



IAPPD Newsletter

A Quarterly Newsletter of Indian Association of Parliamentarians on Population and Development



AFPPD 83rd Executive Committee Meeting and AFPPD 12th General Assembly Meeting on “Engaging Parliamentarians, Pursuing Human Development”

October 6-9, 2017, Colombo (Sri Lanka)

Delegates from 24 countries gathered to attend the AFPPD 83rd Executive Committee Meeting and AFPPD 12th General Assembly Meeting during October 6-9, 2017 in Colombo, Sri Lanka. The theme of the meeting was “Engaging Parliamentarians, Pursuing Human Development”.

As a halfway point in AFPPD’s current strategic cycle, this General Assembly meeting aimed to evaluate improvements made so far and the challenges that remain in strengthening AFPPD’s good governance, transparency, accountability, and looks at ways forward for continuing to achieve AFPPD’s strategic priorities in order to best equip its members to promote evidence-based policy-making on population and development issues.

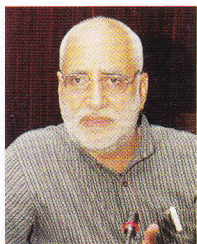
Prof. P.J. Kurien, Deputy Chairman, Rajya Sabha; Vice-Chair AFPPD; Chairman, IAPPD; Mr. Ananda Bhaskar Rapolu, MP; and Mr. Manmohan Sharma, Executive Secretary, IAPPD, attended this meeting.

During the meeting, it was recalled that 55% of the world’s population is represented by the AFPPD member countries. However, key issues in women’s empowerment and gender equality remain. Up to one-third of the global burden of disease is due to poor access to sexual and reproductive health and rights, and up to 800 maternal deaths occur each day. The demographic dividend is already passed in some Asian countries, while others are enjoying it now, and still others will experience it soon, so it is a critical moment for investing in youth and addressing active and healthy ageing through evidence-based policy making across Asia. In light of these population dynamics in the region, the meeting addressed the objectives of the General Assembly meeting, recalling the revision of the AFPPD Constitution, the AFPPD Strategic Plan, and the development of the Strategic Priorities Framework, which was informed by the advice of the Standing Committees on Gender Equality and Women’s Empowerment, Investing in Youth, and Active Ageing.

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Group photo of the participants.



National Health Protection Scheme (NHPS)

In developing countries, healthcare facilities are inadequate and the access to it is limited due to failure of governments to develop basic healthcare facilities network, or affordable facilities in public and private sector. Because of lacking supportive infrastructure like roads, drinking water, sanitation, etc., the poor and rural communities are least served. The failure to provide affordable and suitable health cover has also negated efforts of governments to reduce poverty. One major illness in the family is sufficient to pull the entire household back into poverty and deplete the capital that took years to accumulate.

The National Health Protection Scheme (NHPS) announced by the Government of India under the Ayushman Bharat Programme in the Union Budget 2018 could certainly help to achieve universal health coverage, provided that a few implementation issues are resolved successfully upfront.

The scheme providing coverage up to 5 lakh rupees per family per year for secondary and tertiary care hospitalization, will cover 10 crore vulnerable families, with approximately 50 crore beneficiaries. It includes creation of health and wellness centres, which will "bring healthcare closer to home". These centres, 1.5 lakh in number, will provide free essential drugs and diagnostic services. A sum of Rs. 1200 crore had been allocated for this.

The benefits of the scheme are portable across the country and a beneficiary covered under the scheme will be allowed to take cashless benefits from any public/private empanelled hospital across the country. The scheme will be an entitlement based scheme with entitlement decided on the basis of deprivation criteria in the Socio-economic and Caste Census (SECC) database. The beneficiaries can avail benefits in both public and empanelled private facilities. To control

costs, the payments for treatment will be done on package rate basis (to be defined by the Government in advance). One of the core principles of Ayushman Bharat - National Health Protection Mission is to co-operative federalism and flexibility to states.

For giving policy directions and fostering coordination between Centre and States, it is proposed by the government to set up Ayushman Bharat National Health Protection Mission Council (AB-NHPMC) at apex level Chaired by the Union Health and Family Welfare Minister. States would need to have State Health Agency (SHA) to implement the scheme. To ensure that the funds reach SHA on time, the transfer of funds from Central Government through Ayushman Bharat - National Health Protection Mission to State Health Agencies will be done through an escrow account directly. In partnership with NITI Aayog, a robust, modular, scalable and interoperable IT platform will be made operational which will entail a paperless and cashless transaction.

IAPPD strongly believe that healthcare, agriculture, and education are fundamental tenets of any development for a country, especially India. Concentrating on the development of these three sectors is the need of the hour. The NHPM seems promising and giving ample attention to the healthcare sector and would definitely augment the growth and development of the healthcare sector.

Manmohan Sharma
Executive Secretary, IAPPD

Various issues such as family violence, child marriage, education and youth entrepreneurship, and long-term care for older persons were discussed at length during the meeting.

Mr. Ananda Bhaskar Rapolu, MP, in his presentation recognized major gaps and inequalities in our communities, and emphasized the need to look at the role of economic growth and government intervention for active ageing. However, he identified the key challenge of funding, and the need to address the ever-increasing ageing-population with proper government budgeting at the national level and across international forums. In his presentation, he said that in India the National Committee has identified providing social security for older persons as one of its main priorities, because 100 million members of the population are over 60 years old. He briefly touched on the challenges of child and maternal health as well as vaccination programmes in such a large population.

Prof. P.J. Kurien, Deputy Chairman, Rajya Sabha, said the focus on population and development issues in India is growing. India is evaluating its experiences against the strategic goals and as we are counting on youth, we need to protect them in our communities and countries, specifically in online safety and security, and we need to engage with scientific research to inform policy.

Mr. Manmohan Sharma, Executive Secretary of IAPPD, noted that the Indian Association of Parliamentarians on Population and Development (IAPPD) was established in 1978, and since then has been doing work at the parliamentary, state, district, and grass roots levels. He reported that the IAPPD works on taking the messages from the AFPPD down to the grass roots levels, where they have found that people are enthusiastic and enjoy learning about population and development issues. He noted some of the goals of the IAPPD in facilitating better legislation, better allocation of resources, better implementation toward population and development issues, and reported that IAPPD hopes that AFPPD will organize a workshop on measurable indicators for sensitization activities, as well as a workshop for arranging financial resources to fund these activities.

Advocating Reproductive Choices Core Committee Meeting

December 14, 2017, New Delhi

The Core Committee Meeting of the Advocating Reproductive Choices (ARC) was hosted by the Population Foundation of India in New Delhi on December 14, 2017. IAPPD is one of the member of the Core Committee, Mr. Manmohan Sharma represented IAPPD in the meeting.

Advocating Reproductive Choices (ARC) is a coalition of more than 170 civil society organisations and individuals that are committed to advocating for greater attention and focus on sexual and reproductive health issues and family planning services in India. Established in 2005, the coalition aims to expand contraceptive choices and call for greater attention to the quality of care of family planning services for the Indian population.

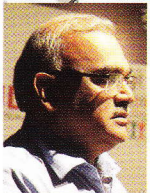
ARC is comprised of organisations that have technical ability and implementation expertise in reproductive health and family planning. ARC makes concerted and sustained advocacy efforts to enhance accessibility and expand contraceptive choices available to all women in India. The ARC Core Committee oversees strategic decisions and plans made by the coalition. There are five state chapters of ARC in Rajasthan, Uttar Pradesh, Madhya Pradesh, Bihar and Jharkhand.

The purpose of holding an ARC Core Committee Meeting was to present the Organizational Effectiveness (OE) exercise in details and seek suggestions of its members. During the meeting, it was decided that based on the outcome of the consultations and review of the existing network structure and processes, a coalition framework will be developed for strengthening the ARC's National and State Secretariats.

Mumbai Municipal Corporator's Meet towards a TB - Free India

November 7 and 23, 2017, Mumbai

The Union, Secretariat of India TB Caucus, in collaboration with Indian Association of Parliamentarians on Population and Development (IAPPD) and Bombay Municipal Corporation (BMC) organized a Sensitization Meeting towards a TB-Free India for the BMC Corporators in Mumbai (Maharashtra) on November 7, 2017.



Speakers at the Meet.

The Meeting was inaugurated by Mr. Vishwanath Mahadeshwar, Mayor of Brihanmumbai Municipal Corporation and attended by about 200 Municipal Corporators and health staff of BMC.

The advocacy work in the city was supported by Co-chair Mr. Majeed Memon, MP; and Mr. Sanjay Raut, MP from Maharashtra.

Mr. Manmohan Sharma, Executive Secretary, IAPPD along with Mrs. Sangeeta Thawani and Mrs. Maya Raturi attended this Meeting.

The meeting opened by showcasing the #INDIAvsTB campaign films on TB symptoms, importance of early diagnosis and treatment adherence, MDR-TB, and socio-economic impact of the disease on the family. During the meeting, the scale of TB in Mumbai was presented, highlighting the highly prevalent MDR-TB in the city.

Various issues related to TB situation in India were discussed during the meeting with special emphasis on Maharashtra. It was agreed that there is a need to invest in development fund to help and build the infrastructure needed to fight TB in the state.

It was also agreed that the Mumbai Municipal Corporation will initiate special campaigns on TB for its Corporators to



Inaugural Session of the Meet.

create awareness and encourage them to spread the messages of prevention and control of TB among general population and affected community in their respective constituency.

Further to the TB sensitization meeting of the Corporators/Councillors on 7 November, 2017 in Mumbai, the Mayor of the Mumbai Municipal Corporation discussed about TB in the General Council Meeting (equivalent to the assembly at state level). He discussed about the problem of TB in Mumbai and appealed the house to take efforts to end TB. Further, on November 23, 2017 the Mayor and the Councillors (over 200) signed and took a pledge to end TB in Mumbai.



Participants during the Meet.

Global Symposium on Ageing

October 23-24, 2017, Seoul (Republic of Korea)

In commemoration of the 15th year of the United Nations and representatives of member states and international organizations adopting the Madrid International Plan of Action on Ageing (MIPAA) in 2002 and calling for concerted action, the Global Symposium on Ageing was co-hosted by KOSTAT and UNFPA to review the international implementation of MIPAA and explore new policy horizons. The Symposium was organized in Seoul, Republic of Korea during October 23-24, 2017.

Mr. C.P. Joshi, MP; and Sh. Manmohan Sharma, Executive Secretary, IAPPD, attended the Symposium.

The Symposium consisted of sessions in accordance with the three pillars of MIPAA, which are (i) older persons and development; (ii) advancing health and well-being into old age; and (iii) ensuring an enabling and supportive environment and providing a platform for world experts to share research results and discuss the successful implementation of MIPAA. Participants discussed the contributions of the Sustainable Development Agenda towards demographic resilience and socio-economic sustainability in a rapidly ageing world. Through this, the Global Symposium served as preparatory meeting one year ahead of the United Nations Madrid +15 Inter-Governmental Conference due to begin in 2018.

Executive Director of UNFPA Dr. Natalia Kanem, Commissioner of KOSTAT Soo Kyung Hwang, high-level officials from India and Iran, academicians, and members of the Asian Population and Development Association participated in the Symposium.

The discussion on the challenges and opportunities of population ageing underscored a few key messages:

- Population ageing, together with fertility decline, is the result of immense social and economic progress, which leads to a demographic transition, and both should thus be seen first and foremost as an achievement of development.

- Population ageing is truly a global phenomenon, which is happening in all countries, including the least developed countries.
- Population ageing is truly transformative in nature as it affects the social, economic, political and cultural fabric of societies.



Sh. C.P. Joshi, MP

- Population ageing is best addressed through a shift from inherently reactive, fragmented and negative responses -- to pro-active, integrated and positive policy and social responses.
- To empower people to make most of longer lives, and to help countries realize a demographic dividend, demands that governments better integrate social protection measures throughout the life course.
- Population ageing is best understood as a process, and addressed from a life-course perspective. It is not solely about wellbeing of today's generation of older persons, but also about investments today that will augment the wellbeing of the current and future generations of younger persons, and most importantly about a truly inter-generational approach.
- Population ageing and fertility decline can only be addressed in a comprehensive and promising manner by recognizing and reinforcing the linkages.
- Between different threats of discussion and policies. The reform of pension and health care systems would suitably be informed by changes in the labor markets and the economy at large. Furthermore, these changes must be supported by the empowerment of women and young people, and by the promotion of a truly inter-generational perspective which brings together older persons and younger generations.

One-day Sensitization Workshop on Cleanliness, Health, Reproductive & Child Health and TB for the Elected Representatives of Panchayats (PRIs) of Shimla District

March 27, 2018, Shimla (Himachal Pradesh)

A One-day Sensitization Workshop on Cleanliness, Health, Reproductive & Child Health and TB for the Elected Representatives of Panchayats (PRIs) in Shimla District of Himachal Pradesh was organized by the IAPPD in collaboration with Panchayati Raj Department, Government of Himachal Pradesh on March 27, 2018 in Shimla, Himachal Pradesh.

The theme of the workshop was to Sensitize the PRIs on Cleanliness, Health Reproductive and Child Health and TB.



Mr. Virendra Kanwar, Minister of Rural Development and Panchayati Raj, Himachal Pradesh, addressing the participants.

Mr. Manmohan Sharma, Executive Secretary, IAPPD, thanked Mr. Virendra Kanwar, Hon'ble Minister of Rural Development and Panchayati Raj, Government of Himachal Pradesh, to organize the workshop for PRIs of Shimla District. He also thanked the officials of Department of Panchayati Raj, Health Department and PRIs of Shimla district for their participation in the workshop. He briefed the main objectives of the workshop and requested the Hon'ble Minister to inaugurate the workshop.

The workshop was inaugurated by Shri Mr. Virendra Kanwar, Minister of Rural Development and Panchayati Raj, Himachal Pradesh. In his inaugural address he said that "I am thankful to IAPPD, Delhi, for organizing this workshop for PRIs of Shimla district. When Shri Mr. Manmohan Sharma discussed with him about the objectives of the workshop, he immediately instructed the officials of Panchayati Raj Department to arrange and fix the date of workshop. He informed that out of 29 subjects of the Government of Himachal Pradesh, 26 subjects have been handed over to Panchayati Raj Institutions at different levels in which health, population stabilization, maternal and child health, family planning, mother's health, etc. are included.

He further said that it is not only social responsibility of Panchayats, but also the responsibility of Legislative

Assembly. The socio-economic indicators of Himachal Pradesh are better than other States but due to Hilly terrains, still some work need to be done.

As the United Nations have setup target up to 2030, most of the targets of these will be completed till 2022 in the State. For this, the active participation of Gram Panchayat is necessary. He suggested that the Panchayats whenever they prepare the development programmes should give priority to women empowerment, child and maternal health, family planning, cleanliness, etc.

The government is allocating sufficient fund to the Panchayati Raj Institutions, particularly Gram Panchayats. Under the 14th Finance Commission, Rs. 814 Core have been allocated for the last 3 years for the development activities and Rs. 407.24 crore have been allocated for the financial year 2018-19.

Hon'ble Chief Minister has been making arrangement to provide Rs. 45 crore during forthcoming year for the development of Panchayat Samities. It is a duty of Panchayats to spend the money on development work, he said.

While concluding his address, Mr. Virender Kanwar thanked the team of IAPPD and hoped that with the consultation of Panchayat Department, IAPPD will organize such workshops/meetings for PRIs in other districts of Himachal Pradesh in future also. He gave his best wishes for the successful completion of this important programme and appealed to all PRIs to take active part at their respective Panchayats.

During the workshop, a presentation on socio-economic and population scenario of Shimla district was given by Dr. J.P. Narain, Member of the Technical Advisory Committee of IAPPD. According to him, Himachal Pradesh over the past 3-4 decades, has made considerable progress economically, demographically and in the field of health. The life expectancy among women has reached 76.9 years and under 5 mortality has been declining steadily by 27 per 1000 live birth which is lower than National average of 39. He expected scope for further improvement with the help of Panchayati Raj Institutions members who can play a critical role through their leadership, advocacy, facilitating and community mobilization. He mentioned that according to ICMR and PHFI report of 2017, identified 5 leading causes of deaths in Himachal Pradesh including heart disease, chronic respiratory disease, pneumonia, road accidents and tuberculosis.

He further said that tuberculosis continues to remain



Dr. J.P. Narain, Member of IAPPD Technical Advisory Committee addressing the participants.

as one of the biggest public health problems in the State. Although programme performance has always been consistently good, between 16000-18000 new TB cases are expected each year. The Government of Himachal Pradesh embarked on ending TB by 2022 before national target of 2025. He suggested support from the community and PRIs, strengthened health system, and adequate number of health staff at primary care level are crucial to achieve this target. Finally, he stated that Himachal Pradesh has the potential to become a model health state in India.

At the end of the workshop, it was agreed that after attending this workshop, the PRIs will visit their respective village and call a meeting of local masses to sensitize them about what they have learnt in the workshop.



Participants during the Workshop.

Open Defecation – A Behaviour Change Co

U.P. Case | Social & Behavior Change Commu

Dr. Deepak Gupta* &

A significant number of children in India, i.e. 61 million, or 48% under the age of five, continue to suffer from moderate or severe stunting (UNICEF 2012). This can result in long-term cognitive deficits, poor school attendance and performance, fewer years of completed schooling, and lower adult productivity (UNICEF, Dillingham & Guerrant 2004) as well as increased risk of infections and higher mortality rates (Waterlow 1991, Bozzoli, Deaton & Quintana-Domeque 2009). Evidence gathered over the years suggests that open defecation is an important cause of stunting in rural India. This is because the fecal germs that children tend to ingest make them sick and prevent them from reaching their optimal growth potential. In addition, the lack of sanitation facilities leads to the spread of diarrheal diseases - a leading cause of child deaths worldwide. As of 2012, an estimated 1 billion people still practiced open defecation (OD).

Swachh Bharat Mission (SBM), the government's flagship sanitation programme, has completed three years in October 2017. However, a relatively recent rapid survey conducted by the National Sample Survey Organization (NSSO) 2015/16 on the programme has put a big question mark on its ability to achieve the goal of an open defecation-free (ODF) India by 2019. The NSSO survey found that over half (55.4%) of the population in rural areas continue to defecate in the open. However, the situation is a shade better in the urban areas where only 8.9% people defecate in the open. As per the latest data submitted by the Ministry of Urban Development, Government of India to the Indian Parliament, shows that against a target of constructing 2.5 million individual household toilets by March 2016, only 1.32 million were actually built. Moreover, the toilet use has never been an inherent and embedded cultural practice especially in the Indian rural areas. It is noteworthy that the sanitation quality, use, access and trends (SQUAT) survey, held in 2014 very pointedly mentioned that many people have a revealed preference for OD; as such merely providing latrine access without promoting latrine use is unlikely to significantly reduce OD.

Argued by the social scientists, Water, Sanitation and

Hygiene (WASH) are fundamental to promoting and maintaining child health. Little does the development community realize that just one gram of human faeces can contain a billion microbes, which can, through faeco-oral transmission, cause a range of infections and diseases. A case in point - communication experts and public health researchers argued the case of polio eradication in India, wherein the communities, caregivers and even most health providers did not know the primary reason for polio virus transmission, i.e. oral-faecal transmission.

Research Objectives and Methodology

The current research focused on select two districts in the northern State of India, Uttar Pradesh (U.P.). The districts, located in the western UP, were Ghaziabad and Muzaffarnagar – largely known for its fertile agriculture based livelihoods along with other secondary occupations in the urbanized patches of the two districts. The study was designed to generate focused and qualitative data on the subject of Social & Behaviour Change Communication (SBCC) interventions that are being employed in support of the Swachh Bharat Mission (Grameen), i.e. SBM-G.

Synoptic Findings | SBCC: Open-Defecation Elimination

Given in the WASH sector, there is an ever increasing understanding that hygiene promotion warrants more than 'business-as-usual' approaches, whereas, in practice there exist still many health-based campaigns and IEC material-based approaches. Nevertheless, there is also a growing consensus in the WASH sector that hygiene-promotion should be behaviour-centered with focused and strategic messaging and that there is a critical need of local communication-research that seeks to identify main driving forces. As is evident, many organizations through large campaigns tend to tilt towards favouring a desirable technology as the main trigger for action and thus, use social marketing approaches to make it desirable. A diagonally variant to this approach is Unilever's (Hindustan Lever Limited in India) work on making soap desirable. Whether it relates to hand-washing or using toilets for defecation, people-centered and individual-based strategic communication is critical for the SBCC experts in their

Communication Challenge - India on the Move

Communication for Open-Defecation Elimination (ODE)

Ms. Anusha Agarwal**

work. While this approach may make the work of SBCC teams easier to scale (in theory), the varying local contexts cannot be overlooked.

The current study collected data to enable an overarching assessment of the available communication platforms in the select districts, while documenting the prevalent media-habits of the communities. The enquiry also helped in understanding high-risk populations – those who continue to hesitate in accessing the available toilets or perhaps, do not have access to practicing safer, secured and affordable toilet service. In addition to providing insights in to the barriers to behavior-change in the community, the study also examined availability of and access to the on-going communication channels that are frequently accessed by the target groups.

Analysis of Outcomes | Field Enquiry

Most respondents (approx.75%) had access to television, while a large number of them owned TV at the household level. However, watching TV was found limited to Hindi entertainment (films, serials and music channels), with a very small percent of respondents also tuning into Hindi news channels for short span of the time each day). Almost all the respondents recalled watching public-service announcements by film stars Amitabh Bachchan and Vidya Balan on open-defecation. Similarly, almost all the respondents immediately recalled hearing PM's message on open-defecation over the TV during commercial breaks and the "Mann ki Baat" programme of the PM. A few male respondents, including young people also correlated OD messages on TV with those of the billboards they recalled seeing in the district HQs or cities. Some women respondents (approx. 60%) watched TV during the day time, while all other respondents opined convenience in watching TV during late evening hours.



The Prime Minister, Shri Narendra Modi reviewing the progress towards ODF (Open Defecation Free) targets in four States - Uttar Pradesh, Bihar, Odisha and Jammu & Kashmir, in New Delhi on March 13, 2018.

Radio listening was strictly restricted to private FM stations which are known for broadcasting day-long film music with some interspersed commercials, including some PSAs. Though accessing radio was found to be very poor (barely 15%) among respondents. While infrequent radio access among most male respondents was largely at the tea-shop, barber-shop and during commuting in public transport, most women respondents did not opt radio as their usual media habit. None recalled hearing primary messages on OD issues over the radio.

None of the respondents recalled any **handbills or booklets** on the issues of OD, while almost close to 70% males and barely 25% female respondents recalled seeing city and large town situated billboards on the issue. Some women members also recalled seeing very "text-heavy" posters on OD on the walls of Anganwadi (AWW) or primary school.

Many young people, close to 40%, use **smart phones** and access internet on their mobile phone sets, yet they did not recall seeing any OD messages as such on the phones. They still mentioned seeing PM's message on SBM (Open Defecation) over the social media.

Access to and use of **newspapers and magazines** was extremely poor as barely approx. 15% of all the respondents admitted using these as their media-habit. Some members mentioned that on select occasions,

especially on Gandhi Jayanti and other such national events, they have heard local leaders (**Panchayat members**) mentioning 'Clean India' (SBM) messages. Also, they recalled, especially women respondents, **health staff** from the near-by center emphasizing cleanliness and sanitation as a requirement for prevention of seasonal diseases. Some mothers mentioned how their children often refer to school teachers emphasizing use of toilets for hygiene and good health. None of the respondents actually recalled faith-leaders referring to OD issues as a part of their discourses or discussions.

Respondents mentioned about visits of **public-health engineering** staff in their respective localities but most respondents did not recall engineering staff sharing awareness messages on OD issues.

Almost all the respondents complained about availability of and access to **appropriate water supply**, which could also hamper use of toilets – as opined. Cleaning of toilets was also flagged as one major issue restricting toilet use; this is also due to already scant supply of appropriate water.

Upon raising an issue of **comprehensive WASH communication** that would include holistic behaviour change encompassing toilet-use, hand-washing, sanitation and environmental cleanliness and appropriate waste-disposal, almost all the respondents unanimously agreed with the concept. Respondents opined that actual “clean and healthy” community would only be attained when such a comprehensive communication is ‘promoted’ in the rural areas through Government’s concerted efforts.

Identified Barriers & Gaps | Challenges for SBCC in Open-Defecation

Social and Institutional

Respondents did not find it convenient to use small toilets. They felt that these small toilets are constructed as per unfair guidelines. With continued lack of awareness regarding individual health benefits if they practiced toilet use and hygiene in tribal areas and in their language and inadequate trained SBM staff, all concerted efforts in addressing open-defecation are lagging behind the National and State targets. Unavailability of appropriate water supply is another major cause discouraging people from regularly using toilets. Some community members also opined that

a majority of people in the area lack awareness and guidance as regards technical aspects of toilets. Most people also felt that lack of electricity in many areas of villages makes it difficult to use toilets at night.

Individual and Households

Those who had toilets at home, some were using them as a ‘store-room’ due to lack of space in the house. Some people with addictive habits of substance abuse prefer to go out in open for defecation, as they found such time also appropriate for consumption/use of substances simultaneously. The habit of defecating in open has been passed on from generations, hence the rigid mentality and lack of adequate awareness regarding adverse impact of OD restricts many people regularly practicing toilet use. Some male counterparts did not like to use the same toilet which females were using. Most of the village elderly population didn’t wish to use toilets as they were habitual of open defecation for a very long period. The reason given was, “they feel suffocated in four walls and it gets pungent in smell”. Some community members opined that the volume and size of the pits were too small and hence, would fill up too soon. Most villagers spend their day in agriculture activities at the farm, hence they are unable to practice toilet use. Many people also raised serious concerns about cleanliness and maintenance aspects of the community toilets, including lack of clarity on the toilet maintenance. On the issue of community toilets, people weren’t confident about its regular use. The primary reasons were, in addition to those given above, the distances between each household and the location of the toilet, especially during twilight hours.

Recommendations on Strategies

The research recommends that complexity of the sanitation issue is intrinsically linked with health, socio-cultural and economic dimensions. Authors of the study have highlighted a few strategic policy and programme interventions, which would aid in yielding the desired results in building enabling environment and strengthening the SBCC interventions for the OD elimination in India.

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***Ms. Anusha Agarwal, Masters in Development Studies and an IIM Lucknow (MBA) with Marketing major has been with UNICEF and CMF and currently works with the PwC, India.*

Implementing Best Practices (IBP) Asia Regional Partners Meeting

February 13-15, 2018, New Delhi

During February 13-15, 2018, IBP along with JHPIGO and IPPF hosted a Regional Partners Meeting in New Delhi. Over 140 participants representing government, international NGOs, local and regional organizations, donors and multilateral organizations participated in the 3-day event.



The event was unique as youth were featured, a dedicated civil society session was hosted in collaboration with Population Foundation of India (PFI) and FP2020 and it was the first time in over 10 years an IBP meeting was being held in the South Asia Region.

The major objectives of the meeting were to provide a regional platform for IBP partners to share implementation experience; exchange IBP resources to reduce duplication and facilitate collaboration; and share FP regional meeting outcomes and action plans to support better coordination.

Mr. Manmohan Sharma, Executive Secretary, IAPPD, attended this meeting. During the meeting, Dr. Anoma Jayathilaka shared WHO/SEAROs experiences revitalizing

efforts in family planning in the region as an integral part of larger efforts to improve maternal, newborn and child health outcomes. Dr. S.K. Sikdar from the Ministry of Health and Family Welfare, Government of India, delivered an informative presentation highlighting recent successes from the Indian governments' FP programme which has moved from a 'population control' agenda to a focus on mother and child welfare. Regularly updating and adapting WHO guidelines; implementing Information, Education and Communication (IEC) campaigns and delivering supply chain improvements are just some of the strategies that led to the programme achieving a fertility rate close to replacement (2.1).

Seminar on Programming for Adolescents: New Evidence on their Situation and Needs

December 15, 2017, New Delhi

Accurate and useful data and evidence remains one of the most critical gaps for planning, implementing and reporting on women, children's and adolescents' health in humanitarian settings, impacting the ability of implementing agencies to effectively and efficiently respond to their sexual and reproductive health and rights (SRHR) needs. This requires research to address critical evidence gaps that persist through different stages of humanitarian crises. This evidence is needed for strategic and financial policy and programming to help service providers improve delivery and monitoring of services.

In this context, a seminar on Programming for Adolescents: New Evidence on their situation and needs was organized by the Population Council in New Delhi on December 15, 2017. Mr. Manmohan Sharma, Executive Secretary, IAPPD attended this Seminar.

During the Seminar, discussions were held on Adolescent Health: Persistent Challenge in New Burden, Adolescent and the Media, Violence in adolescent lives, Investing when it counts: Bringing your adolescent into the discourse and Education and employability: Preparing Indian adolescents for a globalized world.

Discussion Guide and Update from India TB Caucus (ITBC)

March 15, 2018, New Delhi

A Discussion guide and update from ITBC - between the Co-chairs of the ITBC and the Global TB Caucus Co-chair Mr. Nick Herbert, Conservative Member of Parliament U.K. was organized by Asia-Pacific/Global TB Caucus, on March 15, 2018, in New Delhi. Sh. Manmohan Sharma, Convenor of India TB Caucus briefed the activities of ITBC

during the discussion. During the meeting brief history of India TB Caucus (ITBC), key achievements over the past year, plan for future, long term goals for, ITBC and how ITBC fit into Indian's plan to eliminate TB by 2025 were discussed.

Ending TB in India requires innovative approaches and out of box thinking

Dr. Jai Prakash Narain* and Dr. L.S. Chauhan**

On March 13, 2018, Prime Minister Shri Narendra Modi while inaugurating the India End-TB summit in New Delhi announced that India commits to end or eliminate tuberculosis or TB by 2025, five years ahead of the global target set under the UN Sustainable Development Goals or SDGs. To do so, the Prime Minister urged all the Chief Ministers and stakeholders to join in the fight as TB-free India can only be achieved/realized if we aim first to achieve TB-Free village, panchayat, district and the state.

The goal is indeed ambitious as the Prime Minister himself admitted, but not an impossible one. The question that arises is: What would it take for India to achieve this goal and why this is important in the global context?

India is indeed a critically important country because it is home to 26% of world's TB cases and 33% of TB deaths. Each year 2.8 million new cases and 0.4 million deaths occur in the country, TB remains the top infectious killer both globally and in India. Clearly, end TB goal globally cannot be achieved unless India makes substantial progress in this direction.

During 1990s, the world witnessed the rapid and unprecedented expansion of DOTS, the directly observed treatment short course strategy, as advocated by the World Health Organization and progress led by India. So, time has now come for India to make an all out effort to achieve the End TB goal!

To do so, India must however address the following issues as a matter of priority:

First, while detecting and treating all types of TB cases, the emphasis must be to prevent transmission by focussing on early detection and prompt treatment of

all infectious cases. There is evidence to suggest that the TB incidence in the country is presently declining at a slow rate of 2% per year. This rate must be accelerated at a much faster pace, to nearly 20% per year – more than ten-fold from the current rate. The main reason for the slow rate being the fact that a large number patient still remains out of the reach of the TB programme. In fact, out of 2.8 million new cases, as many as 1 million are considered as “missing” from the system and who continue to spread the disease in the community.

Urgent efforts therefore are needed to actively search for these cases including in such ‘hotspots’ as prisons, slums, households among contacts of TB patients, etc.



The patients so identified when put on treatment and are rendered non-infectious, can help in breaking the chain of transmission. Conversely, any delay in detection and/or in treatment initiation will lead to an infectious case continue transmitting infection to 10-15 persons annually, adding to an existing large pool of infected people in

the community.

Presently, the TB patients in India are diagnosed after a delay of 2 months, which is of concern. In this regard, rapid diagnostic tools such as gene expert must be made available in all districts or the programme should move towards improved point of care diagnostic tests that can be used at the most decentralised levels of health care and at the community level.

Second, launch a high visibility communication and advocacy campaign to generate awareness in the communities about the disease, its transmission, and importance of regular and complete treatment. During awareness generation activities efforts must be made to make people learn and practice cough etiquette

and hygiene. Strengthening engagement of non-governmental and community based organizations and Panchayati Raj Institutions is critical for programme implementation at local level.

Third, establish a functional and accountable multi-sectoral partnerships both within as well as outside the government. Studies show that nearly 80% of new TB patients often tend to shop around in different health facilities, mostly in private sector, before being diagnosed. Systematic collaboration with private medical sector is therefore essential to ensure that TB patients seen in private health facilities also get free quality treatment and are followed up till completion of treatment.

Since TB is a disease of poverty, partnership among various sectors can also help provision of better housing, hygiene and sanitation, nutrition, clean environment, and improved living standards. Nearly 40% of our population is already infected with TB Bacillus and have 10% life time risk to develop active TB disease, the development of active TB disease among infected population can be prevented by improving their nutritional status to build their immunity.

Fourth, improve quality of TB programme activities which can help prevent the emergence of drug resistant cases managing which is not only costly but the outcome of treatment is also poor. Programme must emphasize on quality diagnostic services and quality of anti TB drugs, and ensure universal access to all patients including those treated in private sector, corporate sector and other public health facilities outside the Health Ministry.

Regular supervision, monitoring and periodic evaluation of programme performance is of course critical to measure progress being made in achieving the target of TB elimination.

Last but not the least, make available sufficient amount of financial and human resources. No programme can hope to succeed without significant budget allocation and human resources. It is expected that the cost of implementing the campaign will be to the tune of Rs. 16,649 crores or \$2484 million. In addition, the whole public health system including health resource or staffing must be geared up and made battle-ready

to take up the challenge. With current state of public health system and the constraints it is working under, the task may seem rather onerous and untenable.

In conclusion, ending TB in the country by 2025 is a huge commitment and a case of 'not business as usual.' The success requires not only the highest level of political will and commitment, but also allocation of substantial amount of financial and human resources, thinking out of the box and implementing innovative approaches particularly how to search for and finding all TB patients and ensuring treatment completeness. Only by mounting such a credible and sustained response, India can and shall achieve the goal of ending TB by 2025.

**Former Director, World Health Organization, Regional Office for South-East Asia.*

***Former Deputy Director General (TB), Directorate General of Health Services, Ministry of Health & Family Welfare.*

TUBERCULOSIS - Key facts

- *Tuberculosis (TB) is a top infectious disease killer worldwide.*
- *In 2014, 9.6 million people fell ill with TB and 1.5 million died from the disease.*
- *Over 95% of TB deaths occur in low and middle-income countries, and it is among the top 5 causes of death for women aged 15 to 44.*
- *In 2014, an estimated 1 million children became ill with TB and 1,40,000 children died of TB.*
- *TB is a leading killer of HIV-positive people: in 2015, 1 in 3 HIV deaths was due to TB.*
- *Globally in 2014, an estimated 4,80,000 people developed multidrug-resistant TB (MDR-TB).*
- *The Millennium Development Goal target of halting and reversing the TB epidemic by 2015 has been met globally.*
- *TB incidence has fallen by an average of 1.5% per year since 2000 and is now 18% lower than the level of 2000.*
- *The TB death rate dropped 47% between 1990 and 2015.*
- *An estimated 43 million lives were saved through TB diagnosis and treatment between 2000 and 2014.*
- *Ending the TB epidemic by 2030 is among the health targets of the newly adopted Sustainable Development Goals.*

Source: <http://tbfreeindia.com/facts-about-tb/>

Budgetary Priorities and Processes for Maternal Health - Roundtable Discussion with Parliamentarians

February 8, 2018, New Delhi

Women and children constitute an important category of population towards which adequate focus is placed in order to ensure sustainable development of the country. Despite having a dedicated policy framework, India is still far from meeting even the Millennium Development Goals (MDGs) pertaining to maternal and child health. Given the concerns around the high cost of healthcare in India, there is a

need to ensure that priority is accorded to maternal and child health through appropriate policy interventions and adequate budgetary provision.

In this context, the White Ribbon Alliance for Safe Motherhood (WRA) in partnership with Indian Association of Parliamentarians on Population and Development (IAPPD) and Centre for Budget and Governance and Accountability, organized a roundtable meeting with Members of Parliament on February 8, 2018 in New Delhi, while Budget Session of the Parliament was going on.

The objective of this meeting was to discuss, identify and devise strategies for improving quality of care in maternal health services within the current budget scenario. Quality is determined by the provisions of care such as availability of human, financial and physical resources, infrastructure, supplies and equipment. All women deserve maternal health under Universal Health coverage and such services are critical in improvising India's

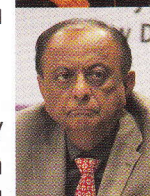
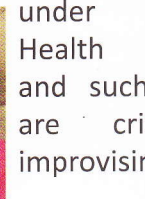
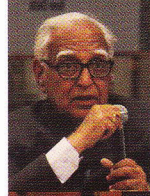
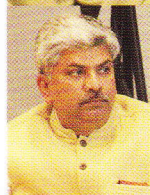
overall health benchmarks of MMR, NMR and IMR. By ensuring accessible and friendly services to all women and children, our health performance will improve.

Nine Members of Parliament viz. Mr. Shadi Lal Batra; Mr. Majeed Memon; Mr. R.K. Jena; Mr. Hussain Dalwai; Mrs. Viplove Thakur; Mr. Laxmi Narayan Yadav; Prof. Azmeera Seetaram Naik; Mrs. Kothapalli Geetha; and Mr. Anand Bhaskar Rapolu attended this meeting.

The welcome address and introductory remarks were given by Mr. Manmohan Sharma, Executive Secretary, IAPPD and Dr. Aparajita Gogoi, Executive Director, WRA, India.

The meeting was presided over by Mrs. Viplove Thakur, MP and Vice Chairperson, IAPPD. Presentation on 'Budgetary Priorities and Processes to Improve Quality of Care in Maternal Healthcare' was made by Ms. Richa Chintan, Dr. Shailendra K. Hooda and Dr. Indranil Mukhopadhyay.

At the meeting, all the MPs agreed



Members of Parliament and Experts sharing their views during the Meeting.



that budget priorities affect maternal health service delivery especially to rural and the disadvantaged. They shared their ideas and suggested ways to address the issues in fund priority and utilization for maternal and child health care through public spending on health and greater equity in budgets.

IAPPD, WRAI and CBGA have been working in partnership for over a couple of years towards unpacking the changes in resource allocation for the health sector in general and maternal and child health in particular.

IAPPD Standing Committee Meeting

February 8, 2018, New Delhi

The Standing Committee Meeting of IAPPD was held on February 8, 2018 in New Delhi. The main objective of the meeting was to apprise the Members of Standing Committee of IAPPD about the activities of IAPPD during the last two years.

The meeting was attended by Mr. Shadi Lal Batra; Mr. Majeed Memon; Mr. R.K. Jena; Mr. Hussain Dalwai; Mrs. Viplove Thakur; Mr. Laxmi Narayan Yadav; Prof. Azmeera Seetaram Naik; Mrs. Kothapalli Geetha; and

Mr. Anand Bhaskar Rapolu.

Majority of members were of the view that IAPPD should work on Panchayat level sensitization workshops for PRIs on population stabilization, family planning issues and reproductive and child health. After organization of sensitization programme at Panchayat level, Parliamentarians should ask the local administration to organize more such programmes at their constituency level.

Dinner Meeting with F.P. 2020

February 20, 2018, New Delhi

With the objective to hear the perspectives of Members of Parliament (MPs) on India's FP 2020 commitment and progress towards achieving its goals, a Dinner Meeting with F.P. 2020 was organized by the United Nations Foundation on February 20, 2018 in New Delhi.

During the meeting FP 2020 Executive Director, Beth Schlachter and Asia Regional Manager, Chonghee

Hwang, discussed on India's FP 2020 commitment and programme towards achieving its goals. They also discussed the pivotal role that civil society organizations can play in this partnership and how it can continue to bring members voices forward.

Sh. Manmohan Sharma, Executive Secretary, IAPPD, participated in this meeting.

Meeting with officials of White Ribbon Alliance India (WRAI)

December 20, 2017, New Delhi

To discuss the future activities to be taken up in collaboration with the White Ribbon Alliance India, a meeting with the officials of WRAI was organized by the Indian Association of Parliamentarians on Population Development in New Delhi on December 20, 2017.

The meeting was attended by senior officials of WRAI and Shri Manmohan Sharma, Executive Secretary, IAPPD.

During the meeting, the issue of maternal health was discussed at length. Also, it was felt that there is a need to ensure to give adequate priority to accelerate women and children's health. It was also reiterated that the Members of Parliament should be provided a platform where they can discuss about tackling bottlenecks or neglected areas in health systems strengthening and how these can be addressed by Centre and State Governments.

DELHI END TB SUMMIT

Prime Minister inaugurates 'The Delhi End TB Summit'

Launches TB Free India Campaign

March 13, 2018, New Delhi

"India is determined to address the challenge of TB in mission mode. I am confident that India can be free of TB by 2025, five years ahead of the global target set under the UN Sustainable Development Goals or SDGs." This was stated by Prime Minister Shri Narendra Modi as he inaugurated the Delhi End TB Summit and launched the TB Free India Campaign, in New Delhi on March 13, 2018.



Shri J.P. Nadda, Union Minister of Health and Family Welfare, Smt. Anupriya Patel, Minister of State for Health and Family Welfare, Dr. Tedros Adhanom Ghebreyesus, Director-General, WHO, Ms. Lucica Difu, Ex. Director, Stop TB Partnership along with the Health Ministers from 20 countries were also present at the inaugural function of the summit, which is being co-hosted by the Ministry of Health and Family Welfare, Government of India, WHO South East Asia Regional Office (SEARO) and Stop TB Partnership.

Speaking at the function, Shri J.P. Nadda, Union Minister of Health and Family Welfare, said that the unwavering support of the Prime Minister has always been a source of great inspiration. Shri Nadda further stated that it is the Hon'ble Prime Minister who has driven us to take this ambitious task upon ourselves to advance our targets and accelerate our actions.

Dr. Tedros Adhanom Ghebreyesus, Director-General, WHO said that this is the right place to have this event and India's plans to achieve the targets 5 years before the global target is bold, courageous and ambitious. Dr. Tedros thanked Prime Minister for his personal and political commitment and said that such commitment is needed to win the war against TB.

TB is the leading infectious killer in India. There were an estimated 28 lakh new cases of TB in 2016, with over 4 lakh people succumbing to the disease, including those

The Prime Minister, Shri Narendra Modi launching the TB Free India Campaign, at the inaugural session of "END TB" Summit, in New Delhi on March 13, 2018.

The Union Minister for Health & Family Welfare, Shri J.P. Nadda and other dignitaries are also seen.

with TB and HIV. The new NSP adopts a multi-pronged approach which aims to 'Detect' all TB patients with an emphasis on reaching TB patients seeking care from private providers and undiagnosed TB in high-risk populations, 'Treat' all patient irrespective of where they seek care adopting a patient centric approach, 'Prevent' emergence of TB in susceptible population groups and 'Build' empowered institutions and human resources to streamline implementation.

Mrs. Viplove Thakur, MP and Deputy Chair of IAPPD and Mr. Manmohan Sharma, Executive Secretary, represented IAPPD in this event. Also present at the event were Health Ministers from the States, senior officers of the MOHFW and representatives and delegates from across the globe.



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