training in population
studies and research centres in Rajasthan and Bihar600 000

Subtotal

600 000Special programmesIntegration of women into population and
development programmes1 700 000

Subtotal

1 700 000Pending/foreseen3 600 000

TOTAL

63 800 000

V. RECOMMENDATION

56. The Executive Director recommends that the Governing Council:

(a) Approve the programme for India for the five-year period 1986-1990 in the total amount of \$63,800,000;

(b) Authorize the Executive Director to allocate the funds and make the appropriate arrangements with the Government and with the executing agencies.