

MIPD Mission:

To enhance management capacity to meet continuous challenges in Population and Development

Message of President, Parivar Seva



Ms. Sudha Tewari

Women have always been at the centre of the debate on population and development. Empowerment of women and promoting gender equality is particularly crucial for improving the quality of life of present and future generations and for attaining sustainable development. One of the ways of empowering women is to help them improve maternal health outcomes.

Accordingly, the Millennium Development Goals have set the target of reducing MMR to 200 by the year 2007 and a further reduction to 109 by the year 2015. Estimates from SRS data indicate that MMR in 1998 was 398, which reduced to 327 in 2001, 301 in 2003 and further to 254 in 2006. Thus, while the trend is declining, improving maternal health continues to be a challenge. If India is to achieve this goal, it must redouble efforts in this area. Studies have documented that low knowledge, access and use of family planning methods result in unplanned pregnancy. In the absence of choice,

many women go in for unsafe abortions, putting at risk the life of both mother and child. Thus, high maternal mortality, as a consequence of pregnancy and childbirth, is common in the reproductive age groups. In order to achieve the Millennium Development Goals relating to maternal health in the time that remains, we must focus on empowering women by helping them achieve the choice of controlling their own fertility and thus bringing down the maternal mortality in the country.

Much before the MDGs, and also the ICPD at Cairo, our effort at Parivar Seva has been to empower Indian women from underprivileged and marginalized households, by educating them about the choices available to them to

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MIPD - NACO Activities

India is home to a large population, with young demographics and large numbers in the reproductive ages. Sexually Transmitted Infections (STI) and Reproductive Tract Infections (RTI) are thus an important public health problem in India, both among men and women. ICMR studies show 6% of the male and 12% of the female OPD attendance at government facilities in the country is due to STI/RTI related symptoms. In Rajasthan, every second woman and every tenth male reports at least one symptom of STI/RTI (RCH II, 2002-04). Inter-district variations in the prevalence of STI, as well as treatment sought, is also noted (See Table:1).

Table: 1

Districts	DLHS II			
	Prevalance of RTI/ STI in selected districts of Rajasthan (% reported any one symptom of STI/ RTI)		Sought treatment for RTI/STI in selected districts of Rajasthan (% sought treatment for STI/RTI problems)	
	Women	Men	Women	Men
India	32.3	7.6	32.4	40.2
Rajasthan	47.5	11.5	21.4	40.2
Ajmer	45.8	8.8	21.7	42.7
Alwar	52.0	10.9	12.9	42.6
Barmer	53.9	10.6	12.4	45.2
Jaipur	46.7	13.5	20.8	35.9
Ganganagar	36.1	12.0	28.0	42.8
Tonk	41.4	15.9	24.1	34.8
Udaipur	44.1	15.7	27.5	33.7

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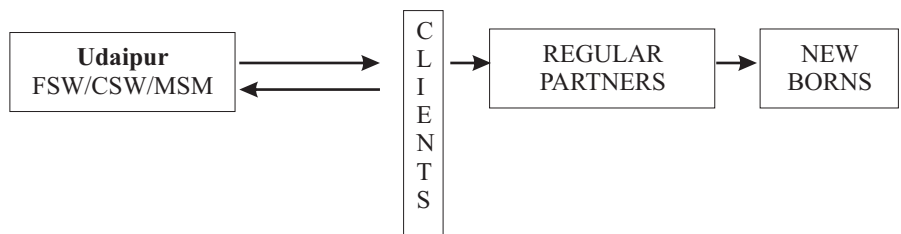
better manage their reproductive health needs. To this end, Parivar Seva works closely with low and middle income groups living in urban slums, peri-urban and rural areas to provide quality and affordable clinical services through 36 professionally managed clinics, spread over 11 states. Innovative communication strategies are used to make a range of family planning products widely accessible in our project areas across 14 Indian states. Considerable behaviour changes leading to improved use of these products is noted. Educating the community on issues relating to Health, including Reproductive Health and other areas is helping change long held beliefs, ideas and behaviours relating to them among adolescents and youth, both male and female, as also among married couples. In all our project areas, we have endeavoured to build local capacity to help empower women.

It is with a sense of pride that I reflect on our achievements of the last 30 years of tireless, pioneering work in the field of reproductive health in India. An important learning has been the need to utilise managerial skill in population and development issues. Much needs to be done if India is to achieve population stabilization and the targets set out in the MDGs. Managing population and development programmes to achieve this end requires specific skills evolved from programme management. Taking up this challenge, Parivar Seva set up the Management Institute of Population and Development (MIPD) to build and enhance research and management capacity in specialized areas so that there is an increased availability and utilization of professionals to efficiently and effectively manage health, population and development programmes.

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STI/ RTI affect men, women and children adversely. Apart from affecting the health of the mother and contributing significantly to maternal mortality, they also contribute to increased infant and child mortality. The transmission dynamics of STIs as well as measures for their treatment are similar to HIV, as is the target population for interventions (See Exhibit 1). High STI prevalence, thus, fuels HIV transmission in the country. If India is to improve her outcomes of the health related Millennium Development Goals (MDGs) in time, then better management of STI/ RTI becomes imperative (See Box 3).

Exhibit 1: Transmission Dynamics for STIs



Accordingly, based on community surveys, the NACP III envisages the involvement of private health care providers (HCP), from both modern and traditional system of medical care, by synchronizing with them through public private partnerships and capacity building measures to provide services for the prevention and management of STI/ RTI among high risk groups, bridge population, and the general population, particularly women and youth. The Management Institute of Population and Development (MIPD), the research arm of Parivar Seva Sanstha, undertook the task of implementing the PPP model for STI/RTI services in and around the identified hot zones in the selected districts of Rajasthan, i.e. Ajmer, Alwar, Barmer, Jaipur, Shri Ganganagar, Tonk and Udaipur, on a one year pilot basis, with defined objectives.

Objective of the Program:

- To involve private HCPs of all systems in the PPP network for management of STI/RTI patients
- To train the private HCPs in counseling, Syndromic management and referral system
- To generate community awareness regarding STI/RTI problems (prevention, cure & partner's treatment), its linkage with HIV/AIDS and availability of services

Preparedness for managing STI/ RTI cases in identified hotspots/ Status of STI/ RTI providers in identified hotspots-

MIPD coordinated with the Rajasthan State AIDS Control Society (RSACS) to collect the list of hot spots, respective ICTC, TI partners and others to validate the location of given hot spots in the project districts. New hotspots have been added to the list as per feedback. Allopath and AYUSH private HCPs in and around the validated hotspots have been mapped in each of the project districts, using a structured questionnaire. Key results of the mapping exercise are highlighted briefly-

- Non-allopath practitioners are the preferred providers across districts, except for Ajmer.

- Good awareness of STI noted among the providers.
- Need for better awareness of STI among non-allopath providers, particularly in Tonk, Ganganagar, Jaipur and Barmer.
- Few providers received training on STI/ RTI, but majority felt need for it.

The mapped private HCPs have been linked to the PPP scheme by signing a memorandum of understanding with NACO and the implementing agency in Rajasthan.

Capacity Building of private health care providers for managing STI/ RTI

The HCPs have been provided training on managing STI/ RTI, including technical issues, syndromic management, counseling, etc. using the curriculum provided by the Rajasthan State AIDS Control Society (RSACS). Resource persons from Medical Colleges and District Hospitals facilitated the trainings. Providers have benefited from the training. As reported by them, issues relating to STI/RTI are addressed by them when examining patients. The training has been reinforced during supportive supervision visit at the clinic of the linked HCP. Some re-training on specific issues may be required from time to time.

Community involvement in managing STI/ RTI/ Demand Generation of the services by creating focused IEC in the community:

Efforts have been made to increase awareness on STI/ RTI issues in the community. Street plays and community meetings have been organised each month in each district. The main outcome of the activities has been an increase in the client load of the linked private HCPs, and increased demand for medicines for area specific syndromes. The initiative of local stakeholders and providers has been found to be effective in communicating our message in the community.



Monitoring and support to linked private health care providers:

The work of linked private HCPs has been monitored regularly to ensure quality of services. This has enabled identification of training gaps, which have been addressed at the time of supportive supervision.

Aadhar - Youth Friendly Services

Empowering communities through theatre

The theatre group of young peer educators from 'Aadhar' participated in a workshop and developed a nukkad natak to empower local communities on STI/ RTI. The group won accolades at the YMCA fair in Delhi in 2008, winning the 1st prize for their play. The taste of success motivated them to expand their repertoire and to take up other issues such as tobacco prevention, safe abortion, environment etc. in the new plays that they develop. Other organisations now invite the group to perform in their areas. Giving youth from low income communities a platform to develop leadership skills does lead to empowering the community.

Developing leadership among urban youth

Youth focused community centres along the lines of 'Aadhar' are needed on a large scale, in the nation and in the state, if India is to realize the full potential of her demographic dividend. A study by a young student from Brock University, Canada during his internship at 'Aadhar' concludes that such centres would motivate urban slum dwelling youth to become leaders who are focused, educated and confident individuals and who would help propel the nation forward, economically and socially. The current model could be expanded to add skill development, livelihood, and nutrition services to make it even more effective.



Focus on Child Health

The medical team at 'Aadhar' held 11 health check-up camps in Ajmer district on behalf of World Vision. The organisation has adopted orphaned children and takes care of their education, health and economic needs. The check-up revealed that overall, the majority of the children enjoyed good health. However, most suffered dental problems because of the fluoride in the water, 30% were found to be anemic, few had incomplete immunization, others had impaired nutritional status etc. 10% needed to be referred to the SMS Hospital in Jaipur because of serious health problems.

PUBLICATIONS:

MIPD Public Lecture Series:

- Prof. M.S.Swaminathan (2009): “Population Stabilization and Food and Livelihood Security”

MIPD Occasional Paper No. 2:

- Sudha Tewari and Devendra Kothari (2009): “Slowing Population Growth in India: Challenges, Opportunities and the Way Forward”.

MIPD Working Paper:

- MWP No.6: Akanksha Rembhotkar (2008), Clients of the Sex Workers in a Slum Setting: An Analysis
- MWP No.7: Rohan Kothari (2009), Aadhar Initiative: Empowering Young People in Developing Countries
- MWP No.8: Devendra Kothari, Vivek Lal, Nivedita Hansraj and Renu Sharma (2009), assessment of Perceived Health Needs among Young People residing in an Urban Slum: A Pilot Study

ONGOING PROJECTS:

- Reproductive Child Health Care Services: Analysis of Health Allocations and Expenditures in Major States of India
- Urban Issues in India: Prioritising the Agenda for Action
- Emerging Pattern of Urbanisation in India: An Analysis

INTERNSHIPS:

Yogeshwari Purohit of the Department of Home Science, University of Rajasthan has undertaken collaborative research on Anaemia among girls living in urban slum communities. Her study titled "A Comparative Study on the Impact of Supplementation of Leaf Concentrate vs Spirulina on Blood Profile of Anemic Adolescent Girls" looks at an alternate option to overcome malnutrition, by the provision of supplementary foods. Her study has the following objectives-

- To assess the Nutritional status of adolescent girls (12-18 year olds)
- To find out the prevalence of Anaemia among adolescent girls
- To supplement the diets of the target group and study the impact on their blood profile

EVALUATION Course:

MIPD Faculty participated in the Executive Level Course on 'EVALUATION' held at Hyderabad, between April 5-10, 2009. The course was co-ordinated by the Administrative Staff College of India (ASCI), in collaboration with UNICEF. The week long programme introduced the participants to planning for evaluations of development programmes. It has also been of help in restructuring internal MIS for more effective monitoring for results.

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