

REPORT ON SECOND CONTACT SESSION OF PGDDHM (IGNOU)

Venue: - Q. No. 28, PHRN, New Panchasheel Nagar, Katora Talab, Raipur.

The second contact session of IGNOU PGDDHM course was organized from June-04, 2010 to June-10, 2010 .

List of Resource Persons:-

- Dr. Kamlesh Jain
- Mrs. Anupama Tiwari
- Mrs. Sulakshana Nandi
- Dr. Anjum Soni
- Mr. Sameer Garg
- Dr. Santosh Kumar
- Dr. Manoj Patil
- Miss. Tarang Mishra
- Mr. Virendra Jain

List of Participants:-

- Arvind Kumar Soni
- Satya Prakash Sahu
- Prahlad Sahu
- Ashish Rangnath
- Sumit Prakash Soni
- Dr. Veena Verma
- Jeetendra Kumar
- Suman Singroul
- Keshav Kumar
- Anju Sahu
- Dr Shirish kumar Soni
- Sandeep Tamarkar
- Praveen Kumar Sharma
- Prem Shankar Verma
- Santosh Patel
- Manoj Kumar Patel
- Girish Kurre,
- Sankutala
- Ramjag Gond
- Praveen Kumar Rathore
- Dr. Javed Quereshi

Day-1:-Day-1 started with formal welcome of all participants & resource persons. Then a brief review of first contact session was done by participants.

Session-1: Understanding Community Participation & CHW Programme.

Resource Person -Mr. Sameer Garg.

The discussion was started with what is community and community participation. He pointed out the Alma –Ata declaration and notified three keys that Primary health care -

- Requires community participation
- Promotes community participation
- Ability of community participation

He narrated the need of Community Participation & Levels of Community Participation in benefits of a programme, implementation, monitoring, planning.

He discussed the **Mechanisms of Community Participation at the Village Level** such as-

- Informal meeting/ events
- Community Health Volunteer
- Village Health Committee
- Community Based Organisation
- Statutory Committee of the Panchayat
- Non Governmental Voluntary Organisations
- Public Participation in Statutory Management and Advisory Committees
- Community based monitoring

Then discussion continued with Community Health Workers, criteria of their selection, need of Female CHWs, history of other CHW programmes in India & causes of their failure. Light was focused on Mitandin programme in C.G. & the reasons behind the enormous success of this programme. Also discussion was held on differences in ASHA & Mitandin guidelines, issues regarding payment norms of CHWs & issues of social recognition, treatment of referrals, continuous communication, trainings, capacity building & timely incentivisation.

Session-2: Convergence & social determinants of health.

Resource Person - Mr. Sameer Garg

He focused on the need of convergence & possible areas of convergence in health such as –

- Women and Child Development / ICDS
- Food & Civil Supplies
- Tribal Welfare
- Scheduled Caste Welfare
- Panchayat Raj/ Rural Development/ NREGA
- Social Welfare
- Urban Development
- Public Health Engineering

- Fisheries, small scale industries etc

He discussed the convergence with example of ICDS & various other examples.

Then he allotted a Group-work on three questions to three groups-

- 1) What is the current situation of malnutrition in your state & what are the reasons?
- 2) What measures can be taken to reduce malnutrition?
- 3) What type of coordination can be better done from Anganwadi, ANM & Mitani?

Session-3: Rational Drug Use & Standard Treatment Protocols.

Resource Person -Dr.Kamlesh Jain.

Session started with definitions of Rational & Essential Drugs & their relationship. Discussion continued with some examples of Rational & Irrational drugs & combinations. Discussion was held on situation in India which included points as follows-

- About 60,000 pharmaceutical preparations available today.
- Many are available over the counter (OTC)
- Many (25%) are of substandard quality.
- Many inappropriate combinations sold at an exorbitant price

Causes of irrational drug use were quoted as follows-

- Ignorance and lack of continuing medical education (CME)
- Poor communication to patients
- Over-the-counter (OTC) availability
- Aggressive promotion of drugs by pharma industry
- Prescription by others eg. pharmacists.
- Lack of regulation causing easy availability of irrational drugs

Consequences of Irrational drug use & Practice of Rational Drug therapy were discussed.

Then discussion was held on tools of rational drug therapy such as-

- Standard textbooks
- Essential Drug Lists (EDL)
- Drug Formularies
- Drug Bulletins
- Treatment Recommendations
- Standard Treatment Guidelines
- Patient Management Protocols

Essential drug list was circulated among the participants.

Session-4: Village Health Committees.

Resource Person – Mr. Sameer Garg.

Session started with composition of VHCs & functions of VHCs were discussed. Then different models of VHCs were covered as follows-

Model 1 :The Statutory Panchayat sub- committee model (Useful for governance roles and to handle funds, less controversy)

Model 2: The Statutory representative committee (some functions will have statutory status while some will have the advisory)

Model 3: The Mobilisation Committee Structure (useful for empowerment and equity– eg. Jharkhand)

Then discussion was held on formation & functioning of VHSC and its monitoring. Also discussion was done on the issues of Untied Funds of VHSC.

Group Work:

In last session, group work was conducted on Developing strategies to combat Malnutrition. Participants were divided into three groups and each group presented their Group Work. This session was facilitated by Mr. Sameer Garg.

Day-2

Session-1: People's health movement & campaign in Health.

Resource Person -Sulakshana Nandi.

This interactive Group Discussion started with the understanding of the terms

- People's movement
- campaign

Then discussion continued with ongoing peoples movements like Jan Swasthya Abhiyan (JSA) & Right to food campaign.

Discussion was held on following heads of JSA-

- Historical perspective
- PHA in Dhaka- 2000
- National Health Assembly -2000, KOLKATA, December 1
- Indian people's health charter
- Objectives
- Ongoing JSA campaigns

Also discussion was done on Right to Food Campaign. RTF campaign involves two issues mainly. One is the legal issue & other is coordination between different networks to implement the campaign effectively.

Discussion on network involved following responses by the participants-

How do you feel part of the network and what have you gained from it?

- Get regular communication as members
- Communicate with co-members
- Get new updates
- See ourselves as active network members. Eg have mobilized others for joining IGNOU
- Feel will be part of the network even after course ends
- Helped in meeting other people/experts
- Now able to take risks. Know that there are more people like me and there is some backup. I am not alone

How to further strengthen the network?

- Email communication should also be in Hindi
- There should be pool of resource persons who can be called to districts for various NRHM trainings
- We should get more information about PHRN activities
- We should also go for PHRN, public health related meetings etc outside the state.

Session-2: Use of LOGFRAME for assisting the programme managers.

Resource Person -Tarang Mishra .

In this session, discussion was done on following points-

- Structure of a Plan
- How objectives are framed.
- What are outcomes and outputs and activities
- What are indicators
- How are all the above determined and used for making a district health plan.

Levels of planning & components of DHP were explained. Then a detailed discussion on Logical Framework Analysis was done.

Then Group work was allotted to the three groups and Group Work was conducted in subsequent session.

Day-3

Session-1: Making Village Health Plans using different tools (PRA etc).

Resource Person -Dr. Santosh

He discussed the Participatory Rural Appraisal using various tools & discussion was held on-

- Time matrix
- Relative Ranking
- Seasonal trends
- Venn Diagram
- Chapatti diagram
- Transect walk.

Session-2: Workforce management issues in District Health Action Plan.

Resource Person - Mrs. Anupama Tiwari.

Initially components of Workforce management were discussed like-

- ▶ Recruitments and Retention:
 - Regulatory strategies
 - Compensatory Strategies
 - Workforce environment/Management
 - Educational strategies:
- ▶ Workforce Management:
 - Postings and Transfers,

- Promotions and the building of career plans;
 - Skills upgradation
 - Supervision, Support, Motivation
 - Housekeeping: The routine tasks of the district office:
 - Innovative ways of health human resource generation for remote areas:
 - Rationalisation of the workforce and multi-skilling.
- ▶ Numerical Adequacy:
 - strategies of generation of skilled personnel.
 - Attraction of skills into workforce
 - Retention of skills in workforce
 - Alternative service providers
 - ▶ Improved Performance:
 - Workforce management policies
 - Skill upgradation.

Then discussion was held on PPP options as HR solutions followed by discussion on scenario in Chhattisgarh.

Session-3: HMIS

Resource Person - Dr. Anjum Soni.

Day-4

Session-1: Community Participation & Monitoring (PRI, VHSC & RKS).

Resource Person -Sulakshana Nandi.

In this session, the Jeevan Deep process was covered. Discussion was done on major strengths & problems of Rogi Kalyan Samitis as experienced from the past; the reasons for transforming RKS into JDS which were-

- Strengthen public participation element- include citizen participation.
- Give adequate powers to JDS.
- Technical assistance to make and implement professionally sound annual plan.
- Approval of plan and monitoring by the JDS.
- **Untied funds** provided to implement plans (no formal insistence on plan).

Then powers of Jeevandeep Samiti were elaborated, steps in hospital improvement were discussed. Also issues of assessment of hospital performance were discussed.

Session-2: Logistics of Drugs & Medical Supplies.

Resource Person -Virendra Jain.

The session started with discussion on Importance of Drugs in health care & average medical expenditure for treatment under different heads of treatment during stay at public hospitals as inpatient during last 365 days per hospitalization case receiving treatment in different states. Then Virendra cleared certain terminologies like-

- Supply chain – manufacturers to clients
- Pipeline- flow of supplies thro storage and transportation
- LMIS- Logistic Management Information System
- Stockouts- sudden non availability of drugs
- Local procurement/ local shopping
- GMP- Good Manufacturing Practices
- EDL- Essential Drug List
- Push distribution- Programme supplies
- Drug kits- Mitanin/ASHA /SHC
- Drug control authority
- Manufacturer/ supplier
- GMP
- prequalification for bids
- Technical bid and financial bid
- Rate contract for drugs, supplies , equipments
- Black listing
- Inventory management – assess future demand based on past consumption, morbidity pattern, seasonal needs

Then he discussed about the background in C.G. and continued with Logistics & Store Management Tasks. Discussion was done on-

- 1.Quantifying drug requirement
- 2.Procurement of drugs
- 3.Drug Distribution
- 4.Receiving supplies
- 5.Stock management system

At the end , discussion was done on Tamilnadu Medical Services Corporation.

Session-3: Coverage Evaluation Survey using 30 cluster technique.
Resource Person -Dr. Manoj Patil

In this session, discussion started with the terms Universe, Population, Sample. Then need of sampling & requirements of good sample were discussed. A brief review of different types of Probability & Non-probability sampling was done and steps and procedure in 30-cluster sampling were explained in detail.

Then the participants were distributed a list of villages with population for selection of clusters for 30-cluster survey.

Day-5

Session-1: Qualitative Research methods.
Resource Person - Sulakshana Nandi.

Discussion was started with understanding of Qualitative Research Methods in DHP. Methods of study & tools were discussed. Advantages & details of some main tools were discussed like-

- In-depth or key informant interviews
- Informal interviews
- Focus Group Discussions
- Observation & participant-observation
- Review of documents: newspaper cuttings, files, publications, tapes, video films etc.
- Constructing Case Studies Using Multiple Methods

Also issues of Data collection were discussed.

Session-2: Designing a Training Programme
Resource Person - Sulakshana Nandi.

This session involved discussion on-

- Assessing training needs
- Defining training objectives
- Choosing training methodologies
- Understand preparation of training materials
- Doing training evaluation.

Discussion was done on What is Training & what are the differences between Capacity building & Training .Then steps of planning a training programme were explained and discussion was done on Training cycle, assessing training needs & steps involved in analyzing the training needs, developing training material, contents of training material, training methodology & training evaluation. Then Group Work was conducted on Training.

Then individual work was done by the participants on writing a Case Study & Presentation of their case study with discussion on possible interventions.

Day-6

Field Visit: All participants were divided into 4-groups & sent to following villages for Field Visit & Group Work on PRI, VHSC & VHP-

Group-1: Akoli (Dharsiva)

Group-2: Sankara (Dharsiva).

Group-3: Girola (Abhanpur).

Group-4: Bhatgaon (Khorpa).

During this visit, each group initially took a Transect Walk of the corresponding village. Then the group prepared a Village Map by PRA technique using locally available means like chalks, coal, brick pieces etc. Then a meeting was conducted with villagers, mitanins & Panchayat members. A FGD was conducted regarding the healthcare & sanitation facilities in the village through which many issues came forth. Then a tentative Village Health Plan was prepared with the help of villagers and responsibilities of different activities under this plan were voluntarily taken over by the villagers, Panchayat members & Mitanins.

Day-7:

- Group Work Presentation by participants on PRA & VHP.
- Discussion on Log Book & Practical assignment.
- Counseling on assignment & feedback.



- Some glimpses of Field Visit to Girola Village.