

AIDE MEMOIRE ON FINDINGS AND RECOMMENDATIONS OF
THE MISSION FROM THE UNITED NATIONS FUNDS FOR
POPULATION ACTIVITIES
ON
ASSESSMENT OF NEEDS IN THE FIELD OF POPULATION IN
SRI LANKA



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**AIDE MEMOIRE ON FINDINGS AND RECOMMENDATIONS OF
THE MISSION FROM THE UNITED NATIONS FUNDS FOR
POPULATION ACTIVITIES ON ASSESSMENT OF NEEDS IN
THE FIELD OF POPULATION IN SRI LANKA.**

The UNFPA Mission on Assessment of Needs in the field of Population in Sri Lanka arrived in Colombo on March 9th and will complete its field work on April 8th, 1980. Its mandate is:

- " (i) within the framework of the Government's overall objectives and policies, to assist the Government in the development or strengthening of the on-going national population strategy and programmes;
- (ii) to assist the Government in identifying its needs in the field of population, in order to become self-reliant over a period of time in the formulation and implementation of population policies and programmes;
- (iii) to assist the Government, UNFPA and other multi-lateral and bi-lateral donors in delineating coherent programme areas for external assistance. "

In the course of its work with official and non-governmental organizations in Colombo and in fourteen districts representative of the cultural, ethnic and economic diversity of the country, the Mission has had an opportunity to appraise in a general way the effectiveness of on-going projects and to see the need for certain new policies, programmes and projects. However, it was not the mandate of the Mission to approve or disapprove the numerous project ideas which were put before the National Team which assisted so ably in preparing for the Mission. The Mission will report its findings and recommendations to the UNFPA, which will make use of them as a basis for discussions with the Government concerning its programme and projects over the next five-year period. This stage will be followed by more specific project appraisal and development.

The Mission has made a long list of recommendations in the areas of population policy, planning, data collection and research; service delivery; information education and communications; organisation and management of the population programme; community participation, involvement of non-governmental organisations and of special groups.

However, before the report is reviewed by UNFPA, it is not possible to present these recommendations in toto to the Government and other organizations concerned. Under these circumstances the Mission believes it may be useful to record a few of the major findings and recommendations for discussion with policy-makers and senior officials concerned with population problems. There are three overall findings which condition many of the Mission's recommendations. These are:

- (a) that population growth rates still present a major obstacle to rapid economic development and to raising the levels of living of the poorest sections of the population. The fact that crude birth rates have risen in 1978 and 1979 and that greater numbers of young people are coming into the fertile age groups now means that jobs, food production, schools and health personnel must grow by ever-increasing rates. The long decline in birth rates are due largely to rising age of marriage, increasing number of eligible persons remaining unmarried, high levels of literacy and reduction in marital fertility (partially due to family planning programmes) appears to be slackening and disturbing new trends are developing. This should create a sense of urgency in the Government and in the public to undertake all necessary measures to moderate the population growth rate while at the same time economic and social development programmes are accelerated.

A number of policy-makers and officials concerned with development appeared to be unaware that population dynamics (fertility, mortality and morbidity, migration, composition and distribution) and socio-economic development are inter-related and that each is a determinant and consequence of the other. Policies and programmes are sometimes established without analysis of their demographic impact.

- (b) While a number of senior officials who have immediate responsibility for population and related questions do fully recognise the urgency of the problem and the priority which is required, there is little evidence that the Government is heading toward self-reliance in this area. External resources account for a very substantial proportion of the funds spent specifically to promote the family health

programme. A number of vital components such as contraceptive supplies for the family planning programme do not feature in the national budget at all and the withdrawal of a key donor could spell disaster for this critical programme.

- (c) The demand for services in family planning, especially sterilisation and injectibles, is much greater than the facilities as presently organised can provide. Except for critical shortages of nurses and midwives in some areas, the major bottleneck in providing such services seems to be the management of the human resources and facilities. Better management will involve some political decisions as well as further decentralisation of decision-making and management training for health personnel.

If the Mission is correct in this overall analysis, a number of specific findings and recommendations deserve policy-level attention by the Government and other Sri Lankan organisations as well as by international donors.

1. While there is a general awareness of the population question and of the existence of family planning programmes to help people control their fertility, two distinct kinds of information are still required:

- (a) information to national policy-makers, especially those dealing with development programmes, concerning the new trends in the country and the urgency of coordinated action by the Government to meet the problems; and
- (b) much more face-to-face communication with community leaders and individual families on population problems of their own communities utilising the network of extension workers involved in development, and specific information on family planning methods mainly through frontline health personnel and trained community health workers (both paid and volunteer). Considering the traditional way of life of the Sri Lankan family, more efforts should be directed to educating the male population to accept responsibility for family size. Voluntary organisations can play an important role on both these levels.

2. Specific attention is required for certain ethnic and religious groups as well as isolated villages and estate populations who are not yet in a position to appreciate the advantages of a small family and spacing of their children for their own health and welfare. For the poorest communities, special development efforts as well as education may be required to make family planning a realistic choice.

3. The failure to meet the growing demand for reversible methods of family planning and for sterilisation is the biggest disappointment in a country with an excellent reputation for primary health care. It is the opinion of the Mission that this is largely the result of poor management of resources which exist. Significant numbers of doctors and para-medical personnel have been trained in all aspects of family planning and health facilities are more abundant in Sri Lanka than in any neighbouring country. However, many trained doctors and nurses are not using their skills for various reasons and hospitals at district and provincial and base levels are overcrowded while peripheral units and maternity centres are under-utilised. Both central and peripheral units often suffer break-down in equipment which take inordinate lengths of time to repair. Patients flock to the units with more specialists for lack of a simple communication system at the peripheral unit to call for an ambulance or specialist help or failure to repair the water pump or organise a polyclinic at the periphery. A campaign to upgrade a number of these facilities is underway with UNICEF, WHO, and UNFPA assistance and a system of referral of patients to specialists only through these facilities should be put into effect as rapidly as these improvements are completed.

4. Public health nurses, field midwives (now to be called family health workers) and public health inspectors are in short supply in many districts and in some few others are assigned to areas in which they do not speak the local language. The current drive to recruit and train 2,606 new midwives will be successful only if (a) the training facilities are multiplied or enlarged; (b) intake scheduled on a regular basis; (c) curriculum reforms adopted and (d) quarters are provided both for training and subsequent service for public health nurses and family health workers. The Mission is recommending this area for further external assistance.

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5. Other service facilities and personnel available to voluntary agencies should also be given a larger role with more liberal and flexible government grants. Private allopathic doctors as well as ayurvedic practitioners could make a much larger contribution in providing services if supplies are made available by Government at cost. The commercial sector has proved that it can meet a growing demand for pills, condoms and spermicides and new efforts should be made through the SLFPA to expand its social marketing programme to reach more remote rural and village areas. || F12

6. The question of contraceptive supplies is critical particularly since SIDA, the major donor for many years, is scheduled to cease providing such supplies at the end of 1981. The International Planned Parenthood Federation has also informed the Sri Lanka Family Planning Association that it cannot continue to increase the quantity of contraceptives at present day costs. The Mission is recommending that the Government prepare a four year rolling plan for all contraceptive requirements taking into account that the need for contraceptives will grow substantially as the expanding young generation marries and as trained personnel for field work and health institutions are put in place. The Government might then discuss the aid possibilities with SIDA, UNFPA, IPPF and all past and potential donors after making a first budget contribution to be increased over the years until the health facilities, institutional establishments and the commercial market are able to absorb a large part of the business of distribution. Supplies of injectibles are particularly short and should get priority attention along with supplies needed for sterilisation programmes. Injectibles will need to be subsidised for the poorer sections of the population for some time to come and expenses reimbursed for those coming forward for sterilisation.

Training Government personnel in bulk purchasing as well as in better stores management are areas in which donors providing supplies may be interested.

7. The Mission is of the opinion that the management of resources for the Family Health Programme could be improved significantly by certain organisational measures among which are:

- (a) clarifying the functions of the Project Ministry for Family Health and Colombo Hospitals and gazetting the authority and responsibility of that Ministry and providing a budget.

613-9
447
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The Mission recommends that the Project Ministry be made responsible for the planning, implementation and evaluation of the family health programme, involving coordination of the delivery and education aspects of family health services provided by the Ministry of Health and the efforts by voluntary organisations in this field.

- (b) Strengthening the organic links of the Ministry of Family Health and Colombo Hospitals with the Ministry of Health which currently retains the budget, personnel (except the Secretary's post) and accounting authority for the family health and provides the delivery service system as well as health education. The first step in this direction might be to make the Secretary of the Project Ministry also an Additional Secretary of Health. A direct relationship between him and the Director of Health Services, together with further delegation of authority from the Ministry of Health to the Superintendent of Health Services for operating decisions and organisational changes to maximise utilisation of their resources in the district should improve the situation.
- (c) The Ministry of Plan Implementation has important functions in formulation of population policy which should involve not only the Minister of Health and the Ministries for Family Health and Indigenous Medicine, but also the Ministries of Education, Labour, Agriculture, Rural Development, Lands and Land Development, Information, Finance and Planning, and Home Affairs. These Ministers under the Chairmanship of the President (who is also Minister of Plan Implementation) should examine from time to time, broad policy questions in the field of population including the rate of population growth, differential mortality and morbidity in various regions of the country, population distribution and internal and external migration, the impact of major development programmes and projects on population variables and the impact of population dynamics on development. These consultations at Ministerial level (which might take the form of a sub-committee of the Cabinet or any other

appropriate mechanism for periodic considerations of these functions) would add to the sense of urgency about population questions and promote co-operation by all Ministries.

This Ministerial level consultation should be supported by a National Population Advisory Council composed of Secretaries of the above mentioned Ministries and selected representatives of non-governmental organisations, under the Chairmanship of the Secretary of Plan Implementation. This would provide a useful vehicle not only for assisting in policy formulation but also for the coordination of services and educational efforts. Its secretariat should be provided by the Population Division, which should be able to furnish continuing demographic data and analysis, analysis of demographic aspects and consequences of economic and social projects, and feed-back on the effectiveness of policies and any necessary adjustments to these policies. It will be useful for this Council to keep the Ministers and the proposed Parliamentary Committee on Population and Development informed on demographic trends, policies and progress in achieving national goals.

- (d) The Ministry of Plan Implementation should also monitor the implementation of the programme by the line ministries and evaluate performance in achieving the policy objectives. Technical and management functions of the family planning programme would continue to be dealt with by the Advisory Committee of the Family Health Bureau and the Project Ministry.
- (e) The establishment of the District Population Committees is a step in the right direction and should be followed up quickly with a clear statement of functions covering all major aspects of population policy. An important function of these Committees should be to ensure consideration of population factors and projects in the District Development Plan. The establishment of divisional committees on population and development under the chairmanship of the AGA's is the next step in decentralisation of operating functions and offers an opportunity to step up community participation

in the programme through involvement of RDS's and other local organisations as well as Grama Sevakas. However, these steps will require training or re-training of district level and divisional level officials not only in population but also in team work. It is also important to promote financial resources to be allocated to the Committees for community level projects.

8. Many of these recommendations are, of course, well within the capacity and resources of the Government of Sri Lanka. The Mission will recommend certain other areas as priorities for external aid. These will include -

- (a) improvement of rural health infrastructures, particularly the upgrading of peripheral units, training of nurses and midwives and providing quarters and appropriate transport;
- (b) provision of contraceptives on a long-term basis with appropriate government counterpart funds to be included in the national budget;
- (c) training extension workers of all categories and other front-line development workers, grama sevakas and community leaders to analyse their own demographic problems and develop projects at local level to influence size of families and provision of services;
- (d) training of teachers for accelerated development of population education and family life education in the schools; training adult education organisers in these subjects and providing suitable materials for such work;
- (e) support for expansion of existing non-governmental efforts to reach young people with family life education and counselling outside the formal school system;
- (f) stepping up motivational efforts at the work site for both public and private sector employees in close cooperation with the providers of the service. This should involve promotion of vasectomy in many industries as well as in the Estates and provision of information and mobile services through the NGO's appears to be the most efficient way to do this.

(g) involving development agencies such as UNDP, the World Bank, and bi-lateral programmes in 'beyond family planning programmes' with special attention to the effects on fertility. This involvement may concentrate in the first place on technical education, food production and nutrition and expansion of small industry and agricultural income producing projects. The establishment of the Women's Bureau provides new opportunities to invest on the vital area of education, vocational training and income-producing projects for women.

The Mission Report will encourage the integration of population projects in wider district development plans or special area development projects such as Mahaweli and integrated rural development with the expectation that such approaches will have a greater impact on fertility, morbid... mortality and population distribution. Every effort should... community with a view to... increasing the accept...

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