

# samvad



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*We are present in **21** states/UTs  
through **35** active programmes*

*We have facilitated*

**200,000** ANCs

**61,000** Institutional Deliveries

**152,000** IUCD Placements

*Increased Access of*

**100.5** million condoms through social marketing

*Reached out to*

**1.6** million vulnerable populations with HIV Awareness & Services

**65,000** PLHIV with care & support

*\*Data for FY 2015-16 from 1st April 2015 to 31st March 2016*

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# A Comprehensive Approach

*Creating women-centric wellness centres, that offer end-to-end solutions on reproductive healthcare, will enable every woman to make an informed choice and have a say in her fertility*

**T**he ability to conceive a new life is the incredible power a woman is born with. However, the irony is that she remains deprived to have a say in her own reproductive freedom all her life. While the onus of fertility as well as contraception is forced on her, sadly the choices are never hers.

As per Census 2011, nearly a quarter of pregnancies in India are unintended or unplanned, against the will of the woman. Such pregnancies bear critical repercussions such as unsafe abortions, miscarriages or unplanned birth. In India, a woman dies every 8 minutes owing to complications during pregnancy & childbirth, while unsafe abortions kill almost 18,000 women every year.

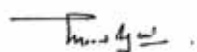
A host of socio-economic, political and cultural factors are mutually responsible for the dismal scenario. Patriarchal outlook of society, the woman's economic & emotional dependence on her family and her lack of awareness often leave her with poor negotiation skills on sexual health matters.

Reproductive right is not just limited to having a say in one's childbearing. Rather it has deep-rooted connections with fertility, sexuality, reproduction and gender parity. It encompasses rights to sexual and reproductive security, health services, as well as access to information and education. Thus, instituting a healthcare system that enables every woman to make an informed choice about her overall reproductive health will pave way for gender parity in true sense. We need to create women-centric wellness centres that offer end-to-end solutions on reproductive healthcare.

We are in the process of creating such healthcare centres. The first step is to make provision for a versatile basket of contraceptive choices that shall include all globally-practised methods approved by the World Health Organisation. India still has a high 20.5% unmet need for family planning, comprising 13.3% for limiting method and 7.2% for the spacing method. The idea of contraception or its means should not be imposed on couples. Rather, couples should be empowered with adequate options, accessibility and knowledge to help them make an informed choice.

Also, we need to train and orient health service providers on these globally practised methods, and create a robust pool of counsellors who can mentor couples, especially women, on sexual health matters.

Going forward, more services shall be incorporated under the system that can cater to the overall reproductive health needs of women – right from the onset of puberty to menopause. Provision of such holistic care is expected to make women feel more secure, healthy and confident in asserting their reproductive rights.



Sharad Agarwal  
CEO  
HLFPPT



Sharad Agarwal, CEO, HLFPPT



## RECOGNITION

## Celebrating Leadership

As a mark of HLPPT's growing recognition in the development sector, Mr Sharad Agarwal, CEO, HLPPT was conferred **2016 Flame Leadership Award** by RMAI (Rural Marketing Association of India) on 11th March 2016 in New Delhi. RMAI acknowledged that under the dynamic leadership of Mr Agarwal, HLPPT has grown as India's largest organisation in social marketing & social franchising and largest organisation in public healthcare sector working on capacity building. Moreover, HLPPT's Mobile Medical Unit Programme in Dantewada, Chhattisgarh – a CSR initiative with Essar Group Foundation – won **Flame Awards Asia 2016 (Silver)** under 'Education and Awareness initiative programme for rural patient & practitioners' category. This merits applaud considering the difficult terrain and associated challenges of Dantewada & Sukma districts for programme implementation.



## LAUNCH



## WASH Lessons for School Kids

For promoting WASH (Water, Sanitation and Hygiene) practices in government schools and facilitating requisite infrastructure for the same, HLPPT has partnered with IDFC Foundation (IDFC Ltd) under 'School & AWC-led Community Development Project'. This CSR initiative is being implemented at Sangakheda village in Babai block, Hoshangabad district, Madhya Pradesh. It endeavours to increase availability of water, sanitation and hygiene facilities in schools and Anganwadi Centres; promote key WASH related behaviours among school children; and promote a sense of personal hygiene & health among community members.

## Boosting Job Skills of Fisherwomen

To empower women in fishing community, HLPPT has inaugurated Employability Skill Development Programme for educated, unemployed fisherwomen in three districts of Kerala (Thiruvananthapuram, Kollam and Kasaragod). The project is being funded by Society for Assistance to Fisherwomen (SAF), Department of Fisheries, Government of Kerala. The programme comprises one-month intensive classroom training and one month on-the-job-training. Launched on 22<sup>nd</sup> January 2016, the programme has already trained more than 90 women (data till 31<sup>st</sup> March 2016).





## REACH

## Boat Ferries Healthcare to Odisha Villages



HLFPPT, in partnership with Essar Steel, has extended its Mobile Medical Unit (MMU) services from Dantewada and Sukma districts in Chhattisgarh to Malkangiri district in Odisha. The new service includes taking medical team, medicines and laboratory kits in a boat to isolated, island villages of Malkangiri, which is one of the 15 high-burden districts of Odisha and fares poor on key health indicators. On 20 January 2016, HLFPTT organised its first Health Camp in Palankrai – a tribal village in Malkangiri with zero road connectivity. MMU Medical team (Doctor, ANM & Lab Technician) along with Health Outreach Workers and Project Coordinator arrived in a boat carrying all necessary medicines and laboratory kits to collect blood samples, perform basic tests and generate instant reports. It reached out to 112 patients during the health camp. The team has initiated regular monthly camps in Palankrai and Chitrakonda.



## 500 Women in Etah Opt for IUCD in Just 3 Days



With support and guidance by the Government of UP, HLFPTT organised Fixed Day Service for IUCD insertions in Etah District on 1-3 January 2016. The three-day programme made a major stride in reproductive healthcare as 500 women underwent copper-T (IUCD) insertions at 101 sub-centres of the district. This assumes significance, given that Etah has a Total Fertility Rate (TFR) of 4, higher than the national average of 2.3. With this, Etah became the first district in UP to organise a 'Fixed Day Service' for IUCD insertions. Dr R C Pandey, CMO-Etah, and health officials provided requisite support in making this event successful. At each Sub Centre, FDS was inaugurated by Village Pradhan; client mobilisation was done by ASHA and Aganwadi Workers with support from HLFPTT team; and technical support was provided by HLFPTT technical team (doctors and nurses).



## TRAINING &amp; AWARENESS

**Save the Girl Child**

Taking cue from the Prime Minister's flagship *Beti Bachao, Beti Padhao* scheme, HLPPT organised an Awareness Rally on 'save the child girl' in Suvali village, Surat, Gujarat, to mark "World Daughters Day" on 12th January-2016. This was followed by an Expert Talk on Right to Education by Dhangaariben Chaudhari, ICDS Supervisor, and Heena Patel, FHW-PHC Suvali. Other key stakeholders, including Suvali Primary



School Principal, AWC, ASHA workers and students were present too. This was organised under Community Health Intervention (CHI) Programme, being implemented by HLPPT with support from Cairn India in Surat, Gujarat.

**Ujjwal Saathis Trained beyond Family Planning**

Nearly 500 Ujjwal Saathis (Community Health Volunteers) under Ujjwal Merrygold in Odisha were trained on Reproductive & Child Healthcare (RCH) in January 2016. While these volunteers had been trained on Family Planning issues earlier, they were given a holistic orientation on RCH this time. The training included: Importance of Antenatal Care & Nutrition during pregnancy; Need for Institutional Delivery; Symptoms of High Risk Pregnancy; Common Myths around contraception and reproduction; etc. Ujjwal Saathis have a strong influence in their communities and they are the first point of contact for community members, who link them with the nearest Ujjwal Clinic. Around 16,000 Community Health Volunteers are associated with HLPPT's Merrygold Health Network across 6 states (UP, Rajasthan, Odisha, Bihar, Andhra Pradesh & Telangana).

**Quiz & Games on Women's Day**

Four villages (Karada, Chhodiya, Bramsar & Pohara) in Jaisalmer district, Rajasthan, witnessed a host of activities including Quiz, Mehendi & Rangoli Competition, etc, to mark International Women's Day celebration on 8<sup>th</sup> March 2016. Around 350 community members participated in these activities designed on the themes of Women's Health, Gender Equality, Girls' Education, and Prevention of Domestic Violence & Child Marriage. These were part of Sehath – a mobile medical unit – that is being operated in Jaisalmer & Barmer districts by HLPPT in collaboration with Suzlon under its CSR obligation.



## IDEAS EXCHANGE

**MGHN: A Classic Model worth Replicating**

Citing the success of Merrygold Health Network (MGHN) as India's largest Social Franchising Network in health sector based on Public Private Partnership (PPP) model, Mr Sharad Agarwal, CEO, HLPPT, urged the private sector to lead a similar effort for increasing contraceptive choices in the country through Family Planning Clinics. He was speaking at the 59th All India Congress of Obstetrics & Gynaecology, held on 13th-17th January 2016 in Agra. During panel discussion on "Make in India – Innovations in Health System Strengthening", Mr Agarwal shared his vision for a chain of Family Planning Clinics offering Comprehensive Reproductive Health Solutions that can be scaled-up through Social Franchising, similar to MGHN. Other panellists included Dr Hema Diwakar, President, FOGSI-2013 and Dr Zainab Zaidi, Director, Healthcare Sector Skill Council-UP.

**An Experience from India**

Ms. Shivi Rawat, Senior Programme Manager-BD represented HLPPT at the International Conference on Family Planning (ICFP), Indonesia 25th -28th January 2016 through Poster presentation, "Engaging Private Sector through Social Marketing & Social Franchising for Improving Access to Quality and Affordable Reproductive Health Solutions: An Experience from India".

**Partners Need HIV Screening Too**

At the 12th International Congress on AIDS in Asia and the Pacific, held on 12th-14th March 2016 in Bangladesh, Neeraj Pathak, Programme Manager, represented HLPPT for an oral presentation on "Cost-Effective HIV Screening Initiative for Partners of PLHAs: A Case Study from Punjab". Also, two poster presentations were made on "Overcoming Challenges and Improving ART Adherence of PLHAs in Rural India: Learning from CST Programme in Punjab" and "Friend + Campaign - Fundraising Initiative for CLHAs and Children of Sex Workers with Involvement of School Students: A Case Study from Andhra Pradesh".



# Addressing the Skill Gap



*Working in sync with the Central Government's flagship Skill India Mission, HLPPT has initiated Skill Development Programme that aims to address the dearth of skilled human resources in healthcare and other allied sectors through quality training and offer sustainable livelihood options to the youth*

Going by the current shortage of 7.2 million healthcare professionals, the world will face a crisis of 12.9 million health workers by 2035, says a joint report by WHO and Global Health Workforce Alliance. The 2013 report, 'A Universal Truth: No Health without a Workforce', further points at India's dismal density of 15.2 skilled health professionals per 10,000 population, which falls way below the global threshold of 22.8 per 10,000 people. This is alarming, owing to its direct bearing on India's commitment to Universal Health Coverage.

To address this gap and contribute towards the Central Government's flagship Skill India Mission, HLPPT has initiated Skill Development Programme. It aims at developing a cadre of skilled human resources in the healthcare sector by training students in various trades including: General Duty Assistant (GDA), Home Health Aide (HHA), Medical Lab

Technician (MLT), Operation Theatre (OT) Assistant & Technician, Dialysis Assistant & Technician, Diabetes Educator and. Emergency Medical Technician.

## Achievements

Since its inception in 2015, the programme has successfully trained 2,360 students as GDA and HHA through 15

## Programme at a Glance

# 2,360

students trained as GDA and HHA

# 15

affiliated Skill Centres instituted

# 2

Model Skill Centres developed in UP with state-of-the-art Trade Lab

# 5

States Presence - Uttar Pradesh, Andhra Pradesh, Telangana, Odisha and Bihar





"A three-month course in GDA has given me dignified source of income after years of struggle. Financial challenges had forced me to drop studies after intermediate and take up menial jobs. However, recent training by HLFPT under PMKVY has earned me skills, reward money and immense self-confidence. Today, I feel worthy and it feels great."

- Rohit Rawat (28), working as GDA at Jwala Hospital, Lucknow

affiliated skill centres in Uttar Pradesh, Andhra Pradesh, Telangana, Odisha and Bihar (data till 31<sup>st</sup> March 2016). Going ahead, it plans to train human resources in allied sectors too such as Retail, Electronics, Life Sciences and Logistics.

"To address the dearth of MBBS doctors in public healthcare sector and cater to its vast & versatile requirements, India needs to develop a cadre of skilled health assistants – second and third line of health professionals – who can support in enhancing reach and quality of service delivery. There are medical interventions where a skilled health assistant can provide valuable services, thus sharing patient load with the doctor. Hence, we need to build capacities of these assistants and equip them with requisite skills," says Sharad Agarwal, CEO, HLFPT. "Moreover, through this programme, we are also providing sustainable livelihood options to underprivileged youth. Going ahead, they may evolve as valuable resources globally too," he adds.

### How it Works?

To start with, Skill Development Team conducts student mobilisation activities in schools and colleges through presentations & posters and in villages & local communities through mobilisation vans, pamphlet distribution, community meetings, etc. The team further works with Village Pradhan, frontline workers (like ASHAs and AWWs) to mobilise prospective students. Minimum qualification required for undertaking these courses is high secondary.

Once selected, students are trained in batches of 30 and course duration varies from 3 months for GDA & HHA, 4 months for Dialysis Assistant and 6 months for OT

Assistant & MLT. Post training, students are assessed by Health Sector Skill Council. HLFPT facilitates on-the-job training and placements for successfully assessed students at public and private health facilities.

28 year-old Rohit Rawat is a case in point. He couldn't pursue higher education after intermediate owing to financial constraints. Taking up menial jobs for a living became a given for him for almost a decade. However, a three-month course in GDA proved to be a game changer. Today Rohit is working as GDA at Jwala Hospital, Lucknow.

### Accreditation & Affiliation

Under Skill Development Programme, HLFPT has developed two Model Skill Centres in Uttar Pradesh, namely at Kapurthala (Lucknow) and Panki (Kanpur), and received their affiliation from Health Sector Skill Council (HSSC). These Model Skill Centres have provision for theoretical and practical training with state-of-the-art Trade Lab. Moreover, the Programme has been contributing to Pradhan Mantri Kaushal Vikas Yojana (PMKVY) by the Ministry of Skill Development and Entrepreneurship, Govt of India, and has also been empanelled with the Ministry of Rural Development.

In March 2016, HLFPT has partnered with UP Skill Development Mission to train students for health sector job roles. In yet another partnership with National Urban Livelihood Mission (NULM) – a project by the Govt of Kerala – HLFPT is to train students selected by NULM in HSSC trades. Further, HLFPT has been empanelled with AP Skill Development Corporation, whereby it shall train students from tribal belts of Andhra Pradesh on Dialysis Assistant job roles. ■

## Partners in Skill



UPSDM





## "I didn't want to lose her this time"

*Convinced by MGHN team on the benefits of institutional deliveries, 23-year-old Kesarta travels 10 kms from Chareda village to Dausa in Rajasthan, to deliver her baby in a hospital*



**F**ifty-year old Gopi Devi has grown old watching women in her community deliver at home. Wife of a wage labourer, she had three deliveries at home and her elder daughter-in-law, Uganti, too has delivered four children – all at home. This has been the practice for most households in Chareda village in Dausa district, Rajasthan. So,

when Prabhati Meena, a Community Health Volunteer, suggested Gopi to take her younger daughter-in-law, Kesarta, for health check-ups during pregnancy, Gopi was taken aback.

However, Prabhati's concerns were genuine as 23-year-old Kesarta had lost her first child to miscarriage last year. "Kesarta's baby could have been saved

had she undergone routine antenatal check-ups during last pregnancy," says Prabhati, 45, who works as Merrytarang Member (Community Health Volunteer) under HLFPT's Merrygold Health Network (MGHN). She creates health awareness among community members and links them with the nearest MGHN hospital.

On Prabhati's insistence, Gopi started taking Kesarta to MGHN Shyama Devi Hospital, Dausa, for ANC's. "During our visits, doctor would advise us on pregnancy care, dietary intake and supplements. We also attended Godbharai (Baby shower) that was organised for third trimester expecting mothers at the hospital," reports Gopi. These visits convinced Gopi on the relevance of safe institutional deliveries.

"I didn't want to lose my baby this time," says Kesarta. So when her labour started, Kesarta's family took no risk and travelled 10 kms to MGHN hospital, Dausa, where she safely delivered a baby girl on 26<sup>th</sup> May 2016. "This is the first hospital delivery in our family. I am grateful to Prabhati," says Gopi. ■



## "MMU has saved my life"

**I**t was a red rash on her left hand that was troubling Basini Hemram for quite some time. The 24-year-old had tried home remedies, but nothing gave her respite. So, when HLFPT's Mobile Medical Unit (MMU) made its fortnightly visit to her village Phuljhor on 2<sup>nd</sup> December 2015, Basini was among the first to turn up for health check-up. Phuljhor village in Kanksa Block, Bardhaman district, West Bengal, is predominantly inhabited by tribal communities and is among the 25 villages in Durgapur sub-division that the health van is catering to. MMU Medical Team diagnosed the skin patch as leprosy and referred her to Durgapur Sub-Divisional Hospital.

However, when the MMU returned to Phuljhor after a fortnight, it found that Basini hadn't started her treatment yet.

Daughter of a daily wage labourer and eldest among her four siblings, Basini was reluctant for leprosy treatment owing to social taboos, lack of awareness and financial constraints. The MMU team counselled her father, Nanda Hemram, about her medical condition and the need for timely treatment. Simultaneously, the team coordinated with SD Hospital and found that there was no specialist doctor. The team then approached BMOH (Block Medical Officer of Health) at Panagarh, who linked Basini with PHC at Shibpur. The team's efforts paid off as Basini's treatment started before it was too late. Currently, she is on medication and her condition has improved significantly.

HLFPT has been operating the MMU across 25 villages in Durgapur, West Bengal, in partnership with Essar Oil Ltd as CSR initiative since April 2014. ■



# Living with the Positives

*He was once a broken man who was almost on the brink of committing suicide. Today, Teja Singh has emerged as a role model for HIV positive people, helping them overcome their shadows*

**T**eja Singh comes across as a man committed to the cause of HIV/AIDS. The 41-year-old works as an Outreach Worker at CSC (Care and Support Centre) in Firozepur, Punjab, under Project Vihaan. Teja Singh is passionately supporting People Living with HIV/AIDS (PLHIV) & their families through counselling and guidance on the need for regular treatment, nutritious diet, safe sex practices, psycho-social support and how to confront social stigma. Moreover he is reaching to the unreached through home visits of PLHIV & emergency visits to hospitals. However, five years ago, he was a broken man who, along with his wife and two children, was tested as HIV positive.

"I used to assist my father in his local business and was settled with a happy family including my wife and two children," recalls Teja. It was around 2010 when things started to change. He started keeping unwell, lost weight and even his children would get sick frequently. When a host of remedies didn't work, a close friend suggested him to undergo HIV test. After initial resistance, he went for the test and was diagnosed as HIV positive. Later, he was told that his wife and children had been infected too.

"I was completely shattered and could not understand why such a sickness had befallen on my family," recalls Teja. "There was no rationality for the infection as I had always been faithful to my wife and had no history of substance abuse, etc. On constant probing by the counsellor, I remembered that in initial period of my marriage, I had undergone a minor surgical procedure. It seems that the local practitioner had not used sterilised equipment and I got infected," says Teja.

The toughest part was to deal with the stigma that came from the closest people. "My own mother started treating me and my family like untouchables. Discrimination was so much that we had to cook our food separately," says Teja. "It was a phase when I had lost all my will to



**"Now I boost the morale of other HIV positive people by sharing my own story and help them with emergency support. I also make families aware about HIV/AIDS"**

*- Teja Singh (41), Outreach Worker, Firozepur CSC, Punjab*

live; I even thought of committing suicide," he says.

However, with moral support from his father and wife, Teja and his family started getting Anti Retro Viral Therapy (ART) from Amritsar Civil Hospital. In 2012, ART centre at Firozepur opened and Teja

shifted his family's treatment there. "I became very friendly with the staff here and told the counselor that I also wanted to work like her and make a difference in the lives of people suffering like me," says Teja.

It was almost after a year, when Teja came to know about establishment of CSC for people living with HIV/AIDS at Firozepur by Project Vihaan. He was selected as an outreach worker and started working at CSC Firozepur from September 2014.

"Now I boost the morale of other HIV positive people by sharing my own story and help them with emergency support from our center. What I like best about my job is the dignity it has given me. I sit and counsel people. I also make home visits and make people and their families aware about self care, accepting the HIV infected family members and also about various social schemes that can be useful for them," says Teja.

"Now, I feel like a phoenix reborn from ashes. I no longer hide in shame, but out in the open I help others like me, live a life of dignity," he says. ■

## OUR PARTNERS



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