

Report on the Contact Programme 2nd Spell organized for the Second Batch of Post Graduate Diploma in District Health Management (PGDDHM) (15th -21st February, 2011)

The contact programme 2nd spell for the second batch (2010-11) of Post Graduate Diploma in District Health Management (PGDDHM) was organized from 15th to 21st February 2011. The first day of the contact programme started with the welcome and introduction of the students. The Programme Coordinator Mr. Ajay Kumar Chawariya welcomed all the students. Then Mr. Chawariya welcomed Mr. Arun Srivastava, Consultant NHSRC, New Delhi and also invited him to take a session on 'Organizing Training Programme'. The Executive Director, PHRN Dr. Ganapathy Murugan and Senior Coordinator, PHRN Dr. Madhurima Nundy were also present during the first session of the contact programme. A total number of 19 students participated in the contact programme which also included a student of previous (first) batch

Day First, 15th Feb. 2011

Session First- 'Organizing Training'

The first session of the day was taken by Mr. Arun Srivastava, Consultant NHSRC, Delhi on 'Organizing Training'. During his session he gave the definition of training, described the institutional structures in training and specifically talked about the training requirements of a block. He mentioned the different categories of training which included ASHA training, training AWWs, Dais, training of self help group and training of NGOs and functionaries of PRIs. Mr. Srivastava in his session also talked about the steps in training design and evaluation. He concluded his session with the training post follow up.

Session Second & Third- 'Understanding and analyzing the functioning of village health committees'

The session second and third was facilitated by Mr. Haldhar Mehto, Sr. Coordinator, PHRN, Jharkhand on 'Understanding and analyzing the functioning of village health committees'. Mr. Mahto started his session with the an introduction to Village Health and Sanitation Committee. He talked about the executive and legislative aspects of the governance from centre to village level and spoke on the importance of decentralization in the public health system. He gave an overview to the students that how the VHCs function at the district level and what kind of issues come under its jurisdiction. During his sessions Mr. Mahto made a presentation which was prepared in Hindi language and had a good pictorial representation of various activities of VHCs e.g.; meeting of the members of the village health and sanitation committee, need assessment, problem identification and problem solving etc.

Session Fourth-Discussion and Group work on session 2nd and 3rd

The session fourth was based on the previous sessions (session 2 & 3) and was also facilitated by Mr. Mahto. In this session a group exercise was undertaken with the participants that also followed the discussion on the same.

Day Second, 16th Feb. 2011

Session First- 'District Health Management and HR Management Issues'

Dr. T. Sundararaman Executive Director, NHSRC Delhi facilitated a session on District Health Management and HR Management Issues. He started his session with the definition of management. Then discussed various models of management with participants e.g.; traditional model, the human resource model, democratic and lazy fare model. He talked about the function of management and various steps in management. Then he specifically talked about the district health management and spoke on the district health institutions. Dr. Sundararaman also talked about the district health planning and called the district health plan a public document and emphasized the need of people's participation at every level of planning.

Session Second & Third- 'Use of logframe for assisting the programme managers'

The session second and third were facilitated by Mr. Arun Srivastava. The speaker started first of his session with discussing the system approach with the participants talked about the indicators and gave two types of indicators –qualitative and quantitative. He described logical framework as a tool and talked about the various level of planning. Mr. Srivastava also discussed the characteristics of indicators. During his second session Mr. Srivastava specifically talked about the logical framework from the perspective of district health planning. He also conducted a group exercise on logframe to the participants.

Session Fourth- Information for planning

This session was facilitated by Mr. Haldhar Mahto. Mr. Mahto called the information as the lifeblood of the planning. He also described the forms of information as quantitative data and qualitative data. He emphasized upon the accuracy and reliability of the information. During his session speaker also described the types and various sources of information. He concluded his session giving some important references to the participants for acquiring information specifically on health and related issues.

Day Third, 17th Feb. 2011

Session First- 'Convergence and social determinant of health'

The session on convergence and social determinants of health was facilitated by Dr. Vnadana Prasad, National Convener, PHRN. She started her session describing the social health, government health institutions in the country and the role of the Ministry of Health which only looked the curative aspect of health according to her. Dr. Vandana also spoke on the convergence, different levels of convergence and differentiated the convergence from the coordination. She described food, water, sanitation, education poverty etc the significant determinants of social health. Then she discussed the role and significance of ICDS, NRC for the malnourished segment of children in the country. She also spoke on the maternity entitlement schemes and told that there are not adequate schemes and programmes were been run in the country. The speaker also discussed the over population as problem and its consequences on health.

Session Second and Third- 'How to use AYUSH more effectively for strengthening PHS'

This session was facilitated by Dr. Ritu Priya, Prof, Department of Health and Community Medicine, JNU. Dr. Ritu Priya first spoke on the AYUSH as a health sector in India. She told that over 25000 AYUSH practitioners qualify every year from 450 AYUSH colleges. She told that there are 1355

AYUSH hospital with 53296 beds and over 22,000 dispensaries. Dr. Ritu Priya also spoke about the AYUSH and local health traditional services (LHT). She also gave an overview of the of Indian health workforce. Dr. Ritu Priya talked about the co-location strategy under NRHM in relation to AYUSH. She described the components of health system as; structure of society and the way of life of people, self care, the health services and services of other sectors. She also spoke on mainstreaming of AYUSH as a strategy by NRHM and also gave an over view of the AYUSH human resource-in NRHM. Then spoke on AYUSH and LHT in PIPs, progress on AYUSH staff co-located during the period-2007-2009. In the end of her session she talked about the district plan components in relation to the AYUSH and the urgent interventions needed to use the AYUSH more effectively at district level. Giving some suggestions under the title-AYUSH- Road Ahead she emphasized on training and capacity building of AYUSH, orientation to other health personnel and to sensitize them to AYUSH system and LHT, strengthening of cross-referral system, enhancing the role of AHSA in use of and referral to AYUSH services, awareness, public participation etc.

Session Fourth- Group work activity on session 2 & 3

This session was based on the previous sessions were conducted on ‘How to use AYUSH more effectively for strengthening PHS’ and was facilitated by Dr. Shwetha Awasthi Saxena, Consultant NHSRC. Dr. Saxena first discussed with the participants the Local Health Traditions (LHT) in the country. Then she conducted a group activity with the participants. She divided all the participants in four different groups and gave them an exercise to enlist the remedies/herbs which were locally used in India. These groups of students prepared the lists. Then each group shared the list it had prepared on the various remedies/herbs used on the country.

Day Fourth, 18th Feb. 2011

Field Visit- Bhojpur PHC, District Ghaziabad U.P

A field visit to Bhojpur PHC was organized to give a practical orientation and exposure to the participants. The purpose of the field visit was to develop an understanding about the role of ASHA at community level and to participate in and observe the training process of the ASHA.

The participants first were briefed by Mr. Arun Srivastava about the activities they were going to undertake during the visit and were guided that how and what information they have to get during their interaction with ASHA’s and their trainers. They were also informed about the issues they had to inquire and the activities had to be observed. Then Mr. Arvind Rana, District Community Mobilizer introduced the students with a group of ASHA’s the students had interaction with ASHA’s and their trainers there in a group. Then the students also interacted with ASHA’s at one to one level during the visit.

Day Fifth, 19th Feb. 2011

Session First- Field Visit Presentations by Participants

In the first session of the day the participants made presentations on the field visit they had conducted on the previous day to Bhojpur PHC. Four students from four different groups of participants made presentations and shared the information they had collected during the field visit to Bhojpur PHC. These participants talked about the training the ASHA’s were attending, their attitude towards the training programme and the trainers and their experience of the training and the role of training and trainer in

the changing scenario. Some participants Anwar, Dinesh Sharma, Ragahavaendara also shared their experiences about the interaction they had with the ASHA's at one to one level.

Session Second- 'Understanding Community Participation and community Health Programmes'

Dr. Madhurima Nandy facilitated a session on Understanding Community Participation and community Health Programme. The speaker gave the definition of the community participation, talked about the various levels of community participation . Speaking on the importance of community participation she told that it was very essential for the primary health care and to reach out to the underserved areas. She also described the approaches of the community participation as link worker approach and health activist approach. Then she talked about health worker specifically on the selection, training, monitoring and the role and responsibilities of an ASHA under NRHM guidelines with the participants. She also discussed with participants the success of the Mitani programme in Chhhatishgar state.

Session Third Sampling Method

Dr. Madhurima took this session on sampling method. First she discussed the concepts of sampling and the terminology used. She also described the various reasons to sampling. Dr. Madhurima discussed that why the sampling was necessary and the procedures and types of sampling which included probability and non-probability sampling. She talked about the sampling frame and also discussed various issues related to sampling.

Session Fourth- A discussion on 30 cluster technique and group activity

This was also facilitated by Dr. Madhurima Nandy. She first described the advantages of the 30 cluster techniques and then gave a group activity to the participants and distributed a work sheet for 30 cluster survey-village list of block with population. The participants had to select number of villages for 30 cluster survey. The participants completed the activity and presented it.

Day Sixth, 20th Feb. 2011

Session First-'District Health Planning, District Health Action Plan- Structure & Components'

This session was facilitated by Dr. Dinesh Jagtap, Consultant, NHSRC. Mr. Jagtap described the meaning of planning, specifically the district health planning. He talked about the district health plan, structure and components for district health planning and the planning at various levels.

Session Second and Third-'Defining and Identifying the constraints for effective district health planning,

During these two sessions Dr. Dinesh Jagtap spoke about the importance of district health planning and also enlisted various constraints for effective district health planning which according to him were lack of people's participation, lack of political will, lack of decentralization at various levels of planning which adversely effect the district health planning at various level. He strongly emphasized on the need of decentralization, people's participation and political will for the effective health planning.

Session Fourth-'Group activity on District health planning

This session was facilitated by Dr. Anuradha Jain Sr. Consultant with NHSRC. She first spoke on district health plan and also discussed with the participants the maternal health, Child health and family planning. Then divided all the participants in three different groups and ask them to prepare district health plans on maternal health, child health and family planning. All the three groups prepared three different sets of district health plans on the topics given by the facilitator and made presentations on the same.

Day Seventh, 21st Feb. 2011

Session First & Second-‘Health Management Information System (HMIS)

The session first and second were facilitated by Ms. Ekta Saroha, Senior Consultant, NHSRC. First the speaker gave an introduction of the HMIS and described it as a routine reporting also emphasized upon the importance and told that for decentralized planning we need data. During her sessions she talked about the types of data, principles of data reporting and the portability of data. Ms. Saroha described the flow of data. During her session she talked about the importance of sampling and various sampling method. She also described the HMIS reporting guidelines and advantages of HMIS. Ms. Saroha concluded here session with limitations of HMIS.

Session Third-‘Counseling on Term-end Theory and Practical Assessment’

In this session Mr. Ajay Kumar Chawariy briefed the student about the pattern of examination for theory and practical exams. For term-end theory examination he told participants that they had to appear in three different papers namely DDHM-01, DDHM-02 and DDHM-03 each paper of these includes two courses given in their syllabus. Mr. Chawariya also shared with the participants on term-end practical examination. He told that practical examination has three components- written which comprises longs case (2x35=70 marks), short case (10x4=40 marks) and spots (10x4=40 marks). The written part carries 150 marks. Viva is for 50 marks. and 150 marks for logbook. Thus, he told that the PGDDHM Term-end Practical Examination carries 350 marks maximum.

Session Forth-‘Discussion on Log book and internal practical assessment which also included feed and evaluation

During this session Mr. Chawariya discussed with the participants the various activities given in the logbook which had to be performed by the participants. The activities the participants had done earlier in their logbooks were also evaluated. Then the students were given two different formats for the feedback and evaluation of the contact programme (2nd spell) they had attend during the last 7 days. All the students filled up theses formats and submitted with to Mr. Chawariya. With this the contact programme 2nd spell which was organized for second (current batch of PGDDHM) came to an end.
