

# **IMPLEMENTATION PLAN FOR UTTAR PRADESH POPULATION POLICY**

by

**Gadde Narayana  
K.M.Sathyanarayana**



**Paper Presented in the National Workshop on Converting Population Policy Into Action, Conducted by Centre for Policy Research, New Delhi on December 10-11, 2001 at India International Centre, Delhi.**

## **BACKGROUND**

For the first time in the country, four states have taken initiative on their own and formulated state specific population policies. Processes followed to prepare population policies varied from one state to another and also the strategies selected for achieving population stabilization within a stipulated time period within the broad framework of reproductive and child health programme. All the four states, Andhra Pradesh, Rajasthan, Madhya Pradesh and Uttar Pradesh, tried to set realistic objectives, integrate family planning services with maternal and child health services, encourage informed choice, address gender issues and decentralize the programme implementation to a large extent. Processes followed to formulate the policies largely included preparation of background papers, consultations with a wide range of stakeholders including women, adolescent, non-government organizations and private sector, discussions within the department of health and family welfare and with other development departments and involvement of political leaders and policy makers from the beginning in policy development.

Given the involvement of diverse groups in consultative processes, building consensus is a difficult, cumbersome and time-consuming process. It is to the credit of these states who selected a difficult path of consultative processes and consensus building to formulate policies than the usually employed short cut method of producing a confidential document and getting it formally approved by the Cabinet and then announcing to the world the arrival of new era. More often than not, policies formulated without openness and broad consensus failed at implementation stages although policies formulated with consultation processes do not automatically guarantee success without implementation plans and follow up with the help of strengthened and effective monitoring systems. This paper illustrates the way UP Government has converted UP Population Policy into an implementation plan.

### **UP Population Policy**

UP Government after deciding to have state specific population policy conducted several workshops, consultative meetings were done with on-line presentations and an expert group was constituted to draft population policy taking into consideration diverse opinions expressed on both objectives and strategies. Finally the draft prepared by the expert group was scrutinized by senior administrators of various departments before sending the final copy to the Cabinet. The UP Cabinet in its meeting on July 9, 2000 approved the population policy.

UP Population Policy has three distinct sections covering specific objectives to be achieved, strategies to be implemented to achieve the objectives, and implementation mechanisms. The objectives not only emphasized reduction in fertility but also taken into consideration infant and child mortality, maternal mortality, age at marriage and

prevalence of RTI and STI. Specific objectives were set for each of these areas and each of the regions of Uttar Pradesh.

To achieve the specific objectives, UP Population Policy identified several specific strategies. These strategies covered community participation, involvement of private sector, improvement in access to and quality of RCH services, and improvement of service delivery systems by decentralization of decision making and involvement of other development departments. Policy document also covered specific actions to be initiated under each strategy. These strategies when implemented are expected to achieve the policy objectives.

Setting objectives and selecting relevant strategies are not enough if there are no structures and systems in place to implement the strategies and to monitor the extent of achievement of objectives. The document in its policy implementation section states, “ In order to maintain and develop political commitment, generate a broad consensus on population related issues, ensure inter-sectoral coordination, cater to the special requirements of different geographical regions, and provide direction to various initiatives at the state, regional and district levels, an appropriate implementation structure would be put in place.” The structures proposed include:

### **1. State Population and Development Commission (SPDC)**

SPDC is an apex body to be constituted with the Chief Minister and other ministers, elected representatives from panchayats and municipal corporations, NGOs and experts as representatives. This body provides political support to the programme and also makes it known to all that the government assigns high priority to the family welfare programme and is keen to achieve the objectives of the policy. It also acts as a body to review the strategies from time to time and to provide additional resources as and when required.

### **2. Committee for Population Stabilization (CPS)**

CPS is a departmental committee with secretaries and other officers of various departments and divisional commissioners as members. Since the UP Population Policy envisaged involvement of various development departments, coordination of the activities of these departments is very essential to achieve synergy. CPS is expected to provide coordination linkages not only at the Secretariat level but also at the district and below levels.

### **3. Monitoring Systems**

To achieve the objectives, monitoring systems has to be strengthened. It is therefore envisaged that the Chief Secretary would monitor the performance on various components such as family planning, child immunization, and antenatal care on monthly basis.

UP Government to make the workers at the grass root level aware of policy contents printed the policy document in Hindi and distributed the copies to all workers and conducted workshops at the district level. With all these efforts and more, the policy may never be effectively implemented if there is no implementation plan.

Implementation plan is required for various reasons : (1) strategies given in the policy document have to be further refined taking ground realities into consideration; (2) specific activities have to be identified for each strategy; and (3) overlaps between different departments have to be sorted out. For this purpose, UP Government decided to have implementation plan for UP Population Policy. Implementation plan prepared by an expert committee in consultation with various departments was approved by the Cabinet in October 2000. The implementation has two components: (1) plan for activities of each strategy as given in the policy document; and (2) monthly activity plan to facilitate monitoring. Specifically the implementation plans covered:

- What is the activity to be implemented?
- Who should implement the activity?
- What is the time frame for implementation?
- Who should monitor the implementation?

For each strategy implementation plan has been prepared and other departments were consulted at each stage of plan preparation.

### **Is This Enough?**

While all background work necessary for policy implementation is in place in Uttar Pradesh, there are several other factors that are essential for effective and efficient implementation.

**Political Commitment:** Political commitment at the highest level is required to push the family welfare programme to the forefront of development activities in the state. It is not enough for the Chief Minister to be a member of committee and to preside over the meetings. Political leadership through their acts should make it clear to the administration and people in general that they are serious about implementation of population policy. If this seriousness about achieving the objectives does not percolate to the grass root level, the programme implementation will not improve and the achievement of results would be difficult. States that have single party governments and political stability have better chances of achieving the objectives.

**Unity of Command:** State administration, particularly all development departments should consider the family welfare programme as the most or one of the most important programmes. Administrators at various levels should think alike and should have a common agenda on what needs to be done to improve the programme performance. Frequent changes in administrative leadership more often than not hampered the efforts to streamline the systems. States with

continuity in administrative leadership have performed better than those who resorted to frequent transfers of administrators. Selection of able administrators, tenure to selected administrators making them accountable, and political support to their efforts to improve performance are all essential pre-requisites to improve performance.

**Additional Resources:** Almost all states, except Andhra Pradesh, depend entirely on central assistance to family welfare programme. States should earmark additional resources from the state resources to the programme. This not only improves the ownership of the programme but also helps to improve access to and quality of services.

Policies are statements of intent but the conversion of intent to commitment is the most difficult process. Implementation plans provide specific guidelines but it is the policy makers and the executive wings of the government who could convert these plans into actions. The following pages illustrate how the implementation was done for the UP Population Policy.

	<b>Major Activity</b>	<b>Commencement Date</b>	<b>Completion Date</b>	<b>Responsible Persons and Agencies</b>
<b>3.3.2 Deliveries by Trained Personnel</b>				
1	Bottlenecks identified at CHCs/BPHCs with adequate staff	November 1, 2000	March 30, 2001	Department of Health and Family Welfare
2	Gaps filled in and bottlenecks removed at CHCs/BPHCs with adequate staff	April 1, 2001	October 30, 2001	SIFPSA and Directorate of Family Welfare
3	Round-the-clock service centres opened at CHCs and BPHCs	January 15, 2001	March 31, 2001	Department of Health and Family Welfare
4	Special campaigns conducted to increase institutional deliveries	May 1, 2001	July 30, 2001	SIFPSA and Directorate of Family Welfare
5	Projects to train dais in districts not yet covered launched	November 1, 2000	January 31, 2001	SIFPSA, Directorate of Family Welfare, District Health and Family Welfare Committee and CMOs
6	Curriculum for refresher training of dais developed, field tested and finalized	November 1, 2000	January 31, 2001	SIFPSA
7	Refresher training imparted to dais	December 15, 2000	April 30, 2001	SIFPSA, Directorate of Family Welfare, District Health and Family Welfare Committee and CMOs
	<b>Major Activity</b>	<b>Commencement Date</b>	<b>Completion Date</b>	<b>Responsible Persons and Agencies</b>
<b>3.3.3 Child Health Services</b>				
1	Material prepared to educate mothers about use of oral rehydration and homemade solutions	January 1, 2001	March 30, 2001	SIFPSA and Directorate of Family Welfare
2	ANMs, dais and NGOs trained in use of education material	April 1, 2001	May 30, 2001	SIFPSA, Directorate of Family Welfare and CMOs
3	Mothers educated on use of oral rehydration and homemade solutions	June 1, 2001	On-going	CMOs, CHC/BPHC/PHC MOs, ANMs, NGOs
4	IEC campaign launched to	May 1, 2001	June 30, 2001	SIFPSA and Directorate of Family

	encourage utilization of immunization services and diarrhoea prevention and management			Welfare
5	Guidelines issued to strengthen monitoring systems to improve complete immunization of children	November 1, 2001	November 30, 2001	Department of Health and Family Welfare
6	Guidelines implemented and monitoring systems strengthened to improve complete immunization of children	December 1, 2001	March 30, 2001	Directorate of Family Welfare and CMOs
7	Facilities that need to be augmented to detect and treat children having ARI problems at CHC level identified in all districts	April 1, 2001	May 30, 2001	SIFPSA and Directorate of Family Welfare
8	Facilities to detect and treat children having ARI problems at CHC level in all districts augmented	June 1, 2001	March 30, 2002	SIFPSA, RCH Project and Department of Health and Family Welfare
	<b>Major Activity</b>	<b>Commencement Date</b>	<b>Completion Date</b>	<b>Responsible Persons and Agencies</b>
<b>3.3.4 Sterilization Services</b>				
1	Meeting of CMOs held by the Directorate of FW to provide guidelines on estimation of expected levels of performance	August 16, 2000	August 30, 2000	Directorate of Family Welfare
2	CHCs/BPHCs submitted expected levels of performance to CMOs on RCH indicators	September 1, 2000	September 15, 2000	CMOs and District Health and Family Welfare Committees
3	CMOs submitted expected levels of performance to Directorate	September 15, 2000	September 20, 2000	Directorate of Family Welfare
4	Directorate of Family Welfare organized CMOs meeting to finalize expected levels of performance	September 20, 2000	September 25, 2000	Directorate of Family Welfare

5	Annual calendar prepared for RCH and FP camps in consultation with district health officers	September 1, 2000	September 15, 2000	Directorate of Family Welfare, SIFPSA, Additional Directors of Divisions, CMOs
6	Systems established to conduct and monitor sterilization camps	September 1, 2000	October 15, 2000	Directorate of Family Welfare, District Health and Family Welfare Committee and CMOs
7	CHCs/BPHCs/PHCs upgraded to provide quality services in districts other than SIFPSA project districts	November 1, 2000	March 30, 2001	SIFPSA, Directorate of Family Welfare
8	MIS and supervisory systems strengthened to ensure regular visits of ANMs to households	November 1, 2000	December 30, 2000	SIFPSA, Directorate of Family Welfare, District Health and Family Welfare Committees
9	Government Order issued to create a pool of surgeons in each district to provide sterilization and RCH services	September 1, 2000	September 10, 2000	Department of Health and Family Welfare
10	Needs assessment done and required number of surgeons in place in each district to provide sterilization services	September 15, 2000	October 15, 2000	Directorate of Family Welfare, Additional Directors of Divisions and CMOs
11	Letter sent to all DMs by the Chief Secretary on RCH performance review	September 1, 2000	September 10, 2000	Department of Health and Family Welfare
12	DMs conducted meetings with other departments on RCH performance	October 1, 2000	October 15, 2000	DMs and CMOs
13	DM's monthly performance reporting formats designed and introduced	November 1, 2000	November 10, 2000	Department of Health and Family Welfare
14	Publicity given to services provided at RCH and sterilization camps	October 1, 2000	On-going	SIFPSA and Directorate of Family Welfare
15	Periodic review of sterilization and RCH camps introduced to strengthen the quality of services	January 15, 2000	January 31, 2001	SIFPSA and Directorate of Family Welfare
	<b>Major Activity</b>	<b>Commencement Date</b>	<b>Completion Date</b>	<b>Responsible Persons and Agencies</b>
<b>3.3.5 Involvement of Men</b>				
1	Training programmes conducted	October 1, 2000	December 30, 2001	SIFPSA and Directorate of Family

	to train at least one doctor from each CHC/BPHC in no-scalpel vasectomy			Welfare
2	Special IEC campaign launched to involve men in family planning	April 1, 2001	December 30, 2001	SIFPSA and Directorate of Family Welfare
3	Training material developed and pre-tested on involvement of men	May 1, 2001	July 30, 2001	SIFPSA and Directorate of Family Welfare
4	Training material incorporated in curricula of health workers, supervisors and medical officers	August 30, 2001	March 30, 2002	Directorate of Family Welfare