

Prevention and Management of HIV/AIDS: NGOs participation

Dr. (Col) Hansraj, Consultant, RCH, recently attended a workshop on "Capacity building of NGOs engaged in prevention and management of HIV/AIDS" at NIHFW, Delhi. He has presented an excellent summary, which is the need of the hour since the world looks at this problem as a pandemic and many NGOs are working in this area.

The second half of the Scientific Advisory Committee meeting was held on 30th August 2008, wherein the remaining scientific presentations were made, followed by the "In Camera" meeting.

Between 7th -9th September 2008, NARI conducted a workshop on " Bio Ethics Practices " which was attended by two of our colleagues - Mrs. P. R. Bharucha and Dr. (Mrs.) Amita Sapru. They found it to be very helpful and informative.

A book on Genetics written in Marathi by Dr. (Ms.) Koumudi Godbole for the common man was released on 21st September 2008. Mr. Yamaji Malkar, Editor, Sakal Daily, was the Chief Guest at the function. Dr. Godbole is an Hon. Consultant in Genetics at KEM Hospital.

In collaboration with KEMHRC, the Commissioner; People with Disability, convened the third State/ District level Co-ordination meeting. It was attended by departmental officials and NGOs from all the 18 districts where the "Rehabilitation of disabled children" project is being operated through IMPACT, UK funds. This meeting is held annually to take stock of the progress made in the old districts and projected planning in the new districts of the project.

INDEPTH network organised a workshop on Communication Skills from 27th to 29th October 2008 in Accra, Ghana. Representatives from 12 HDSS sites in the network participated. All the participants were able to get a clear understanding on drafting and writing of scientific articles.

04th October is observed as the Hospital Raising Day at KEM. This year during the celebrations, Mr. F. M. Shaikh, Attendant, was given the "Jayati Deshmukh Award" for his proficiency.

We congratulate him on the occasion.

Felicitations are due to Dr. Satish A. Pande, Associate Professor, Dept of Radiodiagnosis, for several achievements during the quarter:-

- Elected as Fellow of Maharashtra Academy of Sciences for his noteworthy contributions to Environmental Sciences. The induction ceremony was held at NCL on 23 October 2008.
- Delivered a lecture on "Avian biodiversity of Western Ghats" at the workshop on "Biodiversity & Management" at NCL
- Co-authored a book, photographic Pocket Field Guide "Birds of Lonavala and Khandala". The book is a joint effort of Tata Power Company and the NGO, Ela Foundation, of which Dr. Pande is the founder Director. The publication covers avian species along with mammals, reptiles, amphibians and butterflies of the region, which is the biodiversity hot spot of the northern Western Ghats.
- Invited to give a talk "Ocean bird survey of Lakhshadweep Islands" on the occasion of 150 years celebrations of the Karveer Nagar Vachan Mandir, Kolhapur. The survey was a combined effort of Ela Foundation, Indian Coast Guard and Ecological Society, Pune

Dr. V. S. Padbidri

An UP-DATE on Capacity Building of NGOs Engaged in Prevention and Management of HIV/AIDS

INTRODUCTION:

HIV/AIDS epidemic being a major developmental and public health challenge and its emerging complexity is an important issue to be dealt along with reproductive tract and sexually transmitted infections under NRHM programme.

Hence, the importance of an UP-DATE so as to undertake active participation in the prevention and management of HIV/AIDS as a 'Mother NGO'.

The HIV/AIDS issue touches all aspects of human life and encompasses diverse perspectives ranging from social, medical, human rights, ethical, legal to religious, cultural and political. The need to control and prevent the epidemic and provide care-support to those infected and affected remains the only strategy and calls for an unprecedented response from all sections of the society, especially when no cure for AIDS has yet been found.

To offset this situation, Targeted Intervention (TI) programme has been launched by National AIDS Control Programme Organization (NACO) with four specific components namely :-

- a) Behaviour change communication (BCC)
- b) Condom promotion
- c) STD awareness and
- d) Counselling and creating an enabling environment to combat the disease.

To implement the strategy, the role of NGOs with grass roots' presence is an important avenue for ensuring the outreach of the programme.

The following major areas are pursued in the present update:-

- NACP III and HIV/AIDS strategies and targeted intervention programme.
- Basics of HIV/AIDS-Ruits of transmission and its vulnerability.
- Overview of HIV/AIDS scenario and India's response.
- Behaviour change communication, interpersonal communication and counselling skills, attitude mapping and its application.
- Condom promotion and other preventive measures
- Strategic communication design for control of HIV/AIDS in India: Role of NGOs.
- Perspective of people living with HIV/AIDS (PLHA) and key care and support issues.
- Intersectoral coordination, community participation and advocacy towards HIV/AIDS.
- Outline of action plan for intervention in HIV/AIDS
- Role of NGOs in Mainstreaming HIV/AIDS.
- Monitoring and evaluation of programme.

The importance of NGOs at the top, middle and grass-root levels in running the prevention, care and management of HIV/AIDS programme and its monitoring and evaluation and help the government functionaries in their current activities in various states through target-oriented intervention with a concentrated focus on population with very high prevalence, that is, female sex workers (FSWs), men having sex with men (MSM) and injected drug users (IDUs) and migrant or bridge population is well recognized because the NGOs have an edge over the Govt. agencies.

State of the epidemic

At present 3.1 million people are suffering from HIV/AIDS in India, out of which 2/5th are women, mostly

concentrated in 156 districts. Prevalence rate among pregnant women in Ante Natal Clinics (ANC) represents 22% of the population.

India's profile of Adult Prevalence percentage of HIV/AIDS in global comparison is 0.36%. The available surveillance data indicates that HIV is prevalent in almost all parts of the country. It has now spread from urban to rural areas and from high risk groups (HRGs) to the general population. More than 5.1 million people are infected with HIV. Total number of AIDS cases in 2007 - 5,50,000

Categorization of Districts, in terms of prevalence of HIV/AIDS (H.S.S. 2007)

Category	No. of Districts	Prevalence rate (%)
'A'	156	More than 1% in 'General Population'
'B'	39	Less than 1% among ANC clinic attendees
'C'	14	More than 3% among ANC clinic attendees
STD (Prevalent)	15	More than 15% in STD clinic attendees
IDUs	6 states	High prevalence among IDUs in states of Punjab, Chandigarh West Bengal, Kerala, Orissa & Delhi
	a) 23 Districts > 5% b) 7 Districts > 15%	
MSM	9 Districts	> 15% in Karnataka, Andhra Pradesh, Manipur, Maharashtra & Delhi
FSWs	47 Districts 8 Districts In Pune, Mumbai & Thane	>5% >15% greater than 30%

Risk and vulnerability

The risk and attributable factors of rapid spread, if effective prevention and control measures are not scaled up and expanded through out the country - include the following :-

- a. Unsafe sex by men not using condom. Rural 37.4%
Urban 26.3%, both hetero and homosexual - 85%
- b. Migration and mobility of labour population
- c. Injecting drug users (IDUs) - 8%
- d. Infected blood and blood product transfusion - 4%

- e. Low status of women due to lower literacy level, gender disparity, lack of inter-spouse communication and lack of negotiation for safer sex with partner.
- f. Higher prevalence of STIs and RTIs among men and women,
- g. Wide-spread social stigma with discrimination, against PLHA, denying them access to treatment, service and support-hinders effective response.
- h. Misconceptions about transmission
- i. Costly treatment (with multi-drug ART) and lack of vaccine.
- j. Lack of standardization of treatment regimens
- k. Quacks promising cures
- l. High prevalence of TB infection coupled with HIV/AIDS. Nearly 60% of the AIDS cases are reported to be opportunistic TB infection cases.

National response to HIV / AIDS:

- 1. Establishment of NACP soon after 1986 - limited only to monitoring HIV infection rates among high risk populations in select urban areas.
- 2. Establishment of NACO - for implementation of NACP - phase I (1992-1999) with focus on blood safety, prevention among high risk population, raising awareness in general population and improving surveillance and banning of professional blood donors and universal screening of donated blood.
- 3. NACP - 2 (1999-2006)
Continuation of expansion of the program. Greater emphasis on targeted interventions for high - risk groups, preventive interventions among general population and involvement of NGOs and other sectors like education, transport and police.
- 4. NACP - 3 (is in early stages) policy - communication, advocacy, social mobilisation and focus on key areas - by nation wide consultations with various national stake holders and international development partners and numerous NGOs working at local, state and national levels.

The program concentrates on the areas conforming to global AIDS prevention and control strategy including:

- i. Programme Management.
- ii. Surveillance and research
- iii. Information, Education & Communication including social mobilization through NGOs.
- iv. Control of STDs
- v. Condom programming
- vi. Blood safety and
- vii. Reduction of impact

Objectives and goals:

General Objective - to prevent the epidemic from spreading further to reduce the impact not only upon the infected person but also upon the health and socio-economic status of the general population at all levels. The policy envisaged effective containment of the infection in general population in order to achieve zero-level of new infections by 2007.

The specific objectives:

- 1) To reiterate strongly the government's firm commitment to prevent the spread of infection.
- 2) To generate a feeling of ownership among all participants both at the Govt. and Non-Govt. levels.
- 3) To create an enabling socio-economic environment for prevention of HIV/AIDS, providing care and support to people living with HIV/AIDS (PLHA) and to ensure protection of their human rights including right to access health care system, right to education, employment and privacy by mobilizing support of a large no. of NGOs / CBOs for an enlarged community initiative for prevention and alleviation of HIV/AIDS problem. The guiding principles to care, support and treatment of PLHA are :- Equity, Rights of PLHA, Participation of civil society and creation of enabling environment.
- 4) To decentralise HIV/AIDS control programme to the field level with adequate financial and administrative delegation of responsibilities.
- 5) To strengthen programme management capabilities at the state Governments, municipal corporations, panchayat institutions and leading NGOs participating in the programme.
- 6) To bring in horizontal integration at the implementation level with other national programmes like RCH, TB control, ICDS and with P H Care system.
- 7) To prevent women, children and other socially weaker groups from becoming vulnerable to HIV infection by improving health education, legal status and economic prospects.
- 8) To provide adequate and equitable provision of health care to the HIV infected people and to draw attention by compelling public health rationale for over-coming stigmatisation, discrimination and seclusion in society.
- 9) To constantly interact with international and bilateral agencies for support and cooperation in the field of research in vaccines, drugs, emerging systems of health care and other financial and managerial inputs.
- 10) To ensure availability of adequate and safe blood and blood products to the general population through promotion of voluntary blood donation in the country.
- 11) To promote better understanding of HIV infection among people, especially students, youths and other sexually active sections by generating greater awareness about the nature & routes of its transmission and to adopt safe behavioural practices for prevention.

The project includes :-

- a. Targeted interventions with HRGs
- b. Direct care, support and treatment of PLHA
- c. General awareness campaigns
- d. Care for AIDS orphans.

The funding for NGOs comes from Federal or state Govts. of India, international donors and local contribution.

Issues and challenges: Priority areas

- a) Limited over-all capacity - severe institutional capacity constraints including managerial at the national and state levels.
- b) Variable ability to implement responses across states.
- c) Institutional arrangements and personal turn-over of project directors.
- d) Donor coordination
- e) Use of data for decision making
- f) Stigma and discrimination
- g) Low awareness in rural areas
- h) World Bank response.

Targeted interventions: NACP III

- 1. More focused approach

Core Groups

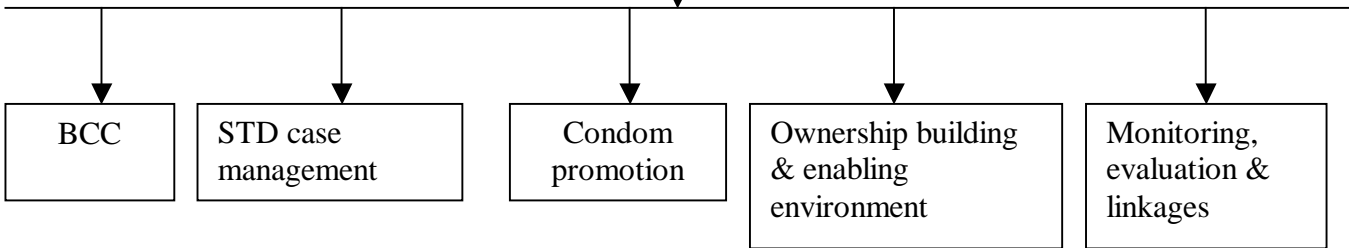
CSWs
IDUs
MSM

Bridge population

Truckers
Migrant workers

- 2. Specific package of services for HRGs

Components of Targeted interventions



Behaviour change communication - is part of Information, Education and Communication (IEC) It is used while working with individuals, & communities to promote sustainable positive behaviour.

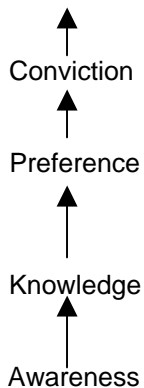
Related dimensions

Affective message stimulates or directs desire

Conative messages change attitude and feelings (perception)

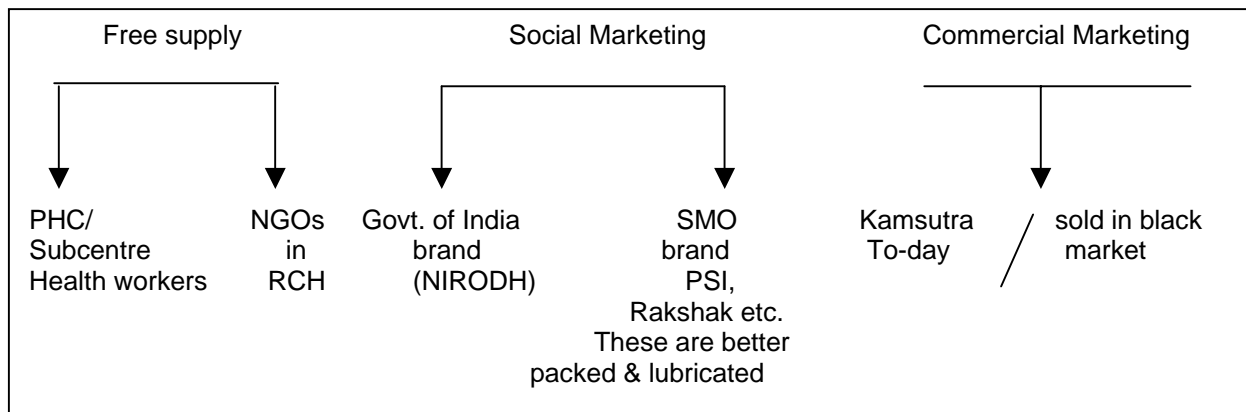
Cognitive messages provide information and facts

Action



Condom use : - requires change in knowledge, attitude and regular practice - depends on choice of brand, its advantage, likes/dislikes of user.

Expanding use of condom approach:

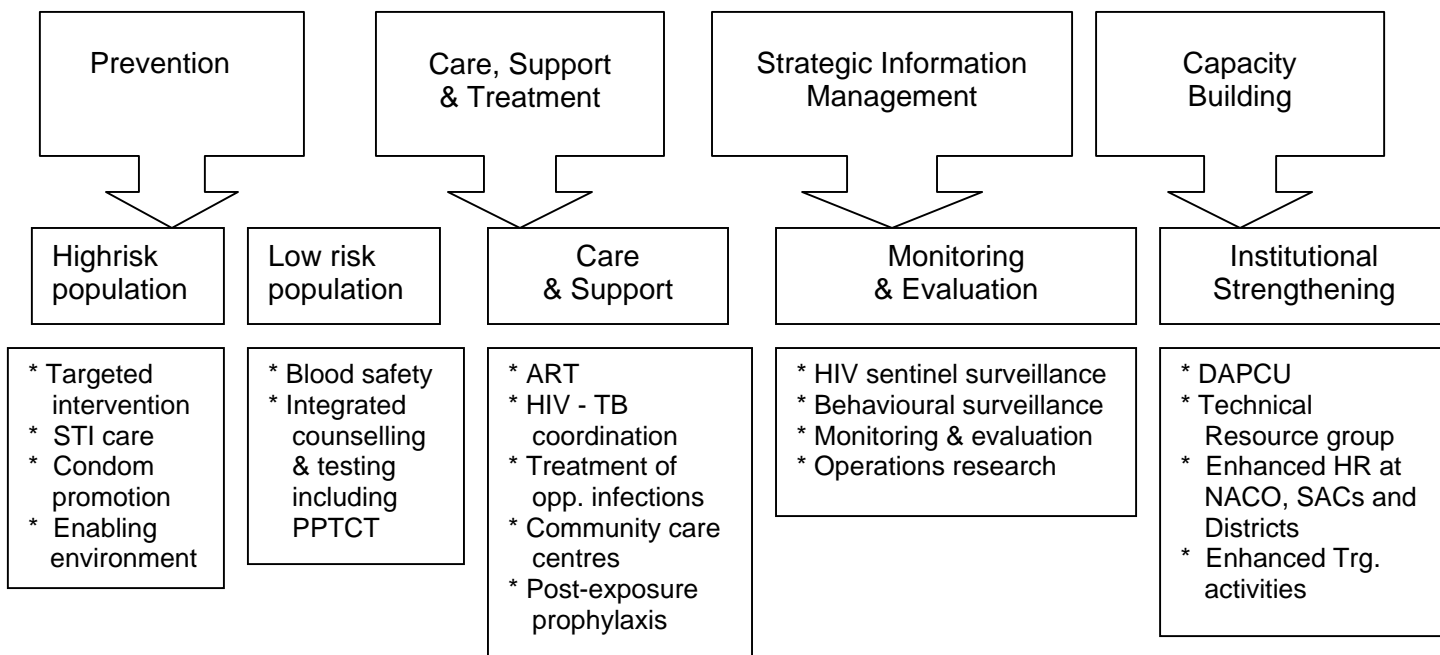


Data (2 years old) on distribution of condom:

- 1) Free supply 900 million pieces -
- 2) Social marketing - 453 million pieces - subsidized by Gol
- 3) Commercial marketing - 240 million pieces

Social marketing approach is free to seek external funding. Govt. of India allots the SMO approach to selected states. The sales have increased after 2005 because of increase in positive attitude in Action (behaviour).

Plan and Implementation of Prevention and Management of HIV/AIDs Programme:



The success of implementation of national plan depends on supporting capacity building of Research Institutions through a consortium and intersectoral coordination of Ministries like Tribal Welfare, Health & Family Welfare, Women & Child Development, Rural Development, Education, Human Resources Development, Information & Broadcasting, Transport and Home Ministry (Police) Strategy for prevention and control of the disease

1. Prevention of further spread of the disease by -
 - i. Making the people aware of its implications and provide them with the necessary tools for protecting themselves.
 - ii. Controlling STDs among vulnerable sections by safe sexual behaviour either by abstinence or being faithful to single partner or by promotion of use of condom.
 - iii. Ensuring availability of safe blood and blood products.
 - iv. Reinforcing the traditional Indian moral values among youth and other impressionable groups of population.
2. To create enabling socio-economic environment so that all sections of population can protect themselves from the infection and families and communities can provide care and support to people living with HIV/AIDS.

Improving services for the care of people living with AIDS in times of sickness both in hospitals and at homes through community health care.

Progress of basic services: An Overview

Activity	Achievements as on 31 st Mar 2008	Target for 2008-09
No. of ICTCs to be established	4567	533 stand alone ICTCs + 861 PPP ICTCs + 2590 24 hrs PHCs
No. of persons to be counselled & treated including pregnant mothers	7.6 million	12.3 million
No. of pregnant women to be counselled & treated	3.5 million	5.5 million
No. of HIV positive mothers detected	18,684	26,000
No. of HIV - TB cross referrals	2,56,028	420,000
No. of HIV - TB cases detected	30,938	36500
No. of STI episodes treated	2.59 million	3.3 million

Ethical & Legal Issues:-

HIV/AIDS Bill 2007:- A unique joint initiative of the government and civil society saw the introduction of the HIV/AIDS Bill 2007 in the parliament. It has been drafted by the Lawyers Collective HIV/AIDS Unit (LCHAU) after rigorous consultations across the country. This Bill embodies the principles of Human Rights, that is:-

- a) Rights to equality without any discrimination,
- b) Right to autonomy i.e right not to be subject to medical treatment, interventions or research without the individual's informed consent,
- c) Right to privacy i.e. confidentiality of HIV related information,
- d) Right to health i.e. right to access treatment related to HIV/AIDS as a part of right to health,
- e) Right to safe working environment and
- f) Right to information i.e. IEC, focusing particular attention on women and young persons, specific to their needs.

Dr. (Col). Hans Raj

State / District level Co-ordination meeting

The third State / District level coordination meeting of the "Rehabilitation of disabled children" project was convened on 01st October 2008 at KEMHRC. It was held under the Chairmanship of Mr. Nitin Gadre, Commissioner, People with Disability (PWD) Pune and attended by govt. officials and NGOs of all the 18 districts where the project is currently in operation. A total of 80 delegates attended.



Mr. S. R. Shiwale, District Coordinator, welcomed the guests. Dr. Padbidri, Director, KEMHRC, gave an idea about the research activities going on at the Centre and the major role played by IMPACT, UK in providing moral and financial support for the project right throughout. District Co-ordinators presented the current status of the project in their respective districts. Representatives of "nodal agencies" participating in the rehabilitation process, briefed members about their role in performing surgeries or offering aids and appliances.

Mrs. Hema Udeshi, Representative, IMPACT, UK, recalled her association with the Centre since the disability project took off, till the present day.

Mr. A. Kakade, MPSP, Mumbai, explained how certain activities of the rehabilitation project were also carried out under SSA. Dr. Jagtap, Addl Director, Health Services, expressed his happiness at the project success and requested that the remaining districts in Maharashtra, be also covered.

Mr. U. Uke, Former Commissioner, ICDS, attended the meeting as a Special Invitee. In spite of not being associated with ICDS now, he was keenly following the progress of the project. He would make a special mention of this project to the Planning Commission with a request that it be implemented in the other states as well.

The vote of thanks was proposed by Mr. A. D. Khade, District Coordinator, after which the meeting was adjourned.

Workshop on Communication Skills in Ghana

Achieving impact with words: Communication skills for Researchers and Scientists - a workshop organised and sponsored by INDEPTH - Network, Accra, Ghana from 27th to 29th October 2008. The key aim of the workshop was to highlight and explore the writing skills of participating researchers and scientists.

The specific objectives of this workshop were to enable participants to acquire a clearer and better understanding of:

- Planning and drafting a research report
- Internal organization of texts
- Matching text to Purpose and audience and format (PAF) and
- Acknowledging the sources

This workshop covered all the aspects of scientific writing including planning and writing a simple report for developing a new research proposal. Along with scientific writing it covered aspects of presentation skills; how the power point presentation should be made and the way it should be presented to achieve maximum impact. The Facilitator reiterated that academic papers must be sufficiently clear, precise and stylistically appropriate: they must match the purpose, audience and format (PAF), otherwise, they fail to achieve the key purpose of writing them. In order to achieve impact with words, writers or presenters need to adjust language and style - use concise vocabulary, pitch language to the right tone as well as consciously craft sentences.

Participants from twelve different HDSS sites of INDEPTH Network participated in this three-day workshop. Dr. Mohammad Combo Kamanda, Curriculum Leader for Assessment and Achievement from Oasis Academy Lord's Hill, Southampton, Hampshire in the UK was the Facilitator for this workshop. Every participant in the workshop demonstrated knowledge and skills learnt through discussion and presentation of a piece of their own written work, mainly a project write-up on which they were working. This exercise in the workshop helped everyone to get clearer and better understanding of writing and drafting of scientific articles.

Mr. Dhiraj Agarwal
Project Coordinator
Vadu Rural Health Program

A Marathi Book on basic genetics "Janansathi Genetics".

Genetics is rapidly becoming a part of medical practice, even in India. For a Marathi reader, "Janansathi Genetics" is probably the first book of its kind, authored by Dr. Koumudi Godbole. Dr. Godbole is a Clinical Geneticist working as Research Associate in the Diabetes Unit and as Consultant in the Dept of Paediatrics, KEM Hospital, Pune.

The book explains how genetics has its ties with medical disorders through heredity, how genes affect health and

disease of individuals and what are the various tests / treatment options currently available to identify these disorders. It also brings forth issues including social-ethical-legal implications of the human genome project and informs readers regarding new frontiers in genetic therapy such as pharmacogenomics and stem cell, cloning etc. It narrates some case histories of families suffering from various genetic disorders, some common conditions like diabetes and breast cancer and some relatively rare but relevant to the Indian population like Thalassaemia.

जर्मन गोवर लसीकरणपूर्वी व लसीकरणानंतर रक्तातील प्रतिजैविकांचे मुल्यांकन अभ्यास व लसीकरण

जर्मन गोवर विषयी लसीकरण गेली कित्येक वर्षांपासून चालू आहे. परंतु आपल्या महाराष्ट्रात जर्मन गोवर विषाणूच्या प्रतिजैविकाचा अभ्यास आतापर्यंत शास्त्रीय पध्दतीने झाला नाही. या आजाराचे धोके तीव्र स्वरूपाचे आहेत तरी सुध्दा सर्व सामान्यांना या लसीची कल्पना नाही म्हणून {ga_ BpYñQ>Q>çwQ> A°m\B\$S>`m d Ho\$. B©. E_. h°mpñnQ>b [agM© g]Q>a या दोन्ही संस्थांनी ग्रामीण व शहरी भागातून ४५/४५ मुली निवडून त्यांना या लसीची माहिती त्यांचे फायदे त्यांना व त्यांच्या पालकांना सांगून त्यांची त्यांच्या पाल्याविषयी संमती घेतली आहे. त्यांना लसीबद्दल nyर्ण शास्त्रीय पध्दतीने माहिती दिली गेली आहे. अभ्यासाचा हेतू असा आहे की या संशोधनासाठी आर.ए २७/३ स्ट्रेन (आर.व्हॅक) चा वापर करून सिरम BpYñQ>Q>çyQ> A°m\B\$S>`m येथे हि लस तयार केली जाते. जर्मन गोवर हि लस निरोगी प्रयुक्तांना टोचल्यानंतर ती सुरक्षित असून जर्मन गोवर विषाणू विरुद्ध रोगप्रतिकारक प्रतिजैविके किती प्रमाणात तयार करते हे निश्चित करण्यासाठी हा अभ्यास चालू आहे.

के.ई.एम.हॉस्पिटल संशोधन विभाग व सिरम इन्स्टिट्यूट ऑफ इंडिया लि. पुणे यांच्या संयुक्त विद्यमाने अपंगत्व प्रतिबंध व पुनर्वसन कार्यक्रमांतर्गत जर्मन गोवर विषयी अभ्यास महाराष्ट्रातील एकूण १२ जिल्ह्यामध्ये ग्रामीण व शहरी भागातून चालू आहे. या अभ्यासासाठी १२ ते १५ वयोगटातील १०८० किशोरी मुलींची प्राथमिक, माध्यमिक व एकात्मिक बालविकास सेवा योजZ0च्या मदतीने अभ्यासासाठी निवड केली आहे. या अभ्यासासाठी जिल्हा परिषदेचे मुख्य कार्यकारी अधिकारी, जिल्हा आरोग्य अधिकारी, उपमुख्य कार्यकारी अधिकारी (बा.क) प्रा.वैद्यकिय अधिकारी, प्रकल्प अधिकारी, शाळाचे मुख्याध्यापक आणि स्वयंसेवी संस्थेचे डॉक्टर यांनी सहकार्य केले आहे.

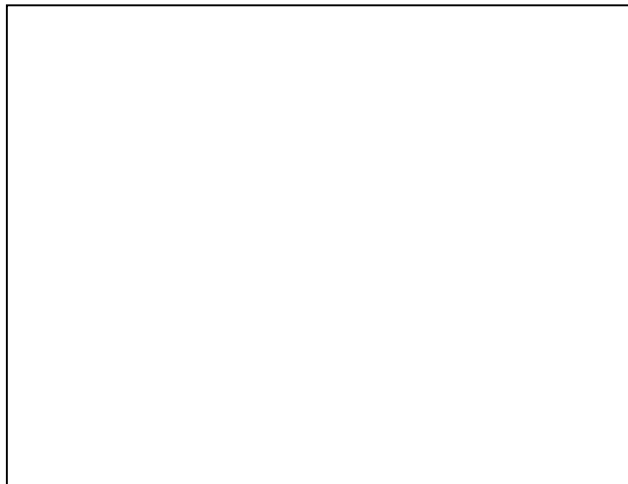


या अभ्यासाचा उद्देश असा आहे की, गरोदरपणी या विषाणूचा मातेस संसर्ग झाल्यास होणारे अर्भक (मूल) अपंग जन्मते. विशेषतः JamoXanUmVrb पहिले तीन महिने फार महत्वाचे आहेत. त्यासाठी के.ई.एम.एच.आर.सी. अपंगत्व प्रतिबंधावर १८ जिल्ह्यात काम करत आहे. किशोरी मुलीमध्ये प्रतिकारशक्ती निर्माण करण्यासाठी व प्रतिजैविके किती प्रमाणात या लसीमुळे तयार होतात याचा अभ्यास करण्यासाठी जर्मन गोवरचा अभ्यास हाती घेण्यात आला आहे.

यासाठी १२ ते १५ वयोगटातील मुलींची (प्रयुक्तांची) प्रथम वैद्यकिय अधिका-यामार्फत आरोग्य तपासणी केली जाते. डॉक्टरांनी प्रयुक्तांना तपासल्यानंतर त्यांचे २ {_br. रक्त घेतले जाते व नंतर त्यांना रुबेलाची ०.५ एम.एल लस **EdMolmbr** टोचली जाते. ६ ते ८ आठवड्यांZ§तर परत त्यांचे रक्त घेतले जाते. याचा उद्देश असा आहे **H§s** प्रयुक्तामध्ये लसीकरणपूर्वी प्रतिजैविके किती आहेत व लस दिल्यानंतर ६ ते ८ आठवड्याच्या रक्त तपासणीत प्रतिजैविकामध्ये (प्रतिकारशक्ती) किती वाढ झाली हे पाहण्यासाठी अभ्यास चालू आहे. शरिरात तयार झालेल्या प्रतिजैविकामुळे तुम्हाला जर्मन गोवर या आजारापासून संरक्षण मिळेल. या लसीचा सहसा त्रास नाही, त्रास झाल्यास तो सौम्य असतो. लसीच्या जागेवर दुखणे, लाल होणे, गाठ येणे, सौम्य ताप, अंगावर पुरळ इ.जर्मन गोवर लसीमुळे रोगापासून २० ते २५ वर्षे संरक्षण मिळते. जर्मन गोवर हा आजार गरोदरपणात पहिल्या तीन महिन्यात झाल्यास तुमचे मूल अपंग जन्मु शकते किंवा त्याच्यात अनेक दोष निर्माण होऊ शकतात. उदा.जन्मतः मोतीबिंदू, हृदयाला छिद्र, मतिमंद, बहिरेपणा, मुकेपणा किंवा वारंवार गर्भपात इ. गंभीर प्रकार या जर्मन गोवर विषाणूमुळे होऊ शकतात म्हणून वेळीच लस घेतली तर असे धोके टाळले जातात.

अपंगत्व प्रतिबंध व पुनर्वसन कार्यक्रम सध्या महाराष्ट्रात १८ जिल्ह्यात राबवला जात आहे. हा कार्यक्रम विशेषकरून ०-६ वयोगटासाठी राबवला जात आहे. तरी सुध्दा प्रतिबंधासाठी किंवा भावी मातामध्ये अपंग मुले जन्मु नयेत यासाठी महिला मंडळातून, अंगणवाडी व माध्यमिक शाळा या माध्यमातून १० ते १९ वयोगटातील किशोरी मुलींना अपंगत्व प्रतिबंध व पुनर्वसन कार्यक्रमांतर्गत मार्गदर्शन प्रत्येक जिल्ह्यातून जिल्हा समन्वयामार्फत केले जाते. वैयक्तिक स्वच्छता, शारीरिक मानसिक विकास, लग्नाचे वय, नात्यातील लग्न, आहार, लसीकरण, आरोग्य तपासणी इ. याचाच एक भाग म्हणून आम्ही प्रत्येक वर्षी ६ ते ८ हजार मुलींना कमी पैशात जर्मन गोवरची लस उपलब्ध करून देत आहोत. आतापर्यंत ३० ते ३५ हजार मुलींना आम्ही वैद्यकिय अधिकारी व स्वयंसेवी संस्था यांच्या मदतीने लसीकरण केले आहे. यापुढेही असेच कार्य चालू राहिल व जर्मन गोवरच्या विषाणू पासून भावी मातेचे संरक्षण कसे करता येईल ते या अभियानामार्फत चालू **amhrb**

श्री.अशोक दुधाने
संशोधन अधिकारी
अपंग पुनर्वसन कार्यक्रम



Congratulatio

Mr. F. M. Shaikh

1. Meetings attended :- Review of meeting of Principals, HFWTCs, held at Arogya Bhavan, Mumbai		20/09/08
2. On the spot monitoring visits of District Level NRHM-RCH-II Training centres visited a) Kamala Nehru Hospital b) H&FWTC Aundh, Pune c) H&FWTC Aurangabad d) Govt. Medical College Hospital, Aurangabad e) Dist Women & Children Hospital, Jalna f) Sub Dist Hospital, Basmat g) G.G.S Memorial Hospital, & DTTC, Nanded h) Dr.Bamnalikar Hospital, Nanded i) General Hospital & DTTC, Osmanabad	Training programmes - BEMOC & CEMOC IMNCI IMNCI BEMOC MTP/MVA BEMOC BEMOC IMNCI IMNCI ARSH & Health Education	Dates 20/08/08 21/08/08 22/08/08 23/09/08 23/08/08 23 & 24 Sept.08 25 & 26 Sept.08 27 & 28 Sept.08 28 & 29 Sept.08 28 & 29 Sept.08 31/10/08
3. Training courses attended at NIHFV Training course for capacity building of NGOs engaged in prevention & management of HIV/AIDS	New Delhi	13/10/08 to 17/10/08
4. Training sessions conducted a) Bio-medical waste disposal at Govt. Medical College, Aurangabad		24/09/08
5. Workshops attended a) Adolescent friendly Reproductive & Sexual Health Services at H & FWTC, Aurangabad b) Human Development Adolescent Girls Facilitators Training at DTTC, Osmanabad		22/09/08 31/10/08
6. Papers sent for oral presentation at 53rd National Conference of IPHA KIMS. Bangalore 560070. " A study of Environment in Relation to certain Enteric Infections with Special Reference to Water Supply in Rural Areas"		28/10/08

Dr. (Col.) Hans Raj