Internship
at
Maharaja Yashwantrao Hospital,
Indore

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CONTENTS

1. INTRODUCTION

The Madhya Pradesh Voluntary Health Association (MPVHA) was founded in 1973 to meet the health needs of the people of Madhya Pradesh and to enhance their role in their own development. The vision of MPVHA is to make health a reality for all in the State, through involvement and participation.

The focus of MPVHA is on women and children with a special emphasis on the weaker, marginalised and more vulnerable sections of society. The majority of their interventions focus on health rights in the rural peripheral areas of the state, which have a high density of Scheduled Caste (SC) and Scheduled Tribe (ST) populations.

Internship at MPVHA was a comprehensive experience of handling various aspects of publich health such are awareness generation, outreach services, encouragement of community participation, generation of access to primary health care services, recording of data and survey studies, vocational activities, reporting, etc.

The organisation is focused at development of the sections of the society which are not benefit with basic healthcare services and overall betterment of the community.

Working with the organisation is a unique learning experience at it is one of the few organisation that are intensively dedicated towards bringing a change. With small effort, MPVHA has brought on great accomplishments by understanding the needs of the community.

The organisation works in many areas such as Tobacco Control, Maternal and Child health, Diarrhoea Control, Blindness Control, etc. The extent of the work is not limited to any field.

Objectives of the Internship

- To get acquainted with the various programmes and departments of the organisation
- To assist the Department Heads
- To conduct outreach services for HIV infected and affected families
- To assist in conduction of surveys.

Survey on Tobacco Usage among Women in Urban Slums

2. ORGANISATION PROFILE

MPVHA (Madhya Pradesh Voluntary Health Association) as an association came into existence in 1973, to meet the health needs of the people and to enhance their role in development. Presently, it is a network of more than 300 voluntary organizations, working in different parts of the state. MPVHA strives to fulfil its vision of "Holistic Health and Health a Reality for All" by ensuring active participation and involvement of people in MP. In its 38 year – long journey, it took up several challenges to strengthen the voluntary health movement and to promote community health, keeping in mind the needs of the poor, marginalized and weaker sections of the society, especially women and children.

During the past 8-9 years, MPVHA has witnessed tremendous changes in society, therefore, it has also changed its approach by adding two more dimensions to its networking approach i.e. Coalition and Direct Implementation of some of the projects, to bring visible and qualitative results.

Innovative rural development and poverty alleviation programs have also been integrated along with health promotion, as MPVHA realized that health cannot be dealt with in isolation.

Broadly, it is involved in capacity building, advocacy, research, part services, campaign, Information Dissemination and consultancy. It has always involved itself in bringing people closer to the health system, thus lending a helping hand, to build up a healthy and sustainable society. MPVHA efforts are widespread and at deeper levels, known to be moderately modernized and technologically advanced. MPVHA efforts are always meant to purify the vibration of all those, who believe in community health promotion. One can experience great opportunities, higher quality, relationships and greater experience and insights, enhancing creativity, intuition and extra sensory perceptions. The direct benefit however, is that of enhancement in capacity, skill and in creation of a people oriented health and development movement.

Broad Objectives of the Organization

- To promote and strengthen the member organizations for their optimum participation in community health and social justice movements.
- To encourage community participation for the promotion, preservation and improvement of health of the people.
- To promote and to maintain liaison and encourage good working relationship among member NGOs and all relevant and related civil, Government, National and International agencies.
- To promote health education.
- To collect, exchange and disseminate health and related knowledge and information.
- To conduct relevant research in the area of health.

- To promote quality health care through planned and effective use of available resources.
- To Raise funds for the establishment and working of the Association by accepting contributions from the members of the co-operative units as well as from other well wishers and carrying on any income generation activity, like running a printing press, DTP works, publication of books, magazines, papers and other literature. leasing out the surplus areas in the premises of the Association's building, running hostels for boys, girls and working women, establishing and running training centers, health related consultancy works, hospital, clinics, micro finance, self-help group and such other like activities which shall not come in conflict with the objects of the Society, for enabling the carrying out and / or for attainment of any of the objects and purposes of the Association.
- To raise funds in any manner, other than borrowing, which the society may think fit.
- To acquire by purchase, lease, grant, assignment, gift or otherwise, land, gardens, building, machinery, medical and other stores and equipments, vehicles and articles and commodities for the purpose of the society; and sell, mortgage, lease out, rent out or otherwise, transfer or dispose of the whole or any part of any of the assets of the Society for promoting the objects for which the Society is constituted.
- To undertake, do or perform any other act, deed or thing which in the discretion of the general body is conductive of attaining the above objects or are incidental to or deemed auxiliary thereto.
- To affiliate other similar organizations or to become affiliated to such organization or to join with such organization on such terms and conditions as the general body may decide upon from time to time.
- Prioritize and work for policy intervention through advocacy and campaign.

Management & Administration

MPVHA is registered as a secular, non-political and non-profit making organization, under Societies Registration Act XXI of 1860. It is registered under Section 12-A and 80-G of Income Tax Act and also under EPF, TDS and FCRA. The organization is governed by a 9-member team, elected by the General House, known as the Governing Board of the Association. The Governing Board is assisted by two committees i.e. Program and Finance Committees. The Governing Board of MP VHA meets from time to time, to review, suggest new changes, steer the activities and to take policy decisions, in order to achieve the desired goal of the Association. The Executive Director of MP VHA is the Chief Executive, responsible for execution of all the affairs and activities, including day-to-day administration.

He is also an Ex-officio member of the Governing Board and one of the signatories for bank operations. The organization has a well-developed Personnel as well as Finance Policy.

Organizational Structure of MPVHA

Figure 1

Vision of the Organization

"To Promote Social Justice through the Provision and Distribution of Holistic Health Care & Empowerment of People, to make Health a Reality for all, with Special Emphasis on the Deprived Section"

3. WORK AREAS OF THE ORGANISATION

3.1 COMMUNITY HEALTH

The National Rural Health Mission (2005-2012) was launched by the Government of India (GoI) in 2005-06, to provide effective health care to the rural population of the country, with special focus on states with poor health outcomes, inadequate public health infrastructure and manpower. The primary focus of the mission is to improve access of rural people, especially women and children, to equitable and affordable primary health care. The goal of NRHM is to reduce infant mortality rate (IMR) and maternal mortality ratio (MMR), promote universal access to public health services, immunization, nutrition, water, sanitation, population stabilization, gender and demographic balance, prevention of communicable & non-communicable diseases, promotion of healthy life style including mainstreaming of AYUSH. The interface between the community and the public health system at the village level has been entrusted to a female Accredited Social Health Activist (ASHA), a health volunteer receiving performance based compensation for promotion of universal immunization, referral and escort services for reproductive & child health (RCH), construction of household toilets and other health care delivery programmes.MPVHA is making the following efforts towards Community Health and development.

(A) Communitization of NRHM in Two Dists. Of MP i.e. Maheshwar Block of Dist. Khargone and Nalchha Block of Dist. Dhar, in collaboration with District Administration, Dept. of H& FW, Go MP, supported by UNFPA

(B) Communitization of NRHM for Socially Excluded supported by PACS.

Training of ASHAs at Mandsaur

3.2 TOBACCO CONTROL

The tobacco epidemic is one of the biggest public health threats the world has ever faced. It kills nearly six million people a year, of whom more than 5 million are users and ex users and more than 600 000 are non-smokers exposed to second-hand smoke. Approximately one person dies every six seconds due to tobacco and this accounts for one in 10 adult deaths. Up to half of current users will eventually die of a tobacco-related disease.

Nearly 80% of the more than one billion smokers worldwide live in low- and middle-income countries, where the burden of tobacco-related illness and death is heaviest.
Tobacco users who die prematurely deprive their families of income, raise the cost of health care and hinder economic development.

India has the unfortunate distinction of having the second largest population of tobacco consumers in the world after China. To get rid of this menace, massive efforts are required. Governments the world over have to collaborate with civil society to tackle this issue. MPVHA is making the following efforts in the field of Tobacco control:

(A) Enforcement of Tobacco Laws and making public places Smoke-free in 8 districts of Indore division of Madhya Pradesh.

The project was implemented to make public places of 6400 villages, 52 block headquarters and 8 districts in Indore division smoke free following the bottom up and top down approach both, with the active involvement of government machinery, elected representatives, monitoring, mobilizing community, building capacity of lowest administrative & political personnel, civil societies, village health & sanitation committee, women groups etc. Media advocacy, right to Information act, Advocacy and campaign were also major components of the project.

To have replicable model and to ensure large, sustainable policy changes, strategy was to collaborate with local administration, health department, state tobacco cell and civil societies etc. The project covered about 12 million rural, semi urban and urban population of 52 developmental blocks of 8 districts of Indore division, MP to provide universal protection from second-hand smoke to everyone everywhere.

Project Objectives:

Goal 1:To make public places, workplaces and transports of 8 districts smokefree in state of Madhya Pradesh(India) through advocacy and sensitization of law enforcers; stakeholders; capacity building; community mobilization; public awareness; effective enforcement of smoke free provisions of legislation and monitoring and evaluation and thus to establish a replicable model of tobacco control initiative.

Goal 2: Mainstreaming tobacco control into public health system.

Work Done Under the Project:

During the reporting period six Districts of Indore Division (Dhar, Burhanpur, Khandwa, Khargone,Alirajpur and Jhabua) were declared Smokefree.State, district and block level advocacy was done and meetings were held with Principal Secretary Health, State Nodal Officer, Collectors, and Block Medical Officers etc. Review meeting was organized in the presence of Commissioner Indore division in which Collectors of all the 8 districts were briefed about the status of implementation of tobacco control act. District level steering committee meetings were also held in various districts. "No Smoking" signage's were printed and displayed in all the 8 districts of Indore division. Enforcement squads for enforcement of section 4 of Indian Tobacco Control act were formed under the chairmanship of Sub Divisional Magistrate in various districts. Various orders passed at Divisional and District level from administration, education, police department etc.

One to one contact with 1300 public place in charges, 55 Corporators (Elected representatives) was done in Indore city and with in-charges of Industrial units. Smoke free signage campaign was carried out in all the 8 Districts in collaboration with the District Administration. Various news items were published at district and block level regarding the smoke free movement. 30 Public Hearings were organized in various blocks. 105 Orientation programs for panchayat and village level NRHM functionaries were organized in which around 3000 members from 600 panchayats were oriented. Review of NGO partners was also held. An End line compliance re assessment survey was done in all the 8 districts of Indore division. In Indore city a workshop was organized for Making Public Places of Indore Smoke free in collaboration with Indore Municipal Corporation during which Mayor of Indore and various corporators and other stakeholders were present.

Major Achievements:

Public Places of Six Districts of Indore Division (Dhar, Burhanpur, Khandwa, Khargone,Alirajpur and Jhabua) declared Smokefree on the basis of Compliance Survey reports. The districts were declared Smokefree in the presence of key dignitaries such as Collector, Superintendent of Police, CMHO, civil society, citizens of district, media etc.

The declaration was done on the basis of a Compliance survey conducted by Indore School of Social Work.Collaborative efforts were being made by The Administration, M.P. Voluntary Health Association, Local NGO partners, Department of Health & Family Welfare, Police Department with the support of the International Union Against Tuberculosis & Lung Disease (The Union).

Smokefree declaration dates of various districts

District	Date	Declared by
Dhar	31st May 2012	District Collector Shri BM Sharma
Burhanpur	26th June 2012	District Collector Shri AshutoshAwasthi
Khandwa	14th August 2012	District Collector Shri Neeraj Dubey
Khargone	26th September 2012	District Collector Dr Navneet Mohan Kothari
Alirajpur	01st November 2012	District Collector Shri Rajendra Singh
Jhabua	04th November	District Collector ShrimatiJayshriKiyawat

(B) Integrated Approach for Tobacco Control in Bhopal & Ujjain Divisions of Madhya Pradesh through institutionalization and implementation of COTPA.

Building on the work done by the organization in Indore Division this is a comprehensive project, which will address section 4,5,6 and 7 of Indian Tobacco Control Act (COTPA-2003). Synchronizing the top down and bottom up approach. Section 4 & 6 will be implemented with clear deliverables of Smoke Free Public Places and Tobacco Free educational institutions. The violations of section 5 & 7 will be reported to the administration and nodal department and technical support will be provided to initiate action. The project aims to make public places of 12405 villages, urban and semi urban jurisdiction of 11 districts of Bhopal and Ujjain division smoke free.

Project Objectives:

Goal: Make public places of 11 districts of Bhopal and Ujjain division smoke free and sustain smoke free initiatives in 8 districts of Indore division.

Work Done Under the Project:

State level advocacy in which meetings were held with Governor, Minister of State for Health, Commissioner Public Relations, Principal Secretary Health, Principal Secretary, Higher Education, Director General of Police, Commissioner of Ujjain and Bhopal Division, Collectors, SP, CMHOs and other district level officials. Three district workshops were held in Shajapur, Mandsour and Vidisha districts in which 135 district level officials were present. Through District Workshops of Bhopal and Ujjain divisions, different district level government officials were well oriented on the section of 4, 5, 6 and 7 of COTPA of Indian Tobacco Control Act. A process of implementing of section 4,5,6 and 7 has been started in Bhopal and Ujjain divisions. One to One contact made with around 40 officials and other stakeholders. Media Advocacy was done at regular intervals and various news related to section 4 implementation, release of handouts by Governor etc. were published. Around 35 news items published. Advocacy Kit which contains all the relevant information regarding the tobacco epidemic and tobacco control act has also been published. Which contains messages from Honorable Chief Minister Shri. Shiv Raj Singh Chouhan, Hon'able Minister Public Health and Family Welfare, MP, Dr.NarottamMishr, Hon'able State Minister, Public Health & Family Welfare, Medical Education, Aayush and Technical Education and Skill development, MP, Shri. MahendraHardia, DGP Police, Shri. Nandan Dubey, Principal Secretary Public Health and Family Welfare MP,Shri Praveer Krishna and Commissioner Higher Education, MP.

Major Achievements:

Special initiative was taken in order to sustain the Smoke free initiative in Indore Division, a special program was organized on 27th Feb 2013 at Indore on "Collective Efforts for Tobacco Control" chaired by Hon'ble Governor of Madhya Pradesh Shri Ram Naresh Yadav. The Governor has applauded the efforts made by MPVHA & The Union for Smoke free.

Around 20 officials which included 4 Collectors of Indore division were felicitated for their efforts in Smoke free.

District Workshops

S.No.	Name of Activity	Date	Place	Chaired By
1.	District Workshop	18/02/2013	Shajapur	Shri. Pramod Gupta, Collector
2.	District Workshop	11/03/2013	Vidisha	Shri. Anand Kumar Sharma, Collector
3.	District Workshop	18/03/2013	Mandsour	Dr. S.R. Chouhan, Chief Medical & Health Officer

(C) Tobacco Control Policy Evaluation Project (TCP India Project)

The project is through HealisSekhsaria Institute for Public Health, Navi Mumbai in collaboration with University of Waterloo, Canada. In India, the International Tobacco Control Policy Evaluation Project (ITC Project) is known as the "Tobacco Control Policy (TCP) India Pilot Study Survey" to avoid confusion with the "India Tobacco Company." TCP India Project and all other International Tobacco Control (ITC) Surveys being conducted in 20 countries, was designed to evaluate and understand the psychosocial and behavioural effects of national-level tobacco control policies.

At present this project is running in four states: Maharashtra, West Bengal, Bihar and Madhya Pradesh. In MP the research work is going on in 10 wards of Indore city and 4 villages ieSimrol, Kodaria,Kampel&BadaBangarda.

The aim of the research project is to find out:

- The impact of specific tobacco control policies that have been, or will be, implemented in India.
- The prevalence and patterns of tobacco use behavior in India.
- To compare the tobacco use behavior and the impact of tobacco control policies between India and other TCP countries.

The research project will also examine how religion and culture may affect smoking by comparing the views of Indian tobacco users to those of smokers from 20 different countries such as Bangladesh, China, Thailand, Malaysia, USA, Canada, UK and Australia etc. The First Wave of the study has been completed and data entry has been done. Currently Second Wave of the study is going on and till date 1170 Tobacco users and 390 Tobacco non users have been re-contacted. Towels are being distributed to the respondents as a token of appreciation.

(D) Strengthening of National Tobacco Control Programme (NTCP) in M.P.

In order to create public awareness about the harms of tobacco use and institutionalize enforcement through effective implementation of the national legislation for tobacco control (Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003, or COTPA, 2003), the Ministry of Health and Family Welfare, Government of India launched the National Tobacco Control Programme (NTCP) in 2007-08, under the XI five year plan.
The main components of the National Tobacco Control Programme are as follows: Setting up of State/District Tobacco Control Cells, District Tobacco Control Programme, IEC & mass media campaign, Training & Capacity building of health workers, school teachers etc., Capacity building of Labs, Monitoring and Evaluation, Community-based cessation and counselling.

The NTCP was piloted to expand on these objectives and develop infrastructure in identified states. The programme has been rolled out in two phases. In Phase I (2007-08) of the Programme, nine states were identified and within them two districts each were selected to pilot the tobacco control programme. In Madhya Pradesh Gwalior and Khandwa Dsitricts were taken under NTCP program.

MPVHA and The UNION's Involvement in strengthening NTCP in MP:

Despite having directives and guidelines from government of India, the state health department needed technical and other functional support to strengthen the entire process in the state. Therefore, The Union along with MPVHA intervened and played a vital role in strengthening the system. The role of MPVHA and The Union was as partner, facilitator and catalyser. The emphasis was on:

- To build the capacity of members of the State Tobacco Control Committee and Tobacco Cell.
- Strengthening the functioning of State Tobacco Cell.
- Strengthen the District Tobacco Control Committee at Gwalior and Khandwa.
- Support and contribute in overall implementation of NTCP program in the state and NTCP district.

3.3 SAVING THE GIRL CHILD

In Indian society, which is known for its varied culture and customs, woman, very easily, becomes the target of certain customs, which directly or indirectly infringe her basic human rights. Existing social structure, non-availability of opportunities, high incidence of violence, and exploitation at various levels etc. all leave women with very poor health and other developmental indicators. Preference for the male child has been one of the most evident manifestations of gender discrimination in our society. With the advancement in medical science and technology, sex selection has moved from female infanticide to sex selective abortions or female foeticide. Despite gains in education, longevity and income for some groups of women, large sections of Indian society still consider daughters a liability, and are apparently stooping to any level in order to avert their birth. MPVHA staged the following interventions on this issue:

A. "Strengthened Response to Addressing Sex Selection and PC-PNDT Act implementation through enhanced capacities of NGO's (which was extended to 26 districts in 2012) together with targeted intervention in Indore District"

To ensure proper implementation of the act and to regulate the working of sonography centers in Indore and to strengthen the capacity of NGOs, to raise the issues related to Sex Selection, MPVHA along with Department of Health and Family Welfare and UNFPA initiated the project in 10 districts & which expanded and continued in the 3 cities of Bhopal, Jabalpur and Gwalior together with total coverage of 26 districts of Madhya Pradesh with the Sex Ratio at Birth below 900,namely Bhind, Morena, Datia, Teekamgarh, Satna, Rewa, Bhopal, Chattarpur, Gwalior, Shivpuri, Narsingpur, Ratlam, Khandwa, Khargon, Ujjain, Burhanpur, Ashoknagar, Shajapur, Rajgar, Vidisha, Betul, Chindwara, Sagar, Guna, Indore, Jabalpur.

Multipronged approach targeting various stakeholders including the demand end (community mobilization), supply end (sensitization of medical community),advocacy efforts together with strict implementation of the Act have been followed and continued.

Objectives of the Intervention:

- To strengthen the Capacity of NGO's to raise the issues related to Sex Selection & PC-PNDT Act implementation in 26 Selected Districts of Madhya Pradesh.
- To do IEC Intervention & Social Mobilization for creating concern on declining sex ratio.
- To do Monitoring of Ultra Sonography Centers and Advocacy for effective implementation of PC-PNDT Act in the project area.
- To sensitize the elected representatives on sex selection issues in the districts where the sex ratio at birth was low according to the Annual Health Survey data.
- To re-orient the Young Lawyers and DPOs trained by NLIU on the issue and seek their help for filing cases and ensure that charge sheets are framed in most

of the cases.

Work Done Under the Project:

- Re-orientation program for NGO representatives was conducted.
- 5 Orientation cum review meetings of Young Lawyers and District Prosecution Officers conducted successfully.
- 1084 Elected Representatives from 17 districts were oriented during (17 programs) the District level workshop on Role of Elected Representatives against Declining Child Sex Ration to save the girl child.
- 271 different awareness/sensitization activities were carried out in 26 districts by partner NGOs
- 122 new visits and 238 follow-up visits have been done in USG Centres of Indore, Bhopal, Jabalpur, Bhind, Morena and Satna.

Major Achievements:

- Representation at National and State Level
    - Representation in National Consultation 'Against Sex Selective Abortions and Towards Stronger Implementation of PC-PNDT Act' organized by CAASA and Action Aid at Chennai.
    - Representation in State Level Workshop 'Towards Stronger Implementation of PC-PNDT Act' for the District Appropriate Authorities and Nodal Officers at Gandhi Nagar, Gujarat organized by Department of Health and Family Welfare, Govt. of Gujarat. Where again the efforts at Indore were appreciated together with thought of replication in selected districts of Gujarat.

- Capacity Building of NGOs
    - 38 NGO partners from 26 districts were sensitized and future plans have been made to develop state and district level forums. 22 out of these 26 districts have SBR below 900.

    - During the year reporting period, 197 activities of community mobilization were successfully completed in 26 districts. There

has been participation of CMHOs, Chief Justice, Advocates, Mayors, SDMs and elected representatives of gram and Janpad Panchayats.

- 17 District level workshops were successfully organized for elected representatives by MPVHA directly through the local partner NGOs, on their (Specially Parshads of City level) role against declining child sex ratio to save the girl child.
- 20 follow up visits of USG Centres of Morena, Satna and Bhind were done by partners NGOs.
- Support of all social organizations was seeked and forwarded to State Appropriate Authority together with the media advocacy regarding the amendments in the PC-PNCT Act.
- There was visit of Country representative of UNFPA, where there was sharing of the project experiences by multiple stakeholders.
- PSC selected administrative service officers from various departments were sensitized on the issue and implementation of the act.
- Participation in other organizations (Govt. and non govt.), state and district level programmes on the issue has opened a new horizon and created a wider impact.

- Re-orientation of DPOs and Young Lawyers

- Targeted Intervention in Indore District

  - In Indore the administration has also taken the responsibilities for Sakshi Helpline, Monitoring visits, tracking and Domain (www.sakshiindore.in).
  - Total 5 new visits and 129 follow up monitoring visits have been done in Indore.
  - This Year 10 Show case notice were issued in Indore and 3 sonography centers were suspended for 7 days due to violation of PC-PNDT Act.
  - MPVHA's representation in monitoring, seal and seizure of USG center in Indore
  - Four centres have been sealed by district administration Indore,

one case is already in the court and other three are in the process of getting filed.

- Better compliance in filling in form F by all USG centers at Indore.

Achievements In Bhopal, Jabalpur & Gwalior

- Good Coordination continued with the local administration in Bhopal & Jabalpur.
- Total 100 new visits and 26 follow up visits have been completed at Bhopal and 17 new visits and 63 follow up visits have been completed at Jabalpur during this year.
- Five show cause notices issued at Bhopal.
- One court case filed in CJM court, Bhopal under violation of PC-PNDT Act and another one moved to the High Court, one more is in the process of getting filed.
- Four USG Centers were closed and five were suspended at Jabalpur.
- MPVHA has been recognized as efficient agency in implementation of PC-PNDT Act in Bhopal district by Collector and WCD Department.

- Other efforts
  - Resource Agency at various districts for the district level workshops organized by administration and department of health and family welfare on sex selection issues and implementation of PC-PNDT Act including Dhar, Rewa and Indore.
  - Presentations on the Issue and the PC-PNDT Act at Bhopal school of social sciences, Choithram nursing college, Indore and Media advocacy workshop at Bhopal.
  - Addressed large gathering of SHG workers from the slums of Indore on the Issue.
  - Participation as a Resource Person in the Divisional Level workshop on the implementation of PC-PNDT Act at Jabalpur and Indore Division organized by Dept. of Health & Family Welfare.

B. Campaign against Gender Discrimination Focusing Sex Selective Practices in Eight Districts of Madhya Pradesh (Supported by MISEREOR, Germany)

Several national level evaluators have shown that Madhya Pradesh is among the few states of the country with lowest indicators. The state is characterized as a feudalistic form of society, especially in

the northern parts. An important feature of the society in this part of the state is the relatively low status accorded to the females in the family and the society, which further justifies low health and other developmental indicators. With no individuality of their own, the females are subjected to all forms of discrimination and violence from the very beginning of their life or even before that. Keeping in view the above fact, MP VHA has undertaken the project titled "Campaign against Gender Discrimination Focusing Sex Selective Practices in Eight Districts of Madhya Pradesh with the support of MISEREOR, Germany.

Project Goal

"Creating Concern and Developing Strong Network of Voluntary Organizations, Government Institutions and Concerned Individuals, who can act as Deterrent against Sex Selective Practices"

Project Objectives"

- To create a network of civil society organizations and various stakeholders on issues related to sex selection and female feticide in the region.
- To develop a cadre of sensitive and trained individuals / Facilitators within the NGOs as trainers / implementers of programmes on the issue at grass root level.
- To do social mobilization at grass root level on the issue with specific groups like women SHGs, adolescents, youth groups, social / religious groups, Panchayti Raj Institutions (local bodies), local health providers, etc.
- To sensitize masses and create pressure environment through intensive campaign for effective implementation of Pre Conception & Pre Natal Diagnostic Techniques (PC&PNDT) Act.
- To extend emergency / legal support to the needy women and girl children.

Project Area:
Eight Districts of Madhya Pradesh i.e. Bhind, Bhopal, Chhatarpur, Datia, Gwalior, Morena, Panna and Satna

Rally Against Gender Discrimination

3.4 ADVOCACY & CAMPAIGN

Advocacy & Campaign are other important areas where MP VHA has been involved for many years. Health being a vast subject, this year the emphasis was on the following issues:

- Tobacco & Health – Effective implementation of COTPA 2003
- Declining Sex ratio – Effective implementation of PC & PNDT Act
- Strengthening of Village Health & Sanitation Committee
- State NGO Policy
- Reduction of Maternal & Infant deaths
- Popularization of Government Schemes
- Abridging the gap and enhance the collaboration between Government and NGOs.

Meeting with VHSC in Datia

3.5 NETWORKING, CAPACITY BUILDING & INFRASTRUCTURE

MPVHA believes that networking is basically an institutional frame work, where attempts are made to bring groups, organizations or individuals close to each other, voluntarily or consciously, for the process of synergizing resources and strengthening it. Its basic objective is to create a pool of resources, information, knowledge and skills, which can be used for betterment of the society.

Networking & Liaison:

This was another important activity which MPVHA has performed in a strategic manner to raise issues, enhance collaboration, strengthen smaller NGOs, sensitization of administrators and policy makers and above all to strengthen the NGO movement in the state. The networking and liaison was done and strengthened in the following manner:

- Personal visit and interpersonal communication with selected administrators and policy makers.
- Formation of coalition to have a greater impact and to make different stakeholders more accountable.
- Large coverage in the newspapers on different issues related to health & development.
- By giving membership to new NGOs operating in different parts of the state.
- This year people from different background and departments other than health were also broughtand involved in different activities to have a holistic approach.

Information Dissemination:

Information is power and if utilized to its optimum level then it has its own value. And for this, it should reach to maximum number of people in the community. Simple, timely and correct information guarantees changes in the behavior and attitude of people. Since health is mostly influenced by the behavior of people, it becomes very important to focus on changing this behavior and it is here that information dissemination plays a crucial role. This is another core competent area of MPVHA.

Infrastructure:

The construction of long awaited Training cum Research Centre at the capital city of MP - Bhopal was started with the kind support of Christian Aid and member organizations. Finishing work on this is being undertaken. This will be a well-equipped residential training centre at Bhopal and it will be available for the smaller as well as bigger NGOs.

MPVHA’s field offices are functioning satisfactorily.

Capacity building and exposure:

MPVHA has always been instrumental in building the capacity of the project team by providing various opportunities, as and when required. This year too some of the staff members got opportunities to attends state and national level workshops and trainings, organized by other reputed agencies.

3.6VECTOR BORNE DISEASE CONTROL

Malaria has been one of the major public health concerns in India. This disease is mostly prevalent in hard core endemic pockets inhabited predominantly by poor rural populations including the Scheduled Castes, Scheduled Tribes and other marginalized communities, who have relatively limited access to quality healthcare, communication and other basic facilities and are thus rather vulnerable. MPVHA in partnership with VHAI is implementing the World Bank supported VBDC project, for promotion of social mobilization and service delivery through Public Private Partnership among vulnerable communities of three districts (high risk population of Harrai block of Chhindwara, Rama block of Jhabua and Semariya block of Siddhi) in Madhya Pradesh. The following project has been initiated:

"Social Mobilization and Service Delivery Program for Malaria Control Amongst Vulnerable Communities in Madhya Pradesh".

Brief introduction about the intervention: The Program addresses two components i.e. Social Mobilization and Service delivery. Under Social mobilization we are promoting health seeking behavior and giving emphasis on availing Govt. Health facilities. Service delivery components focusing building capacities of FLW (Front line workers) for testing and treatment.

Project Objectives:

- To control Malaria and eliminate Kala-azar amongst vulnerable communities through Social mobilization and service delivery.
- To promote Early Diagnosis and Complete Treatment of Malaria and kala- azar through correct and continuous use of LLIN amongst vulnerable communities.

Major Achievements:

- Front line workers were trained for testing and treatment.
- Annual Blood slide examination rate in the project area increased.
- Annual Parasite Index in the project area has decreased.
- Number of positive cases completed treatment has increased.
- Number of families using LLINS has increased.
- Number of ASHA and health workers providing treatment for Malaria cases increased.
- Number of VHSC activated and utilized the un tide fund for malaria control activities increased.

3.7 WATER BORNE DISEASES

Diarrhea and related illness claim the lives of over 225,000 children in India every year. Madhya Pradesh is among the highest burdened State. Simple and affordable treatments like ORS and Zinc, can prevent most of these deaths and dramatically improve the child health overall. Preliminary findings suggest that both at the level of providers as well as caregivers there exists serious gaps in terms of Knowledge, Attitude and Practices on effective management of diarrhea. Therefore, our approach is to strategically target the key stakeholders of both categories by informing and educating, capacity building, sensitization, handholding and supportive monitoring. The overarching objective of all the planned interventions is to bridge the healthcare delivery gaps with respect to diarrhea treatment in public sector thereby increasing the updates of ORS and Zinc as first line treatment. To address this issue MPVHA along with CHAI (Clinton Health Access Initiative) started the following project:

"Promoting Awareness and Use of Oral Rehydration Therapy (ORT) and Zinc as Treatment of Childhood Diarrhea amongst Public Health Providers and Caregivers in MP."

Project activities are to be carried out in Four Divisions namely – Bhopal, Ujjain, Narmadapuram and Indore covering 22 Districts and 135 blocks.

Project Objectives:

- To Increase knowledge level of Public health care providers viz. ANM, MPW, ASHA, AWW thereby encouraging them to adopt appropriate diarrhea management practices and making them to use ORS an d Zinc repeatedly for management diarrhea cases.
- To Mobilize and strengthen the district level public health care delivery there by ensuring adequate supply of ORS-ZINC with public health providers at all times.
- To improve the reporting formats for diarrhea cases and ORS- ZINC supplies used for treatment.
- To encourage mother and care giver in-laws and adolescents in the community to seek treatment at the first sign of diarrhea.

Work Done Under the Project:

- Formation of Project team (1 State, 4 Regional and 45 Block Coordinators).
- Orientation of Project team
- Three days training of block coordinators as TOT

4.PROJECT UNDERTAKEN AT MPVHA

HIV/AIDS AWARENESS & PREVENTION

India is the second most populous country in the world. When the first case of HIV infection was detected in Tamil Nadu in 1986, the response of the nation was a mixture of panic and denial. Since then, HIV/ AIDS have spread at an alarming speed in India and now pose a major public health and development threat. It is observed that, HIV/AIDS has impact beyond the national boundaries and has inter-country and regional implications. The problem is becoming more complicated with no or lack of accurate, simple and timely information and the stigma associated with HIV/AIDS. Stigma and discrimination, whether actual or feared, remains perhaps the most difficult obstacle in prevention of HIV.

Indore is the largest city of Madhya Pradesh and the most populous metropolitan area in central India. It is one of the commercial as well as educational hubs. Large percentage of population constitutes of migrants who are labourers and hence slum dwellers. Major highways pass through Indore. In Indore there is no defined red light area. Long-distance Truckers and Single Male Migrants constitute a significant proportion of clients of sex workers. They act as bridge population in transferring the infection. These conditions make Indore more vulnerable. The intervention through activities will be more effective if the activities are implemented in slums of Indore. Considering this in 2010, MPVHA along with the support of Pharmaciens Sans Frontiers and Terre Des Hommes (Tdh) started the following project:

"Community based initiative to reduce stigma & discrimination and create supportive environment for HIV/ AIDS infected & affected with persons with special emphasis on children."

Goal: Reduce Stigma & Discrimination for HIV/AIDS Infected & Affected people especially for children to create a supportive environment.

Achievements Under the Project:

- At present 80 families have associated with the project.
- 3 families discussed guardianship of their children with their families.
- 4 families disclosed their HIV positive status to their children.
- 3 infected females started attending support group trainings.
- 114 infected people are receiving Nutritional support.
- 5 families approached the project team to get associated with project.
- This year 6 families have invested in some sort of financial scheme to secure the future of their children.
- 30 applications for BPL card have been submitted to collector.

- Community is now aware of Right to Education act, Consumer Forum and Right to information.
- 46 new community members joined different support groups, out of 46, 25 members are health workers.
- 45 children joined Childrens Association.
- This year 100 people have gone for CD4 Count Test. 43 individuals have shown increase in CD4 Count. Whereas 27 infected people have decreased level of CD4 Count. 45 people have increased weight.10 people showed decrease in weight.
- The burden of Education of 81 families decreased with the part support of Education Support. 6 children who are orphan are receiving full education support.
- Medical support also reduced the burden of Treatment. 57 persons benefitted with the medical support.
- For the first time support group and children association organized community events (Exhibition cum Quiz Competition and rally) themselves.
- 03 Dropout girls re-enrolled in the school.
- 02 children from families got admission in private schools under Right to Education Act.
- 04 Children from community got privileges under RTE.
- 27 families received livelihood support under project

5. STRENGTHS OF MPVHA

MPHVA is an extremely accomplished organisation with accomplishments at every step. It bears many strengths few of which are listed below.

- MPVHA in Different Committees has collaborations with many reputed and exceling organisation and has been providing great inputs for them over the years. Some of these are:
    - State Health Society, Govt. of M.P, Bhopal
    - Advocacy Forum for Tobacco Control in India
    - PC & PNDT Committee, Indore
    - JansankhyaSthirataKosh
    - Child Rights Observatory, M.P, Bhopal
    - ACSM Task Force, RNTCP, Govt. of MP, Bhopal.

- The staff of the organisation is its biggest strength. The organisation comprises of compassionate and driven people that do not failed to deliver. The staff is proactive and does not limit to the objectives provide. Each person continues to stretch the work domain in order to help the community. There is an extremely supportive environment within the organisation

- MPVHA works in a way where the community and political leaders are kept in the loop. They are invited at the District Meets and this provides them a situational analysis and prompt that to get involved in the issues.

- MPVHA is also connect with local groups and small community sections which helps them to identify problems and be informed of new cases of diseases. Therefore, without having to rely on of the next situation analysis, there is a continuous updating of events and hence measures are taken promptly.

6. CONCLUSION

Our communities face many hurdles in access to health care. It is required that drastic measure should be taken to change the condition like removal of financial barriers to accessing services, especially user fees, sustained public funding for public health systems. Funding should come predominantly from general public revenues, international aid, and innovative financing mechanisms and investing in quality of care. This means investing in each element of the health system: health workers, primary and secondary care facilities, information systems, and drug supply chains, especially for affordable generic medicines. This also means ensuring accountability for measurable improvement in health outcomes, including through civil society participation in policy development and oversight of service delivery.

In today's world it is dream to have A community where every individual finds the means of living and gets appropriate resources to fulfil the needs of livelihood so that a better social living is ensured for all. The conditions of health needs in India are far from good. In this scenario it is essential that organisations like MPVHA are created and work towards the betterment of the society. MPVHA works with a mission of Improvement in the quality of life and empowerment of the backward community and families living below the poverty line – with particular emphasis on the poorest of the poor, through intensive capacity building interventions, income generation and health activities with special focus on women and socio-economically deprived sections of society.

MPHVA has provided numerous insights about effective ways to manage the status of the community during the time of internship. It is an organisation that strive to make a change and is involve in many areas of health. It advocates people-centred policies for dynamic health planning and programme management in India. It initiates and support innovative health and development programmes at the grassroots with the active participation of the people and strives to build up a strong health movement in the country for a cost-effective, preventive, promotive and rehabilitative health care system. It works towards a responsive public health sector and responsible private sector with accountability and quality service. MPVHA promotes health issue of human right and development.

The main objectives during the internship were assisting the outreach service provides in the HIV/AIDS awareness programme. HIV and AIDS counselling has two general aims: (1) the prevention of HIV transmission and (2) the support of those affected directly and indirectly by HIV. It is vital that HIV counselling should have these dual aims because the spread of HIV can be prevented by changes in behaviour. One to one prevention counselling has a particular contribution in that it enables frank discussion of sensitive aspects of a patient's life—such discussion may be hampered in other settings by the patient's concern for confidentiality or anxiety about a judgmental response. Also, when patients know that they have HIV infection or disease, they may suffer great psychosocial and psychological stresses through a fear of rejection, social stigma, disease progression, and the uncertainties associated with future management of HIV. Determining whether the lifestyle of an individual places him or her at risk. The counselling involved various activities and measures that help the infected and affected families. The responsibilities of the outreach service personnel involve working with an individual so that he or she understands the risks, helping to identify the meanings of high risk behaviour, helping to define the true potential for

behaviour change, working with the individual to achieve and sustain behaviour change, providing supports in the form of nutritional supplements and financial aids. The services also involved various methods like helping the families invest in financial schemes, education of the children, support to the stigmatised people, etc. There is no end to the need of the families infected ad affected by HIV/AIDS but with efforts they can be provide a better life and MPVHA is making significant contribution for the same.

AIDS Awareness Activities