

**REPORT ON THE THIRD CONTACT PROGRAMME – 1<sup>st</sup> MARCH TO 7<sup>th</sup> MARCH, 2011**

**BATCH 2010-2011**

**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 second contact programme of the of the PGDDHM was conducted during 22<sup>nd</sup> October to 28<sup>th</sup> 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. Onkar Khandwal
- 6) Virendra Jain

**PRESENT PARTICIPANTS:**

<b>Sr. No.</b>	<b>Name of Candidate</b>
1	Rakesh Verma
2	Rakesh Yadav
3	Sourabh Virmani
4	Hemlata Jangade
5	Nishamani Sahu
6	Ashok Kumar Singh
7	Vaibhav Diodia
8	Neeraj Mukherjee
9	Neelmani Nayak
10	Sheel Kumar Dawana
11	Ramesh Verma
12	Dr. Surendra Nishad

13	Rajeev Baghel
14	Dr. S. Noor
15	Dr. Sanjay Mishra
16	Mahendra Kumar
17	Arpana Singh
18	Jaya Mishra
19	Dr. Kailash Pandey
20	Dharmendra Dewangan
21	Pawan Mohod
22	Gajendra Dongare
23	Punita Banjare
24	Aaju Ram Verma
25	Dr. Sumi Jain

## PROCEEDINGS:

### Day 1:

**The day 1 started with the session on** Understanding Community Participation & CHW Programme. The Resource Person was Mr. Sameer Garg from State Health Resource Centre. The community participation is an important component under the NRHM.

The discussion was started with what is community and 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. He also talked about the Mitani programme in Chhattisgarh.

In his second Session on Convergence & social determinants of health, Mr Sameer Garg focused on the need of convergence & possible areas of convergence in health such as –Women and Child Development, ICDS, Food & Civil Supplies, Tribal Welfare, Rural Development, NREGA, 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?

In the third session on Village Health Committees the resource person Mr. Sameer Garg, the session started with composition of VHCs & functions of VHCs. 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.

Lastly 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**

**The second day was started with the presentation on** People's health movement & campaign in Health by the resource person Sulakshana Nandi. The session was started with the interactive Group Discussion started with the understanding of the terms movement and campaign. Then discussion continued with ongoing people's movements like Jan Swasthya Abhiyan (JSA) & Right to food campaign.

The discussion was held on 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.

The second session on the day 3 was on Making Village Health Plans using different tools of PRA. The session was conducted by Mr Pratik Phadkule. The discussion with the help of a presentation was conducted on the Participatory Rural Appraisal, its history and its evolution.

The different PRA tools such as Time matrix, Relative Ranking, Seasonal trends, Venn diagram, Chapatti diagram, Transect walk and their use in the health planning was discussed.

In the last session, the queries from the students related to the assignments were discussed.

### Day 3

The day 3 was started with the session the Logistics of Drugs & Medical Supplies. The resource person was Mr Virendra Jain who works in SHRC.

The session was started with the discussion on Importance of Drugs in health care & average medical expenditure for treatment under different heads of treatment during stay at public hospitals. Mr Virendra went ahead with the presentation clarifying 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- Mitani/ASHA /SHC
- Drug control authority
- Manufacturer/ supplier etc.

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

The second session on the day three was conducted by Dr Kamlesh Jain on Rational Drug Use & Standard Treatment Protocols.

Session started with definitions of Rational & Essential Drugs & their relationship. He conducted the session with the help of the presentation about the various aspects of the problem exists in India.

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

Further he discussed about the consequences of irrational drug use & Practice of Rational Drug therapy.

In his session he also covered the session on the District Health Action Plan and management including HR issues

Day 4

The day 4 was started with the presentation on Community Participation & Monitoring (PRI, VHSC & RKS). The resource person was Mr V R Raman. He conducted the session on the importance of community participation and monitoring through Village Health and Sanitation Committee and the Rogi Kalyan Samiti.

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).

The second session was on the use of LOGFRAME for assisting the programme managers. The resource person was Mr V R Raman. V R Raman talked about the different components of Log Frame and how it helps in the planning.

Then he explained about the 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 5:

On the day 5, the scholars went for the field visit to the village Barbanda in the Dharsiva Block. There they visited the Village Panchayat and met the village health and sanitation committee members and attended the meeting.

They had the activity of social mapping of the village. And the discussion were took place on the village health planning and how it should be done.

Day 6:

On the day 6 , Dr Surendra Gupta conducted session on the Health Management Information System. This session included discussion on three components-

- Understanding the problems.
- Establishing principles of design.
- Using Information for Action

Session started with discussion on Understanding the problems and then the steps that should be undertaken and that have been undertaken by the HMIS departments presently.

- Step 1: Formulation of a hierarchy of indicators.
- Step 2 : Define guiding principles for choice of Data elements.
- Step 3: Match indicators to data elements.
- Step 4: Use multiple data sources.
- Step 5: Bundle Data elements into data sets- according to data sources.
- Step 6: Defining Information Flow.
- STEP 7: Create reporting formats and feedback forms.
- Step 8: Creation of the software support: User requirements.
- Step 9: Creation of the HMIS tool-kit.
- Step 10: Internal advocacy.

The second session was conducted by Dr Onkar Khandwal on the qualitative research methods and the 30 cluster sampling method. He explained the importance of qualitative research as method in the planning and how this method can be used in the process of planning.

He further conducted the session on the 30 cluster sampling method describing the method in simple way so that the participants would understand the importance of the method.

Day 7:

On the day 7 , the presentation on the field visit took place.

In the next session the students were oriented to the filling up of the practical log book. The discussion was held on the assignments and difficult questions.