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BERNARD R. BELL FILES

India's Family Planning
1964 - 1967

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BOX # 1

NUS LOCATION 474-4-3

March 13, 1967

Dr. Sheldon J. Segal
The Population Council
The Rockefeller Institute
York Avenue & 66th Street
New York 21, New York

Dear Dr. Segal:

I am enclosing herewith the report entitled "Indian Economic Policy and the Fourth Five Year Plan" in four volumes (I - IV), which Mr. Bell asked me to forward to you. He also wished me to enclose a recent Bank paper reviewing an O.E.C.D. study on the "Population Control and Economic Development" by Goran Ohlin, which he thought would be of interest to you.

Yours sincerely,

Edna H. McCrindle
Secretary to
Bernard R. Bell

Encls. (as stated)

emcc
BANK

SPECIAL DELIVERY

THE POPULATION COUNCIL
BIO-MEDICAL DIVISION

THE ROCKEFELLER UNIVERSITY
YORK AVENUE & 66TH STREET
NEW YORK 21, N. Y.

CABLE: POPBIOMED, NEW YORK
REGENT 4-3580

February 17, 1967

Mr. Bernard Bell
International Bank of Reconstruction and Development
1818 H Street, N. W.
Washington, D. C. 20433

Dear Bernie:

I am terribly sorry to have delayed so long in sending this to you, and hope that I have not delayed anything. You will find that the report does not criticize. I am not being a cream-puff for this is the picture as I see it. The current program is simply too new to have a chance to prove (or disprove) itself. Prophets of gloom really have no basis for their hand-wringing proclamations. There are a couple of key facts we do not know:

IUD removal rate - no one knows this.
Insertion rates after August - I am awaiting the figures.

If the insertion rates have held their own or increased, and the removal rate is no more than expected medically, things are going fine. It is essential that the condom effort not be relaxed. Perhaps I should have stressed that more.

Please let me know any way I can help.

Best regards,

Cordially yours,

Sheldon J. Segal, Ph.D.
Director

SJS:hh
Encl.

February 16, 1967

Dr. Sheldon J. Segal
The Population Council
The Rockefeller Institute
York Avenue & 66th Street
New York 21, New York

Dear Dr. Segal:

Mr. Bell asked me to forward to you for your personal use the draft economic report "Indian Economic Policy and the Fourth Five-Year Plan" - Volumes I and III. This report is subject to a few revisions which we will send to you when they are made.

Yours sincerely,

Edna H. McCrindle
Secretary to
Bernard R. Bell

Encl. (as stated)

February 10, 1967

Dr. Sheldon J. Segal
The Population Council
The Rockefeller Institute
York Avenue & 66th Street
New York 21, New York

Dear

I am enclosing the copy of the article I mentioned to you on the telephone this morning. It does not impress me particularly but some of the physiological phenomena reported will probably be especially interesting to you. If you have any specific comments on this, I would like to get them for purposes of future discussions.

Sincerely yours,

Bernard R. Bell

Encl. (As stated)

BBell:emcc
BANK

February 10, 1967

Letter No. 28

Mr. Jean Baneth
Office of the Resident Representative
International Bank for Reconstruction
and Development
P.O. Box 416
New Delhi, India

Dear Jean:

This is in answer to your letter of January 20 commenting on and enclosing the article from Yojana on experience with the loop in West Bengal.

I am not myself much impressed by this article. It does not seem to me to be a serious analysis of the situation. I have sent it on to Shelly Segal and I will pass his comments on to you when we get them. He has not seen this particular article as yet but he has seen others and heard comparable reports - a great many of which are being made by two-day visitors on the basis of cocktail party conversations. What was responsible for the drop in the number of loop insertions in Bengal, assuming that the numbers cited in the article are correct, deserves careful analysis. I assume that the people responsible for the Family Planning Program are making or have made one. I would not regard anything in the article as such an analysis. Similarly on the matter of the bleeding reported, we will need more information and more responsible analysis of it. In short, I recommend against hasty conclusions, although I am not suggesting that there are not and will not be problems in this program.

Please send on whatever additional items you may come across on the progress of the program. I am also grateful for your several letters on other subjects and I will be replying shortly. Best regards.

Sincerely,

Bernard R. Bell

BBell:emcc
BANK

THE POPULATION COUNCIL
BIO-MEDICAL DIVISION

THE ROCKEFELLER UNIVERSITY
YORK AVENUE & 66TH STREET
NEW YORK 21, N. Y.

CABLE: POPBIOMED, NEW YORK
REGENT 4-3580

October 13, 1966

Colonel D. Bhatia
Commissioner of Family Planning
Ministry of Health
New Delhi, INDIA

Dear Colonel Bhatia:

I am pleased to write to inform you that the plans have become definite for my trip to India on behalf of the World Bank. I look forward very much to seeing you on this occasion and to following a schedule of appointments that you think most appropriate. You may recall that when we spoke about this you thought it would be a good idea for me to spend most of the brief time available in Delhi, but also to visit two sample states, one with a good record of performance and one that is farther behind.

In the short time available I would like to acquire as complete a picture as possible of the present state of the Family Planning Program, so that my report to the Bank can be an up-to-date description of the situation.

According to my travel itinerary I will arrive in Delhi on Sunday, October 23rd at 4:10 a.m. Reservations have been requested by the World Bank at the Oberoi International Hotel. My departure is scheduled for Wednesday, November 1st, 5:10 a.m.

There have been no plans or requests made for reservations on IAC for internal travel in India. I hope it will not be too much trouble for you to request reservations according to the schedule you wish to propose. Concerning my visit in Delhi, I would like to have adequate time to visit the Central Family Planning Institute, the AIIMS, and Delhi University Department of Zoology, in addition to the appointments you may wish to make. You may recall that the Bank requested

/2

to follow up on my previous discussions with Sri Ashok Mehta of the Cabinet Committee, the Health Ministry and a representative of the Parliamentary Committee on Family Planning.

I do hope that the arrangements for this visit do not create an undue burden, but I hope that my visit can be both informative for the purposes of the Bank and useful to you in the future developments of India's Family Planning Program.

I am taking the liberty of sending copies of this letter to various colleagues in India, so that they may be informed of my plans and know that my schedule is being arranged by your office.

With kindest regards,

Cordially yours,

Sheldon J. Segal, Ph.D.
Director

SJS:hh
cc: Dr. B. R. Seshachar
Colonel Taneja
Professor K. L. Wig
Dr. LeRoy Allen
Dr. David Price
Colonel L. B. Raina
Mr. B. Bell

November 17, 1965

Letter No. 152

Mr. Romano Pantanali
Office of the Resident Representative
International Bank for Reconstruction
and Development
P.O. Box 416
New Delhi, India

Dear Romano:

This is in answer to the questions you raise in your No. 304. My reply must be negative to all the questions. At this point we are still not at liberty to give any part of the Bell Mission Report to anyone outside the Government of India. I do not think that Mr. Woods would want to raise or authorize us to raise separately the question of wider distribution of the Family Planning Supplement. I would not advice him to in any case. This may cause some inconvenience to our friends in other agencies, but I wonder if it is really very great.

I have two suggestions. First, the three persons involved could ask appropriate officials of the Government of India to release the Family Planning Report to them. Second, they could use the UN Mission report on the same subject.

I have not seen it and am not sure it is public. However, given the close collaboration between Leona Baumgartner and our Mission, I would guess that the recommendations in the UN Mission Report may be very similar to those in ours.

Best regards.

Sincerely,

B.R. Bell

cc:Messrs Stevenson, Votaw

BB:rh

INTERNATIONAL BANK FOR
RECONSTRUCTION AND DEVELOPMENT
WASHINGTON 25, D. C.

TELEPHONE: [redacted] 34987

RESIDENT REPRESENTATIVE IN INDIA
RESERVE BANK OF INDIA BUILDING
NEW DELHI

CABLE ADDRESS-INTBAFRAD-NEW DELHI

Letter no. 304

November 11, 1965

Mr. Bernard R. Bell
International Bank for Reconstruction
and Development
1818 H Street, N.W.
Washington D.C. 20433

Dear Bernie,

1. I had a luncheon meeting last Monday with John Lewis, Doug Ensminger and John McDiarmid. The purpose was to discuss what UNTAB, Ford, USAID and the Bank could do to give a push to the family planning programme under the present circumstances. All of us have different degrees of direct interests in the matter.

2. The conversation was a bit loose, as it usually happens in these cases. One thing emerged, though, that all present agreed upon, namely, that it would help them, in their own dealings with GOI, if they could openly refer to the recommendations of the Bell Mission paper on Family Planning. From what they say, the paper has been widely circulated within GOI departments. Doug saw a copy of it (which he got from the Indians) and John Lewis also seems to have seen it (from undisclosed sources).

3. What I would like to do is to give Ford, UNTAB and USAID, on an informal basis, but with the consent of the Ministry of Finance, a copy of the Family Planning paper. Would this be agreeable with Mr. Woods? If so, you could either raise the matter through Sundara Rajan in Washington, or let me do it with Bhoothy from this end. I would appreciate your comments and instructions on this matter.

Yours sincerely,

Romano

Romano Pantanali

c.c. Mr. Stevenson
Mr. Votaw

INTERNATIONAL BANK FOR
RECONSTRUCTION AND DEVELOPMENT
WASHINGTON 25, D.C.

TELEPHONE [redacted] 34987 — RESIDENT REPRESENTATIVE IN INDIA, RESERVE BANK OF INDIA BUILDING, NEW DELHI — CABLE ADDRESS: INTBAFRAD-NEW DELHI

Letter no. 304 — November 11, 1965

Mr. Bernard R. Bell
International Bank for Reconstruction
and Development
1818 H Street, N.W.
Washington D.C. 20433

Dear Bernie,

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Yours sincerely,

Romano Pantanali

c.c. Mr. Stevenson
Mr. Votaw

March 30, 1967

Dr. Sheldon J. Segal
The Population Council
The Rockefeller University
York Avenue & 66th Street
New York 21, New York

Dear Dr. Segal:

I am sorry for the delay in replying to your letter of March 15. I have been investigating the various channels in compliance with your request for the complete studies of Goran Ohlin. Unfortunately, to little avail. The Bank has no extra copies available. O.E.C.D. has a small office here in Washington and I had hoped to obtain the studies there but they do not have them either and their suggestion was that you should write direct to Mr. Ohlin at O.E.C.D. Headquarters in Paris. The address is Chateau de la Muette, 2 rue Andre Pascal, Paris 16e.

I regret that we could not obtain the studies for you here but I hope the above information will be of help.

There are a few corrections to Volume I of the report on "Indian Economic Policy and the Fourth Five Year Plan" which I attach for your information.

Yours sincerely,

Edna H. McCrindle
Secretary to
Bernard R. Bell

"Indian Economic Policy and the Fourth Five Year Plan"

Volume I - Main Report

Corrigendum

Page 29, para. 64:	In the third line the words "do not" should be stricken.
Page 31, Table 1 :	Under the column headed "4th Plan (Projected)" the last two figures shown (1,187 and 8,572) should read 1,426 and 8,333.
Page 38, para. 82:	Last word on the third line from the bottom should be "thousand" rather than "billion".
Page 51, para. 111:	In the seventh line the first word should be spelled "lighterage" rather than "literage".
Page 66, Table 5 :	There should be inserted under the title: "($ million)".

THE POPULATION COUNCIL
BIO-MEDICAL DIVISION

THE ROCKEFELLER UNIVERSITY
YORK AVENUE & 66TH STREET
NEW YORK 21, N. Y.

CABLE: POPBIOMED, NEW YORK
REGENT 4-3580

March 15, 1967

Miss Edna H. McCrindle
Secretary to Mr. Bernard R. Bell
International Bank for Reconstruction and Development
1818 H Street, N. W.
Washington, D. C. 20433

Dear Miss McCrindle:

Thank you very much for sending the four volumes entitled "Indian Economic Policy and the Fourth Five Year Plan." Please convey my thanks also to Mr. Bell.

It was very thoughtful of you to enclose the Bank paper reviewing the O.E.C.D. study on the "Population Control and Economic Development" by Goran Ohlin. Would it be possible to have a copy of Ohlin's complete studies? If so, I would appreciate it very much if you would send it to me.

Very truly yours,

Sheldon J. Segal, Ph.D.
Director

SJS:hh

FORM No. 60-EC
(7.65)

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT
INTERNATIONAL DEVELOPMENT ASSOCIATION

ECONOMIC COMMITTEE

EC/O/67 - 34

March 7, 1967

Population Control and Economic Development

1. A study, "Population Control and Economic Development" by Goran Ohlin, dated September 1966, has been distributed by the OECD Development Centre marked as "Preliminary, not for Quotation". The attached summary of the study has been prepared in the Institutional and Quantitative Research Division, Economics Department, by Mr. W. L. van der Valk (Research Assistant). In view of the importance of this subject Mr. Kamarck has suggested that the summary be distributed. The full study is available in Research Files.

C. F. Owen
Secretary

Attachment

Secretary's Department

DISTRIBUTION

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Director, Special Economic Studies
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Executive Vice President (IFC)

POPULATION CONTROL AND ECONOMIC DEVELOPMENT

Goran Ohlin

Introduction:

The following is an abridgement of the O.E.C.D. study, Population Control and Economic Development, which is a compendium of the most recent developments and imminent prospects for population control in the L.D.C.s. The value of this document arises from the way in which all relevant facets of the population problem are covered. Mr. Ohlin describes the dramatic change in the prospects--technological as well as institutional--for population control that has taken place since 1962-63, and demonstrates that the return to investments in birth prevention, in terms of raising per capita income, are far greater than for investments in conventional projects, while the financial requirements for such population control programs would represent only a small fraction of present budgets in the L.D.C.s. Thus he concludes that population control programs should be introduced where they do not yet exist, and expanded where they do.

Table of Contents

The table of contents of the study is presented below.

Chapter I. A Turning Point in Population History?

While during the 1950's prospects for population control seemed hopeless, some major developments have conspired to make the present outlook highly favorable. Prominent among these are:

(1) The realization that parents in L.D.C.s actually want smaller families (chapter V).

(2) The recent development of the IUD (intra-uterine device), making available the first "cheap, effective, and acceptable" contraceptive device (chapter VI).

(3) The successful performance of population control campaigns conducted on a limited scale in various L.D.C.s (chapter VII).

(4) The new willingness to devote attention to the problem of population control at high levels of government around the world and in prominent international forums concerned with the progress of L.D.C.s. (chapter IX).

Chapter II. Towards a Settled World: the Population Explosion and the Future

The population explosion in the L.D.C.s is accounted for by a decline in the mortality rate (p. 8.1) 1/, while the fertility rate is holding constant (p. 10.2). The total population for the L.D.C.s in 1960 was 2.0 billion with a rate of growth for the mid-1960's estimated to be at least 2.5% (p. 7.2).

United Nations projections for population in the L.D.C.s for 1980 vary between 3.0 billion for the "low variant" and 3.3 billion for the "high variant"; for the year 2000 the projections are 4.2 billion and 5.4 billion respectively (p. 20, table). These projections are based on some rather plausible assumptions with the total built-up from projections of individual countries. The mortality assumption is the same for all variants (p. 17.4), while with regard to the fertility assumptions they differ only with respect to the timing at which the presumed fertility declines are supposed to set in for the respective countries (p. 18.2).

Other topics covered include: projections beyond 2000 (p. 22), future population density (p. 25), the distribution of world population (p. 29), and urbanization (p. 31).

Chapter III. Is the Population Problem a Food Problem?

The long-run prospects for world food production seem almost limitless. The Soviet scientist Malin has estimated that, by the application of advanced

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1/ This reference refers to the first paragraph of page 8. The same applies to all subsequent references.

scientific knowledge and the increased use of capital, arable acreage and yield per acre could be expanded to yield enough to feed between 65 and 130 billion people. With the more speculative assumption of the application of solar energy this estimate rises to the range of 143-933 billion (p. 34).

Even in the short-run the outlook for improvements are considerable. Labor--in abundant supply--can be used more intensively (p. 46.2), the use of fertilizers can be increased (pp. 48,49), and most areas of agricultural organization can be improved (p. 50).

Recent trends in food supply are no cause for alarm. Per capita food supplied by L.D.C.s has remained stable in the fifties, which shows that the L.D.C.s can keep up, at least in the aggregate. However, since the early 1960's there has been a slight decline (p. 53). But this decline has been partly compensated for by a gradual rise in imports as the L.D.C.s are becoming increasingly net importers (p. 55.4), a development which is seen as reflecting a reasonable shift in the allocation of the world's resources (p. 56.2). Nevertheless, imports still constitute a small part of total food consumption (p. 57.1). Malnutrition remains a problem. However, it is seen as a symptom of poverty, rather than of overpopulation (p. 59.1).

Conclusion: the general development problem is a more urgent argument than population control. Solve the development problem and the food problem too will be solved, but the opposite reasoning does not hold, (p. 62.3).

Chapter IV: the Economics of Population Growth

The two basic economic premises inherent in almost all discussions of population control are: first, that a high rate of population growth in the L.D.C.s acts as a deterrent, rather than a stimulant, to more rapid development (p. 64) and second, that capital formation will be retarded by the high dependency burden caused by the high rates of population growth (p. 65). Both premises are defended in deference to the objections of critics (Kuznets and Hirschman).

The theory of optimum population has been used by some sparsely populated L.D.C.s as an argument for faster population growth so as to be able to take advantage of economies of scale, etc. (p. 68.2, p. 164.2). The flaw in this reasoning is that it neglects the role of technological change and capital formation which can shift the "optimum population" downwards, while the actual population size may have already moved beyond this new level of "optimum population".

An independent argument for population control is made of the "need for time" (p. 69.1). The process of modernization requires social adjustments which cannot be brought about by increased use of capital alone. Failure to employ the total labor force is cited as an example. A slowing down of population growth would facilitate such adjustments.

The quintessence of this chapter is a discussion of the pioneering study by Coale and Hoover on the problems of population growth in the L.D.C.s (Population Growth and Economic Development, 1958; partly financed by the IBRD). A simple--but highly plausible--numerical model is developed to illustrate the effect of a decline in fertility on per capita income. Two hypothetical population situations are compared: one, with sustained high fertility, the other, with a declining fertility which is halved in 25 years. Labor is assumed in surplus for both cases during this period. Significantly, it is also assumed that resources are freed by a lowering of the dependency burden, and that these are channeled into investment. The combined effect of these two assumptions is that at the end of 30 years per capita income would be 50% higher (output would be 11% higher, and this would be divided by a population that is 26% lower) for the declining fertility case than for the sustained high fertility case (p. 73.1).

Chapter V. The Wish for Smaller Families: Attitudes to Fertility in the Developing World

In most European countries the mortality rate began to decline already at the beginning of the nineteenth century, while the decline in fertility (the fertility response, or fertility transition) did not come until the final quarter of that century (p. 10.1).

The particular forms of the fertility response include: postponement of marriage, increase in celibacy, resorting to induced abortion, the practice of contraception, and finally emigration (p. 81.2). Induced abortion has played an important role in the fertility transitions, not only in Japan, where it was finally legalized, but (contrary to widespread opinion) also in Western industrialized countries where it was not, and mostly still is not, legalized (p. 82.1, p. 82.2, p. 84.1).

It was thought that the fertility response in the L.D.C.s would come only after the process of modernization had changed social values, attitudes, and institutions (p. 85.2), but it now appears that there is a great potential fertility response. Depth surveys of family planning (known as KAP surveys--investigating "knowledge, attitudes, and practice") conducted on a sample basis show that "regardless of nationality, religion, or race, the large majority of men and women in the underdeveloped countries do not seem to want more than four children, do not know about family planning, but say that they wish to learn" (p. 86.4).

Although fertility decline has not yet begun for the L.D.C.s generally, there are two important exceptions: first, in Latin American countries where European immigration has been very heavy (p. 10.2); and second, in a number of populations of Chinese origin (Taiwan, Singapore, and Hong Kong--p. 12). A broad fertility response for the L.D.C.s is anticipated. Although opinions vary on its timing (p. 90.2), it is generally believed that the decline will begin sooner in the more densely populated areas (p. 94.1). Admittedly religion may account for differentials in fertility levels. There is, however, no overwhelming evidence that religious influences delay significantly fertility transitions (p. 91.5).

Chapter VI. The Pill and the IUD

A review is given of the role of "traditional" methods of birth control (considered individually) used during the fertility transition. and still used in the West. "Coitus interruptus" is considered the principal method responsible for the fertility decline in the West (p. 99.2).

The criteria for the most suitable method for use in the L.D.C.s are effectiveness, acceptability, cost, and independence from the requirements of sustained motivation (p. 96.2). The "traditional" methods (almost exclusively relied upon in population control programs until as late as 1963) have proved unsuccessful because of lack of effectiveness and the need for sustained motivation.

The pill is still too costly, at $15-20 per woman per year (p. 103.2). Although lower costs are anticipated, nevertheless, the pill will continue to require sustained motivation on the part of the user. The success of the recently developed IUD in actual birth control programs is accounted for by its effectiveness (p. 105.2), by its low cost (between $1 and $10 per insertion - p. 136.1), and by its low requirement for sustained motivation. Recent enthusiasm has been tempered, however, by significant expulsion and removal rates which suggest that considerable overhead costs in the form of continual paramedical and professional medical service will be required (p. 106.3).

Chapter VII: The Breakthroughs in Population Control

Family planning programs--private and governmental--floundering since the 1950's received a major impetus during the period 1963-65 when the programs were vested with renewed financial commitments, unprecedented organizational vigor, and a willingness to experiment with the latest contraceptive techniques, especially the IUD. This chapter concentrates mainly on the programs launched in India, Pakistan, Taiwan, Korea and Hong Kong. Sparse mention is made of Latin America (in Chile the government is supporting the operations of active private family planning associations--p. 126.3) and Africa (where former British colonies are showing increasing interest, while former French, Belgian, and Italian colonies are still beset with legal barriers--p. 126.6, p. 127.2). A few comments on the population programs of India, Pakistan, and Taiwan are presented below.

India: In 1962-63 an ambitious target was set to reduce fertility rates from 41 per thousand to 25 by 1975 (p. 110.2). Later this goal was revised to a rate of 27.6 per thousand by restating the target in terms of 9 million prevented births annually by 1975 (p. 115.1). The relative importance that India attaches to specific birth control methods is indicated by the shares of these 9 million prevented births annually that are anticipated to be made possible by the respective methods--4.0 million are anticipated from IUD, 2.1 million from sterilization, 1.9 from postponed marriage, and 1.0 from condoms (p. 114.3).

Pakistan: The Adil plan adopted in 1965 aims at reducing the birth rate from 50 to 40 per thousand by 1970. Special features of the plan include: first, a heavy initial emphasis on more traditional methods (foam tablets, and condoms) followed by a gradual shift to the IUDs (p. 117.1); second, a broad distribution system for the traditional contraceptives; (p. 117.2); third, the training and use of para-medical personnel to perform the IUD insertions (p. 117.1); fourth, a system of remuneration and incentives for acceptors of and personnel involved in IUD insertions, vasectomies and sterilizations (p. 118.1); and finally a high proportion of the budget going to administrative overheads (p. 118, table).

Taiwan: The distinctive feature of the Taiwan family planning efforts is that it burgeoned in spite of the initially unfavorable political climate for this type of activity.

Chapter VIII. Costs and Benefits of Checking Population Growth

The feasibility of an investment in population control can be evaluated on the basis of three alternative criteria:

(1) The present value of the future stream of earnings (from which running expenses, but not depreciation, are deducted) discounted by the market rate of interest (or the social rate of return for a government project). This present value is compared to the cost of the project.

(2) The "superior effectiveness ratio" which compares the effectiveness of birth prevention programs to conventional projects in raising per capita output.

(3) The internal rate of return which is the discount rate required to equate the present value of the future stream of earnings to cost.

Each of these methods will be treated in greater detail following a short examination of costs. The costs of population control can be meaningfully described either as the costs of "preventing one birth" or as the annual per capita budgetary costs. In both cases it is assumed that the program is of sufficient scale to allow for an efficient spreading of overhead costs. The total costs (including imputed overhead costs) for contraceptives and vasectomies necessary to prevent one birth run between $5 and $10 (p. 138.4). This valuation takes into account the annual costs and probable effectiveness of contraceptives that must be continually used and also makes appropriate allowance for the total estimated births prevented for "one-time" contraceptives such as the IUDs (p. 136) and vasectomies (p. 137). Alternatively, when expressed as annual budgetary costs, the program amounts to only ten dollar cents per capita (p. 138.3).

Criterion I: The benefits of population control are often expressed in terms of "the value of a prevented birth" which is calculated by discounting the future stream of childhood consumption payments (food and education, from birth to the age of 15) and adult surplus earnings (annual consumption subtracted from annual income between the ages of 15 and 65) to the present, using an acceptable rate of interest. Many calculations have been made using different values for childhood consumption payments and surplus earnings and using various levels for the discount rates (pp. 142.1, 2; 144.2). The overriding consideration in all of these calculations is that, seen from an investment point of view, the child is an economic liability because for the first fifteen years he only consumes, while surplus earnings after this time must be discounted over such a long period that their contribution to the present value is negligible. Stephen Enke in his calculations uses a discount rate of 15% and arrives at a "value of a prevented birth" of 2.6 times the per capita annual income (p. 144.1). Since there is a strong argument to use the social rate of return for discounting, 15% may well be too high. Nevertheless, it is curious to note that calculations based on almost any "reasonable discount rate" will yield a value in "the order of two or more per capita incomes" (p. 146.1).

Criterion II: Because the objective of development investment is to raise per capita output, a reasonable criterion for investment in population control is to see how much more effective it is in raising per capita output than an investment in conventional projects. This higher efficiency of birth prevention investments, is measured by the "superior effectiveness ratio"[1/], which is equal to the per capita increase due to birth prevention divided by the per capita output increase attributable to conventional investments of comparable size. Stephen Enke has calculated the "superior effectiveness ratio" at 100 for the tenth year of a population control program. Ohlin in his calculations arrives at 60 for the tenth year, while for the twentieth year population control investments would be 170 times more effective than conventional investments in raising per capita output.

These astounding results become more credible when we recall that the present value of a prevented birth is around 2.5 times per capita income, while the cost of preventing a birth cannot be more than $10. If a country's per capita income is taken at $100, then the value of preventing a birth is $250, which is 25 times the cost of preventing a birth. There are, of course, other considerations, such as the need for greater capital investments to sustain future employment, which would raise the "superior effectiveness ratio" beyond this figure of 25.

Criterion III. In determining the internal rate of return of a population control program a macroeconomic approach is used in contrast to the microeconomic approach used above in arriving at the present "value of a prevented birth." Thus instead of considering the future stream of consumption payments and surplus earnings for the individual, only the benefits

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1/ This term was coined by S. Enke; Ohlin uses no single term for this concept.

and costs which accrue to society as a whole are considered. Ohlin presents the hypothetical situation in which a country with an initial per capita income of $100, lowers its fertility rate by 50% in 25 years. The benefits for a given year are expressed as the difference between per capita incomes for the low fertility case and the high fertility case (where the fertility rate is assumed to remain unaltered) multiplied by the population for the low fertility case (p. 150.3). The costs for the first year are assumed to amount to 10 dollar cents per capita, which when totalled represents "the flat amount spent each following year" (p. 151.2). For the entire 55 year period (25 years for the fertility transition and 30 years that follow) the rate of return comes to 38 per cent (p. 151.3).

A specific projection is made for Pakistan based on actual demographic figures, using the Coale-Hoover approach, and assuming a very conservative (p. 152.3) decline in the fertility rate. By 1985, using the low fertility assumptions, per capita income would be 15% higher than in the high fertility case. More important, however, is that Pakistan would be independent of foreign aid by 1980-85. (except for the repayment of debt--p. 153.2).

In this connection the "critical interest rate" is mentioned. This is the interest rate above which, if an L.D.C. continued to borrow abroad, it could not expect to repay its debts ever. A higher fertility rate can substantially lower this "critical interest rate".

Chapter IX. Foreign Aid and the Population Problem

This chapter reviews the assistance, governmental and private, that has been given to population control programs in the L.D.C.s. It appears that the initial and most active support has come from private organizations which have, with understandbly limited financial outlays, acted as highly effective catalysts. They include: the Rockefeller and Ford Foundations (p. 157.3); the Population Council which is active in research (helped develop the IUD) and technical assistance (p. 157.4); the International Planned Parenthood Federation, which is active in encouraging the formation of "grass-roots" private associations for family planning (p. 159.2).

With the exception of Sweden, and to a lesser extent Denmark, the Western countries have been reluctant to engage directly in family planning projects in the L.D.C.s (p. 161.1). The United States, through AID, did not become actively involved until 1964, though at that time technical assistance did not include contraceptives or the equipment for their manufacture (p. 161.3). (The U.S. position on this point at present is only ambiguously described--p. 162.2).

Sweden, India, and several other countries (p. 163.4, 164.1) have been actively canvassing the United Nations and some of its specialized agencies (WHO, UNICEF) to issue a mandate for outright technical assistance for population control. Thus far, however, resolutions have been adopted only in compromised forms, such as providing assistance limited to "health aspects of human reproduction" (p. 165.2). Nevertheless, the author feels that support for population control in the large international organizations is "well on its way to general acceptance" (p. 166.1).

Summary by Mr. W. L. Van der Valk, Economics Department

POPULATION CRISIS COMMITTEE

1730 K STREET, N. W., WASHINGTON, D. C. 20006
TELEPHONE (202) 659-1833 CABLE: CRISIS

April 11, 1967

Mr. Bernard Bell
International Bank for Reconstruction
and Development
1818 H Street, N. W.
Washington, D. C. 20006

Dear Mr. Bell:

The Population Crisis Committee is holding a luncheon on Friday, April 21st, in honor of Mr. Govind Narain, Secretary of the Department of Family Planning in the Government of India. The reception and luncheon will be held at twelve noon in the Dolley Madison Room of the Madison Hotel, 15th and M Streets, N.W., in Washington. We hope you will be able to join us for this occasion.

India today faces a major crisis. As a result of drought and other factors, Indian food production has not been able to keep pace with annual population growth of over twelve million. The family planning program in India, which has had high government support for more than a decade, may hold the key to India's success or failure in achieving economic development and political stability. Mr. Narain will speak about the program's efforts and objectives to date and will answer questions from those present.

I sincerely hope that you will be our guest at this meeting. Please return the enclosed postcard so that we may know whether to expect you.

Sincerely yours,

William H. Draper Jr.

WILLIAM H. DRAPER, JR.

Enclosure

*ALSO MEMBER OF THE BOARD OF DIRECTORS

15-4-1-67

Colley

A NOTE ON THE INTERNATIONAL ASSISTANCE FOR FAMILY PLANNING PROGRAMME

1.1 The Bell Mission which is currently undertaking a study of the India Economic position likely to be at the end of the Third Five Year Plan and the problems being faced by the country expressed a desire to meet the representatives of the International Agencies with a view to discuss the progress relating to family planning. The following note gives briefly the family planning programme, the assistance received so far from international agencies and some important areas in which assistance of international agencies may be required. This note is intended only to be exploratory and to give some idea of items for which international assistance may be considered. The international agencies no doubt will be able to suggest further items for which assistance may be available.

The Programme

1.2 The family planning programme has seven important components viz

i. Education of the people to create the back ground of acceptance

ii. Provision of services including provision of contraceptives and sterilization facilities (now also IUCD)

iii. Training

iv. Research programmes in demography, medical and biological and communication.

v. Indigenous production of contraceptives

vi. Coordinating and strengthening the family planning organisation at all levels.

vii. Evaluation

1.3 The main goal is to accelerate the adoption of family planning to reduce the birth rate in India to 25 per 1000 as expeditiously as possible; the operational goals to create for 90 percent married population of India the adoption of family planning by couples namely:

a) Group acceptance of small size family
b) personal knowledge about family planning methods and
c) readily available supplies and services.

1.4 The family planning programme is viewed as an integrated effort aimed at establishing conditions conducive to adoption, of family planning throughout the entire unit of population. In rural areas a unit is a Community Development Block and in urban areas a population of 50,000. The Centres have been redesignated as Family Welfare Planning Centres (Parivar Kalyan Niyojan Kendra). The programme emphasises community level educational techniques aimed at helping people themselves to organise educational activities within their own groups and for promoting channels of supplies

contd.

of simple contraceptives requiring no consultation from a doctor. It is proposed to appoint one male and one female honorary worker (Parivar Kalyan Sahayak and Sahayaka) for every village or group of 1,000 population. M.C.H. and family planning field workers in a block are required to work as an integrated team. It is the intention to have in due course one auxiliary nurse-midwife and one Male Basic Health Worker for every 10,000 population. The units of 10,000 will function as sub-centres of the Primary Health Centre. Every two such sub-centres will have a supervisory worker - Family Planning and Health Assistant. Headquarters of the Primary Health Centre is being strengthened with staff for providing family planning services. At district level there will be a District Family Planning Bureau and at /State level a State Family Planning Bureau/ Regional Family Planning Officers are being appointed. At the Centre there is a Central Family Planning Organisation with the Director of Family Planning. In addition Honorary Family Planning Education Leaders are being appointed to mobilise public opinion in favour of family planning. There is a Central Family Planning Board with the Union Health Minister as Chairman and Health Ministers of States, Presidents of all India Organisations, some experts and Members of Parliament as Members. In the States also there are State Family Planning Boards and in some States District Committees, Block Committees and Local Groups.

2. Expenditure:

A provision of Rs.2697.57 lakhs was made for the family planning programme in the Third Five Year Plan including Rs.2000/- lakhs in the Centre. An expenditure of Rs.14.29 crores is estimated to be incurred by the end of the year 1965-66. The anticipated expenditure during 1965-66 is Rs.12.00 crores. The entire plan provision is thus likely to be utilised during the Third Plan period.

3. The foreign exchange received during the Third Five Year Plan is Rs.181.75 lakhs. This is mainly from the (1) Ford Foundation (2) Population Council, New York (3) Worcestor Foundation (4) United Nation Technical Assistant Board etc. The assistance received may please be seen in the Statement attached.

4. The Family Planning Programme has the Central Family Planning Institute which is being developed and is expected to undertake directly certain research, evaluation and demonstration activities and also to provide various evaluation, information training and consultation services to other agencies. The Institute will have five technical division for these purpose. The work of the Division will be coordinated by the Director of the Institute.

The functions of each of the Divisions of the Institute are given in the Enclosure 'A'. Obviously in a complex programme such as family planning some objectives are of concern to several divisions and closest collaboration between the Divisions will be necessary. Also as the programme develops the Director of the Institute may from time to time modify or add to the functions of each Division as deemed appropriate to meet programme needs.

The foreign exchange assistance proposed during the fourth Five Year Plan from the foreign agencies for continuance of the present schemes and for new schemes is to the tune of $.50 million. Details regarding this are given in the statement attached(Encl. 'B').

5.1 Pattern of Financial Assistance:

A. New Schemes:

i) Non-recurring expenditure - 100% assistance

ii) Recurring Expenditure - 75% assistance

B. New or Old Continuing Schemes:

For contraceptives, sterilization facilities, education, research and training, including training in teaching institutions and State Family Planning Officers. - 100% assistance

C. Old Family Welfare Planning Centres/ Institutions set up in First or Second Five Year Plan.

The recurring expenditure for the maintenance of the Family Welfare Planning Centres/Institutions set up in the First or Second Five Year Plan will be a committed expenditure of the State Government and will be treated as non-plan. The additional expenditure of a developmental nature which may, however, be incurred by the State Government for up-grading such Family Welfare Planning Centres/Institutions in accordance with the new/revised pattern adopted during the Third Five Year Plan shall be borne by the Central Government to the extent of 75% as admissible for other recurring expenditure during the Third Five Year Plan.

5.2 Pattern for units of Central Social Welfare Board

Non-recurring	Ceiling of Expenditure Per Centre
Construction of accommodation for a Family Planning Welfare Centre and Residential Accommodation for Central Family Planning Welfare Worker, Equipments and furniture.	Rs. 6,500
Recurring	
For one Family Planning Welfare Worker for each centre Contingencies.	Rs. 3,000
Contraceptives	Rs. 500*

*Supplementary grant will be provided on "as required basis" for contraceptives.

The Accommodation as provided under non-recurring expenditure above may be subject to the cost of Rs.6,000/- include:-

a) a living room, kitchen, bath room, lavatory and a verandah for residence of the Family Welfare Worker.

b) two rooms for the Welfare Centre, a store and pantry, sanitary annexe and a room for group meetings.

5.3 Pattern for Indian Red Cross Units:

	Central Assistance Non-Recurring	Central Assistance Recurring
	Rs.	Rs.
Category - I		
Population below 10,000	250	1,254
Category - II		
Population exceeding 10,000	3,000	19,780 (as for other voluntary organisations and laid down in this Ministry's letter No. F.40-1/63-FP-I dated the 4th October, 1963 (copy enclosed)

Grants-in-aid under category II will be sanctioned on merits of each proposal provided the work load and working hours of these clinics justifies the same and not necessarily in every case.

5.4 Pattern for units in Industry/Tea Gardens

Category I		Assistance
Population less than 10,000	Grant for contraceptives as on required basis.	
Category II	Non-recurring	
Population 10,000 to 50,000.	Equipment, furniture, Education aid.	Rs. 3,000
	Recurring	
	One Health Visitor or Auxiliary Nurse Midwife or F.P. Welfare Workers or P.H. Nurse.	Rs. 3,000
	Contraceptives and Contingencies.	Rs. 2,500
Category III - As for full fledged clinic viz. 50,000 and above	Non-recurring	
	Equipment, Furniture, Building, repairs and Education aids.	Rs. 3,000
	Recurring	
	*Full-time/Part-time Medical Officer (Atleast 2, 1 male and 1 female)	Rs. 5,400

2 Extension Educators (FP) (1 Male and 1 Female)	Rs. 6,760
2 Welfare Workers (FP) (1 Male and 1 Female)	Rs. 3,240
1 Store-keeper-cum-Clerk-cum-Accountant	Rs. 1,800
1 Attendant	Rs. 1,080
Contingencies (e.g. for F.P. Day, Special meetings educational and publicity materials etc.	Rs. 1,000
Contraceptives (on 'as required basis')	Rs. 1,500
Total Recurring:-	Rs. 19,780
Grand Total:-	Rs. 22,780

*As far as possible part-time doctors should be appointed. The number of part-time doctors will depend on work load.

5.5 Pattern for Indian Medical Association

Non-recurring:

Equipment, educational aids and publicity materials etc.	Rs. 1,000

Recurring:

Honorarium to doctors Rs.50/-p.m. per doctor) Honorarium to a whole time social worker Rs.125/- trained in midwifery.	Rs. 3,300
Contraceptives	Rs. 1,000
Contingencies	Rs. 200
	Rs. 4,500

5.6 Pattern of financial assistance for Family Planning Centre covering a population of 10,000

Recurring:

1. Whole time Health Visitor - One	Rs. 3,000
2. Contraceptives and Contingencies.	Rs. 2,000

Non-recurring

1. Equipment, Furniture etc.	Rs. 2,500/-

6. Progress

6.1 Reduction of the birth rate has already occurred among the segment of people in the higher socio-economic levels throughout India. The birth rate in the heterogenous population of Bombay City which has been studied and analysed by the Director, Demographic Training and Research Centre, Bombay, has been estimated as 27 per 1000 of the population as against 40 to 50 per 1000 in the country as a whole. The same trend seems to be emerging in some sectors of other urban areas and also a few rural project areas like, Gandhigram near Madurai. In the Satara District of Maharashtra and North Arcot district of Madras the trend towards acceptance of family planning is tending to become a mass movement. Studies of attitudes and practices among groups of people in both rural and urban areas have indicated that there is basic awareness of the problems, there is interest in learning how to do something about it. There is opposition to family planning however in certain groups and communities. The recent National Sample Survey round shows that the more educated the women, the smaller is the family. The average number of children born in urban areas was 2.6 if the wife was intermediate, 4.2 if matriculate, 4.5 if middle school and over 6 if illiterate.

6.2 During the First Five Year Plan, there were discussions and studies on Safe Period. People were not coming forward to availa themselves of contraceptive services. There was no Family Planning Organisation. Information on demographic, communication, medical, biological aspects was fragmentary. During the Second Five Year Plan, the high level Family Planning Board was formed at the Centre. The development of a comprehensive National Family Planning Programme is of recent origin. On 26th September, 1956 an Officer on Special Duty, designated later Director, Family Planning was appointed. A four pointed programme (education, service, training, research) was started. Administrative machinery at the Centre and States was set up, simplified procedure for giving grants, liberalised and flexible assistance to voluntary organisations, issue of contraceptives free and subsidised rates, extended decentralised training programme including training in Family Planning in all medical teaching institutions broad-based education programme with peoples participation to create the background of acceptance intensification of research especially to solve immediate problems, acceleration of measures to produce contraceptives in India, requisite emphasis on sterilization and collaboration of all agencies, governmental and non-governmental, has been gradually worked out.

6.3 The progress in terms of sterilization facilities, off take of contraceptives, number of centres, educational and research programme has made considerable progress. The position is as follows:-

The Second Plan started with 20 rural and 125 urban clinics. By March, 1964 there were 10,964 Family Welfare Planning Centres, 9246 of which are in rural areas. In 1956 the number of sterilization operations reported was 6787 including 1,965 males. In 1962 this number had risen to over 1,48,000 including 106,000 males. Upto March, 1964 the total number of sterilization operations reported are 5,54,192. These are considered under estimates

....7

as they do not include upto date information from some of the States and operations done by private medical practitioners. The off take of contraceptive also has considerably increased. The relative increase during 1956-62 is 19.2 times in case of diaphragms, 31 times in case of foam tablets, 125.9 times in case of condoms. These are popular generally in urban areas only. Sufficient Chemical contraceptives are now produced in India to meet current demand. Production of condoms on a small scale has been started in Bombay and another factory is likely to go into production soon in Madras. A team of technical experts provided by the Ford Foundation recently visited India. They said that all machinary for production of rubber contraceptives in India was out moded. The proposal to start manufacture of rubber contraceptives in the public sector as advised by this team is under consideration. (The table below indicates the available information)

		Upto March 1964	Total
1.	Family Welfare Planning Centres opened.	Rural	9,246
		Urban	1,718
			10,964
2.	Sterilization Operations conducted:	Male	3,48,457
		Female	2,05,735
			5,54,192*

*The upto date information is from Andhra Pradesh, Jammu & Kashmir, Delhi, Maharashtra and Uttar Pradesh only..

6.4 While the use of chemical contraceptives and condoms has spread to a considerable extent as their increasing off-take shows and other methods are also being practised, the adoption of these methods on mass scale has yet to take place in order to have an impact upon the birth rate. The use of mechanical and chemical contraceptives to be fully effective requires a certain amount of care which makes their use irksome. Undoubtedly, the extensive use of these contraceptives will provide the ultimate solution to the problem of family limitation, a result which would be accelerated considerably if a really effective oral /contraception so as to be effective in lowering birth rate may still take some time. Time will also be taken for the establishment of the manufacture of rubber contraceptives of high quality in the country. Meanwhile to check the growth of the population, the immediate solution may be found in large scale adoption of the method of voluntary sterilization which effectively puts an end to the growth of families without the irksome use of contraceptives.

/contraceptive or other simple device could be developed. The mass adoption of the methods of

High priority is, therefore, given to the Voluntary Sterilization scheme. The following assistance has been offered by the Government of India:

i) Strengthening of the staff of teaching medical institutions for training of doctors in the techniques of sterilization operations.

ii) Strengthening of staff of hospitals upto Taluk level with a ceiling of cost upto Rs.10,500/-

iii) Payment of Rs.100/-per day as honorarium to surgeons for doing a minimum of 10 vasectomy operations per day in the sterilization camps arranged by the State Governments.

iv) Payment of Rs.100/- per day as honorarium to surgeons for doing a minimum of 5 salpingectomy operations per day. The period for which Rs.100/- is given may extend to more than one day.

v) Incurring expenditure on cost of drugs and dressings not readily available.

vi) Special casual leave not exceeding 6 working days to Central Government Employees only (both Industrial and non-Industrial) undergoing sterilization operations and

vii) Free transport facilities to be provided by State Governments or payment of cost of transport. Leave on full pay for others or compensation for for loss of wage.

State Governments offer financial assistance to persons undergoing sterilization operations to cover their expenditure on transport, loss of wages etc. which varies from Rs.10/- to Rs.30/- as may be seen below:-

a) Bihar	A subsidy of Rs.25/- is granted to persons with income below Rs.150/- per month.
b) Gujarat	Rs.15/- for vasectomy and Rs.25/- for salpingectomy are paid to persons whose income is less than Rs.150/-. Rs.5/- per case are paid to voluntary organisations for arranging sterilization camps.
c) Kerala	A benefit allowance of Rs.15/- to males and Rs.20/- to females is paid (Rs.3/- is also paid to doctor for doing the operation and Rs.2/- to the persons doing propaganda work).
d) Maharashtra	A compensatory allowance of Rs.10/- is paid to the persons undergoing sterilization operation. Besides this the Local Bodies and Voluntary Organisations are paid Rs.5/- per operation for organising vasectomy camps.
e) Madras	A compensatory allowance of Rs.30/- is paid to a father and mother having minimum of 3 living children for undergoing sterilization operation. In rural areas every Panchayat is being paid Rs.10/- per sterilization operation.
f) Mysore	Cash grant of Rs.15/- to males and Rs.25/- to females is paid for undergoing sterilization operation. Local Bodies are given a compensatory grant of Rs.3/- per operation.
g) Orissa	Remuneration of Rs.15/- to each female and Rs.7.50P to each male is offered to persons undergoing operations. The State Government is considering to increase the amount to Rs.25/- for females and Rs.15/-for males.

h) Delhi. A cash grant of Rs.30/- is paid to males and females for undergoing sterilization operations.

Maharashtra has initiated sterilization camps. Notable among them were at Satara from 30th October to 2nd December, 1961. About 1400 vasectomy operations including 81 on persons suffering from leprosy were performed in Satara Camp and 1071 operations were performed in Jalgaon camp. Another camp was held in Satara where in 3 days about 1000 operations were reported to have been performed. 2224 vasectomy operations were performed in Kolhapur District from 14th November to 31st December, 1962 in seven camps. The Family Planning Association of India, Bhavnagar District Branch also arranged vasectomy camps on 21st to 22nd September, 1963 and 10th November, 1963 to where 152 and 104 vasectomy operations were done respectively. Other Voluntary Organisations are also taking up this activity.

A non-puerperal tubectomy camp was held at Satara from 15th to 28th December, 1963 where 50 operations were done by a team of 6 competent surgeons.

6.5 The Central Family Planning Board in their meeting held in Bombay on the 25th August, 1964 has recommended that the following assistance should be given:

a) Rs.2/- per day for five to six days to those who are not entitled to special leave on full pay such as self employed poor persons who cannot afford to be absent from work as compensation for loss of wages.

b) Rs.5/- per case for drug, dressing and food and another Rs.5/- for transport etc. of the patient and the persons accompanying him. The Ministry of Health are opposed to the idea of paid canvassers for sterilization as they regard this can be a cause of serious abuse and may even give rise to false figures.

c) 100% assistance for beds in maternity hospitals for tubectomy cases.

6.6 The implementation of the re-organised and revised pattern already circulated to the State Governments will necessitate the employment of a large number of additional staff who will obviously require training.

6.7 The question of training staff engaged in family planning work has been receiving attention for a long time. An ad-hoc Committee on Family Planning Orientation Training Courses was also appointed to go into the details as to how training could be rationalised and what will be the requirements of training centres to be set up for the purpose. Family Planning Programme Evaluation and Planning Committee with the then Deputy Health Minister (Dr. Raju) has also been appointed and the Committee in their Interim Report have, inter-alia made the following recommendations regarding the training programme:-

(a) Establishment of Training Centres Central and at State level and at Divisional level.

(b) The training programme should include -

i) Short term training of about 3 weeks duration of those who are already working in the family planning field and also those in a position to give advice on family planning during their normal duties;

ii) Intensive training for a period of about three months will one month field training will be given to all full time family planning workers who have not had training under (iii)

iii) Training of Auxiliary Nurse Midwives will include Family Planning in all aspects.

iv) Advanced training to those personnel of the State faculties and the staff of the Divisional Training Centres who would assume responsibility at various levels, for a period of three months at Delhi, Bombay and Calcutta Central Institutions.

(c) The number of training centres for Auxiliary Nurse Midwives should be considerably increased and existing Family Welfare Workers Training Centres should be converted into the Auxiliary Nurse Midwives Training Centres.

6.8 There are at present 3 training centres directly under the Central Government, one each at Bombay, Delhi (part of the Family Planning Institute) and Ramanagaram. The All India Institute of Hygiene and Public Health also provides instruction in Family Planning. In the States, 16 Regional Training Centres have been established. 37,426 persons are reported to have been trained in regular and short term courses (the information from States other than Andhra Pradesh is *incomplete). The training capacity of the existing 19 training centres (3 of Central and 16 of States) is approximately 2110 a year. Training in Family Planning has been included in Medical Colleges and Training Centres for auxiliary nurse-midwives. With rapid extension of the programme a large number of persons will require job orientation at various levels. A proposal to develop a well equipped training centre at State level and one training centre per 10 million population is considered necessary. The proposal is under consideration of Ministry of Finance.

*J. & K, Delhi
Maharashtra
Uttar Pradesh

6.9 The complete audio-visual equipment to make a unit self sufficient including 16 mm projector, a public address system and a generator, has been supplied by the Ministry of Health to 47 units.

The same set of equipment is at present under supply to the following 19 Institutions during the current financial year. (a) 15 branches of Family Planning Association (b) 4 Family Welfare Workers' Training Centres.

6.10 Provision has been made for audio-visual equipment and one mobile unit in each District.

The Central Family Planning Board has recently recommended two vehicles for each District, one specifically for the sterilization scheme. It will be necessary to get 680 vehicles released from the Ministry of Industry and Supply immediately, a large proportion of which will have to be four wheel drive. The exact requirement of four wheel drive is being ascertained from the State.

Forty jeeps have already been released by the Ministry of Industry and Supply and 75% of these jeeps are being supplied to the family planning units already provided with audio-visual equipments.

7.1 Reorganisation of the Family Planning Programme:

The Family Planning Programme was critically reviewed in April, 1963 and reorganised and revised patterns for the implementation of the programme were laid down. This programme is the logical extension of schemes started in the First, Second and Third Five Year Plans in the light of experience so far gained. The whole concept for implementation of the programme was changed. The Clinic approach, as practised earlier, could be expected to reach only relatively small fraction of the people and could not be expected to make large impact on the birth rates. The re-organised programme aims at extensive community extension programme.

Accordingly the whole Family Planning Programme was reorganised at various levels as shown below:-

1. STATE HEADQUARTERS

1 State Family Planning Officer
1 Health Educator
1 Statistician/Statistical Assistant

1 Steno-typist
1 Superintendent/Head Clerk
1 Assistant/Upper Division Clerk

3 Lower Division Clerks

2. DISTRICT FAMILY PLANNING BUREAU

1 District Family Planning Medical Officer
1 Assistant Surgeon Grade I (Male)
1 Assistant Surgeon Grade I (Female)

2 District Extension Educators (1 male and 1 female)
1 Statistical Assistant
1 Operation Theatre Nurse

2 Family Planning Field Workers (1 Male and 1 Female)
1 U.D. Clerk-cum-Storekeeper
1 Clerk-cum-typist

1 O.T. Attendant
1 Projectionist
1 Driver-cum-Mechanic

3. URBAN FAMILY PLANNING UNIT:

*Full-time/Part-time Medical Officers
(Atleast 2, 1 Male and 1 Female)

*Part-time Medical Officers will be appointed as far as possible. The number of Part-time Officers should depend on work load.

1 Family Planning Extension Educator (Female)
1 Family Planning Extension Educator (Male)
2 Family Planning Welfare Workers (1 Male and 1 Female)

1 Storekeeper-cum-clerk-cum-Accountant
1 Attendant

4. RURAL FAMILY PLANNING UNIT:

1 District Family Planning Medical Officer
1 Assistant Surgeon Grade I (Male)
1 Assistant Surgeon Grade I (Female)

2 District Extension Educators (1 Male and 1 Female)
1 Statistical Assistant
1 Operation Theatre Nurse

2 Family Planning Field Workers (1 Male and 1 Female)
1 U.D. Clerk-cum-Storekeeper
1 O.T. Attendant

1 Projectionist
1 Driver-cum-mechanic
1 Cleaner-cum-peon

7.2 Some State Governments have already re-organised the family planning programme in accordance with the revised pattern.

STATEMENT SHOWING THE INTERNATIONAL ASSISTANCES RECEIVED DURING THE THIRD FIVE YEAR PLAN

Source		
1. FORD FOUNDATION		
For Family Planning Co-mmunication Action Research.		
i) Ministry of Health	$	933,000
ii) Central Family Planning Insti-tute, New Delhi.	$	563,000
iii) Reproductive Physiology	$	2,244,500
II. Population Council, New York.		
Fellowships for Traini ng and Research in Demography.	$	57,600
III. Worcester Foundation.		
Training in Physiology of Human & Animal Reproductions	$	11,000
IV. United Nations Technical Assistance Board		
Equipment for Demography Research.	$	9,350
	$	3,818,450

ENCLOSURE 'A'

THE FAMILY PLANNING INSTITUTE

Ministry of Health, Government of India

Statement of Organization and Functions.

The general objective of the Family Planning Institute has been stated to be the "advancement of knowledge related to the family planning movement of India, including its educational, social, medical biological, statistical, demographic, organizational and supply aspects". For this purpose, the Institute is expected to undertake directly certain research, evaluation and demonstration activities, and also to provide various evaluations, information, training and consultation services to other agencies. The Institute will have five technical Divisions for these purposes. Administrative support for the Institute will be provided by an administrative division. The work of the Division will be coordinated by the Director of the Institute.

The functions of each of the Divisions of the Institute are indicated below. Obviously, in a complex programme such as family planning, some objectives are of concern to several Divisions and closest collaboration between the Divisions will be necessary. Also, as the programme develops, the Director of the Institute may from time to time modify or add to the functions of each Division as deemed appropriate to meet programme needs.

1. Administrative Division:

1.1 To arrange for necessary rental, construction, repair, and maintenance of accommodation for the Institute.

1.2 To supervise the operation of hostel facilities.

1.3 To arrange for purchases of necessary furniture, transport, equipment and materials.

1.4 To maintain and account for all equipment, stores, and supplies.

1.5 To prepare budgets, keep accounts, and prepare pay bills.

1.6 To arrange for appointment of staff, and to deal with personnel records and leave accounts of all employees.

1.7 To supervise maintenance and operation of vehicles.

1.8 To provide for secretarial staff required by different sections of the Institute; to provide facilities for reception, distribution and despatching of correspondence and provide facilities for filing permanent records.

2. Biological Research Division:

2.1 To conduct research on fundamental machanisms involved in the reproductive processes, including the related fields of embryology, genetics and endocrinology, and to develop studies on fertility control.

2.2 To establish standards and to test contraceptives imported or manufactured in India, to determine their conformity with physical, chemical and biologic standards adopted by the Government of India.

2.3 To advise the Government on medical and biological matters relating to the family planning programme.

2.4 To provide consultation to scientists in this field in other institutions throughout India, and to stimulate and aid in coordinating such research activities in India.

2.5 To offer special courses to train scientific workers in techniques applicable in the field of reproduction research and clinic operations.

2.6 To screen indigenous drugs and plant products for possible anti-fertility actions.

2.7 To provide special laboratory services related to family planning programme activities.

3. Education and Training Division:

3.1 Field consultation and programme development unit:

i) to provide consultation to field demonstration projects and studies relating to family planning education, throughout India, and to stimulate and aid in coordinating such projects.

ii) to develop educational guides for the family planning programme activities in the States.

iii) to provide field consultation to organizations and institutions engaged in family planning action programme in the States.

iv) to set standards and provide assistance for development of family planning training programmes for various categories of workers in the States.

v) to help identify problems which particularly need clarification through research and to work with the Social and Educational Research unit in developing studies of such problems.

3.2 Training Centre:

i) to plan, organize, and implement formal training courses for various types of workers involved in family planning work.

ii) to work closely with the Delhi Field Services Division in developing and carrying out short-term training courses.

iii) to provide a venue for high-level seminars on theory, research, and practice, in various special fields such as health education and social research which are of basic importance to the family planning programme.

3.3 Information and audio-visual production unit:

i) to develop and maintain the library of the Institute.

ii) to compile and make available technical information about various aspects of population and family planning in India and abroad;

iii) to develop, test and make available basic audio-visual teaching aids for use in the family planning programme.

iv) to publish special reports and other educational literature from time to time.

v) to publish a journal for family planning workers, and as needed, regular news letters on technical subjects.

vi)

3.4 Social and Education Research Unit:

i) to compile and disseminate reports of research relevant to problems of implementation of family planning programmes;

ii) to stimulate and assist in developing and co-ordinating studies aimed at, (a) understanding background factors which influence the success of family planning programmes, (b) clarifying problems of education and organization encountered in the course of programme development, and (c) assessing total impact of the programme. These studies may be carried out by State Governments, Universities, and other Institutions;

iii) to design and directly carry out small studies of the above types;

iv) to assist in the teaching of methods of research in this field.

4. Delhi Field Services Divisi-on

4.1 To study family planning activities throughout the Delhi area, to maintain close contact with various agencies concerned with these, to provide consultation and assistance for improvement of such services, and to facilitate their use for research, training, and demonstration purposes.

4.2 To assist particularly in development of improved integrated services in one rural zone and one urban zone, for demonstration, research and training purposes.

4.3 To operate directly certain services in the Delhi area such as demonstration clinic and mobile unit, for the above purposes.

4.4 To provide situations in the Delhi area which will facilitate clinical research on reproductive physiology, sterility, and contraceptive methods.

5. Statistical Division:

5.1 To provide consultation on statistical aspects of family planning studies in the stages of planning, execution, and analysis.

5.2 To provide data-processing service to the Institute and to other institutions or agencies engaged in studies on family planning.

5.3 To aid in tabulation and analysis of data regarding the family planning services provided in various parts of the country.

5.4 To stimulate and coordinate efforts to measure the impact on fertility of family planning action programmes throughout the country, through improved registration of vital events as well as use of survey methods.

5.5 In conjunction with the other Divisions, to develop and directly carry out studies in demography and vital statistics, related to the goals of the family planning programme.

5.6 To collect and disseminate basic demographic information on the population of India.

6. Contraceptive Production and Distribution Division:

6.1 to compile information about existing sources of contraceptive materials in the country.

6.2 to collect and analyse information on consumption of contraceptives materials and provide estimates of present and future needs.

6.3 to stimulate necessary increases in production through providing appropriate technical data.

6.4 to analyse the extent and effectiveness of existing channels for distribution of contraceptive materials in the country, through official agenci-es, cooperative societies, community self-help programmes, and private and com-mercial sources.

6.5 to stimulate expansion of contraceptive distribution channels through provision of information about gaps in existing systems, through consultation about appropriate methods for expanding distribution, and through pilot projects, aimed at developing testing, and d-emonstrating newer distribution methods.

6.6 to study and make recommendations regarding specific problems of production and distribution such as; size of units, packaging, reserve stockpilling, minimum records required, costs, subsidies, and public relations aspects of marketing and distribution.

ENCLOSURE 'B'

INTERNATIONAL ASSISTANCE REQUIRED FOR NEW SCHEMES DURING FOURTH FIVE YEAR PLAN

Source

1. Ford Foundation

For Family Planning Communication Action Research.

i) Ministry of Health	$ 1,866,000
ii) Central Family Planning Institute, New Delhi.	$ 1,126,000
iii) Reproducti--ve Physiology	$ 4,489,000

II. Population Council, New York.

Fellowships for Training and Research in Demography.	$ 115,200

III. Vehicles(possible source U.S.A.I.D. PL 480 Colombo Plan UNICEF).

a) 323 audio visual vans for education and publicity.	$ 2,766,595
b) 323 4-Wheel Drive for sterilization.	$ 1,383,297
c) 44 4-Wh-eel Drive for Training Centres.	$ 177,730

IV. Contraceptive Production Unit

For equipments to be imported.	$ 642,398

V. Intra Uteri-ne Contraceptives. 42,827

VI. Books for Traini ng Centres Library.

For 44 Centres.	$ 94,218

VII. Consultants.

a) Contraceptive tests	$ 107,066	$ 321,198
b) Family Counselling	$ 107,066	
c) Genetics.	$ 107,066	

VIII. UNICEF

Powder Milk and Multivitamin Tablets for Rural Family Welfare Planning Units.	$ 6,710,921

IX. Building for 44 Family Planning Training Centres(It is understood that U.S. AID is willing to consider such a proposal for training of para-medical personnel for work in rural areas). $ 7,019,272

X. Training programmes for indigenous Dais. 5223 vehicles required upto Block level. $ 22,368,308

XI. Audio-Visual Equipment.

a) 32 Tape Recorders @ 2 for each State and two for D.G.H.S. professional quality (equivalent to Ampex 601 model) for recording and re-recording on 15" and 7¾" speeds with two dozen tapes for each recorder (excluding those included in the vans).	$	25,000
b) Overhead projectors @ one for each State Family Planning Bureau, each Training Centre and D.G.H.S. (Total 60).	$	12,000
c) Hand Cameras (Reflex 2¼ x 2¼ size) with accessories @ one for each State F.P. Bureau, each Training Centre and D.G.H.S. (Total 60).	$	15,000
d) One Audio-Visual van for each State F.P. Bureau and Training Centre (Total 60) @ $ 8,000 (excluding for Districts).	$	480,000
Total:-	$	49,654,964
		or
	$	50 millions

Calleny

Files

November 12, 1964

Escott Reid

India's Family Planning: United Nations Technical Assistance

When I was in New York on Monday, November 9 I called on Mr. C. V. Narasimhan of the United Nations. He spoke to me about his "Draft Proposal for Technical Assistance in the Family Planning Program in India" and gave me a copy of his memorandum.

I understand that this memorandum is already on our Files.

He said that the Indian Government had accepted his suggestion that they should request the United Nations to send a team of five or six experts to India. Professor Thacker of the Indian Planning Commission was at that moment in New York for discussions on this. Professor Thacker would be the best person for our people in New Delhi to keep in touch with on the subject.

Mr. Narasimhan told me that on a recent trip to New Delhi he had spoken vigorously to Mr. Subramaniam and Mrs. Indira Ghandi about the paramount necessity of India reducing its birth rate to 25 to each 1,000 by 1973; this was not a matter only for the Ministry of Health; that other Cabinet Ministers must accept responsibility for seeing that the program was supported. He has recently received a warm letter from Indira Ghandi.

Mr. Narasimhan had also discussed the question with Tarlok Singh of the Planning Commission and because of his dissatisfaction with Mr. Singh's attitude had lost his temper with him.

EReid:bl

cc: Mr. Stevenson
Mr. Wright
Mr. Votaw
Mr. Bell ✓

FORM No. 75
(2-60)

INTERNATIONAL BANK FO
RECONSTRUCTION AND DEVELOPMENT

ROUTING SLIP	Date Oct. 12

NAME	ROOM NO.
~~Mr. Krasta~~	
for Mr. Bell	

	To Handle		Note and File
	Appropriate Disposition		Note and Return
	Approval		Prepare Reply
	Comment		Per Our Conversation
	Full Report		Recommendation
	Information		Signature
	Initial		Send On

REMARKS

"Don't think they need it."

From Benjamin B. King

FORM No. 89
(9-62)

INTERNATIONAL BANK FOR
RECONSTRUCTION AND DEVELOPMENT

INTERNATIONAL DEVELOPMENT ASSOCIATION

INTERNATIONAL FINANCE CORPORATION

ROUTING SLIP

Date: Oct. 5, 1964

OFFICE OF THE PRESIDENT

Name	Room No.
1. Mr. Escott Reid	
2. Mr. Stevenson	
3. Mr. Wright 4. Mr. Stevenson	
5. Mr. Ben King	

	Action		Note and File
	Approval		Note and Return
	Comment		Prepare Reply
	Full Report		Previous Papers
	Information		Recommendation
	Initial		Signature

Remarks

Mr. Wright.
Any comment?
AS.

G. D. Woods

Mr. Stevenson
No. The proof of the pudding....
Bernie will presumably try to avoid duplication.

From: D. Wright. 10/8

October 6, 1964

Dear C.V.:

Thank you for sending me the copy of your letter to Dr. Sushila Nayar and three copies of the proposal for technical assistance in the Indian family planning program--as you said you would.

I will read the proposal with interest and I am circulating copies to my associates. It was pleasant to see you at ACC last week.

Warm regards.

Sincerely,

(Signed) George D. Woods

George D. Woods

Mr. C.V. Narasimhan
Executive Office of the
Secretary-General
United Nations
New York 17, New York

Copy to: Messrs. 1) Knapp, 2) Wilson, 3)Aldewereld, 4) Demuth, 5) Friedman

Copy to: Messrs. 1) E. Reid, 2) Stevenson, 3) Wright, 4) Ben King

Copy to: Mr. Woods

GCW:GDW:ml

Record Removal Notice

The World Bank Group Archives & Records Management

File Title	Barcode No.
Bernard R. Bell Files: India Family Planning - Correspondence	1850806

Document Date	Document Type
September 29, 1964	Letter

Correspondents / Participants
From: C.V. Narasimhan, United Nations, Executive Office of the Secretary General
To: George Woods

Subject / Title
Draft proposal for technical assistance in the family planning programme in India.

Exception(s)
Information Provided by Member Countries or Third Parties in Confidence

Additional Comments

The item(s) identified above has/have been removed in accordance with The World Bank Policy on Access to Information or other disclosure policies of the World Bank Group.

Withdrawn by	Date
Ann May	May 17, 2017

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EXECUTIVE OFFICE OF THE SECRETARY-GENERAL
CABINET DU SECRETAIRE GENERAL

REFERENCE

28 September 1964

Dear Dr. Nayar,

When I was in India recently I had occasion to discuss with some friends the need for a new look at the family planning programme of the Government of India. I felt that in the light of the latest developments, and especially the experience gained with oral contraceptives and intra-uterine contraceptive devices, it would be timely to undertake a review with international assistance.

I discussed this on a personal basis with two old friends, the Hon. Mr. C. Subramaniam and Mr. Ashok Mehta. They too felt that a review as proposed by an international group could be extremely useful. I regret that, since my stay was very short, I did not have an opportunity to take time to discuss the matter with you and your colleagues personally, as I would have very much liked to do.

Since my return I have been working on this idea with the assistance of Miss Julia Henderson, who tells me that she discussed the whole question of family planning with you at the beginning of this year. The attached draft proposal for technical assistance in the family planning programme in India is mainly the result of her labours and those of her colleagues in the Population Branch of the United Nations. I hope this proposal may commend itself to you and that you may be in a position to make an official request for such assistance. We shall then do our best.

Mr. John McDiarmid, the Director of the United Nations Office in New Delhi, will be available for any assistance or clarification that you may require in this regard.

With kindest regards,

Yours sincerely,

C.V. Narasimhan
Chef de Cabinet

The Honourable
Dr. Sushila Nayar, M.P.
Minister of Health
Government of India
New Delhi
India

DRAFT PROPOSAL FOR TECHNICAL ASSISTANCE IN THE FAMILY PLANNING PROGRAMME IN INDIA

Objectives and needs of the programme

1. India's family planning programme, which was launched in 1952 under the First Five-Year Plan, is now considered as one of the most important elements in the national efforts at economic and social development. Increasing budgetary provisions for this programme in the successive Five-Year Plans are one indication of the growing importance which the Government attaches to it.

2. The main goal of the family planning programme, as presently defined, is to accelerate the adoption of family planning by couples throughout the country so as to reduce the national birth rate to 25 per 1,000 population by 1973. Three operational goals are identified as essential for achievement of this main goal, namely, group acceptance, knowledge about family planning and available supplies.

(a) Group acceptance:

Each individual should know and feel that the immediate society or community to which he belongs has agreed, as a group, that moderation of family size is the normal, desirable behaviour for the members of that group.

(b) Knowledge about family planning:

The people should have knowledge, firstly, of the value of moderating the size of families for various personal and other reasons, and

(c) Available supplies:

Any couple wishing to have supplies of simple contraceptives should be able to get them within an easy distance and without inconvenience or psychological barriers being interposed.

3. To create, within a few years, these essential conditions for effective practice of family planning amongst all sections of India's population, is a formidable and highly complex problem. Speedy, co-ordinated action must be taken on many fronts if the goals are to be achieved. The precise steps to be taken need to be defined and short-term goals need to be set for an expanding programme of action. The administrative and organizational requirements of the programme need to be ascertained.

4. During the past few years, Indian workers have amassed considerable knowledge of the ways in which family planning programmes have worked in various parts of the country. While there are grounds for some satisfaction with the results achieved so far, the opinion is unanimous that a quicker impact on the birth rate is essential. An immediate need, therefore, is an assessment of the problem of getting speedier results, against the background of past achievements and future aims. Such an assessment calls for expert knowledge and experience in a variety of pertinent fields.

5. Since the Planning Commission included the first family planning programme in India's Development Plan, research on contraceptive methods has made significant progress. Prospects for development of more efficient and appropriate methods of limiting fertility are excellent, and an early break through is not unlikely. Recent experiences with devices which are not only one-time but cheap and reversible, demonstrate that a quick impact on the birth rate of the

order envisaged in the Indian family planning programme is more within reach now than ever before. However, even given a break through method, a good deal of organizational work is necessary, building the appropriate climate of opinion and extension machinery before the method can be made operational.

Proposed Mission of expert advisers

6. It is proposed that the Government of India should request the United Nations to bring together a group of experts from various countries who, working as a team, would visit India for a few months in the near future to make an assessment of the problem and advise the Government on the lines of action to be undertaken, in view of the goals and principles of the country's family planning programme. Such a team might be composed of five or six experts with knowledge and experience in the most important fields in which action needs to be intensified and co-ordinated. The team leader should be an expert of high international reputation with broad experience, not only in family planning programmes, but also in the study of demographic, sociological and other aspects of population problems. In addition, the team should include experts in mass communication, motivational research, medical and biological aspects of fertility and it regulation, demography, evaluation of results of family planning programmes and training.

7. The following terms of reference for such a team of experts are tentatively proposed:

(a) The team would make a general review of the progress and effectiveness of the family planning programme in India up to the present time and, in keeping with the established goals and principles of the programme, would advise the Government on a course of action for the purpose of accelerating popular acceptance of the small-

family norm, practice of family planning, and reduction of the national birth rate.

(b) While the team would concentrate its attention on lines of immediate action, it would also undertake to advise the Government on a longer-range programme of action and research in this field.

(c) The team would consider not only needs for action within the family planning programme itself, and co-ordination of the work of various Governmental agencies and other groups involved in this programme, but also the problem of co-ordinating the family planning programme with programmes in related social fields (including health, education, community development, status of women, etc.).

(d) The team would work in close collaboration with the Ministry of Health and the Planning Commission of the Government of India. It would be provided with opportunities to consult various governmental and non-governmental organizations working in family planning and related social fields in India (such as the Central and State Family Planning Boards, the Family Planning Programmes Committee set up for the Third and Fourth Five-Year Plans, the Family Planning Association of India, the Indian Family Planning Conferences, the Central Social Welfare Board and other agencies in the pertinent social fields) as well as to meet scholars and other individuals interested in the family planning programme in different parts of the country.

8. It is suggested that the team would remain in India for a period not exceeding six months in the first instance. At a later time, the Government might consider the possibility of requesting another visit to the country by the team or some members of it, if it should appear desirable.

9. A counterpart professional team consisting of two or three nationals should work in close liaison with the United Nations team of experts, both for the purpose of facilitating their work and of establishing continuity in advice to the Government on technical and operational matters pertaining to the family planning programme.

10. The members of the United Nations team of experts as well as the counterpart team should be provided with offices in New Delhi and adequate secretarial and other staff services as well as facilities for travel within the country to consult interested officials and other individuals and to see the operation of family planning programmes in some cities and rural areas.