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### **Second Dr. Banoo Coyaji Oration**

The Dr. Banoo Coyaji Oration is an important event for KEMHRC. The Oration was instituted in honour of the Late Dr. Banoo Coyaji, our Founder Chairperson. The First Oration was held on 05th February 2006 where Dr. Abhay Bang, Founder Director of SEARCH, an NGO at Shodhgram, Gadchiroli spoke on "Can People be empowered to conduct research?".

The second Dr. Banoo Coyaji Oration was delivered by Dr. M. K. Bhan, Secretary DBT, New Delhi on 22nd December 2008. He spoke on "Health development for Women and Children, the challenges ahead". The function was held in the Pathology Lecture Hall of B. J. Medical College, Pune.

The proceedings began with an introductory note by Mrs. Harsheela Mansukhani about the glittering career of Dr. Banoo Coyaji and her life-long contribution in the exemplary growth of KEM Hospital from a 40 bedded maternity charity hospital in 1944 to a 550 bedded multi-disciplinary 'State of the Art' hospital by 2003. She was also responsible for developing the KEM Hospital Research Centre into a nationally and internationally recognized Research Centre of excellence, which has been carrying out many path breaking, multidisciplinary research projects. In his welcome address Dr. Kurus Coyaji extended a warm welcome to Dr. M. K. Bhan, the distinguished dignitaries and all the attendees of Dr. Banoo Coyaji Oration.



Dr. G. S. Mutalik, Former Dean of B J Medical College Pune, speaking about his 30 long years of close association with Dr. Banoo Coyaji since 1959, recollected her sincere endeavours for mobilising resources for common research projects with Sassoon Hospital from ICMR, Govt. of India, and mutual co-ordination in conceptualisation for establishing KEM Hospital Research Centre. He remembered her as a dynamic leader with an unquenchable appetite for practical application of her clinical acumen to reach her pre-designed goal not only for KEM Hospital, but also for the community at large, especially for the vulnerable group of women and children. She was the real architect for bringing up KEM Hospital and KEM Hospital Research Centre. She never believed in mediocrity in selection of her team, which is visible even today in the internationally famed, brightest teachers, physicians and surgeons working in KEM Hospital and KEM Hospital Research Centre with their dedicated sense of purpose.

She was also very devoted to her family and a modern superwoman in the real sense. He summarised her magnetic & charming personality in the words of Mr. Hope comparing her with Ms Julie Andrews, a silver screen artist from "Sound of Music" - that "who so ever comes in contact with Ms Julie Andrews, falls in love with her."

Shri B. G. Deshmukh, a distinguished Former Commissioner of Pune Municipal Corporation, Ex Personal Secretary to the Prime Minister, Ex Cabinet Secretary to Govt. of India and presently Chairperson of the Board of Trustees of KEM Hospital expressed that selection of Dr. M. K. Bhan has been the right choice for the Banoo Coyaji oration lecture on account of his internationally recognised research work on "maternal and child health - a subject closest to Dr. Banoo Coyaji's heart and soul". He also recalled the names of other visionaries like Mr. A. G. Gadkari and Dr. V. N. Rao, for their first love for research especially the problem and field oriented clinical and operational research projects like 'Chronic liver cirrhosis, High-risk rabies cases, Mothers' and Children's Nutrition, Juvenile Diabetes, Maternal and Infant / Child Mortality and Safe Motherhood.



Though Dr. Banoo Coyaji stepped down from the Chairperson's post of KEMHRC in 2003, she could not resist her continuous and active participation and guidance to the KEMHRC till her last breath. Such was her dedication and sincerity for service.

Dr. R. A. Mashelkar FRS an eminent scientist and scholar, Former Director CSIR and presently Chairman KEMHRC extending his warm welcome to Dr.M.K.Bhan, a sharp visionary, a biotechnologist and physician with formidable potential. He placed on record, his homage to Dr.Banoo Coyaji's life and work and recalled her dedication to the cause of 'women and welfare of children', which is the theme of the oration lecture.

He introduced Dr.M.K.Bhan, as a Research Scientist par excellence, presently the Secretary to the Govt. of India, Deptt. of Biotechnology. He has received many awards including **life-time award from Biospectrum**. During his service he had the courage of conviction, farsightedness, and forthrightness in expressing his unbiased opinion without any hesitation even to the Minister of Science and Technology. His judgement had an impact on National Strategy on Bio technological development through public - private partnership, Health Technology and Public Health inspired the enterpreunership in biotechnology. He has been an architect of knowledge in terms of wealth. He believes in trans-national medicine and science-based school system. His over-all leadership in scientific research has been out standing not only in India but also across the world. His voice is heard with attention and respect in formulation of national policy, in training and monitoring, in national health programmes like National Diarrhoeal Disease Control, prevention of Micronutrient deficiency, Integrated Management of Neonatal and Childhood Illness (IMNCI) and many WHO and UNICEF programmes. As a leader he has been a pioneer in research and development of science and technology. He is a true visionary in his passion for research

His personal research contribution especially in development of polio & rota virus vaccine, childhood diarrhoea and Copyright New Act brought him laurels

like Bhatnagar prize and many others. It has been an honour to work with him while in the governing council of CSIR. After the Oration the vote of thanks was proposed by Dr. V. S. Padbidri, Director, KEMHRC.

Dr. Bhan's Oration has been covered separately by Dr. (Col) Hans Raj.

To celebrate "World Disability Day" an essay competition in Marathi was organised for ICDS supervisors working with us under the "Rehabilitation of disabled children" project. A total of 170 essays have been received and they are currently being evaluated. Dr. Vinit Shah, a Trustee from IMPACT, UK visited the Centre on 26th December 2008. He spent an entire day to go on the field with the project staff. After the formal discussions at Kanhe Phata, he interacted with some of the TBAs, before proceeding to Yelse village, for more interactions with beneficiaries. Future programmes were also discussed. Some good news coming from IMPACT, UK office is that Mrs. Claire Hicks, their CEO has been conferred with an "MBE" in the 2009 New Year's Honour's list for "Service to international development". We would like to offer her our felicitations on the occasion. In 2007, Mrs. Hicks received the Beacon Prize for Family Philanthropy for her tireless work in preventing disability. This was awarded jointly to Mrs. Hicks and her father, the Late Sir John Wilson, CBE, MA, DLC, founder of the IMPACT movement. Last year she was honoured with the 2008 women of the year "Food for thought" award for her determination to create a healthier society through prevention of malnutrition.



Mrs. Claire Hicks, MBE

Recently, M/s Sound Seekres, the Common Wealth Society for the Deaf, London, donated to KEMHRC the "HARK" vehicle. Basically this is a sound proof room which has a pure tone audiometer, impedance

audiometer and paediatric tester. It enables us to take the laboratory to the field for detection of deafness. Dr. S. Bhatti has given us a short write up on "HARK" vehicle.

Last year a collaborative research proposal (IMVAC) involving Vadu HDSS, Chest Research Foundation and Imperial College, UK was initiated to study the role of indoor air pollution and COPD. As a follow up, a 3-day workshop for all the participating INDEPTH sites was organised from 12th-14th January 2009, at CRF. A uniform pattern of study will be followed at all sites, so that data analysis becomes easy.

**Dr. V. S. Padbidri**

**IInd Dr. Banoo Coyaji Oration  
"Health & development for Women & Children:  
The Challenges ahead"  
Dr.M.K.Bhan, Secretary, DBT, Govt of India**

In his introductory remarks Dr.Bhan thanked the Board of Trustees KEM Hospital and The Governing Council of KEM Hospital Research Centre for giving him an opportunity to deliver his oration in the fond memory of a model and an icon in the field of maternal and child health, leaving behind an ever-lasting example of dedication to the service of women and children's health.

Before starting his oration Dr.Bhan cited an example of one of his mentor- father Mr. J. N. Kaul, who was the founder of "SOS children organization" in India especially for destitute children and Dr.Professor Shanti Ghosh, an eminent Literateur to whom he put the question to clarify the principle of women & children's health and development without any philosophical narrative.

The forth-right answer was simple - "Could the children and women eat? Could they learn? Are they growing and strong? Are they happy at their homes? and at the end, Is their life made strong & beautiful?" Twenty years later, he met another partner Dr.Minor, an Australian who also believed that the health and welfare of women and children lies in "the strength and beauty of their existence." For this the pre-requisites are - capacity to assemble a team of dedicated workers, who can organise and create monitory and manpower resources with a direct-centred purpose of women and children's welfare without going into philosophical analysis. He proved his central concern by undertaking the rehabilitation task of 600 illiterate destitute and orphan Kashmiri girls by establishing a vocational training school for them within 18 months and after another 2 months he started a Nursing School. Thus it is the central and elemental concern of the people which matters to achieve success in the health and development of women and children. According to

Dr.Bhan, if we have 100 people like her, there would be no contrast in the various states of India in the health and development status of woman and children.

To bring the discussion back to the centre stage, he said that he wants to share some generic thoughts about his recent experience about the theme of his oration. He first narrated India's success in reduction of child mortality to 1/3<sup>rd</sup> of its 1960 levels, decrease in incidence and endemicity of leprosy, vector borne diseases, and rarity of famine leading to Kwashiorkor and Keratomalacia. In contrast, he also highlighted India's relative lack of success in the following health indicators:-

1. Malnutrition / hunger deaths
2. Low birth weight
3. Anaemia
4. Neonatal mortality and
5. Maternal mortality

With a significant inter and intrastate-rural / urban inequality.

To illustrate it further, he stated that apart from TT injection, all other performances which indicate maternal health services are below 50%.

The basic factors responsible for the failure to improve the above indicators are that we have failed to perceive that the 'demand side issues' are more important which depend upon the strong association of Education and Income with access to maternal or neonatal care and cultural barriers. A comparative table of key maternal and child health and nutrition indicators in selected Asian countries projected by him revealed that under-five child mortality and neonatal mortality 76 and 39 per thousand respectively in India were more than China, Indonesia and even Bangladesh. Similarly, maternal mortality, stunting and under weight (2000-2006) 450, 47.0% and 43.5% respectively were higher than Pakistan, China and Indonesia. Anaemia in women 15-49 years (in 2000-2006) was highest in India among other Asian countries like China, Indonesia, Bangladesh and Pakistan. GNI per capita (PPP int \$ 2006) and adult literacy (2000-06) \$ 3800 and 61.00% respectively in India were higher than Bangladesh and Pakistan, but population living with <1\$ / day (PPP \$ int 2000-06) was higher than that in China, Indonesia and Pakistan. In general, these trends indicate greater success in areas where 'supply side solutions' can have an impact, but not in areas where 'demand issues' are big barriers.

The other factor is the key issues in scale-up in strategy, tactics and logistics which have an impact on programme implementation shown as under :-

S.N.	Slow absorption of new solutions	Failure to scale-up effective pilot programmes	Lack of innovative solutions-unmet needs
1	Zn and ORS	Community Rx of diarrhoea and measles. Growth promotion and rehabilitation of severe malnutrition	Effective care at birth Nutrient intake by pregnant women, adolescents and 6M-2 yrs old children
2	Double fortified salt		
3	Conditional cash transfer concepts	Vit. A, iron folic acid, exclusive breast feeding, antenatal care	Generating demand for preventive & curative services.
4	Public-Pvt partnership	Post natal check ups for mother and baby, Immunization	Generating demand for preventive & curative services.
5	New Vaccines		
6	RUTF		

In the following table the percentage of adequacy of inputs in District Hospitals, FRUs and Community Health Centres in India (Facility Survey 2003), revealed the following :-

No. of facilities surveyed (N)	Percentage adequately equipped *				Percentage DHS utilised as referral
	Infrastructure	Staff	Supply	Equipment	
DH (370)	92.7	79.5	44.9	84.1	37.2
FRU (1882)	75.8	37.0	31.6	61.3	39.4
CHC (1625)	62.8	14.2	24.1	46.0	46.4

Source - Report of India facility survey 2003, IIPS, Dec 2005 Mumbai.

\* Adequately equipped means - has at least 60% of specified inputs (infrastructure staff, supplies and equipment)

Speaking about an enterprise for child health, nutrition and development with attention to 'supply' and 'demand' issues - he stated that some of its components are excellent but 'the whole' never works.

**The lessons learnt about scale up :- key factors in success**

- Political will, advocacy, enabling policies.
- Championship by health ministers at national, state and district level
- Technical consensus
- Programme strategy and measurable short and long-term goals
- Long term financial commitment

- Partners with defined roles, assessment of their capacity to deliver and plans to cover gaps in capacity.
- Emphasis on community level interventions, and not only facility - based programmes.
- Formative research as the back bone of effective scale-up programmes.
- Communication strategy.
- Quality trainers and training centres proportional to required scale.
- Monitoring and evaluation.
- Programme redesign when relevant-through research, analysis and innovation.

However, there has been an effective feed back loop - that is, "too much information collected that was seldom used to shape / reshape policy or design / redesign programmes".

About human resource for public health, he stressed on the following four criteria related to human resource to be taken into consideration so as to have an effective and efficient impact on maternal and infant mortality and under-five mortality :- These are - Density, diversity, skills and location. This was illustrated by a line graph showing that the log worker density and log mortality (maternal, infant and under-five) are inversely related.

**'Commenting on the future ahead'** - he predicted that India will achieve the MDGs in child mortality but may not do as well in - maternal mortality, under-nutrition, micronutrient deficiency, poverty and hunger. He illustrated the trends in stunting, under-weight and wasting by comparing data from NFHS-2 and -3 with comparable inclusion criteria and using WHO growth standards - showing both stunting and under-weight having downward trends but not in 'wasting.' According to him, about 8 million children in India are severely wasted and of them only 1% are getting some attention; about 20 to 25% children born in India are low birth weight (LBW). This has trans-generation impact on the development of children, who fall genetically at the 'extreme low' along the normal development pathways.

**About the nutritional issues of importance to be addressed, he underlined -**

- Low total energy intakes.
- Protein quality and quantity and
- Iron, Zinc, B12, Folic Acid, Iodine, Vit A and others.

These issues are closely related to the challenges of a largely plant-based diet being consumed by majority of our women and children - which lack in the following:-

- Not enough of micronutrients (low Animal Source Food & Fortified food intake)
- N-3 PUFA and essential amino acids.
- Too much of phytate (Plant Source Food) and other antinutrients.

4 Other issues like low-energy density and bulky & high viscosity

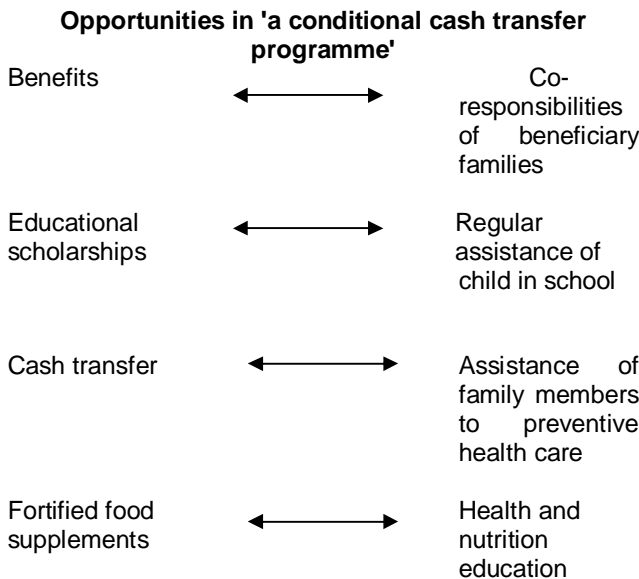
All these lead to universal anaemia among women and children and very slow progress in reduction of neonatal and infant mortality rate.

This requires a focused research in the specific 'vulnerable age groups' and biology of longevity.

**Another perspective which needs to be studied** is the power-relationship between the women and children and their nutrition. It has been noticed that the vulnerables with no power norms are 5-fold lower in their health status than those who are empowered.

The other factor responsible for the low progress in the health and development of women and children is the arrogance of people (functionaries) in the Government. According to Mr.Kaul, there is a gross under-estimate on the demand side, hence there will be no success unless we know the correct demand both current as well as future. Due to poor intake of nutrients and micronutrients by the age of 2, most of the damage from under-nourishment is done. This is due to the programme design failure of ICDS, which as an instrument for improved nutrition under 2 years, is impracticable. In reality, it reaches only the '3 to 6' age group when the nutrition story is over.

He then explained how the 'conditional cash transfer programme' provides opportunities for inter-related two-way actions and impact as under:-



Source - "Lynnette Neufeld and Colleagues"

**The advantages of 'conditional cash transfer programmes'**

They provide :-

1. General resources : Cash benefits
2. Opportunity for specific interventions

3. Incentive for households to take responsibility and actions
4. Motivation to raise priority for health, nutrition and education in households having large stressors and demands and limited capacities and assets

He further highlighted how chronic diseases are actually a public health issue related to nutrition by quoting the Barker Hypothesis, which if true, then food and nutrition and activity are at the core of chronic disease epidemic. The remedy can be through "Life cycle approach." to healthy and balanced nutrition.

The technologies / innovations for anaemia addressal, suggested by him were through bio-fortification as under :-

- i) Iron, folic acid fortified ultra rice premix
- ii) Sodium-iron-EDTA fortified wheat flour
- iii) Breeding crops for better nutrition of target crops: wheat, rice, maize for iron / zinc enhancement.
- iv) Plumpy nut for severe acute malnutrition:
  - a. A ready to eat paste has revolutionised treatment.
  - b. Energy-dense, micronutrient fortified, resistant to infection (low water activity) long stability.
  - c. Easily accessible IPR, the technology has been transferred to all African countries.

The requirement for all the above is only a modest and operationally feasible technology.

**How to meet the challenge of Neonatal Care Programme?**

He emphasized on designing the programme consisting of the following steps / components:-

- i) Link pregnant mother with new born.
- ii) Skilled attendance at birth : (SAB) at :-
  - Home
  - Institutional delivery
- iii) Essential new born care
- iv) Early recognition of illness and
- v) Prompt and feasible treatment at community level
- vi) Enable referral (by cash transfer)
- vii) Strengthen facility - based care 24x7

● **Do It All Together, Not In Pieces**

He then mentioned some innovative ideas for effective and efficient neonatal care:

- 1 Conditional cash transfer for institutional births like Janani Suraksha Yojana (JSY) & Chiranjeevi.
- 2 Home care as the centre place of neonatal programme by training of mothers / elderly women members of the family in basic emergency neonatal care at home (Abhay Bang)
- 3 Modification of WHO's Integrated Management of Childhood Illness (IMCI).
- 4 Development of Human Resources / Infrastructures through :-
  - National Rural Health Mission (NRHM)
  - Accredited Social Health Assistants (ASHA)
  - Financial Management in Health Care
- 5 Enabling institutes to support government activity (NIPI)

- 6 Active community participation
- 7 Building primary level neonatal facilities following the 'Purulia model'.

He also mentioned about some of the important existing Indian innovations in child health:-

- Low Osmolarity Oral Rehydration Solution (ORS)
- Zinc treatment for acute diarrhoea
- New treatment for persistent diarrhoea
- Rotavirus vaccine
- Penta valent vaccine

In conclusion Dr.Bhan quoted that "Good ideas must not only sound good but they must be scalable and shown to have impact". For research in public health, especially to meet the challenge ahead of maternal and child health development - the following gaps in research must be filled up:-



Hence, the need of the day is "Centre of excellence in 'intervention delivery research - a key requirement"

Dr.R.A.Mashelkar was heard summarising his far reaching comments on the lecture in three 'S's :- Speed, Scale-up and Sustainance"

**Dr. (Col) Hans Raj**

### **THE BIG EARS "HARK"**

Whenever you pass through the parking lot of KEM Hospital, you may notice a bright yellow van standing near the entrance. This is the HARK vehicle.

HARK, which stands for 'Hearing Assessment and Research Centre', aims to deliver audiological services offered at BIG EARS, KEM Hospital, Pune, to rural areas where these facilities are not available. The HARK vehicle is the result of a collaboration between Sound Seekers – The Commonwealth Society of Deaf, U.K. and BIG EARS, KEM Hospital, Pune.

The vehicle has been indigenously manufactured in India- a BS II TATA 407 chassis underwent fabrication by L & T at Bilaspur, Haryana, to create a mobile soundproof audiology van which houses equipment used for audiological testing. The vehicle has an insulated body of a walk-thru design, with air-conditioning, twin circuit electrics and its own independent generator.

The vehicle was donated to the KEM Hospital Research centre by the Commonwealth Society of the Deaf. The running costs of this vehicle are supported by BIG EARS ([www.bigearsatkem.com](http://www.bigearsatkem.com)), grants donated generously by Manisha and Devindra Chainani and to a limited extent under the IMPACT project.

### **Our aim**

- To provide audiological services in areas which have inadequate resources.
- To focus on early detection of hearing loss and appropriate intervention.
- To develop a sustainable model in service delivery for hearing impaired children.

### **Services Offered**

- Audiological screening and diagnostic testing.
- Hearing aid fittings, evaluations and follow-ups.
- Counseling of parents /caregivers of a hearing impaired child.
- Parent training for those caring for a hearing impaired child.
- Advice and management regarding the speech and language development of the hearing impaired child.
- Educational placement and support.
- Training and support of professionals on the prevention, identification and management of the child with an ear or hearing disorder.
- Public awareness workshops regarding the prevention, identification and management of the child with an ear or hearing disorder.



The people involved in this project are

1. Dr Neelam Vaid – Project Coordinator and ENT Surgeon
2. Dr Sumit Bhatti – ENT Surgeon
3. Mr Sachin Patil – Audiologist
4. ENT Resident
5. Driver
6. Staff of the IMPACT project

### **Working**

The aim at present is to focus on children in the age group of 0 – 6 years. Coordinators of the IMPACT project along with the Anganwadi workers identify villages where the screening is to be done and the vehicle is sent with the staff there. Audiological testing is

done and those requiring specialized care are identified. These children are then brought to BIG EARS for surgical/ other treatment as necessary.

Follow-ups by the Anganwadi workers will ensure that parental involvement and adequate care is being provided to these children.

As an extension, the van also provides screening of noise-induced hearing loss in various industries in and around Pune. This is being co-ordinated by Dr Hirve from the Shri Sai Baba Vadu Hospital.

About 2 camps per month are scheduled.

### Present data

As of now 15 rural visits have been conducted by the HARK.

**Dr. Sumit Bhatti**

### Vadu-CRF Workshop on “Indoor air pollution and chronic respiratory non-communicable diseases within the INDEPTH sites”

Vadu HDSS and Chest Research Foundation (CRF), Pune organized a workshop on “Indoor air pollution and chronic respiratory non-communicable diseases within the INDEPTH sites” from 12<sup>th</sup> – 14<sup>th</sup> January 2009 at CRF. The workshop was fully supported and funded by INDEPTH Network, Ghana. Vadu HDSS and CRF with expertise from the Imperial College, London, have started one of the largest studies in the world to investigate the prevalence of Chronic Obstructive Pulmonary Diseases in HDSS Vadu area. An Interest Group on Chronic Respiratory Diseases was launched during the Annual General Meeting (September 2008) of the INDEPTH Network lead by Dr. Sanjay Juvekar (Vadu) and Dr. Sundeep Salvi (CRF).at Dar-es-salaam

The aim of this workshop proposed by the Interest Group was to develop a multi-site study proposal that will address the following objectives:



1. To study the prevalence or burden of Chronic Respiratory Diseases, in particular, Chronic Obstructive Pulmonary Disease (COPD) and asthma
2. To study/understand the risk factors associated with the development of these diseases (e.g. indoor air pollution, diet, recurrent chest infections during childhood, etc.)
3. To conduct intervention trials (changes in environment like improving kitchen ventilation, or administration of pharmaceutical drugs) to study therapeutic and cost-effective benefits of such interventions
4. To help inform and influence health program and policy, towards reducing the burden of chronic respiratory disease and
5. To develop collaborations between INDEPTH Network sites and academic/research institutions of international repute working in the field of chronic respiratory diseases including CRF, India, Imperial College, London, UK and American Thoracic Society, USA.

Twelve participants from different INDEPTH sites around the world participated in this workshop. Representatives from Imperial College, Prof. Peter Barnes and Prof (Sir) Malcom Green, were also invited to attend the workshop. During the three days workshop there were discussions, interactions, presentation on COPDs, Air pollution Monitoring and Global Positioning System to develop a multisite study proposal. The participants worked in groups to develop sections of the study proposal. Each group presented their constructed proposal and a detailed discussion on it was carried out among the participants. On the 2<sup>nd</sup> day a visit to Vadu was organized during which the participants were demonstrated on the field to show how spirometry is being carried out by fieldworkers in the COPD project, air samplers (for indoor and outdoor air pollution monitoring) and their functioning.

**Dhiraj Agarwal**

### अपंगत्व प्रतिबंध व पुनर्वसन प्रकल्पास इम्पॅक्ट यु.के च्या प्रतिनिधिची भेट

अपंगत्व प्रतिबंध व पुनर्वसन कार्यक्रमांतर्गत दि. २६ डिसेंबर २००८ रोजी इम्पॅक्ट यु.के चे प्रतिनिधि डॉ. विनीत शहा (बालरोग तज्ञ) आणि श्रीमती हेमा उदेशी, इम्पॅक्ट यु.के. सल्लागार यांनी महाराष्ट्रात कार्य करत असलेल्या अपंगत्व प्रतिबंध व पुनर्वसन कार्यक्रमास पुणे जिल्ह्यात वडगाव मावळ येथे प्रा.आ. केंद्र येळसे,

माध्यमिक शाळा, अंगणवाडी आणि कार्स्प प्लान या स्वयंसेवी संस्थाना भेटी दिल्या.



या भेटी दरम्यान डॉ. शहा यांनी अपंगत्व प्रतिबंध व पुनर्वसन कार्यक्रम कश्याप्रकारे सरकारी यंत्रणा व सहयोगी स्वयंसेवी संस्थामार्फत कार्य करते हे पाहिले. प्रथम त्यांना कार्स्प प्लान चे कार्यक्रम अधिकारी व प्रकल्प संचालक यांनी के.ई.एम हॉस्पिटल रिसर्च सेंटर बरोबर काम करत असताना ग्रामीण भागात प्रजनन व बालआरोग्य व संदर्भ सेवा, वैयक्तिक स्वच्छता, परिसर स्वच्छता, गरोदर मातेची, नवजात बाळाची काळजी, लसीकरणाचे महत्व, ज्ञानदा मंडळामार्फत चालणारे कार्य यांची संपुर्ण माहिती महिला आरोग्य संघटकांनी सांगितली.

यानंतर अपंगत्व प्रतिबंध व पुनर्वसनाचे कार्य कशा पध्दतीने चालते याबाबत प्रकल्पाचे प्रमुख, संशोधन अधिकारी व जिल्हा समन्वयक यांनी कार्यक्रमाचा उद्देश, कृती आराखडा झालेले कार्य व पुढील दिशा याबाबत सविस्तर जिल्हावार त्यांना माहिती दिली. याच दिवशी येळसे प्रा. आ. केंद्र, पवना विद्यालय व अंगणवाडी मार्फत किशोरी मुर्लीना रुबेलाचे (जर्मन गोवर) लसीकरण करण्यात आले लसीकरणापूर्वी किशोरी मुर्लीनी रुबेलाचे महत्व काय आहे, हे डॉ. शहा यांना सांगितले याचवेळी (०-६ वय) मुलासाठी "हार्क" मार्फत ७८ अंगणवाडीतील मुलांची कानाची तपासणी करण्यात आली. डॉ. विनीत शहा यांनी लोकसंख्या नियंत्रणावर दारिद्र्य, वैयक्तिक स्वच्छता, परसबागेचे महत्व अपंगत्वसाठी प्रतिबंध आणि प्रशिक्षणावर भर देण्यास सांगितले. आदर्श गाव आणि तालुका कशा पध्दतीने विकसीत करावा याविषयी त्यांनी वरील गोष्टी सुचित केल्या त्यांनी लवकरच पुन्हा प्रकल्पास भेट देणार

असल्याचे सुचित केले त्यावेळी संपुर्ण ग्रामीण भागातील कार्य कशा पध्दतीने चालते हे पाहण्याचे ठरविले.

श्री. अशोक दुधाने  
वरिष्ठ संशोधन अधिकारी, पुणे

### " रुबेला लसीकरणाची गरज व कार्यपध्दती"

जर्मन गोवरचे किशोरी मुर्लीना वेळीच लसीकरण झाले तर भविष्यात जन्मतः येणारे अपंगत्व टाळता येऊ शकते. यामध्ये मुख्यत्वेकरून गर्भावस्थेत पहिल्या तिन महिन्यात रुबेलाचा संसर्ग झाला तर जन्माला येणारे अर्भक मतिमंद, मोतिबिंदू, हृदयाला दोष, मुकबधीर जन्मू शकते कधी कधी गर्भपात होऊ शकतो. हे टाळायचे असेल तर सर्व किशोरी मुर्लीना जर्मन गोवरची माहिती, वैद्यकीय व्यावसायिक, सरकारी यंत्रणा व समाज यांच्यात जनजागृती करणे गरजेचे आहे. किशोरी मुर्लीनी जर रुबेला लसीची मागणी (**Demand Generation**) केली तर त्यांना सरकारी यंत्रणा व स्वयंसेवी संस्थामार्फत उपलब्ध करून द्यावी. या लसीसाठी लवकरात लवकर केंद्र सरकार व राज्य सरकारने जरूर विचार करून किशोरी मुर्लीसाठी सार्वत्रिक (**Universal Immunization**) लसीकरणामध्ये एक मात्रा देण्याची व्यवस्था केली तर भावी पिढीतील अपंगत्व काही अंशी कमी करता येते व पुनर्वसनासाठी लागणारा खर्च व सामाजिक ताण कमी करता येतो.

यासाठी अपंगत्व प्रतिबंध व पुनर्वसन क्रमांतर्गत महाराष्ट्रातील अठरा जिल्ह्यांमध्ये सन २००६ पासून काम चालू आहे. रुबेला लसीकरणामध्ये शासनाने सहकार्य करावे. रुबेला या आजाराची माहिती ज्या वेळेस आम्ही किशोरवयीन मुर्लीना देतो त्या वेळेस मुली, शिक्षक अतिशय मन लावून ऐकत असतात. लसीचे महत्व समजल्यानंतर मुली स्वतःहून लसीचे पैसे जमा करतात. ज्या वेळेस लस टोचणी संदर्भात आरोग्य विभागातील वरिष्ठ अधिकारी यांच्याबरोबर चर्चा होते. त्या वेळेस ते म्हणतात हा कार्यक्रम अतिशय चांगला आहे. परंतु आम्हाला वरिष्ठ अधिकाऱ्याचा आदेश असेल तर आम्हाला अडचण येणार नाही. यानंतर जिल्हा परिषदेचे मुख्य कार्यकारी अधिकारी यांची भेट घेतली व वरील सर्व अडचणी त्यांना सांगितल्या. त्यांनी सांगितले आम्ही आरोग्य विभागाला सहकार्य करण्यास सांगून, आरोग्याविषयीच्या संकल्पना स्वयंसेवी संस्था आणतात त्याचा पाठपुरावा करून लाभार्थींना लाभ मिळवून द्यावा.

आरोग्य विभाग लस टोचण्यासाठी तांत्रिक मुद्दा उपस्थित करतात तर अशावेळी समन्वयाने जर आरोग्य विभागाने तांत्रिक बाबींचा अभ्यास करून हे उपक्रम राबवावेत.

अश्या उपक्रमासाठी उस्मानाबाद जिल्ह्यातील जवळपास १६०० मुलींचे पैसे जमा झाले आहेत. प्रा. आ. केंद्रातील आरोग्य कर्मचाऱ्यांमार्फत मुलींना रुबेलाची लस टोचावी तसेच या कार्यासाठी एकात्मिक बाल विकास विभाग, आरोग्य विभाग व माध्यमिक शाळा यांचे खूप चांगल्या प्रकारे सहकार्य मिळत आहे. अशा लाभार्थींना प्रथम त्यांना रुबेला लसीविषयी माहिती देवून त्या लसीची किंमत त्यांना सांगितली जाते. कारण ही लस मोफत देता येत नाही हे मुलींमार्फत, शिक्षकामार्फत त्यांच्या पालकांना सांगितले जाते कारण, जर्मन गोवरची लस अजून सार्वजनिक लसीकरणाला समाविष्ट केलेली नाही. नंतर पालकांचे मुलीला लस टोचण्यासाठी संमतीपत्र **(Consent Form)** भरून घेतले जाते.

अशावेळी सर्वांच्या सहकार्याने सर्व किशोरी मुलींना रुबेला लसीकरण स्वयंसेवी संस्था व स्वयंप्रेरणेने जर मिळत असेल तर मा. मुख्य कार्यकारी अधिकारी व जिल्हा आरोग्य अधिकारी यांच्या मार्ग दर्शनाखाली महाराष्ट्रातील जिल्हा परिषदामधून हा उपक्रम राबवावा व वेळीच उद्याच्या भावी मातांना रुबेला पासून जे धोके आहेत, त्याचा त्यांना जरूर फायदा होऊन त्यांच्यामध्ये रुबेला विषयी प्रतिकार शक्ती निर्माण होईल व जन्मतः येणारे अपंगत्व काही अंशी टाळता येईल.

**श्री. दिलीप पवार**  
**जिल्हा समन्वयक**  
**सोलापूर, उस्मानाबाद, परभणी**

### अपंगत्व प्रतिबंध व पुनर्वसन कार्यक्रमाची पध्दत

अपंगत्व प्रतिबंध व पुनर्वसन कार्यक्रम के.ई.एम हॉस्पिटल संशोधन केंद्र व इम्पॅक्ट यु.के. यांच्या सहकार्याने संपूर्ण महाराष्ट्रात २००६ पासून राबविला जात आहे. या कार्यक्रमासाठी जिल्हा परिषद यांचे सहकार्य घेऊन त्यांच्या संयुक्त विद्यमाने अपंगत्व प्रतिबंध कार्यक्रम राबवला जात आहे.

प्रकल्पाच्या कार्यासाठी के.ई.एम संशोधन केंद्राचे संचालक इम्पॅक्ट यु.के च्या प्रतिनिधि, वरिष्ठ संशोधन अधिकारी व प्रत्येक जिल्ह्याचे जिल्हा समन्वयक यांचे कार्य चालू आहे.

प्रतिबंधावर काम करत असताना असे निदर्शनास आले की, प्रतिबंधाबरोबर अपंग व्यक्तीवर उपचार करणे व त्यांना पायावर उभे करणे (वैद्यकीय दृष्टीने) हे अत्यंत आवश्यक आहे. यासाठी ०-६ वयोगटातील मुलाचे पुनर्वसन करणे किंवा उपचार करणे आज काळाची गरज

आहे असे दिसून आले. ग्रामीण भागातील दुर्लक्षित मुलासाठी अशी यंत्रणा गरजेची आहे असे वाटल्या कारणाने अपंगत्व पुनर्वसन कार्यक्रम के.ई.एम हॉस्पिटल रिसर्च सेंटर यांनी शासकीय यंत्रणा वेगवेगळ्या स्वयंसेवी संस्था, की ज्या सेवा भावी वृत्तीने काम करणाऱ्या अशा संस्था एकत्र करून ग्रामीण भागातील मुलांना विशेष तज्ञ डॉक्टरांचा लाभ मिळावा व त्यांच्यावर मोफत शस्त्रक्रिया करणे त्यांना साहित्य व साधने देणे इ. काम करणेसाठी संघटीत करण्याचे काम जिल्हापरिषद व प्रकल्पाच्या वतीने चालू आहे.

अपंग पुनर्वसन काम करणेसाठी प्रत्येक जिल्ह्यात जिल्हा समन्वयक यांची नेमणूक केली असून जिल्हा समन्वयक जिल्हा पातळीवर जिल्हा परिषद मधील बालकल्याण विभाग, आरोग्य विभाग, समाज कल्याण विभाग यांचा समन्वय आणून मुलामध्ये असणारे अपंगत्व शोधणे, उपचाराच्या दृष्टीने प्रयत्न करणे यासाठी सातत्याने समन्वय घडवून आणला जात आहे. सिव्हिल हॉस्पिटल यांच्या तज्ञांच्या मदतीने शस्त्रक्रियासाठी मुले निवडले जातात. हे काम करित असताना मुलाना मोफत सेवा मिळणे गरजेचे आहे या दृष्टीने के.ई.एम हॉस्पिटल संशोधन केंद्राच्या सहकार्याने त्या - त्या जिल्ह्यातील स्वयंसेवी संस्था शोधून त्यांचा समन्वय केला जातो. यामध्ये के.ई.एम हॉस्पिटल संशोधन केंद्र उपचारासाठी मदत करतात व उपचारासाठी मुले स्वयंसेवी संस्थेपर्यंत नेण्याची जबाबदारी जिल्हा परिषदेचे मुख्य कार्यकारी अधिकारी व सर्व शिक्षा अभियान यांची मदत मिळत आहे. महाराष्ट्रात स्वयंसेवी संस्थामध्ये त्या त्या जिल्ह्यातून मुलांना त्यांच्या हॉस्पिटल मध्ये उपचार दिले आहेत, अशा प्रकारे अपंगत्व प्रतिबंध व पुनर्वसन कार्यक्रमांतर्गत यंत्रणा उभी करण्यात आली आहे. यामध्ये मुलांना हॉस्पिटल पर्यंत पोहोचविण्याचे काम जिल्हा परिषद मधील बालकल्याण, व सर्वशिक्षा मधून सहकार्य केले जाते. अशा प्रकारे वरील यंत्रणेनुसार अपंगांचे पुनर्वसन सध्या महाराष्ट्रात १८ जिल्हातून चालू आहे. आज पर्यंत वरिल यंत्रणेमार्फत १२६३ शस्त्रक्रिया व ८६९ साहित्याचे वाटप केले आहे.

त्याबरोबरच ३०००० किशोरी मुलींना जर्मन गोवरची लस कमी पैशात टोचण्यात आली आहे. हे करत असतानाच एक पथदर्शी प्रकल्प म्हणून प्रकल्पांतर्गत एक अभ्यास घेण्यात येत आहे, निरोगी किशोरीवर सजीव जर्मन गोवर विषाणू आर. ए. २७/३ च्या रोगकारक शक्ती नाहीशी केलेल्या लसीची एकमेव मात्रा लसीकरणानंतर रक्तातील प्रतिजैविकाचे मुल्यांकन करण्यासाठी १२ जिल्हातून ग्रामीण व शहरी भागातून प्रस्तावित अभ्यास चालू आहे.

अपंगत्व प्रतिबंध व पुनर्वसन कार्यक्रम राबवणे साठी राज्य स्तरावर समन्वय असणे आवश्यक आहे. यासाठी दर वर्षी के.ई.एम हॉस्पिटल संशोधन केंद्र यांच्या संयुक्त विद्यमाने राज्यस्तरीय कार्यशाळा के.ई.एम हॉस्पिटल संशोधन केंद्र पुणे येथे घेतली जाते.या समन्वय सभेचे अध्यक्ष राज्याचे " अपंग कल्याण आयुक्त " असतात यामध्ये बालकल्याण आयुक्त, शिक्षण संचालक, आरोग्य संचालक, राष्ट्रीय ग्रामीण अभियानेचे संचालक, सर्वशिक्षा अभियानचे संचालक, सर्व जिल्ह्यातील मुख्य कार्यकारी अधिकारी, सिव्हील सर्जन, उपमुख्यकार्यकारी अधिकारी, जिल्हा आरोग्य अधिकारी तसेच स्वयंसेवी संस्थेचे तज्ञ डॉक्टर उपस्थित असतात. यावेळी झालेल्या कामाची माहिती दिली जाते. या कार्यासाठी संशोधन केंद्र व इम्पॅक्ट यु.के. यांचे मोलाचे मार्गदर्शन मिळत आहे.

अशा प्रकारे एकंदरीत या कार्यक्रमात योग्य वेळी योग्य निर्णय घेऊन सरकारी यंत्रणा, स्वयंसेवी संस्था व समाज (लाभार्थी) यांच्यात अंतर्गत समन्वय साधून आपणास अपंगत्वाला प्रतिबंध घालता येईल, म्हणजे भविष्यात पुनर्वसनाचा पुष्कळसा प्रश्न सुट्टू शकतो.

**के.डी. वाकळे**  
**जिल्हा समन्वयक**  
**(सातारा, कोल्हापूर, सांगली)**

1	Meetings attended	Dates
a)	Review of meeting of principals HFWTCs held at SH&FW Bureau, Pune	06/12/08
b)	Review of meeting of principal HFWTCs held at HFWTC, Aundh, Pune	12/12/08
2	'On the spot' monitoring visits of District level NRHM-RCH-II-Training-Training Centres visited:-	
a)	Govt.District Hospital Ratnagiri	BEMOC(MOs) SBA (ANMs) 26-27/11/08
b)	Sub District Hospital Kankavali	SBA (ANMs) 27-28/11/08
c)	Sub District Hospital Savantwadi	BEMOC(MOs) SBA (ANMs) 28-29/11/08
	CPR Hospital Kolhapur	BEMOC(MOs) CAC (MOs) Minilap (MOs) 30/11 to 2/12/08
	DTTC Kolhapur	IMNCI (AWWs, ANMs) 01/12/08
	Dist Hospital Beed	BEMOC (MOs) SBA (ANMs) Minilap (MOs) 27/01/09 to 29/01/09
	Dist Hospital Osmanabad	SBA (ANMs) 29/1 to 30/01/09
	G.G.S. Govt.Hospital Nanded	BEMOC(MOs) 1/02 & 2/02/09
3	Trg. Sessions conducted	
	(i) Bio-medical waste management (ii) Infection prevention at Dist. Hospital Beed	For TraineesOf BEMOC SBA & Minilap (MOs) 29/01/09
	(iii) Adolescent girls empowerment	TOT for change persons 30/01/09
4	Workshop attended	
	TOT for adolescent girls empowerment in Gender and Development - at DTTC Osmanabad	29/01 to 30/01/09
	Banoo Coyaji Oration at BJ Medical College Pune	22/12/08
5	Conference Attended	
	53rd National Conference of IPHA & CME at KIMS Bangalore-	08/01/09 to 11/01/09
6	Scientific Paper	
	Presented at 53rd National Conference of IPHA Bangalore. "A Study of Environment in Relation to Certain Enteric Infections with Special Reference to Water Supply in Rural Area."	11/01/09
7	Paper published	
	Capacity building of NGOs participating in Prevention and "Management of HIV/AIDS"	Newsletter Oct 2008 Volume 18 Number 4

**Dr. (Col) Hans Raj**

**Published by:**Dr. V.S. Padbidri for KEM Hospital Research Centre, Rasta Peth,Pune411011

**Telephone** :66037336  
**Fax** :26125603  
**E-mail** : kemvnr@vsnl.net

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