

*PUBLIC HEALTH RESOURCE NETWORK CHHATTISGARH*

*FAST TRACK TRAINING REPORT*

*22<sup>nd</sup> June 27<sup>th</sup> June 2009*

*Venue*

*NEW CERCUIT HOUSE CIVIL LINE RAIPUR CG.*

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## *Fast Track Capacity building Programme Report*

*Date: - 22<sup>nd</sup> June to 27<sup>th</sup> June 2009*

*Number of Participants: - 19*

*Type of Participants: - BMO, Medical officers and DPM.*

### ***Introduction:-***

*PHRS has conducted a 6days residential capacity building programme for district health planning and management system for the block medical officers at New Circuit house civil line Raipur. 19 participant (4 BMO, , 1 DPM, 1DPHNO, 13 MO) from 07 district participated in the training.*

### ***Objective of the programme :-***

- *Understanding on NRHM Goal & Objectives.*
- *Understanding on the importance of Public Health and to ensure proper planning & implementation.*
- *To build capacity of Medical person & other stakeholders to understand the importance of district health plan & management system at block level.*

### ***Subject Covered in the capacity building programme :-***

*In this capacity building programme, following subject are covered with the reference of PHRN- module 1-10. Goals of Public Health & NRHM, the problems of T.B, Leprosy, HIV/AIDS, Malaria and its importance in district health plan, Child Health in CG PIP, Strategies for Child Health in District Planning, Bottlenecks to Attain 100% Immunization in, Logical Framework, Mitanin Programme Role of Village Health Committee & Panchayat, Jeevandeep Samiti & Hospital Reforms, BCC in District Plans Women Health Concerns, Maternal Health in CG, District Planning Improving Maternal Health. Tools of Planning- Information, Tools of Planning – Quantitative/Qualitative including, Training strategies and Ensuring Outcomes from Training Programmes, Convergence, Reaching IPHS Standards for PHCS & CHC*

### ***Day wise Activities: 1<sup>st</sup> Day 22<sup>nd</sup> June 2009,***

#### ***Pretest:-***

*After discussion with participant a pre – test was organized to estimate the level of participants. It facilitated by Suraj Baghel & Dr. Megha Khobragadey*

***Session on - Goals of Public Health:*** *- This session has taken by Mrs Sulakshana Nandi, she explained about public health, and importance of the public health with reference to Bhore committee, Alma Ata Declaration and Millenium Development goals.*

*Post Lunch*

***Session on -The importance of T.B control programme in district Health plan:-***

*In this session Dr. Kshitish Khaprade (WHO-RNTCP medical consultant) elaborated the following points.*

- *Burden of TB*
- *The programme – RNTCP*
- *Diagnosis*
- *Management*
- *MDR & XDR TB*

*Dr. Khaprade also addressed the importance of T.B control programme in district health plan.*

***2<sup>nd</sup> Day 23<sup>rd</sup> June 2009***

***Session on Leprosy Eradication Programme***

*Day 2<sup>nd</sup> started by recap of 1<sup>st</sup> day activities by the participant after that Dr. Saurabh Jain (State consultant NLEP/WHO) was taken a session on Leprosy Eradication programme in Chhattisgarh; he explained sign & symptoms of leprosy. He has given an example of bhawarpur PHC of Mahasamund which is most affected district in all over world. A group work was done for the understanding of leprosy programme in district health plan. The group work was on the five groups who were given five situations for preparing district plan which are:*

- 1) *High MB% & high disability*
- 2) *High MB% & Low disability*
- 3) *Low MB% & High disability*
- 4) *Low MB% & Low disability*
- 5) *Low treatment completion rate.*

***Session on District Health plan:*** - *In this session PHRN team not only described the importance of district health but also explain how to develop the plan through step by step which was as follows.*

- *Back ground*
- *Situational analysis.*
- *Objectives*
- *Strategy.*
- *Activities*
- *Measurable indicator*
- *Budgeting*

*Post Lunch*

***Session on Malaria programme:-***

*In this session Dr. Bhatt explained about the malaria programme which is one of the diseases of NVBDCP. He has not only focused on indicator of Malaria surveillance, but also focused on strategy to control malaria. Malaria transmission Conducive climatic factors, Symptoms were discussed.*

***3<sup>rd</sup> Day 24<sup>th</sup> June 2009***

*Day was started with the group presentation which is on district health plan by 4 group , on selected issues ,this session was facilitate by Mr. Sanjay Samddar (state consultant UNICEF ) he was focused on the data source which is most important to develop plan .*

***Session on Child Health in CG PIP and Strategies for Child Health in District Planning:-***

*In this session Dr. Praveen Khobragadey (Health officer UNICEF) was elaborated the following subject.*

*Goal of Chhattisgarh in child health,*

*Where are we & problem analysis?*

*Solutions Operational strategy (PIP).*

***Group work:-*** *all the participant divided in 4 groups , the district situation was given to the participants who planed to strengthened the existing delivery points in the facilities and ensure referral transport.*

***Session on Child survival best Practices***

*Child survival best practices and bottlenecks to attaining 100% immunization coverage addressed by Dr. Khandwal.*

***Session on District Health Plan-II Logical Frame work:-***

*In this session Mr. Sameer Garg was elaborated the roles of log frame work in planning. he was explained about how to use log frame work and also describe each indicator (like , Goal , OVI, MOV and Assumption.) Through group work,*

***Group work:*** *All the participants divided in four group , the subject was , to increase maternal health, 24x7 PHC oprationalise, Training of ASHA for HBNC programme , and early age of marriage . All the group done the work and presented. Group work was facilitated by Mr. Sameer Garg and PHRN Team.*

***Day 4<sup>th</sup> 25<sup>th</sup> June 2009.***

***Session on Mitandin Programme and Role of Village Health Committee & Panchaya:-***

*In this session Mr. Avinash Lumba (senior programme coordinator SHRC) updated on the MITANIN programme & its structure in the context of district health planning. Mitandin is playing an important role to make healthy "Para, Villages and Gram Panchayts" He also took a session on Village Health & Sanitation committee. Formation of committee, Members, authority, role of board member. He describe the Swasth*

*Panchayat Yojana and 32 health indicators which is covering in the Swasth Panchayat Yojana through a PowerPoint presentation and movie show (Jhurmil Banbo swasth gon). The session was very interactive.*

### **Post Lunch**

**Session on Behavior Change Communication (BCC):-** *In this session Dr. Madan Gopal (Consultant GTZ) was described about the importance of BCC in district health plan. The entire following subject explained step by step.*

- *Health Education to IEC to BCC in Health ,*
- *Developing the BCC contents ,*
- *Finalising BCC Strategy,*
- *Necessary Criteria for BCC strategy to become effective ,*
- *What can BCC do towards changing health care practices,*
- *BCC Strategy in District Health Plan, BCC Implementation framework,*
- *The Planning Grid, BCC Plan- processes*

### **Session on Jeevan Deep Samiti & Hospital reforms:-**

*In this session Ms Peuli Mazumdar was elaborated the following points.*

- *Major strengths of Rogi Kalyan Samitis,*
- *Powers of the Jeevandeep samiti,*
- *Necessary components substantial (untied fund, public recognition, and Public participation)*
- *Steps in Hospital Improvement Plan,*
- *Indicators and Score,*
- *Basis of Color Coding of Scores*

*Ms. Mazumdar was not only stress on limited factor of technical assistance which is one of the necessary components of Jeevan deep samiti but also stress on use of user fees.*

### **5<sup>th</sup> Day 26<sup>th</sup> June 2009**

#### **Session on Maternal Health:-**

*The Day was started by Dr. Ramni sao with the session of Maternal health, she was address on the cause of maternal death , Key maternal Health strategies, 24 hour delivery services, 24x7 PHC oprationalize, and Emoc also describe. she also focus on the antenatal care, Intra natal care, Pare natal care, danger sign she explain the death rate which are.*

- *50% maternal death happening within 24 hours of delivrey (Post natal).*
- *25 % death during pregnancy (Prenatal).*

- 25 % death during 1-42 days of delivery

### ***Session on Tools of Planning:-***

*Dr. R.C. Ram took a session on Tools of planning – Information and quantitative/ qualitative data sources. In this session he elaborated the following points.*

- *Primary Data- Epidemiology ,*
- *Understanding Incidence & prevalence,*
- *Random sampling*
- *Steps in the survey*
- *30 Cluster Sample Survey*
- *The Quantitative v. Qualitative Debate*
- *Health as Social Phenomena*
- *Qualitative Studies in the District Plan*
- *Methods of Qualitative Study*
- *In-depth Interviews*
- *FGDs: How Group Dynamics Work*
- *Participatory Rural Appraisal (PRA)*

### ***Session on Mainstreaming of Women Health. :-***

*In this session Dr. Megha Kfiobragadey was described about the objective of the session which is below*

*Understand distinctions between sex, gender and gender stereotyping*

*Understand how gender contributes to women's poor health status and the management of women's health issues*

*Understand dimensions of gender analysis*

*Common understanding of mainstreaming gender within district health plans*

*Dr. Megha also focused on the anemia and malnutrition in women*

### ***6<sup>th</sup> Day 27<sup>th</sup> June***

### ***Session on Training strategies and ensuring outcome:-***

*The day was started by the Dr. Madan Gopal with the session of Training strategies and ensuring outcome from training programme. In this session Dr. Madan discussed about the actual situation of training, importance of training programme, Designing of training programme , step of designing. He was also focused the post training follow up and evaluation of programme.*

### ***Session on convergence:-***

*The session of convergence was taken by Mr. Raman. The importance of convergence in district health plan was addressed. He has given an example of Anganwadi Kendra where the AWW, ANM & MITANIN are given joint effort for antenatal care.*

### ***Post lunch***

*Post training assignment and post training formative evaluation proforma were given to them. Feedback form was collected from the participants.*

### ***Valedictory Session:-***

*Valedictory function started at 4.00 pm where Dr Pramod Singh (Director of Health Services) & Dr. Subhash Pandey (Deputy Director RCH) of Chhattisgarh were the chief guests. Three participants gave verbal feedback about the training they said that planning is most important which we learnt here. they committed that they'll put their best input to improve IMR & LMMR situation finally they gave vote of thanks to Department, PHRN team and resource person. Dr. Megha Khobragadey & Mr. Suraj Baghel wish the participants for their best performance.*

*After the feed back, Chief guest Dr. Pramod Singh and Dr. Subhash Pandey delivered motivational speech and distributed the certificate. Vote of thanks was delivered by Dr. Megha Khobragade. TA/DA was settled by 6.00 pm.*