CHAPTER IV

ORGANISATIONAL SET-UP
OF FAMILY WELFARE DEPARTMENT
AT THE NATIONAL LEVEL
Since organization is the vehicle to translate the objectives of an enterprise, therefore, the quantitative and qualitative family planning performance is not possible without suitable organizations. Building an organization therefore the focal point of administrative performance and excellence. The Family Planning Organizations are not only to ensure the optimization of resources but also the ultimate benefit which the people and nation get. Organizations at all levels for services like family planning programme have to be designed not only on the basis of purely input and output model but must take into consideration the dynamic role of the external environment on the organization. Herbert A. Simon has state that organization affects the people who work for it in the five different ways.
1. The organization divides work among its members by giving each employee a particular task; it limits and concentrates his attention on that task.

2. Organization established standard practices: by working out, detailed procedures, it relieves employees of the need to determine such procedure, each time they use crossways.

3. The organizations transmit authoritative decisions by dispatching such decisions downward, upward and crossways.

4. The organization provides a communication system and

5. The organizations trains and indoctrinate its members by providing for the "internalization" of influence relating to knowledge, skill and loyalties: training enables employees to make decision as the organization would like them to be made.¹

These points need to be considered while designing family planning organizations.

A Family Planning Organization at the Union and State levels must ensure the availability of all inputs i.e.,

1. To get the required amount estimated and the quality of family planning instruments and services specified for a certain period of time.
2. To get sufficient amount and reliable quality of family planning instruments produced by and procured from domestic or international producers and agents.

3. To get appropriate channels arranged for the distribution of family planning instruments to clinics; and family planning workers.

4. To get a sufficient number of doctors, Para-medical personnel and field workers recruited for family planning programme network; and

5. To get family planning personnel (including doctors) to allocate a sufficient part of their time and effort for family planning services.²

Before 1947, the medical and health services at the centre were administered by two separate departments one under the Director General of Indian Medical Service (IMS) and the other under the Commissioner of Public Health. After Independence, these two offices were amalgamated under the post of Commissioner of Public Health was abolished. The Union Ministry of Health was vested with several additional responsibilities, namely Family Planning Works and Housing And Urban Development. The functions of Works and Housing and Urban Development were transferred from this ministry Family Planning was raised to the status of full-fledged department in 1966 and the Ministry was designated as the Ministry of Health and

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Family Planning. It is known at present "Ministry of Health and Family Welfare".

The Union Ministry of Health and Family Welfare is headed by a Cabinet Minister with a Minister of State to assist him.

The Union Minister of Health and Family Welfare comprised of the following department each of which is headed by a Secretary to Government of India (i) Department of Health (ii) Department of Family Welfare (iii) Department of Indian system of Medicine and Homoeopathy.

**Department of Health**

The Department of Health deals with medical and public health matters including drug control and prevention of food adulteration. It is headed by a Secretary to the Government of India, who is supplied by two Additional Secretaries.

**The Department of Indian Systems of Medicine and Homoeopathy**

It was established in March, 1995 and had continued to make steady progress. Emphasis was on implementation of the various schemes introduced around the trust areas identified by the Department. The thrust areas education, standardization of drugs, enhancement of availability of raw materials, research and development, information, education and communication and involvement of ISM & H in National Health care.³
Ministry of Health and Family Welfare
  ↓
Cabinet Minister
  ↓
Minister of State
  ↓
Deputy Minister
  ↓

Department of Health
  ↓
Secretary Health
  ↓
Additional Secretary
  ↓
Joint Secretary
  ↓
Director General Health Services
  ↓
Additional Director Generals

Department of Family Welfare
  ↓
Secretary
  ↓
Chief Director

Department of Indian System of Medicine and Homoeopathy
  ↓
Secretary
  ↓
Director Ayurvedic and Siddhi
  ↓
Joint Secretary

Department of Family Welfare

The Secretary oversees the implementation of the programmes concerning family welfare and child health in the states and Union Territories and co-ordinates the activities and functions of the Technical Division and Secretariat side.

FUNCTIONS

The functions of the Union Ministry of Health and Family Welfare in terms of specific responsibilities are:

(a) Maintenance of international health relations, administration of port health and quarantine laws.

(b) Administration of Central Health Institutions, training Colleges, Laboratories and Hospitals.

(c) Promotion and maintenance of appropriate standards of education in medicine, nursing dental, pharmaceutical and of ancillary health personnel through statutory bodies and coordination and collaboration with various national associations in health programmes.

(d) Promotion of medical and public health researches through the ICMR and other research institutions and bodies.

(e) Regulation and development of medical, dental, nursing and pharmaceutical professions in consultation with the state government.
(f) Establishment and maintenance of drug standards (including antibiotics) and control over the manufacture and sale of drugs and biological products.

(g) Collection of information regarding development in the medical and health services in India and abroad to make available to all state Governments through the Central Bureau of Health Intelligence.

(h) Maintenance of Central Medical Library.

(i) Promotion and coordination of health activities through the Central Council of Health.

(j) Establishment of close contact with other Ministries in respect of health measures: e.g. Employees of State Insurance Scheme.

(k) Coordination of various activities through consultative committees of the Parliament, Statutory bodies, committees and associations.

(l) Negotiations with International bilateral agencies.

(m) Planning and organization of health activities throughout the country in collaboration with the State Government and the Planning Commission.

(n) Evaluation of health schemes organized in the country.

(o) Assessment of health conditions in the country through health and morbidity surveys and by regular collection of
vital and health statistics and spreading of the information throughout the country.

(p) Promulgations of central enactments on health matters as may be provided by the Constitution of India.

(q) Organization of health measures as are required for (i) the control of Inter-state spread of communicable diseases. (ii) The sanitary control of inter-state traffic, and (iii) control of food, drugs in the inter-state commerce.

(r) Organization and maintenance of a Central Health Service.

(s) Establishment of total medical care programmes for the Central Government Employees (Central Government Health Scheme).

(t) Carrying out the functions of health services in the centrally administered areas.

(u) Power to lay down and enforce minimum standards of health administration for these services which are within the immediate control of other departments e.g. Railways, Prisons, Labour etc.4

The following of Family Welfare Department are:

(a) To organize Family Welfare Programmes through family welfare centres throughout the country.
(b) To create an atmosphere of social acceptance of the programme and to support all voluntary organizations interested in the programme.

(c) To educate every individual to development a conviction that a small family size is valuable for him or her, and to popularize very known, appropriate and acceptable method of family planning and to leave the choice of method to the individual couple.

(d) To disseminate the knowledge on the practice of family planning as widely as possible through all available publicity and educational measures, and to provide service agencies nearest to the community.

(e) To organize basic research of human fertility, genetics and population dynamics and on the evolution of easy and more reliable method of contraception.

(f) To study the social factors that affect fertility and to take such steps as will reduce the number of children in a family, e.g. raising the age of marriage, education and employment of women etc.

(g) To coordinate the family planning programmes with the Child Welfare and Maternal Health Services throughout the country.
(h) To organize production of contraceptive devices in adequate quantities to maintain the supply at all levels preferably free or at a minimum cost.

(i) India system of Medicine and Homoeopathy helps to promote ISM in the country through training, research and use.\textsuperscript{5}

\textbf{NATIONAL CABINET COMMITTEE}

The apex body at the centre is a Cabinet Committee which presided over by the Union Minister of Health and Family Welfare. This committee includes Ministers of the State for Finance, Social Welfare and Home Affairs. It also includes a member from the Department of Electronics and Scientific and Industrial Research. This body has the over-all responsibility both for the formulation of national policies on family planning and for reviewing the progress in their implementation.

\textbf{THE CENTRAL FAMILY PLANNING COUNCIL}

To co-ordinate the family planning activities among the different states, the Central Health and Family Planning Council has been set up as an advisory body for policy making. It includes Health Ministers from all the states and is presided over by the Union Minister of Health and Family Welfare, Vice-President and Union Ministry of Health. Other members are from the Planning Commission, representatives of the Union Territories, representatives of major
Department of Family Planning

Cabinet Committee on Family Planning

Central Family Planning Council

Ministry of Health and Family Planning

Advisory Councils, Boards, Committees and Groups

Department of Family Planning

Executive Board

Secretary

International Finance Advisor

Additional Secretary

Marketing Executive

Assistant Commissioner

Joint Commissioner (IPR)

Director (Policy) ↔ Director (Evaluation)

Controller (Transport) ↔ Director (Media)

Asst. Commissioner (Admn) ↔ Deputy Commissioner (Progress)

Deputy Commissioner (Org Sector) ↔ Deputy Commissioner (Tech.Oper)

Deputy Commissioner (Aided Prog) ↔ Deputy Commissioner (Trg. & Res)

Assistant Commissioner

voluntary organizations, labor organizations, selected members of Parliament eminent individuals in their personal capacity and officials from the various ministries. It has representatives from a wider section of interests in family planning, including those that are directly charged with the implementation of the programme.

EXECUTIVE STRUCTURE

The executive structure at the Government of India begins with the Department of Family Welfare (earlier called the Department of Family Planning) within the Ministry of Health and Family Welfare. It is given the responsibility for the implementation of policies.

The Secretary to Government of India in the Ministry of Health and Family Planning is over-all in charge of the Department of Family Welfare. An additional Secretary assists the Secretary and provides overall direction to programme implementation. He is known as Additional Secretary and Commissioner of Family Welfare. There is a Joint Secretary who supervise the working of the Technical Wing of the Department which provides of technical guidance to the various programme activities i.e., Sterilization, IUD, PP, M.C.H. Training, Mass Education besides Evaluation and Research. The Additional Secretary's duties include policy formulation, programme planning, supervising the programme implementation and co-ordination of activities of the department with other related ministries and departments of the Government of India.
There are two wings of the departments (a) Administrative Wing (the Secretariat) and (B) Technical Wing with many divisions.

On the Secretariat side there is

(1) A Policy Division
(2) An Aided Programme Division
(3) An Organized Sector
(4) A Plan Budget Division.

(a) The Policy Division looks after formulation of policies concerning family welfare.

(b) The Aided Programme Division looks after the activities of organizations which receive extra government assistance and aims at improving upon the scope and quantum of medical and health care services.

(c) The Organized Sector Division co-ordinates Departmental Policies and measures affecting the family planning activities of public bodies and private organizations which are collectively called institutions in the organized sector.

(d) The Voluntary Organizations Division assigns programmes to voluntary agencies and aims at assessing the efficiency and effectiveness of these agencies.

(e) A Plan Budget Division looks after the finances of the programme.
On the Technical side, the following divisions are functioning. The functions are clear from the names of the divisions.

(1) Programme Appraisal, Co-ordination and Training and Sterilization (including Research) Division.

(2) Technical Operations Division.

(3) Maternal and Child Health Division.

(4) Evaluation and Intelligence Division.

(5) Mass Education and Media (including population education) Division.

(6) Nirodh Marketing Division.

(7) Transport Division.

(8) Project Division (Area Projects).

Programme Appraisal, Co-ordination and Training and Sterilization (including Research) Division is concerned with achievements of the programme and various activities in training and research and with the identification of strong and well aspects of the programme and formulation of promotional and remedial measures to deal with them.

The Technical Operations Division looks after all the technical components of the programme, such as sterilization, IUDS, PP Scheme, use of CCs, MCH Scheme, Oral Pills, etc.

The MCH Division seeks to promote the services such as ante-natal and post-natal care including prevention against anemia, mal-
nutrition and tetanus and provisions for regular immunization services.

The Evaluation and Intelligence Division helps in perspective planning, data composition, monitoring and evaluating the programme performance and in coordinating demographic research.

The Mass-Media Division is responsible for providing educational, publicity and extension support to the programme through mass education and extension education. It also looks after the population education activities.

The Nirodh Marketing Division in the department deals with procurement and distribution of Nirodh and other conventional contraceptives including commercial sale of Nirodh.

The Transport Division is responsible for procurement of various it's required under the management programme and their distribution transport development etc.

The Area Projects Division aims at the provision of additional inputs in the form of building, equipment and manpower. 6

ADVISORY GROUPS

A number of committees advise the Ministry on various aspects of the programme.

A Committee on Socio-Economic Studies on Family Planning advises on the co-ordination and development of research on various dimensions of Family Planning and population matters.
A Family Planning Communication Board advises on improving the mass communication programme of the department with a view to closing the gap between awareness and actual practice in family planning.

An Inter-Ministerial Co-ordination group advises the ways and means of involving Panchayats in the programme, and a tripartite National Committee on Family Planning seeking to secure the cooperation of workers, labour leaders and employees in government projects in family planning.

A Steering Group on Population Education advises on the development of educational materials on population matters for use in the public school curricula and in reaching out school youth and other groups.

The Department of Family Welfare has an Executive Board. The Board is a decision-making body for purpose of programme implementation.

In order to co-ordinate the family welfare activities between the State Governments and the Central Government, the Director of Health and Family Welfare in each state give adequate support to the State Health and Family Welfare Department. At present, 29 State Family Welfare Bureaux are there in the country.
RESEARCH AND DEVELOPMENT

The ICMR is the nodal research agency for finding basic, clinical and operational research in contraception and MCH in addition to ICMR, CSIR, DBT and DST are some of major agencies finding research pertaining family welfare programme. The National committees for research in human reproduction assists the department of family welfare in drawing up priority areas of research and ensuring that there is no unnecessary duplication of research activities. Some of the major institutions carrying out research in this area include the Institute for Research in Reproduction, Bombay, National Institute of Nutrition, Hyderabad, National Institute of Health and Family Welfare, New Delhi, Central Drug Research Institute, Lucknow and the Central Council for Research in Ayurveda and Siddha, Delhi. A network of 18 Population Research Centres conducts studies on different aspects of the Family Welfare Programme and undertakes demographic surveys.

BASIC AND CLINICAL RESEARCH

Development and testing of new contraceptives include contraceptives which are considered to be effective in Indian Systems of Medicine.

♦ Research on methods for male fertility regulation.
♦ Clinical trails on newer non-surgical methods of MTP.
♦ Post-marketing surveillance of cernitroman.
OPERATIONAL RESEARCH

- Studies on the ongoing demographic transition and its consequences.
- Studies on continuation rates and use of effectiveness of contraceptives.
- Research on operationalising integrated delivery of RCH services nutrition, education, women and child development, rural development and family welfare services at village level.7

NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE

The NIHFW was established in 1977 by merger of erstwhile institutes viz., National Institute of Health Administration and Education (NIHAE) and the National Institute promotes health and family welfare programmes through education, training, research, evaluation, specialized services, Constancy and advisory services.

The overall objective of the Institute has been to play a leading role in the orientation of training and research in health administration and education in the newer concepts of administration and education and thereby to strengthen and accelerate India's health and family welfare programmes.

The Institute is governed by General Executive Council with the Union Minister for Health and Family Welfare as the Chairman. The Day-to-day activities are administered by the director. The Institute is
supported in its activities by institutional agencies such as WHO & UNICEF. Closer contacts and collaboration exist between the institute and numerous other organizations in the country. The finances for functioning of the institutes are provided by the Government of India through grants-in-aid.

The main activities of the NIFHW are

(a) Education and training;
(b) Research;
(c) Evaluation and Health Programmes;
(d) Consultative Services;
(e) Clearing house functions; and
(f) Publication and Documentation.

In addition to these programmes, research in Health Administration and family welfare is another activity of the institute. The institute also provides assistance or consultation in the evaluation of health programmes in their various aspects viz., technical, administrative and training. A consultation source is yet another significant area of activity being developed in the institute. It maintains close contact with the Union Minister of Health and Family Welfare and State health Department. The Director, NIFHW attends most of the conferences organized on health and family and family welfare matters as well as the meetings of the Central Council of Health.
The institutes provide advice and guidance to the State Government on development of health services and allied issues. It also takes up the study of problems in the field of health administration and training in request by the Central and State Departments of health. It offers guidance to voluntary health agencies in conducting studies for solution of problems of health and related subjects.

The institute prepares background papers on various subjects as well as extracts from current literature, committee reports and reviews and provides those to the various courses participants. Publication relating to various conferences and seminars organized by the institute are brought out and supplied. The institute through its own journal published every quarter, keeps participants and health administrators in touch with the activities of the institute and developments in the field of health administration. In addition to this journal, reports and recommendations of various seminars and conferences and research studies are published from time to time as technical reports and research reports.

NIHFW imparts training to health administrators holding key positions. The International Institute for Population Studies, Bombay formerly known as Demographic Training and Research Centre set-up in 1956 serves as an institution for training and research in population studies for the countries of the ESCAP region.
The need of efficiently trained workers in a programme for social change cannot be over-emphasized. The training and research unit in the department of family planning in the ministry is responsible for the development of training policies and strategies formulation of training targets the specification of training standards and evaluation of training programmes. There are reviews and evaluation committees at various levels of the government. These committees evaluate the training programmes with a view to improve them. The review is done so that unnecessary inputs are not added to the programme.

EDUCATION AND MOTIVATION

The aim of educational and motivational efforts in support of the family welfare programme is to inform the people about various aspects of the family welfare programme and to promote increased acceptance of the small family norm by the people voluntarily. All available media and methods are utilized for promoting the norm of a small planned family. The message of family planning is also carried through mobile publicity units of the Directorate of field publicity and the support of various media wing of the Ministry of Information and Broadcasting such as Radio, Doordarshan, DA & VP, Films Division, song and Drama wings are also actively engaged in mass motivation of the people in favour of Family Planning.

Press Information Bureau (PIB) has commissioned special articles and field visits of journalists for the coverage of family welfare
activities. The Mass Education and Media Division of the Department of Family Welfare designs the strategy of the programme, develops prototypes co-ordinates the activities and prepares annual plans and work schedules to be carried by various publicity agencies.

As an important component of the mass education and media activity, the Mass Media Unit (MMU) seeks to forge closer links with specific audience groups through print medium to disseminate information about the programme. The MMU Press handles printing of a variety of information and educational material including folders, Stickers, pamphlets, booklets and monographs on various aspects of health and family welfare programmes. The unit also helped in the co-ordination of publications like the annual report and year book of the ministry and various other reports population education has been given due importance in the national family welfare programme and is being incorporated both in the formal as well as in non-formal education system.

In order to gear up the media reach through all central media for propagation of family planning a committee under Chairmanship of the Secretary, Ministry of Health and Family Welfare has been reviewing the activities and suggesting the course of action. In this committee, the media heads of the Information and Broadcasting Ministry and the Media Officers of the Department of Family Welfare
review, revamp and reinforce the media support the programme on the experience gained in the implementation of the programme.⁹

**ROLE OF ORGANISED SECTOR**

The organized sector has a unique place in the nation's efforts to reduce population growth. The sector includes all those bodies, Governmental and non-governmental which have organized themselves for any specific purpose whether trade, industry, provision of essential services, or the management of an office. Some of the governmental ministries have that might be termed a captive audience. It offers both a large potential and linkage to the rural areas for giving impetus to the acceptance of the family welfare programme by the masses of country. A number of Ministries and establishments like Railways, Defence, Labour, Postal and Telegraph Department etc., are provided funds by the Ministry of Health and Family Welfare to meet their expenditure for coordinating and promoting family welfare activities among their employees.¹⁰ There is no gain saying that the organizations mentioned do have a clientele which is readily available, while programmes have been undertaken, the indications are that the programmes in these sectors is catching on.

**ROLE OF VOLUNTARY ORGANISATIONS**

In a democratic set-up voluntary organizations have a role to play in bridging the gap between the government and the citizens as
well in trying out innovative approaches and experimental projects. The National Family Welfare Programme seeks to promote family planning as a people’s movement. The vital role of voluntary organizations in promoting this programme in India has been recognized and given place of importance from the very inception of the programme. These organizations are given financial assistance for the promotion of the family welfare programme by running urban family welfare centres, post-partum centres, ANM Training Centres and by providing tubectomy facilities under sterilization, bed scheme, running population research centres and procurement of laparoscopes. These organizations also undertake educational and motivational activities, for which funds are provided.¹¹
REFERENCES


