

**FIRST CONTACT PROGRAMME
Of
Post Graduate Diploma in District Health Management
(Second Batch)
at Conference Hall (NHSRC)
8th November to 14th November, 2010**



Attended by:

1. Akshay A Kshirsagar
2. Aprajita Singla
3. Surajit Choudhury
4. Inder Pal
5. Md Anwarul
6. Dr Rasheeda Jamal
7. Ram Nath
8. Dr Shivraj Singh Chauhan
9. Dinesh Sharma
10. Rajkumar Sharma
11. Dr. Jariya Ameen Ramzanali
12. Sushant Verma
13. Rachna Tandon
14. Abhishek Sharma
15. Shruti Veenam
16. Pramod Kumar

Resource Persons:

Mr Ajay Kumar Chawariya
Dr. Anuradha Jain
Mr. Arun Srivastava
Dr. Madhurima Nundy
Dr. M. Ganapathy
Dr. Padmanaban
Dr. Sandip Mukherjee
Ms. Soibam Haripriya
Dr. Reena Sinha
Dr. Ruchi Jain
Dr. Vandana Prasad

The third and final contact programme of the first batch of PGDDHM students was held from the 8th November to 14th November at the conference room NHSRC.

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8th November
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The first Contact Programme organized for the 2nd batch (2010-11) of Post Graduate Diploma in District Health Management (PGDDHM) Programme. A total number of 16 participants had attended the inaugural session. The Contact Programme was inaugurated by Dr. V.P. Rupam the Assistant Regional Director, IGNOU Regional Centre Delhi-1 along with Dr. Vandana Prasad (National Convenor) and Mr. Sushant Verma (Executive Director, PHRN) and Dr. T. Sundararaman, Director NHSRC.

Dr. V.P. Rupam expressed his views on open learning system and role of IGNOU as an open university. He appreciated the efforts of PHRN and NRHM for initiatives in the field of skill development. He welcomed the students in the new session and also interacted with them motivated and encouraged them to use their skill and knowledge for the betterment of the masses.

Dr. Sundaraman expressed his views on the PGDDHM Programme. He discussed the opportunities in the health sector and discussed the programme as a significant step to provide opportunities for the skilled professional. He shared the growing engagement with the health sector not only by the medical professional but also MSWs and other professionals specially engaged in the public health sector will be benefited from this.

During the inauguration Dr. Vandana also expressed that everybody has the right to learn. She congratulated the open learning system of IGNOU, the largest open university for enhancing and providing the space to learn.

The sessions began with Dr. Vandana introducing the National Rural Health Mission. She discussed the detail the 5 main approaches of NRHM and the space provided by NRHM for decentralised planning. Introduction to Public Health Concept and Epidemiology was discussed wherein the concepts of epidemiology – the definition, types and the questions asked/used was discussed. Terms that will be useful while discussing the Disease Control Programmes- numerator/denominator; prevalence/incidence etc were discussed. The last session of the day was on ‘Introduction to Public Health System’ where the structure of the system from the sub centre to the CHC was discussed in detail. The logic of the three tier structure was also discussed.

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9th November
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Dr Padmanaban began the day with a session on ‘Socio-medical determinants of Maternal Mortality’. He discussed the delays that lead to maternal mortality and the ways of addressing the delays. The next session also facilitated by him discussed the tool of ‘Verbal Autopsy’ as one important strategy of finding our systemic problems that leads to maternal deaths. Through this sensitive tool he shared of his experience of addressing maternal deaths.

Prof. S.B. Arora Programme Coordinator, PGDDHM, SOHS, IGNOU spoke on PGDDHM programme. He shared that he wanted to take feedback from the students to hear about the problems of the students so that future improvements can be made. He spoke about the IGNOU-PHRN collaboration. From the side of IGNOU he requested PHRN to start more Programme Study Centres (PSCs) for PGDDHM Programm in various other states. He informed that IGNOU is also going to start a programme in Bioethics very soon. Prof. Arora also interacted with the students.

Dr Ganapathy facilitated the session on 'Understanding BCC'. The change of IEC to BCC as not just a shift in terminology but encompassing a certain understanding of the role those in the health sector not just in passing information but also in influencing –ve perceptions was discussed. He also facilitated group work. During the group work certain situations were given to the group where the group had to draw up a BCC plan.

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10th November
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'Socio Medical determinants of child health' was the first session of the day facilitated by Dr Madhurima Nundy. She began with a discussion on the major causes of death among children under 5. The contribution of the ASHA programme in improving Child Survival was also discussed. The strategies for child health and the main interventions that can accelerate child survival were discussed in the next session on 'Strategies for child health'. Ms Haripriya facilitated the group work.

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11th November
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Ms. Haripriya facilitated the session on 'Mainstreaming Women's Health Concerns'. She began with a small exercise on the distinction between sex and gender. This distinction and the impact it has on women's health has been discussed. The need to assess and address practical as well as strategic gender needs was discussed. Dr Anuradha Jain facilitated the session on RNTCP. She discussed the programme beginning from its genesis to the current developments in treatment. The students presented the BCC plan group work. This was facilitated by Dr. Madhurima.

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12th November
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In order to give a practical exposure to the students to available (under facility survey) field visit was conducted to Ghaziabad District Hospital, Muradnagar CHC, Kakra Village New PHC and Sonda Village Sub-Centre. The visit was facilitated by Mr. Arun Srivastava of NHSRC and Mr. Ajay Kumar Chawariya Programme Coordinator PHRN They under took a visit of the various units of District Hospital Ghaziabad interacted with the doctors and other paramedical staff members. The students also visited the various units of Muradnagar CHC and interacted with staff members which included Block Health Education and Information Office doctors, ANMs etc. They students also interacted with the villagers of the various villages they visited about the availability of the staff and facilities on the particular CHC/PHC/Sub-Centre.

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13th November
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The students in groups presented the field work activity. This was facilitated by Mr. Ajay Kumar Chawariya. After which Dr Sandip Mukherjee took the session on 'Introduction to disease control programmes'. He shared how the idea of public health emerged from the study of epidemics and disease control programmes as the main component of public health. The session on IDSP began with the organisational structure of IDSP. The session was facilitated by Dr. Ruchi Jain. The information on information flow, data source and the usage of the data was discussed.

Dr Reena Sinha took the session on 'Malaria and NVBDCP'. She transmission of vector borne diseases was discussed with emphasis on malaria. The strategies for control of malaria were discussed.

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14th November
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Ms. Haripriya began the day with 'Control of HIV/AIDS'. She began with the difference between the stages of HIV and AIDS and shared the ways of transmission of this disease. The methods of estimation of prevalence were discussed. The session concluded with a discussion on control strategy for HIV and the ways of focusing on the issue in the District Plan.

The contact programme concluded with Mr. Ajay Kumar Chawariya discussing the log book activities, the importance of log book for the Term End Practical exams and the activities that will be conducted through the contact programmes and the ones that need to be dealt with individually.

Annexure 1:

Feedback:

Out of 21 students of PGDDHM 2nd batch (2010-11) 16 students attended the Contact Programme. On the last day of the contact programme 11 students out of these 16 gave their feed back by filling up a format which was prepared by PHRN on the following 7 topics/issues:

1. Sessions informed about the topic in detail
2. Sessions allowed space for discussion
3. Breaks between sessions
4. Time management in the sessions
5. Accommodation arrangement
6. Field work arrangement
7. Field work facilitation

The format had four options e.g; Excellent, Very Good, Good and Unsatisfactory under a particular topic or issue on which they had to give their feed back. A student could express his/her views/feelings about the given topic/issue by putting a tick mark on one option out of the four options mentioned above.

4 students out of 11 responded that the sessions informed about the topic in detail in an excellent manner; same number of students expressed that the sessions were very well suited to the topic. 3 out of 11 found the sessions Good. There were no students who found the sessions unsatisfactory.

8 expressed that the sessions allowed much space for discussion Excellent. Overall all agreed that there was space for discussion for each session. The sessions too had breaks which enhanced the attention to each session as responded by the students. There were also positive responses for time management. With 8 students marking 'Excellent' for query on time management.

The accommodation which was arranged for the outstation students. Out of 7 students 4 told that accommodation was excellent and it was Good according to 3 students.

There were positive responses on the arrangement for Field Work both logistically as well as what the field work intended (exposure to public health facility). (Out of 11 students 4 expressed it was excellent, 2 –'Very Good' and 5 students marked 'Good')

The Feedback format also consists for an open ended space for the students to comment on anything pertaining to the course. Almost 70% students opined that the name of the programme should be changed as Post Graduate Diploma in Public Health instead of Post Graduate Diploma in District Health Management. The idea behind PHRN and the course was discussed in detail to address this.

Evaluation:

The evaluation of the students consists of a set of 11 questions which carry a total of 40 marks (each point/ key words carrying one mark) The table below shows the score of the students in The least score is 6.5 out of a total of 40 marks i.e. 16% (scored by one student) and the maximum being 17.5 i.e. 44% (scored by one student). The evaluation was confidential and tried to encompass all the sessions covered during the contact classes.

Table

S. No.	Percentage(%) of Marks
1	44
2	43
3	40
4	39
5	34
6	34
7	31
8	29
9	26
10	20
11	16