CHAPTER XXIII

Health and Family Planning

I. INTRODUCTION

1384. The health and family planning programmes together with the other social programmes in the fields of education, housing, sewerage, potable water supply and electricity have an important role to play in the achievement of the objectives of the New Economic Policy (NEP). The provision of improved health services will not only lead to a better quality of life through general improvement of health conditions but, by reducing the loss of working hours through illness, will also increase labour productivity. Family planning leading to the desired growth of population will also contribute to the development objectives for improving standards of living in the nation.

1385. While considerable improvements in health standards have been made through past development programmes, much remains to be done particularly in the rural areas including the New Villages and estates. Under the Third Malaysia Plan (TMP) therefore, the medical and health programmes will be aimed at improving the distribution of adequate health services and facilities. Priority will be given to the improvement and expansion of rural health facilities including the provision of potable water supply and basic sanitation. The development of new and the improvement of existing hospitals will also be undertaken in the less developed States.

II. PROGRESS, 1971-75

Hospital development and improvement

1386. Under the Second Malaysia Plan (SMP), the main aim of the hospital development and improvement programme was to increase the number of hospital beds for inpatients and to ensure a more equitable distribution of such services to the less developed areas. In Peninsular Malaysia, there was a total of 16,746 acute beds[1] in 1975 as against 14,735 at the end of 1970, an increase of 2,011 beds. In Sabah and Sarawak, there

[1] Acute beds exclude chronic and long-stay beds like tuberculosis, leprosy and mental beds.

were 1,367 and 1,584 acute beds respectively in 1975. The increases over the position in 1970 and the ratio of beds per 1,000 population are shown in Table 23-1 below.

TABLE 23-1

MALAYSIA: ACUTE BED SITUATION, 1970-75

State	*Number of acute beds*		*Increase, 1971-75*	*Bed per 1,000 population*	
	1970	*1975*		*1970*	*1975*
Perlis	258	317	59	2.13	2.30
Kedah	1,000	1,069	69	1.05	0.97
Penang	1,384	1,414	30	1.78	1.60
Perak	2,740	2,816	76	1.75	1.58
Selangor[2]	3,222	3,699	477	1.98	1.98
Negri Sembilan	1,375	1,438	63	2.86	2.62
Malacca	698	812	114	1.73	1.76
Johor	2,083	2,507	424	1.63	1.72
Pahang	829	1,115	286	1.64	1.94
Trengganu	475	703	228	1.17	1.52
Kelantan	671	856	185	0.98	1.10
TOTAL ..	14,735	16,746	2,011	1.67	1.66
Sabah	1,207	1,367	160	1.84	1.83
Sarawak	1,141	1,584	443	1.17	1.38

[2] Includes the Federal Territory.

1387. The utilization of hospital services in Peninsular Malaysia increased. The number of admissions and outpatients grew from 490,000 and 5.8 million respectively in 1970 to 606,790 and 7.3 million in 1975. To cope with these increased admissions, the available hospital beds were more effectively utilized with the average number of patients per occupied bed rising from 40.6 in 1970 to 47.5 in 1975.

1388. Specialist services in hospitals were expanded. In 1975 there were 236 specialist units in Peninsular Malaysia, 13 units in Sarawak and ten units in Sabah, compared with 121, five and four units respectively in 1970. These services were extended to the larger district hospitals in order to make them available to the rural communities.

Rural health services

1389. The rural health services were aimed at providing a comprehensive preventive and curative service to the rural population. In *Peninsular Malaysia,* during 1971-75, a total of 29 main health centres, 66 health sub-centres and 339 midwives clinics were completed.

1390. In conjunction with the implementation of the above programmes, a review was undertaken to assess the three-tier system of one main health centre, four health sub-centres and 20 midwives clinics-cum-quarters for every 50,000 rural people. As a result, a new two-tier system was introduced in the course of the SMP involving the upgrading of health sub-centres to health centres and midwives clinics to *kelinik desa* to improve the quality of the services. The target envisaged under the new system was one health centre to serve every 15,000-20,000 rural population and one *kelinik desa* for every 4,000 population. The availability of facilities and the ratio of facilities to population at the end of 1975 are shown in Table 23-2 below. The Table shows the task involved in implementing the two-tier system.

TABLE 23-2

PENINSULAR MALAYSIA: AVAILABILITY OF RURAL HEALTH FACILITIES, 1975

State	*Main health centre (health centre)*		*Health sub-centre*		*Health centre and health sub-centre*		*Midwives clinic and kelinik desa*	
	Number	*Population per facility*	*Number*	*Population per facility*	*Number*	*Population per facility*	*Number*	*Population per facility*[3]
Perlis	1	128,105	6	21,350	7	18,300	28	3,660
Kedah	7	138,212	28	34,553	35	27,642	160	4,961
Penang	3	135,073	10	40,522	13	31,170	56	5,872
Perak	12	101,531	43	28,334	55	22,152	172	5,367
Selangor ..	9	107,692	28	34,615	37	26,195	133	5,701
Negri Sembilan	2	205,019	17	24,119	19	21,581	85	3,942
Malacca ..	4	86,500	13	26,615	17	20,353	65	4,219
Johor	15	68,328	38	26,971	53	19,338	225	3,686
Pahang	8	56,980	25	18,233	33	13,813	166	2,290
Trengganu ..	4	84,261	14	24,074	18	18,724	76	3,585
Kelantan ..	8	80,180	24	26,726	32	20,045	116	4,334
TOTAL ..	73	94,571	246	28,063	319	21,641	1,282	4,312

[3] Includes the midwives at the main health centres and the health sub-centres. Of the 1,282 midwives clinics, 51 have been converted to *kelinik desa.*

1391. In *Sabah,* the rural health services were based on a two-tier system of rural dispensaries and village group sub-centres. Rural dispensaries were provided with beds and in some places maternal and child health facilities. A total of four rural dispensaries and 66 village group sub-centres were completed in the SMP period.

1392. In *Sarawak,* the rural health services were organized on a two-tier system of one main health centre and four health sub-centres to serve a population of 25,000. During the SMP period, community health centres serving a population of 2,000 each as well as travelling dispensaries and floating clinics were introduced. A total of 18 health sub-centres, 30 travelling dispensaries and two floating clinics were provided during 1971-75 with one main health centre, three health sub-centres and eight community health centres in the process of construction.

1393. The rural environmental sanitation project was started in 1969 as a pilot project in 11 areas (one area per State in Peninsular Malaysia) covering a population of 30,000. It was aimed at raising the standard of health of the rural population through improved sanitation by developing sanitary latrines and small community water supply systems on a *gotong-royong* basis. The public health inspectors and overseers at main health centres and health sub-centres provided the technical expertise for these programmes. In 1973, the project was expanded throughout the country designed to cover about 70% of the rural population by 1980.

Urban health services

1394. The urban health services programme in *Peninsular Malaysia* was aimed at decentralizing outpatient services in metropolitan areas and the larger townships through the provision of polyclinics and a network of health offices-cum-maternal and child health clinics to reduce congestion in existing hospitals. During the SMP period, eight polyclinics and eight health offices-cum-maternal and child health clinics were completed while 15 more projects were in the process of construction.

1395. In *Sabah,* the emphasis was to strengthen the health inspectorate and the maternal and child health services. Three district health centres and an area health unit were completed, while 19 health inspectors were trained at the Public Health Institute in Kuala Lumpur during 1971-75. In *Sarawak,* a polyclinic was completed during the SMP period while another polyclinic, a mental health unit and a health office-cum-maternal and child health clinic were under construction in 1975.

Dental health services

1396. The dental health services were extended to the adult population by expanding hospital dental clinics, although emphasis was still given to the treatment of primary school children. In Peninsular Malaysia, such treatment was provided through school dental clinics in larger primary schools, main dental clinics in the townships, dental clinics in main health centres and selected health sub-centres, and mobile dental clinics in rural areas. During the SMP, construction of school dental centres to serve a cluster of 4-5 rural schools was started.

1397. In Peninsular Malaysia, the number of dental clinics and dental chairs increased from 436 and 663 respectively in 1970 to 583 and 983 respectively in 1975. This resulted in a ratio of one dental chair to 10,200 population or one dental chair to 1,800 primary school children. Fluoridation of public water supplies was also carried out in 35 water supply plants, and two dental surveys—one for school children and the other for adults—were completed with a view to improving the services. In Sabah and Sarawak, dental health services were also improved and extended to the rural areas.

Control and eradication of communicable diseases

1398. The satisfactory implementation of the programmes for the control and eradication of communicable diseases such as malaria, tuberculosis, leprosy, filariasis, yaws and diptheria has resulted in the rapid decline of these diseases among the rural population. In *Peninsular Malaysia* during 1971-75 period, 41,008 new cases of tuberculosis were detected and given treatment. Under the Malaria Eradication Programme about 6.6 million people or 66.4% of the rural population benefitted from spraying operations and drug treatment by the end of 1975. Under the case detection programme, an additional 2,405 leprosy cases were detected and registered for treatment between 1970 and 1975 bringing the total number of registered cases to 7,475.

1399. In *Sabah,* the incidence of malaria had been reduced by 90% over the past ten years, while the number of new tuberculosis cases detected has been reduced by 50%. At present, Sabah is free from epidemics of the more dangerous communicable diseases including cholera, dengue and poliomyelitis. In *Sarawak*, tuberculosis is still prevalent while malaria is under satisfactory control.

Training programmes

1400. In view of the very critical shortage of trained and qualified manpower in the health sector, a number of crash training programmes were undertaken during the SMP period with good progress being made for the training of para-medical personnel. The annual intake of trainee nurses and trainee assistant nurses increased from 300 and 175 respectively in 1970 to a total of 800 in each of the two groups in 1975. The training capacity for pharmacists, midwives, dispensers, junior hospital assistants, public health inspectors and junior laboratory assistants more than doubled. Significant progress was also made for other categories of para-medical personnel such as radiographers, dental technicians and dental nurses.

1401. In *Sabah,* the training capacity for hospital assistants and staff nurses was doubled, while that for assistant nurses was more than trebled. In *Sarawak*, the crash training programme permitted an increased intake of trainee nurses, hospital assistants, dispensers, junior laboratory technicians, laboratory technicians and midwives.

1402. The extension to the University Hospital of *Universiti Malaya* was completed in 1975 to permit an increased intake of medical students from 128 to 160 per annum. Temporary pre-clinical blocks for the Medical Faculty of the *Universiti Kebangsaan* were constructed in the compound of the Kuala Lumpur General Hospital where the first batch of 40 medical students began pre-clinical training since May, 1973. The Dental Faculty of *Universiti Malaya* was completed and commenced teaching in 1972 with the first batch of 32 dental students graduating in 1976.

Family planning programme

1403. The objective of the national family planning programme is to gradually reduce the annual rate of population growth from 3% in 1966 to 2% by 1985. The SMP target of the programme was a reduction in the birth rate from 35 per 1,000 in 1970 to about 30 per 1,000 by 1975. To achieve this, the programme called for the recruitment of 600,000 new acceptors of family planning from both programme and non-programme sources, with the annual target rising from 80,000 in 1971 to 160,000 in 1975. This target was revised in the Mid-Term Review to 535,000 new acceptors of which 433,400 or 81% had been achieved by 1975.

1404. The expansion of the family planning services to the rural areas was impeded by lack of staff and inadequate physical facilities. To overcome these problems, the services were functionally integrated with the rural health services on a pilot basis in 1971 covering an estimated population of 1.1 million people. Based on an evaluation of this pilot project, the family planning services are now being functionally integrated with the two-tier system of rural health services.

1405. In 1974, a multi-disciplinary approach to the population planning problem was introduced. The project was designed to strengthen and intensify the family planning programme through the establishment of 11 State maternal child health/family planning administrative centres, 31 family planning clinics in Government hospitals, 162 maternal child health/family planning clinics in rural health centres, a rural health training centre and extensions to a rural health training centre as well as to 365 midwives clinics-cum-quarters. The project also incorporated population education in the school curriculum and the establishment of a population studies and research programme at the *Universiti Malaya.*

1406. During the SMP period, the National Family Planning Board (NFPB) undertook specific projects to promote contraceptive services through its static and mobile clinics. The Board also initiated vasectomy services. In addition, the Federation of Family Planning Associations contributed their services through their static and mobile clinics. Private practitioners also participated in the programme, purchasing contraceptives from the Board for distribution at subsidized rates.

III. PROGRAMMES, 1976-80

1407. Despite the achievements under the SMP two major problems still remain: inequitable distribution of medical and health infrastructure among States and regions, and inadequacy of such facilities and personnel particularly in the rural areas. The need to provide better quality medical and health services and adequate coverage of the rural population is imperative.

1408. The main objectives of the medical and health programmes under the TMP are to improve medical and health-care services to the people, both curative and preventive, and to reduce disparities in the provision of these services among States. The programmes under the TMP will concentrate on the following:—

(i) consolidation and expansion of the rural health facilities to improve the quality of services as well as to provide for better coverage of the rural population;

(ii) promotion of the general health of the population through improvements in their nutritional status and environmental sanitation;

(iii) expansion of dental health services to the rural areas;

(iv) improvement of hospital facilities and the construction of new hospitals especially in the less developed States;

(v) strengthening the training programme to produce more and better quality staff; and

(vi) strengthening family planning services in both the urban and rural areas.

Patient care services

1409. The aim of the patient care services programme is the provisions of high quality diagnostic and curative services to the people both as inpatients and outpatients including the early detection and treatment of diseases or injury. Hyper-speciality departments will be planned on a regional basis for optimum utilization of staff and facilities[4]. The hospital system will be developed on a pyramidal pattern with a clear-cut referral system so that a patient will be treated expeditiously at the level of service which his condition dictates. The hospital facilities will also reflect the changing patterns of diseases and demography. In Peninsular Malaysia, the communicable diseases such as tuberculosis and malaria which in 1961 accounted for 2.9% and 2.8% of total admissions respectively, are now giving way to organic diseases and trauma[5].

1410. *New hospitals* In *Peninsular Malaysia,* the average acute bed to population ratio was 1.7 per 1,000 people in 1975. The long-term target for the whole country is two acute beds per 1,000 population. To this end, advances will continue to be made in new hospital construction. Projects initiated under the SMP will be continued during 1976-80. These include the district hospitals in Telok Anson, Jerteh, Sitiawan, Tanah Merah, Jerantut, Machang and Bagan Serai; and general hospitals in Kuala Lumpur, Ipoh

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[4] These include radiotherapy, neurosurgery, thoracic surgery, plastic surgery and advanced accidents and traumatology, while the specialist services are in paediatrics, gastroentrology, gynaecology, dermatology, surgical obstetrics, cardiology, ENT, ophthalmology, radiology and orthopaedic surgery.

[5] The ten principal causes of admissions into Government hospitals in 1973 were accidents (13.4%), complications of pregnancy (4.7%), gastroentritis (3.4%), mental illness (3.1%), heart disease (2.9%), skin diseases (2.8%), fevers of unknown origin (2.3%), bronchitis (2.3%), cardio-vascular disease (2.1%) and diseases during early infancy (2.1%).

and Kubang Kerian/Kota Bharu. Construction work will start for the other continuation projects: district hospitals in Kulim, Keratong, Batu Pahat, Raub, Pasir Mas, Kuala Pilah and Maran; and general hospitals in Klang and Kuala Trengganu. In addition, preparatory work will be undertaken for six new district hospitals in Sik, Yen, Sabak Bernam, Kuala Brang, Pasir Puteh and Tumpat; and two new rural hospitals in Selama and Sungai Siput. In *Sabah,* district hospitals in Beluran, Papar, Ranau, Kudat, Kota Belud, Beaufort and Tambunan remain to be completed although a few projects are nearing completion. In *Sarawak,* the implementation of the Serian District Hospital, Limbang Divisional Hospital and Sarawak General Hospital will be continued under the TMP. Land for two new hospital projects, namely Sibu Divisional Hospital and Seratok District Hospital will be purchased.

1411. *Hospital extensions and improvements* Besides extension and renovation of existing outpatient departments and wards in various existing hospitals, diagnostic and supplies facilities will also be improved to ensure adequate support to the clinicians. Intensive care units and coronary care units will be developed in selected hospitals for critically-ill patients requiring specially trained staff and specialized equipment. To cope with the increasing accident rate and heart cases, accidents and emergency centres and coronary resuscitation centres in hospitals will be strengthened.

Public health services

1412. *Rural health services* The strategy for the development of rural health services will place emphasis on the provision of health facilities in areas now devoid of such facilities and, in the case of *Peninsular Malaysia,* on upgrading health sub-centres to health centres and midwives clinics to *kelinik desa* under the modified two-tier system. By the end of 1975, 345 health centres and 1,381 *kelinik desa* were required to attain the long-term target under the two-tier system of one health centre for 15,000-20,000 and one *kelinik desa* for 4,000 rural population. However, there were only 73 health centres, 246 health sub-centres and 1,282 midwives clinics including 51 already converted to *kelinik desa.* In the endeavour to meet the long-term target, a total of 15 new health centres and 177 new *kelinik desa* will be established in Peninsular Malaysia while 52 health sub-centres and 144 midwives clinics will be upgraded. In the upgrading programme, priority will be given to: areas where the Malaria Eradication Programme will move into the consolidation and maintenance phase; areas with high toddler mortality rates; districts where the maternal and child health/family planning services are to be strengthened; and Applied Food and Nutrition Project (AFNP) areas.

1413. Under the new two-tier system, the staff strength in the health centres (previously main health centres) will be increased to meet service demands for: the integration of the national tuberculosis, leprosy and yaws control programmes with the rural health services; maintenance of

the Malaria Eradication Programme; intensification of the national environmental sanition campaign; and the expansion of the AFNP on a national scale. The existing monovalent service at midwives clinics will be enlarged into a polyvalent service which will include first aid, minor therapy for simple ailments, immunization and various promotive services such as well-baby care, health education, applied nutrition and family planning. The *kelinik desa* will be staffed with two *jururawat desa* while the staff of the health centre will comprise a medical officer, a dental officer, a public health sister, a *jururawat desa,* nurses and other para-medical and non-technical personnel. With the placement of more key staff to improve the quality of health service in the rural areas, more staff quarters will be built. As a stop-gap measure, mobile teams will be developed to provide preventive and promotive services in remoter areas until such times when facilities are available.

1414. The coverage of the rural health services in Sabah and Sarawak will be extended to provide basic medical, maternal and child care services to areas now served by mobile clinics or dispensaries. In *Sabah,* a total of 30 village group sub-centres and 12 rural dispensaries will be established. In *Sarawak,* the present three-tier system will be modified to a two-tier system of health centres and community health centres, each serving a population of 6,000-8,000 and 1,500-2,000, respectively. The community health centre (*kelinik desa,* Sarawak) will have a static clinic and a mobile unit which makes regular visits and provides services to schools, neighbouring villages and longhouses. The health centre will serve as a community centre and have the additional function of providing technical supervision to the staff of community health centres. In the TMP, six health centres and 14 community health centres will be established.

1415. *Rural environmental sanitation* The programme aims at raising the standard of health of the rural people and providing a minimum level of modern amenities by way of potable water and safe disposal of human and other waste products. It involves construction of latrines and communal tube wells to serve ten houses each; tube wells with house connections to serve 25 people each; and gravity water supply systems to serve 500 people each. These small community water supply projects and safe latrines will be implemented on a *gotong-royong* basis with nominal contribution from the people for house connections and latrine bowls, the latter at subsidized cost.

1416. The successful implementation of this programme will provide the rural population with satisfactory sanitary amenities thereby reducing the incidence of water-borne diseases. The reduction of the incidence of communicable diseases amongst the rural communities will be a major contribution towards increasing the working capacity of the population as well as having an impact on the health of infants and school children.

1417. *Applied nutrition* The Applied Food and Nutrition Project involves integrated and co-ordinated efforts in food production, nutrition education and home economics, health and sanitation and supplementary

feeding. The health activities in the AFNP comprise the strengthening of maternal and child health services, cooking demonstrations, supplementary feeding of undernourished infants, toddlers, pregnant and lactating mothers, the control of communicable diseases particularly through immunization and the improvement of sanitation. All these activities will be integrated with other community services to improve the nutritional status of the rural population. During the Plan period, the AFNP will be expanded to cover some 40 districts in Peninsular Malaysia and large portions of Sabah and Sarawak. In implementing the Project, priority will be given to States with high toddler mortality rates.

1418. *Urban health services* In Peninsular Malaysia, decentralization of outpatient services in metropolitan areas and larger townships will be continued during 1976-80 through the establishment of polyclinics, dental/outpatient clinics, outpatient clinics and health offices-cum-maternal child health clinics. In Sabah and Sarawak, the number of service delivery units will be increased and the public health services re-organized to improve the supervision of health personnel.

1419. *Occupational health services* The current pace of industrialization in the country makes it urgent to give adequate attention to industrial accidents and occupational diseases. Measures will be taken by the agencies concerned including the Ministry of Labour and Manpower and the Ministry of Health to effect better control of industrial hazards and protection of the workers as well as strengthen occupational health services.

1420. *Food quality control* The food sanitation and quality control service aims at consumer protection against health hazards and misleading food advertisements. It will also control the use of food additives and determine contamination levels. To resolve these problems, the food quality control unit in the Ministry of Health will be developed to also ensure the quality of Malaysian food exports.

1421. *Control and eradication of communicable diseases* The current programmes for the control and eradication of endemic diseases such as tuberculosis, malaria, leprosy, yaws, filariasis and dengue will be continued and consolidated in the Plan period. Widely prevalent in rural areas, filariasis causes a varying degree of morbidity and leaves some permanently disfigured and handicapped with elephantiasis. Efforts will be made to reduce the incidence of this disease to allow the rural people to live better lives and increase their productivity.

1422. Dengue haemorrhagic fever has recently arisen as a major health problem. To effectively control the spread of this and of other vector-borne diseases, vector control units will be set up in the Plan period, with initial emphasis on the control of dengue haemorrhagic fever in the States most seriously affected by it.

Dental health services

1423. The dental service programme is aimed at providing preventive services and high quality dental care for the people. The integration of the dental services with the rural health programme will be expanded in the Plan period. The preventive and promotive measures will be intensified through fluoridation of public water supplies, topical application of fluoride compounds to teeth, utilization of fluoride solutions in the form of mouth rinses and dental health education. The hospital dental specialist service will be strengthened while the dental services in the urban areas will be consolidated.

1424. The scope of the dental service in *Peninsular Malaysia* will be enlarged to include school children up to the age of 17 and the adult population. Emphasis will be given to the treatment of school children in the rural areas through the introduction of mobile dental squads. These dental squads, operating from established dental clinics will move from school to school. It is envisaged that 22 mobile dental squads will be established during 1976-80 benefitting about 200,000 children from 923 primary and 31 secondary schools in Peninsular Malaysia. The establishment of school dental clinics and school dental centres in the rural areas will be continued. Adequate transport facilities will be provided to main health centres and health sub-centres having dental clinics.

1425. In *Sabah,* a separate allocation will be made in the Plan period for the development of dental health services which would include mobile clinics and the establishment of new school dental clinics and dental centres where none exist at present. In *Sarawak,* the aim is to extend dental health services to the rural areas through the provision of dental clinics in health centres, mobile dental clinics and school dental clinics.

Training programmes

1426. The training programmes and facilities will be improved and expanded consistent with the manpower requirements of the expanding services. In the case of doctors, the target is one doctor per 3,000 population by 1980 and one doctor per 2,200 population by 1990, compared with the ratio of one doctor per 4,000 population in Peninsular Malaysia in 1975. Emphasis will be placed not only on quantity but also quality and productivity of the staff, particularly para-medical personnel. Local training capabilities will be developed.

1427. In the Plan period, four post-graduate medical centres will be set up in the general hospitals at Penang, Kota Bharu, Kuala Lumpur and Johor Bahru. Although these hospitals already have the nucleus of post-graduate training facilities they are in a very rudimentary form and need to be properly developed. Each centre will accommodate about 12 doctors.

1428. The existing 18 Assistant Nurses Training Schools are small and widely scattered. They will be grouped into six large regional training centres for better supervision and maintenance of uniform standards. These centres, each with an annual intake of 240, will be located in general hospitals at Alor Star, Taiping, Klang, Muar, Kuantan and Kuala Trengganu.

1429. The retraining of midwives as *jururawat desa* was started in 1973 at the two Rural Training Schools at Jitra and Rembau with an annual output of 120. This six-month training programme will be continued during the Plan period. The training of a new group of *jururawat desa* will begin in mid-1977 with the completion of three new Rural Health Training Schools at Muar, Mentakab and Kota Bharu. These training programmes will be given emphasis in order to speed up the conversion of midwives clinics to *kelinik desa* under the two-tier system.

Family planning services

1430. The objective of the national family planning programme in the TMP is to bring down the birth rate from about 31 per 1,000 in 1975 to 28.2 in 1980. This is to be achieved through a programme covering one million new acceptors, one-half of whom will be recruited through the non-programme sources.

1431. The national family planning programme will be strengthened in the rural and urban areas. Priority will be given to the extension of these facilities in the latter for the lower income groups. The construction of 11 State family planning administrative centres and 31 family planning clinics in Government hospitals will be given priority for completion by the end of 1978. The family planning programmes in settlement schemes of the Federal Land Development Authority, estates and industries will be strengthened and expanded during the Plan period.

1432. The integration of family planning with rural health services will aim at intensifying family planning activities in the existing 20 health districts by providing additional inputs and converting them into Intensive Input Demonstration Areas. In these areas, family health services will be strengthened so that family planning services can be effectively provided as integral parts of the total family health programme. The integration programmes will also be expanded to cover other areas not included in the Intensive Input Demonstration Areas.

1433. It is considered that the best approach to family planning, apart from clinical approach, is to combine a strong programme with efforts to create the social, economic, cultural and political conditions conducive to the acceptance of a small family norm. Basically, this means widening the scope and methods of the programme from a purely health-oriented and clinic-based to a welfare-oriented and community-based programme. Towards this end, the co-operation of the Ministry of Welfare Services will be sought

together with the strengthening of the information, education and communication activities. In view of the programme expansion, rapid feed-back for programme management and co-ordination is required. To achieve this, the evaluation and management information system of the NFPB will also be strengthened.

1434. Table 23-3 below sets out the allocations for medical, health and family planning programmes in the TMP.

TABLE 23-3

MALAYSIA: PUBLIC DEVELOPMENT EXPENDITURE FOR HEALTH AND FAMILY PLANNING PROGRAMMES, 1971-80

($ million)

	Revised SMP allocation, 1971-75	*Estimated expenditure, 1971-75*	*%*	*TMP allocation, 1976-80*			
				Peninsular Malaysia	*Sabah*	*Sarawak*	*Total*
Public health services	*43.87*	*35.12*	*80.1*	*58.99*	*5.38*	*9.33*	*73.70*
Promotion of health and sanitation							
Rural health services ..	35.36	28.62	*80.9*	46.03	5.08	7.48	58.59
Rural sanitation and community water supply ..	1.42	1.42	*100.0*	7.17	0.30	1.50	8.97
Urban health services ..	5.60	3.92	*70.0*	5.03	—	0.35	5.38
Occupational health services	—	—	—	0.38	—	—	0.38
Control of communicable diseases							
Tuberculosis control programme	0.96	0.73	*76.0*	0.14	—	—	0.14
Leprosy control programme	0.53	0.43	*81.1*	0.24	—	—	0.24
Patient care services	*118.40*	*79.71*	*67.3*	*161.61*	*16.22*	*10.08*	*187.91*
New hospitals	75.45	54.71	*72.5*	109.23	9.50	8.81	127.54
Hospital extensions and improvements	42.95	25.00	*58.2*	52.38	6.72	1.27	60.37
Dental health services	*3.41*	*2.67*	*78.3*	*3.41*	*0.34*	*0.78*	*4.53*
Training programmes	*18.36*	*18.36*	*100.0*	*18.88*	—	*3.07*	*21.95*
Para-medical	10.76	10.76	*100.0*	18.38	—	2.75	21.13
Post-graduate	7.60	7.60	*100.0*	0.50	—	0.32	0.82
Other health programmes ..	*37.35*	*36.66*	*98.2*	*57.26*	*1.06*	*3.74*	*62.06*
Family planning programmes ..	*5.40*	*1.40*	*25.9*	*27.00*	—	—	*27.00*
TOTAL ..	226.79	173.92	*76.7*	327.15	23.00	27.00	377.15