



RESEARCH FOR SOCIAL ACTION

Organized by Public Health Resource Network

In collaboration with

Centre for Jawaharlal Nehru Studies, Jamia Millia Islamia

From **28:01:2010 to 30:01:2010**

Venue: Mir Anis Hall, Administrative Building, Jamia Millia Islamia, New Delhi

Agenda:

To evaluate the research tools and research design proposed for action research studies by Community Health Fellows (CHF)

Annexure 1: Programme schedule

Resource Persons:

1. Dr. Mira Sadgopal (Thathapi Pune)
2. Professor Saravanan (CJNS, Jamia Millia Islamia)
3. Mr. V. Jegatheesan (Office of the Registrar General & Census Commissioner, India)
4. Mr. R. G. Rajan (Office of the Registrar General & Census Commissioner, India)
5. Mr. Haldhar Mahto (Public Health Resource Network, Jharkhand)
6. Mr. V R Raman (PHRN & SHSRC)

Academic Mentors:

1. Dr. Archana Prasad
2. Ms. Dipa Sinha (Right to Food)
3. Dr. Ganapathy
4. Ms. Shilpa Despande (ICCHN)
5. Dr. Vandana Prasad
6. Mr. V R Raman
7. Dr. Anjum Soni
8. Mr. Haldhar Mahto
9. Ms. Sulakshana Nandi

Panel for Presentations:

1. Mr. Arun Srivastav
2. Dr. Archana Prasad
3. Ms. Dipa Sinha (Commissioners to the Supreme Court: Right to Food)
4. Dr. Ganapathy
5. Ms. Sarover
6. Dr. Vandana Prasad
7. Mr. V R Raman
8. Dr. Anjum Soni
9. Mr. Haldhar Mahto
10. Ms. Sulakshana Nandi
11. Ms. Madhurima Nandi



Participants

Community Health Fellows:

Orissa

1. Dr. Fazlul
2. Dr. Mahendra Sarada Prasad Behera
3. Dr. Arup Abhishek
4. Mr. Surath Biswal
5. Mr. Manik Mishra

Jharkhand

6. Annie Kurian
7. Enem Praween Aind
8. Gajendra Kumar Singh
9. Jyotsna Tirkey
10. Manir Ahmad
11. Manower
12. Sandip Kumar Mitra
13. Pooja

Bihar

14. Farhat Yasmin
15. Md. Jalaludin Khan
16. Jay Krishna
17. Nazish Ahmad Niyaz
18. Rajeew Ranjan Singh
19. Seema
20. Shveta

Rajasthan

21. Anwar Hussain
22. Arvind Panday
23. Swarup R Pal Julie Swarnkar
24. Prem Singh
25. Shiv Kumar Acharya
26. Vibha Upadhyay
27. Vikram Singh Raghav

Programme Coordinators

1. Mr Alexander Kerkatta
2. Mr Haldhar Mahto
3. Mr S.N. Patnaik
4. Dr. Soumya Ranjan Mishra
5. Mr Subhashis Panda
6. Ms Haripriya
7. Mr Dinesh Bhatt
8. Mr. Arun Kumar Singh
9. Ms Madhurima Nundy



10. Ms Ifat Hamid
11. Mr Raghvendra

Report of the workshop

The third “**RESEARCH FOR SOCIAL ACTION**” workshop was introduced by Dr Vandana Prasad. She briefly described the CHF initiative of PHRN in four states and the crucial social action research component that makes the program only one of its kind. She highlighted the approach of action research as an important strategy of looking at the community health issues and community processes under the NRHM policy framework. In the last one year CHFs are being trained to address those issues through action research in their respective areas.

Dr Vandana Prasad thanked the Centre for Jawaharlal Nehru Studies, Jamia Millia Islamia for working in partnership with PHRN and ICSSR for continuous financial and technical support. She on behalf of PHRN appreciated and expressed gratefulness to all Individuals, Activists apart from organizations, academic institutions that are greatly supporting this effort.

She shared the good news that ICSSR has agreed to provide a grant for documentation of the Action research of the CHFs. She added that this task will be rather demanding since it has to be done within a limited time frame.

Professor Saravanan in his brief talk introduced the Centre of Jawaharlal Nehru Studies and its multidisciplinary nature to the fellows. He hoped that the action research done by the fellows will address the gaps in our health care system.

Dr. Mira Sadgopal was the guest speaker for the workshop. She was introduced by Dr. Vandana. She worked with Kishor Bharati in rural Madhya Pradesh on health issues, traditional midwifery, and fertility awareness education, and for some time ran a weekly women's clinic in the Government PHC. After the Bhopal gas leak disaster she worked among the survivors and continues this involvement today with the Sambhavna Trust, Bhopal. Shifting to Pune in 1991, she joined the 'Women and Health' (WAH) Programme at national and Maharashtra (1998-2000) levels. She has edited two books and written many articles. After the introductory note Dr Vandana invited Dr. Mira Sadgopal to start first technical session of first day with her presentation.

Session-I: The Importance of Dais and their Tradition in the Health Policy Context

Resource person: Dr. Mira Sadgopal, Tathapi, Pune

Annexure 2: The Importance of Dais and their Tradition in the Health Policy Context

Dr. Mira Sadgopal introduced the role and importance of Dais in birthing. Her presentation revolved around birthing issues and the significance of Dais as facilitators who possess enormous experience, knowledge and community confidence in public health context. She said that it is unfortunate that the enormous knowledge and experience acquired in centuries by dais has not been recognized in the NRHM policy framework. Though NRHM has as its key components provision of a female health activist at village level as ASHA but Dais don't fit in that frame as majority of them are illiterate.

Drawing examples from the research studies done across the country and comparing with other contemporary studies she said that studies have revealed the depth of dai tradition and their positive impact on public health. These studies are supporting the effectiveness of dai-training. She pointed out that the 10th and 11th five year plan has elaborated on inclusion and mainstreaming of



local health tradition but NRHM has yet to be impacted by this policy shift. She cited five recent studies that are supporting the positive role of TBA in birthing. Highlighting the significance of TBA she enlisted eight reasons to justify the relevance of TBA in public health and vehemently advocated for the inclusion of TBA in mainstream public health care.

Citing from the ongoing Jeeva study she explained the various roles and responsibilities that a Dais adopt during the Birthing process. Some practices of Dais were also shared from the Jeeva Pilot Study.

At the end of her presentation she posed a question to the house challenging to think critically about the sufficiency of the skilled birth attendant to meet the present requirement. The session ended with an open discussion of opinions, queries and anecdotes of experiences from the participants as well. These included some examples of skilled, competent action by dais in the context of difficult deliveries

Session-II: Understanding basics of Microsoft Excel

Resource person: Mr. V. Jegatheesan & Mr. R. G. Rajan (Office of the Registrar General & Census Commissioner, India)

Annexure 3: Understanding basics of Microsoft Excel

The second technical session on first day was on the Fundamentals of Microsoft Excel. The session was facilitated by Mr. V. Jagatheesan and Mr. R.G. Rajan. They demonstrated the very basics of using excel package using a hands on approach and explained how this can be useful for calculation and analysis of data collected during the course of a research. Some of the applications of the package that they used were on finding the sum, average, count of Numeric's and alphanumeric, correlations and sorting and filtering of data. Few group exercises were also done for greater clarification and understanding of the participants.

Session IV: Introducing Performance Appraisal Form for Community Health Fellows

Resource person: Mr. V R Raman (PHRN & SHSRC)

Annexure 5: Performance Appraisal Format

The third technical session of the day was made by Mr. V.R. Raman who explained the concept of Performance Appraisal through two PA tools called the – Johari Window and 360 Degree appraisal. Mr. Haldhar helped him in explaining the various components of Johari Window. Later Mr. Raman introduced and explained at length the Performance appraisal format that has been specifically prepared for Community Health Fellows. The performance appraisal format is designed and formatted in Ms Excel which has three sheets. The first sheet is the consolidated one, the second and third consists of individual formats. The fellows need to fill the second and third forms/sheets and later the programme coordinator consolidates it in the first sheet/consolidated format. The score against each indicator needs to be filled in a ten point scale. There are total 50 questions and makes the total score/denominator 500 (50 X 10).

Session V: Estimating sample size

Resource person: Mr. Haldhar Mahto (PHRN, Jharkhand)

Annexure 6: Development and Evaluation of Complex Health Care Interventions

Annexure 7: Estimating sample size

Fifth Session on the second day was technical session taken by Haldhar Mahto. The session was on estimating sample size. Before that he shared about his experiences of attending two short courses in Goa on *Development of Complex Health Care Interventions* and *Evaluation of Complex*



Health Care Interventions through Clinical Trials. In his first session he linked the steps involved in development of a complex health care intervention with that of developing the action research for the community health fellowships programme (see below for details).

In his second session, Haldhar discussed about determining the sample size of a trial (in the context of RCTs conducted) and tried to link its relevance in other community health interventions. Dr. Vandana assisted in linking how RCTs could be linked and applied in community health context. Mr Haldhar also emphasized on the issue of estimating sample sizes, what these numbers depend upon and why it is necessary to estimate numbers in any research activity. Then he discussed in details about the different statistical methods used to determine the trial (sample) size. This was followed by explanation of different terminologies using the formula for estimation of trial size with examples. However, the formula and terminologies, such as Confidence Interval, Power of study etc. were explained in details with an example. It was a technical session that required statistical aptitude in order to understand the significance of estimating the sample for a study.

The practical session at the end made it easy to understand the complexities involved in estimation of sample size. To take further the inputs on estimating sample size Dr. Vandana also provided very timely clarification to the doubts of all the participants. The group learnt that it is important to know the various statistical steps in quantitative study in order to analyze its findings.

	Questions to ask yourself include:
Developing an intervention (action research plan)	<ul style="list-style-type: none"> • Are you clear about what you are trying to do: • What outcome you are aiming for, and how you will bring about change? • Does your intervention have a coherent theoretical basis? • Have you used this theory systematically to develop the intervention? • Can you describe the intervention fully, so that it can be implemented properly for the purposes of your evaluation, and replicated by others? • Does the existing evidence – ideally collated in a systematic review – suggest that it is likely to be effective or cost effective? • Can it be implemented in a research setting, and is it likely to be widely implementable if the results are favorable?
Piloting and feasibility	<ul style="list-style-type: none"> • Have you done enough piloting and feasibility work to be confident that the intervention can be delivered as intended? • Can you make safe assumptions about effect sizes and variability, and rates of recruitment and retention in the main evaluation study?



Session VII: Action Research Quiz!!!

Resource: Person: Dr Vandana Prasad

Annexure 9: Quiz questions

Post lunch sessions on the second day started with a brain teaser facilitated by Dr. Vandana Prasad. A quiz to assess the Research perspective and aptitude among CHF was played. Three questions were asked to the participants about:

1. What type of action research is undertaken by PHRN?
2. What is the approach taken in action research?
3. List 3 attitudes to do good qualitative research

Options for the questions were given to the CHF. CHFs were asked to put their choices on a paper with their names on it. On evaluating the responses it was found that most of the responses were not up to the mark. Dr Vandana clarified that PHRN is broadly doing applied research using an “organisational” or “professionalising” approach. Some of the attitudes to do good quality research included respect, openness, patience, consideration for ethics and equality, sensitivity, ability to listen and empathise.

Presentations by CHFs

The main agenda of the workshop was to evaluate research tools and research design proposed by Community Health Fellows (CHF) for action research studies. The highlight of this workshop was that each community health fellow made an individual presentation of their respective research processes with a special focus on methodology and tools. All the presentations were structured to cover the following: theme of the research, hypothesis, objectives, questions, methodology (tools, sampling, respondents etc.).

There were four sessions spread across three days of the workshop for CHF presentations from four states. All sessions were interspersed with songs to introduce a fun element in the workshop. During the workshop, the fellows presented the status of their action research before a panel of four experts with past experience in research. The post lunch session of the first day was for presentations by Orissa CHFs. There were 5 presentations from Orissa CHFs (**Annexure 4**). On the second day in the morning session Bihar CHFs presented their research designs with some preliminary baseline findings (**Annexure 8**). All the eight Jharkhand CHFs shared their research designs in post lunch session of the second day (**Annexure 10**). And finally on the last day of the workshop, seven Rajasthan CHFs presented their research design and methodology (**Annexure 11**). The CHFs from Rajasthan expressed their concern over the lack of support in the absence of a Programme Coordinator in Rajasthan. As a result of that they have been unable to streamline research as well as action component.

At the end of each presentation, feedback was given both by the panel and the other fellows on improving/sharpening their research. Feedback included suggestions like

- Having a better link between topic, question, hypothesis, objectives and the tools.
- To be careful with the design like the case and control area, experimental study, usage of terminologies and the relevance of scientific research tools.
- To include the quantitative element in some studies.



The panel emphasized that a thorough literature review of the subject matter is crucial for proper referencing and that every research should have clear operational definitions. Panel also suggested that all the studies should have an action component with clear lines of outcomes and CHF's need to devote sufficient time to deal with some problems that have been assessed. Some of the fellows were assigned mentors by the end of the session. One of the most important things for the fellows to remember was that after doing the FGDs the report had to be compiled the same day to avoid loss of data and information.

The suggestions and comments (**Annexure 12**) were insightful and helped the CHF's to look at their work more critically and make necessary amendments so as to give a holistic picture in terms of the research output. Soon after the last session on the third day the fellows had one to one discussions with their respective research mentors to develop a more specific direction to their research studies incorporating the feedback and suggestions provided by the panel.

Feedback and evaluation

The three days were full of learnings and at the end of the workshop the fellows had more clarity to their research, got a direction for their study by interacting with their mentors. The Rajasthan fellows were assigned mentors so that they would pursue their research agenda and not be left far behind as compared to other CHF's. Though the fellows from all the states were behind the time line due to involvement in other organizational activities they now felt that with the given inputs they can assume greater responsibility and align their efforts accordingly to fill the gaps. They all left with a new enthusiasm as their methodology was finalized and they completed the first phase of their study.

In the concluding session after lunch the participants were asked to describe their personal take homes from this workshop. It was indeed a step forward and rich in terms of the learning experience in Research Methodology. The confidence of the CHF's could be seen and they had effectively managed to take care of both their Research study and other assigned tasks in their respective districts. This workshop had given them an opportunity to present their work and defend it to a larger audience.

The logistics were well arranged and managed. The sessions were rich in content and facilitation was well coordinated with inputs coming from various sources.

At the end of each day, the recap and evaluation of the day was facilitated by Mr. Sushant Verma, who asked the participants to express their feelings on what was good about the sessions. Everyone was appreciative of the session taken by Dr. Mira on Dai Tradition. This according to most was an eye opener to the role of Dai in the birthing process. And similarly the fellows overwhelmingly felt that making their own presentations was in itself a great experience.

The workshop was concluded with a valedictory session presided by a panel consisting of Ms. Shilpa Deshpande, Dr. Vandana Prasad, Dr. Ganapathy, Mr. Arun Srivasatava, Dr. Archana Prasad and Mr. Sushant Verma. The panel at large appreciated the efforts of the fellows but at the same time warned against complacency since plenty of work on action research had to be completed within the limited time frame.



List of Annexures

1. Programme outline
2. Presentation made by Dr. Mira Sadgopal
3. Presentation made by Mr. Jegatheesan and Mr. Rajan
4. Presentations made by the CHF's, Odisha
5. Presentation made by Mr. Raman
6. Presentation made by Mr. Haldhar
7. Presentation made by Mr. Haldhar
8. Presentations made by the CHF's, Bihar
9. Presentation made by Dr. Vanadana
10. Presentations made by the CHF's, Jharkhand
11. Presentation made by the CHF's, Rajasthan
12. Comments on the presentations made by the CHF's