Sensitization Workshops for the Elected Representatives and PRIs on National Rural Health Mission (NRHM)

To sensitize the elected representatives and PRIs on National Rural Health Mission (NRHM) and other related health issues so that they mobilize the awareness among the masses at their own constituency level, workshops for the Elected Representatives of Panchayati Raj Institutions (PRIs) of Gumla district, Jharkhand, on 10th September, 2011; Legislators of Meghalaya Assembly on 16th September, 2011; and Members of District Autonomous Council, Village Headmen and Traditional Heads of Jaintia Hills district of Meghalaya on 30th September, 2011, were organized by the IAPPD with the support from Ministry of Health and Family Welfare, Government of India. In all, around 400 participants attended these workshops.

The workshop at Gumla was inaugurated by the Chief Guest, Ms. Mabel Rebello, Hon'ble MP (Rajya Sabha) and Member, IAPPD Standing Committee and presided over by Smt. Pushpa Devi, Vice-Chairperson, Zila Parishad. Shri Rahul Sharma, Deputy Commissioner, Gumla; Shri P. Uraon, Deputy Development Commissioner; Shri Manmohan Sharma, Executive Secretary, IAPPD, Delhi and other invited dignitaries also addressed the participants.

Dr. Mukul Sangma, Hon'ble Chief Minister of Meghalaya, inaugurated the Shillong workshop by lighting the lamp. Shri Charles Pynrope, Hon'ble Speaker of Meghalaya Legislative Assembly, Shri Rowell Lyngdoh, Hon'ble Deputy Chief Minister (Health), Shri Conrad K. Sangma, Leader of the Opposition, Shri Shantaram Naik, M.P. and Member IAPPD Standing Committee, also addressed the participants of the workshop.

Shri Obl Kyndait, Chairman, Jaintia Hills Autonomous District Council, inaugurated the workshop at Jaintia Hills district of Meghalaya. Shri E.C.B. Bamon, MLA, Shri Lakhsme Rymbui, MLA, Shri T.T. Dkhar, Deputy Commissioner, Jaintia, and other invited dignitaries were special guest speakers on this occasion.

Group photos of (from left) Gumla, Jaintia and Shillong workshops.
The National Rural Health Mission (NRHM) is seen as a vehicle to ensure that preventive and promotive interventions reach the vulnerable and marginalized through expanding outreach and linking with local governance institutions. Panchayati Raj Institutions (PRIs) are seen as critical to the planning, implementation and monitoring of the NRHM. Implementation of the NRHM in achieving its outcomes is significantly dependent on well functioning of gram, block and district level panchayats. Key to NRHM success are intersectoral convergence, community ownership steered through village level health committees at the level of the Gram Panchayat, and a well functioning public sector health system with support from the private sector.

State legislatures have been behindhand in framing laws that endow Panchayats with power and authority to enable their functioning. It has largely been a matter of political will in each state and is governed by different legislations, despite the central mandate. While PRIs are mandated to carry out health activities, they are not backed by the necessary policy/legal framework, authority or fiscal commitments. Many centrally sponsored schemes and others are implemented outside the purview of the panchayats, thus keeping them out of the loop and undermining their credibility. Issues of political patronage hamper functioning.

Transfer of funds to PRI is a critical must before they can be expected to play a meaningful role in health and family welfare activities. While several states have taken steps complete financial devolution commensurate with functions still has a long way to go. With financial devolution other processes such as fiscal management, systems training and appropriate checks and balances will need to be introduced.

In areas where little devolution of power or funds has taken place, PRI representatives and particularly women lack clarity on their roles in development functions, including health. Line department staff has to recognize that PRI carry the mandate of the people.

PRIs are expected to undertake monitoring of functionaries, particularly of line departments such as health and family welfare for increased accountability and improved functioning, without any authority over them. Transfer of functionaries is critical to ensure adequate functioning, monitoring, and accountability. Safeguards must be in place to protect against intimidation, wrongful harassment, and corruption.

To sensitize the elected representatives and PRIs on National Rural Health Mission (NRHM) and other related health issues so that they mobilize the awareness among the masses at their own constituency level, workshops for the elected representatives of Panchayati Raj Institutions (PRIs) of Gumla district, Legislators of Meghalaya Assembly, Elected Representatives, Members of District Autonomous Council, Village Headmen and Traditional Heads in Jaintia Hills district were organized by the IAPPD with the support from Ministry of Health and Family Welfare, Government of India on 10th, 16th and 30th September, 2011, respectively. In all, around 400 participants attended these workshops.

During the interaction sessions, in general, participants expressed their views mentioning lack of their awareness, poor implementation of NRHM programme and problem facing by them in their respective areas.

Mannmohan Sharma
Executive Secretary, IAPPD
Regional Parliamentarians’ Consultation on
‘Emerging Economies and Sexual and Reproductive Health and Rights’
20-21 August, 2011, Chiang Mai, Thailand

Parliamentarians from the Asia-Pacific region met with experts from UN agencies, academia and international NGOs at the Regional Parliamentarians’ Consultation on ‘Emerging Economies and Sexual and Reproductive Health and Rights’ on 20-21 August, 2011 in Chiang Mai, Thailand. The conference was organized by the Asian Forum of Parliamentarians on Population and Development (AFPPD) in cooperation with the European Parliamentary Forum on Population and Development (EPFPD).

The consultation was a follow-up of the 2010 regional consultation on ‘Emerging Economies and Population, Reproductive Health Programmes’. It aimed to review changes in the situation, assess current levels of emerging economy, countries national budget allocation to population and development programmes, identify areas for cooperative initiatives to enhance the collective results and impact of emerging economies.

Hon. Mr. Woragan Yokying, Vice Governor of Chiang Mai, provided the opening address and Hon. Assoc. Prof. Dr. Porapan Punyaratabandhu, Secretary-General of AFPPD and Senator of Thailand, welcomed the participants.

Mrs. Viplove Thakur, MP, while chairing the session on ‘Women and Emerging Economies’, said that India has sustained impressive growth in the health sector over the last two decades. She further said that to reduce overall maternal mortality ratio and infant mortality rate, and to increase institutional deliveries among poor pregnant women, Janani Suraksha Yojana (JSY) under the overall umbrella of National Rural Health Mission (NRHM) is being implemented by the Government of India.

Mr. Shantaram Naik, MP, made a presentation on ‘An Overview of Sexual and Reproductive Health (SRH) Issues Financing’. In his presentation, Mr. Naik presented the demographic profile, SRH indicators and key policies addressing SRH and gender issues in India. The presentation was very well received by the participants.

Over the two-day consultation, Parliamentarians from 6 countries in the region presented country reports on changes in Official Development Assistance (ODA).

Mr. K.P. Ramalingam, MP; Mr. A. Sampath, MP; Ms. Aarti Dhar, Journalist; and Mr. Manmohan Sharma, Executive Secretary, IAPPD, also attended the consultation.

Participants called for an increase in high level advocacy and policy monitoring as well as improved financial management of SRHR budgets. The roles of youths and women in emerging economies were also discussed. Highlighted in the session on youth was the need for mechanisms to enhance youth participation in decision-making by empowering them through education and access to civil rights. The consultation concluded with the Parliamentarians’ adoption of a statement of commitment that called for immediate actions to promote and protect SRHR in their respective countries.
One Day District Level Sensitization Workshop on National Rural Health Mission (NRHM) for PRLs in the Context of India’s Population and Health Issues

Gumla, Jharkhand, 10th September, 2011

To sensitize the elected representatives on National Rural Health Mission (NRHM) and other related health issues, a district level workshop was organised for the elected representatives of Panchayati Raj Institutions (PRIs) of Gumla district, Jharkhand, by the IAPPD with the support from Ministry of Health and Family Welfare, Government of India on 10th September, 2011 at Town Hall, Gumla, Jharkhand.

The workshop was inaugurated by Ms. Mabel Rebello, MP, and presided over by Smt. Pushpa Devi, Chairperson Zila Parishad. Shri Rahul Sharma, Deputy Commissioner; Shri P. Uraon, Deputy Development Commissioner; Shri Raju Kashyap, President, Nagar Panchayat; Shri Bhuneshwar Sahoo, Vice President, Nagar Panchayat; Shri Shiv Kumar Bhagat, Community Social Worker; Smt. Sangeeta Jaiswal, President, Local Congress and Dr. T. Hemram, Civil Surgeon, Gumla, were special guest speakers.

More than 300 PRI members from Zila Parishad, Nagar Panchayat, and Pradhans/Dy. Pradhans from Village Panchayat attended the meeting.

In his welcome address, Shri Rahul Sharma, Deputy Commissioner, Gumla, congratulated IAPPD for organizing the sensitization workshop for PRIs on NRHM in a very backward (maoist affected) district of Gumla. He appealed the PRIs to understand the contents of the workshop and after going back to their respective areas perform their responsibility to help the poor and grass-root level women to get the benefit of NRHM programme.

While welcoming the participants, Shri Mannohar Sharma, Executive Secretary, IAPPD, briefed the group about the objective of the workshop and advocacy efforts made by IAPPD for the past 30 years to sensitize PRIs in the area of health, population and development. He also thanked the Ministry of Health and Family Welfare, Government of India, for providing support for this workshop.

In her inaugural address, Ms. Mabel Rebello, Hon’ble M.P. (Rajya Sabha) and Member, IAPPD Standing Committee, congratulated the IAPPD for organizing the sensitization workshop for Panchayati Raj Institution (PRI) members on population stabilization and health related issues in a very backward district like Gumla of Jharkhand state. She also said that after a gap of 32 years, the election for Panchayati Raj Institution representatives in Jharkhand is now completed. She said that participation in this important workshop on NRHM will sensitize all the participants on the issues of not only health sector but also developmental programmes and education sector and will help in removing the shortcomings of implementation in their respective areas. She apprised the participants about the activities being undertaken/proposed under NRHM in the state.

Shri Bhuneshwar Sahoo, Vice President, Nagar Panchayat, Shri Raju Kashyap, President, Nagar Panchayat, Shri Shiv Kumar Bhagat, Community Social Worker, Smt. Pushpa Devi, Vice-Chairperson, Zila Parishad, Smt. Bobby Bhagat, Member Zila Parishad and Smt. Sangeeta Jaiswal, President, local Congress, also addressed the participants. All of these dignitaries appreciated the contents of the workshop and heartily thanked IAPPD for organizing a very important workshop for newly elected representatives on NRHM at Gumla. They hoped that after attending the workshop, the participants will share their knowledge in the field of health and population stabilization with the people in their respective areas.

A presentation on ‘Status of Demographic and Health Issues in Gumla District in Relation to the National Rural Health Mission (NRHM) Focusing on Population Stabilization’ was made by Dr. Abhay Kumar, Technical Expert, IAPPD, Delhi. Dr. Kumar with the help of the Census, NFHS and DLHS data, presented a comparative picture of Gumla vis-à-vis the state average and national average and pointed out the issues which are plaguing the district.
He said that the pressure on resources are mounting because we are not able to meet the goal of population stabilization. He further stressed the importance of NRHM in the population stabilization programme.

Another presentation was made by Dr. T. Hemram, Civil Surgeon, Gumla, on performance of National Rural Health Mission in Gumla district. He apprised the participants about the various schemes, like Mothers Health Scheme, Child Health Schemes, Adolescent Girls Schemes, Family Planning Programmes, ASHA Scheme and other programmes related to health care and population stabilization which are getting implemented in the district.

Before the interaction with the participants, some of the members volunteered to express their views relating to their areas on health care issues. The following members expressed their views:

1. Firstly we are very happy to attend first time this type of programme in our district. We appealed the authority to organize a health camp in each village so that proper treatment of ailing people can be provided. Due to non-availability of toilets and unhygienic water, non-spray of DDT by the health staff, chances of various diseases are increasing in the village areas. There is a need to provide more medical facilities and development of education to the villagers. - Shri Sukhdev Ram, Mukhiya, Lakhya Panchayat

2. We congratulate the IAPPD for organizing this workshop which is new for us, where we got a lot of knowledge in health care and population stabilization issues. She said that the medical facilities are very poor in our area where there are so many formalities for getting the treatment. Sometimes due to these formalities patients die without treatment. The second important point for paying attention is the issue of waterlogging in Nalas and ponds. Due to waterlogging sometimes small children are sinking in the deep water. We appeal the authority to take steps to remove these problems. - Mrs. Gayatri Sharma, Ward Councilor, Zila Parishad

3. Lack of attention are given by doctors or nurses in sub-PHC of rural areas. Through this workshop we learned a lot about the health programmes. After going in our respective areas, we will exchange this experience with the villagers for availing health facility available in sub-PHC. - Shri Hari Nandan Kohdar, Pramukh, Bhrano

4. We thanked to IAPPD for organizing the workshop for PRIs on NRHM in Gumla district. We request the Civil Surgeon to provide sufficient medicine in each sub-PHC. We are not aware how many types of medicine are available in sub-PHC. We request the Civil Surgeon to arrange meeting with the Village Health Committee time to time, so that we could know the health care related programmes that are being implemented in the area. - Mrs. Premi Devi, Pramukh, Ghusher Panchayat

5. Tackling the problems of villages are very difficult task. They do not pay much attention towards health and education due to lack of knowledge, illiteracy and poverty. It is important to educate them in health and population related issues particularly cleanliness in their own village areas. Government has provided sub-PHC and other health centres, but no care has been seen from the health staff as they are hardly available. - Mr. Fodab Ram, Social Worker, Nawa'dh

6. We thank IAPPD to provide us an opportunity to learn and express our views on the workshop. We are very happy to know that the feature of NRHM programme in rural areas is being implemented all over the country. But in Gumla, Health department is not taking care for proper implementation of the programme. Senior doctors are not visiting in remote areas, whereas nurse, ASHA and Anganwadi functionaries visit quite irregularly. - Mr. Bhagatu Chikbothai, Mukhiya, Bhageshwer Panchayat

After the presentation and views expressed by the elected representatives there were an open interaction among the PRIs and the panel experts. During the interaction the participants expressed their views mentioning lack of their awareness, poor implementation of the NRHM programme and problems faced by them in their respective areas. They were happy and appreciated the workshop contents and requested IAPPD to organize such types of workshop at grassroot level, so that ERS will understand their duties for the proper implementation of the different programmes particularly in population stabilization and health issues in their respective areas.

Above in the pictures (from top): Participants expressing their views; A traditional folk dance was also presented by the folk artists of Gumla, (below) participants during the workshop.

August-September, 2011
India, suffered polio virus like no other place in the world, has now witnessed only a single case in 2011, which too was way back in January. This case was of wPV1 (wild polio virus type 1) in the eastern State of West Bengal. Many international epidemiologists admit that the global polio eradication effort is neither hailing nor relenting, yet it concedes that India may perhaps be inching towards succeeding in suspending polio transmission. However, there is a strong word of caution being whispered in the gallery of public health: this period is most crucial for India until the polio eradication is truly achieved and subsequently, the WHO certification is issued. Occurrence of even a single polio case during this period could almost lead to a public-health emergency for the National Polio Eradication Programme, as is also recently cautioned by Mr. Azad, the Indian Health Minister. The on-going vaccination strategy, especially use of the Bivalent OPV since first quarter of 2010, is considered as the leading factor in attaining the current state of success; whereas the relentless efforts through Strategic Health Communication made by the National and State Governments, Rotary International, UNICEF and other core partners are indeed equally helpful in addressing preventive care and in establishing much needed health-seeking behaviours among care-givers and parents of under 5 children.

Despite the current epidemiological scenario fresh detection of polio in India will not spring a surprise, alerts many health experts including WHO HQs. However, it is believed that the greatest risk for such transmission may have passed. Years of polio virus presence demonstrates, the number of new polio cases usually rise in August/September, as Monsoon rains from June to September spread sewage and virus-contaminated water, driving a corresponding high season of polio transmission (oral-faecal route). Although patterns vary each year, and there were only a few cases in 2010, the peak still came in August/September.

Polio Virus: Current State

Epidemiology also points toward elimination. The real source of polio in India, the two large northern States of Bihar and Uttar Pradesh, has stayed 'cordoned off'. Once known for more viruses than anywhere in the world, these States haven’t produced or transmitted any new cases within their borders for well around a year. Massive vaccination efforts now reach more than 98% of the children in Uttar Pradesh and over 95% in Bihar. Needless to mention, in most of the places, 90% coverage is the usual goal. Pakistan, where polio is spreading, manages only 50% (as data suggests, cases are more concentrated near the Afghanistan border, so risk of cross-border spread remains low. However, a most recent public health notification is issued at Indo-Pak border, such as Wagha post, to ensure immunization of all those children who might be entering India through international border).

The intensive and frequent coverage in the two northern States of Bihar and Uttar Pradesh produces high levels of immunity against the remaining strains of polio. In a recent survey, over 98% of the children were found to have antibodies against wPV1 (wild Polio Virus type-1) of the virus, whereas 77% against wPV3 (wild Polio Virus type-3). When polio-virus is eliminated at its source, wild Polio Virus cases across the country dipped down from 741 in 2009 to just 42 in 2010 and to just: 1 single case of P1 so far in 2011.

Primary detection for Polio is via AFP (acute flaccid paralysis). It is noteworthy that only about 1 in 2,000 wPV3 infections result in paralysis, whereas it is 1 in 200 for wPV1. India saw its last type 3 virus close to a year ago. With this scenario, India has apparently managed to push the wPV3 to the corner. All the six outbreaks in 2009 were fully knocked out. No cases of wPV3 in 2011 almost ensure that there is no apparent feeding for further circulation. In addition, as per the available scientific data, even the sewage samples taken from the select high-risk areas have not shown circulation of type 3 virus for over 15 months.

Given a high population density in India with various prevailing risk-factors, such as poor routine immunization, lack of appropriate sanitation in many communities and poor hand-washing/hygiene health-behaviours, gaps in detection are possible, even though India has extremely sensitive disease

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surveillance. While the polio surveillance in Uttar Pradesh and Bihar is of unprecedented quality, there still are other parts of the country where theoretically the transmission could persist undetected, as per on the on-going surveillance levels. Based on the given WHO guidelines, eradication certification would not be given until no case is recorded for three years from the last case.

Bivalent OPV Strategy: A Success Story

Traditionally, the Indian Public Health Programme has been using trivalent polio vaccination as a part of routine immunization, which is integrated into the ante-natal health care. The special polio vaccination drives in the select States/Districts, as a part of NIDs (National Immunization Days) and SNIDs (Sub-National Immunization Days) have been employing vaccination strategy with mOPV1 or mOPV3 (Monovalent oral polio vaccine for type-1 or type-3 viruses), largely depending upon the prevalence of category of polio virus (wPV1 or wPV3) in the area. However, it was decided in the last quarter of 2009 that the National Programme began using bivalent polio vaccination (comprising OPV1 and OPV3) as a part of the NIDs and SNIDs, including its use during many mop-ups. Resultantly, starting early 2010, the programme successfully vaccinated children under 5 years with the bivalent vaccine, thus protecting them against both the polio viruses i.e. wPV1 and wPV3. Many health experts credit the strategic use of bivalent OPV as the lead technical cause for reaching the current state of ‘polio free’ country in last over 9 months that includes almost crossing the peak Monsoon months.

Strategic Health Communication – A Hidden Opportunity and A Challenge

Keeping in view the strong beliefs and firmly rooted ‘social norms’, especially influencing their health behaviours and practices among many population groups in India, the challenges faced by the strategic health communication is an uphill task. It specifically poses difficulties in segmenting set of subgroups/audiences, studying varying degrees of psychological and environmental risk-factors prevalent in communities, designing of tailor-made communication packages, maintaining greater participation of and ownership by the local leaders and in monitoring of such communication campaigns. In this context, providing tacit support to National Polio Eradication Programme through strategic communication has played a significant role in establishing ‘health seeking’ behaviours among the large communities’ base across at-risk, high-risk and endemic areas in the country. It included addressing such communities/population sub-groups where either the ‘refusal’ to or the ‘resistance’ for the polio vaccination was highly prevalent. Together with well orchestrated vaccination operations, strategic communication too has played a critical role in establishing a vital-link between the people, providers and key prevention messages thus, enhancing acceptance of oral polio vaccination.

At a time when polio virus is expected to be at the verge of eradication from India, as it seems inching towards, the efforts made, or as being employed, under the strategic communication would offer substantial lessons for public health and communication experts. Two similar public health challenges viz. Smallpox and HIV/AIDS, both within the gamut of communicable diseases, pose identical and yet varied approaches under the strategic communication. In the ensuing months, it would be strategic for the policy experts to undertake comparative studies on polio eradication, smallpox and HIV/AIDS through examining their respective models of outreach, behaviour change communication, social-mobilization and advocacy. Nevertheless, it is clear that while the period of 2010-2011 could be dubbed as the stage of programme consolidation in polio eradication, the next three years i.e. until 2014 would be throwing a major challenge in ensuring complete elimination. It would entail focused and intense communication and prevention work under the National Polio Eradication Programme, especially addressing associated but critical risk-factors such as, poor routine immunization, lack of proper sanitation, hygiene issues, clean drinking water and appropriate nutrition. Health-system’s preparedness to address all the significant risk-factors affecting the polio virus transmission, together with ‘generating and sustaining demand’ for OPV, are quite critical to achieving and sustaining the polio eradication goal.

Road Ahead

India’s public health programme cannot afford to be complacent with the current state of polio epidemiology; instead it is now that more intensive prevention and outreach-communication throws up a challenge. The road to complete eradication may appear not too far, so as it seems. And yet the new challenges confront the polio eradication programme for at least next three to five years, and perhaps more, in ensuring its sustained success.
One day Sensitization Seminar for Legislators of Meghalaya Assembly on National Rural Health Mission (NRHM)
Shillong, Meghalaya, 16th September, 2011

A state level Seminar was organized by IAPPD in collaboration with the State Health Department of Meghalaya to sensitize the elected representatives on National Rural Health Mission and health related issues. It was supported by the Ministry of Health and Family Welfare, Government of India. The Seminar was held on 16th September, 2011 at Pinewood Hotel, Shillong.

The Seminar was inaugurated by Dr. Mukul Sangma, Hon’ble Chief Minister of Meghalaya State and presided over by Shri Charles Pyngrope, Hon’ble Speaker, Meghalaya Legislative Assembly. Shri Rowell Lyngdoh, Hon’ble Dy. Chief Minister, I/C Health and Family Welfare, Shri Conrad K. Sangma, Hon’ble Leader of the Opposition, Meghalaya Legislative Assembly and Shri Shantaram Naik, Hon’ble M.P. and member IAPPD Standing Committee were special guest speakers.

About 21 Legislators of Meghalaya Assembly and one M.P. attended the Seminar.

While welcoming the participants, Shri Manmohan Sharma, Executive Secretary, IAPPD, Delhi briefed about the objective of the Seminar and advocacy efforts made by IAPPD for the past 30 years. He also read messages received on this occasion from Hon’ble President of India, Hon’ble Prime Minister of India, Hon’ble Speaker of Lok Sabha and Hon’ble Union Minister of Health and Family Welfare, sending their good wishes for the success of the Seminar.

In his address, Shri Shantaram Naik, M.P. and Member, IAPPD Standing Committee, apprised the gathering that NRHM is a very useful programme for the rural people. Considerable progress has been made in the achievements of NRHM not only by the Central Government but also State Governments in their respective States. The resources available under the NRHM are largely being spent on procuring and providing medicines and improving health infrastructure upto the block and village level. The impact of sensitization programme is also being felt in people taking to small families. In Meghalaya there is a need to implement NRHM schemes on wider scale, use NRHM funds on various schemes; upgrade the health services by utilizing unspent money of NRHM in the State.

In his address, Shri Conrad K. Sangma, Leader of the Opposition apprised the gathering that in remote village areas, required medicines are not available for the ailing people and even for pregnant women. Due to shortage of medical staff in remote areas, people are not getting proper treatment. They believe in their traditional treatment rather than travelling long distances for medical treatment. There is a lack of communication among the people and health staff. He appreciated IAPPD for organizing a very good sensitization programme for members of District Autonomous Council, Headmen and Dollos in Jaintia and West Khasi Hills districts. Such programmes will help them to understand various government programmes’ implementation in their respective areas. He suggested to the health department that NRHM funds should be utilized at the earliest. Community health scheme’s budget should also be used at the earliest. He praised the suggestion of Shri Shantaram Naik, M.P. to upgrade the health services by using unspent funds. Finally he thanked Shri Manmohan Sharma for organizing this Seminar for Legislators of Meghalaya Assembly and appreciated the contents of the Seminar.

In his address to the participants, Shri Rowell Lyngdoh, Dy. Chief Minister (I/c Health and Family Welfare) expressed his views that, though IMR, MMR have reduced in the State but in his own district, West Khasi Hills, total fertility rate is the highest in the State. He appealed to the churches to intervene and make people aware about the merits of a small family. NRHM had made progress in Meghalaya, but still some challenges are in the way. He appealed to his colleagues to cooperate with health department for implementation of this programme properly.
In his inaugural address Dr. Mukul Sangma, Hon’ble Chief Minister of Meghalaya said that it is appropriate that elected representatives are enlightened on NRHM, so that they can carry the information to the people of their constituencies. While appreciating the IAPPD for organizing the sensitization Seminar for Legislators on NRHM, he said that it will equip the Legislators with better knowledge and involve them in the fight against poverty and backwardness. Health sector is being given top priority in the State and all efforts are being made to improve the health delivery system. Areas of deficiencies in the health sector particularly in the NRHM are being identified and efforts to address the issues appropriately are being made. He however, informed that one of the biggest challenges in the health sector is the fund availability which is an important issue that needs to be addressed.

In his presidential address, Shri Charles Pyngroe, Hon’ble Speaker, Meghalaya Legislative Assembly expressed concern at the high growth rate of population in the State. He said any increase of population is an alarming signal. To control it, Legislators should involve themselves in encouraging the people to follow the small family norms. To understand the population and health issues Hon. Speaker said that the government has decided to send a team of 12 Legislators to the Christian dominated countries (especially Vietnam and the Philippines) to study how these countries have been able to control their population, even when they were once known to be populous. He also apprised the gathering that an inhouse Committee on Youth Development would be constituted to work towards the achievement of a stable population.

On this occasion, a presentation was made by Dr. (Mrs.) Sudesh Nangia, Expert Technical Advisory Committee, IAPPD, Delhi. She presented a profile of socio-economic situation of Meghalaya. She also delved upon the State of National Rural Health Mission (NRHM), focused on population stabilization and Programme Scenario in Meghalaya State. She said that the high population growth rate could also be because of the large-scale migration to Meghalaya in addition to high natural growth rate.

Another presentation was made by Shri Donald P. Wahlang, Mission Director-cum-Commissioner and Secretary, Health Department. He briefed the audience on NRHM goals and achievement in Meghalaya State. He highlighted the functioning of Health Sub-Centres; role of ASHA workers; Rashtriya Swasthya Bima Yojana, a health insurance scheme for families living below poverty line (BPL); functioning of the GVK – EMRI 108 ambulances and the like. He said 148 Rogi Kalyan Samitis (RKS) have been constituted in all the district hospitals, Community Centres and other Health Centres of the State. Wahlang said that the Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) have been on the decline. However, the State is yet to make progress in the reduction of Total Fertility Rate (TFR) which is 3.8 per family at present.

During the presentation hour, there were several questions raised by the Legislators. Out of the 60, about 20 Legislators were present. Those who participated in the Seminar admitted that they were not fully aware about the NRHM, the scheme started only 2008 onward in Meghalaya State. When Legislators asked if they could be a part of the process to monitor the implementation of NRHM programme, the Mission Director said the local representatives were already the ex-officio members of the Rogi Kalyan Samitis (RKS). Legislators need to be involved at grass-root level for proper monitoring of NRHM programme with the health department. The Legislators desired that they must be provided guidelines on health issues from the health department. Many Legislators said that they were not aware of the formation of Rogi Kalyan Samitis or Village Sanitation Committees. There is the need to invite the Headmen in the meetings at the block level for providing complete information on the NRHM schemes.

By and large, the Legislators were satisfied with the proceedings and appreciated the Seminar contents and requested IAPPD to organize such programmes in their constituencies as well.
One Day District Level Sensitization Workshop on National Rural Health Mission (NRHM) for Elected Representatives and Traditional Heads in the Context of India’s Population and Health Issues
Jaintia Hills District of Meghalaya, 30th September, 2011

To sensitize the elected representatives on National Rural Health Mission (NRHM) and other related health issues, a district level Workshop was organized for the elected representatives of District Council, Village Headmen and Traditional Headmen of Jaintia Hills district by the IAPPD with the support from Ministry of Health and Family Welfare, Government of India on 30th September, 2011 at Khang Nangbah, Government College Auditorium, Jowai, Jaintia district, Meghalaya State.

The Workshop was inaugurated by Shri Obil Kyndait, Chairman, Jaintia Hills, Autonomous District Council and presided over by Shri T.T. Dkhar, Dy. Commissioner, Jaintia. Shri E.C.B. Bamen, MLA, Shri Lakhmen Rymbui, MLA, were special guest speakers.

About 75 elected representatives from District Council, Village Headmen and Traditional Headmen (Dolo) attended the meeting.

In his welcome address, Shri Mamomohan Sharma, Executive Secretary, IAPPD, Delhi, emphasized the need of involvement of elected representative in population and development issues of the country, State and their own constituencies. He appealed the elected representatives to contribute and fulfill their responsibility for the proper implementation of various government flagship programmes for rural people and help in providing benefits to them.

In his inaugural address Shri O. Kyndait, Chairman of the Jaintia Hills Autonomous District Council (JHADC), appreciated the initiative taken by the IAPPD, Delhi for organizing the sensitization Workshop in the Jaintia district and said it will equip the members present in the Workshop with better knowledge about the National Rural Health Mission and requested the Executive Secretary of IAPPD to organise this type of Workshop at the block levels in order to be able to create more knowledge and awareness among ERs and ultimately to the people.

In his presidential address Shri T.T. Dkhar, Dy. Commissioner, thanked the IAPPD for organizing this important Workshop at Jowai, Jaintia Hills district. He said under NRHM, we are doing our best to reach the programme for the benefits of the people living in rural areas. But there are some problems and challenges in remote areas such as health staff could not visit the PHCs/dispensaries regularly. He also pointed out lack of infrastructure like approachable roads. All these constraints are affecting output of NRHM and ultimately telling upon the health of the community members.

Addressing the gathering, Shri E.C.B. Bamen, MLA requested to Shri T.T. Dkhar, Dy. Commissioner, Jaintia to organize meetings at lower level, so that the outcomes of this important Workshop can be taken to block.

Above in the pictures (left): Dignitaries and Experts addressing the participants; (below) participants at the workshop.
level/village level functionaries/elected representatives and the rural masses. He urged the participants to exchange their knowledge what they have learnt here with the village people. It is seen that institutional deliveries are very less, so encourage them for availing more institutional delivery benefits from the available health facilities provided by the government in their respective areas. He also suggested to constitute a committee at district level which will provide awareness about NRHM programme for better implementation of the programme at all the levels. He appealed the elected representatives to cooperate fully and help in successful implementation of NRHM.

After this initial remarks, technical presentation on the district scenario of population and reproductive health was made by Prof. P.P. Talwar, Technical Expert, IAPPD, Delhi. He presented the status of demographic and health issues in Jaintia Hills district in relation to the state of Meghalaya and national scenario (of NRHM). Focus of his presentation was on situation of population stabilization and reproductive health of people of the district. Prof. P.P. Talwar, with the help of the, NFHS and DLHS data presented a comparative picture of Jaintia Hills district vis-à-vis the state average and national average and pointed out the issues which are plaguing the districts. He said that the pressure on resources are mounting because we are not able to meet the goal of population stabilization. He further stressed the importance of NRHM in the population stabilization programme. The presentation was well received and appreciated by the gathering. In order to give message of the presentation more effectively, the district Collector explained the points made in the presentation in the local language.

Another presentation was made by Shri Larry Rymbai, State Coordinator NRHM, Meghalaya, Shillong on performance of National Rural Health Mission (NRHM), Meghalaya State and Jaintia Hills district. The presentation was well received by the gathering.

Before the interaction with the participants some of the elected representatives volunteered to express their views relating to their areas on health care issues. The following issues were emphasized:

1. The Rashtriya Suraksha Bima Yojana (RSBY) is only on paper. After enrolment of one year, the BPL families are not getting RSBY card. The enrolled BPL families must be issued card. - Shri Kmenlong Shyra, Headmen, Wahiazes
2. Marriage of girl below 18 years should be strictly stopped. - Shri Archliangshai, Pamra Ranai, Headmen, Ranghah Shnorg
3. BPL families under RSBY should be re-enrolled. - Kalmen Poshna, Headmen, Polong Karong
4. The Central and State Governments should give enough medicine to Hospital CHC and PHC in Jaintia Hills. We are facing lot of problems. - Shri H.S. Dhar, Headmen, Wapung Village

After the presentation and views expressed by the elected representatives, there were an open interaction among the ERs and the panel experts. During the interaction the participants expressed their views mentioning lack of their awareness, poor implementation of NRHM programme and problems facing by them in their respective areas.

All the participants and ERs were very happy and appreciated the Workshop contents and requested IAPPD to organize such meetings at block/grassroot level, so that the ERs would understand their duties for the proper implementation of different programmes particularly in population stabilization and health in their respective areas.
Parliamentarians to Champion SRHR in South Asia
South Asian Parliamentarians Workshop on ‘Engaging Parliamentarians in Developing Reproductive Health and Rights Platforms in the South Asia Region’
24-25 September, 2011, Phuket, Thailand

Over 35 Members of Parliament from 8 South-Asian countries, Iran and Myanmar, and representatives from IPPF member associations and international organizations convened to brainstorm on developing SRHR platforms in the region at the AFPPD-IPPF South-Asian Parliamentarians’ workshop held in Phuket, Thailand on 24-25 September, 2011.

Ms. Lubna Baoji, Deputy Regional Director, UNFPA-APRO, Ms. Deressa Galanne, Programme Specialist, UNFPA-APRO, Dr. Gita Sen, Professor, IIM Bangalore, and Ms. Anjali Sen, Regional Director, IPPF were among the experts who spoke along with resource persons from ARROW and WHO. Mr. Rajniti Prasad, MP, represented India in the workshop.

The themes of the workshop include, strengthening the capacity of Parliamentarians to promote reproductive health and rights individually and collectively in Parliament and in the constituency based on the experiences of the last workshop, developing strategies and action agenda to promote reproductive health and rights in the parliamentary arena in the final years for the achievement of ICPD PoA and MDG SB, and develop a declaration on reproductive health and rights for the South Asian Region.

A statement of commitment was developed at the end of the workshop. The event was a follow-up workshop to review the actions taken by Parliamentarians from the previous workshop.

Millennium Development Goals (MDGs) to Reduce Child Mortality

Under Millennium Development Goals (MDGs), India is to achieve Maternal Mortality Ratio (MMR) of less than 106 per 100 thousand live births and Infant Mortality Rate (IMR) of less than 30 per thousand live births by 2015. As per the latest Sample Registration System report of the Registrar General of India, MMR in the country has come down from 254 (in 2004-06) to 212 (in 2007-09) and IMR has declined to 50 (SRS 2009).

In a written reply to a question in the Lok Sabha the Minister of State for Health and Family Welfare Shri Sudip Bandopadhyay informed that the MDG target for MMR has been achieved by the State of Kerala, Tamil Nadu and Maharashtra. Andhra Pradesh, West Bengal, Gujarat and Haryana are close to the MDG target. He said the states which have achieved MDG target of IMR are Andaman and Nicobar Islands, Chandigarh, Daman and Diu, Goa, Kerala, Lakshadweep, Manipur, Nagaland, Puducherry and Tamil Nadu. The States which are close proximity to the IMR target are Arunachal Pradesh, Delhi, Maharashtra, Sikkim, Tripura and West Bengal.

The Minister informed that the total fertility rate for the country as a whole has not changed between the year 2008 and 2009. However three States namely Uttar Pradesh, Delhi and Maharashtra have shown decline in TFR during the same period. The reason for static TFR is low literacy, early age of marriage and child bearing and low contraceptive use.

Source: Press Information Bureau, 12.8.2011

The IAPPD Newsletter
The IAPPD Newsletter is a Bio-monthly publication

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