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Meeting Family Planning Needs Sensitive

Healthcare professionals, mainly doctors, are primarily responsible for guiding a couple in choosing the right contraceptive which essentially is a preventive service. However, as professionals largely entrenched in treating patients they follow the same logic of curative care and just provide the contraceptive which the client asks for. In India it is female sterilization.

It is unfortunate that the little extra effort of counselling a couple, spending that few extra minutes to hand-hold and enable them to choose the most suitable contraceptive is not happening in most of our family planning programmes. Empirically this can be substantiated by the fact that most healthcare professionals including policy makers and programme managers refer to contraceptive-seeking couples as patients and not clients!

We at Janani are trying to change the thinking of doctors and other medical professionals...to humanize family planning services in Bihar and Jharkhand... listen to couples before advising them on an appropriate, informed choice of contraception. It is vital to understand that one shoe does not fit all. For a large number of women who avoid coming to clinics, family planning has been synonymous with surgery. They are not aware of the alternatives to surgery and so the counsellors have a greater responsibility in informing them about the choices available. Equally important is the suitability of the particular means of family planning chosen. It is the duty of the counsellor to first understand and ascertain the client's state of health and then suggest the most appropriate and compatible method of family planning.

Due to counselling there have been several instances where men have stepped in for the terminal method (no scalpel vasectomy) in place of their wives. There is so little information demystifying the benefits of this option that when accurate knowledge is given sensitively, men come forward quite willingly. An illustrative example is the success of a Janani doctor who specializes in NSV in Arrah. In the last ten months, over 400 men have opted for NSV at Janani's Surya Clinics after the doctor and his team disseminated information to them on the benefits of this method.

Equally effective is the use of an IUD for 10 years with periodic check ups and reinsertion after five years. Janani is seeking to build a relationship that will be life long. Simultaneously there is emphasis on five-star culture in terms of cleanliness, efficiency and aftercare facilities at the clinics.

The road ahead is a challenging one. Moving out of the 'curative care' mode to the 'preventive care' mode will need time and effort in Bihar and Jharkhand. This is why Janani sees a special role for each healthcare professional within its umbrella. They have to be the change that Janani seeks to bring about. By improving their understanding of the nuances of family planning and the needs of the couples seeking it, they will help clients make an informed choice and a choice they are comfortable with. ■

Shejo

Shejo Bose,
Programme Director, Janani

■ SPOTLIGHT

The Man Who Put Family Planning at the Centre of Development



At 76, most bureaucrats would be resting on their laurels but not T V Antony, the father of family planning initiatives in India and the dynamic former chief secretary of Tamil Nadu. He is still traveling all over the country and abroad addressing as well as drafting action plans for making family welfare the centre of development policies. This January he was included in the apex advisory body of the Ministry of Health and Family Welfare to review the implementation of policies and programmes of the government relating to medical and public health sector.

In August, the Bihar government appointed him to the 30-member Bihar Population Council, headed by the chief minister. Since he will probably be more often in Patna now and has been a friend of Janani, it looks forward to more interaction and guidance from him on its population stabilisation efforts.

In 2005-06, at the request of the Rajasthan government, Antony successfully recreated the family planning model of Tamil Nadu, initiated by him in the seventies, in the districts of Tonk and Jhalawar in Rajasthan. Touring the two districts every month and interacting with the collector, panchayati raj institutions, women's organizations and others, he increased the IEC content so that people were fully aware of the small family concept and the need to adopt it themselves.

He also focused on the health of the mother and child and institutional delivery.

He insisted on provision of reliable water, electricity, clean toilets, clean female wards, well equipped delivery rooms, operation theatres, friendly reception centres and adequately trained staff which would be present 24 hours and frequent inspection by senior officers. Due to his efforts and the support of the state and central governments, Tonk district received the state award for its performance in family welfare. In just nine months, institutional deliveries and sterilizations went up by 50 per cent.

Between 2006 and 2008, he was involved in a programme for empowering women in Rajasthan. It entailed ensuring within three - four years enrolment of all girls up to

class 10, raising the age of marriage for women to above 18, cent per cent institutional delivery, proper facilities for contraception that would lead to planned families and employment for women. For improving service delivery in the health sector and empowering women through a life cycle approach, on Independence Day in 2008, he was given the State Award.

T V Antony's involvement in family planning in its various avatars began in 1971 when he was the Collector in Thanjavur district. Inspired by the massive drive for vasectomy in the neighbouring district of Ernakulam, he used mass communication on the advantages of contraception to organize 36 camps for vasectomy across the district for 40 days. Apart from well trained and well equipped medical personnel, facilities were provided to house, feed and entertain every acceptor for six days. They were discharged only after the sutures were removed. As against 5000 people who had been sterilized in Ernakulam, 22,000 young people controlled their family size through vasectomy in

Thanjavur. The rigid health screening of acceptors and the guarantee given against after effects became the replicable model of the 'camp technique' of family planning used in other districts of Tamil Nadu. The Thanjavur family welfare programme received a National Award.

When he moved to Madras city in

In a span of 10 years from 1984 to 1994, due to the vision and effort of Antony, the birth rate in Tamil Nadu dropped from 29 per 1000 to 19.2 per 1000

1974 as its chief administrator, he once again involved all departments of the government, film stars, local legislators and the Rotary Clubs in a massive campaign for contraception and small families. A special feature of the Madras camps was cards given to all acceptors that entitled their children to preferential medical treatment, child care and immunization and a package of milk products once a week. It was the first time that child survival was linked to contraception in the state. The number of those who underwent sterilization shot up from 17,000 to 30,000 a year for four years. It won him a Rotary award, Madras city a National Award as well as a write up in *Time* magazine.

Shuttling between Delhi and Chennai, his interest and work for family planning never waned. In 1985, when the late MGR was chief minister of Tamil Nadu he was given the rare privilege of addressing MLAs, after a budget session on the small family and what they should do about it.

Collaborating with communication experts, he brought out a set of messages relevant to different groups of people, on the importance of small families. These included –‘Agricultural land being limited, too many heirs could fragment land holdings to uneconomic sizes,’ or ‘If one wants to retire in peace at 58, the last child should be born at least 25 years earlier, that is, before the employee turns 33’ . Messages like these were compiled in a pamphlet published

by the state government in English and Tamil and distributed widely. Buses in the state too carried these messages on the advantage of planned families. Simultaneously, training was given to women para-medical staff on contraceptive techniques for spacing children. Attention was also given to universal immunization and oral rehydration. The number of sterilizations shot from 2,60,000 in 1982- 1983 to 500,000 by 1987. The state received the National Award for Excellence in Family Welfare for two consecutive years in the mid-eighties and a prize money of Rs 2.5 crore.

He has also brought out a booklet on the need for a more positive image of family welfare and made suggestions on how to monitor a programme which would try to ‘contract the span of fertility rather than just watch achievements of the contraceptive targets.’ Raising the age of marriage, literacy for women, reducing infant mortality, increasing birth spacing between children and preventing child bearing at an early age were all important components to reduce fertility rates.

In a span of 10 years from 1984 to 1994, due to the vision and effort of Antony, the birth rate in Tamil Nadu dropped from 29 per 1000 to 19.2 per 1000. This represented a fall of about half a million children per year. In 2000 he was awarded the Padma Bhushan for his contribution to Family Welfare. ■

Basket of Services at Integrated FP Camps

There are no coy looks, no embarrassed fumbling for words in asking for family planning services at the integrated family planning camps for men and women run by Janani with government support under the NRHM (National Rural Health Mission).

Organised at the Primary Health Centre level, the entire technical and non technical team come together at the camp. The NSV and IUD providers, the ligation expert, the Surya Health Promoters and nurses are present to serve a larger number of clients in one go. This is a total reversal of the old system where there was vertical provision of services, separately for men and women.

The first integrated camp was held at Jehanabad, Bihar, and there were 135 ligations and 74 NSVs. In fact over 400 people who turned up had completed their families but since it was summer, did not want to undergo sterilization. So, as an alternative option Janani offered IUD insertion which was accepted by 412 women.

“We were really happy that we could convince these women to accept this alternative and go in for IUD insertions instead of waiting for the weather to improve,” said an elated camp organiser, Navin Kumar Agarwal. Heartened by the response, the civil surgeon and the district magistrate have asked Janani to conduct more integrated family planning camps in Jehanabad.

At similar camps at Vaishali and Khagaria districts of the



state, 521 ligations, 54 NSVs and 105 IUDs were provided. At Sandesh in Bhojpur district there were more clients for NSV than for ligation. As against 23 ligations, 30 NSVs and four IUDs were provided at the two-day camp.

Though it is expensive to arrange for an additional doctor for NSV in every camp, Janani is happy to offer a complete range of contraceptive coverage to clients in these camps. ■

■ PROFILE

Sixty and Going Strong Selling Fruits



Every morning soon after the Janani office opens at the Reshmi Complex in Patna, a basket of fresh fruits arrives for the lunchroom straight from the fruit mandi. In the mango season it's the finest mangoes of Bihar and the rest of the year, its seasonal fruit—could be anar, grapes, apples, litchis, papaya or bananas. For Kabutari Devi, 60, the fruit basket and her association with Janani is her lifeline.

Kabutari Devi's husband, a raj mistri (master mason) is confined to the house ever since his paralytic attack several years ago. Since she has only daughters, all four happily married and in their homes, the burden of caring for her husband fell on her. Initially both husband and wife were daily wage labourers working at construction sites. Kabutari Devi would have continued with her daily labour work but ever since she fell at a construction site with the load on her head, she has stopped that work. Now she supports herself and her husband by selling fruit that she fetches from the mandi early in the morning.

Quite recently, Janani's programme director saw this old woman pushing a hand cart and trying to sell fruits quite

close to the office. Keeping in mind Janani's larger motto to help the down trodden and its gender agenda, he asked her to supply fruit to Janani and so this wonderful new association was established which has nothing to do with family planning. For the office staff it has meant a bonus of nutritious fruit at meal time.

In the mango season, sales are quick. Half the 20 kilos of mangoes are sold to Janani and the rest she sells in the homes of selected clients and on the streets. Mangoes disappear within three to four hours because everyone buys two to three kilos, but it may take the whole day to sell the other fruit that are not as popular. But Kabutari Devi does not get home till all the fruit in her basket are sold. "I like to sell only fresh fruit," she says.

With a profit of Rs 100 to Rs 120 a day, she is able to manage her home with her earnings. She still lives in a jhopdi (hut) close to the Janani office but the smile is back

on her face and she knows she can turn to Janani for medical assistance. Like Magdali, who rose from security guard to office assistant (see *Manthan* June 2009), Kabutari is now a part of the larger family at Janani. ■

For Kabutari Devi, 60, the fruit basket and her association with Janani is her lifeline

■ SPOTLIGHT

Janani-NACO Partnership to Reduce Health Risks

The use of the condom for family planning and protection against sexually transmitted diseases like HIV has remained low despite the increase in its availability and awareness. While its use for family planning varies across the country, the common reason for the condom being little used for protection against HIV is the perception among men that they are not at risk from the infection.

Therefore, the focus of the third phase of the National AIDS Control Programme (NACP III) has been to upscale existing interventions like social marketing of condoms to prevent new infection within high risk groups and the general population especially in vulnerable states like Bihar.

To expand the social marketing programme, the National AIDS Control Organisation (NACO) brought on board Janani and other social marketing organizations, to reach out to the population at risk in Bihar. Janani was chosen primarily because it had set up a network for socially marketing condoms in Bihar in 1995. The network includes rural networks (rural shops and non-traditional outlets) and clinics managed by doctors to reach out to the rural population by creating platforms for these communities to access condoms.

Although HIV prevalence rate is below one per cent in Bihar (0.36 per cent for all ANC attendance, according to India HIV estimates for 2006), the state is highly vulnerable when rated on the parameters of migration, size of the population and condition of health infrastructure. It is estimated that there are 0.74 lakh people living with HIV and AIDS in Bihar. However, the reported awareness of use of condom for HIV prevention among men here is 52.3 per cent (49.2 per cent in rural areas and 74.7 per cent in urban areas). The state also has the lowest level of awareness regarding HIV and AIDS (21.5 per cent) among rural women across the country.

Another challenge is the low levels of current use of any modern contraceptive method for family planning (28.9 per cent) and current use of condom for family planning (2.3 per cent (NFHS III). The total unmet need for family planning is 22.8 per cent (NFHS III). Thus, there is a need to focus on increasing rural coverage for preventing unwanted pregnancies and promoting condoms in high risk areas.

The one year programme, started by Janani in April this year, will cover 30 districts in Bihar of which four fall in category 1 (high prevalence and high family planning need) and the remaining 26 districts in category 3 (low prevalence and high family planning need).

Janani's strategy will be to reach condoms to priority districts by opening new outlets and improving services in already existing outlets in all the districts. The distribution system of Janani in Bihar will cover 42,710 outlets, 73 per cent of which will be in rural areas and the remaining in high risk areas like highways and urban clusters housing migrant populations.

A multi-pronged strategy comprising free distribution, social marketing and commercial sales will be used to target different groups. While the consumer base for socially marketed condoms will be increased by using behaviour change strategies, free supply of condoms will be limited to the population at the greatest risk of HIV or those who cannot afford to buy socially marketed condoms such as the population below poverty line, commercial sex workers (CSWs) and men who have sex with men (MSM).

In the four districts falling in category 1, namely Araria, Lakhisaria, Purnia and Kathiar where the need for family planning as well as the prevalence of HIV is high, the approach will be to ensure availability of condoms and improve services at both traditional and non-traditional outlets in urban and rural areas. Each outlet will cater to a population of 500 in order to ensure complete

Janani, which will be working closely with the Bihar State AIDS Control Society (BSACS), especially in the high risk areas, expects that at the end of the year-long intervention it will achieve the following:

- Selling over 21 million condoms across 30 districts, covering both rural and high risk areas
- Selling 14 million of Janani's own brand of social marketing condoms and seven million Deluxe Nirodh condoms in the 30 districts
- Protecting 2.1 lakh eligible couples (in the age group of 15-45 years)
- Increasing availability of condoms at 161 sites identified as high risk
- Reaching out to the rural eligible population of 13 million through 31,150 rural outlets
- Improving access to condoms to all, including high risk groups, through 27,462 non-traditional outlets
- Meeting nine per cent of the unmet need for spacing
- Raising awareness among 80 per cent of people in high risk groups
- Preventing HIV and AIDS transmission

coverage of high risk areas. Tie ups with Targeted Interventions (TI) partners operational in these areas will ensure that all high risk groups including CSWs and MSMs are adequately covered.

One such high risk area includes highways. Twenty two national highways pass through the 30 districts identified for the intervention. Realising the importance of reaching out to this mobile population, Janani has decided to target 650 non-traditional outlets along the national highways, like dhabas, petrol pumps and pan shops.

Janani expects an estimated 400,000 condoms to be sold through these points during the year-long

NACO brought on board Janani and other social marketing organizations to reach out to the population at risk in Bihar. Janani was chosen primarily because it had set up a network for socially marketing condoms in Bihar in 1995

behaviour change. The media will also be used to spread the message. ■

programme period.

Janani's Behaviour Change Communication (BCC) strategy will focus on generic and brand promotion of condoms. The direct objective will be to increase sale of condoms from the outlets, both those made by Janani (Mithun and Style) and the government brand (Deluxe Nirodh) and reach 80 per cent of the high risk groups. In rural areas, wall paintings, fairs, posters, fliers, street plays and one-to-one methods of communication will be used, especially in the 161 high risk sites, to motivate

■ SPOTLIGHT

The WOW Women

Janani is training select rural women as Women Health Outreach Workers (WOWs) to provide counselling and basic health services at the grassroots level to impoverished village communities in Bihar. The WOWs will work closely with the ANM and ASHA, supplementing their efforts.

The initiative is part of the state government's World Bank assisted Bihar Rural Livelihoods Project (BRLP), also called Jeevika. After a successful pilot intervention in 22 villages in 2006, various phases of the five-year long BRLP are being implemented since October 2007 in over 4000 villages in six backward districts of Bihar. It will benefit nearly six lakh poor families in the districts of Khagaria, Madhubani, Purnia, Nalanda, Gaya and Muzzafarpur. The project aims at reducing poverty by enhancing social and economic empowerment of the community by developing organizations of rural poor women and enabling them to access and negotiate better services, including health facilities.

In the first phase of the project, Jeevika I, the WOWs were selected from members of Self Help Groups whose setting up was enabled by the project. The women were identified on the basis of those who were keen to work for providing health services to rural women, with Janani giving them medical training and also offering them infrastructural support. The project aims at one WOW per 150-200 households. Janani's experience in creating and training a network of health workers is being leveraged in training and sustaining the BRLP's institution

of outreach workers.

The WOWs bring to the doorstep of the rural poor a bouquet of health information and services. This includes messages on prenatal, natal and post natal care and provision of reproductive health services and family control measures, female hygiene, STD and HIV and AIDS prevention, first aid services, pregnancy tests, identifying a critical pregnancy or some other reproductive health problem, measurement of blood pressure and weight, breast examination and examining for symptoms of reproductive tract infections and sexually transmitted diseases.

The presence of these WOWs helps the community to access medical care at the village level itself and reduce their expenditure on health as these trained women will be their first point of contact. The project not only provides opportunities for an additional source of income to WOWs but also boosts their confidence level and empowers women traditionally confined to their homes.

The first phase of Jeevika had enabled the setting up of as many as 7300 Self Help Groups within two years. The SHGs set a record by saving Rs 4.3 crore with bank assistance and carrying out business worth Rs 7.35 crore.

In the second phase of the BRLP, Jeevika II, launched with fanfare by chief minister Nitish Kumar in Patna recently, the programme has been extended to 26 new blocks in the six selected districts. As before, Janani will provide assistance in ensuring medical outreach services. ■

The presence of these WOWs helps the community to access medical care at the village level itself and reduce their expenditure on health as these trained women will be their first point of contact

■ INSIGHT

'Working at a Surya Clinic is a Great Learning Experience'



Dr Neha (right) attending to a client in Surya Clinic, Patna

Dr Neha Nathani, a MBBS graduate from Delhi, was one of the first doctors to have responded to the Janani advertisement inviting doctors, nurses, midwives and ANMs for three months hands-on experience in family planning and comprehensive abortion care in Patna. In a very short time, she says, she gained practical knowledge and skills that she had not been able to acquire in her entire hectic MBBS internship.

Looking for experience in public health, she found the Janani website and contacted the NGO by email. Things progressed quickly after that and she soon found herself working with Janani in a clinical capacity. "It has been good so far," she says enthusiastically.

"From a practical point of view, I have learnt a lot. I've been working from 9 am to 5 pm at a Surya Clinic which offers family planning services and functions under the Janani umbrella. The senior doctors are all gynaecologists and obstetricians. They are also expert trainers who motivate and encourage me and the other trainees every day. In addition to teaching us how to deal with clients and carry out various procedures, they groom us to be confident while dealing with clients."

The clinic sees over 50 clients a day. They come in for medical or surgical termination of pregnancy, intrauterine copper device insertions, tubal ligations and in the case of males, non-scalpel vasectomies. After the procedure, they return for check-ups. Clients also come for help and advice in adopting a suitable method of contraception.

Neha says at first she was a silent observer, watching how the procedures were done and clients examined and assessed. Gradually, she found she was getting more involved in the work and could deal with clients on her

own. Now she does the medical termination of pregnancies and IUD insertions and her work is supervised by a senior doctor. The number of cases she handles every day varies, as there are several other trainee doctors, and the case load is shared. It could be just two cases or even 10 in a day. Neha is also learning OPD related work, which is not just about writing the correct medication but also about communicating effectively with clients.

Since she is preparing for further medical studies, Neha is happy to find plenty of time in the evenings to delve into medical books and of course the internet, which is available to trainees. Neha is confident that her experience at Janani will embellish her CV and give her added advantage when she applies for higher studies in public health.

Her other lesson came with understanding the functioning of a large NGO. Janani is well organised and is carrying out work of great significance in the family planning field, she says. She was pleasantly surprised by the state of the art, modern facilities and the tremendous zeal for work in Janani. Neha adds that she has been provided with all the facilities needed for a comfortable stay. Her living quarter is in the spacious main office building of Janani. There are mess and gym facilities too.

Janani has facilitated her sightseeing trips to locations such as Bodhgaya, and in Patna she is discovering new shopping and eating places.

Janani even invited her parents to visit Patna and stay in its guest house in order to reassure themselves about its work culture as well as Neha's safety. The gesture helped greatly in removing their doubts about her move to Patna and also settled the uncertainty about her future. ■

Snippets

Hopes Rise as MMR Drops

Health workers in Bihar have cause for cheer. Recently released official figures show that the maternal mortality rate (MMR) in Bihar has fallen by about 15 per cent. The MMR, which records the maternal death per lakh live births, decreased from 371 in 2001-03 to 312 in 2004-06 in Bihar as more women are opting for institutional deliveries. The state's principal health secretary, Bhanu Pratap Sharma, said institutional deliveries in the state had gone up from 15 per cent to 40 per cent over the last three years. "Institutional deliveries in 2006 were 136,000 and now they are over 1.1 million, contributing substantially to reduction of MMR," Sharma said.

UNICEF described the drop in MMR in Bihar as "a new beginning on the health front." Its health expert Dr Sherin Varkey added that the MMR had come down in the state because of an increasing awareness about health during pregnancy and the training of health workers. Women have also been demanding improvement in health services and infrastructure. "We are committed to reducing MMR by improving the health scenario in rural areas," Bihar health minister Nand Kishore Yadav said, adding that he was hopeful that the state's current MMR would have dipped below the national average of 254 per lakh live births, an achievement expected to show up in the next data collection exercise.

No more running from pillar to post for blood

'Safe' blood will soon be readily available in district hospitals across Bihar. The state government has signed a memorandum of understanding with the Indian Red Cross for the setting up of blood banks in 17 district hospitals. There would also be periodic checks of the blood to ensure it is free of infections like HIV and hepatitis.

During the signing of the MOU, chief minister Nitish Kumar said the move was more about providing "health care" rather than "medical care" and that a step towards getting rid of Bihar tag of a 'sick state'. It would benefit those in dire need of safe blood during transfusions.

Nodal body for Population

The long awaited Bihar State Population Council (BPSOC) has been finally notified with the chief minister as its chairperson. The 30-member council includes ministers and principal secretaries of various state departments, population expert TV Antony, representatives of UNICEF and UNFPA and others.

The Council will review all existing family welfare schemes in the state and take the necessary steps to make improvements in health projects. Health minister Nand Kishore Yadav, who is also a member of the Council, said a new intensified thrust was needed because the current measures by the government for population stabilisation

were inadequate. As against the nine-lakh family planning interventions a year required for regulating the state's population, just 3.5 lakh such procedures were taking place. The Council would help the various departments in the state to come together to achieve this goal.

Reducing the infant mortality rate would be a priority for the Council, because this would impact on population stabilisation efforts. In addition to the health department, all health initiatives by the departments of social welfare, public health engineering and urban development would now be under the direction of the Council. Yadav said another priority would be to intensify population stabilisation campaigns in rural areas where ignorance about contraceptives and sterilization prevent people from accessing family planning facilities.

Health Info Kit for MPs

Newly elected MPs have been provided information kits on the country's grim maternal health situation. A groups of NGOs working on women's health and social issues are hoping that by reading the booklets on maternal death and disability in India, the MPs will give due importance to the subject in their discussions.

The Centre for Legislative Research and Advocacy, Sahayog and others, who partnered the initiative for reaching out to the Parliamentarians, have pointed out the inequitable nature of maternal health provisions and provided some case studies. They have also given examples of how the situation can be rectified.

Insurance Cover for HIV

Insurance companies that had always shied away from covering the HIV infection are now having a relook at their policy. First off the block is the government owned Oriental Insurance Company which is finalising a health insurance policy that would cover HIV.

Oriental Insurance's chairman cum managing director, M Ramadoss said, "Health insurance policies currently exclude HIV treatment. The health product we are finalising will cover HIV and can be bought by people who are not infected with HIV." He said the policy would be priced slightly higher than the others.

The Chennai headquartered Star Health and Allied Insurance is another insurance group that currently offers group cover for those already infected with the virus. The policy has been taken by 1,500 people as a group in Karnataka and Tamil Nadu. "We are doing it as a social imperative," said V Jagannathan, head of the insurance company. He pointed out that the company offers two types of HIV covers of Rs 30,000 and Rs 50,000, which will be the amount paid in case the HIV infection develops into AIDS. However, lung and intestinal infections are not covered by the policy. ■

Myths & Misconceptions

Myth: The condom is not an effective family planning method

Reality: It is very effective, but only if used correctly every time the user has sex. Many users do not use them every time or not in the proper manner.

Myth: Condoms cannot prevent sexually transmitted diseases (STDs)

Reality: Condoms provide excellent protection against STDs, including HIV/AIDS, when they are used correctly every time a person has sexual intercourse of any kind (vaginal, anal, oral). Unfortunately, many people use condoms incorrectly or do not use them every time with all partners. The best protection against STDs is either abstinence or else sex only with a faithful and uninfected partner.

Myth: The AIDS virus (HIV) can get through a condom

Reality: No, condoms can prevent AIDS and other sexually transmitted diseases. HIV is very small but it cannot pass through an unbroken latex condom. Condoms made from animal intestines may not be as safe, however. Some disease-causing organisms probably can pass through them.

Myth: Condoms make a man weak and impotent

Reality: Not for most men. Impotence has many causes. Some causes are physical, and some emotional. They may be embarrassed about using condoms. Condoms themselves do not cause impotence.

Myth: Condoms make sex less enjoyable

Reality Some people find that they enjoy sex less when using condoms, but many enjoy sex as much or even more because they are free from worry about pregnancy or STDs.

Myth: It is difficult for a woman to get her partner to use condoms

Reality: Men have different reasons for not using condoms. Often their reasons are based on rumours or misunderstanding. A woman can talk to her sex partner. She might tell him:

- Condoms prevent pregnancy and serious illness and even can save a person's life
- Using condoms correctly is easy with a little practice, and sex can be just as enjoyable
- Many couples use condoms. They are not just for sex workers
- She knows he would not intentionally infect her with a

disease, but many people have STDs, including HIV/AIDS, without knowing it

- Some men last longer during sex when they use condoms, and this makes sex more enjoyable for both the man and the woman

It is not easy to get some men to use condoms, and no one way always works. Still, every approach must be tried. The risks are too high not to try.

Myth: Condoms are used mostly by sex workers

Reality: No. Married couples all over the world use condoms. Because of the high risk of STDs, however, it is especially important to use a condom whenever having sex with a sex worker.

Illustration by Anoop Kamath



Myth: Condoms often break during sex

Reality: A small percentage of condoms do break. When used properly, they seldom break. Condoms are more likely to break if a woman's vagina is dry. Water-based lubricant on the outside of the condom helps, too. Never use any oil or lubricants made with oil, such as petroleum jelly or skin cream. They weaken latex rubber very quickly and make condoms more likely to break.

Myth: A person does not need to use condoms to protect against STDs when having oral or anal sex

Reality: STDs can be passed from one person to another during any sex act that involves penetration (inserting the penis into any part of another person's body). All clients should be urged to use a condom when having oral, genital or especially anal sex with someone who may have an STD—or if the client has an STD. ■



The most important person in Janani is you. You all are members of the Janani family and each one of you is dear to us," said Shejo Bose to the 400 persons employed with Janani. The Janani programme director was speaking at the first meeting of the entire staff working in Bihar and Jharkhand. 'Janani Live', the three day meet organized in Delhi from August 25-27, was marked by a strong sense of team spirit and bonding.

Janani believes that only by ensuring the health and well being of its staff can it look after its clients and thereby upscale the performance of the organization contended Bose and this is the message that he gave to his colleagues.

Technical and operations staff from all 40 districts in Bihar and Jharkhand where Janani is working was invited to attend the gala meet held in a five star hotel in the Capital. Many of the employees were flown in to Delhi, some of them experiencing air travel for the first time. The staff was pampered during their stay and feted with awards for their achievements.

The first two days of the conference were devoted to sessions for the technical teams and the third day was devoted to the operations teams. During the conference, Bose underlined the importance of the Surya Clinics in the perspective of the health and family planning needs in Bihar and Jharkhand. Senior doctors from the Patna Central Surya Clinic discussed important information on technical issues and resource person Vikram Anand, a public health specialist, spoke on improving efficiency, cleanliness and client care through Standard Operating Procedures. Resource person Dr S Mudgal dealt with

Infection Control and Hospital Waste Management. Patna based specialist Dr Diwakar Tejaswi, formerly with NACO, spoke on Infectious Diseases, while Dr Amritajit Saha, public health specialist with the NGO Path India, spoke on HIV and Universal Precaution.

The sessions were interactive and participatory, allowing staff from various districts to pool in their experiences as well as being a great bonding exercise. Many of the employees were meeting each other for the first time. A brief encapsulation of each Surya Clinic's work and the regional ethos within which it functions was provided by the 40 Posters and Display cubicles set up in the conference hall. Each district team had put its display together with great care, bringing all the material from their state. A competitive edge was provided with awards being given for the Best Posters and Display.

The highlight of Janani Live – kept a secret till the end – was the conferring of awards for the first time to district teams that had performed exceptionally well in various fields on both qualitative and quantitative criteria (See Box). The elated award winning teams were given plaques and citations. The awards evoked a competitive spirit with other districts being inspired to vie for honours next year.

Janani Live also provided an opportunity for participants to let down their hair. Singer Shibani Kashyap's foot-tapping show got everyone to shake a leg by the end of the performance.

Painting in Family Planning Concerns

A rich tapestry detailing contemporary mores in a tradi-



tional motif won the Madhubani Surya Clinic in Bihar's Madhubani district the award for 'Best Posters and Display' over 39 competitors at the Janani Live conference in New Delhi. The showpiece of the display was a large poster comprising four panels (See picture below), painted in the Madhubani style.

"There is a fish in the centre of this poster because fish is integral to daily life in the Mithila region," explains Dr Seema Dubey, medical officer at the clinic. The panel on the top left of the poster depicts the various economic activities of the region, such as cultivation of betel leaf, farming and fishing. The panel below is a celebration of the 'saurath sabha', a traditional system of arranging marriages which is still practiced in the area. Prospective grooms gather at the saurath sabha where parents of young girls interact with them to decide their eligibility. The only dowry exchanged is a piece of sweetmeat and a betel-leaf. The other scene at the bottom contrasts a harried looking large family with a happy small family with just two girls, which has availed of services offered by the Surya Clinic.

Other posters prepared by the clinic, all in the Madhubani style, propagate against female foeticide and promote the value of girls who contribute equally to labour and income generation activities of the family. Buoyed by its success, the Madhubani Clinic plans to use its posters as IEC material.

Dubbed 'Super Clinic' by Clients, Arrah garners laurels

The Arrah Surya Clinic in Bihar's Bhojpur district walked away with double honours at Janani Live – an award for the 'Best District Team for Overall Performance' as well as the 'Best District Team for Total CYP (Couple Year Protection)', for the period March 2008-March 2009.

Dinesh Kumar, deputy manager of the clinic says proudly, "We have achieved a higher couple protection through our one clinic than the entire government health set up in the district comprising the Bhojpur government district hospital, nine Primary Health Centres (PHCs) and three referral hospitals." The team attributes its success to meticulous planning and coordinated action.

The community needs were reviewed jointly by the medical team and the field team. Finding the demand for

ligation higher than others, they focused their attention on meeting it. The 153 Surya Health Promoters (SHPs) were picked with great care, priority being given to hiring more women and ensuring that the SHPs came from a range of professions so that they are able to reach out to a wider section of the community. Seventy SHPs are women and the men were earlier rural health practitioners or social workers associated with NGOs. ASHAs and anganwadi workers also doubled up as SHPs. Dr Ashok Kumar Singh says the Surya clinic is neat, clean and well run and the clients are treated so well from the time they enter that they recommend it to others.. He says there has not been a single case of a client becoming infected after operation in the clinic, which is why they do not require any medi-



cines. The clinic's success has even attracted visitors from the medical fraternity.

Camps and Chemists Carry the Day for Bettiah and Siwan

The Bettiah Surya Clinic in West Champaran district of Bihar which was awarded 'Best District Team for Clinical CYP' says it carried out a strategy of house-to-house communication in villages. Its regional manager, Ashok Kumar Choudhary, says the team organized family planning camps in rural areas so people were spared from a trip to the city for procedures like ligation and NSV. Family planning camps were held four times in a year in various PHCs in the district.

The Siwan Surya Clinic in Bihar's Siwan district, which

The Winning Teams

Best District Team for Clinical CYP (Couple Year Protection): **Bettiah**

Best District Team for Non Clinical CYP: **Siwan**

Best District Team for Total CYP: **Arrah**

Best District Team for Highest NSV: **Nawada**

Best Clinic for Recovery from the Government: **Purnea**

Best District Team for Overall Performance: **Arrah**

Best Clinic for Infection Control: **Deogarh**

Best Posters and Display: **Madhubani**

First Runner Up for Best Posters and Display: **Vaishali**

Second Runner Up for Best Posters and Display:

Motihari



Siwan Surya Clinic team with Bose

won the 'Best District Team for Non Clinical CYP', succeeded in winning over chemists and pharmacists to join the family planning efforts. District manager Prashant Kumar Srivastava says 146 chemists had prominently displayed Janani's family planning products like condoms, pills and injectibles and they too played a role in reaching out to many couples.

Family Planning Story in Cartoons

The first runner up award for Posters and Display was bagged by the Hajipur Surya Clinic which used cartoons to convey messages on the need for a small family, spacing and to convey the objectives of Janani. Rajnish Kumar Dubey, Janani's district manager for Hajipur, is elated with the award especially as the Hajipur clinic, which started only this April, has already done 250 ligations, 11 NSVs and 100 IUD insertions.

Their success lies in the coordinated efforts between the two project coordinators of the district with the SHPs. Every week they discuss the number of clients that would be coming to the clinic for various family planning procedures and the services required.

Creating the poster, he says, was as challenging as motivating people to come in for family planning servic-

es. The messages in the poster are all thought of inhouse, but the cartoons were drawn by a hired cartoonist, says Rajnish. One cartoon shows is a young newly wed couple being motivated to be in touch with the Surya Clinic or



face the consequences of producing a child every year. The next cartoon shows harassed parents trying to cope with six or seven children. The poster also highlights the importance of quality of care and the need to space children. ■

JANANI

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