

REPORT ON THE THIRD CONTACT PROGRAMME – 8TH OCTOBER TO 14TH OCTOBER, 2010

BATCH 2009-2010

**VENUE: PUBLIC HEALTH RESOURCE NETWORK, 28, NEW PANCHSHEEL NAGAR, KATORA
TALAB, RAIPUR.**

INTRODUCTION:

Indira Gandhi National Open University in collaboration with the Public Health Resource Network and National Rural Health Mission started the Post Graduate Diploma in District Health Management (PGDDHM) from July 2009. As the name suggests, the course is intended to train the professionals working in the health sector.

The programme is aims at strengthening public health system and especially the National Rural Health Mission. The course is being conducted in distance education mode. There are three spells of contact sessions. The third and the last contact programme of the first batch of the PGDDHM was conducted during 8th October to 14th October, 2010. This report gives an account of the sessions and discussions held during the contact programme.

RESOURCE PERSONS:

- 1) Sulakshana Nandi
- 2) Rachana Tiwary
- 3) Dr. Surendra Gupta
- 4) Dr. Kamlesh Jain
- 5) Dr. Saurabh Jain
- 6) Anupama Tiwary
- 7) Dr. Shashikant

PARTICIPANTS:

1	Arvind Kumar Soni
2	Satya Prakash Sahu
3	Prahlad Sahu
4	Ashish Rangnath
5	Sumit Prakash Soni
6	Dr. Veena Verma
7	Jeetendra Kumar
8	Suman Singroul

9	Keshav Kumar
10	Anju
11	Dr Shirish kumar Soni
12	Ashish Mukherjee
13	Sandeep Tamarkar
14	Praveen Kumar Sharma
15	Prem Shankar Verma
16	Santosh Patel
17	Manoj Kumar Patel
18	Girish Kurre,
19	Sankutala
20	Ramjag Gond
21	Praveen Kumar Rathore
22	Dr. Javed Quereishi

PROCEEDINGS:

Day 1:

The day one started by welcoming all the participants in their third and last contact programme. There were two sessions that were scheduled and all the sessions were on Tribal Health.

The first session focused on Issues of Tribal Development, Hunger, Nutrition and Food Security. In this first session dealing with the basic issues directly related to health of the tribal population, the resource person started with the concept of tribal, the definition of tribal, the categorization of tribal after which she went on explaining the food insecurity and the issues of hunger and malnutrition among the tribal.

In the second session that was on the communicable diseases and tribal population, the resource person talked on the various aspects related to the communicable diseases and tribal health.

Day 2:

The second day started with the presentation by Dr. Surendra Gupta who is working as Epidemiologist in the Directorate of Health Services at Chhattisgarh. The resource person has attended conferences on the disaster preparedness and has the experience of the participating in the disaster relief work with special focus on the health.

The scheduled session was on the understanding Natural Disaster and Risk Assessment and Vulnerability. The second session was on the Disaster Preparedness and Response- Disaster Medicine.

The resource person conducted the two sessions one after the other continuously in the first half in which he first talked about the concept of disaster, risk and vulnerability. He gave an introduction about these basic concepts with examples from the field.

In the second session, he focused on the disaster medicine and health part. In the presentation, he created a background for the activity that was scheduled in the second session. He presented a pictorial presentation of the Bihar Floods and the conditions arised in the region. He explained the situation of health emergency that was created during the floods.

In the second half there was a group work in which the participants had to prepare a plan for Health Care-Disaster Management during floods in a group of 50 Villages that get cut off during the rains. In the group work, the participants were divided into four groups. The situation was explained to them by the programme-in-charge and later the resource person.

The four groups were divided into the themes based on the different phases of the disaster cycle – such as the Pre-Disaster Phase, the Disaster Phase, the Relief Phase and the Mitigation Phase. The participant had to think and come with the health plan for the each of these phases. At the end the participant made presentations and the resource person gave the feedback on it.

Day 3:

On the third day, the scheduled session was on the PC-PNDT/ MTP (Pre natal Diagnostic Test / Medical Termination of Pregnancy Act) and the resource person was Ms. Anupama Tiwary. The resource person conducted session with the help of a power point presentation, complemented by the Chhattisgarh specific data and information. She shared the government resolution issued by the Chhattisgarh Government.

In the second half, the scheduled session was on the Health Sector Reforms and Managing Change. The resource person was Dr. Kamlesh Jain who is the Technical Advisor for the Health Sector Reforms in Chhattisgarh State. In the presentation, the resource person focused on the concepts and components of the Health Sector Reform and later focused on the importance of the issue of the managing change. The important feature of the presentation was the live examples from the field given by the resource person.

Day 4:

On the fourth day, the scheduled presentation was by Ms. Sulakashana Nandi on the inclusion of tribal health in the district Health Action Plan. In continuation with the sessions on the day 1, the resource person discussed about the inclusion of the tribal health in the district plan.

In the second half, the scheduled session was on the Mental Health. The resource person was Dr. Shashikant from the Raipur Medical College. He talked about the concept of mental health, the inclusion of mental health in the health programmes India.

Day 5:

The scheduled session in the first half of the fifth day was on the issues related to Urban Health. The resource person was Mrs. Rachana Tiwary who works on the urban health initiative of SHRC.

The first session was Issues of Urban Health and Special Vulnerabilities in which the resource person talked about the special vulnerable groups such as migrants, slum dwellers and the health concerns related to them. The second session was Urban Health in Policies and Urban Health in the district plan in which she discussed about the inclusion of urban health in the district plan.

In the second half, there was a short session on the submission of the log book and doubts related to logbook completion.

Day 6:

The sixth day was the field visit day when the participants visited the Urban Slum in Gudihari part of the Raipur. This field visit was coordinated with the help of World Vision India's Area Development Programme. The participants had to visit a household in the slum and build a case study based on the health status of the family.

The participants were given the brief introduction about the area and they were introduced to the several community members. Then they went with them to different households and had their case studies done.

Day 7:

On the last day, the session scheduled was by Dr. Santosh Kumar who works as the Programme Coordinator at PHRN. He conducted the session on RTI and Health. He explained the importance of the act and how it can be used.

The second session was regarding the assignments and log books. The log books and the assignments are the important components other than the term end examination. In this session, the participants were given the opportunity to clear the doubts regarding the

assignments and the exam forms. The participants filled the exam forms and cleared doubts regarding the same.

REPORT ON VISIT TO URBAN SLUM

Indira Gandhi National Open University in collaboration with the Public Health Resource Network and National Rural Health Mission started the Post Graduate Diploma in District Health Management (PGDDHM) from July 2009. The course is intended to train the professionals working in the health sector.

One of the practical sessions in this course is visiting a slum in the urban area and writing a case study about health status of a family in that area. There is a set of questions to ask to the respondents in the case study which includes the information about recent illnesses, health care facilities, drinking water facilities, health seeking behavior, expenses on the health care etc. The participants of the PGDDHM course went to the urban slum area in Gudihari region in Raipur on 13th October, 2010. In Gudihari the participants visited Surya Nagar in Gogaon area. This report talks about the glimpses that the group of scholars had during their one day visit to the Satnami Para.

Gudihari is a big habitation where people from low income group reside. It is made up of different neighborhoods and Gogaon is one of the neighborhoods in Gogaon. Gogaon is divided into different pockets. The pocket where the scholar had their field visit was called the Satnami Para. This area is inhabited by the people belonging to Satnami Caste which comes into the Scheduled Caste category. The socio economic status of this community very low and so the situation of this community becomes more vulnerable. All the families in this community are not migrated but they are living in this community since generations.

There are around 300 to 400 families in this pocket. There is a Sub Health Centre (SHC) in this area where there is one ANM and one Health worker is posted. According to the people from that area, the Sub Health Centre only provides services of immunization and ANC. For any other health need, the residents of this community have to go to Pahadi Chowk. The hospital in Pahadi Chowk has only 5 beds and all the beds are for ladies.

There are common findings from the visit of the participants. These findings indicate towards the upsetting neglect of the community by the authorities.

The easy access to health care facilities for the residents of this community is certainly not a reality. As said earlier, there is only one Sub Health Centre which is not fully functional. Residents go to private health care facilities in the hour of need. There are Registered Medical Practitioners (RMPs) to whom the residents usually approach for the health problems. The RMP charges are different and they charge anywhere in-between Rs. 100 to 200. It includes the tablets, injections and consultation fees. The majority of the residents said that they do not have faith in the civil hospital; therefore they usually go to the private clinics.

The deliveries of pregnant women are carried out by the aaya sometimes trained and sometimes untrained too. One of the respondents told about a strange custom that the mother cannot have food for five days after the delivery. Immediately after the delivery, the mother is given no food and water for 24 hours. After 24 hours, the women can have only tea and water for the next 4 days.

There is no awareness about the Rashtriya Swasthya Bima Yojana launched by the Government of Chhattisgarh. Many of them do not have the card and those who have; they do not know the rules and benefits of it. One of the family shared that, they had the RSBY card; while they had treatment in Medical College Hospital in Raipur, the authorities did not give them back. There were people who have spent large amounts on treatment of dysentery and other diseases. One of the lady told that they had to sell their land to arrange money for the treatment of one of the member, their father in law. To minimize the cost, the people usually visit the medical store first and then they approach to the doctors.

The residents of this area are involved in making Bardana which is their only source of income. The bardana making involves handling large number cement rucksacks from which they prepares Bardana. The handling of large number of cement rug sacks all day long has severe impact on their health and majority of them have Acute Respiratory Symptoms. They suffer from chronic cough and they are unknown about their TB Status. In one of the family, there was a girl of 10 years who has cough for past 2 years. In one of the family, it was informed by a person that his father had taken some treatment but he and his father are not aware about what the treatment was about. The participants concluded that it must had been the DOTS treatment based on the description given by the son.

The number of children in each household is more as compared to other localities. It is evident from the fact that almost all the households visited by the participants had 5 or more children. The family planning concept is nonexistent in the area.

This shows that the health status of the residents in the satnami para is very much poor. The participants shared the fear of finding at least one case of TB or such kinds of disease in each of the households. The neglect of the concerned officials is unpardonable and there should be a proper planning to intervene in the present status.