

**IGNOU - PHRN
Contact Programme -1
PSC, Delhi
Report**

2010, 13th – 19th January



**A Mission Needs Missionaries and It Needs Them Where the Challenges Are
Greatest**

**Public Health Resource Network
(A Programme of Public Health Resource Society)**

www.phrnindia.org

**IGNOU- PHRN
Contact Programme -1
PSC- Delhi
Venue: NHSRC, NIHFWS campus,
New Delhi**

2010, 13th – 19th January

Resource Persons:

Dr. S.B. Arora
Dr. Vandana Prasad
Dr. Rajani Ved
Dr. Monica Rana
Dr. Rajib Dasgupta
Dr. Sanghmitra S Acharya
Dr. Geetha Rana
Dr. Dinesh Jagtap
Dr. Ritupriya
Mr. Arun Srivastava
Ms. Madhurima Nundy
Ms. Soibam Haripriya
Dr. M. Ganapathy
Mr. Raghvendra Singh

Participants:

Dr Shankar Reddy
Ms. Jhimly Baruah
Mr. Prem Pratap Singh
Dr. Avinash Sharma
Dr. Suwesh Kumar Anal
Mr. Anwar Hussain
Dr. Shweta Awasthi
Ms. Julee Swarnkar
Mr. Raghvendra Singh Rawat
Ms. Kanchan Srivastava
Ms. Jyoti Malavade
Ms. Indu Kumari
Dr. Anil Dinesh Chandra Chauhan
Dr. Shailesh Kumar Sutariya
Ms. Kahkashan Khan

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First Day 13th January
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Session - 1 (1030-1200):

The session began with welcome of all the participants and a round of introduction of all the participants after which Mr. Raghvendra Singh invited Dr Vandana Prasad to address the PGDDHM programme students. She welcomed the students and observed

that the present participants were an interesting mix of experience & qualification. The present and first batch of Delhi PSC has several outstation candidates with medical as well as non medical background. She raised the key point of the pool of student's and their skills would help to learn and help others to learn and make a difference.

Dr. Rupam commented on the distance learning programme of IGNOU and its endeavor to match students from diverse background to relevant courses; matching resources and needs of students. The disadvantage of distance learning programme as many would perceive is the 'distance' in geographical terms. Dr. Rupam also pointed out that one can measure distance differently and transit distance by interaction with the learners. He spoke about synchronous communication. The issue to address is accessibility, availability of resources for a much larger population. He also assured logistics and other support from IGNOU RC-1.

Dr Vandana reiterated that the IGNOU philosophy vis. a vis. education is PHRN philosophy vis. a vis. health. She introduced Dr Sundararaman, Executive Director, NHSRC and requested to discuss about NRHM framework and he explained importance of NRHM to strengthen the Public health system and also assured all the students to provide complete support to complete this course successfully and wished them to play a positive role to implement NRHM. He also said demand of public health professional increasing day by day and this course will helpful to get potential resource person.

Session - 2 (1200-1300):

Resource Person: Dr. Vandana Prasad

Dr Vandana discussed on "Introduction to NRHM" and this session was focusing on the Structure of the Public Health System and the various structural problems like the non availability of specialist, non-availability of 24 hrs service, poor supervision/monitoring, inadequate and improper distribution of medicines supply of unimportant drugs and vice versa, no standard drug list with the Government etc. which was briefly dwelt upon in order to be taken up in later sessions. The problem of vertical programmes was emphasized as the context of the launch of NRHM. The main five approaches of NRHM were discussed and the importance of the DHAP is highlighting the health problems and health system of a district.

The session was quite interactive with more opportunity for learners to discuss with the resource person.

Session - 3 (1400-1530):

Resource Person: Dr. Rajani Ved

This session was focused on "Introduction to Public Health system" and Dr Rajani Ved discussed on understanding of the terms of Public Health as a subject of study – an academic discipline as well as a profession. She described in detail that the public

health system is not only government health systems but inclusive of the private which is regulated by the government. The primary health care concepts were also discussed as consisting not only preventive and social medicine but also curative care. Participants also had interaction on the following points in the session-

- Meaning of public health
- Sir Joseph Bhore Committee report, 1946
- The Alma Atta Declaration
- MDG
- BPL as a Public Health Goal

During this session all the participants shared their experience especially in context of rural, semi urban and urban health system especially problems and how to improve existing system.

Session - 4 (1530-1630):

Resource Person: Dr. Monika Rana

In this session on “Overview of health services in Delhi and its special challenges” a Power point presentation has shown by Dr Monika Rana and discussed on the following:

- Governing Structures of the Delhi government. Delhi being a unique state with multiple authorities; like Delhi State Health Mission, State health society, MCD, etc taking care of health services. The challenges of such demarcation and the need to develop strategies and intervention to build referral linkages were also discussed. She also detailed on need and understanding of Mission convergence
- Key Health Determinants need to be addressed more aggressively and also asked students to share their experience of other states as two participants Dr Sutariya and Dr. Chauhan promised her to send health reports of Gujarat.

Session- 5 (1630-1815):

Resource Person: Dr. Rajib Dasgupta

This session on “Introduction: Public health concepts & epidemiology” was taken by Dr. Rajib Dasgupta in a very interesting manner. Important points from the IGNOU Block “Introduction: Public health concepts & epidemiology” were discussed

The following topics were covered in details:

1. Important factors determining the health of the individual and community interventions to prevent the occurrence of disease during its various stages and important indicators were discussed in detail.
2. Steps for developing an epidemiological surveillance system and the concepts of community health particularly epidemiological surveillance in the prevention and control of diseases.

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Second Day 14Th Jan.

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Session - 1 (1000-1130):

Resource Person: Dr. Rajani Ved

Focus of discussion was on “Socio-Medical Determinants of Maternal Mortality” that covered block 1, Course 2 of IGNOU study material. Important points covered included: -

- Current Understanding of Interventions to reduce MMR, especially in relation to uncertainty in predicting which woman will develop complications in pregnancy.
- Intervention strategies and Best Practices in Promoting Institutional Delivery, EmOC etc. were elaborated in an interactive manner.
- Partnerships with facilities run by non health departments, enhancing accountability for maternal deaths, implementation of Janani Suraksha Yojana (JSY) in states, planning trainings of Skilled Birth Attendants- at the district level and developing Check- list for the plan.

Session - 2 (1130- 1300):

Resource Person: Dr. Dinesh Jagtap

The session began with review presentation (RP) by participants of previous day’s sessions followed by discussions on “Introduction to Disease Control Programme” It was an interactive session that introduced the basic ideas of diseases control and IDSP.

Session - 3 (1400- 1500):

Resource Person: Dr. Dinesh Jagtap

The session focused on Control of T.B (RNTCP) especially in context of Delhi. Dr. Jagtap began the discussion with objectives of the programme, various centres required in the districts for its implementation and importance of the DTC in planning for TB control.

Programme strategies, Revised National Tuberculosis Control Programme, Revised strategy, RNTCP Phase-II and laboratory network, general methods of health care delivery for TB patients, Initiation of Treatment and RNTCP – Diagnostic Algorithm OF Pulmonary Tuberculosis and 5 components of DOTS were discussed in detail

The presentation put emphasis on Phase II of RNTCP as a step towards achieving the TB related MDG targets, Six Components of “stop TB” strategy, difference between IEC and BCC and Planning Grid.

The session concluded with open discussion on the basics of TB control as well as the programme implementation strategies.

Session - 4 (1500- 1600)

Resource Person: Dr. M. Ganapathy

Dr. Ganapathy facilitated the session on “IEC/ BCC component of the district plan for reduction of maternal mortality”. Case studies and planning grid were discussed in detail followed by group discussions (3) on the following topics:

- Group-1: Preventing Early Marriage
- Group-2: Increasing Institutional Delivery
- Group-3: Effective ANC

PHRN team facilitated discussion in all three groups. Each group presented its group work at the end of the session. The session concluded with feedback and suggestions on the above topics by all participants and the resource person.

Session - 5 (1615- 1715):

Facilitated by PHRN team

In this session participants had Open Discussion on previous sessions and Review Presentation (RP) preparation.

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[Third Day 15th Jan.](#)
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Session - 1 (1000- 1130):

Resource Person: Dr. Dinesh Jagtap

The session on “Disease Surveillance and IDSP” was taken after review of previous day’s presentations. It covered all information on IDSP and available services with 24*7 call centre support, the IDSP website and other relevant facilities to prepare for Outbreaks as well as uses of Toll free number etc. There was also an open discussion on how this system functions at the time of disease outbreaks.

Session - 2 (1130- 1300):

Resource Person: Dr. Dinesh Jagtap

This session focused on IPHS standards for health facilities (SC/PHC/CHC). IPHS standard guidelines, formats and available facilities were discussed along with main constraints in reaching the standards, possible solutions for doctors, para-medical staff, and partners as well as other relevant information.

Students frequently interacted on various issues regarding NRHM like monitoring and key input indicators for 24* 7 PHCs, CHC / FRU / CEmONC etc. Terms and roles, grading to understand the progress were also discussed. Discussion under RCH included, set of CHC services including in non RCH areas, major constraints and pro-poor Public Private Partnerships.

Session - 3 (1430- 1530):

Resource Person: Dr. Ritupriya

Focus of this session was on “Mainstreaming AYUSH in NRHM” The following points were discussed in detail:

- Components of a Health System, Structure of Society and Way of Life of People.
- Self-Care, and Health related behaviors at home
- Health Services
- Public/Private Services, (Allopathic/ AYUSH)
- Primary / Secondary / Tertiary levels for all the above
- Services of Other Sectors e.g. Water & Sanitation, (ICDS, PDS, Education, Rural, Development, Agriculture, Horticulture) and impact.

Need to conceptualize various services as integrated whole and establishing linkages between them were discussed under the current context of the NRHM.

Health systems were discussed not only as technical systems but also as institutions influenced by social, cultural and political contexts and the consequent need to think about different sections of society, their diverse contexts and needs. The session also deliberated on conceptualizing, planning for a Health Care System, People’s Health Status and Disease Profile

Other important discussion topics included enhancing role of ASHA with reference to AYUSH services as well as revitalizing LHT, adequate planning and inputs of AYUSH System and LHT at each facility level. Developing indicators for AYUSH services in the HMIS.

Session - 4 (1530- 1645):

Resource Person: Dr. Sanghmitra S Acharya

This session on “Promoting contraception and Adolescent Health” was facilitated by Dr. Sanghmitra S Acharya. Adolescent was described with the following attributes:

- A= assertive
- D= dynamic
- O= over confident
- L= loud, loving
- E= enthusiastic
- S= social, sensitive
- C= courageous, caring
- E= emotional
- N= nervous, never say no!
- T= temperamental

She started with a definition of an Adolescent and gave the participants with an insight on the categories of adolescent i.e. early adolescence (10 -13yrs); middle adolescence (14-16yrs). This group is the transition from puberty to maturity, separate identity from parents, new relationship to peer groups, with opposite sex and desire for experimentation and the late adolescence (17-19yrs). The late adolescent have a distinct identity well formed opinion and ideas

In this context, Dr. Acharya also discussed common problems of the Adolescents, existing environment, major killers, and policies with scope for youth (NPP 2000, Department of youth Affairs and Sports, National Curriculum Framework 2005 etc.).

Some Issues for Policy Formulations were identified as

- How informed are adolescents about their health and sexuality;
- The level of interaction between adults and adolescents regarding health and sexuality;
- Constraints encountered by service providers; and the preparedness of the care system for the needs of adolescents.

She also focused on concerns, what can be done and by whom, contraception, constraints in service provisioning, social marketing and DHP, contraceptive logistics, adolescents and need for contraception services. The Participants found the session very interesting and requested more sessions to be facilitated by the same Resource Person in Contact Programme-2 (CP-2).

Session - 5 (1645-730):

There was an open discussion and preparation of Review Presentation (RP). It was facilitated by PHRN team.

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Fourth Day 16th Jan.

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Session – 1 & 2 (1000-1300):

Resource Person: Dr. Vandana Prasad

The session started with review presentation and discussion regarding previous day's learning. It was followed by a motivational song by Ms. Indu Gupta with others joining her.

After the above warming up session, Dr. Vandana initiated the discussion on "Women's Health and Gender". Topics discussed included What is Gender, How does Gender discrimination impact women's health, common illness, women in health sector, decentralization of power, women as the clients in the health system, framework for gender analysis, strategic change in health system, monitoring gender mainstreaming in district health plans, TNMC as an example for better services, anemia and malnutrition in women, openness for women in society, Dr. Vandana also emphasized that people must follow and respect law and understand the rights of women. The participants were given a topic "Sex and Gender" to write comments as assignment on gender issues.

Session - 3 (1400-1500):

Resource Person: Ms. Madhurima

The session was on course -2, block -2.

"Analyze and discuss strategies and plans for child health in District health plan" was discussed in this session with focus on general strategy for preventing child deaths (post neo-natal). Ms Madhurima started the session with a discussion on the main causes of child mortality – Low Birth weight, Sepsis, Pre-term or prematurity, birth Asphyxia was She dwelt on the issues of prompt and appropriate care for common childhood illness, immunisation especially against measles (other vaccines) and action on child malnutrition. The later was discussed with reference to the ICDS. The measure of public health and hygiene that could prevent the main killers: like safe water, hand washing, sanitation etc was also discussed. The bottlenecks in implementing these strategies as well as the possible ways to address the issue of child health and reducing maternal mortality with an emphasis on the facilitative role of ASHA was also pointed out especially keeping in mind the IMNCI and community and home based strategies.

Dr. Vandana Prasad provided strategic direction to the session and clarified doubts of the participants.

The participants were divided into groups at the end of the session and case studies from the group on various practices in the field were discussed and the participants presented on the best practices as well as drawbacks of the practices and schemes and the bottlenecks that could come up in the 'scale-up' of such programmes.

Session – 4 (1500-1600):

Resource Person: Dr. Rajib Dasgupta

Dr. Rajib Dasgupta presented “Managerial Issues in Immunization”. He started with the objectives of immunization and moved on to the managerial issues in immunization. The current performance in immunization coverage and impact and the reasons for poor performance in immunization was discussed and the participants also shared their experience with immunization and ‘Immunization Day’. The main focus of the session was on strategies to improve immunization coverage. Drop outs analysis and Building in surveillance issues and logistics issues including key quality issues of immunization programmes. The session ended with an open discussion.

Session - 5 (1615-1730): consisted of Open Discussion on previous sessions and Review presentation preparation

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[Fifth Day 17th Jan.](#)
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Session - 1 (1000- 1130):

Resource Person: Dr. Dinesh Jagtap

The session started with Review Presentation and discussions on previous day’s learning and home work submission.

Dr. Jagtap took the session which was on Control of Malaria and other vector control programmes (In Delhi context). NVBDCP power point presentation was shown and discussed. Queries of participants on 6 diseases under NVBDCP were answered.

It was explained that vector borne diseases were complex and their presence depended on the interaction of numerous biological, ecological, social and economic factors as elaborated as an interplay of these factors determine the intensity of disease transmission; who is infected; who gets sick and who will die. The Global scenario in Malaria was shown to the participants through slide presentation. The vector cycle was diagrammatical shown and discussion on major strategies to control malaria i.e. Early Diagnosis, Complete Treatment, Integrated vector control and Behaviour Change Communication. n situation analysis. The strategies of control was discussed keeping in mind the District Plan

Session - 2 (1130- 1300):

Resource Person: Dr. T. Geetha Rana

The session on “Verbal Autopsy on Cause of Maternal Deaths” started with distribution of resource material and formats to be filled by medical and non medical

participants. Power point presentation was used. The autopsy which included Verbal Questioning of family of the deceased about possible causes of death- primary causes, and secondary causes, monitoring maternal health programmes as well as how to do maternal death review was discussed in detail. The idea behind this was stated again and again to emphasis that Verbal Autopsy is aimed pointing out systematic gaps and services gaps and not aims at the service provider. The maternal death audit review done by State Health Officials in Tamilnadu and the experience of initiating this in the state was discussed as an example.

Session - 3 (1400-1500):

Resource Person: Dr. A.K. Sood

Dr. A.K. Sood joined on special request of Dr. Arora to discuss current Public Health System and health issues, namely, the recommendation of Bhore Committee, Alma-Atta Declaration – Focus on Primary Health Care and implementation, decentralized Planning etc. There was a question answer session at the end of the session

Session - 4 & 5 (1530- 1730):

Resource Person: Dr. S.B. Arora

Dr. Arora closely interacted with all students and explained in details about logbooks, assignments and course material, contact programme as well as issues related to examination etc. He assured students that there would be complete support from IGNOU for contact programmes. He also agreed to consider request of students to shift examination from December to June. Complete plan of field visits i.e. facilities, and logistics etc. were also discussed.

IPHS standard formats of Community Health Centre (CHC), Primary Health Centre (PHC) and Sub Centre (SC) were also distributed to all students.

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[Sixth Day 18th Jan.](#)
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Field Visit (0930- 2100):

Resource Person: Mr. Arun Shrivastava

The participants undertook a field visit to PHS of Ghaziabad (Facilities and other health exposure) This Field visit was facilitated by Mr. Arun Shrivastava with support from CMO, Gaziabad and district administration. Earlier, IPHS formats had been distributed to all participants who first visited District Hospital Gaziabad then Hapur PHC of DHOULANA (upgraded to CHC) and at the end made a short visit to SC of NIDHAWLI.

Some observations are:

- All participants followed the instructions and filled all information in provided format and also gathered relevant information of their interest while visiting the health system especially District hospital. Observations were made such as :
- Availability of doctor - ANC in delivery room
- ICTC- Counsellor and Technician are not available, Facility was closed and confusion existed between ICTC and ANC
- ANC is located next to toilet and is dusty/ unused things are dumped nearby.
- It seems that all staff requires proper training, attitude and monitoring.
- 15-20 women are reported to be attending ANC clinic daily
- In Jila Mahila Hospital, there is a 24*7, Female ward; breastfeeding advice is available after delivery. There are also orthopedic ward and pediatric ward- 2 patients were available and chart placed outside the wards. Daily case load was reported to be 400-500.
- Biomedical waste was not in place. The work is outsourced - weekly a van comes to collect this)
- Daily Garbage was lying in trolley and open (in house)
- There was mismanagement in garbage handling, no segregation, posters kept there.
- Training was required on waste segregation or waste management.
- Not even a single ambulance was available but private ambulance was there with phone no. written on the wall
- Doctors, STI clinic, skin specialist and anesthetist were available.
- District hospital has both Male and Female wards manned by common staff.
- Food was provided in district hospital through RKS but its quality could not be checked. It was clear that proper management and community intervention were needed.

PHC (Dhoulana) which has been nominated as a new CHC was visited. Its building had already been constructed and handed over to the authorities. Beds and equipments have been provided but no additional personnel were available. Citizen charter was not in place

- 150-180 delivery per month was reported
- OPD closes at 1300 hrs.
- 24 * 7 services are not available and cases are referred to District Hospital
- There is no BeMOC
- There are 1 AYUSH 1 Allopathic Medical Officer
- 1 Driver is posted without an ambulance
- Lab assistant and AYUSH doctor are providing and prescribing allopathic drugs
- AYUSH medicines are not available and there is no lab technician
- Daily OPD consists of 250 cases on the average but in summer upto 400 cases are reported
- 150 deliveries/ per month were reported, AYUSH doctor was reported to be handling deliveries
- OPD Hours:
 - 800-1200 hrs. (morning OPD)

- 1600-1800 hrs. (evening OPD)
- No doctor is available at night,
- ASHA has 4 years experience, she is listed at the PHC and her remuneration is irregularly paid and recall on training was not very good.
- No one was willing or open to share information.

Feedback of the students-

- All participants felt that a formal letter should be provided to the students for the facility survey in their respective states.
- Students also requested if they could have less travel time and more exposure in the field a 1 day visit.

All expressed are thanks to the district administration, Gaziabad to provide access in their system.

Seventh Day 19th Jan.

Session- 1 (1000- 11:30)

Resource Persons: Mr. Arun Shrivastava, Dr. Dinesh Jagtap and Mr. Sushant Verma along with PHRN team.

The session started with Review Presentation (RP) of January 17th and 18th Students were keen to share their learning and experience. The resource persons also clarified their doubts regarding field visit.

Session - 2 (1130- 1300):

Resource Person: Dr. Dinesh Jagtap

This session was on “Control of HIV/AIDS” Open interaction with students was encouraged to clarify all doubts of participants (In context of Delhi and other states as well). The session focused on HIV control in the district plan and its inclusion in respective District Health Plans.

It covered need for district plan, situation analysis, reaching scales, addressing complexities, mainstreaming HIV control, optimal use of resources as well as sharing of experiences by participants.

Topics covered included introduction to HIV AIDS, high risk groups, T cell-Immunity in embedded in T cell. T lymphocyte, window period (lasting generally from 2-12 weeks and in some cases up to 6 months) and whether the disease can be

transferred during the window period, antigen-antibody reaction in a lab test to diagnose antibodies etc.

Sensitizing on the issues of HIV / AIDS, early testing and diagnosis – decreased risk of transmission esp. from mother to child. Spreading awareness messages to all segments of society, design of IEC and BCC etc. were also discussed in detail.

Example of Jhansi district in UP was given to explain addressing issues like confidentiality, complexities in situation analysis, approaches for the disease confined to invisible small pockets as well as rapport and confidence building with communities.

It was explained that as an integral part of the course, it was important to know about the steps of planning, improving facility within the available resources etc. Most participants found this area of study very interesting.

Session - 3 (1400- 1500):

Resource Person: Mr. Sushant Verma and Ms. Haripriya

This interactive session focused on evaluation and feedback reports. The session was facilitated by Mr. Sushant Verma and Ms. Haripriya. All observations, opinions of participants, answers to queries on different issues as well as feedback of all sessions were recorded.

Session - 4 (1500- 1600):

Resource Person: Mr. Raghvendra Singh

This session started on “Discussion on Self Activities (Home Work), Log book and “Discussion on practical assessment” Relevant queries were answered and resource material was distributed. Students were motivated to start an E- group for continuous learning and sharing.

There was a brief session on overall experience sharing among the participants.

The workshop concluded with Vote of Thanks to all Partners, Resource persons, District Health administration, Ghaziabad, support staff, PHRN team and all participants. We are looking forward to organize Contact Programme - 2 in the third week of April or May.

Partners of PGDDHM Programme



A Network committed for Building District Level Capacities to Achieve National Rural Health Mission Goals