

## *Model Reproductive & Child Health District Project*

### INTRODUCTION

The Indian Government was first in the world to officially start a 'Family Planning Programme' in the country during the first Five Year Plan (1951-56). This was done on demographic and economic considerations, since it was realised that though the country had been making some progress in the fields of education, health, economy, communications and social welfare, the fruits of this progress had not percolated down to the masses, because of a simultaneous rapid increase in the population.

From the first Five Year Plan, till 1994, the programme underwent many radical changes including changes in its implementation approaches and addition of many new services to ensure improvement in the health of the mothers and young children. Since 1992-93, this programme was renamed and implemented as the "Child Survival and Safe Motherhood (CSSM)" Programme.

The International Conference on Population and Development (ICPD) held in Cairo in 1994, took a very critical review of such programmes all over the world and came to the conclusion that in order to have a real impact on population and development; many more activities like -

- Women Development / empowerment / equity
- Sex discrimination / gender equality
- Male participation and responsibility
- Adolescent health and adolescent health education
- RTI/STI and AIDS
- Education especially of the girls
- Family care

needed to be included in the existing programme. In addition, it was also decided to use the life cycle approach while implementing this programme. Our country is a signatory to the recommendations of the ICPD held at Cairo in 1994.

The National Family Health Survey carried out by the Government of India (Phase I & II 1998-99, IIPS-Mumbai) and the various Rapid Household surveys carried out so far, indicate that from 1994 till date i.e. during the last ten years, we have done precious little in these new activities of RCH. Similarly our progress under the various indicators of the CSSM programme has not been satisfactory. We do not see any concrete steps having been taken to effectively implement the RCH programme, started by Government of India, since October 1997.

The Government of India and the European Commission, then jointly decided to develop a model for implementation of the programme in atleast one of the districts in the country. This proposal was also discussed by KEMHRC Pune earlier with UNFPA. Ultimately, from 1<sup>st</sup> March 2004, the Government of India, the European Commission and the Government of Maharashtra decided to implement the Model Reproductive & Child Health Programme in Pune District initially for a period of two years involving 11 NGOs and KEMHRC, Pune, which will act as the **Nodal Agency**.

### GOAL

To improve the coverage and quality of services provided under the Child Survival and Safe Motherhood programme; to ensure effective implementation of the additional components as envisaged with RCH programme through the life cycle approach as recommended at the 1994 ICPD Conference at Cairo. This will help us to develop a Model Reproductive and Child Health programme in Pune District.

### PLANNING PHASE

Along with extensive discussions regarding implementation of the Model Reproductive and Child Health programme in Pune District (with KEMHRC as the Nodal Agency) for about two to three years with Government of India, initially with UNFPA and then with the European Commission, simultaneously, we had discussions with a number of NGOs to ensure their participation in this programme. Finally, we selected NGOs to work in 11 Tehsils (rural area) of Pune District and

one urban area (in Pimpri Chinchwad Municipal Corporation). Several meetings of these NGOs were organised to brief them about the project and to prepare the project proposals.

After considering a number of titles for the project e.g. Best Practices Centre/s, Centre of Excellence in RCH, RCH Innovations, Model RCH District Project, it was finally decided to name this project as a **Model Reproductive and Child Health District Project**.

Dr. P.P. Doke the then Acting Director General of Health Services, Govt. of Maharashtra, Mumbai, handed over the first cheque of Rs.25 Lakhs to Dr.K.J.Coyaji, Medical Director, KEM Hospital, on 29<sup>th</sup> February 2004, to start this project with effect from 1<sup>st</sup> March 2004. A total grant of Rs. 2 Crores has been sanctioned to implement this project, initially for 2 years.

## **APPROACHES AND METHODOLOGY**

### **A. Involvement of NGOs**

While implementing this project, it was decided to involve 11 NGOs because these agencies enjoy the following advantages:-

- a. NGOs have flexibility while implementing a programme.
- b. NGOs can undertake innovations.
- c. The role of NGOs is complementary to Government. No programme can be effectively implemented either by NGO or the Govt. alone.
- d. People have faith in NGOs and hence they can play a vital role in making any programme a success.

### **B. Guidelines for NGOs**

This Project should:-

- a. Be sustainable after the project period is over.
- b. Be replicable any where in the country.
- c. Be carried out with the coordination of the Govt.
- d. Avoid duplication of services provided by the Govt.

### **C. Activities to be started for the success of the programme**

The crucial and basic elements of success of any programme are-

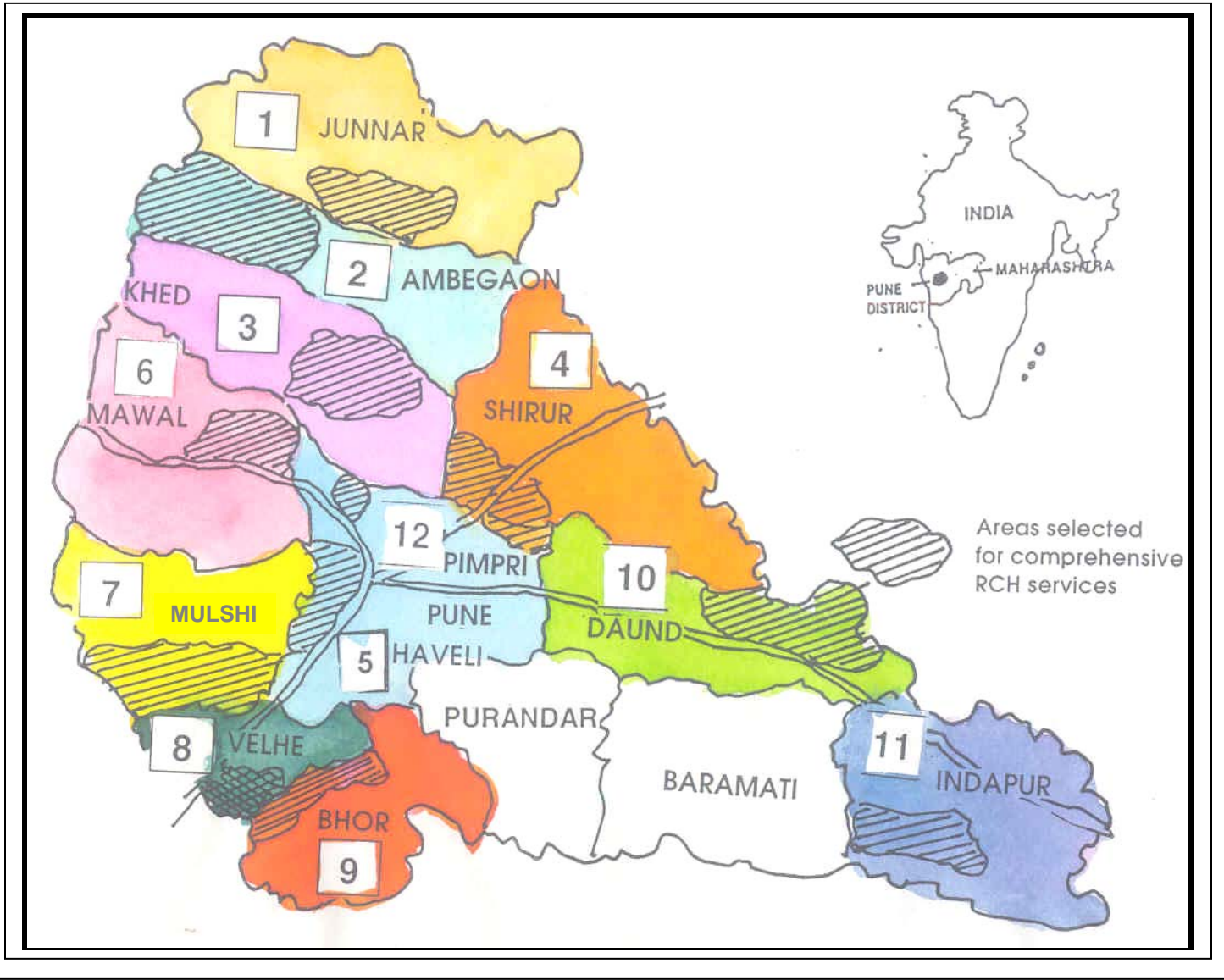
- a. Demand Generation and
- b. Availability of quality services

Both elements are equally essential to make the programme a success.

### **D. Activities and areas to be selected by the NGOs**

It has been decided that all NGOs will develop a Model RCH programme in one selected PHC/ urban area with all its components and simultaneously develop one new RCH activity mentioned earlier while introducing the project in the remaining Headquarters of all PHCs and sub-centres of the Tehsil selected. The total population likely to be covered under the Model RCH District Project is **3,49,349**. All types of areas viz. tribal; hilly; semi urban; chronic drought prone; riverside; having heavy rainfall; slums with migrant population, have been selected. The NGOs, Tehsils, PHCs selected under the project, population covered and the new activity decided to be taken up by each NGO, are listed in Table 1. The map showing details of project area is given along with.

**K.E.M. HOSPITAL RESEARCH CENTRE'S PROJECT ON  
 "MODEL RCH DISTRICT PROJECT" (EC-SIP)  
 THROUGH INVOLVEMENT OF NGOS  
 PUNE DISTRICT, MAHARASHTRA**



1. Chaitanya ,Tal: Junnar
- 2.Chaitanya, Tal: Ambegaon
- 3.The Bombay Mothers & Children Welfare Society, Tal: Khed
4. Vadu Rural Health Project,KEM Hospital,Tal: Shirur
- 5.CASP- Pune Unit,Tal: Haveli
- 6.KEM Hospital Research Centre,Tal: Maval
7. Maharashtra Association of Anthropological Sciences,Tal: Mulshi
8. Jnana Prabhodhini, Tal: Velhe
9. Gram Vardhini, Tal: Bhor
10. Ashwood Memorial Hospital,Tal: Daund
11. Walchandnagar Industries Ltd., Tal: Indapur
- 12.Lokmanya Medical Foundation, PCMC Slum Area

**Table 1: NGOs Participating in the Model RCH District Project**

Sr. No.	Tehsil	NGO	PHC	New RCH activity to be undertaken in the entire Tehsil	Type of population / area selected	Population (April 2002) as per survey by PHC Staff
1	Ambegaon	Chaitanya	Taleghar	Nutrition for malnourished children	Hilly & Tribal	13883
2	Bhor	Gram Vardhini	Jogwadi	Adolescent health	Hilly & by the side of Bhatghar dam	16250
3	Daund	Ashwood Memorial Hospital	Deulgaon	Adolescent health, Rubella vaccination	River side	28748
4	Haveli	CASP, Pune unit	Sangrun	Forty plus care	Semi Urban	25606
5	Indapur	Lalchand Hirachand Medical Centre	Nirvangi	Forty plus care	Rural	33830
6	Junnar	Chaitanya	Aptale	Medical Insurance through SHGs for women empowerment	Tribal	26713
7	Khed	Bombay Mothers & Children Welfare Society	Rajguru Nagar	Male participation	Rural	32000
8	Mawal	KEM Hospital Research Centre	Adle	Adolescent health	Hilly & Heavy rainfall	35000
9	Mulshi	Maharashtra Assn. of Anthropological Sciences	Mutha	Adolescent health	Hilly & Heavy rainfall	34890
10	Shirur	KEM Hospital	Vadu	Women empowerment	Chronic drought prone rural	62242
11	Velhe	Jnyana Prabodhini	Pasli	Women empowerment	Hilly & Heavy rainfall	8000
12	Pimpri Chinchwad Municipal Corporation	Lokmanya Medical Foundation	Pimpri Chinchwad	Gender sensitization	Slums & Migrants	32187
<b>TOTAL</b>						<b>349349</b>

## ROLE OF VARIOUS PARTNERS IN MRCHDP

**A) The activities to be carried out by the NGOs and MO i/c PHC to achieve the ultimate goal are:**

**(i) Activities to be carried out by the NGOs independently**

1. Involvement of Community based organizations (CBOs), other organizations and individuals for community education. Persons / volunteers to be identified for subsequent training for each of the following six Demand Generation activities on quarterly basis. Creation of CBOs where such CBOs are not functioning. The household wise planning for disseminating messages etc will have to be done for each village.
  - a) Reduction of infant, child and maternal mortality rates.
  - b) Adolescent health and adolescent health education.
  - c) Equity and empowerment of women / Gender equality / Male participation and responsibilities and improvement in literacy.
  - d) Population control - Reduction of Total Fertility Rate and advice and treatment for infertility.
  - e) RTI / STI and HIV/AIDS control.
  - f) Forty plus care.
2. Deficiencies in the existing Health Services to be identified as per Document No. 6 given to the NGOs and to be sent to KEMHRC, Pune.
3. (a) Formation of Block level Co-ordination Committees & conducting regular meetings.  
(b) Attending regular meetings of the Health Committees at PHC level.
4. Writing new wall slogans in the villages / naming of the village roads, etc.
5. Ensuring 100% attendance at Primary Schools and that there are no dropouts.
6. Village RCH Fund to be established as per rules
  - (i) For reimbursement
  - (ii) To provide totally free services to BPL families.
7. Technical Papers to be published / Newspaper publicity and cuttings/ Information to be sent to KEMHRC for quarterly Newsletter.`
8. Special RCH activity in the remaining PHC subcentres and villages of the Tehsil.
9. Involvement and training of Gram Panchayat members, attendance of Gram sabhas.
10. Intersectoral co-ordination especially the ICDS (Women and child development) education / social welfare: Refresher training of their staff.
11. To ensure proper registration of births / deaths / marriages with the help of Gramsevak.
12. Any other new activity - innovative ideas / schemes including Maternity Huts / Vocational training, weekly prabhat or evening pheries / rounds in the village by children up to 15 years, adolescent anaemia project, etc. and other activities presently not being carried out by the Govt./ZP and subsequently to be transferred to them.

**(ii) Activities to be carried out with the co-ordination of MO i/c PHC**

1. To ensure that 100 % ANCs are registered before the 16<sup>th</sup> week of pregnancy and their follow up for the next 2 years.
2. Establishment of various clinics as per document No. 13 especially the women-counselling clinic on fixed day in a month or so, along with necessary laboratory services support.

3. Collection of Annual Report from MO i/c PHC and sending to it to KEMHRC, Pune. Analysis of all PHC monthly reports. Monthly reports of NGOs to be given to MO i/c PHC.
4. Preparation of Referral Booklet village wise, etc.
5. To ensure that in all villages HSS are being organised and are regularly attended.
6. Involvement and training of Private Medical Practitioners with the help of MO i/c PHC.
7. To ensure that all villages have TBAs. Training and reorientations of Dais.
8. To attend and participate in the monthly meetings of PHCs.

**B) Activities to be carried out by the Government and Zilla Parishad Health Staff (Support to be given by the NGOs and KEMHRC, Pune).**

It has been clearly understood by everyone that in order to make any programme a success, both the Government / Zilla Parishad Health Staff and NGO must work together. With this idea in mind a meeting of all medical officers from Zilla Parishad, Pune was organised and the entire MRCHDP was explained to them and their role was also discussed in detail as mentioned below: -

1. To review the progress of MRCHDP in all monthly PHC meetings and to ensure participation of NGOs in it & to discuss difficulties faced by them in the implementation of the project. To discuss all new RCH activities one by one regularly, in each monthly meeting as a re-orientation of PHC staff.
2. To support KEMHRC in conducting pre and post KAP survey especially for collecting data from villages.
3. To ensure that HSS are being organized regularly in every village for the effective implementation of the MRCHDP, programme.
4. To ensure that all necessary supplies e.g. medicines, laboratory reagents, etc. are being made available at the time of organization of HSS. DHO may ensure that HSS kits are made available during all HSS including facilities required for pathological investigations.
5. To organize need based- problem solving- refresher training programmes during monthly meetings for peripheral health staff, Anganwadi worker, Dais, etc.
6. To ensure that trained Dais are available in each and every village in sufficient numbers. They should have all the necessary equipment including DDKs.
7. To strengthen referral services in the PHC area and to make this known to the community.
8. In order to strengthen the quality of services at all levels, it is necessary to ensure that the staff are trained and all necessary infrastructure, medicines and equipment are made available, along with on the job supervision.
9. Formation of Village Health Committees (VHC) and to ensure that their meetings are regularly conducted.

**Table 2:Fixed day clinics**

<b>Clinics</b> (Clinics may be combined depending upon the work load of the area)	<b>Other services to be provided</b>
<b>I) In the Village</b> Health Services Session	Maternity Hut for conducting deliveries by TBAs
<b>II) At Sub-Centres</b> <ol style="list-style-type: none"> <li>1. Weekly Sub-Centre Clinic [ANC / PNC / Immunization (Old &amp; New cases)]</li> <li>2. Health Services Session</li> <li>3. IUD Clinic / Contraception Counselling</li> </ol>	Sub-Centre building for conducting deliveries, etc
<b>III) At PHC (In whichever skill the MO is trained)</b> <ol style="list-style-type: none"> <li>1. IUD Insertion / Contraception Counselling</li> <li>2. Women Counselling (Legal &amp; Health) Centre/Counselling for infertility</li> <li>3. Adolescent Health Clinic / Counselling/ Education/ Treatment</li> <li>4. Tubal Ligation / Laparoscopy</li> <li>5. MTP</li> <li>6. NSV</li> <li>7. High Risk Clinic for Babies &amp; Mothers (referred by Sub-Centre / through HSS)</li> <li>8. Under five clinic</li> <li>9. 40+ Clinic (Primary Screening)</li> <li>10. RTI/STI/AIDS - Primary level management</li> </ol>	<ol style="list-style-type: none"> <li>1. Basic laboratory services</li> <li>2. Home based services for patients e.g. AIDS etc</li> <li>3. Facilities for referral of patients - transport, telephone, etc</li> </ol>
<b>IV) At Rural Hospital / Cottage Hospital / CHC</b> <ol style="list-style-type: none"> <li>1. NSV</li> <li>2. Tubal Ligation / Laparoscope</li> <li>3. MTP</li> <li>4. IUD Clinic/Contraception Counselling</li> <li>5. Infertility Clinic</li> <li>6. Adolescent - Health Clinic/Counselling/ Education / Treatment</li> <li>7. RTI/STI/AIDS Clinic (Secondary care)</li> <li>8. 40+ Clinic</li> </ol>	<ol style="list-style-type: none"> <li>1. Laboratory services</li> <li>2. Other diagnostic facilities like Sonography</li> <li>3. Blood storage facilities or Blood Bank</li> <li>4. Intensive Neonatal care unit</li> <li>5. Operative management of obstetrics &amp; gynec cases</li> <li>6. Facilities for referral of patients, transport, telephone, etc</li> </ol>

Requirements of buildings, equipments, drugs and personnel may have to be worked out at all levels for delivery of services.

10. To ensure 100% ANCs are registered before 16 weeks of pregnancy and their follow up for the next 2 years is ensured.
11. To supply copies of monthly and annual reports of PHCs and Sub Centres to NGOs and also to collect monthly reports from NGOs for understanding the work done by them.
12. To ensure establishment of all other fixed day clinics with relevant laboratory facilities as per Document No. 13. The details are as follows:

### **C) The role of KEM Hospital Research Centre, Pune**

The entire original concept of this project was developed by KEM Hospital Research Centre, Pune, after discussions with officials of the Government of India, UNFPA and European Commission. On the basis of these discussions, KEM Hospital Research Centre, Pune, was given the responsibility to work as the **Nodal Agency** for this project and to ensure that the Model RCH programme is effectively implemented in Pune District. The KEM Hospital Research Centre, Pune has accepted this responsibility and after initially identifying the 11 NGOs, has now started implementation of this project with effect, as per the directions of the Government of Maharashtra. The responsibilities of KEM Hospital Research Centre, Pune are as under:

1. To collect pre-project data on the following lines and prepare baseline survey report.
  - a) Focus group discussions.
  - b) Deficiencies in the villages and existing health services identified by NGOs as per Document No.6.
  - c) Baseline information proforma of quality of Health Services collected with the help of pre-structured interview.
  - d) Annual Report of PHCs and Sub Centres.
  - e) Knowledge, Attitude and Practice (KAP) survey.
2. To maintain liaison at the state, district and block levels for smooth functioning of the project and also with the European Commission and the Central Government, whenever needed.
3. To pay regular visits to NGOs for supervision, coordination and monitoring of their work as per the sanctioned log frame.
4. To organize regular capacity building trainings for NGO staff on different aspects and issues of MRCHDP.
5. To develop various formats of MIS based on the additional indicators of the project for NGO partners by developing additional qualitative and quantitative indicators for the service and educational activities undertaken by NGO partners.
6. To collect information from all NGO partners in a given format of MIS and to compile the data for EC and State Government.
7. To support and guide all partner NGOs in the preparation of their activity-wise budget for two years in the given format. Review their expenditure from time to time and send it to the State Family Welfare Bureau, Pune, along with KEMHRC's expenditure.
8. To provide support to PHCs to overcome their deficiencies.
9. To organize meetings of experts for conceptual thinking of MRCHDP.
10. To organize visits of visitors to partner NGOs as and when planned.
11. To organize study tours for Nodal agency staff as well as for staff members of NGO partners for demonstration of innovative /exemplary work done in RCH.
12. To provide tertiary level support at KEM Hospital, for management of RCH emergencies from the project area.
13. To organize state level competitions for slogans and posters on RCH.
14. To give awards to different functionaries in recognition of their outstanding work.
15. To develop IEC material as per the requirements of the project /activity/ training.
16. To develop and maintain inter-sectoral coordination between NGOs and various Govt. departments.
17. Documentary Record  
To publish quarterly newsletter and to organize Press conferences, collect and consolidate activity-wise reports from NGOs, Press cuttings and to ensure photographic documentation of various activities of MRCHDP.
18. To conduct mid term and final evaluation of the project on the lines mentioned in item No.1.
19. To analyze data for publishing scientific papers at the end of two years.
20. To organize National level dissemination workshop at the end of two years.

## PREPARATORY PHASE

This phase started from the day, the project was sanctioned i.e. 1<sup>st</sup> March 2004 and was completed by 31<sup>st</sup> May 2004. During this phase and also the period prior to this project, the following activities were carried out: -

### 1. Baseline Surveys

These include the following five activities

- a. **Focus Group Discussions (FGDs):** 16 FGDS were conducted in 9 talukas of Pune district among the males while 12 FGDs were conducted in 6 talukas of Pune district among females. (This includes adolescents and married males and females) The KEMHRC staff has compiled the final report of this survey.
- b. **Baseline Survey of PHCs:** The staff from KEMHRC Pune have completed baseline study of the operational aspects of RCH programmes in 10 PHCs. This was done to analyse the existing status of the operational aspects of RCH programme. The final report is under scrutiny.
- c. **Baseline facility survey:** The partner NGOs have completed baseline facility survey of all the project villages. This was done to identify the existing facilities and deficiencies in each of these villages. The final consolidation of the reports collected on the basis of document No. 6, prepared by KEMHRC Pune, is in progress.
- d. **Collection of PHC Annual Reports:** Collection of Annual Report of each of the PHCs and their control PHCs as on 31.3.2004, so as to compare this with the Annual Report at the end of the project. This will help to study the progress made during the project period. The Annual Reports of intervention and their control PHCs for the year 2003-2004 have been collected.
- e. **KAP study:** In order to study the present Knowledge, Attitude and Practices of RCH of the people from the project and control areas, a questionnaire with forty four objective type questions was prepared and information of the present status was collected from over 6000 respondents selected on systematic random sample basis from 20 PHC areas. (The survey covered 193 villages) The analysis of this survey is in progress

### 2. Co-ordination meeting of partner NGOs

Even though many such meetings were organised before launching the project during the preparatory phase, a meeting of all the 11 NGO partners was organised on 13<sup>th</sup> April 2004 to brief them about the project in details.

### 3. District level Co-ordination Meeting

A District level meeting of all the ZP functionaries was organised under the Chairmanship of the District Health Officer, Dr. Nanaware on 11<sup>th</sup> May 2004. During this meeting, all the Medical Officers i/c of the concerned PHCs, the Taluka Health Officers, District level Officers and Supervisors were present. They were explained in detail, the project and also their role in particular, to make this project a success.

### 4. Co-ordination meetings with the senior state and district level officials and non-officials

The Additional Director of Health Services (Family Welfare) Pune, Officers from the State Family Welfare Bureau, the Joint Director Health Services, IEC Bureau, Pune, the Chief Executive Officer, Zilla Parishad, the President ZP and the Chairman Health Committee, ZP, the DHO, ZP Pune, were all contacted by the staff of KEMHRC Pune during this period and briefed about the project.

### 5. Block level co-ordination committees

The Chief Executive Officer, ZP Pune, has issued letters to all BDOs to form Block level co-ordination committees for the review of the progress of implementation of the project and to sort out bottlenecks noticed.

### 6. Attending the monthly meetings of PHCs

All PHCs were visited during their monthly staff meeting along with the concerned partner NGOs and the entire peripheral health staff was made aware of the project.

## **7. Initial residential training of the NGOs and their staff**

A four day training programme for 50 participants from all the 11 NGOs was organised at the Health and Family Welfare Training Centre at Pune from 4<sup>th</sup> to 7<sup>th</sup> May 2004. They were trained in the various activities of RCH and were briefed about their work in all its aspects. A field visit to a PHC, Sub centre, HSS, Mahila Mandal, local leaders etc. was also organised during this training.

## **8. Meeting with individual NGOs at KEMHRC, Pune**

The individual NGOs along with their technical and accounts staff were invited to brief them about the preparation of the activity-wise budget for the next two years. The activity-wise budget for each quarter and the activities to be carried out in each quarter were also discussed in detail and finalised.

## **9. Memorandum Of Understanding**

The Memorandum of Understanding has been signed by all the NGOs.

## **10. Visits to individual NGOs**

These were carried out by the staff of the Nodal NGO to understand the working of the NGOs in their respective field areas and their difficulties in implementation of the programme.

## **11. Preparation of the 1<sup>st</sup> booklet on demand generation activities**

It has been decided to prepare 6 booklets in all for the various demand generation activities. The 1<sup>st</sup> booklet on "Maternal & Child Health" has been finalised during this quarter and has been distributed to all the partner NGOs.

### **Cover Page of First Demand Generation Booklet**

## **12. Preparation of monitoring reports**

The formats for reporting the monthly and the quarterly activities by the individual NGOs were prepared and given to all NGOs. Similarly for reporting the financial status a) the Quarterly activity wise format and b) the actual expenditure statement and the balance available have been prepared.

## **13. Development of a LOGO for the comprehensive RCH services**

Since the present logo of RCH does not give the correct idea of comprehensiveness of the programme, we have developed a separate logo, which is shown below. This gives the total concept of comprehensive RCH programme.

#### **14. Slogans for Awareness Marches**

A list of slogans for chanting during awareness marches has also been prepared and is being finalised.

#### **15. Fixed Day Clinics**

A few NGOs with the help of the respective PHCs have started fixed day clinics for a few activities.

### **IMPLEMENTATION PHASE**

This phase commenced started from 1<sup>st</sup> June 2004 and the following activities have been carried out till date.

#### **1. Co-ordination meeting of NGOs**

This was organised on 4<sup>th</sup> June 2004 to take review of the work done during the preparatory phase of the project.

#### **2. Follow up by the Nodal agency**

- a) Block level Co-ordination Committee meetings were attended. Subsequent to these meetings workshops were organised by the concerned Block Development Officer and the NGO for the Government and Semi Government staff in the concerned PHC area. The Medical Officer, CDPO, THO, BEO, Gramsevaks, AWWs, Health Staff, Teachers and Head Masters, concerned Extension, officers and Sarpanchs attended these one-day workshops.
- b) Concerned NGO partner at PHC established various fixed day clinics i.e. women counselling, insertion of IUD, Forty plus care, adolescent health. The local medical colleges will send their doctors to PHCs for the effective functioning of these clinics.
- c) Nodal NGO has initiated the activity of supportive supervision of Subcentre staff through the concerned PHC supervisors. The formats for the supervision were distributed to PHC staff.
- d) In Adle PHC area, the ceremony of naming a village road as "Kutumb Kalyan Marg" was organised with the initiative of Block Development Officer and villagers.
- e) Children are also an active part of this project. NGO partners are organising health awareness march i.e. Dindis, Mashal Dindi and Prabhat Pheri, in villages. Various health slogans were finalised by Nodal NGO and given to partner NGOs to make this event effective.

#### **Health Dindi chanting R.C.H. Slogans Organized in villages by children. Organizers: Ashwood Memorial Hospital (Daund Tehsil)**

An innovative "Mashal Dindi" of children in village Rajpur (Ambegaon Tehsil) showing R.C.H. slogans

- f) PHC staff Training at PHC level is being organised during monthly meetings.

#### **3. Exposure visit for Micro-planning**

The KEMHRC Pune arranged this visit on 10<sup>th</sup> June 2004 to Rajpur village in Ambegaon taluka which is coming under the jurisdiction of Chaitanya. The Chaitanya had initiated this concept earlier and it was thought necessary to brief all the other NGOs about this activity and hence this exposure visit. Nine NGO partners came for this exposure visit.

#### **4. Preparation of financial and activity wise quarterly report**

Based on the reports received from NGOs the Nodal agency has prepared a consolidated financial and activity wise report for the first quarter ending on 31<sup>st</sup> May 2004 and has sent it to the State Family Welfare Bureau, Pune.

### **CONCLUSION**

It can be summarised that the project is progressing well, as per the plan and this is mainly due to the effective co-ordination between the Health staff of PHCs/ICDS Workers/ Gram Panchayats/ Community Based Organisations/ Block Development Officers/ CDPO / District Health Staff, their supervisors, local medical college staff, NGO staff and the staff of the Nodal Agency.

## Glossary

ANC	: Ante Natal Care
BPL	: Below Poverty Line
CBO	: Community Based Organisation
CDPO	: Child Development Project Officer
CSSM	: Child Survival and Safe Motherhood
DDK	: Disposable Delivery Kit
DHO	: District Health Officer
EC	: European Commission
HSS	: Health Service Session
ICDS	: Integrated Child Development Scheme
ICPD	: International Conference on Population & Development
IEC	: Information Education Communication
IIPS	: International Institute of Population Studies
IUD	: Intra Uterine Device
KAP	: Knowledge, Attitude, Practice
MIS	: Management Information System
MRCHDP	: Model Reproductive Child Health District Project
MTP	: Medical Termination of Pregnancy
NGO	: Non Government Organisation
NSU	: National Surveillance Unit
PHC	: Primary Health Centre
RTI	: Reproductive Tract Infections
SHG	: Self Help Group
SIP	: Sector Investment Program
STI	: Sexually Transmitted Infections
TBA	: Trained Birth Attendant
UHC	: Urban Health Centre
UNFPA	: United Nations Fund for Population Activities

### 30 Point Programme

#### Activities to be carried out in each village under the project

1. Creation of Village Health Fund (Gram Arogya Nidhi)
  2. Involvement of all Gram Panchayat members in all RCH activities.
  3. To organize regular meetings of Village Health Committees to review implementation of RCH activities and to give necessary support whenever indicated.
  4. 100 % ANC registration for correctly estimating IMR, NNMR, MMR, etc.
  5. To inform all villagers about referral services.
  6. Education – no dropouts (100% achievement)
  7. 100 % deliveries by trained personnel / availability of trained personnel and DDKs.
  8. 100 % adolescents getting health education.
  9. Detection of anemia in adolescent girls.
  10. Awareness of villagers on questions related to KAP survey already undertaken.
  11. Knowledge about 40 + care.
  12. Involvement of CBOs, etc. Selection of volunteers for all six-demand generation activities and their training.  
These six demand generation activities are as under.
    - Reduction of infant child and maternal mortality rates
    - Adolescent health and adolescent health education
    - Equity and empowerment of women / Gender equality / Male participation and responsibilities and improvement and literacy
    - Population control – Reduction of Total Fertility Rate and advise and treatment for infertility
    - RTI / STI and AIDS control
    - 40 + care
  13. Use of Logo to explain RCH concept to every one.
  14. Writing wall slogans and naming village road as Kutumb Kalyan Marg.
  15. Regular pheries / dindies for creating awareness about important messages.
  16. In Gram Sabha meeting the progress of the project to be discussed and improvements suggested and implemented.
  17. Activities relating to women development to be initiated.
  18. Activities relating to gender equality to be initiated.
  19. Activities relating to male responsibility and participation to be initiated.
  20. HSS in village to be organized and its effective implementation.
  21. Five messages on activities for small and happy Family Planning.
  22. Household wise planning for disseminating messages of all six-demand generation activities in each house through trained volunteers.
  23. To ensure 100 % registration of births/deaths/marriages.
  24. Nutritional status of mothers, adolescent girls and children up to 6 years of age to be effectively monitored.
- In addition priorities should also be given to implement the following activities in the entire project area.**
25. Establishment of various clinics to ensure good referral services.
  26. Effective co-ordination between PHC and NGO during monthly meetings / exchange of reports etc.
  27. Newsletter / photographs about the progress of the project.
  28. Innovative activities to be initiated.
  29. Technical papers to be written regarding new innovations.
  30. Intersectoral coordination to be effectively ensured and schemes of these departments relating to RCH such as Mahila Asmita Ashtasutri programme, ICDS/ Sant Gadage Baba Swachhata Abhiyan etc. be supported.

**Dr.G.A.Panse**

### **Coordination Meeting: Model RCH project**

For the success of any programme, inter sectoral coordination between various government departments and NGOs is a key factor. Keeping this in mind KEMHRC made special efforts to strengthen the coordination and cooperation between the staff of State Family Welfare Bureau, Zilla Parishad health department and NGOs. A coordination meeting was convened at the Research Centre on 6<sup>th</sup> September 2004, under the chairmanship of Dr.A.B.Chitale, Joint Director FW & RCH, Pune, to brief everyone about the progress made so far.

In his welcome speech, Dr. G.A.Panse, Project Director, outlined the objectives of the project and methodology of implementation. A thirty-point programme prepared for the implementation of the project was described point by point, by all the 12 NGO partners and medical officers from Zilla Parishad. Dr. Chitale expressed his satisfaction on the progress being made in this project. He invited all the NGOs to create a village RCH fund, with a provision that he would provide through GTZ, an equal amount to this fund (up to Rs.10, 000/- per village). Dr.Sudhakar Kokane, Addl. DHO, ZP, stated that the project was progressing smoothly and ZP would be extending all possible cooperation.

Several innovative ideas about the project were discussed during the brain storming session that followed. A few ideas have been identified for implementation and for discussion during the next meeting.

The meeting ended with a vote of thanks to all the participants.

**Dr.C.M.Gojumdande**

### **Report of other activities during the quarter**

The first booklet on “ Maternal & child Health” was published in August 2004. Apart from the distribution of 1200 complementary copies another 600 copies have been sold. The second booklet on “ Adolescent Health“ is under preparation and should be ready by the end of November 2004. A meeting of all the partner NGOs was organized on 28<sup>th</sup> October 2004, for the self-evaluation of their own performance during the last six-month.

**Women’s development and empowerment is one of the crucial components of RCH.** Women are always facing various problems i.e. gender discrimination, physical and mental harassment etc. They don’t even get proper guidance and support in the society to overcome these problems. Considering this situation, **women counselling centres have been started in few PHCs under this project.** To strengthen the capacity of LHVs and ANMs of eleven PHCs and one urban slum area, **a training programme on women counselling and legal aid** was organised on 25<sup>th</sup> and 26<sup>th</sup> October for 25 participants who will run the women counselling centres in their own PHCs on a regular basis.

At the request of the Collector of Pune, KEMHRC participated in post evaluation of the Pulse Polio Campaign. KEMHRC staff members collected information from more than 1600 respondents from 8 tribal PHCs of Pune district. The final report has been handed over to the Collector along with observations and recommendations.

**Mrs. Trivenee Khisty**