Mr. RAJ NARAIN ON

A New Health Plan for the Nation

The Union Minister for Health and Family Welfare writes on how proper health facilities are to be provided to the people, particularly in the rural areas, linking these with programmes for the welfare of families and child care.

POWER, said Mao Tse-tung, comes from the barrel of the gun. The people of India have demonstrated unequivocally that it comes no less from the ballot box. They have restored the faith of the world in the efficacy of the democratic system and within our own country given to it strong and deep roots. It may not be much of an exaggeration to say that after a long time democracy in India has come of age. It is perhaps not necessary to narrate here the painful story of the sacrifices which have brought about the present situation. Some segments of this story are already known to the people. More is being unfolded almost every day. Even after the last word has been said, there would be much that would still remain unsaid. Nevertheless, we can heave a sigh of relief that the long night of agony has ended and derive strength from the fact that our people have emerged strong enough to ensure that it does not descend on us again.

Meaning of Democracy

Democracy means government of the people, by the people, for the people. We are not tired of saying that India lives in villages and that without the uplift of rural areas the country can make no meaningful progress. The question is : what is it that we have done to lift the villages out of the morass in which these used to be before 1947 ? Statistics are paraded off and on to make the point that life in villages has improved appreciably during the last 30 years. It is not my purpose to dispute this claim. But one cannot close one's eyes to harsh realities. If democracy means the greatest good of the greatest numbers, how much good has it brought to the 80 per cent of our people who live in our villages ? Despite all the progress that has been made there, the fact remains that from the socio-economic point of view the distance between the city and the village continues to be as wide as it used to be. We have to give real meaning to democracy and this will be possible only if we sincerely keep the village uppermost in our thought processes—all of us, those who have been voted to power, those who have voted them and those who today sit on the Opposition benches. The rays of the sun must shine evenly over the length and breadth of our land. These must bring greater cheer in the lives of those who have given to the nation much more than they have received back from it. This is a cooperative enterprise and it can succeed only if all of us—those in the cities and those in the villages —participate in it fully, not just with the best of intention but also with the determination to practise what we profess and to implement sincerely what we draw up on paper.

Fight for a Cause

I have been a fighter all my life for a cause and the fighter in me will not die just because I have been pushed into the corridors of power. That is God's will and I bow before it in all humility. But power to me is an opportunity for service. It is an opportunity to continue the battle I have been waging. The cause remains the same—the cause of my people, the bulk of whom live in villages. The weapons, of course, are different. It will be my ceaseless endeavour to see that these weapons enable me to bring about distinct improvement in the living standard of the people who have placed their trust in me.

As the Union Health Minister, the task assigned to me is mighty. One of the unfortunate distortions in the Indian scene today is that health has not received the importance it deserved. We have spent crores of rupees on building steel plants, heavy machine factories, atomic reactors and things like that. But I feel strongly that the investment in health, and in education, has been correspondingly very low. I share the view that all investment in national progress is in the final analysis an investment in man. At the same time I reiterate my belief that unless the people are strong, the country cannot be strong and the people cannot be strong if greater and direct investment is not made in building them up. A vast steel complex is meaningless if in its lap nestles an equally vast slum inhabited by people who cannot get two square meals a day and do not have a shelter to live. As Health Minister, I shall, on the one hand, try to persuade my colleagues both at the Centre and in the States to earmark greater financial allocations for health programmes and, on the other, try to see that these programmes are implemented effectively in the interest of the people, particularly those who live in villages, and those who belong to the weaker sector of the society.

With the assistance of my Ministry I have already drawn up a scheme for strengthening health care services in the rural areas. The purpose behind this scheme is to provide

adequate medical care to the rural people and at the same time to educate them in matters of preventive and promotive health. We have in the country a network of more than 5,300 primary health centres and more than 37,000 sub-centres—all in the villages. I have tried to understand why in spite of this vast network the health of the people in villages continues to be what it is. My own conclusion is that one of the principal reasons behind this is inadequacy of people's participation in the health care programme. They have not shown the necessary enthusiasm for it. They have been almost indifferent. "Approximation Man" was the slogan this country gave to itself on Mahatma Gandhi's birthday in 1952 when the community development movement was launched. One of the laudable objectives behind the movement was to create in man, living in the village, an urge for a better life. Where is that great urge in relation to health? Why have the people not derived the necessary benefit from the health centres and sub-centres? Maybe this is because a large proportion of those responsible for administering the health programme in villages have their moorings elsewhere and are, therefore, not easily acceptable to the people.

Rural Health Plan

Under the new scheme every village with a population of 1,000 will be expected to select its own representative—one who belongs to the community, enjoys its confidence and has the sincerity and competence to serve it in the area of health. This representative will be given suitable training in tackling simple and basic health problems. The people to be selected will be preferably below the age of 30 years and will have some formal education, at least up to the sixth standard. The training will be given for a period of three months in batches of 20 in the primary health centres. The curriculum will include fundamentals of health sciences, measures for maintaining good health, hygiene, treatment of common infectious diseases, maternity and child care, treatment of common ailments and first aid. Traditional systems of medicine and yogic methods of maintaining physical fitness will receive due importance in the training programmes. At the end of it the village representative will be given a test and awarded a certificate. They will also receive a kit consisting of common remedies from the modern and traditional systems of medicine and a simple manual. They will then be expected to return to their villages and work there.

These workers will be called "community health workers". They will be free to attend to their normal vocations—agriculture, teaching, craftsmanship, etc. They will render health service to the community in their spare time for two to three hours every day.

Common Remedies

We expect that over a period of about two years from the launching of the scheme, we will have nearly 5.8 lakh community health workers in the villages. These workers will get a stipend of Rs. 200 per month during the three month training period and an allowance of Rs. 600 per year thereafter for working with the community. The cost of the initial kit will be Rs. 200. Every worker will, in addition, get Rs. 600 worth of medicines per year.

The community health workers will be expected to give remedy for common ailments to the people. They will immunise new-born babies and young children against diseases, arrange supply of vitamin 'A' tablets to young children to prevent blindness amongst them and give to the people treatment for malaria. They will also prepare blood slides for identification of malaria fever cases. These items of work will be monitored and the allowance of a community health worker could be considered for increase to Rs. 1200 per year, if he is able to provide coverage to all the population in his area.

The infant mortality rate in India is quite high—in 1971 it was 122 per thousand. Deliveries take place mostly in village homes under unqualified and untrained midwives (dais). This is a very unhappy situation. For a long time to come we may not be able to provide adequate arrangements under which all or even most deliveries may take place in hospitals and clinics. The new scheme, however, envisages the training of one dai in every village—the total number will come to 5.8 lakhs, over a period of about two years. The training period will last a month and during it every dai will be given a stipend of Rs. 300. She will also be provided a kit containing simple safe delivery apparatus. This kit will be replaced free and when needed. The dais who undergo training under the scheme will, like the community health workers, be selected by the village community. They will belong to the village in which they have professional experience—though no qualification. The training will improve their knowledge and expertise and it will be in the primary health centres. It will include elements of pre-and ante-natal care for women. The dais will also be expected to propagate the small family norm against women.

Narrowing a Gap

Springing as they do from the soil of the land, we do expect that community health workers and the trained dais will in course of time narrow the big gap that today exists between the science of medicine and the rural community. At the professional level, these workers and dais will have the guidance and support of multi-purpose workers—two (one male and one female) for a population of 5,000 (to be achieved by 1984-85). A large number of these workers are already under training. They will constitute the course of the integrated health and family welfare services and will look after the basic health programme, including family welfare, in the villages. They will give special attention to preventive and promotive health and child care. At a slightly higher level, the multi-purpose health workers will be supervised by health assistants whose training has also already started.

Apart from this scheme, there are many other programmes which I propose to launch in course of time to bring about improvement in the health of the people in rural areas I shall place them before the public as and when these are finalised. So far as urban areas are concerned, the existing programme will continue. These will of course need to be streamlined and strengthened.

Coming to family welfare, I should like to reiterate what the President said in his address to Parliament on March 28, 1977: "Family

Planning will be pursued vigorously as a wholly voluntary programme and as an integral part of a comprehensive policy covering education, health, maternity and child care, family welfare, women's rights and nutrition". This should dispel all misgivings about the commitment of the Government at the Centre to the Family Welfare Programme. What we are against and what we shall never countenance is compulsion with regard to sterilisation. Compulsion in this matter should be ruled out for all time to come. No legislative measure should be undertaken to bring about forcible limitation in the size of a family. We attach as much importance to family welfare as to the dignity of man.

The Small Family Norm

Population is a vital factor in national development. Its uncontrolled growth, however, adds to the complexity of the overall well-being of the family as well as of the nation. I have no doubt in mind that by and large our people realise this. They are conscious of the importance of responsible parenthood and, given the necessary information and adequate services, they will take to the small family norm. What is needed is a vigorous and sustained programme of education and motivation. At the Centre we will try to intensify this programme and extend its reach, particularly in rural areas. We have already got the total cooperation of the media units of the Ministry of Information and Broadcasting in this. We are trying to involve other Ministries also in the motivational effort. It is my earnest hope that the State Governments, too, will pool up all publicity resources at their disposal and help create a self-generating climate in favour of the programme.

A good deal of integration between family welfare and maternity and child care already exists. We shall try to strengthen it further. At the same time we shall try to see that the family welfare and the MCH package is woven meaningfully in the overall philosophy of welfare to which the nation is committed.

Nutrition, food, clothing, shelter, availability of safe drinking water, education, employment, women's welfare—all these and other allied areas are as vital to family welfare as family welfare is to them. The importance of their interrelationship is recognised commonly. It will be my endeavour to see that this recognition finds reflection in cencrete plans of action. I shall open dialogues with the Ministries concerned to see that they try to integrate the family welfare programme with their normal activities. I see no reason, for instance, why the Ministry of Labour at the Centre and their counterparts in the States should not take up this programme as an integral part of labour welfare schemes. I am told that, to some extent, they are already doing so. Much greater area has to be covered. Similarly, other Ministries engaged in promoting welfare have to give more serious attention to the family welfare programme. There are several methods of contraception. We shall try to promote them all with equal emphasis. Sterilisation alone is not family welfare. Sterilisation facilities will of course continue to be available free to all those who voluntarily seek them. Other methods like conventional contraceptive and IUD will receive equal attention. At the same time we shall promote the ancient concepts of "brahmacharya" and "indriya-nigraha".

The population of India is increasing at the rate of one million a month. The present birth rate is about 34.5 per thousand. Our target is to bring it down to 30 per thousand by March 1979 and 25 per thousand by March 1984. We have to make every effort to achieve this target but our approach will be totally motivational. Our own resources apart, we shall try to elicit cooperation of all those who can influence public opinion. Trade unions, chambers of commerce, cooperative societies, organisations of women, federations of teachers and village panchayats will be intimately involved in the programme. We do hope that they will come forward willingly to take it up in the national interest.

Lastly, I should like to emphasise the intimate link between the family welfare programme and the rural health scheme which I have mentioned earlier. The two are complementary and should derive strength from each other. Together they constitute a significant step forward in tackling the problems of ill health and population explosion. This is the first step and, resources permitting, there may be many more. The important thing is that whatever plans and schemes we formulate should be implemented with sincerity and efficiency at all levels. The association of the people themselves with these schemes should remove a big lacuna in our approach to health care. I do hope that this association will prove to be the beginning of the process of placing the people's health in the people's hands.

Readers' Forum

We will bring out a special feature 'Readers' Forum' in *The Nursing Journal of India* from the August issue. In this feature a theme will be announced in advance and we will expect the readers to express their views on that topic. The best contribution will be given a cash award of Rs. 25 each month. The award money will be given by M/s English Book Store, New Delhi to when we are grateful for this gesture.

The length of the article should be restricted to five hundred words It should be typed in double space in triplicate. Hand written articles will not be accepted. The article will be required to be sent to the Editor, *The Nursing Journal of India* to reach her by the last day of the month in which the theme will be announced.

The theme for the month of June is 'Part-time Jobs for Nurses'. The contributions should, accordingly, reach the Editor by June 30, 1977. The result of the feature will be announced in the August issue of the Journal.