Vol.10, Number 6 February-March 2011

IAPPD Newsletter

A Bi-monthly Newsletter of Indian Association of Parliamentarians on Population and Development

Sensitization Workshops for the Legislators of Jammu and Workshops for Members of Panchayati Raj Institutions in Udhampur (J&K) and J.P. Nagar (UP) districts on National Rural Health Mission (NRHM)

To sensitize the elected representatives on National Rural Health Mission (NRHM) and other health related issues, State level workshop for Legislators, Panchayati Raj Institutions and Elected Representatives (PRIs) were organized by Indian Association of Parliamentarians on Population and Development in Jammu Assembly and Udhampur district of Jammu and Kashmir and J.P. Nagar district of Uttar Pradesh.

The Jammu workshop was inaugurated by Jenab Omar Abdullah, Hon'ble Chief Minister, J&K State and presided over by Jenab Mohammad Akbar Lone, Hon'ble speaker, J&K Legislative Assembly. Shri Sham Lal Sharma, Hon'ble Minister of Health. Jenab Javed Ahmed Dar, Hon'ble Minister of State for Health and Medical Education and Er. R.S. Chib, Hon'ble Minister for Medical Technical Education, Youth Services and Sports, Jenab Ali Mohamad Sager, Hon'ble Minister for Law, Justice and Parliamentary Affairs; Shri Arvinder Singh Micky, Dy. Chairman, Legislative Council were special guest speakers.



Jammu Workshop

Udhampur Workshop

J.P. Nagar Workshop

Shri Shyam Lal Sharma, Hon'ble Minister for Health, J&K inaugurated the Udhampur Workshop for PRIs. Jenab Javed Ahmed Dar, Minister of State for Health and Medical Education, Shri Balwant Singh Mankotia, MLA, Shri K.C. Bhagat, MLA, Jenab Basir Ahmed Khan, Dy. Commissioner, Udhampur, Dr. Yashpal Sharma, Director, NRHM (J&K), Dr. Anil Amla, CMO, and Directors of different wings of Health Department were also present on the occasion..

J.P. Nagar Workshop for PRIs was inaugurated by Shri L. Venkateswarlu, Commissioner, Moradabad Division and presided over by Smt. Kamlesh Kumari Arya, Chairperson Zilla Panchayat, J.P. Nagar. Shri R.S. Yadav, Chief Development Officer, J.P. Nagar; Shri Radha Krishan, ADO, J.P. Nagar; Sardar Asaf Khan, Dy. Director Panchayat Moradabad Division; Ms. Manju Saini, Assistant Superintendent of Police and Shri Rakesh Sharma, Health Specialist, Hasanpur were the guest speakers.

President
Republic of India



Message

I am happy to know that the Indian Association of Parliamentarians on Population and Development is organizing J&K Legislators' Sensitization Seminar on 'National Rural Health Mission (NRHM)' on February 4, 2011 at Jammu.

I extend my warm greetings and felicitations to the organizers and the participants and wishes the Seminar every success.

Pratibha Devisingh Patil

Ghulam Nabi Azad
Minister of Health and Family Welfare
Government of India
Nirman Bhavan
New Delhi-110108



Message

I am extremely happy to know that the Indian Association of Parliamentarians on Population and Development (IAPPD) is organizing a State Level Legislators' Seminar in the State of Jammu and Kashmir on 4 February, 2011 at the Central Hall of J&K Legislative Assembly. This seminar will offer wonderful opportunities to discuss important issues, exchange views, ideas and share information on National Rural Health Mission, Government of India.

I hope that the deliberations in the seminar will help the elected representatives, specially at the grass root level, in the State of Jammu and Kashmir in providing a new vista of horizon in improving access to primary health care series, to the population, particularly the poor and the underserved in the rural areas through strengthening public health research and education.

I congratulate the Indian Association of Parliamentarians and State Government of Jammu and Kashmir for this timely initiative and wish the Seminar a grand success.

Ghulam Nabi Azad

From the Desk of the Editor

NRHM faces several critical challenges in its successful implementation. Some of these may be overcome by Members of Legislative Assemblies (MLAs) who can essay a crucial role in its monitoring and delivering. NRHM aims to provide an overarching umbrella to the existing programmes of Health and Family Welfare including RCH-II, Malaria, Blindness, Iodine deficiency, Filaria, Kala-Azar, Tuberculosis, Leprosy and Integrated Disease Surveillance. Elected Representatives can ensure coordination and clarity of roles for key implementers.

Sanitation and hygiene, nutrition and safe drinking water are the basic determinants of good health and thus greater convergence among related departments (such as AYUSH, Women & Child Development, Sanitation, Elementary Education, Panchayati Raj and Rural Development) is required. Elected representatives can support this inter-sector convergence by bringing it on the common platform of PRIs. Untied funds to village committees can be used for this purpose.

There is an acute shortage of infrastructure and personnel. The other problems in the health delivery system in the public sector include poor upkeep and maintenance and high absenteeism of manpower in rural areas. There is also need for proper articulation of concerns regarding equal access for poor, a standard quality in services, and overall maintenance of accountability of health systems. Moreover, special attention must be given to adolescents who constitute 22% of the population.

There are currently many constraints, especially in the High Focus States, in absorbing funds and being able to expend those already with them. NRHM represents a major departure from the past, in that Central Government health financing is now directed to the development of State health systems rather than being confined to a select number of national health schemes. The elected representatives can use the forum of the State Assembly to raise these issues.

The monitoring mechanism of NRHM has various platforms where elected representatives of various levels can intervene for the success of the programme.

The State Health Missions are chaired by Chief Ministers and have 5 to 10 elected representatives as members - such as MPs, MLAs, Chairperson of the Zila Parishad, representatives of urban local bodies. The District Health Mission is chaired by the Chairperson, zilla Parishad and has MPs, MLAs, MLCs from the district, Chairpersons of the Standing Committees of the zilla Parishad.

District Planning Committee- Annual Health Plan14 has local MPs and MLAs as members. It consolidates the plans prepared by the Panchayats and the Municipalities in the district and prepares a draft development plan for the district including an annual Health Plan. Rogi Kalyan Samitis at District Hospitals are chaired by the District Magistrate and has the local MP/MLA as a member.

IAPPD organized orientation and sensitization workshops at Jammu and Udhampur in the State of Jammu and Kashmir and J.P. Nagar in the State of Uttar Pradesh focusing on capacity building of PRIs in thematic areas and leadership skills, negotiating, monitoring, ability to withstand patronage and political interference. IAPPD believe that PRIs engagement is perhaps the only existing mechanism to achieve large-scale community participation and reach the marginalized and vulnerable, particularly women, children, and the poor.

IAPPD also hosted a delegation of five Members of the European Parliament (MEPs) from Denmark, Germany and France and two members from the European Parliamentary Forum at the Constitution Club, New Delhi on 25 February 2011. The objective was to meet Indian Parliamentarians for mutual exchange on maternal health and how to reduce maternal mortality. A total of 18 MPs from India attended this meeting to discuss issues related to Population and Development.



Manmohan Sharma
Executive Secretary, IAPPD

IAPPD arranged a visit of school students from Amritsar to meet the President of India

On March 4, 2011, students from Government Senior Secondary School, Gumanpura, Amritsar, got an unique opportunity to meet and interact with the President of India H.E. Smt. Pratibha Devisingh Patil. The visit was arranged by the IAPPD. Dr. Devisingh Shekhawat, spouse, President of India was also present on this occasion. During the visit, students interacted with the Hon'ble President, shared her vision and lived her dream for India for full 60 minutes. The President talked to the students on drug abuse, female foeticide and safe drinking water. It was an event that transformed the thoughts and aspirations of these children. Most of the students have never been outside their villages and some of them had never seen a train.



"It was like that time had stopped and the first citizen of India (Hon'ble President) was just a few yards away from us. It was like we were dreaming with open eyes." These were the comments of the teachers and students after the meeting.

What seemed like a very short interaction with a person who has played a major role in making Indians believe in themselves, especially women, and boosted their self respect has in fact left a lasting impression on these students.

Condolence Resolution on Tsunami sent by IAPPD to Mr. Yasuo Fukuda, former Prime Minister of Japan

The recent tragedy that struck Japan, a great country of courageous, generous and enterprising people, has shocked the entire Indian nation. Unbelievable and unpredicted earthquakes followed by Tsunami have wiped out a number of human lives in the coastal and other areas of Japan leaving no sign of existence of a town or hamlet in some places. Human tragedy is of such magnitude that words fail to translate the sentiments.

The Government of India, the President and the Prime Minister have shared the grief of the people of Japan and, have promised all possible aid to them to recover from the catastrophic situation. Keeping in view the long lasting relations of IAPPD members with its counterparts, APDA and AFPPD on population related issues, IAPPD organized a condolence meeting which was attended by members of parliament of different political parties and passed the following condolence resolution. Members of parliament of IAPPD Standing Committee called on the Hon'ble Ambassador of Japan Mr. Akitaka Saiki on 22 March, 2011 to hand over the resolution .

"We the Members of Parliament of India (specially Indian Association of Parliament on Population and Development – IAPPD working very closely with Japanese Parliamentarians specially Asian Population and Development Association (APDA) and the Asian Forum of Parliamentarians on Population and Development (AFPPD) under the leadership of Mr. Yasuo Fukuda, Former Prime Minister of Japan, through this resolution convey our profound sorrow and grief over the loss of life and properly and wish speedy recovery to those injured in the course of the tragedy. We believe 'Japan never give up' and we are sure that the tight-well-knit Japanese community would cope with the after effects of the devastating Earthquake and Tsunami courageously. We convey our sympathies and condolences to our fellow parliamentarians and the people of Japan in general. We further assure them that the people of India standby them in this period of grief and sorrow.

We hope, India and Japan will continue to play a crucial role in shaping the destiny now only of the people of the two great nations but of the world."



Seen above in picture (second from left) Hon'ble Ambassador of Japan Mr. Akitaka Saiki, receiving the condolence letter from IAPPD delegation consisting (from left) Mr. Manmohan Sharma, Ms. Mabel Rebello, MP, Ms. Viplove Thakur, MP, Mr. S.K. Saha, MP, Dr. Ram Prakash, MP, Mr. Avinash Rai Khanna, MP, and Mr. Shanta Ram Naik, MP.

सम्पादक की कलम से



भारत में पंचायतें ग्रामीण स्तर पर शासन संबंधी पुरानी संस्थाएं हैं। 73वें संविधान संशोधन के माध्यम से पंचायती राज संस्थाओं को अधिकार क्षेत्र, प्राधिकार एवं धन संबंधी अधिकारों की दिशा में मज़बूत किया किया गया। पंचायती राज संस्थाओं को स्वास्थ्य एवं जनसंख्या स्थिरीकरण सहित अनेक विकास संबंधी गतिविधियां सौंपी गयी हैं। सामुदायिक स्तर पर लोगों की ज़रूरतों के प्रति पंचायती राज संस्थाओं की जबावदेही सुनिश्चित करने के लिए ग्राम सभा होती है।

राष्ट्रीय जनसंख्या नीति–2000 एवं राष्ट्रीय स्वास्थ्य नीति–2001 में ग्रामीण स्तरों पर सेवा वितरण संबंधी विकेंद्रीकरण एवं अभिसरण भाामिल है तथा इनकी सुनिश्चितता के लिए इन नीतियों के अंतर्गत पंचायती राज संस्था को एक जिम्मेदार एजेंसी के रूप में मान्यता दी गयी है।

भौगोलिक विषमताओं, सामाजिक अन्याय, महिलाओं की बदतर हालत, अशिक्षा एवं जाति व्यवस्था के बावजूद, प्रत्येक पांच वर्षों में अधिकांश राज्यों में पंचायत चुनाव होते हैं। स्वास्थ्य एवं परिवार कल्याण के संदर्भ में सबसे महत्वपूर्ण बात स्थानीय निकायों में महिलाओं का चुनाव निश्चित रूप से उनकी क्षमता में सुधारों को दर्शाता है। कुछ क्षेत्रों में, महिला पंचायत राज संस्था सदस्य पोलियो उन्मूलन, स्वास्थ्य शिविरों, सेवाओं हेतु महिलाओं को एकजुट करने तथा कर्मचारियों की उपस्थिति की निगरानी करने की दिशा में अपनी सक्रिय भूमिका निभाती हैं।

स्वास्थ्य एवं परिवार कल्याण मंत्रालय तथा विभिन्न राज्यों के दानदाताओं द्वारा पंचायती राज संस्थाओं का ध्यान स्वास्थ्य कार्यक्रमों की ओर केंन्द्रित करने पर बल दिया गया है। स्वास्थ्य एवं परिवार कल्याण मंत्रालय ने समुदाय एवं महिला स्वास्थ्य संबंधी प्रशिक्षण मॉड्यूल तैयार करने में सहयोग दिया है, जो पंचायतों की भागीदारी से संबंधित है। स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा पंचायती राज संस्थाओं के माध्यम से विभिन्न राज्यों में सामुदायिक आवश्यकता मूल्यांकन, राष्ट्रीय मातृत्व लाभ योजना तथा रैफरल परिवहन योजना भी लागू की गयी हैं। इस दिशा में अधिकांश अनुभव सकारात्मक रहे हैं, परन्तु पंचायतों की कार्रवाई की दिशा में अनूकूल वातावरण को मज़बूत बनाने की ज़रूरत है।

राष्ट्रीय ग्रामीण स्वास्थ्य मिशन को दुर्गम क्षेत्रों में कमज़ोर तथा जनसाधारण वर्ग तक सेवाओं के विस्तार एवं स्थानीय सरकारी संस्थानों को समाज के निवारक एवं प्रोत्साहक उपायों के साथ संबद्ध करने संबंधी सुनिश्चितता के एक साधन के रूप में देखा जाता है। राष्ट्रीय ग्रामीण स्वास्थ्य मिशन की योजना, कार्यान्वयन, एवं निगरानी के लिए पंचायती राज संस्थाएं महत्वपूर्ण संसाधन हैं। ग्राम, ब्लॉक एवं ज़िला स्तर पर राष्ट्रीय ग्रामीण स्वास्थ्य मिशन संबंधी परिणाम पंचायतों के अच्छे कामकाज पर निर्भर करते हैं। जिला स्तर पर जिला स्वास्थ्य मिशन राष्ट्रीय ग्रामीण स्वास्थ्य मिशन के कामकाज में सहयोग करेगा। राष्ट्रीय ग्रामीण स्वास्थ्य मिशन की सफलता की कुंजी हैं: अन्तर–क्षेत्रीय अभिसरण, ग्राम पंचायत स्तर पर ग्राम स्वास्थ्य समितियों के माध्यम से सामुदायिक स्वामित्व एवं निजी क्षेत्र की सहायता से एक सुचारू सार्वजनिक स्वास्थ्य प्रणाली।

भारतीय संसदीय संस्थानः जनसंख्या एवं विकास द्वारा विषयगत क्षेत्रों एवं नेतृत्व कौशल, बातचीत, निगरानी, संरक्षण तथा राजनीतिक हस्तक्षेप को झेलने की क्षमता निर्माण की दिशा में छत्तीसगढ़ राज्य के रायपुर व बस्तर ज़िलों तथा उत्तर प्रदेश के सीतापुर में एक अभिविन्यास एवं संवेदीकरण कार्यशाला का आयोजन किया गया। भारतीय संसदीय संस्थानः जनसंख्या एवं विकास का मानना है कि बड़े पैमाने पर सामुदायिक भागीदारी को हासिल करने तथा जनसाधारण तथा कमजोर लोगों, विशेष रूप से महिलाओं, बच्चों और गरीबों तक पहुंचने में केवल पंचायती राज संस्थायें ही एकमात्र जरिया हैं।

भारतीय संसदीय संस्थानः जनसंख्या एवं विकास द्वारा जवाहरलाल नेहरू विश्वविद्यालय, नई दिल्ली के सहयोग से "विश्व जनांकिकीय परिवर्तन तथा इसके कुछ प्रभाव" नामक विषय पर छठे सत पॉल मित्तल स्मारक व्याख्यान का भी आयोजन किया गया। लंदन स्कूल ऑफ इकोनोमिक्स एंड पॉलिटिकल साइंसेज के प्रो. टिम डायसन द्वारा यह व्याख्यान दिया गया। प्रो. डायसन ने कहा कि भारत में जनांकिकीय संक्रमण लगभग 150 वर्षों – बीसवीं सदी की शुरूआत से लेकर वर्तमान सदी के मध्य तक रहेगा। देश की जनसंख्या में वृद्धि लगभग पांच या छह गुणा के आसपास हो सकती है। यह बहस का मुद्दा है कि क्या यूरोप के अलग–अलग देशों से भारत की तुलना करना उचित है। हालांकि, 1750 से 1950 के बीच इंग्लैंड की जनसंख्या वृद्धि दर कुछ अधिक थी – लगभग सात या आठ गुणा के आसपास। सापेक्ष संदर्भ में, यूरोप एवं चीन तथा भारत सहित सभी देशों ने अपने जनांकिकीय संक्रमण के अनुभव से अपनी जन्म एवं मृत्यु दरों में संतुलन बनाये रखने में अपेक्षाकृत अत्यधिक प्रगति की।

मनमोहन शर्मा
कार्यकारी सचिव
भारतीय संसदीय संस्थानः जनसंख्या एवं विकास

Legislators for taking keen interest in the health related issues by attending the seminar. He appealed to the Legislators to lead the movement to stabilize population growth, new component, budget resource and undertake advocacy of health and family planning programme among ERs. Civil society groups encourage and provide support to lower level PRIs and civil society members in undertaking programme activities and advocacy.

In his inaugural address Jenab Omar Abdullah welcomed the Chairman, IAPPD, Shri Sat Mahajan a great statesman and the parliamentarian, said that despite considerable gain in health status over the last few decades in terms of increased life expectancy, reduction in mortality rate serious challenges still remain.

He apprised the Legislators that the State of J&K is one of the high focused States under the NRHM. The Mission has improved the health and sanitation system in the State especially in the rural areas with the financial assistance of Government of India. He further said regarding ASHAs, Rogi Kalyan Samities and basic health infrastructure, the state has shown remarkable results, leaving the national average way behind. There has also been some decline in the infant mortality and maternal mortality rate through Janani Suraksha Yojana in the State. As far as Infant Mortality Rate in the J&K State in the year 2010 was 45 per 1000 births, the same is in the case with the MMR, which considerably higher than the targeted to be achieved in 2012.

He further said that, certain serious challenges still exist in the State, which requires emergent attention. One, State has also lack of financial management front. We have failed to utilize the funds and have wasted more than 35% annually on an average since the introduction of the scheme. We could not provide basic infrastructure, about 40% of PHCs do not have electricity and 90% of them do not have toilets. Provision of Mobile Medical Units in the far flung areas the achievement is only 9% which shows the success story by itself. There is a tremendous shortage of Specialists, Gynecologists, Pediatricians, Health Assistants, Mid-wives and others. The state is way behind in implementation of the scheme under NRHM Finally he emphasized that the private sector needs to be encouraged in the Health Sector in the State. The necessary political will, commitment at all levels, financial support and budgetary allocation from Government of India, good supporting and monitoring system, efficient scientific and political leadership will help to make this programme success.

On this occasion, a presentation was made by Prof. P.P. Talwar, Expert Technical Committee, IAPPD, Delhi, on the socio-economic scenario of J&K State relating to National Rural Health Mission (NRHM) with focusing on population stabilization and programme scenario in J&K State. Presentation was also made by Dr. Yashpal Sharma, Managing Director, NRHM on J&K Scenario. The presentation was well received by the Legislators.

After the presentation there was an open interaction among the Legislators with the panel experts. During the interaction the Legislators expressed their views mentioning lack of knowledge about the programme, its poor implementation and problems faced in their respective constituencies. Chief Minister surprised to hear the view of one of the Legislator about ignorance of his status as Chairman of ASHAS, Rogi Kalyan Samiti at his constituency level. A majority of them were happy and appreciated the Seminar contents and requested IAPPD to organize such programme at their constituency level.







Members of the E
on a Study Tour to India
Parliam

25 Febr

On 25 February 2011, IAPPD hosted a delegation of five Members of the European Parliament (MEPs) from Denmark, Germany and France and two members from the European Parliamentary Forum at the Constitution Club, New Delhi. The objective was to meet Indian Parliamentarians for mutual exchange on maternal health and how to reduce maternal mortality.

A total of 18 MPs from India attended this meeting to discuss issues related to Population and Development.

Mr. Sat Mahajan, Chairperson, IAPPD, welcomed the members and expressed his heartfelt gratitude in meeting the delegates on an important issue. Ms. Indu Capoor, CHETNA briefly described the MEPs Journey to Incredible India which started from Gujarat, moved to Rajasthan and then to the national capital.

Prof. P.J. Kurien, MP and Chairperson, Standing Committee, IAPPD, welcomed the delegates and urged them to share their views. He expressed that our greatest problem is population; 17-18% population of the world is an overwhelming figure. The National Population Policy (NPP) has been operation since 2000 onwards. There are some success stories in Southern states of Karnataka, Andhra Pradesh, Tamil Nadu but the heartland of India, continues to have high MMR/IMR compared to other state. Life expectancy has increased and it is one of the reasons why population has increased. We need to stabilize population to achieve the MDGs.

Dr. M.S. Swaminathan, MP, an eminent scientist and father of the Green Revolution who chaired a National Committee in 1993 to develop the National Population Policy (NPP), said that the NPP was based on 4 major pillars- **Pro nature, pro-poor, pro women and pro democratic choice**. Three major principles- foundation of the policy is pro-nature- population supporting capacity of the land. In order to operationalise NPP- two important elements need to be addressed one is education and another social mobilization, through the panchayat or Local Self Government. India has more than 50 %, young people and they constitute the demographic dividend. How to engage them in social development is a major challenge. Population can be stabilized only if children are born for happiness/by choice- **not by chance** and this was the thrust of the Population policy.



Ms. Britta, MEP from Denmark thanked IAPPD for organizing an important dialogue. She said that there is a need for greater collaboration between Europe and India on MDGs/Development Issues, Child and Maternal health issues; Development of science cooperation. She shared that it has been very impressive week of exposure and enlightenment.

Ms. Nadja, MEP from Germany appreciated the fact that India has passed the Right to Education bill. It is basic to have right to choose. On one side formal education and on the other side-skills education to enhance self esteem and negotiation skills are important. She expressed that there is still a long way to go.

Mr. Noser said that there is money given to developing countries but they are not sure of the results. It is important to have NGOs- on the one side we give support to Government and on the other we give money to civil society. There is a need for a Pro democracy approach which means we have to strengthen local authorities and NGOs. Good NGOs do good work but are finding hard to get support. In Europe they give general support to NGOs and it makes the NGO work easier.

Ms. Veronique, MEP from France expressed that it was her second visit to India and she has observed changes in the last decade.

Ms. Mabel Rebello, Social activist and a vibrant MP, working on several issues all over the country expressed concern as India cannot afford to increase population. Punjab, Haryana, Andhra Pradesh, Tamil Nadu, Kerala, Gujarat, Andhra Pradesh have contained their population. Women's education, physical infrastructure, good governance, political stability are some of the factors attributable to this change.

Dr. H.K Dua, MP shared that all political parties must realize that unless we stabilize population, we will not be able to enjoy the gains of development; we need to have political commitment for population stabilization in all the political parties.

ropean Parliament
- Interaction with Indian
ntarians

ary, 2011



Dr. Ramprakash, MP shared that after Independence, Government of India (GOI) has done a lot and progressed in many fields. Certain steps have been taken to control population but in democracy implementation is difficult. Rights and Responsibility go together and parents need to take the responsibility for their upbringing.

Mr. Francis, former Chief Minister of Goa shared that India not only has geography but has history. India is not a country but a continent in itself. There has been progress in the last few years but in India there is lot of disparity from one state to another. Some states indicators are high and some low. There is a central policy but the implementation is poor. Population is a concern. Vagaries of nature are experienced. Foods particularly vegetables have become extremely expensive. But he promised that by their next trip, India will be a developed country.

Mr. Thomas Sangamma, MP From Mizoram shared that to stabilize population, we need four elements as mentioned by Dr. Kurien. He specifically highlighted the problem of migrant from poor countries and requested the members for suggestions to address their needs.

Mr. Avinash Khanna, MP shared that in Punjab, sex ratio was very poor and in a District Nava Shaher, which is a rich district and Sex Ratio was very low. The Deputy Commissioner asked all his subordinates to prepare a list of pregnant women and maintained a record of their deliveries. Through this monitoring and vigilance, the Sex ratio improved.

Mr. Praveen Rashtrapal, MP from Gujarat spoke on behalf of the three Members of Indian Parliament from Gujarat. While stating that India/Gujarat has made significant progress, he drew attention to the fact that for Mahatma Gandhi, population was never a problem/ He cited examples from countries/communities where more population is desired. He briefly narrated the evolution of India from Family Planning to Family Weflare and from social justice to empowerment.

Ms. Rajalaxmi, MP from Andhra Pradesh shared that in some of the pockets there are problems of population stabilization, women are not literate.

Mr. Lianna, MP shared that fertility is very high. The GOI formulated National Population Policy in 1952.Many progressive policies have been made, but their implementation is poor. There is a need to keep in view the disparity between rural and urban areas. In rural areas, backward areas, growth rate is very high, mortality high, institutional delivery is very less. There is a need to educate and empower the people.

Mr. Manmohan Sharma, Executive Secretary, IAPPD thanked the MIPs for sparing their valuable time and the MEPs for their meaningful interaction. He hoped that such an exposure visit could be organized for Members of Indian Parliament (MIP's).

A discussion was also held with the board members of the IAPPD and the MEPs. The members included Prof. Prem P. Talwar, Demographer who provides technical guidance to parliamentarians, Mr. Deepak Gupta, population advocacy and strategic communication, associated with IAPPD for 20 years. Earlier with UNFPA, he is a part of technical committee to guide IAPPD; Prof. Sudesh Nangia from Jawaharlal Nehru University, New Delhi, Dr. Abhay Kumar, fellow from the Institute of Human Development working on poverty and food security; Prof. Kusum Premi, working on the relationship with population and education; Prof. B.B.L. Sharma, formerly working with National Institute of Health and Family Welfare, Prof. J.S Yadav, former Head, Indian Institute of Mass Communications and Dr. Narendra Singh, former Director-Indian Medical Council (IMC). Dr. Aparajita Gogoi from the White Ribbon Alliance-India., Ms.Dipa Nag Chowdhry from the John D and Catherine T Mac Arthur Foundation and Dr. Hamsa from the Women Power Connect also joined the deliberations.

IAPPD representatives shared that India has the Integrated Child Development Scheme (ICDS) which has been initiated since we are aware that our women and children are not healthy. The network is all over the country. Unfortunately our recent data shows that only 40-50% are using the services. The school meal program entitled Mid Day Meal (MDM) in India has two purposes-incentives for children to continue school and also provide nutrition. Through the National Rural Health Mission (NRHM) women are also approached during pregnancy and provided with Iron folic acid prophylactic treatment.





One-day District Level Sensitization Workshop on National Rural Health Mission for PRIs Udhampur, J&K

7th February, 2011







To sensitize the elected representatives on National Rural Health Mission (NRHM) and other health related issues, a district level workshop for Panchayati Raj Institutions/elected representatives (PRIs) was organized jointly by the IAPPD, Delhi and State Health Society (NRHM) J&K with the support of Ministry of Health and Family Welfare, Govt. of India on 7th February, 2011 at Udhampur (J&K).

The workshop was inaugurated by Shri Shyam Lal Sharma, Hon'ble Minister of Health, J&K State and presided over by Jenab Javed Ahmed Dar, Hon'ble Minister of State for Health. After inauguration, the proceedings of the workshop started and more than 150 members from different sections of Society attended the workshop.

The proceedings of the workshop was started with the lighting of lamp by Chief Guest Shri Shyam Lal Sharma, Hon'ble Minister for Health, J&K along with Jenab Javed Ahmed Dar, Minister of State for Health, Shri Balwant Singh Mankotia, MLA, Shri K.C. Bhagat, MLA, Jenab Basir Ahmed Khan, Dy. Commissioner, Udhampur, Shri Manmohan Sharma, Executive Secretary, IAPPD, Delhi, and Dr. Yashpal Sharma, Director, NRHM (J&K), Dr. Anil Amla, CMO, and Directors of different wings of Health Department were also present.



In his inaugural address Shri Shyam Lal Sharma congratulated the IAPPD for organizing the sensitization workshop on population stabilization and health related issues in Udhampur district, J&K State.













He appealed the Legislators/PRIs/Health department officials to extend cooperation to further improve medicare facilities in their respective areas. He said the feedback of the Legislators/PRIs will help in plugging the gaps to improve things on ground and asked them to personally monitor the activities of the institution in their jurisdiction for achieving better results.

At the outset Shri Manmohan Sharma welcomed the gathering and briefed the participants about the objective of the workshop and the advocacy efforts made by IAPPD for the last 30 years to sensitize ERs in the area of health, population and development. He also said that according to the available statistical indicators J&K State is much better than Uttar Pradesh which is one of the poor/slow performing State relating to population stabilization and health scenario, but still there is need to taking bold steps to control the population and improvement in health sector in the State.

On this occasion, a presentation was made by Dr. Abhay Kumar, Technical Expert, IAPPD, Delhi on the Socio Economic Scenario of Udhampur district relating to National Rural Health Mission (NRHM) – with focusing on population stabilization and programme scenario in Udhampur district of J&K State. The presentation was well received by the participants.

After the presentation there was an open interaction among the gathering with the panel experts. During the interaction the participants expressed their views mentioning lack of their awareness and poor implementation of the programmes and problems faced in their respective areas. The participants were happy and they appreciated the workshop contents and requested to the IAPPD to organize such type of workshops at their grass-root level.





The response of the participants at the workshop was overwhelming.



One-day District Level Sensitization Workshop on National Rural Health Mission for PRIs J.P. Nagar, Hasanpur, Uttar Pradesh

8 February, 2011

To sensitize the elected representatives on National Rural Health Mission and other health related issues, a District Level Workshop for Panchayati Raj Institutions/elected representatives (PRIs/ERs) was organized by the IAPPD with the support of Ministry of Health and Family Welfare, Govt. of India at Sukh Devi Inter College, Hasanpur, J.P. Nagar (Uttar Pradesh) on 8th February, 2011.



The proceedings of the workshop was started with the lighting of lamp by Chief Guest Shri L. Venkateswar Lu, Commissioner, Moradabad Division along with Smt. Kamlesh Kumari Arya, Chairperson Zilla Panchayat; Shri Manmohan Sharma, Executive Secretary, IAPPD, Delhi and other invited dignitaries.

The workshop was inaugurated by Shri L. Venkateswarlu, Commissioner, Moradabad Division and presided over by Smt. Kamlesh Kumari Arya, Chairperson Zilla Panchayt, J.P. Nagar. Shri R.S. Yadav, Chief Development Officer, J.P. Nagar, Shri Radha Krishan, ADO, J.P. Nagar, Sardar Asaf Khan, Dy. Director Panchayat Moradabad Division, Ms. Manju Saini, Assistant Superintendent of Police and Shri Rakesh Sharma, Health Specialist, Hasanpur were the guest speakers.

About 200 PRIs members from Zilla Panchayat, Municipal Corporation, Nagar Nigam, Block Samiti and Sarpanches/Pradhans attended the workshop.

Shri L. Venketswarlu, in his inaugural address thanked to IAPPD for organizing sensitization workshop for PRIs in a very backward district, J.P. Nagar of Uttar Pradesh. He said more than seventy percent females and fifty percent male population of the district is illiterate. About 60 percent children are victim of Anamia. Pregnant women have no knowledge about the vaccination provided at health center during their pregnancy period. More than 50 percent new born children are under weight. Illiterately, early girl's marriage and poverty are one of the cause of increasing population and poor health care in the district. He appealed the ERIs and concerned departmental



officials to work hard with community to stabilize population, health care and proper implementation of Government beneficiaries programs in their respective area. He emphasized the importance of education and its direct relationship with health, population and development. We have to work had to reduce maternal mortality, infant mortality and provide better health services to the community.

At the outset Shri Manmohan Sharma welcomed the gathering and briefed the participants about the objective of the workshop and the advocacy efforts made by IAPPD for the last 30 years to sensitize ERs in the area of health, population and development.

On this occasion, a presentation was made by Prof. R.P. Tyagi, Technical Expert, IAPPD, Delhi, on The Social Economic Scenario of J.P. Nagar District relating to National Rural Health Mission (NRHM) – with focusing on population stabilization and programme scenario in J.P. Nagar district of Uttar Pradesh State. The presentation was well received by the participants.

After the presentation there was an open interaction among the PRIs with the panel experts. During the interaction hours the participants express their views mentioning lack of awareness and poor implementation of the programmes and problems faced in their respective areas. They were happy and appreciated the workshop contents and requested to the IAPPD to organize such type of workshops at grass-root level, so that ERs will understand their duties for their proper implementation of the different programme particularly in population stabilization and health issues in their respective areas.





Participants (PRIs) at the Hasanpur Workshop.

Technical Advisory Committee Meeting of IAPPD

The Technical Advisory Committee meeting of IAPPD was held to discuss and finalize the comprehensive work plan of the project on National Advocacy & Communication for MPs/MLAs/PRIs relating to NRHM and proposed and continuing activities for the year 2011-2012.

It was informed that due to pressure of Assembly session, the sensitization workshops at Jaintia and West Khasi Hills districts of Meghalaya State at district level and Legislators seminar at Shillong were postponed. The study tour of Legislators from poor performing to better performing states is also postponed due to Assembly elections in Tamil Nadu and Kerala states. Regarding comprehensive work plan of the project proposed activities for the year 2011-2012, after detailed discussions, it was decided that the states, such as Uttar Pradesh, Jharkhand, Bihar, Chhattisgarh, Madhya Pradesh, Rajasthan, Orissa and Assam will be taken during the year.

Living on the Edge:

Housemaids face challenges in Maternal Health

(A Maternal-Health Reality-Check with Housemaids - Domestic Women Workers in Informal Economy)



A recently finalized Paper on 'Living On the Edge: Maternal Health Issues of Domestic Women Workers (Housemaids) in the Indian Capital emphasizes the critical need for a well-defined and workable system of maternal & neo-natal health for the domestic women workers in informal economy (House Maids). It very clearly points out the weaknesses which currently affect the accessibility, affordability and quality of maternal health care being provided to the women workers, who are mostly migrants. They are largely settled in the urban clusters, slums or rehabilitation colonies across the National Capital of Delhi. Research Author, Ms. Anusha Agarwal – a young health & development advocate - not only pointed the inherent weaknesses in the health delivery systems but also opined, "The core behavior change messages of the much acclaimed strategic health communication campaigns that focus on maternal health and family planning are very poorly accessed or even understood by the housemaids, including their male counterparts or by the communities in which they live". Anusha further mentioned, "A case in point was when during our focused group discussions (FGDs), some housemaids shared how they requested their "mem-sahebs" (Women employers) for morning-after-pills after they have had sexual liaison with their partners without using any FP method. And, this was constantly requested by them". This indeed points at the lack of access to and appropriate knowledge about correct family planning methods among the target group (migrant domestic women workers in urban clusters).

The available socio-economic analysis shows that almost all big cities of the country have become the centers to recruit poor women as domestic workers, Delhi being no exception. Poor availability of jobs in the rural context facilitates continued supply of domestic women workers to Delhi and other cities. Needless to underline, a major reason for this is a sharp increase of middle class employed women. Due to increasing family and work pressures, these middle class employed women have conveniently shifted their household workload to the poor working women as their "house maids".

As the research establishes, most of the women who migrate to Delhi are from poor families and are illiterate. The lack of education and skill make their choice very limited when they come to big cities such as Delhi. In major metro cities, they tend to face a number of problems and because of their inexperience and lack of skill these women become easy victim of exploitation too. As is also evident through this research, even access to crucial health care facilities is extremely poor or is missing.

This research indicates that clearly the issue of making "informed choices" appears much at the lower order, as even the provision of basic family planning advice/services and maternal health services too are not easily available to the women workers from the informal economy sector.

The field research was undertaken to examine the prevailing maternal health issues among the "housemaids" (domestic women workers) with a strategic focus on Indian capital. The residential areas selected, where the domestic women workers stay, largely represented the adjoining work-areas where these women go for daily household work. The field work covered select patches near Budhella, Keshopur and Hasthsal villages (Near Vikaspuri); Slum settlements near Rajouri Garden and Mayapuri; Resettlement colonies near Tughlakabad and Sangam Vihar.

Some Key Findings of the Communication & Advocacy Research:

- 73% of the respondents' male partners did not participate in the family planning program. Male participation in family planning (permanent method or no-scalpel vasectomy - NSV) as well as usage of a condom is very low.
- While most respondents went to hospital or a doctor for their prenatal exams, 66.6% of them delivered at home as opposed to a hospital (23.3%) or a clinic (10%). It could well be quite puzzling that while most respondents go to hospitals/health care facilities for prenatal checkups and family planning services, they don't make use of the hospital/health care facilities for deliveries.
- 53.33% of the respondents revealed that the decision to consult with the chosen facility was made by the elders of the family (who have an orthodox outlook and are in most cases, uneducated), with little to no inputs by the pregnant mother.
- 77% of the respondents continued to work well into their late third trimester. The main reason for this was the fact that most women solely bore the responsibility of taking care of the house and could not afford hired help. It must also be remembered that these women are employed in the unorganized informal economy; they are daily/monthly wagers who receive no paid maternity leaves. Since their income is a significant contribution to household, if not the only source of livelihood, they are forced by circumstances to work till as late as they do.

A brief note about Researcher/Author: "Ms. Anusha Agarwal – An ardent advocate on health & gender issues, she has authored (April-June 2005) a research study on adolescents' perceptions and "risk factors" on sexual health & sexuality issues (titled "Quote... ...Unquote"). She recently assisted (July 2010) in developing a Protocol-Paper titled, "A case for Emergency Preparedness through Strategic Health Communication – a Management Issue". Currently she is finalizing a research study on "Impact of Innovative Advocacy Interventions on Polio Eradication issues with University Youth", while she has widely advocated on Polio Eradication with University youth through innovative communication engagements in 2009/10.

The IAPPD Newsletter

Editor
Manmohan Sharma

The IAPPD Newsletter is a Bi-monthly publication

Indian Association of Parliamentarians on
Population and Development
(Special Consultative Status with the United Nations)
1/6, Siri Institutional Area, Khel Gaon Road, New Delhi-110 049
Phone: 011-41656661/68/69/76 Fax: 011-41656660
E.mail: iappd@airtelmail.in Web site: www.iappd.org

Asha Enterprises, 9811854631