

Celebrating Successful Fifty Years



BVHA



1969 - 2018

Souvenir

July 2018

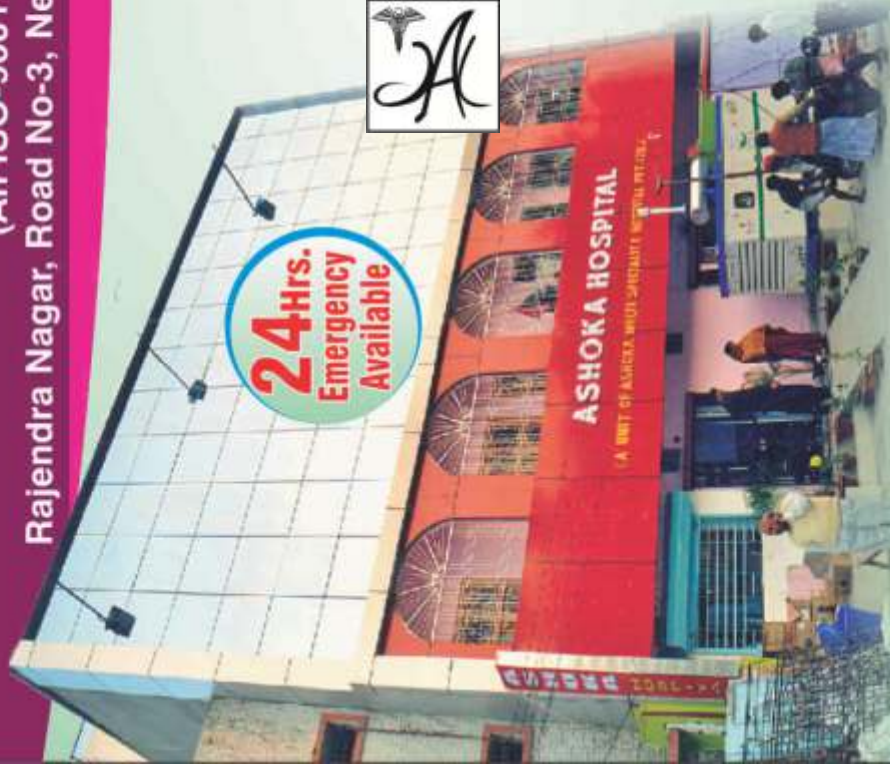




ASHOKA HOSPITAL

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Vijay Kumar Choudhary
SPEAKER
 Bihar Legislative Assembly



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 Date 14/07/18


MESSAGE

I would like to extend my best wishes to Bihar Voluntary Health Association, Patna on completion of its 50 glorious years of service in the field of community health for the disadvantaged people of Bihar. Fifty years is a long period for individual as well as in the history of an institution. BVHA has made a remarkable imprint on health sector by reaching out to less privileged people.

It has been successful in bringing the people closer to the programme of the government and have supported in the village development works. Through its hard work and commitment, BVHA has reached to needy millions and extended support to bring them out of their miseries and sufferings.

I wish BVHA's efforts may continue unbowed in commitment, passion and benevolence. It is an inspiration for others.

I send my best wishes and greetings of solidarity.


(Vijay Kumar Choudhary)

Mangal PandeyMinister
Health Department
Govt. of Bihar

Ref. 554/(R)

Date 16/07/2018

**"MESSAGE"**

It was heartening to know that the "BVHA" Patna is going to celebrate its golden jubilee year on 20th July, 2018. Being aware of healthiest of Bihar's marginalized communities through its network is a huge achievement. Success in resolving public health social issues is a historic step in the initiative of "BVHA" in 50 years. Since establishment of BVHA, this kind of positive effort has been made for the marginalized communities in Bihar by this organization has increased trust in health among the people. It is heartening to not that on the occasion of golden jubilee by "BVHA" Patna on 20th July, 2018, the discussion has been organized in "Transforming Society for Secure Childhood" on 50th annual general body meeting.

Through the discussion, general people will get a positive message about "BVHA" and will get an opportunity to understand its significance closely. It is also known that on this occasion a souvenir is being published by "BVHA", which will be not only inspirational but also collectable for the people besides "BVHA".

Therefore, my best wishes to the guests and souvenirs for the "annual general body meeting".

(Mangal Pandey)

संजय कुमार, भा.प्र.से.
प्रधान सचिव
SANJAY KUMAR, I.A.S.
Principal Secretary



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स्वास्थ्य विभाग
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GOVERNMENT OF BIHAR
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पत्रांक

दिनांक ..16/07/2018

Dear BVHA Team,

On behalf of the Health Department, we extend our heartiest congratulations to your organisation for completing 50 glorious years of success in addressing public health and other social issues prevalent amongst the most vulnerable groups in Bihar. BVHA has always been on the top of the list for serving the community with their unconditional supportive services through voluntary network.

Organisations like yours with a brilliant team of dedicated workers can only aim for highest results. With your commitment and sincerity you have time and again proved your worth and have gained much deserved recognition and fame in health sector.

We wish you all the success for many more years to come.

Sincerely,



Sanjay Kumar
(Sanjay Kumar)
Principal Secretary

Health Department, Govt. of Bihar



ARCHDIOCESE OF PATNA

Archbishop William D'Souza, S.J.



Archbishop's House
Bankipur P.O.
Patna - 800 004
Bihar (INDIA)

Personal : 0612-2677717
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Ref. No. :

Date :

06.07.2018

Dear Swapan Mazumder,

I am glad to know that Bihar Voluntary Health Association (BVHA) is celebrating its Golden Jubilee. It had a humble origin in the year 1969 by Fr. James Stuart Tong and Medical Mission Sisters, with the noble idea to form a secular association of Health Centers, Dispensaries, Charitable Hospitals and Voluntary Organizations engaged in Health and Health related development activities.

BVHA has seen a tremendous growth in last 50 years involving in capacity building activities for its network member organizations on various health related issues to smoothen the health services delivered by charitable hospitals, health centers etc. Having 154 member organizations working for the upliftment of the health status of most marginalized communities through its different programs and projects, it aims at making the community health a reality for the people of Bihar by initiating and strengthening people's organizations. Its major thrust is to develop the organizations so as to promote people's action for responding to their need.

BVHA with the help of people of good will with a vision of supporting the poor in our own society through medical help has grown, from a small seed to a big tree. It has been successful in achieving its goal. I remember all people of good will who contributed to the growth of the Society.

On this occasion I sincerely express my Hearty Congratulations to all the members of the Bihar Voluntary Health Association (BVHA). Let your aim "to see the value of good health and have access to basic health services as human rights" be fulfilled.

May God bless you!

Yours in the Service of the Lord,

+ William D'Souza, S.J.
+ William D'Souza, S.J.
Archbishop of Patna





Dear Swapanji,

Greetings of peace from Buxar!

I am, in fact, delighted to realize that the Bihar Voluntary Health Association (BVHA) has already rendered 50 years of its generous service to the people of Bihar in the field of healthcare. At this moment I gratefully remember the great visionary and social scientist, Fr. James Tong S.J, who muted this illustrious organization, and all the associates from its beginning till today. We all can be proud that with the joint ventures of many NGOs working together in the Healthcare field under the umbrella of BVHA, the Healthcare scenario of Bihar has made a significant leap, especially in the rural areas.

In the present day situation, we notice that companies venture into joint endeavors for improving the quality of their products by bettering their technical skills, services and profit making, whereby, enhancing the whole business system, they create synergies out of joint ventures. What happens here is a collective transmutation that allows endless research and innovation. The end result is that the team's common endeavor brings forth maximum results, way beyond an individual's efforts or contributions. The principle hence here is: 'The whole is greater than the sum of parts'.

The non- profit healthcare ventures of different individual organizations realized this truth fifty long years back, in 1969, when they came together as a unit (BVHA), which hitherto has been making a spectacular presence and bringing out the best results, with the joint interventions and partnerships in the healthcare services targeting Bihar's rural areas. BVHA, the pioneering Voluntary Health Association in India, registered as a Society in 1970, has the unique distinction of being the first of its kind in India. As it is mentioned in its objectives, "It is to do works of charity and service aimed at improving health of the people irrespective of race, Caste, or community in particular". Such an improvement in healthcare is being achieved by collaborating with many medical facilities existing in the area, for the last fifty years.

On the occasion of the Golden Jubilee of BVHA, I congratulate each of its members who travelled through its thick and thin to keep this organization as an authentic charitable unit and to achieve its goal. I specially thank the present Governing Body that is organizing the Golden Jubilee celebrations.

Once again, congratulations and best wishes to all the member organizations of BVHA on your precious contribution bettering the healthcare for the people of Bihar.

+ Sebastian Kallupura
Bishop of Buxar Diocese.



Buxar
02.05.2018





VOLUNTARY HEALTH ASSOCIATION OF INDIA

July 13, 2018

Message

Bihar Voluntary Health Association has set up an example of dedicated service to the people of Bihar, particularly living in the unreached areas. For the last five decades, its' Members, Governing Board and the Staff have continued to address the health challenges of Bihar with fortitude. The evidence of their contribution is spread all over this important State. This is particularly remarkable since, like all organizations, Bihar Voluntary Health Association had to face numerous challenges in the past, yet continued it's focus on the overall improvement of Health & Development of Bihar.

It is evident from the present activities that Bihar Voluntary Health Association will continue to play an important role to change the development scene of the State. On this happy occasion, VHAI family from throughout the country send their heartfelt wishes to Members of Bihar Voluntary Health Association and the Colleagues to further strengthen to meet the future challenges more vigorously.

What VHAI today is not only due to the work at the National level, but cumulative effort of all the State Voluntary Health Associations, Bihar Voluntary Health Association is an outstanding Member of VHAI family in this regard.

(Alok Mukhopadhyay)
Chairman (Advisory Committee)



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Rajesh Seraphim

Ex Executive Secretary BVHA
1986 - 2002

I wish all the BVHA General Body Members, Governing Board Members and Staff Members for reaching the auspicious occasion of Golden Jubilee with the activities and performances to make a health and development a reality for the last and needy people in the society.

I also wish that the performance continues in all the days to come. The motivation and zeal of the concerned members and staff will continue their efforts as done from the day of inception. I also thank all the Executive Secretaries of BVHA who contributed a lot through their continuous efforts and guidance made for the functions laid by Fr. James Stuart Tong.

The present board members and also the board members at the time of inception are wished best for their efforts made.

I hope in future BVHA would make most appropriate strategies and programmes to continue to take the lead in the health and development sector in Bihar.



Dr. (Sr.) Prema Devraj MD

Ex. President, BVHA

It is with much Pleasure and Joy I write this message of Hearty Congratulations and Felicitation to Bihar Voluntary Health Association (BVHA) on the occasion of its Golden Jubilee celebration on 20th July 2018. Fr. James Tong S.J the founder of BVHA pioneered the movement of Voluntary Health Association in India. We acknowledge with gratitude His far sighted vision and hard work in actualizing his dream in Patna, Bihar. I recall the time when we both were travelling back from Delhi after a meeting, he shared with me his vision and Aim and Plans for the future of BVHA. His dream became a reality as State after state started its own unit, including the Central Body Voluntary Health Association of India, New Delhi. I have been associated with the Organization since its inception and its initial years struggle to establish itself as a credible people oriented organization. Our Board meetings were held in the basement of Kurji Holy Family Hospital. It was a humble beginning. I am happy to see the immense progress and up to date training programmes and other activities, the fruit of dedicated and committed service of past and present members and staff of Bihar Voluntary Health Association.

I wish you God's abundant Blessings and Guidance to achieve your mission and goal to make healthy living accessible to all, specially the poor and marginalized, thus assuring their basic Human Right. I congratulate you once again for the way forward you have chosen, ***“Transforming Society for Secured Childhood” which is the need of the Day, to build a Just, Equitable and Harmonious Society.***



**Hassan Waris**

Former director

State Council of Education Research and Training, Bihar

As Bihar Voluntary Health Association has entered into the golden jubilee year, I wish to offer my heartiest congratulations to it.

As BVHA celebrate the golden jubilee we recall the marvellous ways in which it has fulfilled its mission in imparting health facilities to the un-reached population. Through its hard work and commitment, BVHA has reached to millions of people in need and has extended its hand of support. Fifty years indeed is a major milestone for an institution. I feel honoured to be a part of it.

I wish BVHA a great success in the years to come in their service to the people of Bihar.





Dr. Madhumita Mukherjee

Assistant Professor,
Department of PSM,
Patna Medical College, Patna

It is a great pleasure to know that Bihar Voluntary Health Association (BVHA) is celebrating its 50th annual general body meeting on 20th July 2018. I have a long association with the organization. Strength of this organization, what I always feel is the warmth of its personal relationship which they readily disseminate to their volunteers working in the social periphery. Hand holding becomes easier in a friendly environment “to encourage people to want to be healthy, to know how to stay healthy, to do what they can individually or collectively to maintain health and to seek help when needed”- in the road to change Life-style.

I wish BVHA grand success in its 50th AGBM and more so in their tireless efforts to transform the society for a Healthier Bihar.





Vinoy Ohdar
State Director
Landesa/RDI

The capitalistic mode growth and development The deadly capitalistic growth and development creates, inequity, inequality, injustice, violation of human rights and denial of the future rights . Eventually cost of development paid by the common people. This goes unchallenged in absence Civil Society voices. In the era of indiscriminate and deadly growth when the need of social change agenda is felt , there is no alternative to the Civil Society Organisations(CSOs). CSOs not only create the social change agenda but take it forward to a logical end and create hope for the hopeless and oppressed but also work as bridge between the Government and the communities.

Health is not a problem of its own ,it's a result of numerous socioeconomic problem we create due to our faulty policies ,planning and failure of addressing socio- economic inequalities. Preventive and Promotive health is solution for most of the health problem which people suffer from. There has always been dearth of such institutions in the country which advocate for Preventive and Promotive health. Bihar Voluntary Health Association(BVHA) was the first CSO of its kind in India, founded by Fr. Tong fifty years ago and became a network of 600 plus institutions in Bihar committed to promotion of public health in Bihar and gradually spread over almost all the states in the country. BVHA gave birth to voluntary health movement in the country. I have personally witnessed 28 years of journey of BVHA. Its tireless efforts of training thousands of Community Health workers, para- medics , Health care providers, Traditional Birth Attendants, Traditional healers and many more. This has created a plethora of education materials, research and studies and contributed to public health policy formulation in the state of Bihar. This raised voice against indiscriminate and unjust privatization of health care, irrational and banable drugs and for a accessible health care system

I am proud to be a co- traveler with a pioneer organisation in public health in Bihar. I spent little more than a decade and laid foundation of my professional growth. I have been part of its silver jubilee celebration and join hands in the celebrations of fiftieth anniversary. I wish BVHA completes 100 and more years and continue contributing for "Health for All".



Ashok Priyadarshi
Vice President, HR & CSR
Alkem Laboratories Limited
Mumbai.



I would like to congratulate and extend hearty thanks to Bihar Voluntary Health Association, Patna for completion of 50 years of journey in the health sector for the rural people, who live in remote areas of Bihar. BVHA works to make health a reality for the people of Bihar especially the weaker section of the Society through Voluntary organization with the active involvement and the participation of the community. BVHA has been contributing immensely by providing impetus and direction to the Community Health promotion in Bihar State for the last 50 years.

Through its hard work with the support of network partner organizations and associate members BVHA has reached the needy millions poor people, who need support in preventive and curative aspect of health.

I wish BVHA for valuable contribution in health sector for the poor people of Bihar, which is inspiration for other development practionaire.

I wish success in future to BVHA.



(Ashok Priyadarshi)





Prof. Dr. M. K. Sahani, MD (Hom), Ph D(MUHS), PGDHHM, CCCR
 EX-MEMBER. Central Council of Homoeopathy, (Govt. of India)
 Ex-Chairman, Education Committee, Central Council of Homoeopathy
 Chairman: Research Institute of Sahni Drug Transmission & Homoeopathy,
 Patna
 President: Bihar Voluntary Health Association.
 P.G. Coordinator: G.D. Memorial Homoeopathic Medical College &
 Hospital, Patna
 HOD: Department of Repertory, G.D. Memorial Homoeopathic Medical
 College & Hospital, Patna
 Chief Editor: Homoeo Tarang (Hindi) & The Journal of Homoeo
 Transmission

I am happy to know that the Bihar Voluntary Health Association, Patna is celebrating its Golden Jubilee on 20th July 2018 and publishing Souvenir. What is heartening to note is that being established in 1969 to promote community health in Bihar with an aim to make 'Health a reality' for the people of Bihar has a fruitful journey of 50 years. It is a Secular and non-profit making registered society. It is an association of likeminded Civil Society Organizations, Charitable Hospitals/Health Centers. BVHA has strength of large network of 152 members and more than 300 associated voluntary organizations. It has been contributing immensely by providing impetus and direction to the Community Health promotion in Bihar State for the last 50 years.

Pioneering spirit should continue, not to conquer the planet or space ... but rather to improve the quality of life. Communities and countries and ultimately the world are only as strong as the health of their women.

Transforming Society for Secured Childhood” has been transpired as theme and I am sure while the Celebrations will be a joyous occasion, it also gives opportunity for introspection with a view to have well conceived plans for future with confidence that the progress so far made inspires.

(Dr. M. K. Sahani)





Poonam Muttreja
Executive Director
Population Foundation of India

Dear Mr. Mazumder

Many thanks for your invitation. My heartiest congratulations to you and the team at BVHA on completion of 50 vibrant, productive and fruitful years. I am sure under your very dynamic leadership, BVHA would continue to touch thousands of lives in a positive manner.

Sending all my good wishes for a successful event.

Best regards



Vinoj Manning
Executive Director
Ipas Development Foundation

Ipas Development Foundation is pleased to partner with BVHA and their network of NGOs in Bihar. We are hopeful that the partnership will strengthen women's access to safe SRHR services in Bihar".



GOLDEN JUBILEE OF BVHA AND ITS GLIMPSES BVHA IN RETROSPECT



Swapan Mazumder
Executive Director
Bihar Voluntary Health Association

The idea of having secular network of Voluntary Association of likeminded individuals, associations, health institutions and charitable hospitals who were concerned and engaged to make health a reality for the millions of disadvantaged and aimed to reach people without having any discrimination of caste, creed, race, gender or/and position etc. was conceptualised in the mind of Father James Stuart Tong who along with many others did strive to make it happen. The meeting of Chhotanagpur in October 1967 followed up by another meeting in Bangalore in January 1969 were the preliminary foundation steps in formation of the Bihar Voluntary Health Association under the able leadership of Medical Mission Sisters, Sr. Carol Huss and many others.

The first General Body Meeting of Bihar Voluntary Health Association (BVHA) took place at the Methodist Hospital, Pratapsagar, Buxar on 11th July 1969.

An Adhoc committee was formed in the 1st General Body Meeting to prepare and propose the draft constitution of BVHA. Several meetings were organized to finalise the memorandum and Byelaws (Constitution) of BVHA before its second Annual General Body Meeting which was held at Kurji Holy Family Hospital, Patna. During 9th - 10th January 1970, the General Body

passed the constitution and sent it for registration under the Societies Registration Act 1860 Clause XXI at Patna. The original Constitution of BVHA was signed by 18 persons and was registered on 27th February 1970 under SRA at Patna. There were a total 11 board members and office bearers in the 1st Governing Board of BVHA.

Generally Governing Board is elected for two years with a provision of re-election for one more consecutive term for two years. Till 2018, 49 Annual General Body Meetings (AGBMs) and 1 Special AGBM held.

The first office of BVHA was in the basements of the Kurji Holy Family Hospital, Patna from where it was first shifted to rental houses in Dujra, Patna and finally shifted in its own building at Mainpura, Patna (West of Ganga Apartment, LCT Ghat, Mainpura, Patna) in 1995, where it is presently located.

Main Areas of working of Organisation:-

BVHA was created to fill up the need of a state level resource organisation in Health and Development and to act as a State level Network Agency on Health issues, for the promotion of good Health. So, since inception, keeping its essential Motto "***to make health a reality for millions unreached through Health Empowerment***", it shifted its working



areas, subjects and pattern focusing Health as a Right with holistic development of the communities. Thus, the working of BVHA can be sharply divided in two segments

- (a) Initial Phase (1969 till 1980) and
- (b) Mid Phase (1980 till 2018).

In the initial phase, BVHA focused more on Network by handholding visits to its member organisations, membership drive, orientation of members in the various areas of Health with small tailor-made skill trainings for the community Health workers, paramedics, skill up-gradation for Chief of Voluntary Organisations on legal requirements for a Voluntary Organization, Project Formulation, Accounts keeping, MIS development and book keeping and orienting about new health programmes, projects, entitlements and to tackle community Health issues and such many other things. Thus Networking, Skill Building and Information Sharing were the three main issues of working with the voluntary sector.

The second major activity was to liaise with the Government health department and other International, National Agencies and Networks to streamline for trapping the untapped voluntary sector by involving them in health promotion of the state. BVHA initiated collecting evidence based field realities and health need of the people for adopting pro-people policies and programmes and also spreading such new schemes programmes and entitlement provision to the voluntary sector to be involved to spread awareness in public. Its contribution was quite

significant in many National and State specific Health programmes in shaping, implementing and providing actual feedbacks on NTCP (National Tuberculosis Control Program) and RNTCP, National vector borne diseases control programmes like Malaria, Filaria, Kala-azaretc, in promotion of MCH (SMCH) and RCH, National AIDS Control Programme. Besides all these, BVHA was pioneer in the promotion of Rational Use of Drugs, Generic Drug. BVHA carried as Model on some issue based programmes in the field of TB Control, stopping the spread of leprosy, Surveillance and Management in Malaria and Kala-azar and provided many tailor-made technical training to various health personnel for mass education.

During the initial period, when there were no proper cold-chain maintenance facilities at the District level, BVHA used to collect vaccines from State Govt. depot and used to supply to all its member hospitals / dispensaries working in the rural remote areas of undivided Bihar and submit monthly reports to the govt. department. It developed several small simple Behaviour Change Communication (BCC) / IEC materials, pamphlets for the Mass and covered rural villages and urban slums, communities through camps participating in Fairs. Besides, BVHA always carried Medical Relief during any natural calamities like draught, Earth quake and floods even during riots and war, for victims. Thus till 1980 BVHA mostly concentrated on these fields.



After 1980, (Mid Phase 1980 to 2018) BVHA gained creditability among Government Departments, International Agencies like WHO, UNICEF, UNFPA and other donors for its liaison and other activities. Christian Aid (Now Change Alliance) has supported BVHA for long time to develop capacities of the VOs to work efficiently and effectively for health promotion in the rural communities. Hence, recognising the presence of BVHA in the voluntary Health sector, the Government of India asked it to help in creating a state level AIDS Control Society and also to act as a nodal agency to pre-screen the strengths of probable Voluntary Organisations who can work on AIDS Control through Awareness programme in the state. Thus, before the creation of BSACS, it acted as its predecessor. Likewise BVHA was entrusted to act as Mother NGO for Patna, Nalanda, Munger, Bhojpur, Vaishali districts for both RCH and AYUSH under MOH&FW, Govt. of India and thus pre-screened, selected, oriented, released fund, monitored the MNGO programme under it by giving periodical reports to the concerned Departments. It was also recognised as SNGOs for UNFPA funded programme for Gender issues similar to the MNGO scheme except selection of FNGOs. UNICEF entrusted it to study the active search polio and afterwards, the pulse-polio drive continued on the basis of the findings of the study. The donor agencies also assigned it to be their local consultant for monitoring of the project they supported in Bihar to the NGOs. Thus the Christian Aid, Memisa, Caritas India, IGSSS, Misereor, Action-Aid all

gave project support to BVHA so that it can provide Tailor-made skill orientation training to its members and non-member organisations on control, management and surveillance of Malaria, Kala-Azar and TB. Apart from that BVHA has been continuously working on Routine Immunization promotion, strengthening PDS, promotion of rational use of medicine, girl child protection and other social development issues etc. BVHA also took the initiative to develop Community based Master Trainers on community health and development. National Centre for Diseases Control (Earlier NICD - Bihar, MoHFW, GOI), Regional office of Ministry of Health and Family Welfare (Bihar & Jharkhand), Govt. of India, Rajendra Memorial Research Institute of Medical Science (RMRIMS, Patna), Padma-shree Dr. C. P. Thakur, CENTROMAP and Centre For Tropical Medicine, Kolkata technically helped a lot in working in control of Malaria and Kala-Azar. This was the major area of work for BVHA and along with it developed many appropriate IEC/BCC materials on different Health issues for general public and participants of the training. It continued to visit member organisations and also provide On-Request Training to those organisations, who organises Training on thematic issues for their Community volunteers and staff. It also published a periodical journal on health related issues. Many Dioceses, Plan India, Oxfam India, Save the Children, Cairn Energy Pvt. Ltd., Population Foundation of India, World Vision India, Care India etc. have supported BVHA in its venture.



During this time, BVHA also carried Medical Relief during floods and droughts, it published simple booklet to mitigate the effects of disaster on health and sanitation issues. It carried many small evidence based studies on the adverse effects of Tobacco, Alcohol etc. and took lead role in promotion to ban the use of Tobacco.

Voluntary Health Association of India (VHAI), New Delhi has been supporting both financially and technically for achieving BVHA's mission. During this time, most of the different State Voluntary Health Associations also formed and mutually supported each other by sharing their developed BCC / IEC materials and other information and experiences and in this context, BVHA has received lot of IEC materials from other State VHAs.

After the initiation of NRHM, BVHA tried to promote the community monitoring procedures, by developing appropriate IEC materials on Village Health Sanitation and Nutrition Committee (VHSNC) and RKS (RogiKalyanSamiti at different levels) and orientation which includes their roles and responsibilities, DHS etc. and their roles in promotion of community involvement in Health, through financial support from PFI, Geneva global and Rational Use of Drug through financial support from DSPRUD. Thereafter State Health Society Bihar entrusted BVHA to provide training for the RKS members and Unicef and VHAI entrusted to do the facility survey of State Run Health Facilities and also train key frontline functionaries (ANMs) on proper Breastfeeding skills in Bihar. BVHA since inception has networked with

other National, International Health networks, development networks and took active part in Jan SwasthayaAbhiyan, Wada Na TodoAbhiyan, Health watch Forum, National Alliance for Maternal Health and Human Rights, JanadhikarManch, SRHR India Alliance, Gender Alliance etc. and raised the burning health issues in various forums. It worked on ARSH as one of the major Training institution for adolescents (Boys and Girls) for Pathfinder International project partners. It pioneered the study in two high MDR districts of Bihar namely, Gaya and Purnea and shared the findings with all concerned stakeholders and highlighted the gap areas in maternal Health Care.

Meanwhile, many donors wanted that BVHA itself should directly implement the projects also to showcase the best outcome and model for other to learn from it. Generally, BVHA always acted as an intermediary organisation for most of the project support it got as a practice to engage and involve partners' skill & presence. But it piloted even field based projects to see and experience the field situation and challenges and also to prove its own capacity to take up such challenges with proper dedication to bring the desired changes. Thus it first implemented the Arsenic mitigation projects in Maner, Danapur, Munger then in Vaishali and Buxar. Afterwards, under SIMAVI support it carried out projects based on Girl child survival, sexual reproductive health rights (SRHR), gender mainstreaming, menstrual health hygiene practices and prevention of child marriage.



BVHA carried even a study of facilities (Health) as per laid down norms of IPHS and shared its findings in district, state and national levels. The Health Watch Forum, Bihar which was a platform of likeminded organisations groups and individuals formed after the ICPD in Cairo, had its secretariat at BVHA since inception and carried many small studies on RCH issues. Recently after the milestone judgment in The Supreme Court on the quality of care in family planning services, the Health Watch Forum carried a small study of 50 health Facilities of 25 districts of Bihar to showcase the Quality of Care, availability of trained personnel staff required to provides a static day sterilization service under PFI support. As part of NAMHHR network, BVHA is also selected as lead organisation on behalf of HWF Bihar for advocacy in SRHR issues under Amplify change. Besides this BVHA is a partner for Amplify Change for SRHR Alliance. Very recently, BVHA is also a partner on safe abortion issues in Bihar for Ipas Development Foundation. BVHA has always been involved in all network activities so that the pace of holistic development and took active part in DusKadam, SaatNishchaya, Hunger free Bihar movement and other gender issues. It is also the secretarial of Gender Alliance to raise gender issues which adversely affect health like discrimination, child/adolescent marriages and pregnancy. All these network activities gave synergy effect on the health movement in the state. It led the study with the support of Health Watch Forum Bihar, Jan SwasthyaAbhiyan (JSA) and Center for Health and Social Justice (CHSJ), Alliance for Immunization and Health,

SRHR Alliance India, Wada Na TodoAbhiyan etc. on various health and related aspects includes promotion of Routine Immunization under Intradhanush and preventing child marriage. The present ongoing programmes of BVHA are supported by KKS Germany, SRHR Alliance, Misereor, SIMAVI, Sightsavers, Amplify Change, Ipas Development Foundation, Unicef, Unfpa, CHSJ, Alkem Laboratories Pvt. Ltd etc.

In the Golden Jubilee Year, BVHA wants to rededicate itself in the Holistic development of mankind, the deprived communities and people, so that they can enjoy a robust health by catering the new and emerging need in the field of health, strengthening the voluntary health actions by making it part of the health delivery system, Advocacy and Lobbying with all stakeholders, implementers and policy makers to bring needed changes so that the dream comes true "to make health a reality for the millions of unreached", through an all-inclusive holistic health programme combining all age old good healthy practices like, yoga, Naturopathy, Herbal Medicine, use of AYUSH, cleanliness, health and hygienic practices, use of scientific, modern techniques, skills and gadgets in health care.



A Few Lines about Health Watch Forum, Bihar



Devika Biswas

State Convenor, HWF, Bihar.

I feel privileged being told to share a few lines about Health Watch Forum, Bihar. Here are some salient features about Health Watch Forum (HWF-Bihar).

The Health Watch Forum is an outcome of the action plan of the health activists who attended the "International Conference on Population and Development (ICPD) held in Cairo in 1994 as its National Programme.

In, 1995, the Health Watch Forum, U.P.-Bihar was formed having its secretariat with Sahayog in Lucknow and the Bihar Chapter of HWF had its secretariat in BVHA since then to coordinate all health related activities focusing "Reproductive Child Health (RCH) particularly the "Target Free Approach" in Family Planning Programme as in ICDP it was unanimously accepted that "Coercive population policy is not good & pro-people stand for population control. Rather overall development is the best family planning and population control policy. So there was paradigm shift in the population control policy of India. The Health Activist group forming the Health Watch Forum, decided to monitor; the Health System on RCH issues, so that no coercive family planning programme can take place.

The Health Watch Forum decided to watch the implementation of the

Programme of Action (POA) of ICPD in India.

HWF-UP-Bihar hold many state level meetings of Voluntary organizations & groups who did the facility and programme study of the health services so that the status of the health services and actual health situation of RCH can be highlighted.

The HWF- Bihar chapter, under the leadership of BVHA carried these studies and these were sent to HWF-UP-Bihar for compilation.

Thus a trend to keep vigil & monitor , members of Health Watch Forum did keep an eye on the "Target Free Approach" in family Planning during RCH-I.

The Health Watch Forum Bihar Chapter also added all Community Health issues as its objectives.

This Forum is a platform to keep watch on health & issued health alerts to its members from time to time and also carried periodic meetings of its members.

In 2005, after a decade, the Formal Health Watch Forum UP - Bihar was separated & the Bihar chapter became an independent platform by 2005. The old undivided Bihar also was divided in 2000 as Bihar and Jharkhand and two separate date Health Watch Forum now exist.



BVHA being the Secretariat of HWF gave it lead.

Since 2005 onwards, the core team of HWF Bihar took its own decisions and took active parts in many meetings, workshops and studies related to health.

Health Watch Forum, Bihar took leading role when the ordinance on Model Municipal came in Bihar in 2007 & it put the condition of ineligibility of the candidates who would have a third or more children born after 2008 as a coercive stand by the Government of Bihar. It hold many dharnas (sit-on), procession, and awareness campaign, protest rallies & signature campaign & submitted over 20000 such protest letters to withdraw this clause as massive as a Secretariat of Jan Adhikar Manch.

Health Watch Forum, Bihar carried in 2016 a small study on the status of Static Day Sterilisation services in Block, PHCs & CHC and Referral. 50 facilities of 25 districts of Bihar were covered.

The members of Health Watch Forum were circulated and oriented on various tools of Survey, studies and information related to Health by its secretariat.

Any person, group, organisation, institutions who want to be a part of health movement for people as spelt out in the objectives of HWF - is welcomed to strengthen HFW - Bihar.



50 years of BVHA and 12 years partnership with Simavi

As we are celebrating BVHA's Golden Jubilee year, this is also a good opportunity to look back on the partnership between Simavi and BVHA. During our partnership of more than 12 years we collaborated on various beautiful projects and contributed to improved health of the most marginalized population of Bihar.

The partnership between Simavi and BVHA started in 2006. Simavi was particularly interested in working with BVHA as it is an association with many members which enables it to play an important role in advocacy at district and state level.

The first project we worked on focused on reducing female feticide and supporting the implementation of the Pre-Conception and Pre-Natal Diagnostic Techniques (PC - PNDT) Act. After a successful one year pilot project, Simavi decided to continue to support the project for another 3 years.



In 2011 Simavi became a member of the international SRHR alliance that implemented the 5 years *Unite for Body Right (UFBR)* programme (2011-2015) in 9 countries with funding from the Netherlands Ministry of Foreign Affairs. The SRHR Alliance in India was formed

and besides BVHA its members included NEEDS, CINI, SEWA, VHA and Restless Development. BVHA hosted the National Programme Coordinator of the alliance. As part of the UFBR programme BVHA implemented a project focused on improving the sexual and reproductive health and rights (SRHR) of adolescents and women in Raxhaul and Majhulia blocks in partnership with Fakirana Sisters Society (FSS) and Duncan hospital. In this project BVHA and its partners provided 17,701 young people, women and men with SRHR education, trained 790 health workers on SRHR and organised SRHR awareness-raising activities for 68,021 community members and community leaders. At the end of the project a participatory assessment was conducted in 48 villages in Raxhaul showing great improvements in knowledge, attitude and behavior of adolescents, newly-wed and eligible couples and frontline health workers. Simavi is pleased that the SRHR alliance in India still continues to work together in a project funded by Amplify Change.

From 2014 - 2017 Simavi and BVHA





collaborated in the *Making Periods Normal* programme funded by the Dutch Postcode Lottery. This programme was implemented by a consortium of Simavi, Rutgers and Women on Wings in The Netherlands and BVHA, SEWA, Restless Development, Dharma Life and Pratham in India. It was implemented in Munger and Bhagalpur districts and used an integrated approach to enable girls and women to

fully participate in private and public life and improve their overall well-being during menstruation. In this programme BVHA and its implementing partners trained 7572 frontline health workers on menstrual health management and provided 131,769 women with information on menstrual health practices in group meetings. In addition, 59,939 men were informed about women's menstruation in group meetings. The end evaluation showed that the programme made a very positive impact on women's and girls' knowledge, attitude and practices related to menstruation.

With support from Simavi BVHA furthermore implemented the *Unite Against Child Marriage* Programme (2014 - 2015) in Raxhaul and Majhulia blocks with funding from the Netherlands Ministry of Foreign Affairs. This was followed by the current 5 years *Marriage No Child's Play* programme of the *More Than Brides Alliance* (2016 - 2020) with the aim to reduce child marriage and its adverse effects on young women and girls. In



India the programme is implemented by an alliance comprised of BVHA, CINI, NEEDS, VHAI and Save the Children with Population Council as research partner. The programme offers a multi-pronged approach of equipping adolescents with necessary skills and information, increasing their access to services and opportunities, and building their agency, while at the same time shifting social norms related to marriage and



promoting a supportive legal and policy environment against child marriage. In the programme BVHA has formed 576 adolescent groups in which more than 5000 adolescent boys and girls are provided with SRHR and life skills education. Currently being half way, the programme already has achieved great results, for instance more than 150 girls succeeded to stop their own marriage and convince their parents that they should not get married at such a young age.



Simavi is proud of its longtime partnership with BVHA and the great results BVHA achieved in the projects we supported. It has been a great pleasure to work with BVHA during the past 12 years and we look forward to continue our partnership. We congratulate BVHA with its Golden Jubilee and wish BVHA a wonderful future in which they will be able to make a positive impact on the health of many more people in Bihar!

On behalf of Simavi,
Marlijn Lelieveld, Loan Liem and Hilda Alberda



MAINSTREAMING HOMOEOPATHY



Dr. Sanjiv Kumar Singh
Managing Director Research Institute of
Sahni Drug Transmission & Homoeopathy, Patna



Homoeopathy is based on the definitive principle which is quite natural. Its practice aims towards the total eradication of sickness and provide "Ideal cure". It has serves a cure in such cases which have been doomed hopeless by other system of medicine. The process of cure adopted is so gentle that the body and soul recovers without feeling the aftereffect of medication. As a witness to number of such cases it goes beyond doubt that it is the ultimate system of curing if practiced according to laws laid down by the masters. During the last many years the number of people using Homoeopathy has increased enormously. With its flexible adaptability with the nature of human being, Homoeopathy has abundance in its fold to offer to the society. Right from the minor ailments to the chronic so called incurables Homoeopathy can be utilized best, in spite of its principle remaining mysterious for many.

The principle of "like cure like" that is, an illness should be treated by a substance capable of producing similar symptoms to those being suffered by the patient- is the basic principle involved in Homoeopathic practice. This principle dates back to the Greek physician Hippocrates in the 5th century BC. He is considered the seminal figure in the history of medicine because he was the first person to think that disease was the result of natural forces, not divine influences. His concepts lies on his belief developed from the experience and careful

observation of the symptoms specific to an individual and also that of person's reaction to disease, which has to be taken into account before reaching a diagnosis. Persons own power of healing is the central idea in his diagnosis specially for choosing a remedy for a person. He had vast stock of remedies. One of the best examples observed from his use of Law of Similia can be seen in his use of root of *Veratrum album*(White hellebore) in the treatment of Cholera. In large doses this highly poisonous root causes violent purging that lead to severe dehydration, which is very much like that of cholera. Most of the medicine at his time was based on the Law of Contraries that is treatment by substance capable of producing opposite symptoms in a healthy person. Treatment of diarrhea with a substance such as aluminium hydroxide, which constipates is an example of treating an illness according to the law of Contraries.

Beginning of 1st centuries AD was the rising trend for the development of medicines by the Romans, which continued till 5th centuries. They kept on finding more and more herbs and included them in the pharmacopoeias and greater emphasis where given on the health and hygiene Roman physician specially Celsus, Galen and Dioscorides contributed in the knowledge and understanding of the structure and functioning of the Human body but the Hippocrates theory that like can cure like and his idea of an

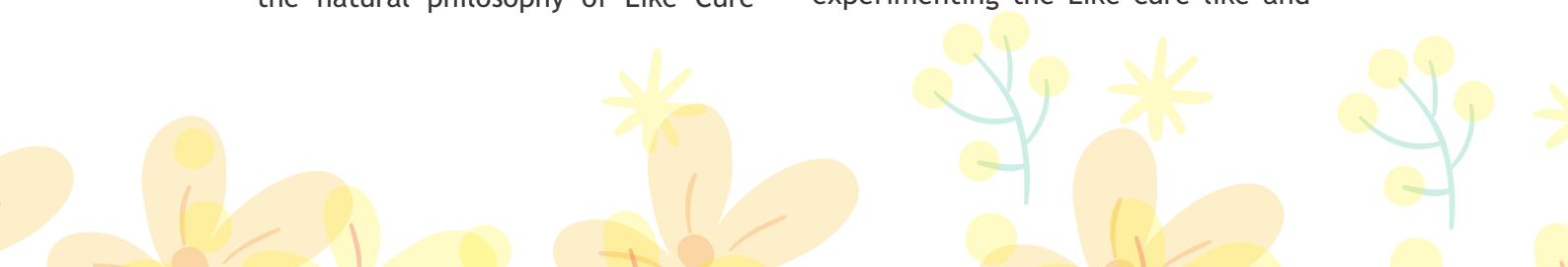
individual prescription for an individual patient were largely ignored.

During the dark ages in Europe after the decline of the Roman Empire, there was very little advancement in medicine. Greek and Roman medical tradition survived in Persia and throughout the Muslim Empire, still only after 16th century European medical study resumed and progressed.

Knowledge of the Human body was increasing day by day yet the causation of sickness remained a mystery with notions tied on the mystical force. Coming up of Swiss Doctor Paracelsus (1493-1541) brought a drastic change in the conception on causation of disease that is linked to external forces, such as contaminated foods and drinks. His great achievement was the laying down the foundation for modern chemistry by concentrating on the practical experimentation rather than on alchemy. He tried to transform the base metals into valuable ones. He believed that plants and metals contained active ingredients that could be prescribed to match an illness. Paracelsus also believed that a poisonous substance that causes disease could also cure the disease, if given in very small doses, and that physicians should take into account the body's own natural ability to heal itself. Again the like cure like principle was advocated but it was ignored by Paracelsus fellow physicians. It could not gain popularity for another 300 years when Homoeopathy was founded.

The advent of Dr.Hahnemann at the dawn of 18th century was the rebirth for the natural philosophy of Like Cure

Like. In 1790, while translating a Treatise on Materia Medica by Dr.William Cullen, Dr.Hahnemann came across a passage about Peruvian bark or cinchona, which was to change his life as well as the lives of many people throughout the world. In his book Dr.Cullen stated that quinine, which is obtained from the bark of cinchona tree was good in the treatment for malaria because of its astringent qualities. This made no sense to Dr.Hahnemann, who as a chemist was aware that there were other much, more powerful astringent that had no effect on malaria whatsoever. He decided to investigate further. For several days he dosed himself with quinine and recorded his reactions in great details. To his astonishment he began to develop the symptoms of malaria one after another despite the facts that he did not actually have the disease. The symptoms recurred every time he took a dose of quinine and lasted for several hours. If he did not take quinine he had no symptoms. He started pondering why quinine was a medicine for malaria. This gave birth to the philosophy of Homoeopathy which lies in the Like cure like. Hahnemann's thoughts on medicine with proving on himself and other healthy persons were a turning point in the application of medicine. He found that the provers response varied some showed a few mild symptoms in response to a substance, while other experienced vigorous reactions with a variety of symptoms both on the mental and physical plane. The combination of all these symptoms constituted a drug picture for all medicine that was proved. Dr.Hahnemann kept on experimenting the Like cure like and



finally rediscovered the principle of HOMOEOPATHY and his work brought the establishment of a new system of medicine.

Today Homoeopathy is spread throughout the world and practiced with great success in a random way. One may observe the dotted Homoeopaths practicing Homoeopathy here and there. In spite of its most natural way of effective working it has not occupied the main stream of Medicines.

Difficulties faced in Mainstreaming Homoeopathy

Efforts of the Government as well as Practitioners involved in Homoeopathic practice seems to be baffled as still one find little acceptance or skeptical views by the general public at large. Major reason behind it lies in the facts related to the system.

Concept of Vital principle: general public at large are not ready to accept beyond material. Thus they become doubtful about the Homoeopathic principle. This very concept has also created much confusion about the scientific validity of Homoeopathy and there are repeated attacks on it.

Concept of Individualization: Public health care system is based on the generalized application, whereas Homoeopathic system requires each and every person to be individualized for his individual medicines. For classical homoeopathic system in general OPD's it requires more time for each patients contrary to the other system where there is readymade medicine for the patients suffering from the similar disease. Thus it become difficult to implement classical aspect of Homoeopathy.

Anomalies in Theory and Practice:

There exist great differences in practice of Homoeopathy. Homoeopathic prescription varies from one to another Homoeopath. Thus there are various face values for Homoeopaths even in the same region. This has contributed a lot to the doubts about Homoeopathic acceptance.

Within the past decade, complementary and alternative medicine (CAM) which includes homoeopathy has penetrated mainstream of U.S. health care. Major medical journals are publishing research on the efficacy of specific CAM therapies, physicians are attending oversubscribed continuing medical education courses on CAM, and hospitals are offering CAM services, sometimes through outpatient integrative medicine clinics. Factors behind the growth of CAM, analyze its relationship with conventional medicine, and suggest how the integration of CAM and conventional medicine can be more effectively guided. Health Affairs, 24, no. 4 (2005): 980-990. offers corporate legal services, litigation consultation, and expertise in health law with a unique focus on holistic, alternative, complementary, and integrative medical therapies. The law firm represents medical doctors, allied health professionals (from psychologists to nurses and dentists) and other clinicians (from chiropractors to naturopathic physicians, massage therapists, and acupuncturists including Homoeopathy), entrepreneurs, hospitals, and educational organizations, health care institutions, and individuals and corporations.

In India too the National Health Policy (1983) visualized an important role for the ISM&H practitioners in the delivery of health services. In order to give

focused attention to the development and optimal utilization of this branch of medicine, a separate Department for ISM&H was set up in 1995. The Department is making efforts to ensure that ISM&H practitioners are brought into the mainstream so that they provide a complementary system of care along with practitioners of modern systems of medicine.

Globally, there has been a revival of interest in a complementary system of healthcare especially in the prevention and management of chronic lifestyle-related non-communicable diseases and diseases for which there are no effective drugs in the modern system of medicine. India is currently undergoing demographic and lifestyle transition which will result in the increasing prevalence of non-communicable diseases and lifestyle related disorders. ISM&H, especially ayurveda, yoga and naturopathy, can play an important role in the prevention and management of these disorders. ISM&H practitioners can undertake the task of counseling and improving the coverage and continued use of drugs in national diseases control programmes and the family welfare programme. If ISM&H practitioners take up these tasks, they can enable the country to achieve the

health and demographic goals set for the Tenth Plan.

Remedial major for Mainstreaming Homoeopathy:

Provision of Quality education: It is quite essential that student passing out must have adequate confidence to practice a system of medicine. Problem solving attitude needs to be developed among practitioners.

Awareness about the System: Homoeopathy is lesser known therapy in most of the region throughout the world. Professional Organization as well as Government bodies must work for creating awareness about the efficacy of Homoeopathy

Uniformity in Practice: It has been observed that each Homoeopath represent different aspect of Homoeopathy creating confusion among public at large. Thus uniformity is required. It can be done only by uniform education.

Misconception prevailing about Homoeopathy: There is lots of confusion prevailing among general public. It requires to be removed by active campaign by the professional organization.

Discussion on Mainstreaming Homoeopathy is the need of time.



HOMOEOPATHY IN THE PRESENT CONTEXT



Dr. AMIT SAHANI
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During the last many years the number of people using Homoeopathy has increased enormously. With its flexible adaptability with the nature of human being, Homoeopathy has abundance in its fold to offer to the society. Right from the minor ailments to the chronic so called incurables Homoeopathy can be utilized best, in spite of its principle remaining mysterious for many.

The principle of “like cure like” that is, an illness should be treated by a substance capable of producing similar symptoms to those being suffered by the patient- is the basic principle involved in Homoeopathic practice. This principle dates back to the Greek physician Hippocrates in the 5th century BC. He is considered the seminal figure in the history of medicine because he was the first person to think that disease was the result of natural forces, not divine influences. His concepts lies on his belief developed from the experience and careful observation of the symptoms specific to an individual and also that of person's reaction to disease, which has to be taken into account before reaching a diagnosis. Persons own power of healing is the central idea in his diagnosis specially for choosing a remedy for a person. He had vast stock of remedies. One of the best examples observed from his use of Law of Similia can be seen in his use of root of *Veratrum album* (White hellebore) in the treatment of Cholera. In large doses this highly poisonous root causes violent purging that lead to severe dehydration, which is very much like that of cholera. Most of the medicine at his time was based on the Law of Contraries that is treatment by

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alchemy. He tried to transform the base metals into valuable ones. He believed that plants and metals contained active ingredients that could be prescribed to match an illness. Paracelsus also believed that a poisonous substance that causes disease could also cure the disease, if given in very small doses, and that physicians should take into account the body's own natural ability to heal itself. Again the like cure like principle was advocated but it was ignored by Paracelsus fellow physicians. It could not gain popularity for another 300 years when Homoeopathy was founded. 16th century onward the medical knowledge accounted for tremendous growth. Despite the growth of the medical knowledge, the general health of the population slowly deteriorated. More and more people were moving to the crowded. Dirty industrial cities and public hygiene were on decline. Medical practice started becoming more and more violent. Many physicians started adopting the cruel method of blood letting and purging as means for cure. Treatment with extremely toxic substance such as Arsenic, Bismuth were on rampant use. Life were as if in the hands of the devil. It was against this background that homoeopathy was born.

The advent of Dr.Hahnemann at the dawn of 18th century was the rebirth for the natural philosophy of Like Cure Like. In 1790, while translating a Treatise on Materia Medica by Dr.William Cullen, Dr.Hahnemann came across a passage about Peruvian bark or cinchona, which was to change his life as well as the lives of many people throughout the world. In his book Dr.Cullen stated that quinine, which is obtained from the bark of cinchona tree was good in the treatment for malaria because of its astringent qualities. This made no sense to Dr.Hahnemann, who as a chemist was aware that there were other much, more powerful astringent that had no effect on malaria

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Dr. Hahnemann surmised from his experimentation and logical study that he had indeed discovered a new system of medicine, in which there is drug and disease, which produces the similar symptoms. And they cancel each other when applied on patient thereby restoring the health of the patient. He described this phenomenon as Similia similibus curentur. His first publication of medicine "A new principle for ascertaining the curative powers of Drugs and some Examination of proving principles was published in 1796 and gradually he was successful in establishing the guidelines for the practice of Homoeopathy. The great magnum opus Organon of Medicines

became the Rulebook for the practice of Homoeopathy, the rational art of healing.

How the medicines works in similar doses in higher dilution where not a single molecule exist. He reasoned that there must be some kind of subtle energy within the body that responded to the tiny provocations of the remedies and enabled the body to heal itself.

Dr. Hahnemann called this energy the body's Vital Force. This is the force or energy responsible for the healthy running of the body, coordinating its defenses against disease. If this force is disturbed by stress or other polluting agent then illness results. The symptoms of illness are outward manifestation of the vital principle's attempts to redress the imbalance and restore order. The concept of vital force is also recognized in orthodox medicine as the body's own healing power. Homoeopathic remedy helps to hasten recovery by stimulating the vital force, which although temporarily depressed is more than capable of bouncing back. The remedies energize the vital force to rid the body of disease, helping it to return to its healthy state.

To ensure that the vital force respond in the most effective manner, homoeopaths must choose a remedy that matches as accurately as possible the symptom picture present in the patient. That is why a homoeopathic assessment takes into account a persons character, stress level, lifestyle, level of exercise, diet food preference family medical history and other general factors such as weather, These investigation on every patients are necessary as they contribute in identifying the deviation in energy field of the persons. Mental deviations are considered as most effective information as they are closely related to the related to the energy field of a person.

History kept on repeating itself. Nature is governed by certain laws. Like cure

likes and minute stimulus, as energy medicines are the law of nature. How it will be possible to discard them. As such it is experienced Law of Homoeopathy, which was earlier, discovered by Hippocrates again found by Paracelsus was finally formalized as system of medicine by Dr. Hahnemann.

Moving into the present era where despite of the facts of tremendous growth of knowledge keep on giving birth to new diseases one is reminded of Dr. Hahnemann's Law of causation of disease, where he state that hydra headed Psora keep on playing the hide and seek game baffling all efforts of the human efforts to combat them. In the present context of life pattern the principle of Homoeopathy become more relevant. More and more frustration of the fast life and attempts to get quick relief all has become futile. It is the reason why Homoeopathy which was re-established by Dr. Hahnemann some 200 years ago is still remain relevant for the present age. Many of the principle including the potentised medicines still remains a mystery for the science, but the effects are as such which cannot be denied.

Increase in the STRESS of life is now giving birth to a complete new sets of diseases where no medicines has been found as yet. Discovery of new medicinal substances are not the problem as plenty of works has been done in this field. Present need is the application of all these medicine in a judicious way so they that they can be utilized in most harmless and effective way. To all these problem the principle of Homoeopathy stands the test of time with answers for all the so-called incurable. Detailed proving of medicines which are available in voluminous Materia Medicas of Homoeopathy simply need to be applied using the principle of symptoms similarity as in Homoeopathy, thus it has vast potentialities to face the challenges of the present state of health.

आज की शिक्षा प्रणाली



हसन वारिस

पूर्व निदेशक, एस.सी.ई.आर.टी
बिहार, पटना



यह प्रसंग 1991 का है जब मैं हजारीबाग जिला में जिला शिक्षा अधीक्षक हुआ करता था। हजारीबाग से लगभग 80 किलोमीटर दूर लावालौंग से भी आगे एक सुदूर गाँव है जहाँ एक प्राथमिक विद्यालय हुआ करता था। आज की तिथि में यह गाँव सम्भवतः चतरा जिला में है। उस समय चतरा हजारीबाग जिला का अनुमंडल हुआ करता था।

मैं करीब 11 बजे पूर्वाह्न लावालौंग के निकट रिमोट गाँव में स्थित प्राथमिक विद्यालय पहुँचा। विद्यालय को अपना भवन नहीं था और विद्यालय एक विशाल पीपल के पेड़ के तले संचालित था जहाँ 60-65 छात्र/छात्रा व्यवस्थित ढंग से शोर शाराबा करते पाये गये। शिक्षक अनुपस्थित थे। मैंने एक छात्र से पूछा तुम्हारे गुरु जी कहाँ हैं? छात्र ने सभ्य ढंग से विश्वास के साथ उत्तर दिया सर, गाँव में है बुला दूँ क्या? मुझे हैरत हुई और क्रोध भी आया कि शिक्षक गाँव में क्यों है? फिर मैंने छात्र से कहा ठीक है शिक्षक को मेरे आने की सूचना दो।

लगभग 15 मिनट के उपरान्त छात्र और शिक्षक दोनों का आगमन हुआ। पीपल के पेड़ के नीचे आते ही शिक्षक ने बड़ी शालीनता से दोनों हाथ जोड़ कर प्रणाम किया और फिर कहा कि “सर आपके आदेश से गाँव में पशु गणना कर रहा था” आपके आदेश से उनका तात्पर्य प्रखंड विकास पदाधिकारी के आदेश से था। शिक्षक रूके नहीं उन्होंने अपनी वार्ता जारी रखी कहा “सर मैं अकेला शिक्षक हूँ। बच्चों के शिक्षण का दायित्व है। फिर पशु गणना का आदेश आ गया। सर दोनों कार्य सुचारु रूप से सम्पादित हो इसलिए सुबह समय से प्रार्थना एवं छात्र उपस्थिति के उपरान्त वर्गों को व्यवस्थित करता हूँ। उच्च वर्ग के बच्चों को निचले वर्ग के बच्चों के साथ लगा देता हूँ फिर गाँव पशु गणना हेतु चला जाता हूँ। सर, पशु गणना के दौरान बीच-बीच में विद्यालय भी आता हूँ। इस तरह मैं अपने दायित्व के निर्वहन के साथ-साथ आपके पशु गणना के आदेश का अनुपालन भी कर रहा हूँ।

शिक्षक की बात से विद्यार्थियों के प्रति शिक्षक की प्रतिबध्यता, अपने दायित्वों के प्रति निष्ठा और सरकारी आदेशों के पालन के प्रति भी उनकी सकारात्मक सोच देख कर मेरा क्रोध जहाँ एक ओर ठण्डा हो गया वहीं दूसरी ओर मैं शर्मीदा हो गया। शिक्षक ने मुझ से यह नहीं कहा कि सर भवन नहीं है, ब्लैक बोर्ड, चौक नहीं है, फर्नीचर नहीं है, अकेला शिक्षक हूँ शिक्षक का कार्य करू या पशु गणना करूँ? बल्कि विषम परिस्थिति में भी प्रतिबध्य और दक्ष शिक्षक ने जहाँ सरकारी आदेश का अनुपालन किया वहीं अपने दायित्वों का निर्वहन भी भली भाँति किया।

मैं शिक्षक से बेहत प्रभावित हुआ और मुझे लगा कि शिक्षक को जिसने भी राष्ट्र निर्माता की उपाधि दी है बिल्कुल सही किया है। शिक्षक के कतव्य निष्ठा से प्रभावित होकर जिला शिक्षा अधीक्षक की हैसियत से मैंने उन्हें प्रशस्ति पत्र तो दिया ही, तत्काल एक अन्य शिक्षक की भी उनके विद्यालय में प्रतिनियुक्ति कर दी। और उस समय की व्यवस्था के अनुसार प्रखंड विकास पदाधिकारी से सम्पर्क कर विद्यालय हेतु भवन की अनुशंसा भी कर दी। मुझे स्मरण है तीन माह के अन्दर प्रखंड विकास पदाधिकारी ने भवन निर्माण का कार्य भी आरम्भ करा दिया।

लगभग 27-28 वर्षों के उपरान्त आज जब मैं प्राथमिक विद्यालयों अथवा अन्य स्तरों के विद्यालयों को देखता हूँ तो दुखी हो जाता हूँ। आज विद्यालय में सबकुछ है यथा भवन, फर्नीचर, ब्लैकबोर्ड एवं चौक, शौचालय, खेल की सामग्रियाँ और विद्यार्थियों हेतु स्कूल ड्रेस, स्कॉलरशीप, प्राथमिक विद्यालय में मिड डे मील एवं पुस्तक तथा माध्यमिक विद्यालयों के साईकिल आदि परन्तु शिक्षक के स्थान पर एक ऐसा गाइड है जिसे विद्यार्थियों के सर्वांगीण विकास की कोई चिन्ता नहीं है। उसे विभिन्न वर्गों के पाठ्यक्रम का ज्ञान भी नहीं है उसे यह भी ज्ञान नहीं है कि उसे अपना कार्य कहाँ से और कैसे आरम्भ करना है यूँ कहें उसे अपने दायित्वों के बारे में कोई जानकारी ही नहीं है।

इस परिस्थिति को ऐसे समझा जा सकता है कि आज का हमारा विद्यालय एक ब्रेण्ड न्यू मर्सिडीस कार की तरह है जिसमें हर सुविधा है परन्तु इसके चालक के रूप में हमने एक नौ सिखिया चालक रखा है जिसे कार चलाने के नियमों का ज्ञान भी नहीं है नतीजा स्पष्ट है वह बच्चों को मंजिल पर क्या पहुंचाएगा कदम-कदम पर कार को दुर्घटनाग्रस्त कर रहा है। ठीक इसके विपरीत पूर्व में अपेक्षाकृत कार पुरानी थी और उसमें सुविधाएं भी कम थी परन्तु चालक दक्ष और प्रतिबध्य था अतः वह बिना दूर्घटना कार को मंजिल तक पहुँचा रहा था।

अन्त में निष्कर्षतः यही कहा जा सकता है कि यदि शिक्षा के उद्देश्यों को प्राप्त करना है तो किसी भी परिस्थिति में हमें ऐसी शिक्षा प्रणाली लानी होगी जहाँ शिक्षक दक्ष, प्रतिबध्य और कर्मठ हों तथा उन्हें अपने सेवा सम्बन्धी शर्तों के सम्बन्ध में कोई चिन्ता न हो। वरन् आज जो शिक्षा की स्थिति है हम सबके सामने है।

NON - COMMUNICABLE DISEASES / LIFE STYLE RELATED DISORDERS



Dr. Madhumita Mukherjee
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Secular Changes in the pattern of Health and Diseases in relation to demographic, Economic and Sociological changes in a given country is referred to as epidemiological transition. The epidemiological transition occurs when a country undergoes the process of modernization from developing nation to developed nation status. The developments of modern healthcare and medicine, such as antibiotics, drastically reduce infant mortality rates and extend average life expectancy which, coupled with subsequent declines in fertility rates, reflects a transition to chronic non-communicable and degenerative diseases as more important causes of death than previous Communicable or infectious diseases.

A non-communicable disease is a medical condition or disease that is not caused by infectious agents (non-infectious or non-transmissible). NCDs can refer to chronic diseases which last for long periods of time and progress slowly causing socio-economic burden to the nation. Four types of NCDs—cardiovascular diseases, cancer, chronic respiratory diseases and diabetes make the largest contribution to morbidity and mortality due to NCDs. Sometimes referred to as a "lifestyle" disease, because the majority of these diseases are preventable illnesses, and four behavioral risk factors are responsible for significant proportions of these diseases - tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. Major metabolic risk factors are obesity, raised blood pressure, raised blood glucose and raised blood total cholesterol levels. Factors contributing to the rise of NCDs also include ageing, rapid unplanned urbanization and globalization.

Global situation(WHO)

- NCDs, are by far the leading cause of death in the world, representing 63% of all deaths worldwide (36 million out of 57 million global deaths).
- 80% of all NCD deaths occur in low- and middle-income countries.
- More than 9 million of all deaths attributed to NCDs occur before the age of 60.
- Around the world, NCDs affect women and men almost equally.
- 1.5 billion adults, 20 and older, were overweight in 2008. Nearly 43 million children under 5 years old were overweight in 2010.
- Tobacco use kills nearly 6 million people a year. By 2020, this number will increase to 7.5 million, accounting to 10% of all deaths.
- NCDs are not only a health problem but a developmental challenge as well. NCDs force many people into, or entrench them in poverty due to catastrophic expenditure for treatment. They also have a large impact on undercutting productivity.
- NCDs are preventable through effective interventions that tackle shared risk factors, namely: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol.

- If the major risk factors for NCDs were eliminated, at around three-quarters of heart diseases, stroke and type 2 diabetes would be prevented; and 40% cancers would be prevented.

Indian Scenario:

National Family Health Survey 2015-16 has recorded common NCD risk Factors among adults (age 15-49 years). Obesity among Indian population is showing an upward trend in ten years period from NFHS-3 to NFHS-4 both nationally as well as in Bihar. Risk factors for NCDs, Blood sugar and Hypertension are more prevalent among men both nationally and in Bihar. Rate of tobacco use and alcohol consumption is even greater among men in Bihar(NFHS-4 data collection was done before recent Ban on alcohol in Bihar)

Table 1: Different NCDs risk factors from NFHS 4 and NFHS 3; National Vs Bihar.

Indicators	NFHS-4 (2015-16)		NFHS-3 (2005-06)	
	India	Bihar	India	Bihar
Obesity among adults (age 15-49yrs) BMI \geq25kgs/m²%				
<i>Women who are overweight or obese</i>	20.7	11.7	12.6	4.6
<i>Men who are overweight or obese</i>	18.6	12.6	9.3	6.3
Blood Sugar level among adults (age 15-49yrs) (%)				
<i>Women: blood sugar level high (>140mg/dl)(%)</i>	5.8	4.2	Na*	na
<i>Men: blood sugar level high (>140mg/dl)(%)</i>	7.9	6.7	na	na
Hypertension among adults (age 15-49yrs)(%)				
<i>Women having BP > 140 systolic/ 90 diastolic</i>	8.8	5.9	na	na
<i>Men having BP > 140 systolic/ 90 diastolic</i>	13.4	9.4	na	na
Tobacco us & Alcohol consumption among adults (15-49 yrs)				
<i>Women who use any kind of Tobacco (%)</i>	6.8	2.8	10.8	8.0
<i>Men who use any kind of Tobacco (%)</i>	44.8	50.1	57.0	66.5
<i>Women who consume alcohol (%)</i>	1.2	0.2	2.2	1.0
<i>Men who consume alcohol (%)</i>	29.3	28.9	31.9	34.9

Dual burden in Bihar

Epidemiological transition ratio(ETR) is defined as the ratio of DALYs(Disability adjusted Life Years) caused by CMNNDs(Communicable, Maternal, Neonatal and Nutritional Diseases) to those caused by NCDs and injuries. A ratio greater than one indicates a higher burden of CMNNDs than NCDs and injuries, while a ratio less than one indicates the opposite. Bihar has an ETR of 0.74 and that of Kerala is 0.16 which clearly shows Kerala has overcome the CMNNDs while Bihar faces the

Challenges of Dual burden. Diarrhoeal diseases are still the most common cause of DALYs in Bihar while Ischaemic Heart Diseases have occupied the 2nd most common place. (ICMR, 2017)

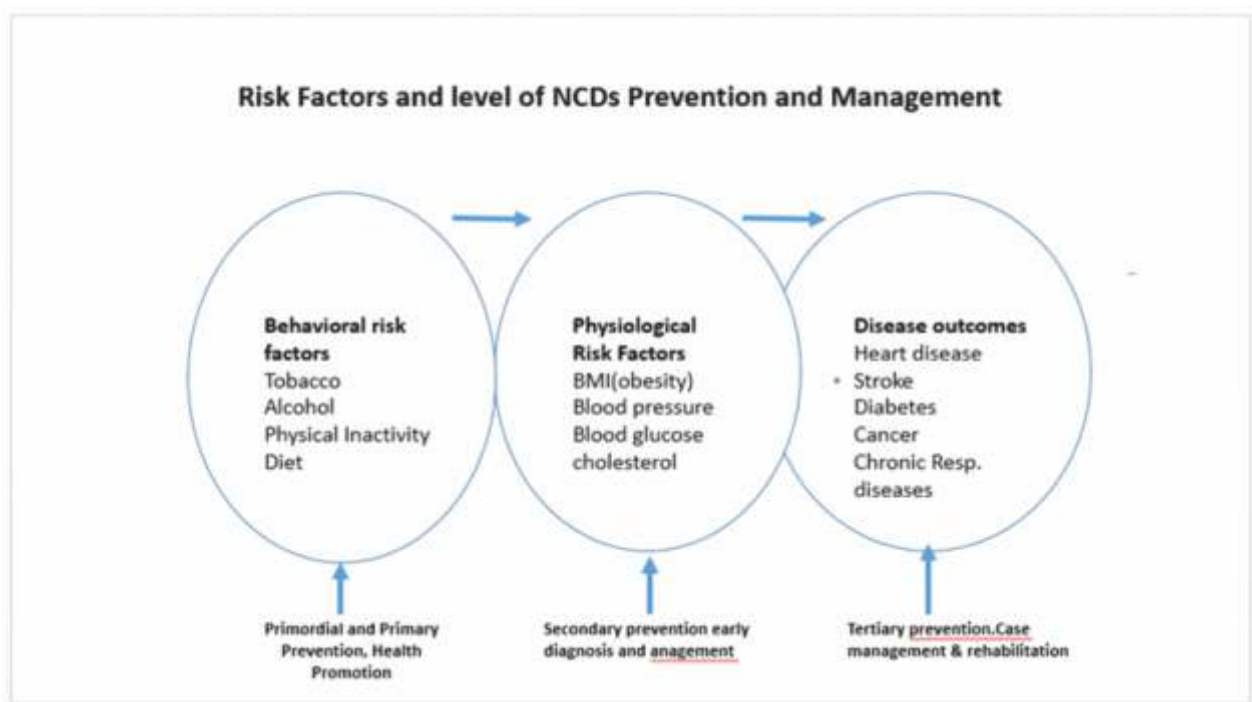
Treatment in Communicable diseases are readily available and they can be cured mostly where as non-communicable diseases require lifetime continued care and lifelong medicines intake after diagnosis. Cost of treatment on the other hand is very high.

Greatest difficulty in case of NCDs are that most of the Diseases are symptomless till they reach an uncontrollable stage, thus often referred to as “Silent Killers”. Only strategy in Management of NCDs therefore remain as Prevention.

As already stated above, NCDs are preventable through effective interventions that tackle shared risk factors, namely: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol.

National programme for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS) has been implemented in India since 2012. Key to control of NCDs is Primordial and Primary prevention. Primary prevention is preventing the disease to occur while preventing the emergence of risk factors in virgin population is Primordial prevention which is the cornerstone in preventing NCDs. One most striking example of Primordial Prevention is inculcating “No Tobacco habit” among adolescents

Management of NCDs in nut-shell has been diagrammatically represented below.*



*Sunderlal's textbook of community medicine, revised 5th edition.

Our Population in Bihar is especially vulnerable on account of its Low literacy, high migration rate and uncontrolled urbanization. This makes space for exploiting best the Behavior change communication strategy to protect the future generation and manage to prolong life of the present one.



ATSEC (Action against Sexual Exploitation of Children) - Bihar



Y. K. Gautam
ATSEC, Bihar



ATSEC, an international network started in Dhaka, Bangladesh. Presently it is being implemented in different countries of South East Asia like India, Nepal, Bangladesh, Pakistan, Afghanistan and Sri Lanka. The office of national chapter of ATSEC for India is situated at Kolkata. Out of 26 state chapters in India including Bihar Chapter, ATSEC- Bihar is the state chapter of Bihar which was initiated in November 2001. ATSEC, Bihar, a network of NGOs working in all 38 districts of Bihar is taking steps forward to crusade against unprecedented increase in human trafficking in partnership with government, judiciaries, police, PRI representatives, opinion makers and community. In Bihar, ATSEC chapter is focusing to curb illicit and clandestine movement of persons across national and international borders in name of trafficking. We do this by resource mobilization, information dissemination, skill development and organizational effectiveness of our partner organizations.

ATSEC, Bihar is initiating programs to combat trafficking in persons via educational, socio-economic and political empowerment of disadvantaged sections specially women and children.

Jan JagranSansthan is the Implementing organization for the State Chapter of ATSEC i.e. ATSEC- Bihar. Jan JagranSansthan a grass root level non-governmental organization was institutionalized in the year 1980. The organization registered itself in India Societies registration Act and foreign contribution regulation act in the year 1984 and 1990 respectively. The organization federally operates in addressing awareness building vis-a-vis capacity building amongst the women and youth from the mire sections of the society, children engaged as child labour and commercial sex workers of red-light areas midst rural and urban setups. Jan JagranSansthan acts dually as at grassroots level as well as intermediary organization.

The continued growth of Jan JagranSansthan over this period of 24th year is an indication of its acceptability and relevance. It's ability to analyze and respond to changing socio-economic political realities in its struggle with the poor and marginalized for their emancipation and empowerment have stood in good space. We believe that employees are the most important asset of our organization. We are dealing HR issues in a continuous and planned way, they are as follows,

1. Acquire or sharpen their competencies (knowledge, attitudes, values and skills) required to perform various functions associated with their present or expected future roles;
2. Discover and exploit their inner potentials for their own as well as for the organizational development.
3. Bring about an integration of individual and organizational goals; and



4. Develop an organizational culture of trust, openness, teamwork and collaboration.

ATSEC- Bihar has a mission by year 2020 i.e. CHILDREN & WOMEN TRAFFICKING AND EXPLOITATION FREE SOCIETY.

Vision

ATSEC has vision for children and women, without exception, to be protected from trafficking and institutionalized crimes that take advantage of their vulnerability.

Mission

To work with a commitment for an all-out effort to ensure all children and women will be protected from trafficking and sexual exploitation.

Objectives

- To develop a forum to understand issues of human trafficking.
- To develop strategies with government stakeholders like Police, Judiciary, hoteliers, transporters, PRIs and other stakeholders via interface session.
- To create awareness among different stakeholders regarding issue of children and women trafficking.
- To develop a strong network with like-minded groups/people and organization
- To intervene for combating trafficking through vigilance cell, counseling, orientation, sensitization of key stakeholders
- To strengthen the Inter religious priest forum (IRPF) in Bihar.

Areas of Operation

ATSEC Bihar, works several voluntary organizations in all 38 districts of Bihar which consisted 40 police districts.

Achievements:

1. Trained 10000 police personnel (SI, SHO, IG etc.), SJPO (Special Juvenile Police Officer) units, CWC and JJB members in Bihar through conducting various workshops to enhance their skills to combat Human Trafficking in Bihar.
2. Identified stakeholders working against Human Trafficking in Bihar such religious leaders, transporters, government agencies, NGOs etc.



FOUNDER MEMBERS OF BVHA

NAME	ADDRESS
1. Dr. Udit Ekka	St. Barnabas Hospital, Church Road, Ranchi-1
2. Mr. A.E. McMullen	Nav Jivan Hospital, P.O. Satbarwa, Palamau
3. Dr. Mark A. Kniss	Nav Jivan Hospital, P.O. Satbarwa, Palamau
4. Dr. D.D. Chaturvedi	Home Foundation Hospital, Khadi Gram, Munger
5. Dr. Margaret Owen	Leprosy Mission Hospital, Muzaffarpur, PB 24
6. Dr. E.P. Strong	The Duncan Hospital, Raxaul, Champaran Dist.
7. Dr. T.N. Strong	The Duncan Hospital, Raxaul, Champaran Dist.
8. Dr. C.L. Joshi	Methodist Hospital, Buxar, Sahabad Dist.
9. Dr. S.N. Sinha	Methodist Hospital, Buxar, Sahabad Dist.
10. Mr. U.B.I. Chelliah	Damien Social Welfare Centre, P.B. 17, Dhanbad
11. Dr. Cail Moreschi	Kurji Holy Family Hospital, Patna-10
12. Sr. Mary Juliana	Nazareth Hospital, Mokama, Patna
13. Sr. Bennet	Catholic Hospital, Mariampahari, Charkapathal, Munger
14. Sr. Rose Kochithara	Nazareth Hospital, Mokama, Patna
15. Dr. Madan Prasad	Rajendra Memorial Research Institute, Patna.
16. Mr. B.K. Prasad	Kurji Holy Family Hospital, Patna-10
17. Dr. Martin Ekka	Holy Family Hospital, P.O. Mandar, Ranchi.
18. Sr. M. Carol Huss	Kurji Holy Family Hospital, Patna-10



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5. Dr. (Sr.) Prema Devraj Sept. 1,1990 to May 16,1994.
6. Fr. C. R. Prabhu Aug. 13,1994 to Aug.17,1997.
7. Bro. Bernard Singh Dec.3,1997 to Aug. 4, 2001.
8. Vasudeo Pd. Vidhata Nov. 6, 2001 to March 9,2002.
9. Dr. Mridul Kr. Sahani March 10, 2002 to June 2004
10. Dr. (Sr.) Ajaya June 2004 to June 2008
11. Dr. Mridul Kr. Sahani June 2008 to June 2013
12. Mr. Y. K.Gautam June 2013 to July 2017
13. Dr. Mridul Kr. Sahani June 2017 (Present)



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13. Sr. Anita 2013 to 2017.
14. Sr. Jackulin Antony Mary Jesu 2017 (Present)



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2. Sr. Anna Mae Doran. 1972 to 1978.
3. Miss Anney Kurian. 1978 to 1981.
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Mr. Kapileshwar Ram
Member



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A 300 bed general hospital serving the humanity with love and compassion for 60+ years. **Since the year 2000 the hospital is a joint venture of Medical Mission Sisters and Sisters of Charity of Nazareth.** The following services are offered here:

Outpatient & Inpatient services in basic specialties of Medicine, Surgery, Ob/Gynaecology, Pediatrics, Orthopedics, Eye & ENT, Neurology, Urology, Nephrology, Dermatology and Alternative Systems of Medicine: Homeopathy, Naturopathy, Acupressure & Acupuncture.

Investigations & Specialized services : Laboratory services, X-ray; Ultrasound with Colour Doppler, Echo-Cardiography, Endoscopy, Laparoscopic surgeries, Hemodialysis; ERCP, Gastroenterology, Urology, Diet counseling & Physiotherapy.

Training programmes in Basic BSc. Nursing & Post Basic BSc. Nursing, Home Nursing, Medical Laboratory Technicians, Internship, housemanship and DNB courses for doctors.

Outreach programmes: It has two extension programmes – one in urban area at Kurji and the other at Maner Block. The activities are directed to prevention of disease, promotion of health with special emphasis to women, children and youth, improvement of socio-economic and educational facilities by organizing people.

Thrust of Activities Covered under our Out-reach Programme

Non-formal education of women and children of our target area.
DOTs Programme and Immunization programme in the villages
Community Organization through SHGs especially in Maner
Celebration of significant days such as children's day, International Women's Day, World AIDS Day, Immunization week etc.
Medical camp in the villages.

Ongoing Preventive Medical and Social awareness programme.



Father James Stuart Tong S.J.
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