

PHRN DLP Analysis Report

Background

The National Rural Health Mission's vision of a national programme planned at the district level and if possible at the village level, needs a vast increase in capacities across the board. The NRHM has itself initiated many steps in this direction. However, given the vastness and diversity of the country and the rigidities of the planning and implementing structure, one needs to supplement the official national mission led process with many varied, creative and massive endeavors from state government, health resource centers, different professional sections and different sections of civil society.

The initiative – called the Public Health Resource Network (PHRN) aims to provide support to public health practitioners working in the districts in all aspects of district health planning and public health management. The central element of this initiative is a capacity building effort structured as a Distance Learning Programme. This distance learning programme is not a substitute to formal professional public health training and it does not carry with it any guarantees of increased employment or career option. It is meant to support individuals and organizations both within and outside the health department who are committed to working for a more equitable and effective public health system. This programme complements official training and education programme through an open-ended, more informal and immediate reaching out with information, tools and diversity of programme options and perspectives.



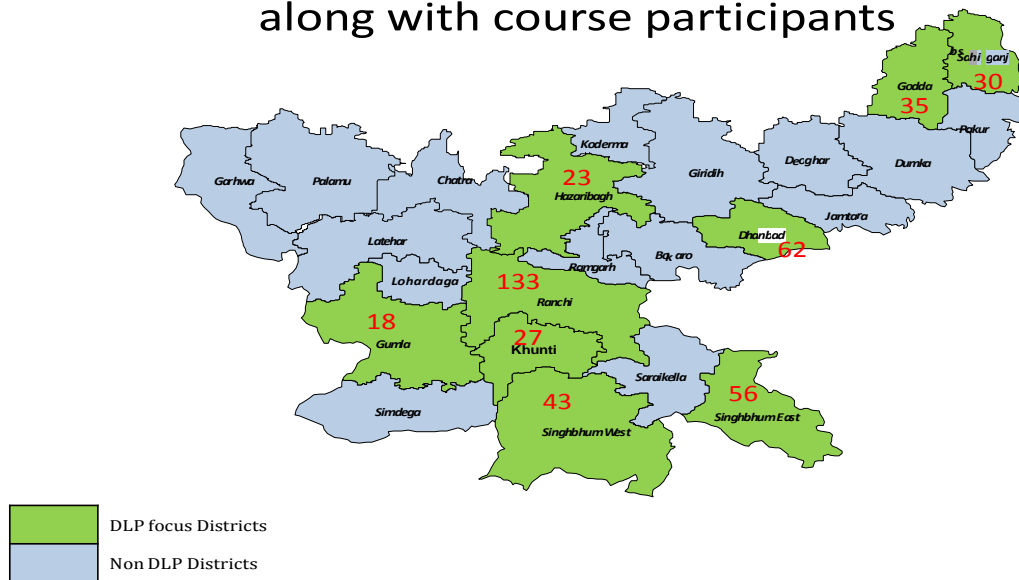
The course design, faculty and editors of the different modules have been drawn up exclusively from those who have been active in the various states in providing government and non government organizations support and guidance for different policy level issues related to health and other sectors.

This programme itself is being organized primarily by a number of agencies already providing resource support to the states on different aspects of NRHM programmes.

A Mission needs missionaries and it needs them where the challenges are greatest, i.e. – remotest and under served areas. The missionaries also need to be Professionals who can bring changes with a little effort. The Contact Programmes of the Course evolves mechanisms for sharing of resources and building mutual solidarity among those who work for bringing about this change in the health sector because they want to help the poor.

In Jharkhand the foundation stone for the Structured Learning Programme called the DLP was laid in the year 2007. The first batch was organized in Ranchi, the state capital and gradually it rolled out to the adjacent districts. There was a tremendous response from health professionals within and outside the government, health activities, civil society organizations and students who were encouraged by the new avenues of knowledge enhancement through learning and action. After the expansion of the PHRN team ie with the support of the Community Health Fellows the Structured learning programme was initiated in 9 districts and it has completed one batch in almost all the districts. 427 course participants have been enrolled and capacitated during the course of 3 years. Teams of learners have begun contributing to the process of strengthening NRHM in Ranchi, Gumla, West Singhbhum, East Singhbhum, Dhanbad, Hazaribag, Godda, Sahebganj and Khunti district.

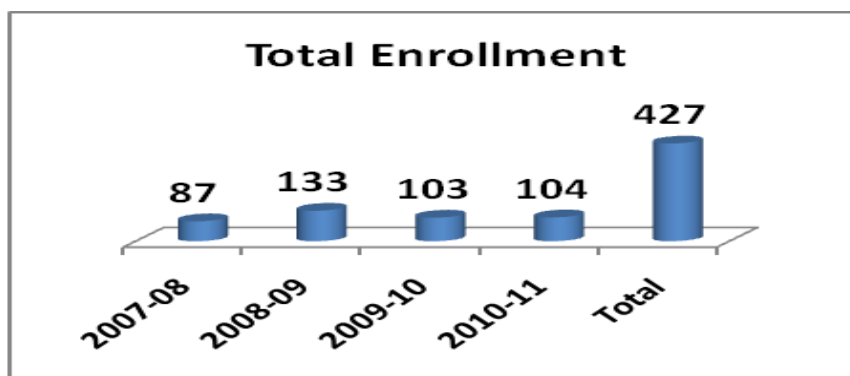
DLP Districts along with course participants



Enrollment

The Network members including Fast Track capacitated health personnels are consulted and informed about the plan for initiation of DLP in the district. This is followed by meetings with district and block health personnels in the district and the blocks, NGO meetings and orientations are also organised. Discussion with block trainers teams are organised from time to time to inform the individual and groups about the course. Enrollment forms are filled by the interested participants and they are equipped with 1-10 modules.

Tab.:1 Year wise enrollment Status

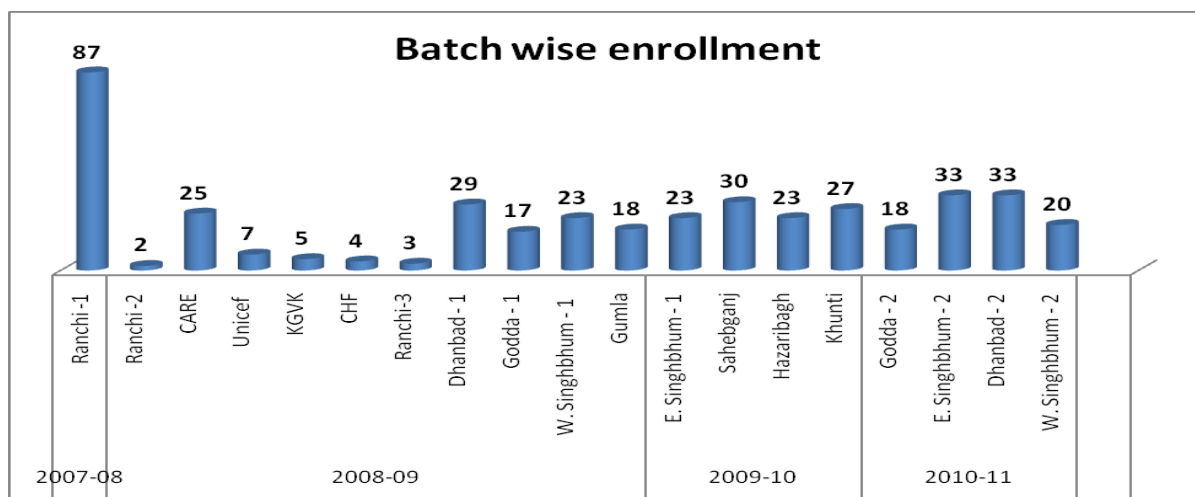


In the first year between 2007-2008, the initial programme started with enrolment of 87 candidates in 2 Cohorts in Ranchi.. Enrollment percentage increased in 2008-2009 and was more than 100 in the next two years i.e 2009-2010 and 2010-2011.

The above mentioned chart depicts that the students enrollment for DLP during the year 2008-2009 was the highest as compared to the other years enrollment. The learning groups spread to 4 districts namely Ranchi, Gumla, West Singhbhum and Godda. Several organizations were also roped in during this year and they sponsored some candidates for the course . Organisations namely KGVK, CARE and UNICEF sponsored many of their personnels for the course. 29 students in Dhanbad enrolled in the 1st batch during the year 2008-2009 while in the same year 23 students were enrolled in each of the districts namely W. Singhbhum, E. Singhbhum and Hazaribag. Students enrolled in Godda and Gumla were around 20 in each.

In the year 2010-2011, second batches were started in E. Singhbhum and Dhanbad. In Godda enrollment was 17 participants. The second batch was also organised in West Singhbhum but classes did not commence in the year.

Tab.:2 Batch wise enrollment status



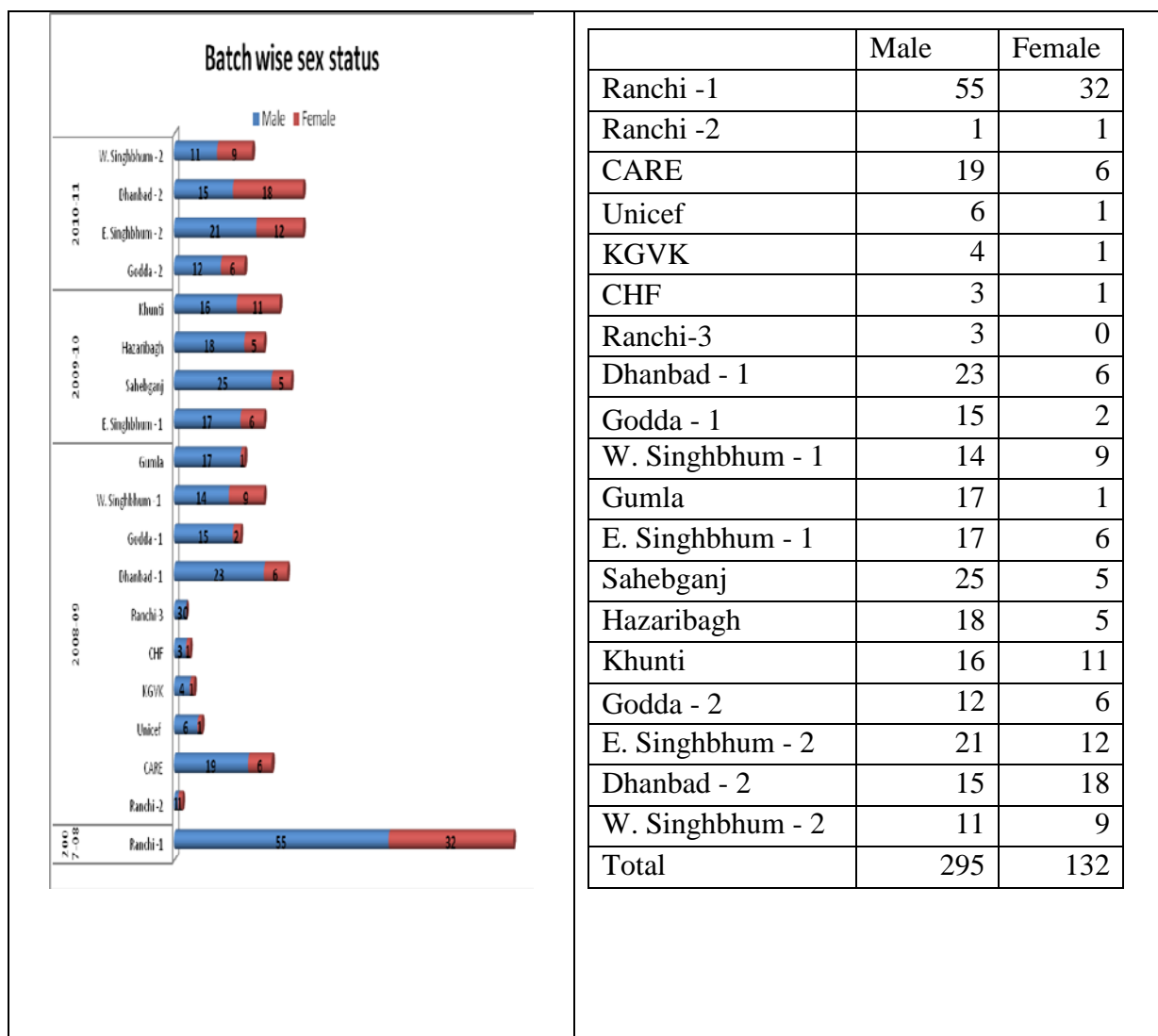
The major reasons found for increase in enrollment were:

- Earlier lack of awareness regarding course and less network partners in the districts.
- Decentralized the course to 8 districts and thereby increasing the Network membership through DLP.
- Encourage more female participants in the Contact Sessions.
- CHF programme supporting community initiatives and involvement of community health fellows in DLP.

Sex demography

The inbuilt objective of the course being decentralized at the district level was to strengthen the learning group at the district and block level and involve more individuals and groups located in the far reaching blocks where the opportunities are few to enhance their knowledge and contribute to improve the quality of health services in the manner they can . Since Contact Sessions were organized in the districts it was easily accessible and therefore it increased the participation of community volunteers, NGO staff , block level health personnels and moreover females. The table below depicts the female and male participation in the course:-

Tab.:5 Course participants sex status



Year	% Male	% Female
2007-08	63	37
2008-09	79	21
2009-10	74	26
2010-11	57	43
Total	69	31

On an average the course witnessed 31% female participati and 69% male participation . I n the first batch 2007-2008 of DLP in Ranchi the females were 37% and males were 63% of the total batch

In 2008-2009 Dhanbad could ensure 21% female participation in the district while in Godda, West Singhbhum and Gumla it was 12%, 39% and 5% respectively

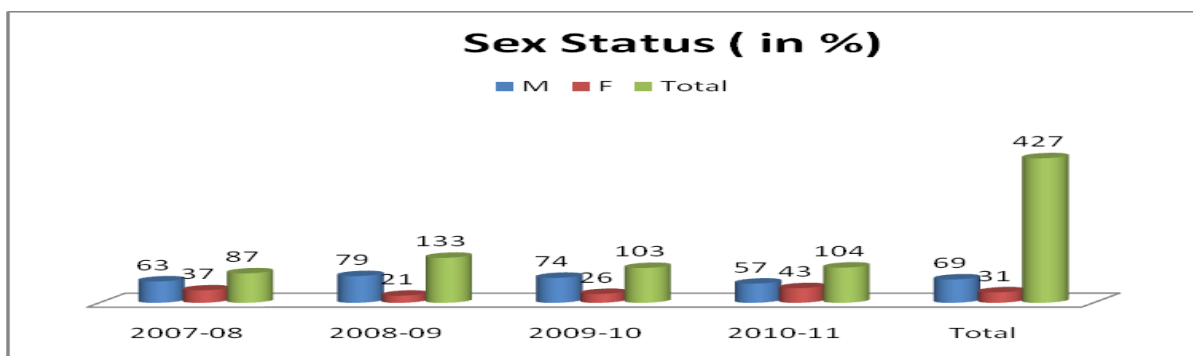
District	% Male	% Female
E. Singhbhum - 1	74	26
Sahebganj	83	17
Hazaribagh	78	22
Khunti	59	41

The following year 2009-2010, the average female enrollment increased to 26% . The analysis shows that highest number of female participants were enrolled in Khunti district where they were female BTTs, volunteers from NGOs. Since the sessions were conducted in the district head quarter therefore it was easy for them to attend the classes.

District	% Male	% Female
Godda - 2	67	33
E. Singhbhum - 2	64	36
Dhanbad - 2	45	55
W. Singhbhum - 2	55	45

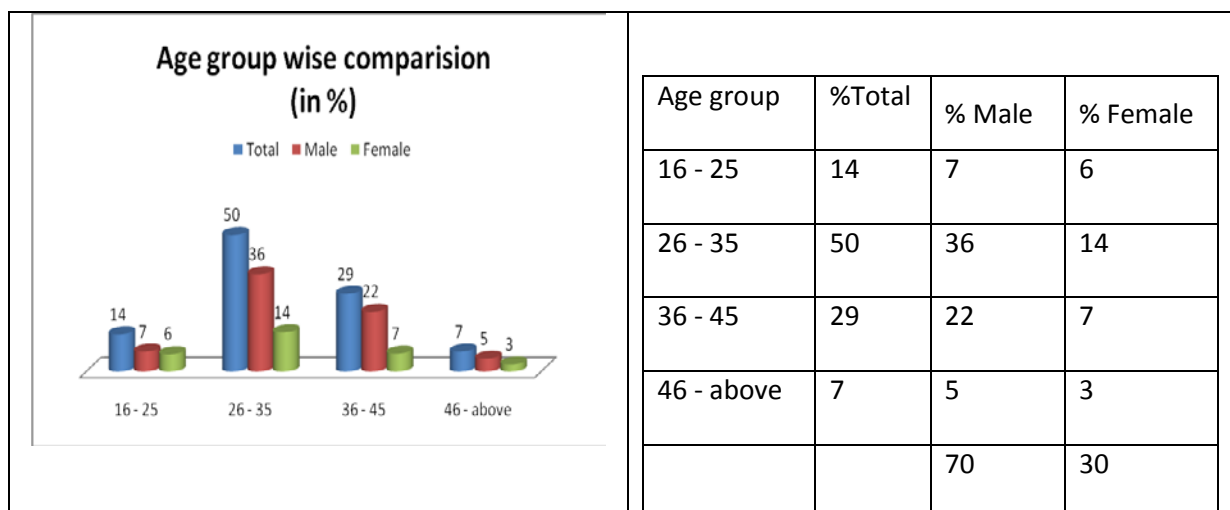
In the 2nd batch of DLP during the year 2010-2011 more female joined the course and many of them were associated with the NRHM programme at the district and block level.

Tab: 6 Sex Status in %



Till date over all percentage of male percentage was 69% against female 31% out of 427 students.

Tab: 7 Age group wise status



Out of 427 enrolled students 14% students belonged to the age group 16-25 yrs. The youngest enrolled was **Karishma Gope** and **Kavita Khandait** from West Singhbhum district were the youngest male and female enrolled in the course.

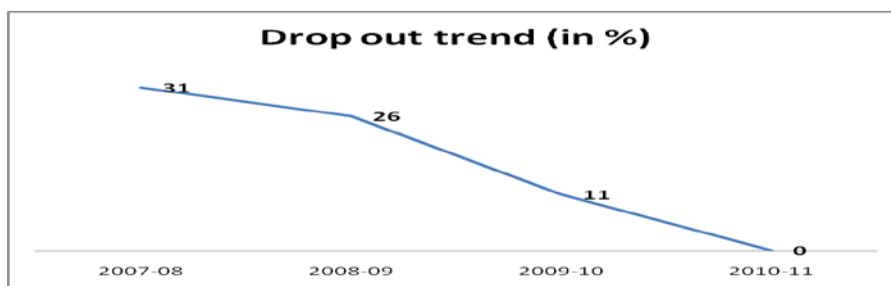
50% students belong to the age group 26-35 years, and among them 36% are male enrolled and 14% are female in the particular age group.

In the age group 36 – 45 years who are mostly experience in the field of health or other sector there are 29% male and 22% females. Only 7% of the total enrolled belong to the age group above 45 years and in this 5% are males and 3% are females.

Drop out

Initially the course commenced at the state level and several public health practitioners, health professionals from government and non government , health campaigners responded eagerly towards enrollment and were inducted . Enrollments were encouraged from all the districts from where participants could attend the Contact Sessions. But in several occasions during the Contact Sessions the participants were unable to attend the classes because of full time engagement in jobs, otherwise due to distance from the state capital or due to transfers of the participants due to which they were not able to complete the course and were drop outs. However some of them got involved in the district level DLP thereby completing the course there.

Tab: 3 Drop out trend

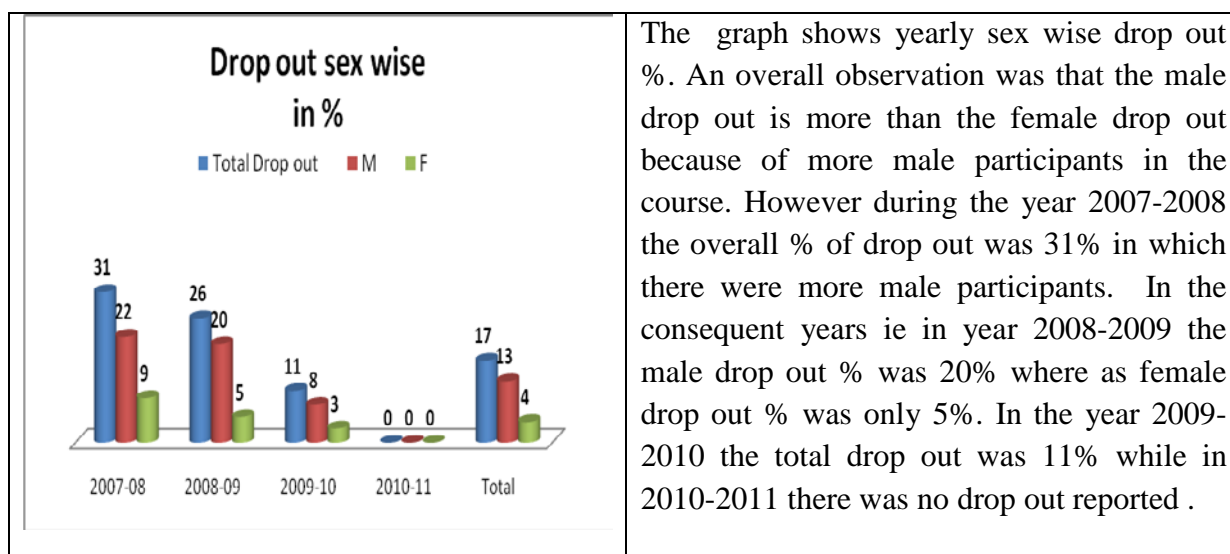


It was found that during the year 2007-2008 the % of drop out 's was the highest and it was almost 31% of total students whereas it decreased to some extent during the year 2008-2009 and became 26%. 11% drop outs were witnessed in following year 2009-2010 and during the year 2010-2011 there was a great improvement in drop out rate which slashed down to 0%. The learning groups in the districts were closely monitored in the year 2010-2011 and Contact Sessions were still being organised in the districts .

The major reasons found for decreasing in drop out trend were:

- Participants were preoccupied in professional jobs and due to work related responsibilities it was difficult for them to attend all the Contact sessions.
- Some of the participants were themselves researchers, health educators, doctors and health activists and therefore they understood the content through informal discussions and could not attend the sessions.
- The course content was transferred to some of the participants through Fast Track Capacity Building Programme in the State and also in other states .
- Some of the participants were only interested in the Resource Material and therefore the Sessions could not retain their involvement.

Tab: 4 Drop out analysis – Male and Female



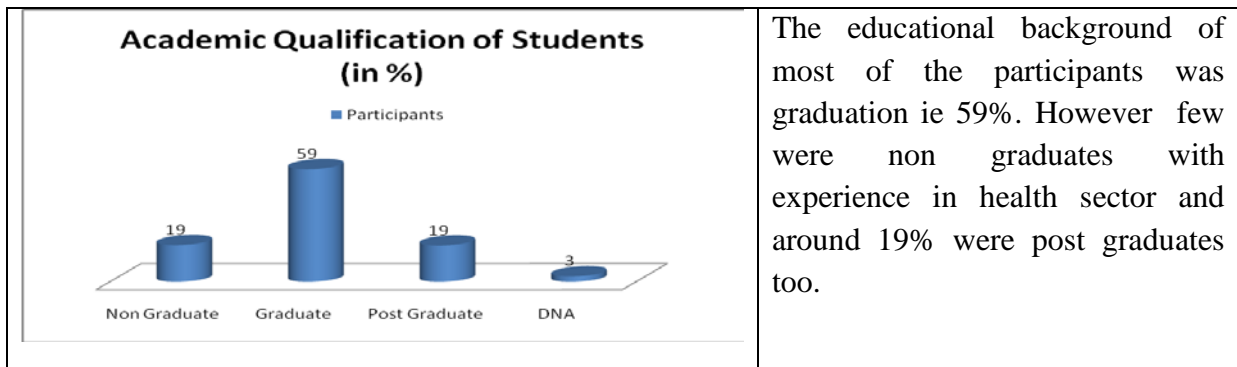
The graph shows yearly sex wise drop out %. An overall observation was that the male drop out is more than the female drop out because of more male participants in the course. However during the year 2007-2008 the overall % of drop out was 31% in which there were more male participants. In the consequent years ie in year 2008-2009 the male drop out % was 20% where as female drop out % was only 5%. In the year 2009-2010 the total drop out was 11% while in 2010-2011 there was no drop out reported .

Over all figure revealed that till date there has been 17% participant drop out out of 427 enrolled student in DLP and out of which 13% was male and 4% was female.

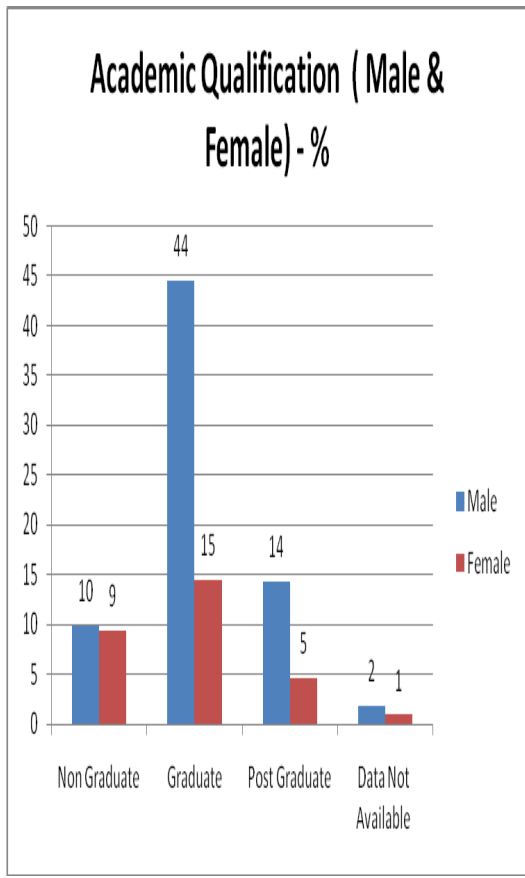
Demography – Qualification, Experience & Employment

The minimum qualification for enrollment in the course was Graduation . However in some of the districts there were motivated , young field activists who were keen to undertake the course and would contribute in their capacities at the field level. Several of them were associated with the implementation of Community processes under NRHM . The stringent norms of graduation were relaxed in some of these cases and they were enrolled as they also had 2-3 years experience in contributing their services to the health sector.

Tab: 8 Academic Qualifications



Tab: 9 Male and Female Academic Qualification

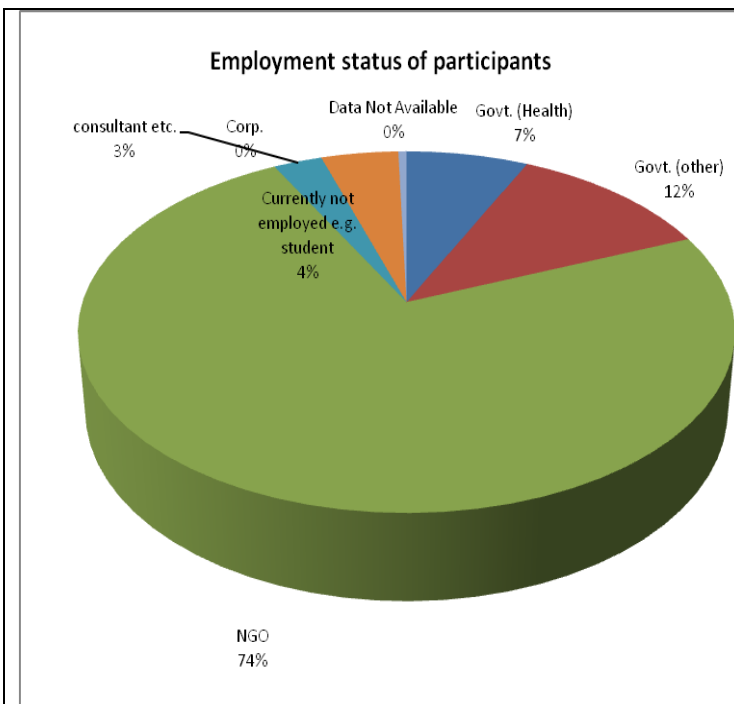


Educational Qualification	Total	Male	Female	% of Male	% of Female
Non Graduate	82	42	40	10	9
Graduate	252	190	62	44	15
Post Graduate	81	61	20	14	5
Data Not Available	12	8	4	2	1
	427	301	126	70	30

The % of male participants who were enrolled in the course were more qualified as compared to the females enrolled in the course. 44% graduate male were enrolled as compared to 15% female graduates .

14% of the total were male and 5% were female post graduates. As mentioned above some non graduates have also been enrolled in the course.

Tab: 11 Employment Details of the participants



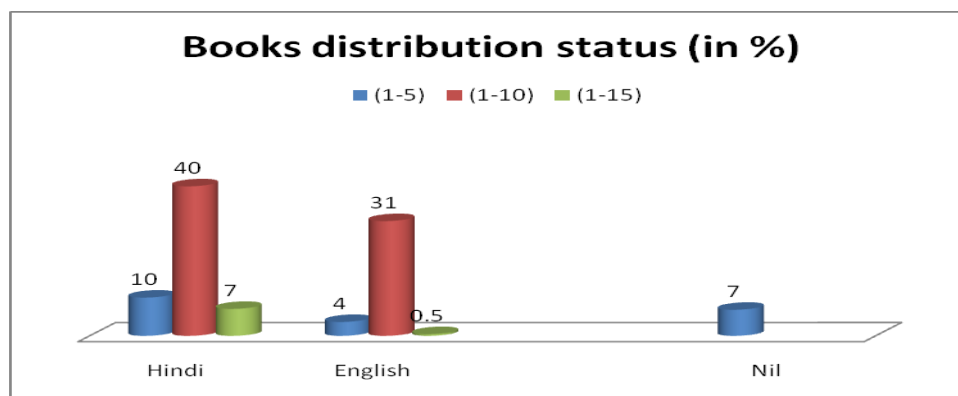
The participants were from all kinds of occupational background ie engaged with Govt. health department, NGOs, consultants, other govt sector . Among them about 74% were health activists , and health personnels in the NGO sector. Most of them joined the course with the hope to gather knowledge and skill to enhance their capacity to bring improvement in their quality of services, strengthen their information base for better career options and better opportunities.

Resource Material (Books distribution)

The course is a synthesis of theory from different Public Health professionals with experience of district level public health practitioners .The series of books or modules around which the course is designed for better knowledge management are as follows:-

Module 1 – Introduction to Public Health Systems	Module 6- Mainstreaming Women’s Health Concerns
Module 2 – Reduction of Maternal Mortality	Module 7- Community participation beyond Community Health Workers
Module 3- Accelerating Child Survival	Module 8 – Disease Control Programmes
Module 4 – Community Participation and Community Health Workers	Module 9 - Convergence
Module 5 – Behaviour Change Communication	Module 10 – District Health Planning

Tab: 12 Book distribution status details among participants



An analysis of data revealed that out of 427 enrolled participants only 35% preferred English as their medium of study while rest 65% were interested in hindi modules.

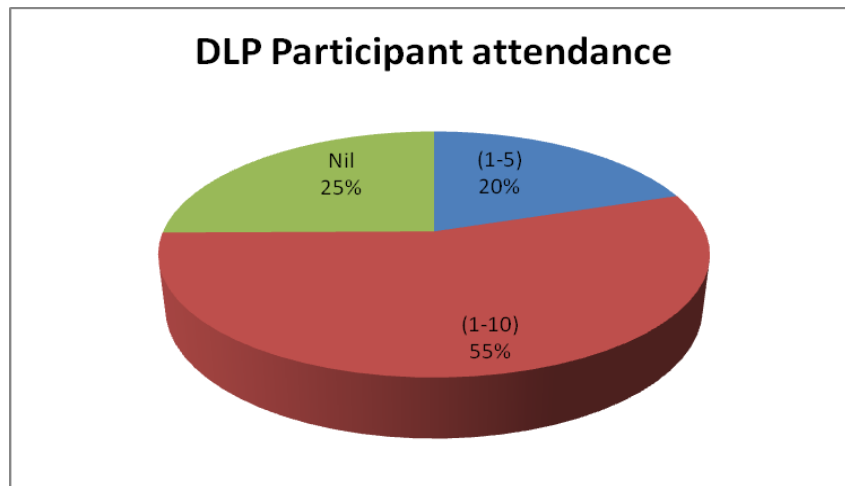
In Hindi course 40% student got 1-10 modules, 10% student got 1-5 modules and rest of 7% student got 1-15 modules only 7% student neither got 1-5 and nor get 1-10 modules. Most of the participants who were not equipped with the books had not made their payments systematically .

In English course 31% student got 1-10 modules, 4% modules 1-5 and only 0.5% got modules 1-15.

Attendance in Course

Mostly self motivated participants were enrolled in the course who attended the session out of their own interest and eagerness to gather and share knowledge beyond the modules also.

Tab: 14 DLP Course participants attendance



Attendance in the Contact Sessions was a very vital indicator depicting the consistency of participants to retain in the course for 12-18 months . Moreover the course was not merely a teaching forum but it was actually a learning process in which the Resource Person were mostly health practitioners in the district and therefore could provide insights into the contextual and field realities . In the urge of improving and changing the situation the participants mostly shared and discussed their problems and took back information to the areas in which they were engaged in rendering their services.

Around 55% of participants attended 1-10 modules . 20% attended the compulsory modules 1-5 and 25% could not attend the classes.

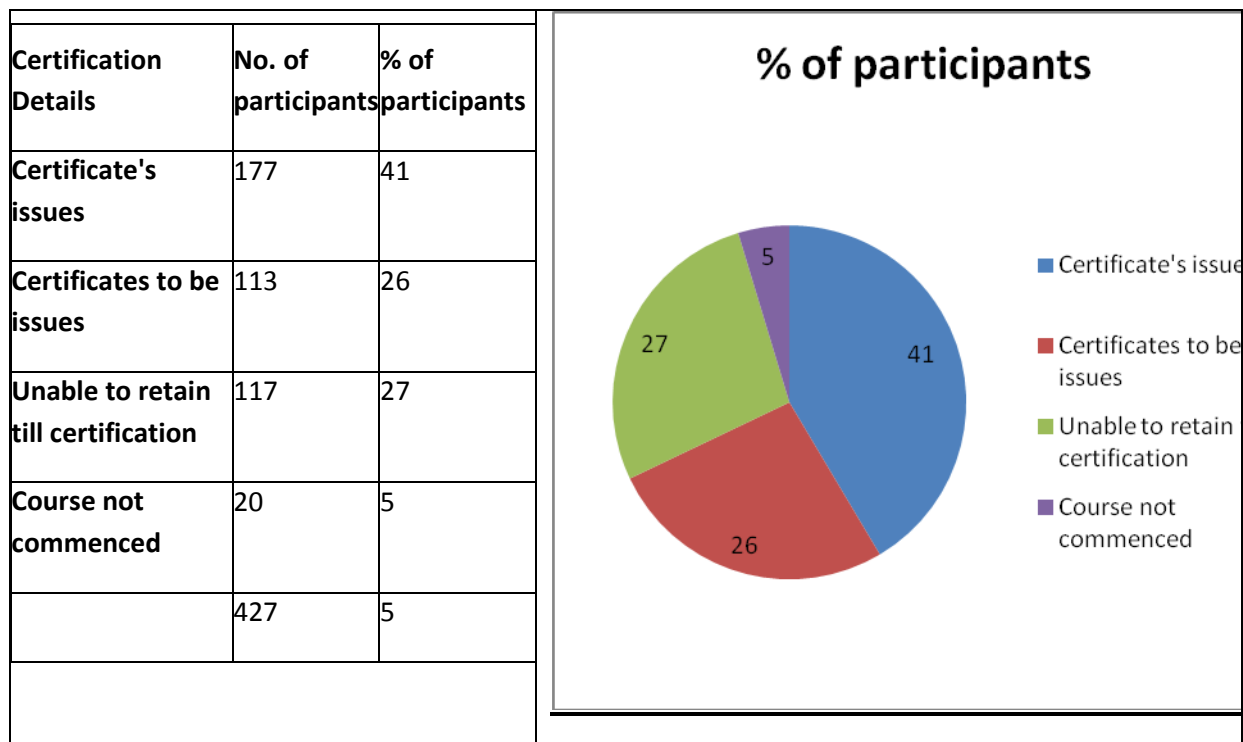
Certification

The Participants are awarded Certificate of Participation and Certificate of Achievement . In Jharkhand the participants have been awarded Certificate of Participation only . Certification was based on level of achievement; contact sessions attended and project assignments/ review questions submitted. There were 2 categories of certificates which can be mentioned as follows:

1. 'Certificate of Participation' – for participants who have only attended the contact programmes namely Sessions on Module 1 to 5 and Sessions on Module 1-10.
2. 'Certificate of Achievement' is on the basis of submission of review questions and projects. For the 'Certificate of Achievement' the minimum credit points a course participant need to obtain is 200.
 - One review question – 1 point
 - One minor project – 10 points
 - One major project – 30 credit points

As per the norms for certification of Achievement the Course participants were needed to obtain a minimum of 100 credit points from review questions and a minimum of 50 credit points from project.

Tab.:15 Certification of course participants



Certification was based on level of achievement; modules trained in and project assignments/ review questions submitted. There were 2 categories of certificates as follows:

.As per the above mentioned data Certificates have been issued to 41% participants . 26% participants have fulfilled the criterion of certification and are ready for certification . Some participants who were initially enrolled in the course were well qualified health personnels and they could not attend the contact sessions in person but have read and taught the material to the participants in the districts. Some of the participants in this category were sponsored by NGOs and did not take interest to complete the course. In West Singhbhum the batch has been reorganised and the Course will commence there in July to Sept,09.

Learnings and Challenges

Down the years the Course has been taken up by the Network to build up the capacities of the those who are engaged in the health sector in different capacities and who seek to work for the poor and are ready to involve in the learning group to share the mutual solidarity to bring about change . The foundation stones of the DLP was laid in the state Capital and then it gradually spread to the districts. Some of the learnings of the programme have been :-

- Many of the participants were experienced Public Health professionals and they were mostly aware of the Issues and concerns in the state . Though they were enrolled they could not complete the course in it's given norms but gathered the knowledge about the course through self reading and discussions. Many of them even taught the groups as Resource Persons.
- The participants response is varied in different districts. In some districts they could not attend the sessions every month so the sessions were reorganized and 3 days sessions organized at a stretch for their convenience.
- It is important to decentralize the course so that it can involve more participants from the districts and blocks.

Annexure – 1

DLP course participant's demography

Year	Batch	Total no. of enrollment	Yearly enrollment	Sex wise no. of enrollment		Yearly sex wise enrollment in %		Total no. of drop out	Drop out in %	Yearly drop out in no.	Yearly drop out in %	Yearly drop out sex wise		Yearly drop out sex wise in %	
				M	F	M	F					M	F	M	F
2007-08	Ranchi -1	87	87	55	32	63	37	27	31	27	31	19	8	22	9
2008-09	Ranchi -2	2	133	1	1	79	21	2	100	34	26	27	7	20	5
	CARE	25		19	6			24	96						
	Unicef	7		6	1			0	0						
	KGVK	5		4	1			0	0						
	CHF	4		3	1			0	0						
	Ranchi-3	3		3	0			3	100						
	Dhanbad - 1	29		23	6			1	3						
	Godda - 1	17		15	2			1	6						
	W. Singhbhum - 1	23		14	9			0	0						
	Gumla	18		17	1			3	17						
2009-10	E. Singhbhum - 1	23	103	17	6	74	26	0	0	11	11	8	3	8	3
	Sahebganj	30		25	5			0	0						
	Hazaribagh	23		18	5			6	26						
	Khunti	27		16	11			5	19						
2010-11	Godda - 2	18	104	12	6	57	43	0	0	0	0	0	0	0	0
	E. Singhbhum - 2	33		21	12			0	0						
	Dhanbad - 2	33		15	18			0	0						
	W. Singhbhum - 2	20		11	9			0	0						
Total		427	427	295	132	69	31	72	17	72	17	54	18	13	4

Annexure – 2

Course Participants Qualification

Academic Qualification	Basic Qualification	in %	Participants
Non Graduate	Non Metric	0.5	2
	Metric	4.0	17
	I.COM	0.7	3
	IA	11.7	50
	Isc	2.3	10
	Total	19.2	82
Graduate	B.Com	4.9	21
	B.Tech	0.5	2
	B.V.Sc & AH	0.2	1
	BA	43.3	185
	BCA	0.2	1
	BHMS	0.7	3
	BMR (Bachelor in Mental Retardation)	0.2	1
	BPP	0.5	2
	BSc	6.3	27
	DNA	0.2	1
	Graduation in Psychology	0.2	1
	MBBS	1.6	7
	Total	59.0	252
Post Graduate	M.Com	0.9	4
	M.Sc (Chemistry)	0.2	1
	MA	10.5	45
	MARD	0.2	1
	MBA	0.2	1
	MCA	0.5	2
	MPH	0.2	1
	MSc	1.9	8
	MSW	1.4	6
	PGDRD	1.9	8
	PG in Sociology	0.2	1
	PGDRM	0.2	1
	Post Graduate (Sans)	0.2	1
	PGDCA	0.2	1
	Total	19.0	81
DNA (Data Not Available)	DNA	2.8	12

Annexure – 3

Course Participants affiliation

Year	Govt.		Non Govt.			Currently not employed e.g. student
	Health	Other	NGO	Corp.	consultant etc.	
2007-08	10	3	64	1	7	2
2008-09	7	5	112	0	3	4
2009-10	11	7	82	0	1	2
2010-11	2	35	55	0	1	11
Total	30	50	313	1	12	19

Annexure – 4

DLP course participant Books distribution status

Year	Hindi			English			Nil
	(1-5)	(1-10)	(1-15)	(1-5)	(1-10)	(1-15)	
2007-08	17	22	0	8	38	0	2
2008-09	2	53	0	4	69	0	5
2009-10	23	48	0	4	25	0	3
2010-11	2	49	31	0	0	2	20
Total	44	172	31	16	132	2	30

Annexure – 5

DLP course participant's attendance

Year	Module		
	(1-5)	(1-10)	Nil
2007-08	29	23	35
2008-09	23	76	34
2009-10	25	64	14
2010-11	6	73	25
Total	83	236	108

