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Popfocus

THE POPULATION FOUNDATION OF INDIA NEWSLETTER

Positive Voices from the Field

Population Foundation of India organized a national consultation on "**Promoting Access to Care and Treatment: Positive Voices from the Field"** during December 9-11, 2009 at Vishwa Yuvak Kendra, New Delhi. Around 350 representatives from 14 state PLHIV networks, where Population Foundation of India and its partner agencies operate, participated in the event along with representatives from NACO and SACS, bilateral and multilateral agencies as well as government departments providing information on welfare schemes.

Ms Aradhana Johri, Joint Secretary, Department of AIDS Control, Ministry of Health and Family Welfare, was the Chief Guest and Mr Patrice Coeur-Bizot, UN Resident Coordinator and UNDP Resident Representative in India was the Guest of Honour at the consultation.

Release of two documentary films "With Your Head Held High" and "Something New in My Life" by Ms Aradhana Johri (third from left), Joint Secretary, Department of AIDS Control, Ministry of Health and Family Welfare

The objectives of the national consultation were to share the experiences and initiatives undertaken under the programme as a public-private partnership model in improving access to care and treatment. The consultation brought together a rich mix of individuals and stakeholders engaged with the cause of HIV/AIDS. The consultation

The session on 'Universal Access to Treatment, Care and Support' chaired by Dr Damodar Bachani, Deputy Director General, NACO

Inside

From the Executive Director's desk...

As the world moves into the new decade, there will be more number of people living in urban areas than in rural areas. In fact, the 20th century witnessed a rapid growth in urban population. According to India: Urban Poverty Report 2009, the next few decades will see unprecedented scale of urban growth in the developing world including those in Asia and Africa continents.

With India becoming increasingly globalized and urban, there is also an increase in the number of poor people living here. As per the latest NSSO survey reports there are over 80 million poor people living in the cities and towns of India. The slum population is increasing day by day. The ratio of urban poverty in some of the larger states is higher than that of rural poverty leading to the phenomenon of 'Urbanization of Poverty'. Urban poverty poses the problems of housing and shelter, water, sanitation, health, education, social security and livelihoods along with special needs of vulnerable groups like women, children and aged people. Poor people live in slums which are overcrowded, often polluted and lack basic civic amenities like clean drinking water, sanitation and health facilities. Most of them are involved in informal sector activities where there is constant threat of eviction, removal, confiscation of goods and almost non-existent social security cover.

With growing poverty and slums, physical inability, social discrimination by education, caste, sex and economic stratification increases the gap between demand and inadequate supply of services. Besides, the physical and social factors due to lack of access to money, the poor are unable to use health services and have less access to the facilities in the public or private sector. Cost is a greater barrier than the physical access to health providers. There is no provision in the government programme for the unorganized sector to get access to medical benefits while the organized sector employees have provisions for medical benefits. It is important to set aside the misconceptions that have prevented the health needs of urban populations from being fully appreciated. The most urgent need is to acknowledge the social and economic diversity of urban population, which include large groups of the poor whose health environments differ little from those of villagers.

Population Foundation of India recognizes the complex issue of urban poverty and the urgent need to focus on this extremely important but neglected population and is in the process of developing programmes focusing on the same with a multi-dimensional, rights-based, bottom-up and gender sensitive approach.

A. R. Nanda

provided a platform for PLHIV to have direct interface with the government and the private sector agencies for livelihood options and availing social security schemes. It also provided an opportunity to PLHIV to exhibit their talents and learn from each other.

In the inaugural session Mr Taufiqur Rahman, Regional Leader of the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) announced 'up-scaling support' for India. Mr K K Abraham, General Secretary, Indian Network for People Living with HIV (INP+) pointed out that the District Level Networks of positive people are the 'key' to the success in care and treatment.

Important and informative sessions were held on crucial issues related to HIV. The session on "Universal Access to Treatment, Care and Support" was chaired by Dr Damodar Bachani, Deputy Director General, NACO. Panelists were: Dr Rajesh Gopal, Gujarat State AIDS Control Society; Dr Ashok Rau, Freedom Foundation; Dr Priyo Kumar, JN Hospital, Manipur; and Ms Saroja Puthran, KNP+. The session highlighted some of the unique efforts made by Gujarat State AIDS Control Society, an ART centre in Manipur and the Freedom Foundation in the area of care and support.

The session on "Community Based Care and Role of Networks" was chaired by Dr Anjali Gopalan, NAZ Foundation. The panelists were: Mr Umesh Chawla, India HIV/AIDS Alliance; Ms Kavita Chandok, I-TECH; Mr VS Gurumani, PCI; Dr Sanghamitra Iyengar, Samuha Samraksha; and Ms U Kasthuri, District Level Network, Ariyalur. The session brought forward different aspects: how communities can be engaged in caring, rehabilitating and normalizing the lives of those infected and affected by HIV. It also brought out some powerful stories from the exemplary work being done by the Positive Networks both in creating awareness and helping positive people lead a life of hope and dignity.

The session on "Role of Law in Promoting and Protecting Rights of PLHIV" was chaired by Dr Alka Narang, UNDP. Ms Shivangi Rai, Lawyers Collective, Mr V Palani, TANSACS and Ms Kousalya, PWN+ were the panelists. The session had presentations and a number of testimonials from PLHIV. The focus of the session was to draw attention to gaps in the legal framework and to create sensitivity, awareness and an all-pervasive culture that could honour the basic human rights of the HIV community, be it at home, in the community, at the work place or at any service delivery point.

It was followed by a session on "Social Security Schemes and Health Insurance", which was chaired by Dr Indrani Gupta, Institute of Economic Growth (IEG). The panelists were: Dr Anit Mukherjee, NIPFP, Dr Nishant Jain, GTZ, Ms Debapritya Sen, PSI and Mr Jagdish Saini, DLN, Jalore. The session discussed at length the need for having a strong social and insurance sector that could cater to the needs of those infected with HIV. It highlighted the challenges in creating this protective shield and the issues that some of the existing schemes had to go through before they could refine and introduce the schemes amongst the target audience.

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National Dissemination Workshop on the Ekjut Trial: Saving Maternal and Newborn Lives

Over the past few years, PFI has been facilitating scaling up of innovative practices in the field of Reproductive and Child Health (RCH) and Young People's Reproductive and Sexual Health (YPRSH) in India. One such initiative is the Ekjut trial on ***"Improving maternal and newborn health through the empowerment of tribal communities"*** in the backward districts of Jharkhand and Orissa. The trial was piloted by Ekjut, a development organization with a strong field presence in the states of Jharkhand and Orissa, in collaboration with the Centre for International Health and Development, University College London (UK), Peri-natal Care Project (Bangladesh) and Women and Children First (UK). Women's groups set up by PRADAN, other local organizations and Ekjut were engaged in this effort to bring about improved maternal and newborn health outcomes through the process of community empowerment.

The cluster randomized controlled trial was conducted in three contiguous districts in Jharkhand and Orissa (West Singhbhum and Saraikela-Kharswan in Jharkhand and Keonjhar in Orissa), where approximately half of the population belongs to tribal communities. After a prospective baseline of nine months, Ekjut facilitated the intervention for three years (2005–2008) and subsequently it was evaluated to assess the impact of the intervention.

Dignitaries at the inaugural session

The primary outcome indicators were neonatal mortality and maternal depression. Neonatal mortality was much lower in the last two years of the trial and there was an equally impressive reduction in moderate post natal maternal depression in the 3rd year of the intervention. Significant changes in home care practices were also observed. Put through an equity lens, the results showed that the maximum benefit accrued to the most marginalized women in the community. Women's agency and decision making powers also increased over a span of three years and there was diffusion of impact beyond the group members to the whole village.

To share the experience, study design, results and lessons learnt from the trial, PFI in partnership with Ekjut and its partners organized a one day national dissemination workshop on *'The Ekjut Trial: Saving Maternal and Newborn Lives'* on December 9, 2009 at the Gulmohar Hall, India Habitat Centre, New Delhi. It was attended by key national and international stakeholders. The event began with the inauguration of a photographic exhibition titled "Stories of Hopes and Change", which provided a glimpse of the Ekjut trial and field areas as seen through the lens of a budding photographer, Mr. Sudharak Olwe.

Dr Syeda Hameed, Member, Planning Commission, Government of India and Dr Prasanta Tripathy, Secretary, Ekjut at the photo exhibition

Dr. Syeda Hameed, Member, Planning commission, Government of India, who was the Chief Guest for the event, inaugurated the exhibition and set the stage for a successful workshop by chairing the inaugural session. The inaugural session began with Dr. Arundhati Mishra, Additional Director, PFI, welcoming the participants, sharing the workshop objectives, providing a brief background of the Ekjut trial and highlighting PFI's objectives of supporting successful pilots in the field of reproductive health and population for scaling up in India.

This was followed by a presentation by Prof. Anthony Costello, Director, Centre for International Health and Development (CIHD), University College, London, UK, who provided a global perspective on maternal and newborn health vis-à-vis the Millennium Development Goals and emphasised the importance of reaching out to the poorest quintile for addressing health inequities. Dr Prasanta Tripathy, Secretary, Ekjut shared the trial design and a snap shot situational analysis with some important baseline indices and a brief about the partnering communities.

He also shared the history of inception of Ekjut and rationale for starting the trial.

While addressing the distinguished invitees Dr. Syeda Hameed in her keynote address said that the Ekjut initiative reached out to "people living on the edge", trying to empower them through experiential learning, plugging into the knowledge of the communities, without sending top-down dictates for change. This "participatory learning and action" approach has made the processes sustainable. She felt that the strategic decision of Ekjut to base itself in the Districts rather than in the Capitals was a very good decision since the differences in the socio- economic-infrastructure conditions between state capitals and the districts were staggering. She added, there was a need to have life-missions like those undertaken by SEARCH (in Gadchiroli) or Ekjut (in Jharkhand/ Orissa), and believed that such efforts could make a dent and needed to be "upscaled". She also appreciated that the Ekjut trial had recognized "Post Natal Depression", which was generally considered to be an urban phenomenon/ disease of the "better off people".

Followed by the inaugural session, there were two sessions based on the trial. One on 'The Processes and Results of the Ekjut trial' chaired by Ms. Ros Davies, Women & Children First (WCF), London, UK and the other on 'Results of the Ekjut trial' chaired by Dr. H. P. S. Sachdev, former National President, Indian Academy of Paediatricians (IAP) and co-chaired by Mr. Tom Thomas, Chief Executive, Praxis, India. Highlighting the processes followed during the Ekjut trial, Ms. Suchitra Rath (Process Evaluation Manager, Ekjut) described the Participatory Learning and the stepwise Action Cycle followed by the Ekjut team during the process of community mobilisation and empowerment. Dr. Audrey Prost (Lecturer in International Health, CIHD, University College, London, UK) detailed the trial analysis and shared the results outlining impressive newborn mortality reduction and moderate post natal depression as primary outcome indicators. Dr. Nirmala Nair, Technical Manager, Ekjut outlined the possible mechanisms of change.

In the concluding session "The Way Forward: Possibilities of Scaling Up", Mr. A. R. Nanda, Executive Director, PFI and Ms. Poonam Muttreja, Country Director, MacArthur Foundation shared their views on the Ekjut trial and its possibilities and scope for scaling up in India. Mr. Nanda scanned through various trials in India and other South Asian countries and stated that community mobilisation involving women's groups, as shown in the Ekjut trial, can be an effective complementary strategy to other models like the SEARCH's home based care model. He said that the participatory learning approach cycle could be used in high mortality settings to reduce high neonatal mortality in the rural areas of the country and suggested that the policy makers must pay attention to this in order to attain the MDG goals. He further identified the surveillance system and equity impact of the trial as promising practices that could be considered for scaling up.

Ms. Poonam Muttreja appreciated the basic principle of this intervention i.e. empowerment of women leading to their increased agency and improved health indicators. Exhorting the relevance of this principle she urged the audience to bring collective action and women's empowerment back on to the national and the global agenda. She also highlighted the need to assess the "surveillance system" as a cost effective mechanism for capturing all births and deaths, especially in the context of scaling up. ■

PFI Participation in the 5th Asia Pacific Conference on Reproductive and Sexual Health and Rights

The 5th Asia Pacific Conference on Reproductive and Sexual Health and Rights (APCRSHR) was held from October 18-20, 2009 in Beijing, China jointly organized by China Family Planning Association (CFPA), International Planned Parenthood Federation (IPPF), IPPF East and South East Asia, Oceania Region (ESEAOR), China Population Association (CPA), United Nations Population Fund (UNFPA), Partners in Population and Development (PPD), Sociology for Women and Gender Research Association of Chinese Association of Sociology (SWGRA, CAS) and National Population and Family Planning Commission of China (NPFPC). The Conference provided a common platform for all stakeholders to exchange experiences and discuss strategies in reproductive health in countries of Asia and Pacific. The agenda included calling attention of the international community towards reproductive health issues, and facilitate the attainment of MDGs in the Asia and Pacific Region on schedule.

Ms Lopamudra Paul, Research Associate (Monitoring and Evaluation), PFI attended the Conference and presented a paper on *'Women Empowerment and Change in Perception on Reproductive Health in West Bengal, India.'* The objective of the paper was to empower the health status of women in West Bengal and to make them aware about their reproductive health and rights, family planning, contraceptive choices, health seeking behavior etc. The National Family Health Survey – III (2005-06) and the data from the field through Focus Group Discussions (72) and in-depth interviews (30) conducted amongst currently married women in five districts of West Bengal, was used for the paper. The study revealed that after intervention the young women were more aware of their RH and other health issues such as age at marriage, educational level and of contraceptive choices'.

Communitization Initiatives in Bihar: Challenges Ahead

The State of Bihar, with a population density of 880 persons per sq. km. has recorded the highest decadal growth during the nineties (Census, 2001) with around 33% of its population below poverty line. The major health and demographic indicators of the State like infant mortality rate, maternal mortality ratio, total fertility rate, etc. are much higher than at all India level, which reflect poor health status in the State. Amongst the major States, the Human Development Index (HDI) in Bihar has been the lowest for the last three decades (UNDP, 2001). The recent National Family Health Survey (NFHS-III, 2005-06) indicates some improvements in immunization coverage, contraceptive use, institutional deliveries and the proportion of women, who have awareness about HIV/AIDS. However, malnutrition among children and women has increased. The prevalence of certain vector borne diseases, communicable diseases and water borne diseases is also high in the State.

There are substantial gaps in health sector infrastructure and essential health requirements in terms of manpower, equipment, drugs and consumables in primary health care institutions. There is a drastic decline in public health facilities for treatment of non-hospitalized ailments in both rural and urban areas. There are also substantial gaps in sub-centers, primary health centers, and a very large gap in community health centers along with shortage of manpower, drugs and equipments for Primary Health Care and inadequate training facilities. Other factors affecting the health status include: very high fertility rate; low level of institutional deliveries; high level of maternal deaths; very low coverage of full immunization; low level of female literacy; and poor status of family planning programme.

With the upgradation of health infrastructure such as recruitment of doctors on contract, outsourcing diagnostic facilities, availability of free medicines, provision of ambulance services and through a mechanism of web-based monitoring, better health outcomes are expected in the State. In a span of about a year, manifold increase in OPD attendance has been reported at the CHC/Block/PHC level. A significant increase has also been noted in terms of number of patients attending government health facilities, except at health sub-centre level. In spite of appointment of doctors and specialists at a large scale, there is a need to appoint 5% more Medical Officers at the PHC level, 60% Surgeons, 70% Obstetrics / Gynecologists, 76% Pediatrician and 46% Physicians in order to fulfill the gaps of human resources at different levels. There is also need to recruit 13% more ANMs and 33% more staff nurses at different levels to make the health centers fully functional (State Health Society, Bihar, 2009).

The eleventh five year plan for the State aimed to reduce IMR from present 61 to 29 by the end of Eleventh Plan. It is to be achieved through emphasis on home based newborn care, improving breast feeding practices, integrated management of neonatal and childhood illnesses and increasing immunization coverage. With the efforts of the State, an increase in immunization coverage has already been observed. The goal of reducing MMR from 371 per 100,000 live births to123 by the end of the 11th Plan is a formidable task. Yet, the State would be making all efforts to achieve that goal. With the operationalization of Janani Evam Bal Suraksha Yojana, the institutional deliveries are increasing significantly. Besides, efforts are being made to improve antenatal care, provide skilled attendance at delivery and enhance facilities for emergency obstetric care. The State is also trying to reduce TFR from 4.0 to 3.0 by the end of Eleventh Plan through behavioral change communication to bring about increase in the age at marriage of girls, delaying first child birth, greater male participation and meeting the unmet need for family planning through improved infrastructure and organization of family planning camps and other service delivery measures.

The National Rural Health Mission, the flagship programme of the Government of India has been a facilitating factor and is expected to improve the health system of the State further. In Bihar, NRHM has been launched to provide accessible, affordable, accountable, effective and reliable primary health care facilities, especially to the poor and vulnerable sections of the population. The aim is to bridge the gap that exists in rural health care services through the creation of a cadre of Accredited Social Health Activists (ASHAs), improved hospital care and decentralization of programmes at the district level to improve intra and inter-sectoral convergence and effective utilization of resources. Further, an overarching umbrella has been provided to the existing programmes of health and family welfare including RCH-II, malaria, blindness, iodine deficiency disorders, Filariasis, Kala Azar, T.B., Leprosy and integrated disease surveillance.

The State has made remarkable progress over the last three years by adopting and implementing different strategies at different levels resulting in significant decrease in MMR and IMR. The MMR has come down to 312 from 372 against 254 of India and IMR has decreased to 56 from 62 against 53 of all India but still there is need to plan and implement the programmes effectively as the TFR has increased to 3.9 from 3.7 against 2.7 of all India level and coverage of full ANC has come down to 3.9% from 4.3%. The National Disease Control Programme is also showing significant result.

Though several efforts are being made towards improving the health service delivery at one level, no effort had been made towards "communitization", one of the most important components under NRHM and strengthening the public health system. Since the launch of the NRHM, no Village Health &

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SAMVEDNA: Setting New Benchmarks to Ensure Safe Motherhood

High maternal and infant mortality has plagued the state of Rajasthan for years. Skilled birth attendance (SBA) has been accepted as a key action strategy towards reducing MMR. Proportion of births attended by skilled health personnel is both an indicator and a target towards achieving the MDG goal. Provision of SBA for reducing maternal mortality and morbidity and making the public health system functional has been a challenge.

National Rural Health Mission (NRHM) implementation framework calls for public private partnership for health systems strengthening. However, there are only a few examples in the country which demonstrate such a partnership. The Skilled Birth Attendance model supported by PFI has been an effort towards this end.

PFI has been supporting the Skilled Birth Attendance model in three districts of Rajasthan: Ajmer, Jhunjhunu and Tonk, since October, 2004 with technical and capacity building support from ARTH, Udaipur. The model provides for delivery of a continuum of maternal-child care services including round the clock (24/7) basic obstetric care with basic laboratory services along with active and assisted referral for emergency obstetric care through resident Nurse Midwives. The two health-centers, one each at district Tonk (Ranoli) and at district Jhunjhunu (Dhanuri) of Rajasthan state have been providing quality safe maternal and child health care services for last five years. Each health center is providing broader primary health service package to a core population of 5,000 and specified maternal and child health services to a larger 15,000 population. Each project village has a Village Level Motivator or link worker to support the nurse midwife in conducting outreach clinics, raising awareness on RCH and motivating community for availing services.

Ever since their establishment, the health-centers have been evolving and responding to the emerging needs of the people in the area. Over the years, the project, through its intensive capacity building activities for the staff and continual up-gradation and augmentation of basket of services offered, has been setting up higher and higher benchmarks regarding quality of care in maternal and neo-natal health and has created a niche for itself.

Ante-Natal and Delivery Care

As a result of intensive capacity building of nurse midwives and the village level link workers under the project, the centres are well equipped to provide quality ante-natal care, which includes provision of basic laboratory testing services at the door step of the beneficiaries during the field clinics.

Early detection and registration of pregnancy is critical to ensure delivery of ANC services and timely detection of abnormalities and complications. Early detection of pregnancy also provides women with control over their pregnancy and reproductive lives. 'Nishchaya' kits to detect pregnancy at the field level have been supplied and the village level motivators have been trained to conduct the test and counsel women both before and after the test.

Iron Deficiency Anemia (IDA) during pregnancy is one of the major contributors to maternal mortality. Early detection of IDA and timely intervention is important. Now, facilities for hemoglobin estimation and blood grouping and typing are available to the clients at their doorstep. The hemoglobin levels are tracked over the pregnancy period.

Besides, each pregnant woman is counseled for proper nutrition, adequate rest and delivery at the health centre. The foetal growth, weight gain and blood pressure are regularly monitored for each pregnant woman registered with the centre.

Delivery Services

Another benchmark has been set up with regard to delivery services. Nurse Midwives are providing technically sound 24 x 7 delivery services, which include evidence based management of first to third stage of labour, management of breach and twins presentation – a common obstetric complication, managing obstetric emergencies like Ante-partum and post partum hemorrhage, preeclampsia, retained placenta and obstructed labour. Now, with intensive trainings of nurse midwives, the two centres are providing all these critical services, which are not available, in many cases, even at the PHC levels. All essential and emergency drugs are available in sufficient quantities and the hygiene and sanitation standards maintained are enviable. As a result, the centres are attracting increasing number of deliveries.

Neo-Natal Health and Newborn Care

Several new initiatives have been taken up for newborn care especially for low birth weight (LBW) babies and premature babies. Breast feeding is initiated within one hour of birth and colostrum feeding is ensured. Kangaroo bags have been provided to prevent the new born from hypothermia. The nurse midwives are trained to identify and manage the problems of the new born.

Family Planning and Contraception

Providing women control over their reproductive lives is one of the thrust

areas for PFI. PFI strives to achieve the same through promotion of contraceptives through informed choice giving the women, right to choose the method that suits them. Continual expansion of the basket of choices, therefore, becomes essential for this. With this view, the two health centres have started providing injectable contraceptives (DMPA) as a part of basket of choices offered. DMPA injections can prevent pregnancy for three months. Checklists have been developed to ensure proper administration of the method. This is being done under expert supervision of medical officers, technical guidance and monitoring by experts from ARTH (Udaipur), the technical support agency for the project.

Emergency Contraception

The Nurse midwives also provide services of emergency contraception to avoid pregnancy within first 72 hours of unprotected sex. This enables women to have better control over their reproductive decisions. E-pills, as they are popularly called, have been supplied to health centres and nurse midwives have been trained to ensure proper prescription and prevent misuse.

Medical Termination of Pregnancy (MTP) Services

In its constant endeavour to give more and more power to women regarding their reproductive lives and decisions, the project centres have applied for registration with the Government of Rajasthan as registered centres for MTP.

Janani Suraksha Yojana (JSY) Accreditation

The need for JSY accreditation of the health centers was felt for the benefit of mothers. Both the NGOs worked hard to get the accreditation. With the help of ARTH and PFI, Apno Swasthya Kendra run by SRKPS in Dhanuri at Jhunjhunu got accreditation under JSY in December 2008. Shiv Swasthya Kendra run by Shiv Shiksha Samiti in Peeplu at Tonk got accreditation under JSY in February 2009. With the accreditation of the centres, the number of women preferring the paid services of the health centres over the free facilities has increased significantly, and that speaks a lot about quality of services being delivered at the two centres under the project. ■

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Two documentary films **"With Your Head Held High"** and **"Something New in My Life"** were released at the national consultation.

The PLHIV were at the centre stage of the national consultation. The goal was to bring out the positive voices from the field. The PLHIV shared their experiences, positive speakers inspired others and made the consultation lively through singing, dancing and other cultural events.

State Level Expositions

State level expositions were conducted in all the six high prevalence states in 2008 and 2009 on various themes related to HIV/AIDS. These expositions provided a platform for PLHIV involved in the program to share their experiences to a broad range of stakeholders. Representatives from District Level Networks (DLNs), Positive Living Centres (PLCs), Community Care Centres (CCCs), Comprehensive Care and Support Centres (CCSCs), ART Centres, State AIDS Control Societies, senior officials from various government departments, colleges, banks, NABARD, NGOs and the media participated in these events.

The state expositions were conducted not only to share the best practices and to motivate the PLHIV but also to recognize the efforts and hard work of the staff of the service delivery points. To encourage them, various competitions such as games, slogans, posters, music, rangoli, role play on nutrition and quiz were organized. The participants actively participated in these competitions and were given due recognition through prizes and certificates. ■

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Sanitation Committees have been formed in the State, except at a few places, where organizations namely PFI and Lepra Society have formed the VHSCs by implementing their own projects. Only 28% of Rogi Kalayan Samitis are functional, out of that 26 are functional at District hospitals, 51 at CHC level and 389 at PHC level. No special initiatives have been made towards social audit.

PFI-RRC advocated with the State Government for the initiation of communitization process under NRHM. The Draft National Health Bill, 2009 also gives thrust to communitization and a detailed guideline has been drafted for ensuring community involvement in strengthening public health system in India. In order to ensure the outcomes envisaged for NRHM and providing quality and accountable health services, which are catering to the needs of the poor and vulnerable sections of the society, the state government realized that the community monitoring of health services is an important component for achieving these results.

The State Government decided to initiate the process of community based monitoring of health services as a step towards communitization. PFI was requested by the State Health Society Bihar to provide technical support to implement the CBM process in the state and carry forward the process as PFI was the National Secretariat for implementing the first phase of Community Based Monitoring in nine states with support from the MoHFW, Government of India. PFI organized a State Level Consultative Meeting on Community Based Monitoring (CBM) of Health Services under NRHM. Based on the recommendations of the consultative meeting, PFI facilitated the process for the preparation of detailed Plan of Action for initiating Community Based Planning and Monitoring of Health Services in the state. The State Government has decided to implement the CBM process in the three selected districts on a pilot basis and the preliminary activities have already been initiated by the State government. ■

Quality Family Planning Services through Boat Clinics

The Population Foundation of India in partnership with the Centre for North East Studies and Policy Research (C-NES) is implementing a project, *"Mobilizing the Unreached: Using Behaviour Change Communication and Ensuring Quality Family Planning Services through Boat Clinics in Assam"* for a period of three years from September 2009. The project covers a population of 1 lakh on islands in the Brahmaputra river in five districts of Assam. The goal of the project is to ensure improvement in family planning/RCH status of vulnerable populations from the islands known as *chars, saporis* on the Brahmaputra river in Assam. The project has started its activities during the quarter October–December 2009. The objectives of the project are:

- Increasing awareness on reproductive health and family planning issues among eligible couples (women and men in the age group of 15-49)
- Enabling behaviour change through a need based comprehensive communication package
- Building sustainable local capacities in interpersonal communications including counseling skills, delivering quality family planning services and in effective documentation
- Improving availability and accessibility of modern contraceptives to eligible couples including services for IUD insertion, injectables and establishing effective linkages for sterilization services
- Documenting learnings, processes and best practices for scaling up

The C-NES has been implementing preventive and promotive health campaigns through specially designed boats since May 2005 on islands, locally known as '*chars or saporis*', formed by the mighty Brahmaputra river. The programme has been up-scaled to five more districts in March 2009 and over 120000 people have been reached for health checkups including immunization, ante-natal care and post natal care. The organization is currently operating ten boats covering approximately 400 islands in 10 districts. Presently these camps and campaigns are carried out in collaboration with NRHM, district administration, health department and UNICEF. In the proposed project area, three boats are currently owned by C-NES.

Selected Area and Target group: The area selected for the programme is 117 villages/islands in the five focus districts of Dibrugarh, Tinsukia, Dhemaji, Sonitpur and North Lakhimpur of Assam covering a population of 1,01,578. The districts from upper Assam are predominantly tribal in nature and inhabited by Mishings followed by Hindus of Assam, Biharis, Muslims, Ahoms, Nepalese and the tea plantation tribal communities, while the districts of lower Assam are mainly inhabited by the Muslim migrant communities from Bangladesh.

Rationale for the project: The boat clinics have come in to being, to reach out to the most vulnerable and deprived population. They are designed with sufficient facilities to provide basic health care in the char villages. They have cabins for nurses, doctors and other members of the team and an examination room with table and a small laboratory. Each boat (covering one district) has a team of two medical officers, three nurses, a coordinator and three community workers. Some of these boats have night halt facilities and hence they can reach at the remote areas. In the districts where there are lesser number of *chars/saporis*, camps are held once or twice every month in every village, while in the districts where there are larger number of *chars*, villages are selected depending upon criteria such as lack of access to Government run sub centers or remoteness of the char. The entire programme is managed by a Programme Management Unit (PMU).

However, while regular service provision continued, there was a felt need to raise awareness levels on the issues related to reproductive health and rights with a focus on provision of quality family planning services to increase off take of RH services and

Boat serving the community


RCH Service in progress

improve health seeking behaviour in the community. The programme has so far not included any significant behaviour change communication (BCC) component, which had also been identified as a major gap in the efforts. PFI felt there was a clear and felt need for integrating provision of quality reproductive health and family planning services, effective counseling and behaviour change communication components to the existing health care provision through Boat Clinics.

The following activities will be undertaken for the project:

- Recruitment of staff and identification of change agents
- Community Needs Assessment through ASHAs
- Capacity building on family planning services of ASHAs and TBA training
- Development of a BCC package to enable behavioural change
- Documentation and production of a film on project activities with dissemination

The major outcome indicators of the project will be:

- Percentage increase in knowledge of service providers on RH and FP issues
- Percentage increase in knowledge of eligible couples on RH and FP issues
- Number and percentage of eligible couples aware of all choices of modern methods
- Number and percentage of couples/women offered basket of choices of FP methods
- Percentage of eligible couples regularly using modern methods of contraception

The BCC tools will be continuously used through ongoing programmes reaching a large population and benefiting communities in the process. Simultaneously, efforts would also be made to advocate with the Assam State Government to expand the use of the materials to the entire state. Strengthening local capacities will ensure a cadre of trained qualified service providers and change agents in the community, who can continue to take the work forward. This will ensure sustainability of the project even after phasing out. ■

Workshop for Journalists in Ranchi

A journalist or a social worker has to face many questions on the political process. How can one track the performance of MPs/MLAs? How can one hold them accountable to the promises they make? Most importantly, how can one engage with the legislative process and legislators?

To address the need, Population Foundation of India has been disseminating the information to NGOs and media professionals through publications and capacity building programmes on the role of Parliamentarians in addressing the issue of health and population in India. The entire effort was aimed to build perspective of members on Reproductive Health/Family Planning issues, undertake advocacy with legislators and create a platform for building accountability of elected members.

A one day workshop was held in Ranchi on October 6, 2009 in partnership with PRS Legislative Research with the objectives of building skills on using existing information on legislators effectively, sharing NGO examples in advocating with legislators in Jharkhand and the areas of reporting on accountability issues of elected representatives. In the workshop, the work of legislators and the legislative bodies, various avenues of engagement with legislators and the legislative process were shared among the participants. It also shared various data on Parliament with the journalists, which helped them to compare the data with the neighboring states to understand the performance of legislators. While sharing their experiences and ideas, the participants pointed out that, despite the huge opportunity for media in engaging with the legislators and the parliament system, advocacy is limited due to high focus on geographical and political situations of the state. The workshop highlighted the challenges in advocating with elected members, such as lack of forums for interface between the elected and the civil society members in the state, though the journalists in the state were highly aware about the role and functions of the elected members.

The workshop was very informative and useful to the participants. There is a need for collective effort at the state level by the Journalists, NGOs and the organizations like PFI and PRS. The Journalists felt that the workshop generated possibilities for developing useful stories on legislators and opened up avenues for discussing the same at the district level.

PFI in partnership with PRS has brought out publications namely, Health Legislations in14th Lok Sabha, Activity of MPs in 14th Lok Sabha related to RCH and Youth and Comparison of Election manifestos of major political parties.

Swastha Aangan: Promoting Healthy Families

The Tata Chemical Society for Rural Development (TCSRD) has successfully completed two years (November 2007 to October 2009) of the Swastha Aangan project, which is being implemented in 40 villages in Gunnour block, Badaun district, U.P. covering a population of approximately 75,000.

The project, "Swastha Aangan – Promoting Healthy Families" aims to achieve sustainable improvement in RCH indicators through consolidation of the gains and learning of the first phase of the project (Intensive Family Welfare Programme (IFWP), implemented from December 2001 to April 2007 in 50 villages) and by building mechanisms, processes and linkages with community based organizations and other institutions. In a bid to bring about these developments, the project specific objectives are to:

- Create community based mechanisms and linkages for increasing access to quality RH/ FP services
- Bring about desired behaviour changes among eligible couples (women in the age group of 15-49) through integrated IEC package and increasing involvement of different stake-holders at the family level on Family Planning/ Reproductive and Child Health
- Promote use of modern contraceptives by eligible couple by providing a basket of choice through strengthening Parivar Kalyan Kendras and appropriate referrals, and
- Document learning, processes and good practices for replication and scale up.

TCSRD took the initiative of training Village Health and Sanitation Committees (VHSCs) through a five day workshop at Village House, facilitated by Dr. Mazhar Rashidi and Mr. Rajiv Mishra from Pratinidhi organization in Lucknow. VHSCs were oriented on how to develop a link of ownership and responsibility between the community and the health system by assessing the needs of the community and communicating the same to health system delivery vehicle to strengthen the existing health system in providing health services in a way acceptable and accessible to the local population. The workshop was attended by ASHAs, VHSC members, health workers and field coordinators.

The management of the training was decided and responsibilities were divided into teams. Each team made a presentation on 'Problems faced in conducting the VHSC meeting.' It was followed by a discussion on disseminating information about evolution, objectives, role and responsibilities and importance of adult learning education in VHSC.

The participants were oriented about the processes of VHSC meeting such as identification of health needs, NHRM concepts, role and responsibilities of VHSC members, preparation of health plans and the present health problems in the Gram Sabha meetings.

The utility of GATHER (G-Greet, A-Ask, T-Tell, H-Help, E-Explanation, R - Return) technique was discussed with the participants. VHSCs were selected for field visits based on their functioning status and efficiency in maintaining of registers [Faridpur VHSC – (Functional), Mehua VHSC (Not functioning properly) and Noopur (poorly functioning)].

The participants were divided into teams and sent to villages namely Mehua, Noorpur and Faridpur to interact with VHSC members and identify the health issues on which prioritization was done through VIPP cards along with planning.

Each team gathered community members at a common place in the village. A president was selected for the regulation of the meeting and for documentation in the register. Problem chart prepared by the VHSC members was discussed in the meeting and the agenda for the next meeting was then fixed. The problems were identified, were put into a Prioritization Matrix (PM) which includes identification of problem, prioritization of the problems, resources available, responsibility of the resources taken, follow-up, support and timeline. Based on this, a planning for the next six months was done and responsibilities were given to each member.

The following were the major health issues identified from the above three villages:

- Doctors at CHC not attending to the patients
- Difficulty in adoption of family planning methods
- Lack of transportation to take delivery case on time
- No proper distribution of ration of high energy and protein supplements to malnourished children by Aganwadi workers
- Irregular visit of ANMs
- Lack of distribution of tablets for prevention of Malaria by Government
- Poor Sanitation
- No contact numbers of the doctors and ANMs of CHC

The participants were oriented about different Government schemes by Mr. Manoj Sharma, the District Programme Manager (NHRM), Dr. Chadda, the state coordinator (NHRM), Dr. Sanjeev Belwal (MOIC Gunnaur). ASHAs and health coordinators discussed their problems with them and they were given assurance for the support.

Outcomes of the Training:

- The Coordinators were aware about various processes of training after the field visit.
- Through prioritization matrix, health problems were identified by the villagers themselves and a planning for the next months was done with the help of VHSC members.
- Field Coordinators learned the art of facilitation, organizing VHSC meetings, identifying problems and its solution through participatory rural approach. ■

PFI Participation in XXXI Annual Conference of IASP

The 31st Annual Conference of the Indian Association for the Study of Population (IASP) was held at Sri Venkateswara University, Tirupati during November 3-5, 2009. The conference began with the presidential address by Prof Arvind Pandey, IASP on "Population Transition and Disease Burden in India: Challenges to Social and Health Policy." This was followed by the key note address by Dr. Nesim Tumkaya, UNFPA Country Representative to India. The conference was attended by over 300 researchers, teachers, policy and programme managers from various organizations and universities such as UNICEF, UNFPA, ICRW, IIPS, PFI, AIIMS, Intra Health, ISEC, TISS, JNU, BHU etc.

Population Foundation of India (PFI) had an impressive participation in various sessions of the conference.

- "Meeting Millennium Development Goals (MDGs) – India's Child Survival Programme: Managerial Challenges and Perspectives" By Dr Lalitendu Jagatdeb, Joint Director (Monitoring &Evaluation), PFI and Ms Mridu Pandey, Programme Associate (Programme Development), PFI (Presented in the technical session).
- "Design Effect and Non-Sampling Error of NFHS-3 Survey" By Dr S.K. Mondal, Sr. Manager (Knowledge and Research Management), PFI (Presented in the panel discussion).
- "Burden of Non-Communicable Diseases in India: A New Dimension in Epidemiological Transition" By Ms Lopamudra Paul, Research Associate (Monitoring & Evaluation), PFI and Mr Nihar Ranjan Mishra, Programme Officer (Monitoring & Evaluation), PFI (Presented in poster session).
- "Child Nutrition, Immunization and Care" – Technical session chaired by Dr Lalitendu Jagatdeb, Joint Director (Monitoring & Evaluation), PFI.

PFI also sponsored a special session on "Methodological Issues related to Large Scale Sample Surveys in India". It was suggested to constitute a national committee to recommend study design for large scale surveys including variables and their comparability. ■

Meeting Millennium Development Goals – India's Child Survival Programme: Managerial Challenges and Perspectives[1]

The past few decades have witnessed increasing concerns among developing countries including India on poor state of health and development of children. To underscore the need to position child survival at the heart of international agenda, reducing child mortality has been focused as one of the eight Millennium Development Goals (MDGs). India as a signatory to Millennium Summit Declaration aims at achieving the MDGs by 2015. The fourth MDG refers to reduction in child morbidity and mortality.

Although overall gains in child survival in India have been impressive, infant and child mortality levels are still high. India's IMR still stands at a staggering over 50 deaths per thousand live births. Of the estimated 9.7 million children in the world dying before completing five years of age, 2.1 million or 21 percent, are in India. The scale and diversity of India present a huge challenge in addressing development goals including child survival.

With this background the paper was prepared using analysis of the secondary data like NFHS, SRS, district level information etc. Findings from various studies and successful case studies had also been reviewed and provided concrete recommendations and strategies, which could have both policy and programmatic implications. The paper also looked at the role of different departments in exploring the possibilities of community participation, public private partnership and modifications to assist the health department in bringing its people healthcare services and save the dying children. The summary of the paper is given below:

- Major Causes of Infant and Child Mortality:
  - Diarrhea, preventable childhood diseases, food insecurity
  - Lack of male involvement in MNCHN programmes and poor social status of women
  - Lack of community based monitoring mechanism and community ownership
  - Poor health care infrastructure and quality of care
  - The malnutrition lifecycle
  - Poor management of existing financial and human resources
- Managerial perspectives and recommendations:
  - Needs for political will to scale up successful programmes
  - Addressing shortage of skilled health professionals by PPP
  - Traditional Birth Attendants (TBAs) as Skilled Birth Attendants to ensure better birth planning and complication readiness
  - Community monitoring like the one in Tamil Nadu and Kerala can go a long way in improving service delivery
  - Enhancing capacity to use information to support child health programmes ■

[1] An abstract of the paper presented in the 31st Annual Conference of Indian Association for the Study of Population (IASP), Nov. 3-5, 2009 by Dr Lalitendu Jagatdeb, Joint Director (Monitoring & Evaluation), PFI and Ms Mridu Pandey, Programme Associate (Programme Development), PFI.

We welcome...

Ms Mohini Kak, who has joined the Foundation as Project Director (Scaling up Division) on 5th October, 2009.

Dr Sanjay Pandey, who has joined the Foundation as Chief of the Party (Health of Urban Poor/USAID) on 12th October, 2009.

Dr Shalini Verma, who has joined the Foundation as Senior Research Advisor cum New Programme Development Manager on 12th October, 2009.

Mr Pradeep Kumar, who has joined the Foundation as S.I.E. Associate (Global Fund) on 12th October, 2009.

Ms Jayati Sethi, who has joined the Foundation as Programme Associate on 23rd November, 2009.

Mr Shariq Jamal, who has joined the Foundation as Programme Associate (Global Fund) on 25th November, 2009.

Dr G S Joshi, who has joined the Foundation as Project Manager (Mewat) on 1st December, 2009.

Ms Nidhi Bakshi, who has joined the Foundation as HR cum Administrative Officer on December 3, 2009.

Mr Pritam Prasun, who has joined the Foundation as Programme and Monitoring and Evaluation Officer (Mewat) on 18th December, 2009.

We bade farewell to...

Mr R Subramanian worked with PFI as Administrative Officer on 31st December, 2009. He retired from PFI after 33 relentless years of service. Mr A R Nanda, Executive Director, PFI honored him with memento at a function organized at PFI on 31st December, 2009. We, the PFI staff wish him a happy and peaceful retired life.

Mr Rakesh Kumar worked with PFI for Scaling Up Division as Sr. Project Manager on 3rd October, 2009.

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