



GENDER, HEALTH AND DEVELOPMENT

24-26 September 2008
*Report of the Training
Programme*

Course Team:

Prof. Deoki Nandan

Dr. Utsuk Datta

Dr. Poonam Khattar

Dr. Neera Dhar

Dr. K.S. Nair

Notional Institute of Health and
Family Welfare,
New Delhi



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Preface

Gender inequalities in our society are reinforced through the perpetuation of gender roles and gender relations. The health of women in particular is conceptualized within the social context in which they are embedded.

Keeping this in view, the UN 'International Conference on Population and Development' in Cairo (1994) initiated a major Paradigm Shift in Population and Development with respect to gender. The programme of Action recommended that the Population Programmes should provide comprehensive reproductive health services that are integrated and coordinated with each other and with other health services including gender.

Over a period of last two decades, the goal of gender equality, women's empowerment, reproductive and sexual health has been woven in various 'reforms' of health sector. In this direction, many policy reforms are being initiated, to integrate these into National Health Services and Systems such as gender mainstreaming and gender budgeting. One of the means of achieving these goals is through capacity building of human resources, especially of those who are engaged in developing programmes, policies and activities such as monitoring and evaluation of Health Programmes.

The objective of this training course was to enhance the gender sensitivity by increasing the capacity of health personnel to conceptualize the gender issues and integrate these into the development process. The training programme was designed to enhance the knowledge and provide skills to the health personnel for incorporating the gender approach and influence appropriate policy planning and management in the context of gender. We hope that the participants would be able to initiate changes in the policies and programmes that would be gender inclusive and gender sensitive.

Prof. Deoki Nandan
Director, NIHF

Executive Summary





PART ONE - Executive Summary

National Institute of Health and Family Welfare is an autonomous institute funded by the Ministry of Health and Family. One of the major objectives of the Institute is to serve as an apex technical institute to promote health programmes in the country through education, training, research, evaluation, advisory and consultancy services.

Realizing that one of the major challenges faced by the developing countries in the context of achieving ICPD Goals and MDGs is Capacity Building, National Institute of Health and Family Welfare organized a training programme on “Gender, Health and Development” with the objective to develop the capacity of the health personnel in the diverse issues related to Gender in an Indian context.

South-South Cooperation stems from the premise that there is a wealth of knowledge and expertise among developing countries. Experts in the field worked intensively to develop generic modules, on specific themes towards capacity enhancement. Based on several discussions among all Partner Institutions, the following four modules were developed:

1. A Historical and Institutional Perspective on Population, ICPD Goals and MDGs
2. Population and Poverty
3. Reproductive Health
4. Increasing Human Capacity to Address Gender Equity in Development

This training programme has been adapted from the Generic Module on “Increasing Human Capacity to Address Gender Equity in Development”.

The training programme was inaugurated by Mr Harry Jooseery, Executive Director, PPD Secretariat, Dhaka, Bangladesh and Dr. Vibha Parthasarathy,



Former Chairperson, National Commission for Women, India. Mr Jooseery gave opening remarks and Dr. Parthasarathy gave Key Note address. Prof Deoki Nandan, Director, National Institute of Health and Family Welfare highlighted the current status of maternal mortality on this occasion. Faculty of NIHFWS attended the Inaugural Session. The training programme was attended by 37 participants from 17 States of India.

The General Objective of the training programme was “to sensitize and enhance the knowledge of health personnel for operationalizing gender approach in the health system”.

The Specific Objectives were:

- To explain the concept of gender, health and development in a holistic approach.
- To discuss the gender approach and its relevance to areas of health and human development
- To describe methodologies for applying 'gender approach' in their work profiles.
- To state the concept of Gender Budgeting
- To lay down strategies to incorporate gender into health projects and programmes.
- To define methods of gender analysis for their own areas of work, projects and programmes.
- To describe the application of tools for gender analysis and planning National Health Programmes.

The Training Course Contents focused on following topics:

- Concept of gender, development and main-streaming in health sector
- Gender equity and reproductive Health
- Tools for gender analysis and planning
- Concept of gender budgeting including entry points
- Gender appraisal of health programmes using checklists
- Women and HIV/AIDS
- Analysis of gender aspects in National/State programmes and policies
- Tools for gender analysis and planning in National Health Programmes



The methodology adopted was interactive in nature, based on lecture-discussions, exercises, case studies and group work. The Resource Persons were from Ministry of Women and Child development, UNIFEM, UNFPA, Ministry of Health and Family Welfare, National Council of Educational Research and Training and International Experts in the field.

Reaction Level Evaluation by the participants was conducted at the end of the training programme to assess the extent to which the training programme met its objectives. An analysis of the Reaction Level by the participants revealed that the training course was quite successful. Some of the findings of the Reaction Level Evaluation are as below:

- 60% rated the sessions as very good and about 35% rated excellent with regard to whether the goals and objectives of the training were relevant with reference to the needs of the participants.
- About 45% stated that the training course provided very good current and latest knowledge and 35% rated as excellent. 43% rated as very good for the same.
- 40 % rated the background material as very good and 35 % rated it as excellent.
- When asked the extent to which the sessions were stimulating, 43% rated as very good and 24% rated these as excellent.
- 70% participants stated that the training environment was very conducive to learning.
- About 60% of the participants rated the training facilities as excellent and 35% rated these as very good.

Some of the suggestions given by the participants on topics to be included were:

- PNDA Act.
- How to enhance gender sensitivity in schools
- Legal issues related to gender
- Gender and child labour.

The following observations were given by the participants when asked about, “what qualitative changes do they foresee in their job performance as a result of this training”



- Adopt more gender- sensitive approach while dealing with health programmes.
- Try to create gender sensitization in the district
- Start such training programmes at one's place of work.

The training programme concluded by vote of thanks to all the participants for their active participation, officers of the State Governments for nominating their officers and to all the resource persons for providing stimulating learning environment.



Inaugural Session



Genesis of the Workshop



PART TWO - GENESIS OF THE WORKSHOP

National Institute of Health and Family Welfare organized a three day Training Programme on “ **Gender, Health and Development**” at the Institute from 24-26 September, 2008. The National Rural Health Mission in its Framework for Implementation has outlined “work towards womens’ empowerment” as one of its priority areas. This training programme was conceptualized with the objective to strengthen this priority area and how India as a nation can work to enhance the human capacity to address gender equity towards achieving MDG Goals and ICPD Goals.

Introduction

During the last three decades, the participation of women in all areas of work and development has increased. This has been possible with various policies and programmes charted out specifically for the development of girl child and women. More specifically, the “Women in Development” or WID approach grew out of the idea that women had been “outside” health and development process and that, in order to correct this situation and to integrate them, it was necessary to target efforts specifically for the young girls and women. In most cases, women are in a position of socio-economic disadvantage that negatively effects their health and it is thus necessary to promote interventions seek to improve women's disadvantaged situation.

The adoption of the Millennium Declaration in 2000 by the governments of developing countries once again has placed Gender Equity and Women Empowerment as critical development goals that mutually reinforce other goals of sustainable development. Gender equity and women empowerment has been accorded high priority both as part of ICPD goals



and Millennium Development Goals, implying that failure or dissatisfaction with attainment of other goals may be attributed to shortcomings with or the slow progress in reaching the gender goal that underpins all the other goals. There is a tremendous pressure on developing countries to focus and seek significant results in the gender goal.

Conscious of the need to move strategically and attain meaningful results, Partners in Population and Development (PPD) conducted a 'Needs Assessment Study' among institutions involved in Capacity Building in PPD Member States to document their capacity building programmes, the gaps and potentials. Findings delineated the focus areas as well as needs and priorities of countries and also the factors that constrain South-South Cooperation in the field of Capacity Building, in relation to human resources, systems and organizational structure.

At a Consultative Meeting of Experts and representatives of 17 Partner Institutions (PIs) from the developing countries held in Talcang, China during 10-15 May 2007, the assessment findings were discussed. Experts proposed development of specific generic modules on selected priority themes to be incorporated and integrated into existing curriculum of PIs and to be utilized through PPD's Capacity Building program. Experts worked intensively to develop generic modules, which were shared and discussed among all Partner Institutions. At another Consultative Meeting held in Dhaka, Bangladesh, between 18-19 June 2007, experts discussed and finalized the following four modules.

1. A Historical and Institutional Perspective on Population, ICPD Goals and MDGs
2. Population and Poverty
3. Reproductive Health
4. Increasing Human Capacity to Address Gender Equity in Development



In the light of above, this training programme was organized to sensitize the health professionals on inter relationship between gender, health and development. The focus of this training course was to enhance gender sensitivity by increasing capacity of health personnel to conceptualize gender issues and integrate these into developmental process and strategic management in their daily work. The objective of the training course was to enable the participants to initiate changes in the policies and/or programmes that would be gender inclusive and gender sensitive in their organizations.

This training programme has been adapted from the Generic Module on “Increasing Human Capacity to Address Gender Equity in Development” developed by the Partners in Population and Development (PPD) A South-South Initiative.

National institute of Health and Family Welfare acknowledges the contribution of all the experts from the partner institutions of the Partners in Population and Development (PPD): A South-South Initiative in developing and sharing the generic modules.

General Objective

To sensitize and enhance the knowledge of health personnel for operationalizing gender approach in the health system.

Specific Objectives

At the end of the training programme, the participants will be able to:

- Explain the concept of gender, health and development in a holistic approach.
- Discuss the gender approach and its relevance to areas of health and human development
- Describe methodologies for applying 'gender approach' in their work profiles.
- State the concept of Gender Budgeting



- Lay down strategies to incorporate gender into health projects and programmes.
- Define methods of gender analysis for their own areas of work, projects and programmes.
- Describe the application of tools for gender analysis and planning National Health Programmes.

Course Contents

- Concept of gender, development and mainstreaming in health sector
- Gender Equity and Reproductive Health
- Tools for gender analysis and planning
- Concept of Gender Budgeting including entry points
- Gender appraisal of health programmes using checklists
- Women and HIV/AIDS
- Analysis of gender aspects in National/State programmes and policies
- Tools for gender analysis and planning in National Health Programmes
- Group work

Methodology

Lecture- discussions, case method, group exercises and panel discussions were used during the conduction of training.





Nature of Participants

Total number of participants who attended this training was 37. The participants were Programme Officers, epidemiologists, and other officers involved in planning and implementation of National Health Programmes. Some participants were functioning as faculty/ trainers of medical colleges and training Institutes, PHNs and officials engaged in data analysis in the health sector.

Session wise brief of the proceedings of the training programme follow.

Session-wise Brief of the Proceedings





PART THREE - SESSION-WISE BRIEF OF THE PROCEEDINGS

Day I - 24th September 2008

Registration

The training began by registration of the participants and course expectations from them.

Inaugural Session

Welcome address by Professor Deoki Nandan, Director, National Institute of Health and Family Welfare, Munirka, Delhi

Prof. Deoki Nandan stressed the need of improving maternal health through improved provisions under the National Rural Health Mission and their National Health Programmes. He stressed that Gender is not



only a women's issue, it is people's issue. Femininity does not exist in isolation with masculinity and power construction of one determines the power construction of the other. The Gender relations are not 'natural' or 'given', they are constructed over a period of time by the interactions of males and females in the society. There is undue pressure on both boys and girls to live up to the established norms of 'masculinity' and 'femininity' and this creates a lot of stress in their minds and also creates imbalance in the society.

Dr. Datta, Acting Head of the Department of Education and Training initiated a round of introduction of the participants.



Objectives and Overview of the Training Programme

Dr. Poonam Khattar, Course Coordinator, gave objectives and the overview of the training course. She explained the process of the development of the “Generic Modules”. She mentioned that Population and development (PPD) conducted a ‘Need Assessment Study’ among the institutions involved in Capacity Building in PPD Member States to document on their capacity building programmes, the gaps and potentials. It was proposed by the experts to develop specific generic modules on selected priority themes to be incorporated and integrated into existing curriculum of Partner Institutions and to be utilized through PPD’s Capacity Building Programme. The experts developed the following four modules:

- *A Historical and Institutional Perspective on Population, ICPD Goals and MDGs*
- *Population and Poverty*
- *Reproductive Health*
- *Increasing Human Capacity to Address Gender Equity in Development*

She highlighted that this training programme is an adaptation of the Generic Module on “**Increasing Human Capacity to Address Gender Equity in Development**”. Thereafter, she explained the objectives of the training, course contents and evaluation of the training programme.



**Opening Remarks by Mr. Harry S. Jooseery,
Executive Director, PPD Secretariat, Dhaka,
Bangladesh**



Mr Jooseery in his opening remarks gave an international perspective to the issues of gender. He said that the International Conference on Women in Beijing, 1975, outlined 12 critical reasons for women's access to education, vocational training, science and technology. Further, World Education Forum in Dakar, 2000, to which India was a signatory, committed itself to:

- o Ensuring that by 2015, all children, particularly girls, have access to education of good quality.
- o Eliminating gender disparities in primary and secondary education by 2005 and achieving gender equality in education by 2015, with focus on ensuring access to equal education to girls.

Mr. Jooseery drew attention to the fact that the commitment and contribution at international level regarding the official developmental assistance towards population issues has not been extended as promised. Assistance to Family Planning programmes has decreased by 60% worldwide, leading to declining access to family planning services. HIV/AIDS is rampant and women still choose to adopt unsafe abortion methods in many developing countries . Unfortunately, there is low commitment from the policy makers and religious leaders on these issues.

He cited many international case studies from Africa, Mynammar etc. where practices like genital mutilation are still the norm. Citing the role of international bodies, he urged that time has come where each individual has to take action at his own level. We have to see how each of the policies framed by our States or Nation, can be translated into action for gender mainstreaming. He urged the gathering to introspect whether we as a nation



or as an institution have succeeded in achieving the ICPD goals and to think what efforts are we making towards attaining the MDGs.

He concluded his remarks by congratulating Prof. Deoki Nandan and his team towards organization of this training programme and hoped that it would go a long way in strengthening the human resources to address gender equity and development in India.

Key Note Address by Dr. Vibha Parthasarathy, Former Chairperson, National Commission for Women

Gender is an issue integral to every one's life and no aspect of health or developmental programmes would be successful without associating the gender components. Dr.Parthasarathy mentioned that discrimination has very deep roots in the society and has implications on phenomenon such as declining sex ratios, feticides, malnutrition, depriving education to girls. She focused on the shortage of schools for girls, distance of schools at middle and high schools



as an important aspect to be noted while taking care of gender concerns all over the nation. Some other problems like retention of girls, poor infrastructure, and security, economic and social factors have also an important bearing on the overall development of the girl child. In an Indian context, poor quality of teaching in government schools and non-comprehension of text material is yet another problem. Thereafter she highlighted the nutritional deficiencies among girl children and adolescents, which are a major cause of poor health. These two factors of health and education contribute towards low overall status of women.



She highlighted that the rearing process of girls during childhood is entirely focused on the sole aim of marriage and child bearing role as an adult woman. She concluded with the statement that importance to health and development ultimately grows out of our own psyche as a human being. Over a period of time, the religious leaders have neglected their role in the society. Given the socio-cultural changes across the nation, it is now all the more important to narrow down the gaps regarding the developmental issues, which have been identified since long. It may not happen in our lifetime, but the march must go on.

The inaugural session ended with a formal vote of thanks to Mr. Jooseery, Dr. Parthasarathy, and all the officers from the States for deputing the participants for this training programme by Dr. K.S. Nair.



Above in the pictures: (left) Prof. Deoki Nandan presenting NIHFW Memento to Dr. Vibha Parthasarathy; (right) Dr. Poonam Khattar presenting NIHFW Memento to Dr. Harry S. Jooseery.



PROCEEDINGS OF TRAINING SESSIONS

Session: Concept of Gender Development and Main-streaming in health sector

Resource Person: Dr. Poonam Khattar, NIHFW, and Dr. Jagdish Kaur, Chief Medical Officer, Ministry of Health & Family Welfare, Government of India.

Sessional Objectives

- Explain meaning of different terminologies: gender, unequal gender relations, gender equity, gender disparities, gender inequalities, gender mainstreaming, gender sensitive and gender balance.
- Describe social, economic and political perspectives of development in relation to gender equity.
- Identify and describe importance of gender equity issues in relation to economic and human development of respective states

Dr. Poonam Khattar explained in brief the different terminologies used in the context of gender especially in an Indian context. Dr. Jagdish Kaur started by neglect of female child, the health problems of women throughout the life till they become old. She discussed the social and economic dependence in the context of family. The gender relations vary from place to place and from one community to the other. There is an emerging need to provide community geriatric care to the elderly women. The plight of abandoned or mentally ill



Participants in the training session



Session: Gender Dimensions in different sectors and Gender inequalities of concern- Panel Discussion

Resource Persons

- o Prof. Neeraja Rashmi, Dept of Women Studies, NCERT, Sri Aurobindo Marg, New Delhi.
- o Dr. Jagdish Kaur, Chief Medical Officer, DGHS, Ministry of Health & Family Welfare, Govt of India.

Session-Chair

- o Mrs. Vinita Agarwal, Director, Ministry of Women & Child Development, (MWCD) Govt of India, New Delhi.

Sessional Objectives

- o Describe gender issues in the different key sectors of development (Education, Health, and Science & Technology)
- o Describe gender inequalities at family level, employment, education, important decision-making and work place.

This session highlighted the gender discrimination having its roots in the education system, health and childrearing practices by inviting a Panel discussion on gender inequalities of concern.



Participants in the training session



Dr. Neeraja Rashmi highlighted how the inequalities in education affect gender disparities. She quoted the National Policy on Education, 1986, “Education will be used as an agent of basic change in the status of women. It will foster development of new values through redesigned curricula, textbooks, training and orientation of teachers, decision-makers, administrators and through involvement of educational institutions” and mentioned how these are being addressed through the education system of India.

She gave examples from the Text Books of NCERT whereby the policy of non-discrimination will be pursued vigorously to eliminate sex-stereotyping. Some of the examples of addressing stereotyping issues in our society through education system as given by her were:

- Racial discrimination against native Indian girls of America (English, Class XI)
- Caste discrimination against dalits : perceptions of a girl child (English, Class XI)
- Gender stereotypes (Class VI, Social Science)
- Autobiography of Baby Haldar (class XI, Hindi)
- Reasons of high drop-out of Muslim girls (class VI, Social science)
- Having a woman as a President long before Smt. Pratibha Patil became the President of India (Class IX, Political Science)
- Women in agriculture, Gram Panchayats (ClassVI)

Dr. Jagdish Kaur highlighted various National Health Programmes with a view to focus on gender aspects in National Mental Health Programme, National Tobacco Control Programme, and National AIDs Control Programme.

She highlighted some of the solutions towards development of women such as given below:

- Awareness generation
- Education Sensitization
- Right to Health / health care
- Related social, economic and cultural issues



Ms. Vinita Agarwal, Director, MWCD discussed the story of a man in a village, who says, his wife is useless and is not doing any work. But, when he begins to list her daily activities, one realizes that she works from early morning to late night, at home, continuously. This exemplifies how women's work and worth is rendered invisible even though the society and the economy depend on them. She further highlighted that:

- Gender issues are important, as 48% of India's population comprises of women.
- Health and education are two important areas as these are the road to social and economic empowerment of women. The latter has a positive impact on all growth indicators.

Some indicators of women's low status in the society:

- Maternal Mortality Ratio in India is 301 per lakh live births; Infant Mortality Rate is 61 per 1000 births for girls as compared to 56 for boys.
- Nearly 58% of pregnant women in India are anemic.
- It has been estimated that 22% of HIV cases in India comprise of housewives with a single partner.
- Child sex ratio (age group 0-6) declined from 945 in 1991 to 927 per 1000 males in 2001 implying that millions of girls went missing in just a decade. The sharpest decline in sex ratio of the child population has been observed in prosperous states, such as, Himachal Pradesh, Punjab, Haryana, Gujarat, Maharashtra and Union territory of Chandigarh.
- We need to look at health and education needs of women in a holistic manner. For example, the schemes of Ministry of Health and Family Welfare focus on reproductive health of women only implying that women's health is important only as mothers. This needs to be re-looked at. Gender differences in schemes for TB control, Malaria, need to be considered by the policies. Poor nutrition is another area of concern requiring immediate attention. Also, due to preference for male child women go through more pregnancies which adversely affects their health. Early marriages also contribute to this. For better education for girls, one needs to look at the absence of gender friendly infrastructure and distance between villages and the schools in order to make the concerned schemes and implementation gender responsive.
- To analyze the situation and the gender differences, firstly, it is important to have **sex-disaggregated data** for all important schemes/



programmes/ projects such as immunization programme. Such data is currently not available. Once the data is available, one can understand the gender gaps in the access to health services and address those. This may require special **schemes for meeting women's needs** as well as provisions in existing schemes for enhancing access of women to those services.

She explained the role of MWCD as below:

- Integrated Child Development Services Scheme (ICDS)- Provides various services like supplementary nutrition, immunization, nutrition and health education, health check-ups to children and pregnant and lactating mothers.
- Kishori Shakti Yojana and Nutritional Programme for empowerment of girls- These two schemes- are going to be merged as Rajiv Gandhi Scheme for Empowerment of Adolescent Girls. This will provide nutrition and life skills training to adolescent girls.
- The MWCD is also implementing the Child Marriage Prohibition Act, 2006. Child marriage has extremely harmful effects on psyche and physical well being of girls. They become young mothers, which affects their health for the rest of their life, apart from various other adverse effects.
- MWCD is also implementing the Swayamsiddha scheme for socio-economic empowerment of women through formation of Self Help Groups.

She gave the following suggestions:

- Gender Budgeting: incorporating a gender perspective at all stages, starting from planning to policy formulation, implementation and review of the outcomes. It entails translating gender commitments into budgetary commitments.
- Convergence: Convergence across Ministries/ Departments to address problems in a holistic manner is imperative. For instance, there can be convergence between the ANMs, ASHA workers of the Ministry of Health and Family Welfare and Anganwadi workers of the Ministry of Women and Child Development for better outreach.
- And most importantly, mind sets will have to be changed to break away from gender stereotyping and discrimination against women. This could be achieved through awareness building and sensitization at all levels.



Session: Gender Analysis and Planning in National Health Programmes

Resource Person: Dr.Vandana Prasad, National Convener of Public Health Resource Net

Sessional Objectives

- Describe the application, principles and use of selected tools; audit tool, management tool, policy analysis tool, advocacy strategy design tool, financing and budgeting tool, measuring performance tool, leadership empowerment tool.

Dr. Vandana Prasad initiated discussion by asking, “What is Sex?” She explained that:

- Sex refers to the biological differences between women and men
- Some aspects of women's morbidity are contributed to by biological factors
- However it is not sex but gender that takes a far greater toll on women

Gender is:

- A socially created difference between women and men
- Not natural or biological
- Can differ based on ethnicity, class, culture
- It can be changed over time (although not easily)
- Is hierarchical and linked to power relations

She gave the framework for gender analysis as below:

Practical Needs	Strategic Needs
Tend to be immediate, short term Unique to particular women Relate to daily needs: food, housing, income, health of family etc. Easily identifiable by women Can be addressed by provision of specific inputs: hand pumps, food, health care services etc.	Tend to be long term Common to almost all women Relate to disadvantaged position, subordination, lack of resources and education, vulnerability to poverty, violence etc. Not always immediately identifiable by women Can be addressed by increasing awareness, self confidence, education, strengthening women's organizations and political



Session: Gender Equity and Reproductive Health

Resource Person: Prof. K.Kalaivani, Head, Dept of RBM, NIHFW.

Sessional Objectives

- Describe gender gap in reproductive health policy, programming, service delivery and monitoring & evaluation.

Prof. Kalaivani began by identifying some of the actions needed for gender equity and reproductive health. These are: assured access to quality services at convenient times. Analysis of local data and appropriate action to ensure equality between sexes in service utilization and community sensitization to prevent such inequalities is extremely important. She mentioned that there are tremendous inter-state and inter-district variations related to various health indicators such as IMR, MMR, etc. She stated that recent nutrition data is showing problems of obesity especially in girls. She highlighted the need to impart IEC and use of appropriate contraceptives methods for men and women. Most couples especially in some states do not accept even temporary contraception, if they have a girl child. Hence IEC for both the sexes for importance of contraception for spacing pregnancies for the health of each child is important.

Men's participation in planned parenthood movement is also a key factor. Men play an important role in determining education and employment status, age at marriage, family formation pattern, access to and utilization of health and family welfare services for women and children. Vasectomy is safer and simpler than tubectomy and hence should be promoted.

The CMO / District Programme Officer / Hospital Authority need to ensure regular and continuous provision of vasectomy services in all hospitals where general surgeons are posted. Further, there is a need to ensure that PHCs have facilities like toilets with water and waste disposal mechanisms and privacy for examination of men and women both.



Day II: 25th September 2008

Session: Gender Budgeting and Entry Points

Resource Person: Dr. Sulochana Vasudevan, Joint Director, Women's Division, NIPCCD.

Sessional Objectives

- Describe practical application of gender budgeting
- Recommend gender budgeting for current equity issues

Dr. Sulochana Vasudevan explained concept of Gender Resource Budgeting (GRB) in the planning of National Programmes:

- Conceptual frameworks
- Examples of government GRB initiatives from other countries

Explaining the need for Gender Budgeting, she said that:

- Women represent 48 percent of the total population in the country.
- They face disparities in access to and control over services and resources.
- Bulk of public expenditure and policy concerns are in “gender neutral”



Participants in the training session.



sectors such as power, defense, petroleum, transport, etc.

- Implications on women in the above sectors are not recognized or identified.
- Union Budget shows only 4.9% of Public Sector Outlays flow to women.

Thereafter she explained the Combined Gender Charter of Ministry of Finance and MWCD.

- The Ministry of Finance issued the Gender Charter on 8 March, 2007 and has mandated the role for Gender Budgeting Cell (GBC). The salient features of the Charter are:
- To be headed by a Officer not less than the level of a Joint Secretary
- Identification of a minimum of 3 and maximum of 6 largest programmes (In terms of budget allocation) being implemented by the Ministry and the major Sub-Programmes.
- Conducting /Commissioning Performance audit (at the field level wherever possible) for reviewing the actual physical / financial targets of the programme, the constraints if any.

In gender neutral sectors such as Defense, Power, Telecom Communications, Transport and Industry, etc. the GBCs may undertake exercise to identify the possibility of undertaking initiatives / special measures to facilitate / improve access to services for women and their active participation in the decision making process of various levels.



Session: Gender Appraisal of Health Programmes using checklists

Resource Person: Mrs. Paramita Mazumdar, Consultant, Ministry of Women & Child Development

Sessional Objectives

- Analyze the Health Programmes using checklist

Mrs. Mazumdar explained different types of checklists for integrating gender/gender budgeting into new programmes, projects and skills. She also discussed the checklists for gender specific expenditure. The checklists are enclosed at Annexure II.

She discussed that following steps may be undertaken for planning and budgeting exercises towards gender mainstreaming:

1. list schemes/ programmes which are gender specific
2. Indicate activities undertaken under the programme for women
3. Indicate expected output indicators
4. Quantify allocation of resources in annual budget and physical targets
5. Assess adequacy of resource allocation in terms of population of targeted beneficiaries.



Session: Gender and HIV Vulnerability

Resource Persons: Ms. Vandana Mahajan, Senior Programme, Gender & HIV, United Nations Development fund for Women

Prof. Suneela Garg, Maulana Azad Medical College,
New Delhi

Sessional Objectives

- Describe gender inequalities in relation to the HIV and AIDS epidemic
- Identify and outline changes needed in gender based norms and inequalities that make men and women vulnerable to HIV
- Identify gender and HIV and AIDS responses that reduce vulnerability and exposure

**Topic: Understanding the Gender Dimensions of HIV epidemic
Ms. Vandana Mahajan**

Ms. Vandana Mahajan focused on the following aspects in her presentation:

- Concepts and Types of Gender Inequalities
- Differential Risks of contracting HIV
- Consequences of being HIV positive
- Our Response

She highlighted seven types of inequalities relevant to women in particular as mentioned by Prof. Amartya Sen as below:

- Mortality inequality
- Natality inequality
- Basic facility inequality
- Special opportunity inequality
- Professional inequality
- Ownership inequality
- Household inequality



She explained some of the factors which make women more vulnerable to HIV/AIDS.

Thereafter she discussed national response to HIV/AIDs in India focusing on following aspects:

- Rights based, participatory and Gender sensitive processes followed for the formulation of the NACP III and PIP at the National level.
- Women's concerns and gender issues incorporated in a significant manner in the NACP III
- Setting up of the National AIDS Council for mainstreaming HIV/AIDS into 31 Ministries
- Draft HIV/AIDS bill ready to be put in the Parliament
- The Domestic Violence Bill (DVB) was passed by Parliament in August 2005
- Govt. programme on provision of free ART more than 120,000 (2008)

Topic: Women and AIDS: Role of Gender and Human Rights and issues
Prof. Suneela Garg

Prof. Suneela Garg, highlighted on the agenda of Cairo International conference on Population and Development as one of the most important and progressive international agenda to secure reproductive health rights and to promote gender equity. She shared facts and statistics related to issues of violence and women in our country. As per National Commission for Women, she quoted that:

- 1 out of 5 married woman accepted that they faced domestic violence.
- 1 out of 9 surveyed married women accepted that they have been beaten in past 12 months.
- 21% of women told that they have been facing violence since the early age of 15.



- 19% women told that they have been physically tortured by their husbands.

She then focused on the growing burden of care stating that at many places AIDS- affected households are female-headed, a significant proportion of who are also battling AIDS-related illnesses themselves. Further, poverty and faltering public services combined with AIDS turn the care burden for women into a crisis that has far-reaching social, health and economic consequences.

The session concluded by showing a film to sensitize the importance of participation and including men in the AIDS control for women.

Session : **Sharing of experiences by State Representatives on gender specific innovations/schemes**

Resource Persons: Prof. Deeki Nandan, Director, NIHF, Dr. Poonam Khattar and Dr. K. S. Nair, NIHF

Sessional Objectives

- Share and list experiences with the state representatives.

During this session the participants shared experiences on gender specific innovations and schemes being undertaken in their respective states. This session gave an opportunity to all participants to get an overview of different schemes being implemented in other states.



Day III: 26th September 2008

Session: Gender Mainstreaming and Lifecycle Approach

Resource Person: Dr.Saroj Menon, Reader, Dept of RBM, NIHFWD

Sessional Objectives

- To describe the life cycle approach and main-streaming streaming gender, Health & Development.

Dr. Menon started by sharing some common messages for Gender Identity, which we constantly see and hear:

- What the male and females do?
- The places they can and can't go to
- The hours they can go out
- How they can dress?
- The image they need to give to the rest of society
- The things they can learn and the things they can talk about, the way to express one's sexuality
- The resources and benefits to which one has access
- The decisions one can make and the ones that cannot be made by a person

She highlighted the importance of Gender and Health and stated that behaviour has an important role in health disparities, for example, young men take greater risks, causing injury and violent death, and men smoke more. In industrialized countries women are born with an advantage; their life expectancy is longer than those of men. This advantage is prominent in childhood; girls are more likely to survive the first five years of life than boys. However, does this female advantage endure in parts of the world where gender discrimination exists? Gender discrimination at each stage of the life cycle contributes to:



- Health disparity,
- Selective abortions,
- Neglect of girl children.
- Reproductive mortality, and
- Poor access to health care for girls and women.

She explained gender disparities with data on nutrition, sex ratio in an Indian scenario. She also explained how the violence against women perpetuates throughout the life cycle:



Session: Measurement and Evaluation of Gender inputs, outputs and outcomes

Resource Person: Dr. Benita Sharma, Gender Specialist.

Sessional Objectives

- Enhance institutional/ organizational change to facilitate integration of gender equity perspective in the management of development results
- Describe basic concepts and practical approaches to results based monitoring and evaluation
- Demonstrate ability to design monitoring and evaluation frameworks and plans for gender interventions
- Demonstrate techniques used specifically to monitor sub-national levels gender and development interventions

Ms. Benita Sharma began by highlighting some approaches to Equality, she said that formal equality regards women and men as being the same and therefore, sets out to treat women the same as men. Formal equality does not take into account biological and gender differences between men and women. Its 'neutral' standards are in fact based on male experiences and standards. By imposing male standards on women, it excludes or disables women from equal access, opportunities and participation. It promotes “gender bias and blindness” which reinforces dominant standards based on male experiences and interests. Thereafter she discussed various approach to gender.

Regarding monitoring of “Gender inputs”, she said that the indicators should be SMART as below:

S - Specific
M - Measurable
A - Accurate
R - Reliable
T - Timely



She highlighted that the department of Expenditure has issued “Revised Guidelines” for preparation of Outcome Budget 2008-09 vide its Order dated 12/12/08.

Outcome Budget scope prescribes that, “as far as feasible, sub-targets for coverage of women under various developmental schemes should be separately indicated. She then described various components of outcome budget as below:

Chapter II focuses on women specific programmes/schemes. It is prescribed that projected physical output should be disaggregated by 'sex', wherever possible and appropriate i.e. where delivery is to individuals.

Chapter III gives details of reform measures and policy initiatives taken by the Ministries apart from others, on women's empowerment processes, review of Past Performances, (by implication on women oriented / specific schemes as well).

Chapter VI outlines Review of performance of Statutory or Autonomous bodies. The information should list out important projects with sex-disaggregated data where they relate to projects oriented to individuals.

With regard to Planning, she said that the Ministries / Departments are advised to put in place systems of data collection with the help of specialized agencies apart from other purposes like maintaining sex-disaggregated data and other relevant factors of indicators of performance and impact.

The presentation concluded by giving examples from the “Chiranjeevi Yojana” and how it monitored and evaluated the gender components in this



Session: Gender Appraisal of the National Health Programmes,

Resource Persons: Prof. Deoki Nandan, Dr. Poonam Khattar and Dr. K.S.Nair, NIHFV

Sessional Objectives

- Undertake gender appraisal of selected National Health Programmes

Approach: Group work to analyze National Health Programmes-NRHM

The participants were divided into three groups and were given an exercise to analyze the gender components in the National Rural Health Mission. Terms of reference for the Group exercise are enclosed at Annexure VI.

The participants selected following three themes from National Rural Health Mission (NRHM) for gender appraisal:

1. Rogi Kalyan Samiti
2. School Health Programmes
3. Untied Grants to Village Health and Sanitation Committees

The presentations by the three groups highlighted some common observations related to gender appraisals of schemes. These are given below:

1. Place and time of meetings should be flexible to involve women.
2. Build separate toilets from Untied funds for women
3. BCC related to empowering women
4. Menopausal clinics for women
5. Orientation Training of women PRIs and Men PRIs for sensitization
6. Strategy to include participation of more women in local developmental activities



Valedictory Session

Dr. Amita Pitre, UNFPA, in the valedictory remarks stated that she was very happy to see such a programme being organized at NIHFW. An important concern in the issues related to women and gender is about ethics. For example, in medico legal cases, the women may not like to reveal her identity and yet seek support from the health sector. She said that majority of these issues have been reflected in all the presentations by the participants. She extended her support in future for such programmes and hoped that the participants would implement this training programme in their own states.

Prof. Deoki Nandan, Director, NIHFW stressed the need of tackling the issues of gender at local level. He stated that since most of the health workers are females, it is a challenge to initiate behaviour change at social and cultural level. He stated that in order to control maternal mortality in an Indian context, we have to recognize what kind of facilities are being provided at the health facility. Further, recognition of seriousness and delay in arriving at a decision to avail of appropriate facility by the family members is one of the major causes of maternal mortality. Strategies to train ASHAs and ANMs to initiate changes in the society need to be worked out.

Quoting his own experiences while working on 'Community Based Maternal and child health Nutrition project' at Agra, he mentioned the issues related to 'Mortality', 'Morbidity' and 'Malnutrition' which have a significant association with fertility need to be addressed urgently. This corroborates with the focus of NRHM towards reducing the IMR, TFR and MMR.

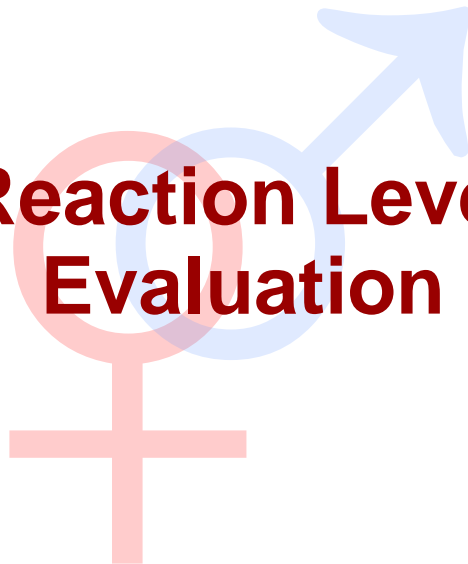


He also narrated one of his successful intervention stories with a community at Agra. In this intervention, the behaviour change communication strategy with respect to maternal and child health caring practices by creating a representative from the cluster community group to create the local influences like 'Jagat Chachi' and 'Jagat Tai'. This representative was given the name 'Bal Parivar Mitra'. This 'Cluster Community Based Approach' by empowering the local women in restructuring the attitude of women in the context of maternal and child health, can be quoted as a glaring example of a gender sensitive community based intervention. He mentioned that certain changes can be clearly discerned with respect to gender sensitivity in our society like women's representation in Panchayati Raj System.

Prof. Nandan gave suggestions, such as development of special training modules, organizing training courses including orientation on the PLA techniques for various officials at district level for enhancing the capacity of health personnel in issues related to gender.

He concluded by emphasizing that fundamentally change is required in the 'mind set' at all levels.

Reaction Level Evaluation





PART FOUR - REACTION LEVEL EVALUATION

The participants were given a questionnaire on the **Reaction Level Evaluation** at the end of the training to assess the extent to which the training programme met its objectives. Given below are the responses given by the participants:

Analysis of the Reaction Level Evaluation:

An analysis of the Reaction level by the participants on various variables revealed that the training course was successful. Some of the findings of the Reaction level Evaluation are as below:

- 60% participants rated very good and about 35% rated excellent with regard to whether the goals and objectives of the training were relevant with reference to the needs of the participants (Table-I).
- About 45% participants rated very good with respect to the variable “goals and objectives of the training programme”; 28% rated as excellent and about 18% as very good for the same. (Table-II)
- 40 % participants rated the background material provided during the training course to be relevant to topics and sessions as very good and 35 % rated it as excellent for the same.(Table-III).
- About 45% stated that the training course provided very good current and latest knowledge and 35% rated as excellent with regards to this variable (Table-IV).
- 24% rated excellent when asked about the extent to which the sessions were stimulating and 43% rated as very good for the same (Table-V).
- 60% rated the general organization of the training course as very good, 10% as excellent and approximately 25% as good (Table-VI).



- 70% participants stated that the training environment was very conducive to learning (Table-VII).
- About 60% of the participants rated the training facilities as excellent and 35% rated these as very good. (Table-VIII).

Some topics that may be added in future.

Some of the suggestions given by the participants on topics that may be included in future training programs were as below :

- How to promote normal deliveries
- How to enhance Gender sensitivity in schools
- Legal Issues related to gender
- Gender and child labour
- Field visits
- PNMT Act in detail.

Qualitative changes in the job performance foreseen by the participants as a result of this training:

The following observations have been given by the participants when asked about the qualitative changes that they foresee in their performance as a result of this training.

- ? Be able to adopt gender- sensitive approach while dealing with health programmes.
- ? Try to create gender sensitization at district level
- ? Start such training programmes at work place
- ? Stress on gender budgeting and gender mainstreaming in health programmes.
- ? Develop action plans to achieve male participation in NSV.



Tables: Reaction Level Evaluation

Table- I: Relevance of the goals and objectives of the training with reference to the needs of participants

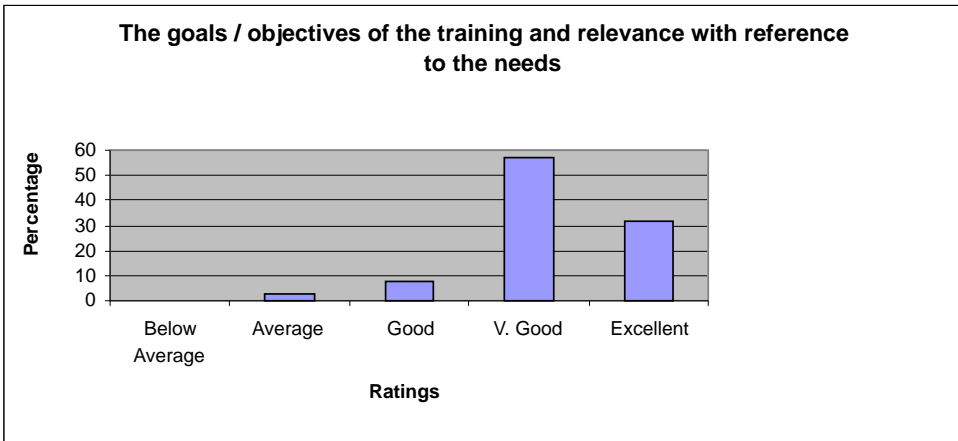


Table- II: Extent to which the goals and objectives of the training were achieved

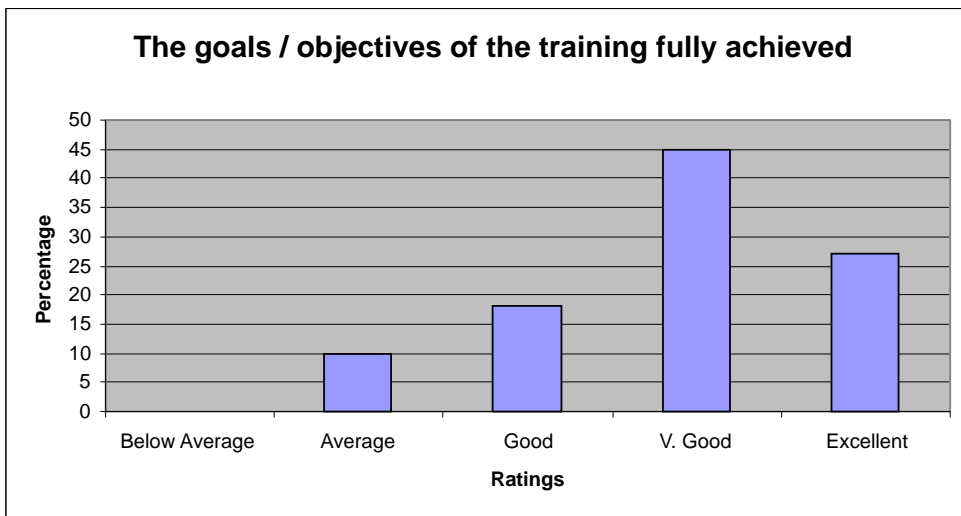




Table-III: Relevance of the background material provided with the topics and sessions

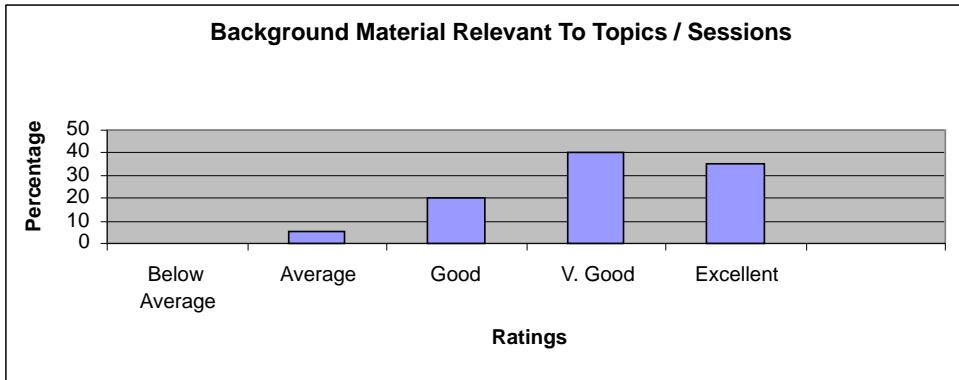


Table-IV: Provide current and latest knowledge

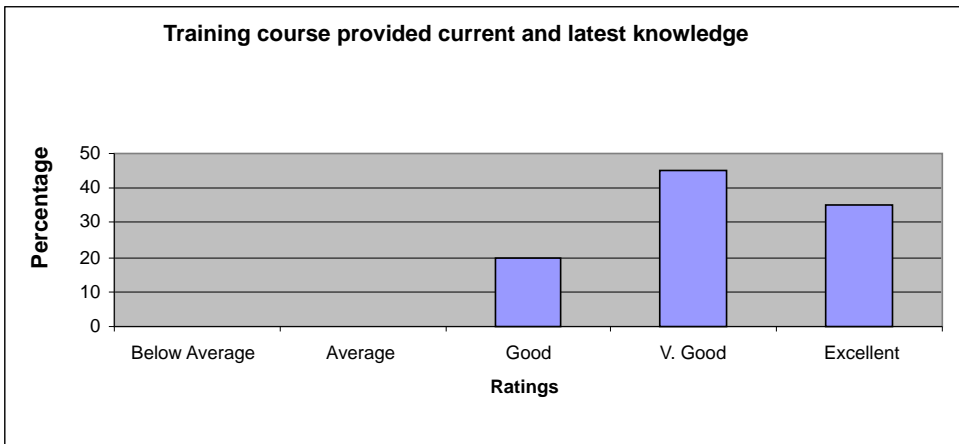




Table- V: Extent to which the training sessions were stimulating

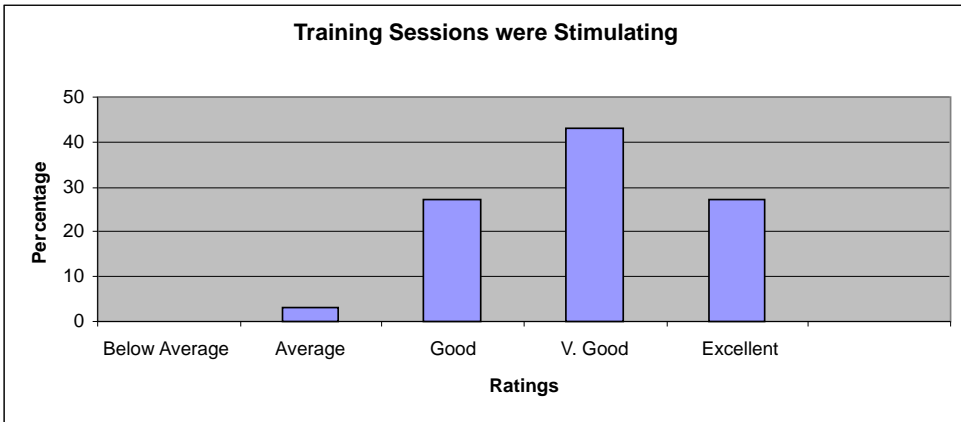


Table-VI: General organization of the training course

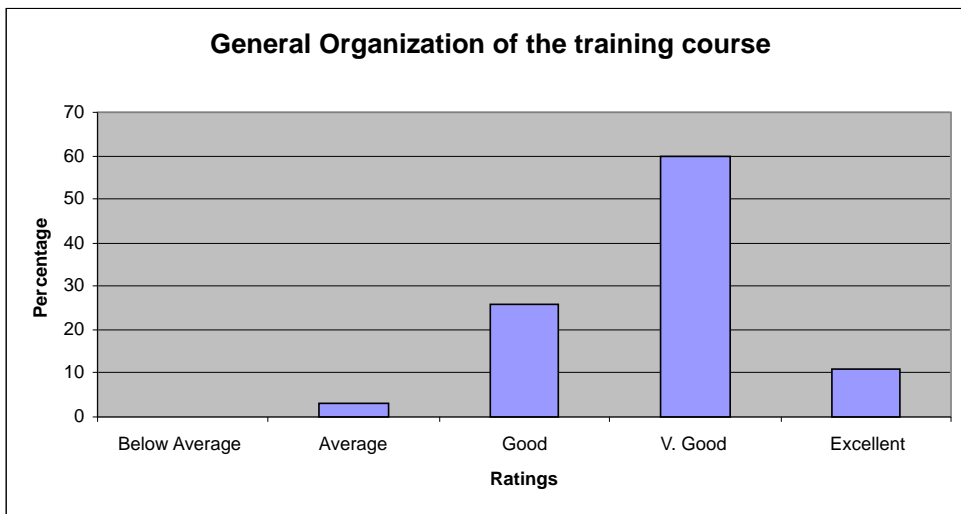




Table-VII: Training Environment

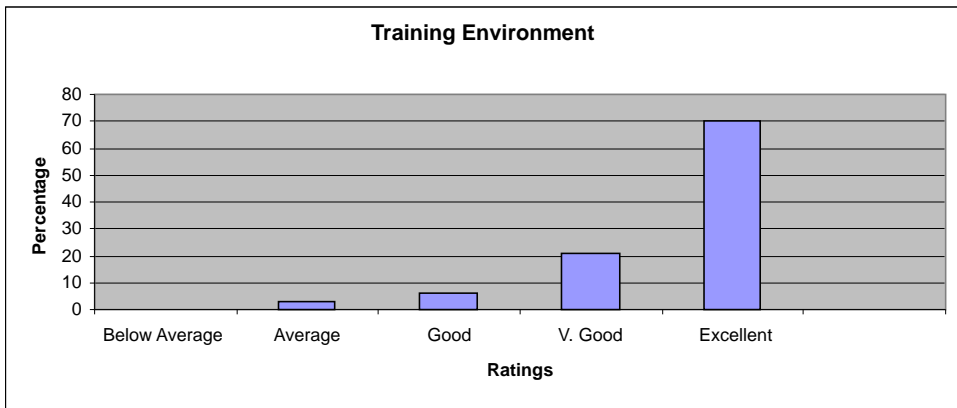
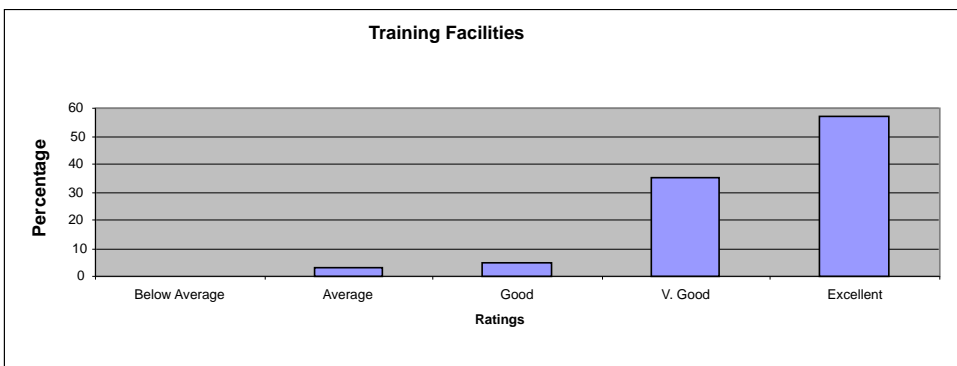


Table -VIII: Training Facilities





Annexures



PART FIVE - ANNEXURES

ANNEXURE-I

Programme (24 26 September 2008)

FIRST DAY 24TH Septemeber 2008

OPENING SESSION

0930 1015	Registration Course Expectations of participants	Dr. Poonam Khattar
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FIRST SESSION

1015 1130	Introduction of the participants Overview and Objectives of Training Programme Opening Remarks Gender Development and Mainstreaming in health sector - Keynote address Current scenario of Maternal Health Vote of Thanks	Dr. U Datta Dr. Poonam Khattar Mr. Harry S. Jooseery Dr. Vibha Parthasarthy Prof. Deoki Nandan Dr. K. S. Nair
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1130 1145 BREAK

SECOND SESSION

1145 1300	Gender Dimensions in different sectors and Gender inequalities of concern	Session Chaired by Ms Vinita Aggarwal Dr.Jagdish Kaur, Dr.Neeraja Rashmi, Panel Discussion
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1300 1400 BREAK

THIRD SESSION

1400 1515	Tools for Gender Analysis and Planning	Dr. Vandana Prasad
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1515 1530 BREAK

FOURTH SESSION

1530 1700	Gender Equity and Reproductive Health	Prof. K.Kalaivani
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SECOND DAY 25th Septemeber 2008

FIRST SESSION

0930 1100 Concept of Gender Budgeting and Entry Points Dr. Sulochana Vasudevan

1100 1115 BREAK

SECOND SESSION

1115 1300 Gender Appraisal of Health Programmes using checklist Ms. Paramita Majumdar

1300 1400 BREAK

THIRD SESSION

1400 1515 Gender and HIV vulnerability
HIV Surveillance and women
National AIDS Control Programme Dr.Suneela Garg &
Ms. Vandana Mahajan

1515 1530 BREAK

FOURTH SESSION

1530 1630 Gender Mainstreaming-Life Cycle Approach Dr. Saroj Menon

1630 1730 Sharing of experiences by State
Representatives on Gender specific
innovations /schemes Prof. Deoki Nandan
Dr. K.S.Nair
Dr. Poonam Khattar

THIRD DAY 26th Septemeber 2008

FIRST SESSION

0930 1100 Measurement & Evaluation of Gender inputs, outputs and outcomes Ms. Benita Sharma

1100 1115 BREAK

SECOND SESSION

1115 1300 Gender appraisal of National Health Programmes - Group Work Ms. Benita Sharma
Dr. Poonam Khattar
Dr. K.S.Nair

1300 1400 BREAK

THIRD SESSION

1400 1515 Valedictory Session
Presentations of group work
Future Directions by
Concluding Remarks
Vote of Thanks
By participants
Ms. Amita Pitre, UNFPA
Prof. Deoki Nandan
Director, NIHF
Dr. Poonam Khattar
Dr. K.S. Nair



ANNEXURE II

Check list for integrating gender / Gender Budgeting into new programmes, projects and schemes (PPS) - Group Work

This check list should be used for all new programmes, projects and schemes.

Participation	Response to questions
Has the PPS been developed in a participatory way involving all stakeholders, especially women? Women's involvement should not be tokenism but they should be encouraged to participate and contribute by creating an enabling environment. Their participation and contribution should be at all stages – planning, implementation, monitoring as well as participatory evaluation.	
I. Background and justification	
1. Is gender part of the context analysis of the PPS?	
2. Does this section include arguments for gender mainstreaming and gender equality?	
3. Are the data quoted in the background sex-disaggregated?	
4. Have the different needs and concerns of men and women, girls and boys been identified?	
5. Is the language of the PPS gender sensitive and does it avoid gender stereotypes?	
II. Goal / Objective:	
1. Does the goal or objective reflect the needs of women and men?	
2. Does it aim to meet practical gender needs (PGN) of women or strategic gender interests (SGI) (that will seek to change gender relations and address gender inequality and promote women's rights and control over her body and her life?)	
III. Target Group / Stakeholders:	
1. Are women and men both going to benefit from the PPS?	
2. Is there need for affirmative action (quotas or reservation) to ensure women are benefited?	
IV. Strategy and Activities:	
1. Is there a better, more women-friendly and yet cost-effective way of achieving the objectives? Can it be considered?	
2. Are the strategies and activities of the PPS gender sensitive?	
3. What are the constraints to women benefiting? Does the PPS address the constraints in order to reduce them?	
4. Have possible constraints on women benefiting been addressed? For example, are the activities planned for times when women are free from household chores?	
5. Will the PPS entail an additional burden on women? If so, what steps will the PPS take for men to share the burden of women's traditional roles?	



1.	If technology is involved, is it women friendly and appropriate for women?	
2.	Who will implement the PPS? Are they sufficiently gender sensitive? Do they need gender orientation? (e.g. health service providers, teachers, cooperative department staff should be sensitized if necessary)	
3.	Do implementation mechanisms use existing networks or organisations of women (e.g. self help groups, mother's groups in Integrated Child Development Scheme (ICDS))	
4.	If there is an information / IEC component, will women be involved in developing it and field testing it to ensure its gender and cultural sensitivity, comprehensibility and efficacy?	
V. Budgeting for equality:		
1.	Has sufficient budget been allotted for each of the components of the PPS?	
2.	Has the PPS budgeted for gender training?	
3.	Is the budget sufficiently disaggregated to ensure that gender concerns are adequately addressed?	
4.	Has the PPS budgeted for monitoring?	
VI. Indicators for measuring outcomes and outputs:		
1.	What are the indicators for measuring progress on outcomes and outputs? Are they sex-disaggregated and gender sensitive?	
2.	Are the indicators SMART – specific, measurable, accurate, relevant and time-bound?	
3.	Do the indicators measure progress in achieving strategic gender interests (SGNs) as well as practical gender needs (PGNs)?	
VII. Monitoring:		
1.	Has the PPS built in participatory on-going monitoring, involving women? What is the frequency? And are the monitoring tools (formats, visit timings etc) women friendly?	
2.	Does the monitoring strategy look at both content and process? Both are important.	
VIII. Evaluation:		
1.	Has the PPS provision for a mid-term (after 2 or 3 years) and an end-term (if the PPS is for a fixed duration) evaluation? This is essential.	
2.	Does the evaluation design allow for (a) the differential impact of the PPS on men and women to come out clearly; (b) women to be part of the evaluation team; and (c) perspectives and feedback from women beneficiaries to be obtained first-hand and not through male family members?	



GROUP WORK: Gender Appraisal of Activities under NRHM

The National Rural Health Mission has proposed many activities and given norms for each of these. Given below are some of the activities.

<u>Group</u>	<u>Activity</u>
(i)	Untied Grants to Village Health & Sanitation Committees
(ii)	Untied grants to SHCs, PHCs and CHCs
(iii)	Support to mobile Medical Units/Health Camps
(iv)	Support for School Health Programmes
(v)	Grants in aid to NGOs at district, state and national levels
(vi)	Resources for risk pooling
(vii)	Improving physical infrastructure of SHC/PHC/ CHC/Taluk/ District Hospital
(viii)	Rogi Kalyan Samitis/Hospital Management Committee
(ix)	Preparation of District Health Action Plans

The corresponding possible processes and illustrative norms of these activities are provided to.

Terms of reference for the Group Work:

- (a) Analyze one activity and norms for these activities in your group with respect to ensuring
 - 1. Gender Equity
 - 2. Gender Equality
- (b) As Medical Officer In/Charge, what constraints do you foresee in implementation?
- (c) Suggest some measures to address issues related to gender with respect to above activities



Reaction Level Evaluation

For every item, please place a tick (v) in the scoring box that most closely represents how you feel about the programme as a whole. Score 1 reflects the lowest and 5 the highest you can rate. Please comment briefly on each item about your reasons for giving this score, especially if your scoring falls between 3 to 1.

Date: _____

1.0 Objectives

1.0	Objectives	
1.1	The goals/objectives of the training	
1.1.1	Relevant with reference to your needs 5 4 3 2 1 Comments Not relevant	
1.2.1	Fully achieved 5 4 3 2 1 Comments Not achieved	
2.0	Training Course	
2.1	Duration Adequate 5 4 3 2 1 Comments Inadequate	
2.2	Background material relevant to topics/sessions 5 4 3 2 1 Comments Irrelevant	
2.3	Provided current and latest knowledge 5 4 3 2 1 Comments Did not provide	



3.3	<p>Initiated good discussion 5 4 3 2 1</p> <p>Comments No/limited discussion</p>	
4.0	General Organization of the Training Course	
4.1	<p>Physical space and infrastructure while organizing training sessions Adequate 5 4 3 2 1</p> <p>Comments Inadequate</p>	
4.2	<p>Training Environment Comfortable 5 4 3 2 1</p> <p>Comments Uncomfortable</p>	
4.3	<p>Training facilities</p> <p>Adequate 5 4 3 2 1</p> <p>Comments Inadequate</p>	
5.0	<p>Feedback about topic/sessions in training course</p> <p>Please mention any topics/sessions that</p>	
5.1	<p>May be added in future</p> <p>a. b. c.</p> <p>Reasons</p>	
5.2	<p>May be deleted from the course in future</p> <p>a. b. c.</p> <p>Reasons</p>	
5.3	<p>May be modified to suit your needs in future</p> <p>a. b. c.</p> <p>Reasons</p>	



6.0	Please mention what qualitative changes do you foresee in your job performance as a result of this training	
7.0	Any other suggestions regarding the training course:	



ANNEXURE-V

LIST OF PARTICIPANTS

Sl. No.	Name & Address of the Participant	Tel. No. & E-mail address
1.	Dr. Ashok Kr. Banerjee, ADHS (SH), State Family Welfare Bureau, Swasthya Bhavan, 'A' wing, 3 rd Floor, GN – 29, Sector – V, Salt Lake City, Kolkata – 700091	03-23330268 9434105646 adhssh@wbhealth.gov.in
2-	Dr.D.S.Chandel, Chief Medical Officer Hamirpur, Distt. Hamirpur, Himachal Pradesh	9418105470 1972222262 dschandel.26@yahoo.com
3.	Dr.R.Ranjani Devi, Deputy Director of Medical and Rural Health Services and Family Welfare, Sivagangai District Tamil Nadu	9443136597 04575-240549 terminal_gene@yahoo.com
4.	Dr.A.C.Natarajan Deputy Director (Medical) Dist. Family Welfare Dharmapuri Tamil Nadu	9443262330
5.	Dr.Meena Bhatt Sr. Gynaecologist F.H. Haldwani (N.T.L) U.A.	9412438800
6.	Dr.M.Gnanasekaran Deputy Director Medical, Rural Health Services & Family Welfare, Salem & Namakkal Dist., Tamil Nadu	0427-2210678 9443221599
7.	Dr. Mukesh Sondhi Medical officer Room No. 48 A, IInd Floor, SIHFW, Mohali (Phase – VI), Punjab	098143-91803 mukesh_sondhi@yahoo.com



8.	Mr. Rajan Kumar State Program Manager Dept. of Health & Family Welfare RCH, Namkum Ranchi – 834002 Jharkhand	09431157765 rajanjhs@gmail.com
9.	Dr.Prabhas Kr. Mishra Consultant Management SIHFW, Sector – 6, Panchkula Haryana	09779906617 care8prabhas@gmail.com
10.	Mr.Ritesh Tiwari, LA, PC – PNDD DM&HS, Jaipur	0141-2222422 09414208254 pcpndt@yahoo.com
11.	Ms. Archana Sharma State NGO Coordinator DM & HS, Jaipur	09414643561 congo.nrhm@yahoo.co.in
12.	Dr.Gita Madhwal Joint Director C/o DGMH&FW Uttarakhand Chander Nagar, Dehradun	00135272311 (O) 01352659576 (R) gita_madhwal@rediffmail.com
13.	Dr. Minakshi A.Sangma Distt. M.C.H. Officer West Garo Hills, Meghalaya Pin code – 794001	03651-224702 (O) 09436306107(M) mehwghtura@yahoo.com
14.	Dr.Sombari Boro Sr. Medical & Health Officer Office of DM & HO East Garo Hills William Nagar Pin Code – 794111	03658 – 220359 (O) 9436113760(M)
15.	Dr. (Mrs.) Binapani Laisram Jt. Director (FW) Directorate of FW Dept. Imphal, Manipur Pin - 795001	09436026481 drbinapani@gmail.com
16.	Dr. (Mrs.)Y.Bimola Devi Joint Director (FW) Directorate of FW Dept. Imphal, Manipur Pin - 795001	09436036321 (M)



17.	Prof.Y.Rama Padma Indian Institute of Health & Family Welfare, Hyderabad – 500038	09440834082 yypadma@gmail.com
18.	Dr. Saleem Ur Rehman Asstt. Director Family Welfare, Srinagar – 190001 J & K	09419008883
19.	Dr.Ashok Chanyal Asstt. Director Family Welfare Jammu	9419112747
20.	Sh.A.U.Batt State Consultant NRHM Near Sainik School Nagrota, Jammu	09419192632
21.	Dr.Gordon Zohmingthanga District Family Welfare & Medical Officer, CMO Office Aizawl (West) District Aizawl, Mizoram	9436142919
22.	Dr.R.F.Zauva Principal Medical Officer HW Training School Aizawl,Mizoram	9436143122
23.	Mrs. Kalpana Toran Asstt. Professor IIHFW Hyderabad	09348960096 toran_kalpana@yahoo.co.in
24.	Ms. Urmila Singh Research Officer State Institute of Health & Family Welfare, Between B & C Block, Indira nagar Lucknow , U.P.	9415789925
25.	Dr.Savita Govt. M S J College Bharatpur Rajasthan	9461071086 savita1188@yahoo.co.in



26.	Dr. Prabhleen R.Singh Director CTI & Principal SIHFW Mohali, Punjab	09893075901 09876106968 sihfw_pb@rediffmail.com prabhleensingh@hotmail.com
27.	Dr.Amarjeet Singh Medical Officer General Hospital, Sector – 6 Panchkula, Haryana	09417426622 amarjeet987@rediffmail.com
28.	Dr.Rashmi Sharma Medical Officer O/o DHS, Punjab Chandigarh	09855187303
29.	Sh.K.N.Singh Sr. Finance & Accounts Officer SIHFW, Lucknow	9838527011 directorsihfwup@yahoo.com
30.	Dr.N.N.Pawaskar Epidemiologist HFWTC Kolhapur	9860240671 hfwtc_kop@hotmail.com
31.	Dr.Ranjana Sharma Consultant Gynae Jhalkari Bai Hospital, Lucknow	9839374002 dr.ranjanasharma@hotmail.com
32.	Dr.Megha P.Khobragade SHRC, PHRN, Kalibadi Raipur, Chattisgarh	9893933145 mkobragade@rediffmail.com
33.	Dr. Mukta Garg Asstt. Prof. Dept. Human Development College of Home Science CAS Uni. of Agri. & Tech. Kanpur	9450132045 mukta.garg@yahoo.com
34.	Mr. Ramesh Chand ARO, Dept. of Communication NIHFW, New Delhi	9868753575 rameshthwinner@rediffmail.com
35.	Mrs. Sunita Bir Admn. Coordinator Distance Learning Cell NIHFW, New Delhi	9871590289 sunitabir@yahoo.com



36.	Dr.N.D.Deshmukh, Addl. District Health Officer, District Pune, Maharashtra	9422518277
37.	Ms. Krishna Chaubey, PHN, Delhi State Health Mission 1st Floor, M Block, ITO Vikas Bhavan, New Delhi - 110002	23378228, 23378229 9711112814 kchaubey01@gmail.com chaunak04@yahoo.com



ANNEXURE-VI

List of External Resource Faculty

1. Mr. Harry S. Jooseery
Executive Director, PPD Secretariat,
Dhaka, Bangladesh.
2. Dr. Vibha Parthasarthy
Former Chairperson
National Commission for Women
B-260, 1st Floor
Greater Kailash I
New Delhi
3. Ms. Amita Pitre
UNFPA
53, Jor Bagh
New Delhi
4. Dr. Vandana Mahajan
Senior Programme Officer
(Gender and HIV)
United Nations Development Fund For Women
D-53, Defence Colony
New Delhi 24
Mo. 9818651090
vandana.mahajan@unifem.org
5. Ms. Vinita Aggarwal
Director
Ministry of Women & Child
Development
A Wing, 6th Floor, Shastri Bhawan, New Delhi
(O) 23384488
Vinita910@yahoo.com
6. Dr. Benita Sharma
Gender Specialist
8, Hemkunt Colony, New Delhi 110048
Tel 65670996 (O)
M 9911471144
Sharma.benita@gmail.com
7. Dr. Sulochna Vasudevan
Joint Director (Women's
Division), NIPCCD, 5- Siri Fort
Institutional Area, New Delhi 16
Mo. 9810619491
Sulochana26@gmail.com
8. Prof. Neeraja Rashmi,
Dept of Women Studies,
NCERT, Sri Aurobindo Marg,
New Delhi.
(O)-011-26962590
Catch_neeraja@yahoo.com
9. Ms. Paramita Mazumdar
C/o Ms Manjula Krishnan
Consultant
Ministry of Women & Child
Development
A Wing, 6th Floor, Shastri
Bhawan, New Delhi
M-9891106339
10. Dr. Jagdish Kaur
Chief Medical Officer
DGHS , Ministry of Health &
Family Welfare
Nirman Bhawan, New Delhi
(M) 9810238399
Jagk2001@rediffmail.com
11. Dr. Vandana Prasad
National Convener of Public
Health Resource Net
Office- 5 A Shahpur Jat New
Delhi
(M) 9891552425
chaukhat@yahoo.com &
phrc.delhi@gmail.com
12. Prof. Suneela Garg
Dept. of Community Medicine
Maulana Azad Medical College
Bahadur Shah Jafa Marg
New Delhi
Mob: 9968604242
Gargsuneela@gmail.com



ANNEXURE-VII

List of Resource Faculty of NIHFW

Prof. Deoki Nandan
Director, NIHFW
Ph. 26100057 & 26185696 (M) 9971104666
E-mail: director@nihfw.org & dnandan51@yahoo.com

Prof. K.Kalaivani
Head, Dept. of RBM, NIHFW
Mob: 9891568830
E-mail: kkalaivani.nihfw@nic.in

Dr. S.Menon
Reader
Dept. of RBM, NIHFW
26160156 E-mail: smonon30@gmail.com

Dr. U.Datta
Acting Head
Department of Edu. & Trg., NIHFW
M - 9810650470
E-mail: utsuk@rediffmail.com

Dr. Poonam Khattar
Reader, Dept. of Edu. & Trg., NIHFW
M - 9910211552
E-mail: poonamkhattar@gmail.com

Dr. K.S.Nair
Lecturer
Dept. of Planning & Evaluation, NIHFW
Mob: 9891917211
E-mail: ksnair.nihfw@nic.in

Research Staff of NIHFW, Dept of Edu & Trg

Mr. Y.K.Singhal, Assistant Research Officer

Mr. S.P.Singh, Research Assistant

Ms. Roopali Bhargava, Research Associate