CHAPTER VIII

PROBLEMS AND SUGGESTIONS
In this chapter the Researcher is going to elucidating some of
the major as well as minor challenges in the context of family welfare
programmes pertaining family planning. For which, the Researcher
adopted a random sampling in the field survey, which reveals some
more challenges while implementing the family welfare measures. The
challenges discussed here are prevalent in almost all districts
administered by the Department of Family Welfare in the state of
Andhra Pradesh; there is no exception to Kadapa District.

**Hapless Hospitals**

Most of the respondents in the Kadapa district said that they
generally visit private allopathic doctors or private hospitals for
medical and family welfare treatments. Only few respondents from
urban and rural said that they sought help from government
hospitals.
Most of the people's complaints that the medical facilities were too far from their residency. Further they said that government hospitals did not provide good and standard medicines and suitable equipment for diagnosis and treatment. Yet another important reason which discouraged the patients from seeking medical help from government hospitals and health centres in Kadapa district is the unpleasant behaviour of doctors and staff working their with patients. Some patients also complained that the staffs of the Government hospitals and dispensary in Kadapa district were unscrupulous.

It is suggested by the Researcher that the Government should establish some more hospitals to the people and medicines and equipment should be provided in each and every hospital located in Kadapa District, then only people will get treatment from such concerns.

**Illusive Concept or Unawareness of People**

Almost all respondents in Kadapa District especially in rural areas could not able to understand the concept of family planning. The multipronged nature of the programme like prevention of unwanted pregnancies, spacing between two successive births and finally achieving overall welfare of the family by limiting the number of children is still not known to many people especially in rural areas in Kadapa District.
This blinkered perception of the family planning programme calls attention to the urgent need of an educational campaign to correctly explain the concept and philosophy of family planning to the masses.

**Unbridled Population: unmanageable Problem**

Most of the educated and Doctors expressed their view that in Kadapa district majority of the people are belong to marginalized as well as minorities.\(^4\) To assess how seriously people perceived population explosion as a question it was asked to what are the most serious problems militating against the country's development, in order of their severity. Of the respondents very few perceived population growth as the most serious problem for the country's development and another few perceived it as the second most serious national problems. In other words, it can be said that a vast majority of the people did not consider population growth either as the first or the second most serious national problem followed by price rise, illiteracy and corruption.\(^5\)

Reasons for giving more importance to the unemployment, price rise etc. against population growth is understandable given the fact that these are the problems which are of immediate concern to the masses and hence naturally they considered them as far more important as against family welfare.
In this context what is important is that they should be educated that problems of unemployment, price rise etc, are themselves embedded in the high population growth of the country.

**People Panic**

Majority of the respondents because of ignorance reveals that they are unaware of about family planning methods. Large proportion of the respondents knew about tubectomy than vasectomy. Other methods which were frequently mentioned were condom, loop and pills. Some of the people expressed that they did not know any family planning, policy and programmes.⁶

The Researcher suggests that the Government should create a sort of awareness among the public for using family planning methods through other devices.

**Knowledge Regarding Availability of Family Planning Method**

Almost all respondents opinioned that vasectomy could be done in Government hospitals and some other people said that it could do in family planning camps. The other people had no idea of the place where one can get vasectomies. It is found that females with a large number of children or with higher level of education had a relatively clear idea of the places where family planning facilities were available.⁷

However, a correct knowledge of family planning methods need not necessarily indicate a positive attitude or strong motivation to the
practice of family planning. A person may be completely informed of all available family planning methods, while holding a negative attitude towards it. Knowledge of contraceptive is a pre-requisite of fertility reduction, but knowledge alone is not enough to stimulate action.

The Researcher observed that though the people showed a general desire for small families, they actually had relatively orthodox families. The gap in desired and actual family size is perhaps partly because of the nature of their occupations and the economic structure in the context of which they still find that a large number of children, particularly male are more economic asset than a liability.

**Reasons for Preferring Sterilization**

It was observed by the Researcher that sterilization was the method most preferred by the people particularly in rural areas wherein use of all temporary methods like nirodh, oral pills, etc was practically nil. There could be two explanations for such a pattern of contraceptive use. One, generally emphasis of the change agents is mainly on sterilization and hence they attempt to motivate only those couples who have had enough children. Two, it is also possible that because of various socio-economic and cultural reasons, other types of contraceptive were not acceptable to the respondents. Most of the people in rural areas adopted sterilization because they were not
aware of any other method. Some other people said that non-terminal methods were injurious to health and were troublesome to use.  

Some of the experts suggest that this unawareness of alternative methods calls for suitable publicity measures.

**Not Accepting Sterilization**

It is common knowledge that several couples in Kadapa district undergo sterilization after be getting more children than the officially prescribed number. It would be instructive to know as why the couples delay their decision to undergo sterilizations.

The main reason for delaying sterilization was the desire to get a certain number of sons and or combination: daughters or children. Most of the people in the urban and rural area said that they were waiting for achieving their desired number and sex combination of children.

The desire for sons seems to be very potent factor militating against the success of family planning. For them sons are like old age pensions, more children mean more hands to work and earn.  

In view of the above, the Government should offer alternatives otherwise the programme will be failed.

**Role of Orthodox or Conservative People**

The family planning programme is a quite complex process in which medical, cultural, psychological, social, economic and administrative and political factors are involved and intermingled, in
addition to this the attitude of age old people like orthodox and close sentiments towards family planning sometime also works as a barrier to family planning acceptance. A number of female respondents reported the opposition of their mother-in-laws and parents as being responsible not adopting family planning methods.10

Some of the young administrators suggests that, the authorities concerned should create a good organization, a best administration must respond and react to bring changes in the environment and establish proper linkages with the environment in which it operates.

Sources of Information about Family Planning Methods

The most frequently cited source mentioned by people was television and newspaper and radio advertisement. Very few people said that they known the information from the Auxiliary Nurse Midwives (ANM) and other family planning workers. In case of female especially in rural areas the single major source of information was their husbands, they do not have any information from direct sources.11

The mere failure of the ANM and other family planning workers in motivating couples to adopt contraceptive deserves careful thought. Perhaps one of the main reasons is that they do not visit their field area and try to motivate people to practice family planning.
It is suggested by the Researcher that the Government, politician and NGO's in the society should bring awareness to the people about family planning methods.

Perception of Extension Work

In Kadapa district apparent that in both rural and urban areas, an extension effort for the promotion of family planning was very poor. Most of the people are opinioned that their families are never visited by any change agents. Looking into this situation it appears that one of the important reasons for rural areas lagging behind in family planning programme could be their ineffective extension work.12

It is the opinion of the Researcher, the staff of the family planning should atleast visit once in fortnight and motivate about family planning methods.

Lack of Eligible Couple Register

Eligible Couple Register is the basic document of organizing the work programme of the family planning field workers. These registers are vital for proper enforcement of system of structural incentives apart from improving implementation of the family welfare programme. The Eligible Couple Register in many hospitals located in Kadapa district is not properly updated.13

Hence, for success of the programme Eligible Couple Register be updated within a period of two months and may be kept
systematically thereafter. It is the duty of the Government to give some incentives to those who are registered.

**Inadequate Co-ordination**

Linkages are not coordinated among the various departments including family planning. Almost all socio-economic activities are operating under various Ministries and these Ministries should give top priority for those who adopted family planning. This is in toto absence.

It is suggested by a group of doctors while providing benefits to the beneficiaries, preference may be given to those who adopted two child norms especially in rural areas. Administrative machinery is to be set-up for effective implementation of family planning methods.14

**Lack of Technology**

It is the need of hour and also essential in Kadapa district to control population. It is lamently to say that there is insufficient personnel to use technology for mitigate the population.

As such, we need to apply the latest technology with sufficient personnel to accelerate the process of population control, for which employees requires a sort of training for effective exercise of above said technology.15

**Insufficient Area Development Profiles and Programmes**

One of the Civil Surgeon Specialist expressed his opinion on this issue, that action plans are prepare at state level. No attempt has
been made so far to prepare action plans for each and every sub-centre, primary health centre as well as urban centre in terms of money, equipment, personnel, time, physical targets. 1

It is suggested by the same doctor to prepare action plans as per conditions of the local area.

**Reciprocal is Irrelevant**

Almost all the officials complaint lack of co-ordination with voluntary agencies is another problem in Kadapa District for effective implementation of the programme. Voluntary agencies can play an effective role in mobilizing the public opinion to support of the programme. The Family Planning Association of India (FPAI) and its branches in the district are rendering useful services, but these services are unable to fulfill the programmes.17

In this connection, it may be suggested by the Researcher that to revolutionise the programme FPAI may take initiate in setting up the "Mothers Club" in every village as in South Korea. At present the "Mothers Club" having of 20-40 women in each village has become a multipurpose basic organ for the nation-wide. New Community Movement began since 1971 in Korea. It is significant to note that the family planning programme became integrated into a broader community movement by the Mother's Club at the village level. This has been great success in Korea. We can bring these members in the
communications network with the help of four-step strategy mention below.

a) Provide the opinion leaders with the information necessary for a full understanding of the reasons for family planning including its relationship to national and particularly local development.

b) Invite their suggestions for local activities.

c) Involve them in the purview of radio and television programmes and

d) Invite them to open discussion about family planning in the community whether formally or informally.

Parsimonious Political Will

In general politicians make promises and come out with impressive manifests at election time, but experience has shown that they do little to prevent India from become the most populated country in the world. The Kadapa district is one of the faction areas, where political leaders do not seem to consider population as a problem and not even try to proclaim the message of family planning and future population problems to the families in their constituencies. Instead, they try to strengthen their position by increasing the number of votes.18

It is suggested by the Researcher; political leaders should consider the matter seriously and promote the small family norms. The involvement of political leaders can change the behaviour of eligible couple to limit their family size and can help in reducing rapid population growth.
Low Attractive Incentives

The World’s most populous country China has been able to control its growth rate by adopting a ‘carrot and stick’ approach. Attractive incentives in the field of education and employment were provided to couples followed the “One Child Norm”.

The Researcher observed that there are no attractive incentives for who adopted “One Child Norm” in Kadapa district. If we adopted incentives as in the case of China to the families who followed nucleus family size, we can achieve the targets easily.

Immature Child Marriages

According to the UNICEF latest “State of the World’s Children 2009” report, 40 percent of the World’s child marriages take place in India.19

It is observed by the Researcher as well as according to the National Family Health Survey-3 both urban and rural areas in the district of Kadapa the early child marriages are going on and also pregnancies are common. Between 61 to 65 percent are married by 18 years and unable to negotiate reproductive rights. Young girls give birth to children with poor changes at the survival and growth. If Prerana Scheme has been implementing wholeheartedly, the child marriages will disappear.

Accountability

For effective implementation of Family Planning Programme, accountability of the service providers is vital. The goal of TFR of 2.1 by 2010 is not relevant at the Kadapa district and lower level. It is
important to know where the programme stands at the end of each year concepts such as couple protected in PHC or a district need to be introduced. The implementors of TFR of 2.1 are not properly performing to materilise the goals of this programme. As a result, the programme may not completely achieve the target by the end by 2010.

It is suggested by the Researcher there is a need to inculcate good accountability among the implementors for timely implementation of the programme. This can be done by providing training classes with a syllabus of morale, values, and ethical values.

**Attitude of the Staff**

Almost all respondents or patients opinioned that paramedic and doctors who take care of contraceptive supply to a patient is rather to complete the work entrusted to him. What Researcher observed that the related staff of family planning is not maintained systematic procedure for timely implementation of the family welfare programmes. They are also discussing unnecessary comments on each other; they are creating pandemonium rather personal relations.²⁰

It is suggested by the Civil Assistant Surgeon Service providers as well as the senior officials need to be trained to look after the patient to give them all the information. So that they may decide a method to change the attitude and style of functioning of service providers.²¹
Dearth of facilities

Health facilities are in operativeness in Kadapa District. These include very low budget for drugs, supplied and other consumables, shortage of diagnostic facilities and laboratory equipment and a general deterioration of physical infrastructure. These major constraints led inefficient implementation of these programmes.

So, the Government should take stern steps to provide sufficient funds and physical infrastructure for effective operation of programmes.

Polluted atmosphere: It is observed by the Researcher that the implementation of family planning programme is quite complex process in which medical, cultural, psychological, social, economic, administrative and even political factors are involved and intermingled. These existing family planning organizations are having inoperativeness, inadequacy, thus their performance is not upto the mark.22

Creation of good organization is must, which is certainly bring positive changes in the department, by which a smooth and sophisticated atmosphere is existing.

Lack of Collective Responsibility

Besides planning and training we may keep in mind that team work among different categories of personnel engaged in family planning activities is of vital significance.
Most of the family planning personnel in the Kadapa district are working in isolation i.e., their activities are not co-coordinated properly resulting into lower output of services.23

Hence, the team work among different categories of personnel engaged in family planning activities is of vital importance. Team work would develop common practices and shared practices. This would also raise the morale of the personnel working at the grass root level. Another important one is of organizational communication which can bind and keep united all the family planning workers.

Insufficient Budget

One of the most acute problems faced by the Kadapa district is inadequacy of finances at their disposal. The annual budget of the district for purpose of medicines and drugs is found generally inadequate.24

It is suggested by the Researcher that the Government should provide adequate budget to meet the medicines and drugs to the Kadapa district.

Personnel Problems

Personnel are the very important factor in the implementation of the family welfare programmes in the any organization.

The Researcher observed that there are some personnel problems in the district are as follows.
Inadequacy of Staff

One of the senior most Statistical Officer expressed his view that there is acute shortage of staff in Kadapa district for effective implementation of family planning programmes.25

The above 8.1 table indicates that the Office of the District Medical and Health having insufficient staff members and DM & HO post is vacant.

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Category of Staff</th>
<th>Sanctioned (number)</th>
<th>In Position (number)</th>
<th>Vacant Since what date (number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>District Medical and Health Officer</td>
<td>01</td>
<td>-</td>
<td>01</td>
</tr>
<tr>
<td>2</td>
<td>Civil Surgeons</td>
<td>08</td>
<td>05</td>
<td>03</td>
</tr>
<tr>
<td>3</td>
<td>Civil Assistant Surgeons</td>
<td>43</td>
<td>34</td>
<td>09</td>
</tr>
<tr>
<td>4</td>
<td>MPHA (F) Under European Union</td>
<td>91</td>
<td>85</td>
<td>06</td>
</tr>
<tr>
<td>5</td>
<td>Principal</td>
<td>01</td>
<td>-</td>
<td>01</td>
</tr>
<tr>
<td>6</td>
<td>Projectionist</td>
<td>01</td>
<td>-</td>
<td>01</td>
</tr>
<tr>
<td>7</td>
<td>MPHA (M)</td>
<td>246</td>
<td>41</td>
<td>205</td>
</tr>
<tr>
<td>8</td>
<td>MPHA Contractual</td>
<td></td>
<td>137</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Head Nurse</td>
<td>08</td>
<td>06</td>
<td>02</td>
</tr>
<tr>
<td>10</td>
<td>Staff Nurse</td>
<td>123</td>
<td>94</td>
<td>29</td>
</tr>
<tr>
<td>11</td>
<td>Lab Technician</td>
<td>82</td>
<td>46</td>
<td>32</td>
</tr>
</tbody>
</table>

Source: DMHO, Kadapa

He is the key person for implementation of all programmes under family welfare. Out of 43 Civil Assistant Surgeons 34 are working and 09 post are vacant. Out of 8 Civil Surgeons Sanctioned 5 are working and 3 posts are vacant. Regarding MPHA (F) under European Commission is concerned 91 posts are sanctioned out of which 85 are working and 06 posts are vacant. Out of 246 of MPHA
(M), only 46 persons are working on regular basic and 137 are working on contract basis. There are 123 posts were sanctioned to Staff Nurses, out of which 94 are performing their duties, the rest of 29 posts are vacant. There are 46 Lab Technicians are working out of 82 posts sanctioned.

It is suggested by the Researcher the Government of Andhra Pradesh should take interest and fill up the vacant posts immediately for smooth running of the Department of family planning in Kadapa district.

Absenteism and Work Evasion

The Researcher observe that there is frequent absenteeism and work evasion of staff of the family planning personnel in Kadapa district. The staff does not attend their duties regularly. This absenteeism is much more than in rural areas when compared to urban areas.

It is suggested the Government should take stern action against the staff of the family planning personal those who absent frequently.

Allegation of Corruption

The Researcher observed that there is a lot of wastage and corruption in the conduct of Mass Education in Family Planning Programme in Kadapa district. Some activities like Drama, Folk Songs, and Puppet shows remain only on the paper and thus huge
amount meant for the purpose is either waste or embezzled. Vehicles supplied for this purpose are wrongly used.

It is suggested for continuous action to foster honesty and integrity and weed out corruption as well as to develop preventive measure.

Employment of Medical Men for Administration Jobs

The Government of Andhra Pradesh appointed medical men for administration jobs in medical department. For example the District Medical Health Officer and Deputy District Medical health officer are generally surgeons appointed for administrative work.26

It is suggested by the educated respondents the Government should appoint non-medical staff to the administration jobs.27

Lack of Supervision

One of the more general and important problem observed by the Researcher in Kadapa district is inadequate supervision of the higher authorities over the staff of the family planning personal. The output of workers is very less in terms of health care delivery system.

It is suggested the higher authorities may initiate strict disciplinary action against those workers habitually late or are in the bait of wasting time. Besides, unessential activities may be withdrawn so that they can concentrate on essential services. It is no use paying salaries without any output. This may be strictly ascertained through supervision, performance appraisal, surprise checks, etc.
Wider of Jurisdiction

One of the another important problem observed by the Researcher is the wider of jurisdiction visited by the authorities of the family planning personnel in Kadapa district. This vastness of jurisdiction leads for ineffective concentration of family planning personal for identification of men and women for operation of family planning.28

It is suggested by the Researcher jurisdiction covered by the family planning personnel should be reduced, so that he can easily identify the persons and motivate for family planning operations.23

Improper Motivation of Extension Personnel

The quality of the Family Planning operations run in Government hospitals would be dependent to a great extent upon the quality of the extension workers engaged in their operation. Most of the Extension Personnel complain that there is no proper motivation by the higher officials.29

The Researcher suggested that if the Extension workers are motivated, this would generate loyalty, co-operation and team work, essential for the achievement of the goals of Family Planning Programmes.

Political Interferences

Family Planning Programme administration like other branches of administration is no exception to the general rule of political
interference. Political influences highly involved into in the family planning department pertaining to appointments, transfers and promotion of staff and disciplinary action which curbs administrative procedures as well as administrative culture and also reduce the meritorious culture.  

It is suggested by concerned authorities that the Government of Andhra Pradesh to be formulated certain norms once appointed an officer, he should not transfer within a stipulated time, and the time has to be fixed at least 3 years or 5 years. After appointment, the candidate's details must display in the office boards.

**Low Turn out of Male in Family Planning**

The target of male participation in family planning (vasectomy) is 30 per cent in Kadapa district. It is wonder to say that above said target may not be reached five.

The above 8.2 table indicates that during the year 2005-06 the males involvement in family planning was 141 and it was reduced to 29 in 2006-07. The highest participation for the past five years was 392, during the year 2007-08. It was only 22 during the year 2009-10 (as on date 25th July).

Almost all the male population thinks that the participation in family planning operation leads to ill-health as well as reduce the sexual capacity.
TABLE 8.2
FAMILY PLANNING OPERATIONS IN KADAPA DISTRICT

<table>
<thead>
<tr>
<th>Year</th>
<th>Target</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-06</td>
<td>29.000</td>
<td>29.718</td>
<td>141</td>
</tr>
<tr>
<td>2006-07</td>
<td>30.000</td>
<td>36.627</td>
<td>29</td>
</tr>
<tr>
<td>2007-08</td>
<td>30.000</td>
<td>30.232</td>
<td>392</td>
</tr>
<tr>
<td>2008-09</td>
<td>31.000</td>
<td>29.739</td>
<td>317</td>
</tr>
<tr>
<td>2009-10</td>
<td>30.000</td>
<td>6.700</td>
<td>22</td>
</tr>
</tbody>
</table>

(July 25th)

Source: Enadu, the daily Telugu News Paper, dated 02-08-2009, P.1

It is suggested by the Researcher that the government should motivate the males to avoid such illusions. This can be done a lot of publicity to alert them.

PROBLEMS RELATING TO ORGANISATION

High Centralized Organization at the Union Level: Need to be Decentralization

The Family Planning Programme in India covering a vast area having socio-cultural variables lacks the benefits of decentralization and autonomy in the matter of implementation to suit the requirements of different areas. Since the entire programme is financed by the Union Government, there has been unnecessary control over this programme resulting into lower efficiency. The schemes to popularize family planning programme are finalized by the Union Government, leaving no initiative for the state Governments. This leaves little scope for initiative and adjustments at different level.

While the entire programme is centrally sponsored its implementation is responsibility of the State Governments. The
programme sets a uniform pattern right from Central to the district administration depriving completely the implementing agency from attempting any experimentation with alternative methods. Family planning programme are very much influenced by changes in their operating environments and their programme usefulness depends upon quick response to differing situations and new social needs and demands. This would be possible only if the authority to adjust according to the prevailing environment is decentralized from the Union to the State Governments.

To quote AP Barnabas, "It can be seen that the administration is essentially centralized. Consequently, the family planning programme operates as a vertical programme (i.e., administration is directly from the state to the block level) and operates in isolation of general administration. The participation of the States at the policy formulation level is meager. Hence, there is not a real sense of participation and commitment among the States. The allocation of financial resources is made by the Centre to the States. The target-setting is also done by the Centre".

The major disadvantages in the present system have been pointed out to be as follows:

(a) The programme is entirely financed by the Central Government and, therefore, there is no financial commitment on the part of the State Governments.
(b) The State do not have the financial administrative flexibility to modify the national family planning programme nor to meet requirements, keeping in mind the demographic, economic and social situation in their own states.

(c) The expenditure on family planning is a part of the plan expenditure and the programme is temporary though there is a commitment on the part of the Centre for the next decade. This hampers the recruitment of staff on a permanent basis; and

(d) The family planning programme is an appendage of the health programme.

The highly centralized nature of the programme ensures uniformity of staffing pattern but it lacks the inbuilt flexibility to change as and when necessary to ensure efficient and effective programme implementation. There is need to decentralize the development of personnel policy for this programme. The national and state targets for family planning are set by the Union and State Governments without involving the personnel involved in implementation. It is suggested that target setting and resource allocation at all levels must be done by involving the field agencies.

In a big and complex administrative activity like Family Planning involving the whole length and breadth of the country and in
between of the number of decisions to be taken from time to time is so large and the points at which the decisions are to be implemented are so many that it becomes necessary to distribute decision-making powers among a number of organs, rather than concentrate it only in one organ, i.e., Department of Family Welfare, Government of India. This is expected to prevent the emergence of bottlenecks, which will be highly centralized power structures. Effective decision-making can be facilitated by decentralization and delegation of powers.

The objectives of the Family Planning Programme can be gained more effectively by decentralization of its operating arrangements. It is easier to build-up a family planning policy and programme from an analysis of regional requirements than from an aggregate of individual targets. The mere transfer of resources, techniques, skills and suppliers by the Ministry of Health and Family Welfare is meaningless unless it is accompanied by a thorough appreciation of the local problems. We must encourage genuine co-operation between all the organizations dealing with Family Planning.

Recently, in order to introduce some flexibility in the programme, Additional Secretary and Commissioner (Family Welfare) was authorized to sanction some of the schemes at his discretion. In 1987-88, a sum of Rs. 1 crore was earmarked under the scheme. In order to become eligible for grants under this scheme, the following conditions were laid down.
The expenditure should be of non-recurring nature.

(ii) The funds should not be used for providing additional assistance to Acceptors and motivators over the above the centrally approved pattern.

(iii) Funds should not be covered for objects such as performance incentives to States Governments, Zilla Parishads, Panchayat or other Group awards as they are covered under separate schemes.33

The Researcher came to know through conducting personal interviews with official and non-officials of action and reactions of the state of affairs is that the terms and conditions framed by the central government, which may not applicable to the states which are formed by the multiculturalists basis, where the state government should have autonomy to formulate centres decisions for effective implementation of family planning schemes. For instance, the Kadapa district of Andhra Pradesh having more percentage of Muslim population, the islam religion does not allow the family planning.

Lack of Co-ordination

Union and State Governments must invite all other Ministries, departments, public enterprises, voluntary organizations through council type organization at the top level, to ensure effective co-ordination. It implies the prevention of both duplication and overlapping so as to avoid administrative confusion, manpower and

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resources and to pool resources and experiences in dealing with problems and in achieving common objectives. Co-ordination means to an end and not an end in itself—must be considered in relation to its practical purpose which is to facilitate better performance and greater efficiency in the system. To ensure efficient functioning of an organization, co-ordination is not only desirable but even essential. For the same reason inter-organization coordination is advisable especially when the activities of the various organizations concerned are of a complimentary nature.

To quote M.Jooung Whang in brief, since Family Planning programme activities involve far-reaching changes in values and behaviour well as the effective delivery of Family Planning contraceptives and services to eligible individuals, the organizational arrangements should reflect the complex process involved in changes in human behaviour and other such social factors. From the institutional point of view, the single-ministry operation of the programme within the framework of the Health Ministry could be helpful in effecting a vertical programme performance. However, such institutional arrangements would be of little help in mobilizing technical resources as well as political and administrative support from various ministries and agencies because Ministries of Health in Korean, Thailand and India tend to be less powerful within the government. On the other hand, council-type organizational set-ups
would be functional to mobilization of the necessary inputs from other ministries, especially those ministries like that of planning and finance whose support is crucial to the successful monitoring of programme performance at local levels. In view of the complex nature of Family Planning management, it may be desirable to establish the Family Planning agency as a council-type organization unless there are some complementary factors e.g., strong commitment of leadership at the top built in the system.

However, the success of such arrangements would depend upon effective co-ordination and avoidance of unnecessary meetings resulting into wastage of efforts. The meetings and the documentation service dealing with co-ordination may hence be reduced to a level essential for programme achievement. This can save a lot of the specialist's time, which would be utilized for other fruitful activities.

The department and directorates of family planning have not only to be integrated adequately with the health agencies on account of the need for medical back-up of the family planning programme but are also to develop co-ordination with several other departments and organizations, both public sector as well as private and voluntary sectors. With some of these it has input-output-linkages (e.g. education, social welfare). With many others play a supplementary role by getting guidelines and resources from the family planning organizations to implement the programme in certain areas or
specified segments of people (e.g., railway ministry, defence ministry, etc.). The effectiveness of these various linkages and relationship depends upon a number of factors:

(a) the clarity and consistency of the programme objectives and their unambiguous communication through several channels to the various agencies playing supplementary and complementary role in programme implementation to regulate population growth among their target groups;

(b) timely provision of financial and material support and any requisite professional advice from the family planning organization to the various co-operating organizations;\(^{34}\)

These efforts would not only avoid overlapping and inconsistencies but also help in providing an agreed direction and a framework for action and at ensuring not only that activities detail into one another but there is a full measure of forethought and harmony in carrying out the responsibilities.

**Revamp Family Planning Administration**

At present, there are Regional Family Planning Officers to co-ordinate with the States in that area pertaining to progress in the work of family planning. In actual practice, these regional offices are engaged on routine activities of collecting reports from the States and transferring them to the Ministry of Health and Family Welfare. This activity can be performed directly from the headquarter and the
computers can take care of the data reports. This, the expenditure incurred on these Regional Offices is unnecessary and wasteful.\textsuperscript{35}

It is suggested that instead of these Regional Offices for merely co-ordination, we may set-up Regional Health and Family Planning Institutes entrusted with the task of training, research and consultancy. This would give a great impetus to Family Planning and also help in full utilization of the expertise at the Regional Level.

**Absence of Population Committees**

Indian States are desired to form population committee at all levels to oversee the family welfare programme. A sum of Rs. 25000 is given to set-up such committees at the District level. But the Kadapa district has not able to set-up such committees, which clearly indicate the slackness and apathy towards family planning.\textsuperscript{36}

A large number of doctors and other state wholeheartedly suggested that such committees must be set-up as these would act as watchdog of public interest and serve as a barometer to measure the performance of family welfare programmes.

**Reinvent Organization**

One of the senior staff members commented that the family planning is an exclusive activity which requires an extraordinary administrative structure, but unfortunately organizational structure of family planning is unable to achieve the activities involved in the conduct of family planning programmes. The Family Planning
Department at Kadapa District has been designed on the pattern of other departments, which does not suit the programmes and activities to be carried out by the Family Planning Organizations. Most of the wings, sections and units carry out routine activities and are not designed to conduct innovative tasks assigned to this department. 37

To quote M.Joung Whang "it is found that the internal structure does not demonstrate what Family Planning agencies would emphasize and actually perform in respect to the objectives of the programme. In other words, the working relationship between the internal units of Family Planning agencies tends to be inconsistent with the programme structure because the tasks and activities of the Family Planning programmes are not as yet systematically designed in these countries. Unless there is a well-specified set of activities and tasks which show the functional inter-relationships required in the process of achieving programme objectives, the internal structure of Family Planning agencies tends to be evolved and routinized on the basis of ad hoc needs and the existing organizational inertia". 38

It is suggested by the Researcher that the concern authority should take stern steps to reinvent and rebuilt internal administrative machinery with sufficient technically qualified personnel for smooth running the show.
Autonomous Department

Family Welfare Programmes are part and parcel of health departments in theory but in practice health departments pay very less attention to family planning activities and thus the resources budgeted for family planning are consciously or unconsciously used for the promotion of health. The health departments think that family planning is mostly a health problem which is basically untrue and is one of the obstacles for its success. Therefore, there is a need to provide proper place to family planning in the health set-up so that family planning gets due priority. Lyle Saunders has rightly said that there is a need of "demedicalization".

To quote him: "This involves redefining family planning as an activity that includes much that is not medical, liberating programmes from medical control, liberalizing the division of labour in the health and medical professions to give greater responsibility to more numerous paramedical personnel, removing the prescription requirement for the purchase of oral contraceptives, and worrying less about the relatively small health hazards of chemical contraceptives. The objective is not to take medicine out of Family Planning, because there is a great deal that health and medical people can and should do. Rather the effort should be to take family planning out of medicine, to get a broader range of management skills at top levels and to introduce approaches that medicine does not find congenial,
e.g., promotion through advertising, out-reach activity, decentralized responsibility, more use of existing non-medical facilities, the use of indigenous personnel, materials and resources".39

It is very essential to separate Family Planning Department from Welfare Department and also requires separate budget administration machinery for exclusive for effective implementation of family planning.

Scientific Thinking is Needed

In Kadapa district it is wonder to say that the statements prescribed for not monitoring and evaluating the progress of the programme in respect of physical inputs, expenditure are required to be prepared in the form of records of eligible couples, surveys register of the population served acceptors motivated at various intervals of time, etc. On personal visit of the Researcher, it has been found that the primary health centres never maintain such registers. Even if records are available; which are not having complete information. For instance, fictitious figures are entered which is a meaningless and act as a cheating device to the public and the Legislatures.

The maintenance of records in family planning, has so far been sporadic, with the different agencies maintaining different kinds of registers, with the result that cross-country comparisons or cross-tabulation of progress achieved are very difficult to make.40
It is suggested by the Researcher after consulting the group of officials, the related staff to travel nook and corner of the district and conduct personal discussion with people and prepare facts in the records which are highly useful for taking any decision.

**Follow-up Cards to be Strengthened**

To gain the confidence of the people and to ensure them promptness, follow-up cards after the sterilization operations are required to be sent to the concerned office of the one of which the acceptor belonged. So that proper care can be taken of the case and all his real potential fears can be removed. The follow-up cards are required to be returned within 15 days in the case of vasectomy and within six weeks in the case of tubectomy to the operating centre for the information of Medical Officer to enable him to know about the progress of the case.\(^{41}\)

On the personal discussion with the personnel engaged in these activities, we find that such cards are rarely maintained or sent to the concerned centre. This means that there is no real follow-up of the cases in Kadapa district. As a result there is lot of scope for public apathy.

Thus, there is a need to find ways and means to check failure in complications case. Besides, a fool-proof method of reporting should be introduced to ensure genuine reporting.
Incentives

Almost all patients complained that the provision of monetary benefit for sterilization is not up to the mark. Of late, the government of Andhra Pradesh has formulated and implemented an incentive policy, which has been giving more benefits to males and less benefit to females. Those who are undergone vasectomy operation are getting a lump sum of Rs.1100/-, while those female who are undergone tubectomy are getting a very meager an amount of Rs.600/-. There is lot of lacuna between males and females in financial benefit. Moreover, these incentives are not properly exercising by the authorities concerned. There is a lot of corrupt took place, discourages, dilemmas, difference may be happened among the patients, and also this leads financial dissatisfaction between male and female.42

It is suggested by the Researcher that the payments of financial incentives to patients should be paid on time and also it is suggested the payment of female must and should be enhanced on par with male because a female who undergone this operation, she will be on bed not less than four weeks while male undergone the same operation, he will take rest only 24 hours.

Political Unconsciousness

It is quite clear from the political developments over the years since Independence that population control policy has no mass
constituency. No political leader has or is likely to make a political career by espousing the cause of family planning and population control. This lack of mass constituency imposes a potential limit on the success of family welfare programme.43

Most of the respondents have clearly express that the politicians should come forward to give a lot of publicity indicting that the benefits of the family planning and see that the benefit should be reached to the doorsteps of the beneficiaries.

Problems of Evoking People's Participation

The problem of people's participation in Kadapa district has been remarked upon extensively. As widely reported, people in remote areas do not participate in public programme very much for a variety of reasons. Nor are the political leaders or the administrators, despite official rhetoric, interested or even willing to let people participate. Besides participation in a programme like family planning involves both the levels of participation and different types of participation.

It is suggested by the Researcher through consultation of educated people in Kadapa, NGOs, Rotary Clubs come forward to reach the people and inculcate a sort of thinking about family planning by participating in the programme.

Conflict between District Family Planning Officer and Chief Medical Officer

It is opinion of a group of officials in the family planning department that the most serious administrative confusion which
prevail in the office of the family planning, Kadapa where there is a job dissatisfaction between the District Family Planning Officer and Chief Medical Officer. Both are same cadre, but one has more power and another has less power comparatively.

In the administration of family planning programme, the District Family Planning Bureau is the most important strategic unit of administration. The office of the District Family Planning is headed by DFPO. Although he is a senior with medical qualifications he works under over-all supervision and direction of the CMO. He has been entrusted with the responsibility but without authority and hence he is devoid of any real administrative control over the staff under him. There is hardly any difference in terms of status and qualifications between the CMO and DFPO except that of seniority. This issue led myriad disputes between these two dignitaries, as result, there is a damaging the delivery of the programme.44

It is suggested by the Researcher that the issue is to be carefully examined and corrected either by giving administrative powers to DFPO and only reserving appellate powers with the CMO or replacing the former with persons of general qualifications as the family planning programme is more a motivational and educational programme than a technical one.
Lack of Management Information System

At present, the reporting system prevalent in the family planning programme is not adequate as some information is collected by Demographers and some Mass Media and Communication officers both of whom do this job without going much into the causes of low performance and their medical measures.\textsuperscript{45}

Therefore, there is a need of a Management Information System (MIS) for the identification and clear definition of problems, for the designing of intervention strategies for sound decision-making as well as for the monitoring of the process of change and evaluation of outcomes as part of the cyclic process of planning.

Lack of Training

The Researcher has came to know that the personnel belongs to health department are sponsored for the training programme at the office of the family planning. Kadapa district are not utilized the assignment for which they have been trained. Training can be effective only if the knowledge and skills acquired by the trainees are used for performance improvement and career development. Further training cannot be considered in isolation from other aspects of personnel administration or from other aspects of performance improvement. In fact, training period can become a wasteful effort if it is not harmonized with a programme of administrative improvement and reforms.
It is suggested by one of the officers that whatever acquire and learnt the knowledge while they are in training period, may be materialized in practical purpose.46

No Practical Training to the Trainers

The success of training programmes to a large extent depends much on the trainers. Investment in a trainer is again to the hundreds who he trains in turn. But most of the trainers in the field have bookish knowledge. They are not fully aware of the problems of health-care administration. Further, lack of fully qualified trainers is one of the serious handicaps in making the training programme effective.

During the training courses more emphasis is laid in theoretical aspects rather than on its practical application. When the trainees go back to their work they find it difficult to translate the theoretical ideas into concrete practice.

There is a need to train the field workers in the concrete situation rather than imparting theoretical instructions.

Pills Problems

Most of women using Pills complain of many problems, side effects, and the need of its continuous use. The next ten years should see some improvement in the daily pill for women, with reduction in some of the common-side-effects, such as nausea, vomiting or disturbances of the menstrual cycle. The serious side-effects, such as
thromboembolism, might become even rarer. Research is also being pursued with the presently-used constituents of the pill in formulations that will allow them to be deposited in fatty tissue and subsequently slowly released from the storage site. This would convert the daily pill to a once-a-week or once-a-month pill.47

It is the opinion of the doctors there are good hopes that, within the next twenty years, scientists will come up with birth control pills that can be used indifferent circumstances: a safe post-coital ("morning-after") pill, one to be taken when a woman notices her period is late (menses-inducer), or one, based on new compounds, that could safely and effectively be taken regularly once a month.

PROBLEMS RELATING TO PRIMARY HEALTH CENTRE

Lack of Coordination

There are numerous developmental NGO's working at block level and villages under its jurisdiction. We have already discussed that health affects and is affected by all other sectors of development. The Researcher observed that there is no coordination among these agencies.

Researcher suggested that all the developmental agencies in a particular area must promote the values of development simultaneously to produce sustained impact on the population inhabiting these areas.
Inadequate People's Participation

The Researcher finds out that there is a weak organized structure in a block at any level to involve the beneficiaries and utilize their potential energy profitably. It is very difficult for the government to contact all the individuals and families through their paid employees. There is a need for some structure or groups of people to help themselves under the guidance of the expert advice offered by the government. We have already witnessed the failure of the Community Development Programmes we could not associate the people with our programmes.

The Researcher suggested that the Health Department may try to set up voluntary organizations of the people in collaboration with other developmental agencies to ensure effective communication and understanding.

Poor Services

Most of the people complain that there are very poor services at PHC. A frequent question in many countries in relation to health centres is: why are people bypassing them? The answer is usually to be found in the poor quality of care. Quality is a complex notion not connected merely with technical procedures, expensive drugs, and sophisticated apparatus. It has perhaps more to do with the reliability of services and with the provision of those services in a way that ensures an equitable approach, accessibility, accountability, and
continuity. Understanding any concern on the part of health personnel would add sufficiently to confidence in health centres' services to make people feel secure and satisfied. Frequent staff changes, an excessive burden of tasks, and poor motivation worsen the perceived quality of services. However, the main problem more often lies in inappropriate technologies, inadequacy and unreliability of supplies, poor trained health workers, deficient referral systems and poor organization of work.48

All most all officials in the office of the DMHO suggested the concerned authority authenticated to concrete on these issues and provide required facilities to strengthen poor quality.

Irrational Institutions

We know that the success of health programmes in Kadapa district depends upon their acceptance by the people. It was found that the health personnel do not try to go into the cultural, religious and social factors affecting the health of the people. These are very subtle factors which need our attention and care.49

It is suggested by the Researcher that the health personnel must try to enlist the cooperation of informal leaders who can help in accelerating the acceptance of these programmes. Customs and conventions of the area must be studied which can throw light on the behaviour of the people. It would be very easy to help the people provided we understand their attitude and preferences.
Improper Guidance

A large number of respondents' views are against political crisis in the Kadapa and absence of rationality among the political leaders simultaneously, unfortunately there is a some extend absence of administrative skill at the block and the lower levels.\textsuperscript{50}

The Researcher suggested that there is a need to create political will and sensitivity towards development. The Department of Health should motivate the local political leaders to associate them in the developmental tasks. This can be done by people's movement against negligence of political will and administrative skill

De-concentrated Health Officials

A group of patients are opinioned that the concerned officials office of the family planning in Kadapa not showing any interest wholeheartedly to serve the patients, who has taken family planning operations, they have careless with inhuman attitudes of public health are challenging as can be gauged from the statistics already enumerated. It is very difficult to solve these problems with bureaucratic and inhuman attitudes.\textsuperscript{51}

It suggested by all most all respondents that it requires hard work, sympathy, and tolerance on the part of the health personnel engaged in this arduous and challenging task. Most of the people felt that the personnel working are fulfilling only their legal duties that too reluctantly. We do not highly specialized people in these areas. We,
however, require dedicated people with missionary zeal to serve the people suffering from abject poverty. We must ensure the people of their full involvement in their own welfare. This can be materialized by the government to take stern steps towards bureaucratic who are not dedicated in their responsibilities.

**Non Involvement of Medical Institution**

Both officials and non-officials made several words that there is no involvement of the medical institutes for effective implementation of related programmes. There must be a regular dialogue between these institutions and the persons responsible for the planning and implementation of the programme of Primary Health Care.

It suggested by the educated respondents that the young and energetic doctors may be encouraged to take interest in such projects. This would ensure the quick success and the future benefits in other areas.

**Improper Maintenance of Equipment**

Equipment at health centres in Kadapa district generally remains out of order, inspite of the fact that the equipment supplied is not old. Health workers do not take due care and also do not handle properly the equipment, resulting in the equipment going out of order.52

It is suggested that the health workers do keep care and should maintain equipment in good conditions.
Problems Relating to Primary Health Centre in Kadapa District

Kadapa District has 66 Primary Health Centres. Most of these centres do not have minimum infrastructure facilities. In sufficient treatment is given in Primary Health Centres. The surrounding of these centres is dirty and covered with garbage and litter. In addition to these, animals such as dogs and pigs always move around the Primary Health Centres. Most of the patients complain that nearly 60% of the doctors do not attend to their duties regularly. Some Primary Health Centres like Pendlimarri and Kondapet have insufficient supply of medicines. The equipment lies rusted without repairs. 75 per cent of the employees are staying away from Head Quarters.

The researcher visited some of the Primary Health Centres and exclusively interviewed with officials and non officials. The observations are given below.

Out of 114 doctors working Primary Health Centres, only 46 doctors attended to their duties. Out of 532 employees who are working, only 400 are attended to their duties. Two Primary Health Centres such as Chilamkur and Thottigariipalli have no building facilities. Eight Primary Health Centres have no equipment, 28 Primary Health Centres have insufficient stock of medicines.

The Primary Health Centre in Devapatla in Kadapa district is not functioning. Four centres have medicines but they do not give
medicines to the patients. The staff members tell the patients that medicines are not available and that they have to purchase them outside.

VONTIMITTA

Though the Primary Health Centre of Vontimitta has a pucca building, the facilities are only nominal. Some of the employees are living locally and others leave away from the village. The family planning programme has not been successful. The hospital staffs do not give medicines citing the reason that the budget allotment is not sufficient. Five centres have no building facility, only 50 per cent of the employees attended to their duties.

RAJAMPET

There is one post partum and one health centre in Rajampet. There is a 50 bed hospital. Apart from Rajampet, others from Primary Health Centres also come to Rajampet for delivery. There no medicines in the hospital. The budget is not sufficient for the medicines.

PRODDATUR

In Proddatur the condition of the Primary Health Centre is deplorable. Patients suffering from various diseases a lot here. The hospital building is in a totally dilapidated condition. In Kallur, there is only one doctor available, although there are two vacant posts.
CHAPADU

There is no building facility for sub-centres in Chapadu. The villagers constantly request authorities to see that doctors reside in the village itself.

RAILWAY KODUR

There is only one Primary Health Centre in Railway Kodur. In Railway Kodur PHC, there is scarcity of medicine. The Researcher surveyed some Primary Health Centres in the constituency and observed that only six of the eleven doctors on the staff attended to duties. Out of 49 other employees only 38 attended to their duties. Five doctors were staying away from the town. Here also there is scarcity of medicine and the operation theater is defunct.

BADVEL

In Badvel there is only one government hospital and one Primary Health Centre. They too are facing severe problems. The doctor's do not stay there. The patients receive no treatment. The situation is the same in Gopavaram, Atloor, B.Kodur and Kasinayana Primary Health Centres.

The Primary Health Centres in Atloor, Kasinayana and Gopavaram are leak during the rains. The refrigerators are not functioning as the electricity problem is severe. The family planning operation equipment has been thrown to a corner in the Kalasapadu PHC. Though the quarters have been built for the staff in B.Kodur
PHC, they are not residing in those quarters. The patients are suffering a lot as water problem is severe in Kalasapadu and Narasapur.

**B. MATTAM**

The doctors in B. Mattam PHC do not reside locally. The staff also does not attend to their duties regularly. In the family planning operation theatre, there are no proper facilities for patients.

**NANDALUR**

The patients do not receive proper treatment as there are more patients and less staff in the Nandalur PHC. The patients from 13 Panchayats also come to this PHC for treatment. Nearly 100 to 150 patients visit the PHC daily. The area is not spacious enough. The equipment has become ruster. The medicines have not being preserved in proper place.

**CONCLUSIONS**

India was the first among the developing countries to set up a state sponsored family planning programme as early as 1952. The basic motto of this programme even in the initial stage emphasis had been to mitigate births to stabilize the population for enhancement of national economy. Fortunately and unfortunately almost all endeavours in the last more or less six decades in Bharath have only been partially successful, it is a highly Herculean task. Only some states, the fertility decline is a landmark including Andhra Pradesh.
The effective implementation of family planning significantly depends upon the efficacy of the organization, political will and administrative skill. The Health Department will concentrate on this issue, and also inculcate sort of awareness on family planning methods and how both the mother and father could go permanent sterilization.

It is high time; Universities, Managements, Statesmen and Administrators come forward and try to understand the reasons for unbridled population growth. They must organize training programmes for several people or at the grassroots level to teach problems of population and also impart education how to control population as well as maintenance of money towards economic stabilization.

Social scientists, planners, policy actors, demographers, religious leaders, administrators, paramount chiefs have to discuss issues regarding, population growth, fertility, reproduction behaviour and its focus on India's future to great detail. Under the citizen-friendly society, every citizen has to follow population control as is every body's right and also each one has to teach about knowledge society, by which people will be efficient, effective and create egalitarian, soft sophisticated civil society which is part and parcel of good governance.
These personalities convince the government both at national and state level and try to implement China's laws; most of parents in urban areas are allowed to have only one child, while those in rural areas are allowed having two children. Families who have more than two children face a number of fines and administrative penalties.

The Kadapa district is a predominantly rural district with a relatively less population density when compared to that of the state of Andhra Pradesh, on the whole. The population policy, in Andhra Pradesh in general and in particular in Kadapa district, suffers from paucity of proper political support and administrative confusion, improper financial allocations, a lack of sense of priorities, overfeasance, malfeasance pertaining to organization occupies a key role and bureaucratic short comings and a host of other problem.

Due to growth of population almost all policies, plans, programmes, projects, proposals were failure to bring expected progress. Moreover, food, water, housing facilities, education, health, unemployment, pollution all these ills in society leads to create a predicament society, both land and forest are relegated. To overcome these challenges, there are certain principles should be implemented by the Government of Andhra Pradesh in general or Kadapa district in particular.
1. To control the child marriages and also to brings awareness about marriage age.

2. The new couples should give birth after three years of their marriage. This can be done by following temporary methods.

3. There is a gap of three years one child and to an other child.

4. Motivate the couple after giving birth of two children to follow permanent methods.

5. One child is enough is the slogan of every one and also create a way to participate every one to control population, they only we will reduce the population.
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