

PN-ACB-308

**REPORT ON THE FEASIBILITY STUDY FOR INVOLVING INDIAN
SYSTEM OF MEDICINE (ISM) PRACTITIONERS IN
IMPLEMENTATION OF PROFIT PROJECT**

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NEW DELHI

October 22, 1996

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ACRONYMS

PROFIT	:	Promoting Financial Investments and Transfers
SRU-MODE	:	Social Research Unit of MODE
ANC	:	Ante Natal Care
CHC	:	Community Health Centre
FGD	:	Focus Group Discussion
FP	:	Family Planning
IFPS	:	Innovations in Family Planning Services
ISM	:	Indian System of Medicine
IUD	:	Intra-Uterine Device
MCH	:	Maternal and Child Health
NGO	:	Non-Governmental Organisation
PHC	:	Primary Health Centre

EXECUTIVE SUMMARY

I BACKGROUND

A study to assess the feasibility of involving ISM practitioners including Homoeopaths as potential partners in the promotion of family planning was conducted in Rajkot and two other adjoining districts- Jamnagar and Junagadh in Gujarat. An assessment was also made of their needs such as credit facilities, training or other inputs to introduce family planning into their practice.

Information gathered for the study was along the following lines :

- . An assessment was made of ISM doctor's background, capabilities, clientele, level of knowledge about MCH and methods of family planning, their willingness for involvement in promotion of FP and support required by them to introduce FP into their practice
- . Consumers knowledge was assessed on availability of primary health care, MCH and family planning services in their areas. The utilisation pattern, their attitude and factors affecting the choice of a doctor
- . Professional associations were identified for training, providing contraceptives and other support
- . Banker was identified by PROFIT, Delhi for meeting credit needs, and
- . Information was collected to demarcate PROFIT's role in creating linkages with contraceptive distributors and large suppliers, including Government supplies.

II MAIN STUDY FINDINGS

2.1 Profile of ISM doctors including homeopaths

Educational and work experience profile

The average doctor contacted in Gujarat was a 41 year old man, with 5 to 6 years of professional training, 16 years of working experience, and with two-third of them prescribing allopathic medicines. Eighty five percent of the doctors contacted were professionally qualified, as the focus of the survey was to contact formally trained doctors. Average household income per month for an ISM doctor is Rs. 3622/- with 47% of them earning between Rs 2000/- to Rs 4000/- and 41% earning Rs 4000/- or more per month.

Findings of specific relevance to our study are :

Doctor's characteristics	% doctors
* Young doctor Less than 30 years	17.6
31-40 years	35.5
* Doctors earning per month Rs 2000/- to Rs 4000/-	47.1
Rs 4000/- or more	41.1

Important Observations

* Doctors formally trained	85.3
* Duration of formal training 3-6 years	31.4
6 or more years	62.7
* Subjects studied MCH care	60.8
Family planning	32.4
* Doctors having a separate clinic	80.6
* Doctors providing for: Ante-natal care	29.4
Reproductive health problem/treatment	20.6
Immunisation of children	14.7
* Doctor's prescribing allopathic medicine	64.7

Main source of supply of medicines include bulk suppliers located at Rajkot and retailers in Rajkot, Jāmnagar and Junagadh. Nearly 59% doctors procure medicines through medical/sales representatives, about one fifth directly from the shops and remaining from both the sources.

2.2 Knowledge prescription and provision of FP services

Ninety-one percent of the doctors approve family planning without any reservation, and 88% are aware of modern methods of family planning. Younger doctors have higher level of knowledge of family planning methods compared to their comparatively older counterparts.

Over 80% doctors recommend one or the other method of FP to their client while only 10% doctors provide FP methods, with 8 doctors providing oral pills, 7 condoms and 5 doing IUD insertions.

Some doctors include the cost of the contraceptive in their consultancy, while others charge it separately. All the doctors who were providing FP methods were obtaining them from Government sources.

Findings of specific relevance to our study are :

	<u>% doctors</u>
Approve FP methods	91.0
Aware of important method specific :	
- Side-effects	75 to 85
- Contraindications	50 to 75
Prescribe spacing methods	81.0
Distribute methods.	10.0
Chargès (contraceptive+consultation)	
Community is willing to pay on a unit cost basis:	
- Per cycle of pill	Rs.5 to Rs. 6
- Per pack of condom	Rs.3 to Rs. 4
- Per IUD insertion	Rs.40 to Rs.50

Findings of specific relevance on community perception are :

- Community members should not be made to pay separately for consultation and price of contraceptives. The charge should be consultation fee covering price of contraceptives.
- Doctor should be young for providing spacing methods, though for motivation doctors of all ages are good especially the older clients.
- Doctor should have a lady associate to talk / council on FP methods.

2.3 Willingness for involvement in promotion of FP methods

Ninety-two percent doctors expressed their willingness to get involved in promotion of family planning methods. The activities in which they want to get involved are:

	% doctors
Advising/counselling on FP methods	94.6
Providing condoms	54.9
Providing oral pills	55.9
Providing IUD services	35.3
Displaying hoarding	20.2
Distributing IEC material	21.6

Characteristics of doctors who prescribe or provide FP methods

An effort was made to study whether those who prescribe or provide methods have some unique characteristics or all of them, irrespective of system of medicines practiced, type of method prescribed, age, or training were equally involved in FP activities.

Survey found that doctors prescribing allopathic medicines are more likely to either provide or prescribe oral contraceptives to their patients.

Only a few doctors from urban areas with one of them being a female were inserting IUDs themselves. Others referred patients to Government health centres/hospitals, though the number of referrals were not large. Some doctors also reported that they were referring clients, especially women for sterilisation.

Younger doctors tend to have greater awareness of family planning methods, especially the temporary methods. These doctors are also the ones who are professionally qualified with most of them having undergone training for 5 to 6 years.

2.4 Inputs ISM doctors want and need

Doctors want and would need mainly three types of inputs to introduce family planning into their practice.

- Infrastructural facilities
- Supplies, and
- Training

Infrastructural credit facilities

Strengthening of infrastructure

Infrastructural facilities are the main requirements for involvement in one or more than one of the activity. These includes :

Main requirement	% doctors
More storage space	23 to 33
Minor OT facilities	30 to 47
Space for wall hoarding	7 to 11
Improvement in existing infrastructure	23 to 28
Buying contraceptives	25 to 28
Miscellaneous purpose (maintenance of infrastructure, environmental sanitation, development of literature etc.)	22 to 40

The provision of these facilities have monetary implications and may cost an approximate expenditure in the vicinity of Rs.30,000.

In addition, about one - fourth of all doctors and one-half of doctors under the age of 40 years expressed a specific need to have credit facilities.

However, most of the doctors want loan of Rs.90,000 or more.

Purpose for having loan was Construction (65.4), Purchase of equipment (69.2), Furnishing of Clinic (26.9), Purchase of educational aids (19.2), Purchase of vehicles (7.7) and Other/ miscellaneous purposes (11.5)

Mostly doctors wished to repay the loan over a period of 3 years, 5 years or 7 or more years depending on the amount of loan.

Supplies

All the doctors who were prescribing or providing contraceptives feel that on unit cost basis the amount per method (contraceptive cost + consultation) provided should be :

Per cycle of pill	Rs. 5 to Rs. 6
Per pack of condom	Rs. 4 to Rs. 5
Per IUD insertion	Rs.40 to Rs.50

Since the cost of contraceptives under Social Marketing is nominal, the doctors can give contraceptive to the client free, their usual services charges would be the profit.

Training

If given opportunity, 68 percent doctors are willing to undergo training in family planning.

Aspects desired to be learnt during the training period mentioned were :

All aspects of all FP methods (76.8), IUD insertion (71.0), Use of all spacing methods (4.3), MCH care (34.8), Child health care (26.1) and Reproductive health problems (18.8)

Over half of the doctors wanted training for a period of upto 2 years, while the others either wanted training for a longer duration or did not specify the period.

Nearly 48% doctors were willing to go outside the village for training while 52% were not willing to go outside the village.

III IMPLICATIONS FOR PROJECT DEVELOPMENT

3.1 Target group of doctors

We found a large variation in doctor's interest for having credit facilities or loan. The best means of identifying doctors is to focus on younger doctors below 40 years of age, those who have some professional training and an OPD attendance of 8 patients per doctor per day.* This number comes to 314.

Going by this, if components of credit facilities, training, supply channels are introduced into the practice of about 300 doctors in Rajkot on pilot basis, it is envisaged that they would have the potential to reach 180,000 clients over the course of an year. Based on the assumptions of 2 potential clients for family planning advice and/or services per doctor per day for 25 days in a month.*

* Ruthe E, Levine and Hary E. Cross, The Urban Institute and Ashok Gopal and Hema Vishwanathan SRRRI (1993) " Do Rural doctors have what it takes to provide family planning services" - A study conducted in Uttar Pradesh.

3.2 Supply Logistics

There are two possible sources of supply of contraceptives :

- Through social marketing network of Government of India
- Government supplies

Since social marketing network supplies contraceptives at low cost, it should be encouraged to supply to the trained ISM practitioners. The doctors will charge the client the cost which social marketing charges, instead of charging this cost separately, it is recommended that doctor's fee be slightly increased to cover the subsidized cost of condoms and oral contraceptives. That is, doctor's fee will cover both fee and cost of contraceptives.

3.3 Training

The most important input desired is training, both in specific contraceptive methods and in the target areas of MCH care and reproductive health. Thus, there is a need to develop a full training package of 6 days duration and invite participation of doctors from nearby villages in central towns of Rajkot, Junagadh and Jamnagar. Since training has to be conducted in a few batches, possibility of undertaking training in different regions of the district should be explored. The training curriculum should include not only specific information about family planning and counselling but also background education on the health benefits of birth spacing and family size limitation.

The USAID project in Uttar Pradesh "Innovations in Family Planning Services" (IFPS) has developed a curriculum for short duration training. Their curriculum and their method could be used for this training, with provision of follow-up/reorientation training at every quarter.

The doctors should also be made aware of the potential for financial benefits, if they provided family planning services.

3.4 Identification of professional associations for training and coordination of activities of this project

Survey has identified four professional associations namely, (i) Rajkot Medical Society (ii) Family Planning Association of India (iii) Vaidhya Sabha, Rajkot and (iv) Gujarat Homoeopathic Doctor's Association, Rajkot as potential associations for taking up the role of training and coordination of activities of this project. They all have expressed interest in getting involved and undertaking both these roles.

Ideally, Vaidhya Sabha for Ayurvedas and Homoeopathic Doctor's Association for Homoeopathic should be involved in training activities of their respective professionals. Perhaps coordination role is most suited to the Family Planning Association of India or Rajkot Medical Society. The decision as to who among the four should be actually given role of coordination and even training activities of this project needs much more information on these associations in the background of the doctors to be trained and type of monitoring needed. Their selection should be based on (i) The current involvement of Associations identified - current heavy involvement may not draw their full attention on the PROFIT project, (ii) Leadership quality, (iii) Acceptance of the associations among the ISM practitioners and homoeopaths, (iv) Experience in undertaking such responsibilities (v) Overall information on both manpower and physical infrastructure and vi) Existing expertise/ capabilities.

In other words a further assessment of each of the above associations on these points is required. This exercise should be undertaken in the background of the project requirement which has now become clearer after this study.

In the absence of such detailed assessment, it is difficult, at this stage to recommend particular association/associations for training and coordinating responsibilities. A detailed checklist is needed to assess their experience in training (identification of trainers, development of training curriculum, duration, venue, training aids etc.), monitoring, supervision, capability in providing assistance / support for developing linkages with social marketing channels, credit - providers etc. In nut-shell thorough assessment is needed to identify one or more suitable association(s) for the role of training and coordination. PROFIT should undertake this assessment or get this assessment undertaken on the above parameters.

Once the association/associations are selected on their merit based on the above checklist, it is recommended that they should visit training sites of IFPS Project (USAID project in Uttar Pradesh) to take benefit from its experience in training and involvement of ISM practitioners.

3.5 Credit facilities/loan

Over 80 percent doctors have expressed the infrastructural needs, such as improvement in their existing infrastructure, have more storage space, provision of minor OT facilities, space for wall hoarding etc. All these indicate some sort of financial support. This study has found that about 25 percent doctors expressed specific need of having financial assistance/loan. Two modal values of loan requirement are :

Rs.30,000/- to Rs.40,000/- and Rs.90,000/- to Rs.1,00,000/-.

The PROFIT Delhi, has identified Rajkot Sahakari Bank located in Rajkot to provide loan facilities to the doctors. The detailed modalities be worked out later.

IV GUIDELINES/STRATEGY FOR IMPLEMENTATION

This study has indicated that several steps are needed for project implementation. The following steps are suggested for this pilot demonstration project:

4.1 Selection of professional association(s) for training and coordination

As stated earlier, there is a need to further assess capabilities of these four associations and identify one or two of them to undertake responsibility of training and/ or coordination of activities related to the project. This association will initiate all the activities (listed further) to launch the project.

4.2 Selection of doctors and training them

Since it is going to be a regional training, it is recommended that priority should be given to involve and train all the doctors who have practice of attending 8 or more patients a day*. In Rajkot, this number is estimated to be 314 doctors. Twenty-five percent of them have expressed interest in taking loan and expand their services to include good family planning/reproductive health services; this number comes to 75-80 doctors. This number of doctors should be imparted training in 3 to 4 batches in the first phase, so that cycle of taking loan and providing family planning services should start right away. Then in the second phase, all those with practice of 8 patients a day and have expressed interest in getting involved in family planning work (numbering 283 - Annexure XVI) should be given training and involved in family planning work so that involvement of ISM practitioners in Rajkot shows its impact on the level of contraceptive prevalence rate and ultimately fertility of Rajkot.

* Ruthe E, Levine and Hary E. Cross, The Urban Institute and Ashok Gopal and Hema Vishwanathan SRRI (1993) " Do Rural doctors have what it takes to provide family planning services" - A study conducted in Uttar Pradesh.

4.3 Identify the supply channels

The Family Welfare programme in India (covering all states) has a strong element of social marketing scheme. Under the scheme the supplies are provided to various outlets like chemists, kirana shops, General merchants & even pan shops through the supply channels of some large companies dealing with contraceptives. Linking trained ISM practitioner with this channel would have served their supply requirement of contraceptives. But in Rajkot, Mehta Trading Company deals with social marketing brands of the company DKT and has a fairly good distribution network. This agency has also expressed interest in working with ISM and homoeopathic practitioners in their supply channel. Therefore, in case of Rajkot Mehta Trading Company may be linked with trained ISM practitioners for supplies. An additional advantage of this arrangement will be that a general perception of "Government supplies are of poor quality" will also be overcome.

4.4 Credit facilities

The PROFIT Delhi, has identified Rajkot Sahakari Bank located in Rajkot for providing credit facilities to the doctors. The detailed terms and conditions for providing loans, repayment terms and role of PROFIT needs to be clearly spelt out.

4.5 Making credit facilities available

Introduce doctors to the credit scheme developed by Rajkot Sahakari Bank.

4.6 Follow-up for problems related to working in the job situations

A follow-up visit after about 3 months of training will be made to the clinics/houses of trained doctors to assess :

- Whether training was adequate
- Whether they have started providing counselling and services

This follow-up visit will help in strengthening training and emphasizing other related aspects to increase involvement of these doctors in the programme.

4.7 Evaluation of the success of this pilot project :

After a period of about two years an attempt should be made to assess success of this demonstration pilot project. The indicator will be the percentage of trained doctors involved in actual delivery of counselling and services. On the basis of this evaluation study, decision will be taken on how far this idea should be replicated in other districts of Gujarat or even India.

Conclusion

The study has shown that there is a definite feasibility for involving, ISM practitioners including Homoeopaths in the promotion of family planning methods. The pilot project can be successful even, if it is implemented only in the rural areas of Rajkot, as there are more than 2000 ISM doctors including homoeopaths who provide services to the rural community. Going by any norms or/and by the most conservative estimate, there will be a minimum of 300 doctors available for the study. On successful demonstration of the study, the same can be replicated in other parts of Gujarat.

CHAPTER I

INTRODUCTION

1.1 BACKGROUND

The PROFIT (Promoting Financial Investments and Transfers) project has implemented two projects - one in Philippines and another in Indonesia which work with private individual health care providers. In both these projects, PROFIT assisted in the training of health care functionaries and opened avenues for credit facilities which enabled them to provide family planning or improved family planning services. This increased access to and provided better quality of family planning services to people.

PROFIT now wants to investigate the feasibility of implementing a similar project in India. India has about 500,000 formally trained practitioners of various Indian systems of medicine (ISM), which include Ayurveda, Homeopaths, Sidha and Unani. Bulk of the non-formal primary health care services are provided by these practitioners to the rural population. They are an important part of local communities and culture, and have strong influences on the health practices of rural people.

According to Ministry of Health and Family Welfare's report on ISM Practitioners - 1988, even today when Allopathy dominates the scene, about 75 percent population consult traditional physicians, at some time or the other because they are easily available, affordable and acceptable health care and cure resources. A planned and organised effort to dovetail the functioning of these practitioners, especially for accelerating family planning acceptance will help in achieving a reduction in birth rate.

Similarly, a study using traditional practitioners in Uttar Pradesh to deliver family planning services after a brief training period found dramatic increase in contraceptive knowledge and use within the community after a two year intervention period.

Given the wide coverage of private practitioners of indigenous medicine, and their acceptability within the Indian rural culture PROFIT wishes to have an extensive study conducted to assess the feasibility of involving them in promotion of family planning methods.

MODE RESEARCH PVT. LTD., New Delhi Office was entrusted with the responsibility of conducting the Feasibility study for involving ISM Practitioners in the promotion of Family Planning methods.

1.2 STUDY OBJECTIVES

The broad objective of the study is to assess the feasibility of involving ISM Practitioners as potential partners in the promotion of family planning and to identify their needs, such as credit facilities, training or other inputs to introduce family planning into their practice in Rajkot and two other adjoining districts Jamnagar and Junagadh in Gujarat.

Keeping in view the above objectives the **scope of work** included:

- Survey of practitioners to assess their willingness to provide family planning services and to identify their needs and constraints
- Gathering information from community regarding perception of ISM Doctors.
- Interviews with professional associations, Family planning NGOs, and educational institutions in Rajkot and contiguous districts of Rajkot for meeting training needs of ISM practitioners
- Meeting with Banks in Rajkot, especially Rajkot Sahakari Bank for meeting credit needs of ISM Doctors.

- Identifying supply channels of contraceptives for providing contraceptive supplies to ISM practitioners.
- Assessing the extent to which the contraceptive prevalence rate in the district is likely to increase as a result of the involvement of ISM practitioners in providing family planning services.
- Based on the survey results, MODE to prepare an assessment report with recommendations of whether to implement a project with ISM practitioners as potential partners.

1.3 METHODOLOGY - AN OVERVIEW

During June-August 1996, Social Research Unit (SRU) a speciality Unit of MODE Research Pvt. Ltd. undertook the study by adopting the following methodology:

1.3.1 Sampling

Given the unregulated nature of occupation, and the absence of an up-to-date list of practitioners an innovative sampling technique was adopted. First, the required number of villages, urban slum areas and other Urban areas were selected from the study area in consultation with PROFIT'S representative in Rajkot. The rural/urban areas, thus, selected were across the 3 districts and were representative of rural and urban units of large, medium and small population size.

By adopting the above procedure the study units selected were:

	Rural	Slums	Urban	Total
Rajkot	7	5	3	15
Jamnagar	7	3	2	12
Jungadh	7	3	2	12
	--	--	--	--
	21	11	7	39
	--	--	--	--

Simultaneously, a list of ISM Practitioners was prepared and several local people in and around the study areas were asked for the names and address of these Doctors. Thus, a list of all ISM practitioners including those of Homoeopaths was prepared. Thereafter, all these doctors were interviewed in the selected units. Any other ISM doctor not listed but found during survey was also interviewed.

1.3.2 Data Collection Tools

Keeping in view the objectives of the study, a set of detailed data collection tools were prepared which consisted :

- Questionnaire for ISM practitioners
- Indepth interview guidelines for community leaders and
- Focus Group Discussion guidelines for the community
- Indepth interview guidelines for professional Association/Family Planning NGOs
- Indepth interview guidelines for financial institutions/bankers, and
- Indepth interview guidelines for
 - "Contraceptive suppliers and
 - Government officials"

ISM Doctors

Assessment was made of ISM Practitioners background, capabilities, clientele, level of knowledge about MCH and methods of family planning, their willingness and support required for making them potential partners in the delivery of family planning services.

Community

Consumer's knowledge was assessed on availability of primary health care, MCH and family planning services in their areas, the utilisation pattern, consumers attitude towards ISM doctors and factors affecting the choice of a doctor.

Professional Associations/NGOs

The potential role of professional associations for providing training, contraceptives and other support to the PROFIT project was assessed.

Bankers

Rajkot Sahakari Bank for meeting credit needs of ISM doctors was identified and contacted directly by the PROFIT office, Delhi.

Contraceptive suppliers

Information was collected to demarcate PROFIT's role in creating linkages with contraceptive distributors and large suppliers, including Government supplies.

1.3.3 Sample Coverage

By adopting the above methodology the following coverage was made:-

Category of personnel	Type of interview	Sample size			
		Raj- kot	Jam- nagar	Juna- gadh	Total
1. ISM practitioners	Structured	50	25	27	102
2. Consumers	- Indepth	20	10	11	41
	- FGD	4	2	2	8
3. Professional associations*	Indepth	8	1	1	10
4. Contraceptive suppliers:					
	- Distributors/ Suppliers	Indepth	14	10	6
- Government officials	Indepth	3	1	1	5

* FGD : Focus Group Discussion

Total number of interviews conducted were 17 as more than one official was interviewed from some

organisations

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1.4 ORGANISATION OF THIS REPORT

In the first stage the main study findings and implications of those findings for development of PROFIT project in selected districts have been presented. This is covered in chapter 2, sections 2.1 to 2.5.

Next based on findings an assessment report with recommendations of whether to implement a project with ISM practitioners as potential partners have been given. (chapter 3, sections 3.1 to 3.3)

Lastly, the guidelines/strategy for implementation have been given. (chapter 4, sections 1 to 7)

CHAPTER II

MAIN STUDY FINDINGS

2.1 BACKGROUND

A. Doctors available in the project area

Private practitioners of allopathic discipline, Indian systems of medicine, Homoeopathy and Government facilities (District hospitals, CHCs, PHCs, health centres) provide preventive and curative health care services in rural and urban areas of Gujarat. In the rural and urban slum areas there is a rich variety of ISM practitioners comprising largely Ayurvedas followed by homoeopaths. There are ISM doctors who are formally trained and others who have learnt through informal apprenticeship. Most of these doctors, especially the trained ones prescribe Allopathic medicines.

A list of ISM doctors was prepared before starting the survey. However, these figures are likely to be substantially off the mark. Based on the list and the number of doctors actually found during the survey in each of the selected locations, it is estimated that there would be in all 3954 doctors in the three districts, constituting 2098 doctors in Rajkot, 1134 in Junagadh and 725 in Jamnagar.

B. Doctors interviewed

A total of 102 ISM practitioners were interviewed which included 62 Ayurvedas, 32 homoeopaths and only one unani. Majority of these doctors were formally trained, while there were some who have not had the benefit of formal training, including Registered Medical practitioners, quacks etc. A focussed attempt was made to interview doctors who were formally trained.

Information was gathered from each of these doctors and the findings have been presented under the following four broad heads:-

1. Profile of ISM practitioners.
2. Knowledge and provision of family planning services.
3. Willingness for involvement in promotion of family planning methods.
4. Inputs doctors want and need.

2.2 PROFILE OF ISM PRACTITIONERS

The profile of doctors have been discussed briefly in this section, while the detailed tables have been given in Annexures 1 to V.

2.2.1 Demographic and socio-economic profile

Age & Sex

The average age of an ISM doctor was 40.7 years, with 53 percent of them being below 40 years and 47 percent above 40 years of age.

Barring only one female ISM doctor, all others were male doctors.

Religion and Caste

About 96 percent of the ISM doctors were Hindus, and the remaining 4 percent were Muslims. Ninety percent doctors belonged to other caste groups, while 7 percent to backward castes, and 1 percent each to scheduled castes and scheduled tribes.

No. of Children

On an average an ISM doctor has 2 to 3 living children.

Availability of electricity

Electricity was available at home and at the clinics in case of 99 percent and 97 percent of doctors respectively.

Possession of Durables

Most of the doctors possess modern amenities at home, with 99 percent of them owning Television sets, 88 percent radio, 79 percent tape recorder and about 85 percent a mobike/Scooter etc. Majority of them (87%) have gas connection and more than half (54%) have telephones, in addition to tractors (6%), bullock carts (5%) etc.

Household Income

Average household income per month for an ISM doctor is Rs.3622/-, with 47 percent of them earning between Rs.2000/- to Rs.4000/- and 41 percent earning Rs.4000/- or more per month. Doctors who have formal training are economically better off than those without training.

Findings of specific relevance to our study are:

Doctor's characteristics	% doctors
* Young Doctor	
Less than 30 years	17.6
31-40 years	35.5
* Doctors earning per month:	
Rs.2000/- to Rs.4000/-	47.1
Rs.4001/- or more	41.1

2.2.2 Professional training

In all 85 percent IBM reported to have acquired their professional qualification from recognised institutions, while the remaining 15 percent had acquired knowledge through informal apprenticeship or experience.

From 87, (85%) professionally trained doctors, 32 percent were DHMS/BHMS, 29 percent BAMS, and 28 percent BSAM. Other professional courses mentioned by 11 percent doctors included BSM, MD Ayurvedic, Unani, LCEH etc.

Looking at the sources of training, most the doctors received training in the Aurvedic and Homoeopathic institutions of Gujarat, while a few received training in institutions located outside Gujarat.

About 97 percent doctors had registered themselves with their respective Medical Associations this included both formally trained and not formally trained doctors.

When passed

Half of the doctors received their professional qualification within the last 15 years, while the other half received it over 15 years back.

Duration of training

Two-thirds (63%) of the doctors have received professional training for a period of 5 years or more, followed by nearly one third doctors (31%) who received training for a duration of 3-5 years and the remaining 6 percent less than 2 years.

Training contents

Main subjects studied during the training have been Anatomy (72%), physiology (59%), materia medica (76%), preventive and social medicine (51%), maternal and child health (61%), Family planning (32%), pharmacology (52%) and pathology (63%). Unexpectedly over two-thirds of the doctors mentioned surgery.

Findings of direct relevance to our study are:

<u>Important observations</u>	<u>% doctors</u>
- Doctors formally trained	85.3
- Duration of formal training:	
3 - 6 years	31.4
6 or more years	62.7
- Subjects studied	
MCH care	60.8
Family Planning	32.4

2.2.3 Work Experience and treatment practices

Length of practice

Average length of time in practice is over 16 years, but nearly half of the doctors have been practicing for over 16 years, over one third have been practicing for 10-15 than 15 years and the remaining for less than 5 years.

Most of these doctors have been practicing in their respective areas right after passing the medical course.

Place where practicing

Over 80 percent of the Doctors have a separate Clinic, while 16 percent of them are practicing at home, and 10 percent both at home and clinic. About 12 percent of them are providing service in nearby Villages, Medical Trusts, Health Centres, Maternity homes etc.

Illnesses for which people come for treatment

Ninety five percent doctors reported that people come to them doctors for minor and Common ailments, while 40 to 50 percent come for specific respiratory and digestive disorders and 65 percent for specific women and children issues. The other problems for which people come to these doctors seems to be along the lines of morbidity pattern in their respective areas.

Doctors prescribing allopathic medicines

Nearly two-thirds of the IYM doctors are prescribing allopathic medicines, either as a main or as a supplementary system, with vast majority of those practicing allopathy have little or no professional training.

Specific activities having significance for our study include:

	% doctors -----
- Doctors having a separate clinic	80.6
- Doctors providing for :	
Ante natal care	29.4
Reproductive health problems/treatment	20.6
Immunisation of children	14.7

2.2.4 Source of medicine and procurement procedure

Main source of supply of medicines include bulk suppliers located at Rajkot and retailers in Rajkot, Jamnagar and Junagadh. The medicines are procured through the following channels:

Procurement Procedure -----	% doctors -----
Through Medical/Sales Representatives	58.8
Directly from the shops	18.6
Both (sometimes from the Shops and sometimes from the Medical Representatives)	30.3

2.3 KNOWLEDGE AND PROVISION OF FAMILY PLANNING SERVICES

ISM Doctors constitute a large network in rural Gujarat and so are the large number of women in the reproductive age group. This suggests that these doctors can be potential partners in family planning promotion. The next question then, is, whether they have the capability to provide family planning services?. While it is difficult to judge their technical competence to provide family planning services, but it is possible to assess their awareness of particular method and whether they are prescribing and/or providing family planning services. This section gives brief description of awareness level and prescription and provision of FP methods, while the detailed tables are given in Annexures VI to X.

2.3.1 Knowledge about Family Planning Methods

Approval of Modern Methods

Family Planning is a matter deemed important by the ISM Doctors as over 91 percent approved it without any reservation.

Awareness of Modern methods

Most of the Doctors (88%) are aware of modern methods of family planning. Their level of knowledge for specific spacing method of family planning is:

Awareness by type of method	% doctors
Oral Pills	88.2
Condom	93.1
IUD	97.0

With respect to age, younger doctors have higher level of knowledge of family planning methods compared to their comparatively older counterparts.

2.3.2 Knowledge about side-effects of family planning methods

Nearly 90 percent of the doctors who knew specific spacing methods of family planning were also aware of their side-effects.

Oral pills

79 (87.8%) doctors out of 90 who knew the method reported some side effect or the other. However, 12 percent reported no side effect.

Condoms

84 (88.4%) doctors out of 95 who knew the methods mentioned its usage pattern, while nearly 7 percent reported can't say. Few doctors reported some side-effects which could possibly occur in few cases with sensitive skins.

IUD

87 (88%) doctors out of 99 mentioned some side-effects which are generally associated with IUD, though they are temporary, while 5 percent said can't say.

After taking out responses such as 'can't say' for condoms and IUD and 'No side effect' for oral pills, the percentage of doctors having knowledge about side-effects are as follows :

Contraceptive method/side-effects	% doctors
Oral pills	75.8
Condoms	81.4
IUD	83.0

2.3.4 Knowledge about contraindications of family planning methods:

Most of the Doctors mentioned one or the other contraindication in the use of spacing methods of family planning.

Important method specific contraindications for our study are:

Oral Pill -----	% doctors -----
Not to be given without proper check-up	15.2
Not to be given to pregnant and lactating mothers	45.5
Not advised to women suffering from hormonal problems, cancer, high blood pressure etc.	15.2

IUD ---

For IUD 12 percent Doctors could not mention any of the contraindications, while all others mentioned one or the other contraindication. Some of which are in the generalised form such as women suffering from acute and chronic disease should not use (18%). Other contraindications mentioned are:

Should not be used during pregnancy	40.2
Women having heavy menstrual flow of blood should not use	11.5
Don't know	11.5

Condoms

Leaving aside 5 percent doctors who said can't say all others know one or the other contra-indication. The response mentioned as 'not to be used by persons having sensitive skin' (20%) implies that doctors do not have knowledge of superior quality of condoms

2.3.5 Knowledge about source of availability of FP method and usage by the community

Source from where people can obtain FP Methods

All the Doctors mentioned correctly the various sources from where people can obtain family planning methods.

These included

Source of availability	% doctors
Government hospital/PHC/Sub centre	87.2
Private doctors/clinic	41.2
Chemists	67.6
Other sources	53.8
Ayurvedic + Homoeopathic doctors	14.7

Whether people use any spacing methods of F.P.

About 62 percent doctors feel that the people are using one or the other spacing method of family planning.

Perceived reasons why people do not use any FP method

As per the doctors the main reason for not accepting any method by the people are :

Reasons for non-usage	% doctors
Lack of education/desire for a son	86.2
Not easily accessible/irregular supply	16.7
Personal reasons	34.3

2.3.6 Recommendation and provision of FP methods

Doctors prescribe /recommend FP method

Given the high levels of awareness of contraceptive methods and the reports of frequent family planning related discussions with clients, it might be expected that ISM Doctors suggest or provide method at least occasionally. It was found that a sizable proportion of 81 percent doctors recommended family planning methods to their client. The methods prescribed/recommended are:

FP method	% doctors
Oral Pills	73.5
Condom	78.3
IUD	90.4
Tubectomy	37.3
Vasectomy	10.8
Laprascopy	27.8

Doctors provide FP Method

Only 10 Doctors provided any family planning method in contrast to 83 doctors who recommended one or the other method. Eight doctors are providing oral pills, 7 condoms and 5 are doing IUD insertions. All the doctors providing IUD services are located in the urban areas with one of them being a female doctor.

Doctor's charge/cost for FP services

In all 10 doctors reported to have provided Family Planning services. Some of them were charging the clients separately for contraceptive cost and consultation, while others were including the contraceptive cost in the consultation fee.

	No. of Doctors
* Charge contraceptive cost separately	3
* Include contraceptive cost in consultation.	2
* At times charge contraceptive cost separately and at time include it in consultation	6

The average amount charged on a unit-cost basis was:

Per cycle of Pills	Rs. 5.0
Per pack of condom	Rs. 3.5
Per IUD insertion	Rs.40.0

Source of Procurement of Contraceptives

All these 10 Doctors were procuring the supply of contraceptives from Government sources such as PHC health worker, Government hospital, Municipality etc. The average quantity of contraceptive obtained at a time was:

* Condoms	200 to 300 packs (6 pieces each pack)
* Oral Pills	15 cycles
* IUD	A few

Price people are willing to pay

The prices charged by the service providers were willingly paid by the community.

All other doctors who were not providing any family planning services feel that on unit cost basis the amount per method contraceptive cost + consultation provided should be :

Per cycle of Pill	Rs.5 to Rs.6
Per pack of condom	Rs.4 to Rs. 5
Per IUD insertion	Rs.40 to Rs.50

Findings of specific relevance to our study are :

	5 doctors -----
Approve FP methods	91.0
Aware of important method specific :	
- Side effects	75 to 85
- Contraindications	50 to 75
Prescribe spacing methods	81.0
Distribute methods	10.0
Charges (contraceptive+consultation) Community is willing to pay on a unit cost basis	
- Per cycle of pill	Rs.5 to Rs. 6
- Per pack of condom	Rs.3 to Rs. 4
- Per IUD insertion	Rs.40 to Rs.50

Findings of specific relevance to our study are:

- Community members should not be made to pay separately for consultation and price of contraceptives. The charge should be consultation fee covering price of contraceptives.
- Doctor should be young for providing spacing methods, though for motivation doctors of all ages are good especially the older ones.
- Doctor should have a lady associate to talk council on FP methods.

2.4 WILLINGNESS OF ISM DOCTORS FOR INVOLVEMENT IN PROMOTION OF FAMILY PLANNING METHODS

The success of PROFIT project that seeks to involve ISM doctors participation in promotion of family planning methods is determined to a great extent by the practitioner's willingness to provide family planning service to the clients, the type of activities they would like to undertake and the support they want from PROFIT.

An effort was made to study whether who prescribe or provide methods have some unique characteristics or all of them, irrespective of type of method prescribed, age or training were equally involved in FP activities. For this purpose cross tabulations were done by these characteristics (above mentioned) of the doctors.

System of medicine practiced

Looking first by system of medicine practiced, it appears that doctors prescribing allopathic medicines are more likely to either provide or prescribe oral contraceptives to their patients compared to their counterparts who are not prescribing allopathic medicines. But for condoms, there is no significant variation in their provision or prescription behaviour among doctors practicing the different types of medicines.

Only a few doctors with one of them being a female and residing in the urban areas inserted IUDs themselves. Others referred patients to Government health centres/hospitals, though the number of referrals were not large.

Some doctors also reported that they were referring clients, especially women for sterilisation.

Age and training of doctor

With respect to age, younger doctors tend to have greater awareness of family planning methods, especially the (temporary) methods. These doctors are also the ones who are professionally qualified with most of them having undergone training for 5 to 6 years.

2.4.1 Willingness for involvement

After establishing that ISM doctors have good level of knowledge and interest in providing family planning services, the next issue is, about their willingness to do more. The responses of the doctors have been discussed briefly in this section.

Survey data found that as large a proportion as 92 percent doctors expressed their willingness to get involved in promotion of family planning methods. The activities in which they want to get involved are:

Type of activities -----	% doctors -----
Advising/counselling on FP methods	94.6
Providing condoms	54.9
Providing oral pills	55.9
Providing IUD services	35.3
Displaying hoarding	20.2
Distributing IEC material	21.6

2.5 INPUTS ISM DOCTORS WANT AND NEED

The survey findings have indicated the types of inputs that doctors want and would need to introduce family planning into their practice. These inputs have been presented under three broad heads in this section (tables are given in Annexure XI to XIV).

- i) Infrastructural facilities
- ii) Supplies, and
- * iii) Training

2.5.1 Infrastructural facilities

Strengthening of infrastructure

Main requirements for involvement in one or more than one of the activity mentioned in section 2.4.1 include:

Main requirement	% doctors
More storage space	23 to 33
Minor OT facilities	30 to 47
Space for wall hoarding	7 to 11
Improvement in existing infrastructure	23 to 28
Buying contraceptives	25 to 28
Others	3 to 7
Miscellaneous purpose (maintenance of infrastructure, environmental sanitation, development of literature etc.)	22 to 40

Loan facilities

In addition, about one - fourth of all doctors and one-half of doctors under the age of 40 years expressed a specific need to have credit facilities.

The requirements in terms of infrastructure and facilities was reported by 92 percent of the doctors. The provision of this has monetary implications i.e. doctors want and need monetary support to have the above facilities in their clinics. These may cost an approximate expenditure in the vicinity of Rs.30,000.

Amount not mentioned	15.4
Upto Rs.40,000	7.6
Rs.40,000 to Rs.50,000	15.4
Rs.50,001 to Rs.80,000	7.6
Rs.80,001 to Rs.90,000	None
Rs.90,001 to Rs.100,000	30.8
Rs.100,001+	23.1

It may be noted that most of the doctors want loan of Rs.90,000 or more as the modal value is Rs. 90,000 - 1,00,000

Purpose for having a loan

Purpose mentioned for having loan facilities were:

Construction	65.4
Purchase of equipment	69.2
Furnishing of Clinic	26.9
Purchase of educational aids	19.2
Purchase of vehicles	7.7
Other/miscellaneous purpose	11.5

Period over which will repay the loan

Mostly doctors wished to repay the loan over a period of 3 years, 5 years or 9 or more years depending on the amount of loan as per the following details:

Loan amount	Instalment (Rs.per month)	% doctors
-----	-----	-----
Upto Rs.40,000	500 to 1000	50.0
Rs.50000 to Rs.80000	1001 to 1500	11.5
Rs.90000 to 100000	1501 to 3000	23.1
Rs.100001+	3001 +	15.4

2.5.2 Supplies

The survey has shown that those doctors who were providing contraceptives to the people were obtaining them from Government sources. The Government channels feasible for PROFIT project seems to be the Social Marketing Channel which supplies contraceptive at low cost.

All the doctors who were prescribing or providing contraceptives feel that on limit cost basis the amount per method (contraceptive cost+consultation) provided should be :

Per cycle of pill	Rs. 5 to Rs. 6
Per pack of condom	Rs. 4 to Rs. 5
Per IUD insertion	Rs.40 to Rs.50

Since the cost of contraceptives under Social Marketing is nominal, the doctors can give contraceptive to the client free, their usual services charges would be the profit.

2.5.3 Training

If given opportunity, 68 percent doctors are willing to undergo training in family planning.

Aspects to be learnt

Aspects desired to be learnt during the training period mentioned were :

	% doctors
All aspects of all FP methods	76.8
IUD insertion	71.0
Use of all spacing methods	4.3
MCH care	34.8
Child health care	26.1
Reproductive health problems	18.8

Duration of training

The duration of training desired is:

	% doctors

Upto 2 weeks	50.7
4 weeks	14.5
8 + weeks	16.0
Period not mentioned	18.8

Willingness to go outside the village

As regards willingness to go outside the village for training the responses received were:

Willing to go outside the village	47.8 doctors
Not willing to go outside the village	52.2 doctors

2.5.4 Perception of community

As regards perceptions and reactions of the community the following findings emerge:

- * Community feel that since most of the people have faith in ISM doctors, they would prefer to go to them for family planning services once they start providing it. The community leaders feel that no one from the community would be willing to pay for the methods as 90 percent of them are used to getting free Government Services.
- * Community feel that most of the ISM doctors are aware of various family planning methods, their effectiveness, side-effects, and contraindications.
- * IUD is the main contraceptive accepted by rural women but these doctors do not have expertise for inserting IUD. Women also hesitate to go to male doctors for getting IUD inserted.

- * The nature of oral pills is considered to be belonging to allopathic discipline of medicine and people have no idea about these doctor's capability of providing this contraceptive.

- * The community feels that, if ISM doctors are trained properly, and if they are provided with quality equipment, ISM doctors can provide family planning services. Moreover, community feel that these doctors can also motivate male members to accept contraceptives like condoms or sterilisation - the acceptance of which is very low at present.

- * Community further feels that ISM Doctor who provide family planning services should be young as most of the young eligible couples are in need of spacing methods and they feel more comfortable in talking to young doctors. They further feel that the doctor should have a lady staff so that women folk could come and tell their problems without any inhibition.

These findings are supported by the fact that as many as 68 percent of the ISM practitioners showed willingness to undergo training in family planning methods.

CHAPTER III

IMPLICATIONS FOR PROJECT DEVELOPMENT

The survey results provide a detailed description of the ISM Practitioners, i.e. his practice pattern, his level of knowledge and willingness for participation in promotion of family planning methods. It further provides information about what inputs these doctors need in terms of training, credit facilities, supply channels for contraceptives or other support that would facilitate their involvement. An attempt has been made in this chapter to identify the major implications of the survey findings which would help involve ISM doctors as potential partners in delivery of family planning services.

3.1 TARGET GROUP OF DOCTORS

We found a large variation in doctor's interest for having credit facilities or loan. The best means of identifying doctors is to focus on younger doctors below 40 years of age and those who have some professional training.

Findings of a study conducted in Uttar Pradesh reveal that there is a lot of variation in doctor's workloads. The number of patients seen per day varies from less than 5 to over 15 and the doctors with more patient loads would be able to reach greater number of potential family planning clients for family planning advice and/or services.

Thus, for our study purpose we can presume an average OPD attendance of 8 patients per doctor per day*. Going by this, if components of credit facilities, training, supply channels are introduced into the practice of about 300 doctors in Rajkot on pilot basis, (Estimation procedure given in Annexure XII) it is envisaged that they would have the potential to reach 180,000 clients over the course of a year. Based on the assumptions of 2 potential clients for family planning advice and/or services per doctor per day for 25 days in a month.*

* Ruthe E, Levine and Hary E. Cross, The Urban Institute and Ashok Gopal and Hema Vishwanathan SRRI (1993) " Do Rural doctors have what it takes to provide family planning services" - A study conducted in Uttar Pradesh.

3.2 SUPPLY LOGISTICS

There are two possible sources of supply of contraceptives :

- Through social marketing network of Government of India
- Government supplies

Since social marketing network supplies contraceptives at low cost, it should be encouraged to supply to the trained ISM practitioners. The doctors will charge the client the cost which social marketing charges, instead of charging this cost separately, it is recommended that doctor's fee be slightly increased to cover the subsidized cost of condoms and oral contraceptives. That is, doctor's fee will cover both fee and cost of contraceptives.

3.3 TRAINING

The most important input desired is training, both in specific contraceptive methods and in the target areas of MCH care and reproductive health. This implies that the PROFIT project has the opportunity and the responsibility to increase ISM doctor's awareness of the importance of health benefits of family planning, in addition to MCH and method specific knowledge.

Thus, there is a need to develop a full training package of 6 days duration and invite participation of doctors from nearby villages in central towns of Rajkot, Junagadh and Jamnagar. Since training has to be conducted in a few batches, possibility of undertaking training in different regions of the district should be explored. The training curriculum should include not only specific information about family planning and counselling but also background education on the health benefits of birth spacing and family size limitation.

The USAID project in Uttar Pradesh "Innovations in Family Planning Services" (IFPS) has developed a curriculum for small training. Their curriculum and their method could be used for this training.

The present focus of family planning has to be expanded beyond the demographic rational. The doctors should also be made aware of the potential for financial benefits, if they provide family planning service. There should be provision of follow-up/reorientation training at every quarter.

3.4 IDENTIFICATION OF PROFESSIONAL ASSOCIATIONS FOR TRAINING AND COORDINATION OF ACTIVITIES OF THIS PROJECT

Survey has identified four professional associations namely, (i) Rajkot Medical Society (ii) Family Planning Association of India (iii) Vaidhya Sabha, Rajkot and (iv) Gujarat Homoeopathic Doctor's Association, Rajkot as potential associations for taking up the role of training and coordination of activities of this project. They all have expressed interest in getting involved and undertaking both these roles.

Ideally, Vaidhya Sabha for Ayurvedas and Homoeopathic Doctor's Association for Homoeopathic should be involved in training activities of their respective professionals. Perhaps coordination role is most suited to the Family Planning Association of India or Rajkot Medical Society. The decision as to who among the four should be actually given role of coordination and even training activities of this project needs much more information on these associations in the background of the doctors to be trained and type of monitoring needed. Their selection should be based on (i) The current involvement of Associations identified - current heavy involvement may not draw their full attention on the PROFIT project, (ii) Leadership quality, (iii) Acceptance of the associations among the ISM practitioners and homoeopaths, (iv) Experience in undertaking such responsibilities (v) Overall information on both manpower and physical infrastructure and vi) Existing expertise/ capabilities.

In other words a further assessment of each of the above associations on these points is required. This exercise should be undertaken in the background of the project requirement which has now become clearer after this study.

In the absence of such detailed assessment, it is difficult, at this stage to recommend particular association/associations for training and coordinating responsibilities. A detailed checklist is needed to assess their experience in training (identification of trainers, development of training curriculum, duration, venue, training aids etc.), monitoring, supervision, capability in providing assistance / support for developing linkages with social marketing channels, credit - providers etc. In nut-shell thorough assessment is needed to identify one or more suitable association(s) for the role of training and coordination. PROFIT should undertake this assessment or get this assessment undertaken on the above parameters.

Once the association/associations are selected on their merit based on the above checklist, it is recommended that they should visit training sites of IFFS Project (USAID project in Uttar Pradesh) to take benefit from its experience in training and involvement of ISM practitioners.

3.5 CREDIT FACILITIES/LOAN

Over 80 percent doctors have expressed the infrastructural needs, such as improvement in their existing infrastructure, have more storage space, provision of minor OT facilities, space for wall hoarding etc. All these indicate some sort of financial support. This study has found that about 25 percent doctors expressed specific need of having financial assistance/loan. Two modal values of loan requirement, Rs.30,000/- to Rs.40,000/- and Rs.70,000/- to 1,00,000/-.

Finance Providers

The PROFIT Delhi, has identified Rajkot Sahakari Bank located in Rajkot to provide loan facilities to the doctors. The detailed modalities be worked out later.

CHAPTER IV

GUIDELINES/STRATEGY FOR IMPLEMENTATION

This study has shown that there is great potential for involvement of ISM practitioners in the promotion of Family Planning methods. ISM doctors are the most important medical resource in the rural areas of Gujarat, providing care to millions of eligible couples in the reproductive age group and have sufficient coverage of the target population. These doctors currently advise and recommend family planning methods, though a limited number of them actually provide methods. Again, majority of them expressed their willingness for involvement and their practice needs show considerable interest in training and access to other inputs, such as raising/ renovation of infrastructure, minor OT facilities, free supply of contraceptives and specific need for having loan facilities.

This study has indicated that several steps are needed for project implementation. The following steps are suggested for this pilot demonstration project:

1. Identification of professional associations for training and coordination of activities of this project

Four professional organisations have been identified for undertaking the role of training and coordination. Ideally, two organisations namely; Vaidhya Sabha for Ayurvedas and Homoeopathic Doctor's Association for Homoeothic should be involved in training activities of their respective professionals. Perhaps coordination role is most suited to the Family Planning Association of India or Rajkot Medical Society. The decision as to who among the four should be actually given role of coordination and even training activities of this project needs much more information on these associations in the background of the doctors to be trained and type of monitoring needed. Their selection should be based on (i) The current involvement of Associations identified - current

heavy involvement may not draw their full attention on the PROFIT project, (ii) Leadership quality, (iii) Acceptance of the associations among the ISM practitioners and homoeopaths, (iv) Experience in undertaking such responsibilities (v) Overall information on both manpower and physical infrastructure and vi) Existing expertise/capabilities.

In other words further assessment of each of the above associations on these points is required. This exercise should be undertaken in the background of the project requirement which has now become clearer after this study.

2. Selection of doctors and training them

Since it is going to be a regional training, it is recommended that priority should be given to involve and train all the doctors who have practice of attending 8 or more patients a day*. In Rajkot, this number is estimated to be 314 doctors. Twenty-five percent of them have expressed interest in taking loan and expand their services to include good family planning/reproductive health services; this number comes to 75-80 doctors. This number of doctors should be imparted training in 3 to 4 batches in the first phase, so that cycle of taking loan and providing family planning services should start right away.

Then in the second phase, all those with practice of 8 patients a day and have expressed interest in getting involved in family planning work (numbering 283 - Annexure XIV) should be given training and involved in family planning work so that involvement of ISM practitioners in Rajkot shows its impact on the level of contraceptive prevalence rate and ultimately fertility of Rajkot.

* Ruthe E, Levine and Hary E. Cross, The Urban Institute and Ashok Gopal and Hema Vishwanathan SRRRI (1993) " Do Rural doctors have what it takes to provide family planning services." - A study conducted in Uttar Pradesh.

3. Identify the supply channels

The Family Welfare programme in India (covering all states) has a strong element of social marketing scheme. Under the scheme the supplies are provided to various outlets like chemists, kirana shops, General merchants & even pan shops through the supply channels of some large companies dealing with contraceptives. Linking trained ISM practitioner with this channel would have served their supply requirement of contraceptives. But in Rajkot Mehta Trading Company deals with social marketing brands of the company DKT and has a fairly good distribution network. This agency has also expressed interest in working with ISM and homoeopathic practitioners in their supply channel. Therefore, in case of Rajkot Mehta Trading Company, may be linked with trained ISM practitioners for supplies. An additional advantage of this arrangement will be that a general perception of "Government supplies are of poor quality" will also be overcome.

4. Credit facilities

The PROFIT Delhi, has identified Rajkot Sahakari Bank located in Rajkot for providing credit facilities to the doctors. The detailed terms and conditions for providing loans, repayment terms and role of PROFIT needs to be clearly spelt out.

5. Making credit facilities available

Introduce doctors to the credit scheme developed by Rajkot Sahakari Bank.

6. Follow-up for problems related to working in the job situations

A follow-up visit after about 3 months of training will be made to the clinics/houses of trained doctors to assess :

- Whether training was adequate
- Whether they have started providing counselling and services

This follow-up visit will help us in strengthening training and emphasising other related aspects to increase involvement of these doctors in the programme.

7. Evaluation of the success of this pilot project :

After a period of about two years an attempt should be made to assess success of this demonstration pilot project. The indicator will be the percentage of trained doctors involved in actual delivery of counselling and services. On the basis of this evaluation study, decision will be taken on how far this idea should be replicated in other districts of Gujarat or even India.

Conclusion

The study has shown that there is a definite feasibility for involving, ISM practitioners including Homoeopaths in the promotion of family planning methods. The pilot project can be successful even, if it is implemented only in the rural areas of Rajkot, as there are more than 2000 ISM doctors including homoeopaths who provide services to the rural community. Going by any norms or/and by the most conservative estimate, there will be a minimum of 300 doctors available for the study. On successful demonstration of the study, the same can be replicated in other parts of Gujarat.

Socio-Economic Profile of ISM Doctors

(Percent)

Age (Years)

Less than 30	17.6
31-40	35.9
41-50	31.6
55+	14.9
Average age	40.7

Religion

Hindu	96.1
Muslim	3.9

Caste

Backward castes	6.9
Schedules Castes	1.0
Scheduled Tribes	1.0
Others	90.2

Average number of living children 2.5

Availability of Electricity:

At home	99.0
At the clinic	97.0

Durables owned

Radio	88.2
TV	99.0
Tape Recorder	79.4
Pressure cooker	93.1
Bicycle	43.1
Scooter/Mobike	85.3
Bullock cart	4.9
Tractor	5.9
Gas connection	87.2
Telephone	53.9

Household income (Rs.per month)

Upto 1000	2.9
1001-2000	6.9
2001-3000	22.5
3001-4000	24.5
4001-5000	18.6
5000+	22.5
Average	3622.0

Total number 102

Professional qualifications and working experience of ISM Doctors

(percent)

Professionally trained/ informal apprenticeship	
Professionally trained	85.3
Informal apprenticeship	14.7
Total Working Experience (in yrs.)	
Within last 5 years	14.0
6-10	16.0
10-15	20.0
16-20	14.0
21-25	21.0
26+	15.0
Average	16.2
Place where practicing	
At home	26.4
In a separate clinic	80.4
Others (Nearby village, Medical Trust, Village Health Centre, Maternity Home etc.)	11.8
Total Number	102

ANNEXURE III

Treatment practices followed by ISM practitioners

x

Type of people generally treated

Mainly children under 5 years	2.9
Mainly children aged 6-14 years	3.9
Expectant Mothers	5.9
Primarily females	4.9
All categories (including women & children)	95.1

Illnesses for which people come for treatment

Minor & common ailments	74.1
Digestive disorders	41.2
Respiratory disorders	50.0
Oral Health	17.6
Boils/Eruptions	38.2
ENT problems	25.5
Eye diseases	13.7
Chicken pox/Measles	15.7
Diphtheria	11.8
External Injury	28.4
Reproductive Problems	20.6
Ante Natal Care	29.4
Immunisation	14.7
Asthma	29.4
Chronic Diseases	25.4
Skin Disease	36.3
Others	37.3

Whether prescribe Allopathic medicines

Yes	64.7
No	35.3

Total number 102

ANNEXURE - IV

Main sources from where ISM practitioners
obtain supplies of medicines

(Percent)

RETAILERS

RAJKOT

Deccan Pharma	2.9
Universal Agency	29.6
Zandu Agency	5.9
Bam Ayurvedic	5.9
Ayurvedic store	25.4
Bharat Pharmacy	5.9
Raj Company	11.8
Homeopathic store	11.8
Own pharmacy	2.9

JAINAGAR

Real Medical store	50.0
Deccan Pharma	3.9
Himalaya Pharma	3.9
Ameen Ayurvedic Store	7.8
Universal Agency	7.8
Zandu Agency	7.8
Vithal Udyog Nagar	3.9
Bharat Pharmacy	37.2
Ajmer National pharmacy	3.9
Own pharmacy	3.9

JUNAGADH

Deccan Pharma	7.8
Universal Agency	58.8
Zandu Agency	25.4
Ayurvedic store	7.8
Homeopathic store	33.3
Own pharmacy	7.8

Total number 102

ANNEXURE - IV CONTD...

Stockiest & suppliers of bulk medicine to ISM doctors

- 1 Parth Agencies - Polite Pharma
Rajkan Building, Sadar
Rajkot

2. National Medical Agency
Karan Singhji Road
Rajkot

- 3 Vipul Drug House
Near Gundawadi Hospital,
Rajkot

- 4 Ching Drug Agency
Dhebar Road,
Rajkot

- 5 Mehta Trading Company,
Gajanan Building, Sadar
Rajkot
(Supplies oral pills also)

- 6 M/s Mehta Trading Co.
5, Rajputpara, Office No. 5,
Madh Vanik
Vidharti Bhavan,
Rajkot - 1,

ANNEXURE - V

Way of ordering/procurement of medicines by ISM practitioners
(Percent)

Purchase directly from the shop	18.6
Obtain through medical/sales representatives	50.0
Agents of different companies come every month take orders and supply	2.9
Go to the agents to give orders	5.9
Get from the hospital	1.9
Sometimes through sales representative and sometimes purchase from the shop	30.3
<hr/>	
Total number	102

ANNEXURE - VI

**Knowledge and Perception of ISM doctors about
Family Planning Methods**

(Percent)

**Approval of Modern methods of
FP by ISM doctors**

Approve without reservation	91.2
Approve with certain reservation	6.9
Disapprove *	1.9

Awareness about Modern methods of FP

Yes	88.2
No	2.9
No response	8.8

Awareness by type of FP method

Oral pill	88.2
Condom	93.1
IUD	97.0
Laproscopy	55.9
Tubectomy	78.4
Vasectomy	73.5
Others	5.9

Total number	102
--------------	-----

Note : * Reasons for disapproval mentioned have been "Do not get natural, satisfaction" and "lack of education among the villagers"

ANNEXURE VII

Knowledge about side-effects of FP Methods
(Multiple response possible)

Percent

Contraceptive method/side effects

Oral Pills

No side effect	12.0
Causes cancer of uterus	12.6
Increases Weight	40.5
Biddyness/nausae	30.4
Irregular Menstrual cycle	5.1
After few days hair grow on the face	2.5
Others (Irregular B.P. Joint Pains general debility, gynae problems etc.)	12.6

Total Number 79

Condom

No side effect	54.8
Causes ulcers	9.5
Causes elery/skin rashes	9.5
Itching, burning sensation/leading to urinary problem	8.3
Unsafe	4.8
No Natural satisfaction	8.3
Others	3.6
Can't say	7.1

Total number 84

IUD

Pain in back	22.9
Ulcer or cancer of uterus	34.5
Excessive/irregular bleeding	14.9
Improper insertion/shifting of IUD leads to pregnancy	14.9
White discharge	16.1
Infection of reproductions system	3.4
Others	10.3
Can't say/Don't know	4.6

Total Number 87

ANNEXURE VIII

Knowledge about contraindications of FP methods

(Multiple response possible)

(Percent)

Contraceptive method/Contraindications

Oral Pills

Not to be given during pregnancy period	20.2
Not Advised to lactating mothers	25.3
Not Advised to women suffering from acute or chronic diseases such as, breast cancer, high B.P., Hormonal disorders, anaemia etc.	15.2
Not to be used by women in whose case giddiness, nausea, skin rash etc. appears.	17.7
Not to be used without proper check-up	15.2
Others	11.4

Total Number 79

Condom

Can always be used	61.4
Not required during pregnancy and menstrual periods	20.2
Not to be used by persons having sensitive skin	20.2
Can't say	4.8

Total number 84

IUD

Weak women should not use	29.9
Should not be used during pregnancy	40.2
Women having heavy menstrual flow of blood should not use	11.5
Women suffering from acute & chronic diseases should not use	18.3
Can't say	11.5

Total Number 87

ANNEXURE - IX

Knowledge regarding source of availability of family planning methods and their usage

(Percent)

(Multiple response possible)

Knowledge of ISM doctors regarding :

I) Source from where people can obtain FP methods

Government hospital	87.2
Private doctor/clinic	41.2
Medical/chemist shop	67.6
Ayurved doctors	9.8
Homoeopath doctors	4.9
Other shops	17.6
Others (NGOs, AWC, Depot holders etc.)	36.2

II Whether people use any spacing method of FP

Yes	61.8
No	38.2

III Perceived reasons why people do not use any FP method

Lack of education	83.3
Desire for a male child	2.9
Not easily accessible/irregular supply	16.7
Personal reasons	34.3

Total number	102
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ANNEXURE X

**Recommendation and provision of family
planning methods by ISM practitioners**

(Multiple response possible)

(Percent)

**Whether ISM doctors recommend FP method
to people who approach them:**

Recommend FP method	81.4
Do not recommend FP method	7.8
Do not approve FP method	10.8
Total number	102

The main methods recommended are:

Oral Pill	73.5
Condom	78.3
IUD	90.4
Tubectomy	37.3
Vasectomy	10.8
Laprascopy	27.8
Total number who recommend FP methods	83

**Whether ISM doctors provide any
FP method**

Provide FP method	10.0
Do not provide any FP method	90.0

Methods provided are:

Condom	70.0
Oral pills	80.0
IUD	50.0
Total number who provide FP methods	10

ANNEXURE XI

Willingness and requirement of ISM doctors for
involvement in Family Planning promotion
(Percent)
(Multiple response possible)

Whether Willing to get involved	
Yes	92.1
No	7.8
Total number	102
Type of activities ISM doctors are willing to undertake :	
Advising/ counselling on FP methods	94.6
Providing condoms	27.6
Providing oral pills	34.0
Providing IUD services	20.2
Displaying hoarding	20.2
Distribute IEC material	6.4
Total number	94
Requirements for involvement in Family Planning Promotion are :	
<u>Advising/counselling :</u>	
More storage space	22.9
Minor OT facilities	30.1
Space for wall hoarding	7.2
Improvement in existing infrastructure	22.9
For buying contraceptives	25.3
Others	6.0
Miscellaneous purposes	39.7
Total number	83

ANNEXURE XI CONTD..

(Percent)

Providing condoms

More storage space	26.8
Minor OT facilities	37.5
Space for wall hoarding	10.7
Improvement in existing infrastructure	26.8
For buying contraceptives	33.9
Others	3.6
Miscellaneous purpose	30.3

Total number 56

Providing oral pills :

More storage space	28.1
Minor OT facilities	38.6
Space for wall hoarding	8.8
Improvement in existing infrastructure	24.6
For buying contraceptives	33.3
Others	7.0
Miscellaneous purposes	29.8

Total number 37

Providing IUD :

More storage space	33.3
Minor OT facilities	47.2
Improvement in existing infrastructure	27.8
For buying contraceptives	33.3
Others	2.8
Miscellaneous purpose	22.2

Total number 36

For distributing IEC material :

More storage space	9.0
Minor OT facilities	13.6
Space for wall hoarding	13.6
Improvement in existing infrastructure	18.2
For buying contraceptives	22.7
Miscellaneous purpose	22.7

Total number 22

65

ISM doctors specifically asking loan facility
Percent

Whether interested in having a loan	
Yes	28.2
No	61.2
Did not respond	11.8
<hr/>	
Total number	85
<hr/>	
Among of loan desired ?	
Upto Rs. 30,000	3.8
Rs. 30001 - 40000	3.8
Rs. 40001 - 50000	15.4
Rs. 50001 - 60000	3.8
Rs. 70001 - 80000	3.8
Rs. 80001 - 90000	Nil
Rs. 90001 - 100000	30.8
Rs. 100001 +	23.1
Amount not mentioned	15.4
Modal value of loan desired	
i) Rs. 40,000 to Rs. 50,000	
ii) Rs. 90,000 to Rs. 1,00,000	
Purpose for having a loan ?	
Construction	65.4
Purchase of equipment	69.2
Furnishing of clinic	26.9
Purchase of educational aids	19.2
Purchase of vehicle	7.7
Others	3.8
Miscellaneous purpose	7.7
Period over which will repay the loan ?	
Upto 1 year	7.7
2 years	3.8
3 years	30.7
5 years	26.9
9 + years	15.4
Can't say at the moment	15.4
Monthly instalment	
Upto 500	7.7
Rs. 501 - 1000	42.3
Rs. 1001 - 1500	11.5
Rs. 1501 - 3000	23.1
Rs. 3001 +	15.4
<hr/>	
Total number	26
<hr/>	

ANNEXURE XIII

**Willingness of ISM practitioners to under go Training
(Percent)**

**Whether interested to undergo
training in Family Planning**

Yes	81.4
No	13.7
Can't decide at present	4.9

Total number	102
--------------	-----

**Aspects desired to be learnt
in training :**

IUD insertion	71.0
Use of all spacing methods	4.3
MCH	34.8
Child health care	26.1
All FP methods	76.8
Others	21.7

Duration of training desired :

One week	34.8
2 weeks	15.9
4 weeks	14.5
2 - 3 months	11.6
4 months or more	4.3
Did not respond	16.8

**Willingness to go outside the
village for training**

Willing to go outside the village	47.8
Not willing to go outside the village	52.2

Total number	69
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Who brings up the topic of FP

Always doctor	30
Always client	20
Both	50

Total number	90
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ANNEXURE - XIV

Estimated number of doctors in Rural Rajkot

The procedure for estimation followed have been that we knew the population of the villages covered under the survey and the number of doctors found in the population. These were unweighted numbers. We worked out the weighting factor based on census 1991 population. By applying these weights to the number of doctors found in the survey an estimate was made of the total number of doctors in each of the three districts*.

District	Population covered under the survey	No. of Doctors found in the survey population	Total rural population (Census 1991)	Estimated No. of doctors
Rajkot	31703	50	1330156	2098
Jamnagar	32120	25	932716	725
Junagadh	38463	27	1615483	1134

After estimating the number of doctors in each district the target group of doctors was computed based on the following assumptions:

	Rajkot	Jamnagar	Junagadh	Total
Estimated number of doctors	2098	725	1134	3957
Doctors below 40 years (50%)	1049	362	567	1978
Doctors professionally qualified (50%)	524	182	283	989
Doctors seen minimum 8 patients per day (60%)	314	109	170	593
Doctors who are interested for involvement (90%)	283	98	153	534

This is a conservative estimate, and even if the PROFIT Project is implemented in rural areas of Rajkot, we will get a minimum of 300 doctors.

* Since the upto date list of ICM and homeopath practitioners could not be located, the estimate of available doctors was made from the number of doctors found in the sample selected for the study.

**Professional associations/ NGOs/ Educational Institutions
covered in the survey**

1. Rajkot Medical Society, Rajkot
2. Family Planning Association of India, Rajkot
3. Family Physician's Association of Rajkot
4. Red Cross Society, Rajkot
5. BAMS Doctor's Association, Rajkot
6. Government Ayurvedic College, Junagadh
7. Gulab Kuvarba Ayurvedic College, Jamnagar
8. Vaidhya Sabha, Rajkot
9. Maha Gujarat Homoeopathic Doctor's Association, Rajkot

ANNEXURE XVI

ISM doctors & Homoeopaths interviewed

RAJKOT

1. Dr Prashant 105 Yogi Tower, Motitanki, Rajkot
2. Dr K.V.Vithlani Gauridal Dist., Rajkot
3. Dr jaydee jadaja 9, Naval Nagar, Mavdi Main Rd, Rajkot
4. Dr P.N.Shingal Lodhika (Kharwad Plate) Dist. Rajkot
5. Dr Ashok Kutacha Lakshmi Nagar Main Rd. Rajkot
6. Dr Balwantlal Sen Panday Vaghpura, Shari No.10, Mazli
7. Dr Surindra Kumar M. Dham Shanti Nagar, Kalabad, Rajkot
8. Dr Jay Sukh Bhai Zalavadia Kotla Sangole, Rajkot
9. Dr Hasim Jeranbhoi Zalavadia M P Chambers Himane homoeo clinic Shanala Road Mubi
10. Dr Joglish Bhoi D Patel Kalana Rajkot
11. Dr Arvind Dhutt Sheri No.3A Gnadhi Gram Society Rajkot
12. Dr Sanjay Shah 20/27 New Jagnath, Rajkot
13. Dr Devesh Joshi Sheri No.6 Gandhi Gram Society Rajkot
14. Dr Yogesh P Vasane Amar Nagar Dist Rajkot
15. Dr L K Ramoliya Amar Nagar Dist Rajkot
16. Dr G L Yasani Paddrazi Rajkot
17. Dr D M Detoeja Garida] Morbi Road, Rajkot
18. Dr Bharat bai K Jambudia Kalana Rajkot
19. Pratap Ray V Laskari Kutdasangole Rajkot
20. Sunil Bhai Desai Khodapipal - Pigdeeri Rajkot

21. Dr Bharat A Agagia Revi Clinic 9, Navalnagar Mandi
Plot, Rajkot
22. Dr Kalpash M Chauhan Sr Roy Rajeshwari Clinic, Near
Old Bus station, Idmasjid Road
Morvi
23. Dr Dahyabhai Patel Khodeepipal Ragdari Rajkot
24. Dr Manu Bhai M Rafar Shery Padduky
Sohetiya
25. Ramesh Bhai M Pambar Sarapdad T Pudd dhari Dist Rajkot
26. C D S Savalia Khodpara Gopawadi Jet Pur
27. Gordhan Bhai R Patel Sarapud To Pudddhari Dist Rajkot
28. Dr Sirishbhai K Bhanu Trat Udipra Main Road jetpur Rajkot
Gariya
29. Bipin Kumar kantilal Sanara Road Morbi
laheru
30. J D Amirpuza C Jivraj Mavasa Gram ma Mavasa Jetpur, Rajkot
Bhai
31. Dr Pradip J Pithadiyee Gandhi Gram Society Opp. Bhartinagar
Rajkot
32. Dr Vijay Kumar G Pramod Prabhu Complex, Paddhari Bus stand
Rajkot
33. Dr J D Batniya Block No. 69/B Panchayat Nagar
University Road, Rajkot
34. Pratp Ray p Dave Mavasa Gramma Mavasa Jet pur
Rajkot
35. Kanubhai A Dave Mavasa Gramma Mavasa Jet pur
Rajkot
36. M D Sudane Opp. Jagnath Police chowki
Dr Yagnik Road, Rajkot
37. Bhavesh Bhai H Kotda Sangoi, Rajkot
Panchmatiya
38. Dr O M Gangajaliya Lodhika Dist Rajkot
39. Dr Velyi Bhai Praggi Vadhika Dist Rajkot
Bhai Vaza
40. P J Pipuriya Paddhari D Rajkot

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|-----|-------------------------------|---|
| 41. | Dr Gpoal Bhai D
Radodariya | University Road Near Panchat
nagar |
| 42. | Dr Ashwin P Ranparia | Khod Para Gopawadi Road, jetpur
Rajkot |
| 43. | Mukhesh bhai Pandaya | Fulwadi Road Jetpur |
| 44. | Mukhesh bhai Savliya | Trakudi Frai Jetpur, Rajkot |
| 45. | D Divyana Mehta | Jay Matangi Clinic Opp. Bus stand
Jetpur. Rajkot |
| 46. | Dr Gafar bhai R Chuban | Tali General Dist Sunali, Rajkot |

JUNAGADH

- | | | |
|-----|--|---|
| 1. | Dr Hakim Ahmad Husen
Raheman Miyani | Sabri Unani Dava Khana
Chitta Khana Chaulk B/h Muzid
Junagadh |
| 2. | Dr Pallav Desai (DHMS) | 16 Star Complex Underground
N R Anand Hotal ST Road, Junagadh |
| 3. | Dr Kanti lal L Kordia | Jyoti Ayurvedic Hospital Kesod |
| 4. | Dr Valab Bhai V Pansara | Vanthali Sorath Junagadh |
| 5. | Dr Chetan B Mangani | Vanthli Junagadh |
| 6. | Dr ShobhnuBen J Rupurel | 1, Kumdar Chok, Kudiye1 Plot,
Porbandar |
| 7. | Dr Jyotindra N Gandhia | Vanzari Chowk Junagadh 1 |
| 8. | Unnatiben Chavda | 5/First floor Sahyea Chamber
Talav Dasvaja Junagadh |
| 9. | Dr Surke ben Mesuni | Bhajeswar Plot Near Shree Yas
Medical |
| 10. | Dr Charam bhai K Vamjia | Vanthu Junagadh |
| 11. | L N Patel | Ranavav |
| 12. | Dr Mehanbhai N Patel | Modrda |
| 13. | Dr Maltiben V Bumniyel | Near Chhaya Choki Porbandav |
| 14. | C P Devmurari | Bileswar Junagadh |
| 15. | Dr Nareshbahi Godhliya | Shargad Kerod Junagadh |

- | | | |
|-----|--------------------------|---|
| 16. | Dr N B Dobaria | Shargad Kerod Junagadh |
| 17. | Dr Nutan ben Kokane | Panchavati Society Behind
Kamla Park |
| 18. | Dr Kishor Bhai Vallabhai | Junagadh Road Mendarda |
| 19. | Dr Akshay T Patel | Patel Mill Road Keroel |

JAMNAGAR

- | | | |
|-----|------------------------------|--|
| 1. | Jay Prakash Trivedi | Opp. Kharva Gail Dwarka |
| 2. | Idrishbhai h Dhabla | Vasjaliya, Jamjodhypur, Jamnagar |
| 3. | Mukundbhai M Joshi | Jamkunthali, Jamnagar |
| 4. | Dr Prakash V Maheta | Near Jain Darasar, Main Market
Lalpur |
| 5. | Dr Ratilal M Joshi | Bazar main road, Aliabada,
Jamnagar |
| 6. | Dr A V Pandya | Funchyati Society, Opp.
Patel Samaj Lalpur |
| 7. | Dr Avinash Bhatia | Shex No.6 Degvijay plot,
Jamnagar |
| 8. | Dr Sudhakar h Hathi | Laxmi Market, Luhar Ghar, Opp.
central Bank, Jamnagar |
| 9. | Dr Mahendra Singh Jadaia | Ami Clinic, Theba, Jamnagar |
| 10. | Dr Ramesh D Patel | Opp. Duragah Sikka Ghasim,
Jamnagar |
| 11. | Dr Himanshu Bhai
B Joshi | Iqbal Chok, Badeshwar, Jamnagar |
| 12. | Dr Danish Gohil | DCC Hospital DCC Gram, Sikka,
Jamnagar |
| 13. | Dr Narayan Bhai B
Vadhare | Ghamma, Sidsax, Jamjodhpur |
| 14. | Dr Bhagawan Bhai D
Patel | N/R Gaythri Society, Kaysap, Lalpur |
| 15. | Dr Surkha Knogiya | DCC Hospital Sikka Coigh Vijay |

16. Vasubhai Manjukhala
Dave Mas Street Throl, Green market
21, Jamnagar
17. Dr Amar Singh Tulsi
Gohil Old bus stand, Jamnagar Road
Dwarka
18. Dr Pravvinbhai k Doshi Sidar, Jamjodhpur, Jamnagar
19. Navinchandra Amrut
Chandra Kevria Menon Chowk, Dhrol
20. Shahi Kanta M Dave Outside Khanbhaliya Naker AIZ
Digvijay plotm Police chok,
Main Road
21. Haresh b patel Ram Mandi Chok, Bedi
22. Rupa B Joshi Outside Khambhialiya Gate
23. Gopalbhai v Nimavat Aliabada
24. Dr Kunak Mathuradas
Gandhi Gandhi Clinic, Johha Mainek Road,
DwaRka
25. Dr Yashvant Viswanath
Desai Gandhi Chowk, Dhrol
26. A S Agrawat Kharedi
27. Dr Himanshee Poreehu Bedi Gan
- 28 M M Joshi Kharedi

Note : Some of the names were written in Gujarati as such we would not read them

Government Officials interviewed

1. Dr. Jadav, Chief District Officer, Rajkot.
2. Mr. M.M. Zala, District IEC officer, Rajkot.
3. Dr. P.M. Karkare, Deputy Medical Officer of health, Muncipal Corporation, Rajkot.
4. Dr. Suresh Patil, additional district Health Officer, Jamnagar.
5. Dr. P.B. Tolia, Chief District Health Officer, Junagadh.

ANNEXURE-11 contd...

percent

**Degree/diploma/Certificate obtained:
(Professionally qualified only)**

BAMS	29.4
BSAM	28.4
BSM	1.0
DHMS/BHMS	32.4
RMP	2.9
M D Ayurvedic	2.9
LCEH	1.0
BSC Cosmology	1.0
Unani	1.0

When passed years

Within last 5 years.	14.0
6-15 years	36.0
16-25 years	35.0
26+ years	15.0

Duration of course (months)

Upto 24	5.9
36-59	31.4
60+	62.7
Average	61.6

Subject Studied

Anatomy	71.6
Physiology	68.6
Material Medica	76.4
Preventure and Social Medicine	50.9
Maternal and child care	60.8
Family Planning	32.4
Pharmacology	51.9
Pathology	62.7
Bacteriology	28.4
Foreasic medicine	22.5
Surgery	68.6
Anaesthesia	2.9

Total number (Professionally qualified) 87

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