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Every year, IIPS undertakes many research studies on a number of themes related to population and health at the state and national levels using its own resources. The 'Research Brief Series' is a new initiative by the Institute to provide an opportunity to the faculty, Ph.D. students and visiting fellows to quickly disseminate the important findings of their research studies before they are published as a research report or in a scientific journal. The authors of the Research Brief look forward to receive feedback from readers that could be helpful in revising the larger study report.

Editors,
Research Brief Series

Issues and Barriers in the Management of Family Welfare Programmes at Grass Root Levels in Uttar Pradesh

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The network of Primary Health Centres (PHCs) and Sub Centres (SCs) are the vehicles for providing health services to the rural Indian masses. There has been a growing realization in recent times to improve the Family Welfare Programmes (FWP) in some of the north Indian states. The present study is one such attempt to understand the emerging issues and related barriers in the functioning of FWP in Uttar Pradesh (UP), which was selected in view of its high fertility among different Indian states. The study mainly focused on the hurdles faced by the health functionaries and health workers in the provision of health and family welfare services in the state. It is hoped that this study will be helpful in meeting some of the needs of policy makers and managers of FWP in the country in general and UP in particular. The study was possible due to the generous help and co-operation extended by the Directorate of Family Welfare, Luknow in conducting the survey in six selected districts.

The major aim is to understand the various issues and problems associated with health care and Family Welfare Programmes in Uttar Pradesh in recent years with the following objectives:

i. To make an assessment of the health and family welfare facilities at PHC and SC levels;
ii. To study the barriers faced by health care providers in the delivery of health and family welfare services;
iii. To explore the CMO/MOIC's opinion about the functioning of family welfare programmes; and
iv. To study the clients' views about the availability and delivery of health and family welfare services.

Methodology

The districts of Uttar Pradesh, were grouped in three geographical regions- namely, western, central and south, and eastern. Districts falling in each region were ranked according to their performance in the use of modern family planning, antenatal care and complete immunization. From each geographical region two districts were selected based on their good and bad performance. Thus six districts namely Ghaziabad and Etah from western, Hardoi and Jhansi from Central and southern Uttar Pradesh, and Gonda and Pratapgarh from eastern Uttar Pradesh were selected.

All together 18 PHCs were visited (See Table below). Besides interviews with the CMO/DCMOs, MOICs and Officials at the Directorate of Family Welfare, Lucknow, and

Table: Number of Interviews and Survey of PHCs/ SCs Completed

Interview of Officials at the Directorate of Family Welfare, Lucknow	7
Interview of CMOs/DCMOs (from six districts)	6
Interview of MOICs (Medical Officer In Charge)	18
PHC facilities survey	18
Sub - center facilities survey	54
Interview of health personnel (ANMs, LHVs and Health Supervisors)	72
Exit interviews	265

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many health personnel were interviewed. Also exit interviews were conducted in those selected PHCs. Data were collected during October, 2004 to January, 2005.

Major Findings,

- It was generally reported that pulse polio programme was the most successful programme; it has activated health workers at the grass-root levels and taught the officials the nuances of doing micro planning. However, it is felt that several rounds of pulse polio programme in a quick succession in each year have adversely affected the family planning programmes and routine immunization at the village level.

- The shortage of lady doctors and lab technicians for pathological tests were said to be one of the main hurdles faced by health functionaries. Clients who came to PHCs for getting services also reported long waiting time and attributed it to the shortage of doctors.

- There were a large number of posts of male health workers lying vacant either due to retirement or promotion. This has transferred the responsibilities of vertical programmes like malaria eradication, leprosy control and the DOTs for the control of TB to the ANMs.

- Contractual appointments of ANMs known as RCH-ANMs needs to be streamlined and properly trained. They should be provided with the supply of materials needed for their daily activities and their salaries are required to be paid on time.

- The physical infrastructure most importantly lacking in several PHCs/SCs was electricity and its regular supply. Due to lack of electricity, it was reported very difficult to maintain cold chain for the upkeep of vaccines at the PHC level.

- There was hardly any role of *panchayats* in the promotion of family welfare programmes. The role of NGOs was reported to be significant in most of the visited districts.

- The failure of some of laproscopic sterilizations was reported to be devastating in the promotion of terminal methods of family planning.

- The IEC activities were almost non-existent at the grass root levels. Due to this, spacing methods of family planning is not at all popular, and family planning services mostly rely on laproscopic female sterilization provided during the FP/RCH camps.

- Political interference in the transfer of health officials is putting up hurdles before CMOs in imparting family welfare services in a sustainable basis.

- CMOs are heavily loaded with administrative works. Meeting with MOICs are generally held in the district office. CMOs hardly get time to visit PHCs or consider it important.

- Sub-centre based services are provided only for about two days in a week. Rest of the days health workers are required to visit their respective villages and provide the services. While this is a good practice, sub-centre based services need to be strengthened and may be provided during all working days. This will need additional manpower at the sub-centre level.

For further details about this study, please contact, Prof. R.B.Bhagat at rbbhagat@iips.net

The full report of this study can be accessed from our website, www.iipsindia.org

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