CHFP-2011-2/FR134

COMMUNITY HEALTH FELLOWSHIP PROGRAM

A Road of Learning

2011

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2008

Annexure

Few words from my side

"Community health fellowship program" is a continue travel towards the community.

This was one of the best learning series of my life where I discovered the real meaning of community health. This program is an eye opener for me.

During the entire duration of the fellowship program I have gone through many ups and downs. Living with the mix group, people from different backgrounds, different religion, various age groups and different experiences helped me to think on the communities who are also living in the same condition.

This was a good time to update my knowledge, learn new ideas, develop new skills and also build relationship with many peoples in the social sectors and in government sectors.

I would like to thanks them who guided me and inspired me to complete the fellowship program.

I would like to thanks **Dr.Thelma Narayan** and **Dr.Ravi Narayan** for the initiative of starting "community Health fellowship Program" in Madhya Pradesh. ***Thanks "Ravi"*** for sharing your journey and experiences. Your stories inspired me to learn more and be a part of the group.

Thanks "Thelma" for inviting me to join the fellowship program. Thanks for your appreciations and continuous support to all fellows.

I would like to Thanks ***"Mr. Prasanna saligram"*** – Manager of the CPHE Bhopal Team. Your efforts and brotherhood made me to complete the fellowship.
I learn many things from you and my best learning from you is "working in difficult situations".
I will remember your different **"topis"** and this will help me in dealing with different peoples and different situations in public health practice.

I would like to thanks **"Mr. Juned kamal"** from CPHE team. You have guided me in entire period of the fellowship program as my "Mentor" and helped me in various ways as a good friend. You never let me feel that I am older then you and some times when I feel tired your "smile" made me to go forward.

Thanks ***"Mr. Bhagwan Verma"*** for your company during all Collective programs and your support in reading and learning Nutrition. You never let me feel that I am away from my family.

Thanks **"Ms. Sudeepa"** for your support during the fellowship program and also after you left the program.

Thanks ***"Dr. Durbhrohini Kumar "*** for your valuable support in literature review and encouraging me through "SMS". Even I missed most of the Yoga classes but the YOGA session's photographs are very helpful. Your feedbacks are valuable and always welcomed.

Thanks **"Dr. Deepak Kumar swami"** for everything which you teach me from "epidemiology to literature search and being a part of my life as a best friend". Your mails are always helpful to learn more about maternal health program.

Thanks **to all team member of CPHE Bhopal** ***"Mr. K.P.Pandey , Ms. Archana, Ms. Gincy, Mr. Praksah"*** for their love and support .

Thanks to ***Mr.Vinay John*** – Field Mentor, your guidance and continuous support in my learnings made me able to accomplish the tasks and also to learn many new topics in health.

In last but not least I would like to thanks to my entire colleague (**fellow travelers**) because you all made me to continue my learning even we had many **"matbheds"** but never **"manbhed"**. We will continue our learning through **"MP CHAIN"**.

ABBRIVIATIONS

NRHM	National Rural Health Mission
ASHA	Accredited Social Health Activist
VHSC	Village Health and Sanitation Committee
VHND	Village Heath and Nutrition Day
SHC	Sub Health Center
PHC	Primary Health Center
CHC	Community Health Center
SOCHARA	Society for Community Health Awareness, Research and Action
CHC	Community Health Cell - Bangalore
CPHE.	Centre for Public Health & Equity
IMNCI	integrated management of neonatal and childhood illnesses

Section A. Introduction

The **Centre for Public Health and Equity** (CPHE) is a functional unit of the "**Society for Community Health Awareness, Research and Action"** (SOCHARA)[1]. It works predominantly in the areas of public health education and policy advocacy. It promotes a new public health paradigm focused on health equity; social justice; underlying social determinants of health including gender; inclusive and responsive health systems; and health policy development.

CPHE's work can be divided into four broad themes.

1. Strengthening global and national policy commitment to Health for All with **comprehensive primary health care** as an approach.
2. Strengthening the social and community dimensions in **public health education**, with focus on capacity building.
3. Promoting a **community paradigm** in public health research, including engagement with civil society.
4. Supporting the global and national **Peoples Health Movement** (PHM) and simultaneously catalyzing a public health alliance of professionals from multi-disciplinary backgrounds that can be supportive of the Health for All movement.

Centre for Public Health and Equity inaugurated its **Resource Centre for Public Health in Madhya Pradesh** on 29th October 2010. The CPHE Bhopal office is consolidating and building on the experience of supporting public health policy processes and community action for health by SOCHARA in MP. These have included the response to the Bhopal Gas Disaster, the Rajiv Gandhi Health Missions, the Jan Swasthya Rakshak Programme evaluations, support to the Madhya Pradesh Human Development Report and active involvement in the second National Health Assembly of the Jan Swasthya Abhiyan in Bhopal in 2007. It also uses and builds on the approaches of SOCHARA, CHC and CPHE.

Presently the centre is facilitating the **Madhya Pradesh Community Health Fellowship Programme** (MP-CHFP) and developing a network for community health and public health. The evolving network has started with NGOs and others working with communities and the health system on health and development, with civil society organizations, peoples' movements and academics.

The first Community Health Fellowship program was started on 4th November 2009. 20 fellows were selected in the first batch and were placed in 14 districts of Madhya Pradesh.

[1] www.sochara.org - SOCHARA

About the Fellow (Self)

I belong to a middle class family from Bihar. Some missionaries supported me for my primary education. I was interested in health and my dream was to go for higher studies in medical field but due to poor economical conditions my parents was not able to support me for higher education. After completion of my high school studies I joined a private nursing home to learn clinical activities.

I started my carrier as an assistant of a gynecologist from Raxual Bihar. Then I worked with different private doctors, nursing homes and NGOs.

I started my Rural Health carrier as a Para Medical worker "Leprosy" in 1982. I was trained at "Gandhi memorial Leprosy foundation – Wardha (Maharashtra" in 1984. I worked in Bihar, Utter Pradesh and Uttaranchal with different NGOs.

I joined **Emmanuel Hospital Association**[2] in 1992 as multipurpose health worker at Christian Hospital Chhatarpur. I have gone through much training on health and development and presently working as team leader of **"Prerana Health and Development Project**". Prerana Project is a unit of "Christian Hospital Chhatarpur".

I completed community based health and development course from **"Jamkhed"** Maharashtra in 2005 and from **"INSA India Bangalore"** a course "community health & development trainer's program" in 1997.

During the planning meeting of "community Health Fellowship program" at Bhopal I meet with Dr. Thelma Narayan. After a brief presentation of the program I realized that this type of program will be very helpful for me to understand the Community health and to learn the depths of the issues related to the rural communities.

During discussion with Dr. Thelma she invited me to join the program and I came in this fellowship program.

[2] WWW.eha-health.org

Introduction and Historical Background of the District[3]

The District Chhatarpur is named after **Maharaja Chhatrasal** the great warrior of the region. Earlier this District was under Vindhya Pradesh. with the formation of the Madhya Pradesh on **1st November 1956**, it was included in the state. The district occupies a central position in **Bundelkhand region** of the state.

Chhatarpur was founded by great Bundela **King Maharaja Chhatrasal Singh Joo Deo** in the year 1707. Before Bundelas it flourished under the rule of Chandel rulers who built the world famous **Khajuraho Temples** where beauty and love are aesthetically carved in the stone. These lofty temples stand as the perfect example of Nagar Style of architecture. Chaturbhuj temple belonging to the chain of these temples probably is the only of its kind in India where Mukhdawar faces west and not east which is against the Conventional Hindu temple architecture. Bhimkund and Jatashanker are places of great religious significance whose antiquity is traced back to Puranas and are shrouded by natural mysteries.

The district is situated at north-east border of Madhya Pradesh and is spread over an area of **8,687** square kms with longitudes and latitudes of **24.06 & 25.20** on north **78.59 & 80.26** on east respectively.

.The district stretches to a maximum of **185 km** in length and **121 km** in width. It is surrounded by Panna district (MP) in the last Mohoba district (UP) in the north, Tikamgarh (MP) in the west and Sagar (MP) in south-west and Damoh (MP) in the south. Small portion of the district boundary touches Jhansi district (UP) in the North West.

Chhatarpur District occupies a central position in the **plateau of Bundelkhand**. The rivers Ken and Dhasan form the physical boundaries on east and the west respectively. The rivers Ken and Dhasan separate the district respectively from Panna district in the East and Tikamgarh in the West.

For administrative convenience, Chhatarpur District has been divided into **7 tehsils**, **8 Development Blocks** and **558 Gram Panchayat**. There are **1189** villages in the district, of which **116** villages are deserted. **5 Assembly** constituencies and **2 Lok Sabha** constituencies fall in the district.

[3] www.nic/chhatarpur.in

Placement organization – Christian Hospital Chhatarpur.[4]

CHRISTIAN Hospital Chhatarpur is a 100-bed, full-service healthcare facility that has been providing compassionate care to the community for more than 75 years. Services include maternity services, general medicine, outpatient services, dental services, eye services, pediatrics and surgical services.

Christian Hospital Chhatarpur was started in 1930 by missionaries from Friends Foreign Missionary Society in 1930, to serve the needy women and children in the backward Bundelkhand region of Madhya Pradesh. The hospital's mission is to transform the people of Bundelkhand through provision of good health care at affordable costs, community based development initiatives, and nursing training.

The Prerana Project refers to the overall initiative of the Christian Hospital Chhatarpur to improve the health and living conditions of communities covering a population of 37, 123 people distributed in 37 villages.

Tele-clinic Project

This being the 3rd phase of the project, capacity building and training of Accredited Social Health Activist (ASHAs), Auxillary Nurse Midwives (ANM)and Anganwadi Workers (AWW) and building stronger linkages with them and establishment of community monitoring system in 15 villages, have been accomplished. The project trained 12 ANMs, 14 ASHAs and 25 AWWs of the project villages on RCH, vector borne diseases, water borne diseases and other diseases prevalent in the area.

Due to the project providing ambulance service to people living in villages 24*7, 93 patients were transported to the Hospital out of which 68 were women in labour. The rate of institutional delivery has increase to more than 70 per cent.

Primary Health Care

This has been provided by 15 health workers through 15 health centres with 20 essential medicines in medicine kits. The tele-clinic centres manned by tele-health workers treat people for basic illnesses; contact the main Hospital in case of medical emergency or to request for ambulance. A visiting nurse conducts bimonthly clinics providing treatment for illnesses and ANC.

School Health Program:

Under this program 4663 students were taught about common illnesses, good personal hygiene and the importance of sanitation. The project team developed an attractive curriculum (a book on Primary Health Care Education for Schools), trained 26 teachers of 10 middle Schools on the same and distributed them to 816 students. Health education was given in villages on locally relevant diseases. Special IEC campaigns with puppet shows and rallies were conducted on health day and health melas.

[4] www.eha-health.org/hospitals/chhatarpur

Medical Assistance Programme (MAP)

MAP continues to operate a micro-health insurance programme. Last year 76 families with 388 members enrolled in MAP. Out of this 125 availed treatment in the Hospital and 421 persons at the Tele-clinic centers.

Community Mobilization and Empowerment

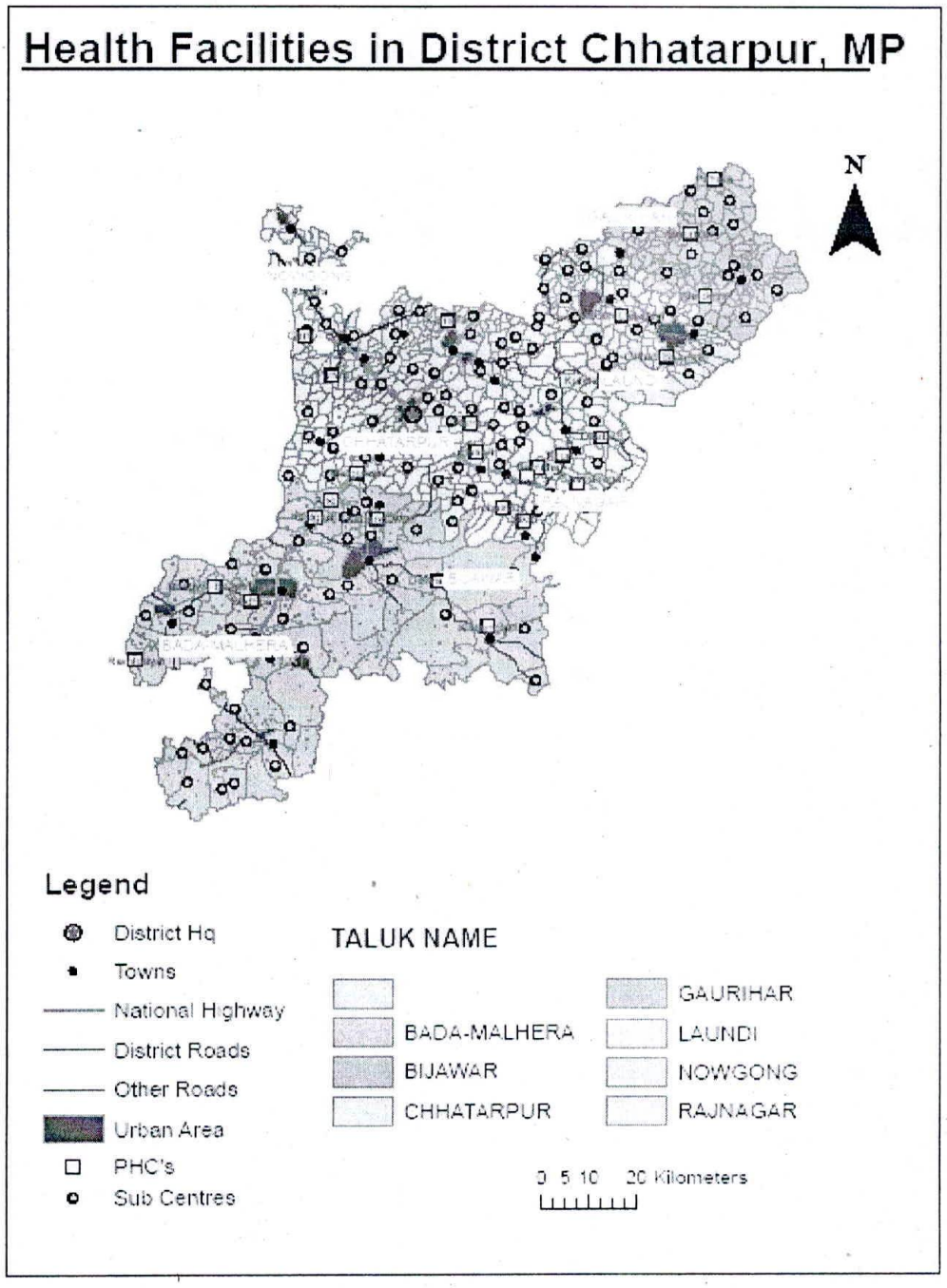
This has been done by forming 15 Village Health and Development Committees. These have been trained in record keeping and accounting to enhance skills of VHDC. The Tele-health workers' monthly stipend and Funds for IEC programmes etc have been credited to the 15 VHDC bank accounts. The payments are made by the respective VHDC leaders.

Women's Development Project

During the year 471 women in 36 SHGs have been strengthened in many ways. This year their credit base has been increased by Rs. 4,58,420.00. Members of the SHGs are currently actively participating in village governance as women Sarpanch in Panchayat meetings and in other forums. They are also familiar with banks, postal services and other such agencies. 24 adolescent groups with 308 members were formed and educated on reproductive and sexual health.

Water and Sanitation

Five community animators sensitized and built awareness in the communities regarding diseases that spread as a result of contaminated water and poor hygiene. Rallies and campaigns on safe drinking water were conducted in 3 villages. These were also discussed in the village health and development committees. Apart from promotion of soak pits and construction of wash platforms, the project facilitated the repair of five open wells and constructed four community bath rooms to promote personal hygiene and sanitation among women.



Map composed by NIC
Source RGI, SOI

Source: www.nic .in/chhatarpur/district profile

As per the 2011 census, the **total population the of district was 17,62,857**. There are 9,35,870 males and 8,26,951 females in the District. Total Literates in the District are 9,62,827 out of which 5,85,128 are males and 3,77,694 are females.[5]

Sex ratio is **884/100** male population which is very low than Madhya pradesh's (**930/ 1000** male population) Madhya Pradesh has 50 districts and among all district sex ratio of Chhatarpur district in on 44th place.

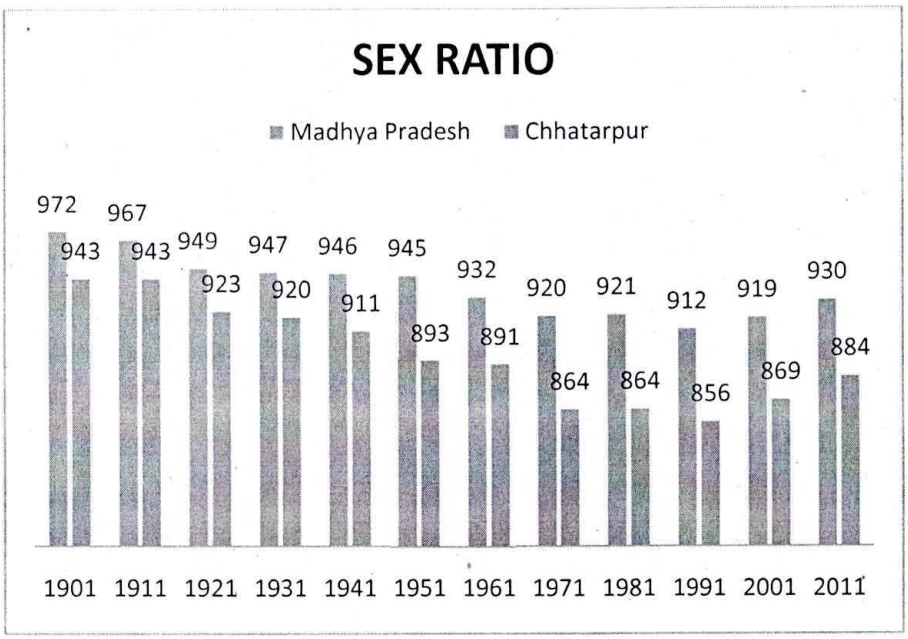


Table: 2 "Sex ratio of the district compared with state"

The above table shows that the sex ratio of Chhatarpur compare to Madhya Pradesh is always low and is gone down from 1941 and still 46 points below from MP.

During discussions with the people in villages on the issue I understand the following possible reasons for low sex ratio:

- Desire of male child in the family from the traditions and motivation for small family to get maximum befits of the government program or schemes e.g. Janani suraksha, ladli Laxmi, etc.
- 2 children norm in government sectors for job opportunities and for participation in elections in local bodies people go for the sex selection before birth by using modern technique of ultra sonography (USG). There are 3 USG centres are in chhatarpur city and 1 in Nawgoan city.

[5] Dic_chhatarpur 2011

Chhatarpur is a part of bundelkhand where the life is very difficult. Health facilities, literacy and livelihood options are the major challenges for the people of the district.

Health

There are the followings existing Health centers in Chhatarpur District:

Sn	Facilities	Available	Need as per the Guidelines	lacking
1	District Hospital	1	1	-
2	Community Health Centres	08	12	4
3	Primary Health centres	40	29	11
4	Sub Health Centres	192	249	57

Table 1: details of health centres in chhatarpur district

Source: CMHO office Chhatarpur – march 2010

During my visit to most of the CHCs and PHCs I found that these facilities are facing many problems. Lack of man power, building and availability of basic services like schooling of children, market, protection of women staff in remote areas and transportation facilities leads most of the staffs to stay at district head quarters.

Most of the time and especially during night time the services of PHCs and SHCs were not accessible or available to the people.

It is often the untrained private practitioners who provide most of the Health care services in the rural areas. These practitioners overcharge and often practice with drugs that are harmful for the human immune system. There is also a gross inadequacy in health care protection for the poor and the vulnerable. The public health care system is not found very efficient in meeting all the health needs of the rural poor.

The inadequate health care services and health care protection to a great extent lead to poverty. This often forces people to spend their earning kept for investment to finance healthcare. The poor sometimes spend from own pockets even for minor illness while government is having a decentralized public health care system to serve the rural poor.

Chronic illness (like TB) not only affects the infected person but the well being of other people in the locality. Such illness weakens the body and also makes the person unable to work, which affect the family income. If the affected person is the head of the family, it would affect the health of the whole family.

Mostly the untrained traditional midwives in the rural areas provide the maternity care services. Added to this there are number unhealthy MCH practices in the rural villages, which could harm both mother and child. Health care access is also a very important issue as the formal health care providers are located in towns and cities, which are far away from the rural areas. Now after the initiation of national rural health mission some of the practices are being changed. ASHAs were placed in the village and Village Health and Nutrition Day (VHND) is now taking place. But their main focus is on institutional deliveries.

The rates of institutional deliveries are gone high but still health seeking behavior is not changed too much. My focus during the fellowship program is on strengthening the Communitization part of NRHM (ASHA, VHSC and VHND).

Literacy

S. No.	Particulars	Unit	India	M.P.	Chhatarpur
1	Total	%	65.38	64.11	**53.44**
2	Male	%	75.85	76.8	**65.5**
3	Female	%	54.16	50.28	**39.38**
4	Rural	%	59.4	58.1	**47.5**
5	Urban	%	80.3	79.67	**73.6**

Table 3: comparative literacy rates

(Source: - Distt. Statistical Book, Chhatarpur -2006)

This table shows the literacy rates of India, MP and Chhatarpur district. The literacy rates of Madhya Pradesh is low then India's literacy rates but when compare to chhatarpur and Madhya Pradesh status the rates are almost 11 points below.

But while I visited some of the schools and found that most of the children of class 5th can't write correctly in Hindi if you dictate some paragraphs.

Scarcity of teachers in all schools and also they were assigned many surveys, pulse polio and have to attend meetings at various places. This affects on the teaching and other regulars activities.

Overall the standard of education in the district is poor and needs improvement.

Education is the component that affects on the health status and we can see some states like Kerala and tamilnadu where the health status is much better than Madhya Pradesh and these states have achieved the higher literacy rates among the Indian states.

Section B Events / Programs

B.1 Core Training

During the first week we have given orientation on Fellowship program, SOCHARA, CHC and CPHE. Dr.Ravi Narayan shares his experience and How SOCHARA was formed.
Fellowship program's content were discussed:
There are 4 components of the program: Academic, Activities, Lab, Action – Reflections

SOCHARA Web site was introduced to the participants.
Dr. Ravi shared his life journey. After returning from London he was involved in St. Johns Medical Collage's Community Medicine Department.
They started 6 clinics in the nearby villages where the milk cooperatives were successfully running. They selected a village named "Mallure" and started their activities. He focused on the success story of Mallure village.
I learned the differences in Health, Public Health and Community Health.
Dr. Ravi's presentation **"Be a Balloonist"** was the most appealing theme for me. This was a starting point to look the community and community's problems. This was a eye opening theme for me .

I learn these also
SWOT analysis , Rules for Feed Back, Type of Leadership:

Paradigm Shift : from Bio medical model to Social / Community Model[6]

We learned a lot on population, state and districts, health indicators, social determinants, health situations health system. Alma Ata Declaration, COMPREHENSIVE PRIMARY HEATH CAREHEALTH MANAGEMENT STRUCTURE, Village Health Committee, Sub Centers, Primary Health Center, Community Health Centers, Health System Development, Universal Health System, Nutrition, Malnutrition, NRHM, History of NRHM, Current Status of NRHM in MADHYA Pradesh, Dindayal Mobile Hospital, district Health Committee, Janani Suraksha Yojna, antodya upchar yojna, Appropriate Technology, IPHS Standard at various levels of the system / what is Standard? SOCIAL DETERMINENTS, Public Health Standard, Commutization, Village Health and Sanitation Committees, Globalization, Panchayati raj, gram Panchayat, Millennium Development Goal, Community Diagnosis

[6] Table 1 pradigm shift

Collective Teaching Programs:

During the entire period of 2 years six collective teaching programs were organized at different venues.

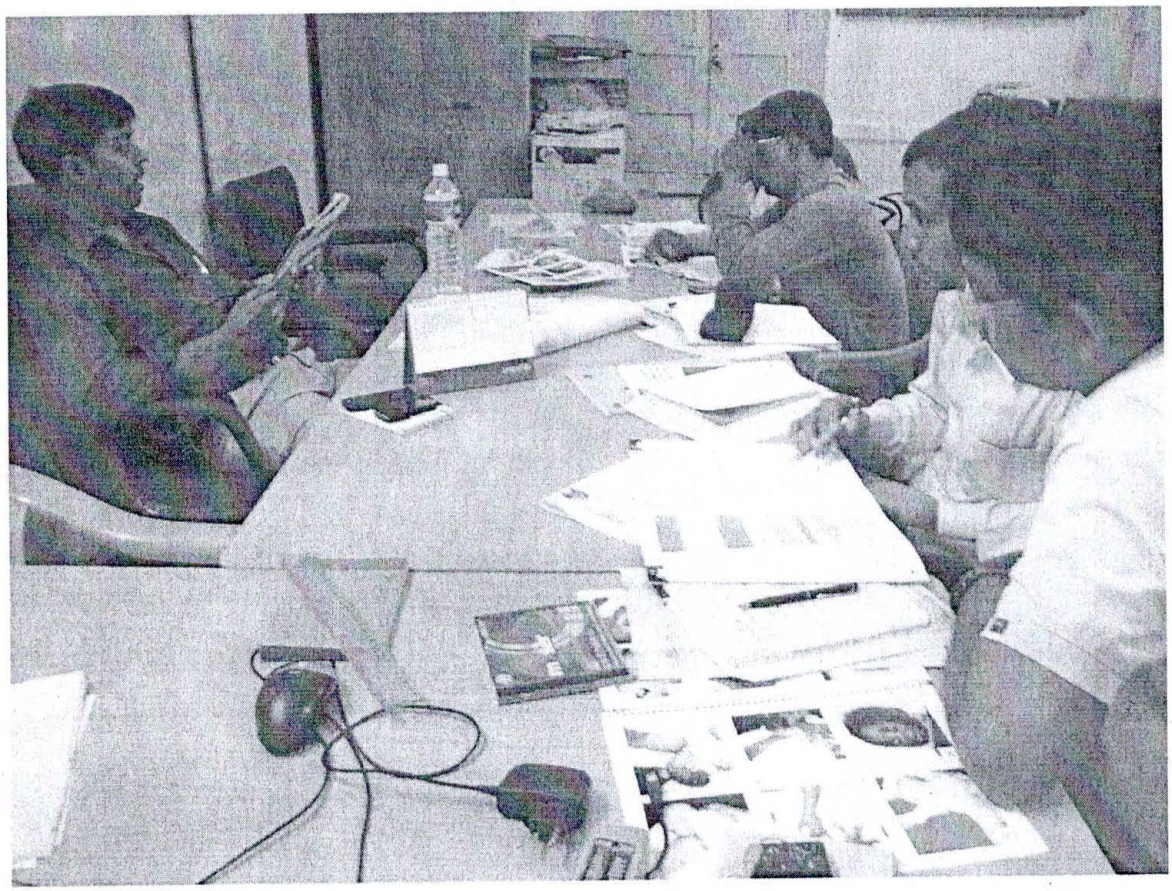
One collective was held at Jabalpur, one in Indore and 4 were organized at Bhopal.
Collective teaching program was full of knowledge and skill development exercises.
We met with many public health professionals who guided us in our learning.
I learn the policy of mental health, maternal and child health, communicable and non communicable diseases, and many other issues. List of topics are shown in annexure.
We were exposed on Bhopal gas disaster, climate change, and child right issues.
NRHM and health system of India, IPHS standard for different public health centers were helped me to discuss related issues with the government officials and to build capacity of ASHA, VHSC and ANMs of my focused area.

B.2 Cluster Meetings

Whole group were divided into 4 Clusters. Bhopal, Indore, Jabalpur and Gwalior clusters.
I was in Gwalior cluster where participants from "Chhatarpur, Tikamgarh, damoh and Gwalior were associated in the cluster.

The cluster meets on every one and half month to share the progress, difficulties and their learning. Mr. Juned kamal from CPHE team was our Team Leader for Gwalior region. Cluster meeting was a good platform to share our achievements discusses our problems and learns from each others. Also we learn many things from the places where we had cluster meeting.

We had some exposures on IMNCI program at Shivpuri, NRCs at Jabalpur and learning on maternal health issue in chhatarpur Cluster meeting.



B.3 Field Activities

(Strengthening the Communitization section of National Rural Health Mission)

B.3.1 Reading and Writing

B.3.1.1 Reading

Reading was the most important part of the fellowship. Special attention was made on the reading section during the fellowship program.

This helped me to know and understand the background, situations and the depth of the issues and subjects.

I left my regular schooling in year 1979 after completion of my high school. In beginning I found it very difficult because I had left the practice of regular reading.

Sometimes due to more focus on field activities I found it very difficult to make my attention on reading part.

I have decided and made it into 2 sections.

1. Individual Reading
2. Group Reading

Individual reading is being done mostly in nights from 10 to 11 pm and some time in day at the office.

Group teaching was planned at Prerana office with the Prerana team on every Saturdays.

Sometimes we made it on Fridays when the team remains in the office.

Mostly after each collective program I use to read the given materials (articles and books) with the team members.

Some article were downloaded from the web and for any clarification we use to discuss with the them, ask support from mentor (Institution) and clarify the issue with the team leader or team members of CPHE Bhopal.

During the last 2 years we have read many articles, books and literatures on the following issues:

(NRHM) *National Rural Health Mission (2005-2012) Mission Document, ASHA Training manuals, VHSC guidelines, IPHS Guidelines, Mental Health policy 2008,* Maternal and Child health, IMNCI, Malnutrition & PD Hearth, Communicable disease (TB, Malaria, leprosy), Non Communicable Diseases & Yoga. Books, article, guidelines and reports were provided by CPHE Bhopal.

B.3.1.2 Writing

The writing section helped me to express my thoughts and feelings. It also helped me to present my achievements and failure.

The technique which was taught during the fellowship was very good. Sections for writing any report, easy, articles and statement of problem for research helped me to improve my writing skills.

B.3.1.2.1 Essay Writing

This exercise was to understand the context of a particular subject or problem and after understanding the situation think the severity of the problem and give our expressions.

Essay writing exercise was done 2 times during the fellowship program

1st. essay was on Village Health worker based on the article written by David Warner.

This article was written on Village health workers. An article was written by "David warner' and we seen the article in the context of ASHA in our country. What are the similarities in situations, selection of workers and their responsibilities?

Both the articles show that a community health worker is the key link between the community and health department / NGOs working for the promotion of community health. Many countries are promoting the concept of community health workers in their health programs and achieving good results.

The community health worker can undertake various tasks such as case management of childhood illnesses, developing healthy behaviors among the community, mobilizing community, delivery of preventing interventions, etc.

There is a need of close monitoring of the program and fair evaluation of the program from beginning to the end.

The process of selection, training and monitoring of the program needs to be fairly implemented and the role of the persons and institutions should be re oriented to them again.

The program is design well but the implementation part is very weak. Some support system is needed to support them in every point such as payment system, moral support, technical support, guiding them and helping the in the time of any type of problem.

Community support as well as organizational support but overall the political support is badly needed for the success of this program.

2nd Article was on PD Hearth

Malnutrition is one of the biggest problems in children under 6 years in India.
In Madhya Pradesh the malnutrition is causing many deaths every year. Many studies and surveys show the severity of malnutrition in the children.
Due to many reasons parents refuses to go to Nutritional rehabilitee centers (NRC) and due to lack of awareness they are fail to give proper care and nutrition to their children. Due to poor care and poor nutrition and unhygienic practices children getting sick and many of them die within this age group. *(Survey of malnourished children in village Rangua and Khairo – chhatarpur, 2010 by Prabhu saran)*

During the fellowship period in chhatarpur district we have experienced some child deaths last year were associated with the problem.

In my survey of 3 villages I found many malnourished children.[7] This is one of the best community based approach to address malnutrition problem in rural area

Because of less number of NRCs and facilities and services of NRCs are also not very good in many places, the distance and approach to NRCs are not very easy for many villagers we need to apply this process at village level. PD Hearth process can be one approach to fight against malnutrition at community level.

B.3.1.2.2 Research Statement

Research statement exercise was done by me. This was a part of learning.
Dr. Aas Mohammad ji and Mr. Prassana Shaligram guided us the outline of the research statement.
I have chosen the topic "social and medical causes of maternal deaths in chhatarpur district".

I met Dr. Shalini Cherian – Gynecologist from Christian hospital chhatarpur. She guided me well and I learn about maternal death audit through verbal autopsy.
I started the outlines of the research statement and sent to CPHE. After receiving some feedbacks from CPHE team I have restarted the statement and sent to the CPHE team.
This assignment was not completed during the given period because due to other activities I was unable to focus on the task and left the process.

The process helped me to understand the research methodologies and the guidelines for drafting a research proposal.

B.3.1.2.3 Article Writing

This was started after the Bhopal collective workshop in March 2011. I have started to write an article on maternal health status of Chhatarpur district. After started writing the outline and based on the continuous feedback my article's title was changed from maternal health to the "impact of functioning VHCSs on maternal health status".
Literature review portion is very difficult. I found difficulties in selecting related available literatures on the net. First there are very few literatures are available and which one to be chooses for further reading and review.
CPHE team members helped me in literature review in various ways.
Mr. Prassana shaligram has taken some sessions during the collective teaching program. He showed how to search literatures on the web. Internet searching and use of Google for literature search.
How to read literatures, relating the situations and using any literature for the articles.
Dr. Durbh Rohini Kumar, Mr. Juned Kamal from CPHE team, dr. Deepak Kumarswami from Sochara Bangalore team also guided me and helped me by giving their feed backs and sending some related literatures for reading.

B.3.1.2.4 Report Writing

Report writing process was also full of learning. Designing the report, use of words in the report, reflections, learning, etc were very helpful.

have made monthly reports, training reports, field visit reports etc.

Regular feedback from the CPHE team members helped me to improve my reporting skills. Especially making report in Hindi font.

Systematic reporting (What, Where, When and How), problems faced and reflections or learning. By using the format I found it very easy to present all things in the report as previously some information were left.

Before reporting making out lines of the report and then start writing. Use of daily dairy for report writing was also a good learning.

B.3.1.2.5. Report Presentation

During all cluster meeting and collective learning session we were assigned to present our reports. After the presentations feedback was given by the CPHE team member and present resource persons.

This helped me to improve my presentation skills. This also helped me to build my confidence to present a report to unknown audience and to a group of experts.

We used electronic media as laptops to present the reports. We used power point.

I learn how to prepare report in power point e.g. Use of fonts, color and contents in power point presentation.

Even I have made many reports but still I found it difficult.

B.3.2 Strengthening of Communitization Part of NRHM

This was my focus during the entire period of fellowship in the field.

GOAL: To strengthen the Communitization Component of NRHM in 6 villages of Isanagar Block of Chhatarpur District.

This was the main focus during the fellowship program in the field. I have chosen Isanagar (Chhatarpur) block for my field activities and from the block I have chosen 6 villages to focus on strengthening the Communitization part of NRHM
The Villages were; Rangua, Khairo, Sahasnagar, Pipora khurd, Barajkhera, Budoor

B.3.2.1. Strengthening of ASHA (Accredited Social Health Activist)[8]

B.3.2.1.1 Relationship Building

B.3.2.1.1.1 Meeting with District Program Manager (DPM -NRHM)

DPM NRHM knows me as a leader of Prerana project but as a Fellow when I introduced myself to him he welcomed me as a support hand in the Isanagar Block. This meeting was regular once in a month we meet at his office and discusses on the progress and future possibilities.

District program manager (DPM) is very cooperative with me. We together discussed on the field activities and how I can give my inputs to the present ASHAs.

He introduced me to the Block Program managers of Isanagar and Rajnagar Block and helped me by approving my proposal to provide training to the ASHAs of selected villages on selected topics (Leadership, communication and accounts).
He visited the CHC Isanagar and some of the villages with m e and also participated and motivated ASHAs during the training period.

[8] ASHA Guidelines _MHFW new delhi

B.3.2.1.1.2 Meeting with Chief Medical and Health Officer (CMHO)

Met the CMHO of the district and shared about the fellowship program.
CMHO just asked about what I am planning to do and what support I am expecting from him. He instructed the office staff to provide information that I needed.

He was cooperative and sometimes invited me in the departmental meeting of NRHM.
During his absence Dr. V.S.Bajpai – DTO was in the charge of CMHO. He also gave me time to share and provided me the required information regarding ANMs.
I use to meet CMHO once in 3 months with my proposals and progress reports.

B.3.2.1.1.3 Meeting with Block Medical Officer (BMO) Block Program Manager (BPM - NRHM) and CHC staff of CHC Isanagar

I have developed a format to collect information on CHC. We were taught in collective programs regarding CHC. Infrastructures, manpower and services provided by the CHC.
I want to know about the Isanagar CHC[9] that where this CHC according to the CHC norm and how and how much people are utilizing the services of this CHC.

I Visited the community health center (CHC) Isanagar regularly
CHC Isanagar is 18 km away from district headquarter. CHC covers 25 villages, 8 Panchayat and about 50000 populations. CHC has linked with 3 Primary Health centers (PHC).

Number of Sectors:	4
Number of Sub Centers:	26
Number of Doctors Available	02 (1 MBBS + 1 Ayush)
Number of ANMs :	38
Number of MPWs:	25
Number of Supervisors: Male	04
Number of Supervisors: Female	05
Number of **ASHA** connected with PHC	230
Number of **Village Health and Sanitation Committees** formed:	91

[9] Mohfw/health system of india

Services Available at CHC :

1.	Ambulance	- 1
2	Janani Express	- 1
3	Operation Theater	Present only for minor operations
4	Generator	1 in working condition
5	Beds (Number)	6 (4 male + 2 Female)
6	OPD	9am – 3 pm

The Block Medical Officer lives in nowgaon and comes around 11 am to this CHC and returns around 3 pm because she was in charge of CHC Isanagar and PHC Lahera purva.
During nights there are no doctor lives in the CHC campus even there are facility (quarters) available for the medical officers in the campus.

The Block Program Manager of NRHM is new and always cooperative. Mostly we discussed on the ASHA training, monitoring of VHND, activation of Village Health and sanitation committees (VHSC, untied fund of VHSCs[10] and Sub health centers and issues of ASHAs. With the help of BMO and BPM I was able to conduct 2 special health camps in village Khairo and Rangua.

I have participated in the Health workers meeting regularly and shared my findings and suggestion for the improvement of Sub Health Center Rangua and VHNDs under the villages of CHC.
I have participated in ASHA trainings of CHC ASHAs on 5th module at Isanagar and at CMHO office at Chhatarpur.

B.3.2.2 Capacity Building of ASHA

During the fellowship program we were oriented on NRHM and ASHA.

My field assignment was strengthening the Communitization process of NRHM. ASHA is the main player from NRHM in the community.

I went to the field and want to know that "what the status of ASHA in the area is". What was the selection criteria, training and about the role and responsibilities of ASHA as per the given guidelines.

[10] Mohfw/guidelines for VHSC

B.3.2.2.1 Collection of ASHA and VHSC List from Isanagar CHC

For collection of the lists I have visited CHC Isanagar several times. I meet with BMO, BEE and the Computer operator Mr. Pal.

First list was very old but they helped me and updated the data and provided me the updated list of ASHA and VHSCs.

Collected the list of ASHAs and Village Health & Sanitation Committees from CHC Isanagar and later from the DPM-NRHM office Chhatarpur for whole district.

TOTAL ASHA	208	100 %
Highly Qualified +2 or Graduate	**20**	**9.61 %**
10th pass	**170**	**81.73 %**
Less the 10th	**18**	**8.65 %**

Table 2: educational status of ASHAs in Isanagar CHC

About 91% ASHAs are educated up to class 10th. This is a good sign that in place like chhatarpur where the education facilities are very poor and facility for middle or high school is far from the villages women are getting educated and coming forward for social work.

This will really help the program like NRHM to reach the really needy people of the district.

Health awareness and women health status in rural community can be improve of the area by the efforts of these women.

B.3.2.2.2 Meeting with ASHAs from the 8 selected Villages of Chhatarpur Block

After collection of the list I visited all 6 selected villages for my field activities.

I met with 6 ASHAs and shared my plan for the fellowship. Regularly I visited the ASHAs and build my relationship with them and with their family members.

B.3.2.2.3. Developing Interview format for ASHA interview (3)

After building relationship I developed a format for the assessment of the ASHAs. I have received some formats from my co fellows and taken some points from there. Field test was done in Khairo village and then the final format was developed.

B.3.2.2.4 ASHA Interview

After developing the format I discuss the format with my team mentor as well as the BPM and made the final format. Dates were finalized for the interview with the consultation of ASHAs.
The interview was based on the selection process, Training received, materials supplied during ASHA training module 1-4, drug kit of ASHA, what are the activities she is doing, what type of the records she is maintaining.
I have conducted Interview for all 6 ASHAs during the first 3 months of the field placement.

B.3.2.2.5 Analysis of Information's collected through ASHA Interview

Analysis done and report was shared with the ASHA, BPM and CPHE team.
Some findings were:

ASHA from the focused Area:

There are 8 ASHAs in the selected area All were interviewed by me during my visits to the field.

Major finding of ASHA interview

All were selected through gram sabha's recommendations. 6 out of 8 ASHAs were aware about her selections after they were selected. Mostly their family members made all formalities.
Only 6 ASHAs were received training on "ASHA module 1-4 of NRHM". They were trained at Chhatarpur city by some NGO.

They were not aware on use of drugs from the drug kit because there are no proper orientation and training on the use of these drugs. There is no system for refilling the drug kits and drugs were supplied once only. At the time of discussions and interview they were not able to answer about counseling. Some of them said that they need some inputs or training on Home visits and personal counseling

They are not fully aware regarding village health and sanitation committee. While asking about the meetings of VHSC and how they are conducting the meetings they asked me "you tell me how to conduct VHSC meetings" then I will do that".

I asked them if they are aware of Village health action plan they said yes. But they are not involved in the process. And they don't know the process for making "village health action plan.
During the interview I found that the Training on 5th module was not started in the district

B.3.2.2.6 Sharing the findings with different groups and the working NGO (Prerana)

The major findings were shared with the Prerana team in the regular meetings with BPM during CHC meeting and CPHE team & Fellows during the collective meeting at Jabalpur.

B.3.2.2.7 Preparation for ASHA Training

Based on the findings of ASHA interview I planned the trainings for ASHAs of the concern villages.
I related this with Prerana Project's training program for ASHAs. Prerana Project Chhatarpur is providing regular trainings to the ASHAs on various health issues.

B.3.2.2.7.1 Self Preparation (Getting updated for training on 5th Module)

For the training of these ASHAs I found the need of more knowledge on ASHA program and TOT on the 5th module training of ASHA. For self preparation I have Read the training manual facilitators book and during collective workshop at Bhopal we have gone through TOT process done practice.

B.3.2.2.7.2 collection of training materials

I received training manual from CPHE Bhopal and other materials like posters, literatures were collected from NRHM office Chhatarpur.
Prerana project chhatarpur provided the other materials like white board, markers, note books and pen, food and travel expenses were also paid by Prerana Project Chhatarpur.

B.3.2.2.7.3 Getting Permission from NRHM and organized Trainings

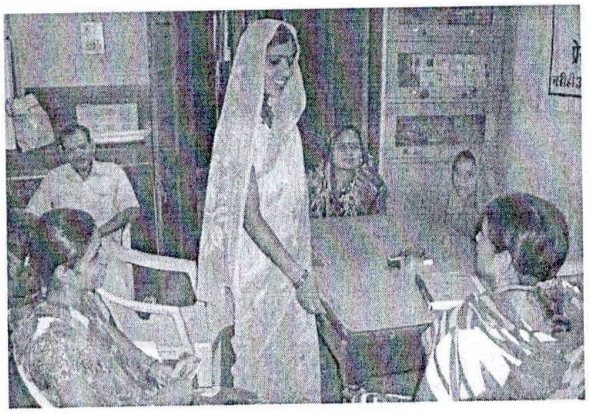
After collection of training materials I have taken permission from the DPM office for the training of ASHAs from the selected villages

1st Training on Leadership development

The first training of the ASHAa was held on dated: 18th December 2010 at Prerana Project's training hall. This was 2 days training program where some other ASHAs from the Project villages were also participated.

The main topics covered in the training were; communication, how to conduct meetings, leadership styles, etc.

16 ASHAs from 14 villages were present in the training program. This was one day training program. Resource persons were from Prerana Project and Mr. Vinay Shrivas from "Chetna" NGO – Nawgoan.



One ASHA is communicating with a villager

Participants during the learning session.

2nd Training on Account Keeping

Second training was on account keeping. During my visits and ASHA assessment it was seen that they are facing problem during the submission of report of **untied fund** utilization. They use to keep only vouchers and receipts of the expenditure.

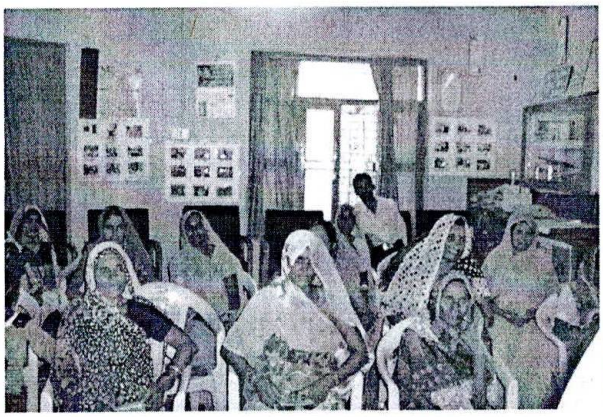
Sometimes they are facing difficult to prove a expense because they are making simple receipts (written by themselves only) without dated.

So during discussion I asked them whether they want to learn how to keep accounts and they agreed for training.

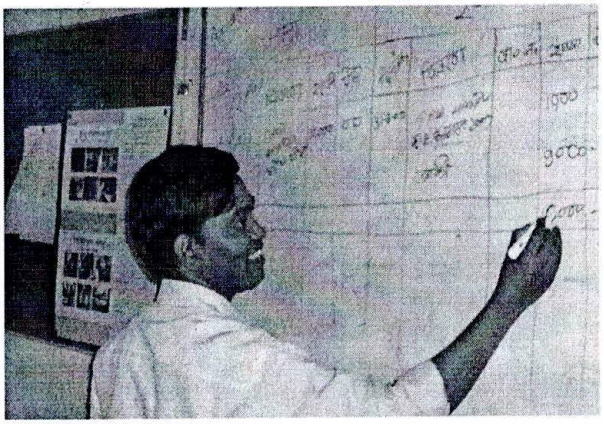
I conducted training on account keeping for the selected ASHAs. We organized the training with the help of Prerana Project's staff at the Prerana office Chhatarpur.

14 ASHAs were present in the training. I and Mr. Ashok Kumar – accountant of Prerana Project were the resource persons.

Topic covered; what is account, what is Cash Book, making receipts, entering the amount in cash book and making monthly financial summary report.



Participants of the training.



Mr. Ashok Kumar – teaching on making cash Book

3rd Training on 5th Module for ASHA of NRHM

The 3rd training was based on the 5th module for ASHA training (NRHM ASHA Training Module – 5) , 8 ASHAs from 6 focused villages were present in the training.

Main topics were:

Knowing Myself, ASHA as a Health Activist, Values of ASHA, Decision-Making Skills, Negotiation Skills, Coordination Skills

This was a 2 days training organized at Prerana Project Chhatarpur.

The resource persons were from – Prerana Project and Fellow, CHFP.

BPM CHC Isanagar, distributed the certificates after the completion of the training. All the efforts were appreciated by the Block Medical Officer – Isanagar CHC and a appreciation letter also provided by the BMO to the Prerana Project Chhatarpur.

B.3.2.2.8 Regular Follow-up Visits

Regular Follow-up visits made to all 6 villages where I meet ASHAs. ASHAs were motivated and appreciated for their efforts.

We found that after these training improvements are taking place in following areas:

- 18 ASHAs were trained during the period from 14 villages.
- They are now showing their confidence in the work.
- 4 villages have completed their Village Health plan and working on the plan.
- 3 out of 6 selected villages (Rangua, Khairo and Sahasnagar) started the regular VHSC meetings.

Overall I have gain a good experience on working with ASHA. They were very friendly and always ready for learning.

They are working hard and well known in their communities. Any time they are available for community and especially for the pregnant women to take them to the hospital for deliveries. They are facing many problems from many sides. CHC staff's attitude towards their works is not very positive. They are also given targets for family planning cases and if someone is failed to achieve that their incentives were delayed by the CHC.

ANM and MPWs are demanding money for approving their reports and for verification of the expenditures of untied funds they have to pay some money to the accountants of the CHC.

I asked them to raise their voice against the corruption but they are not ready to come forward. They have a fear that if they will make complain they will lose their positions.

Gram Panchayat is also not supporting them. Panchayats are also not aware about the role and responsibilities of ASHA. Asha is also not sharing her work report or problems to the Panchayat and not accountable for the gram Panchayat.

There is no monitoring and support system for ASHAs in the district. I felt that some kind of support system should be very important to give support to the ASHAs. This can be improve their status and motivate them to perform better.

Mentoring Group for community action (MGCA) can be a good starting point but depends on the motivation and interest of the members.

B.3.3 Strengthening the VHSC[11] (Village Health and sanitation Committee)

During the meeting with ASHA and visits of these villages I met with many villagers and Anganwadi workers. I asked about the VHSCs that how they are functioning in the village. I found that most of them are not aware of VHSC and the VHSC members were also not fully aware on the VHSC and its functions.

So I discussed with them and we decided to organize some training for the VHSC members.

[11]Mohfw/nrhm/ Village health and sanitation committee guidelines

B.3.3.1. Selection of VHSCs for Strengthening

I have selected 3 Village Health and sanitation committees for 6 focused villages to give inputs and build their capacity.

1. Rangua
2. Khairo
3. Sahasnagar

But the ASHA of village Sahasnagar started living at chhatarpur for her health and other family reasons so I have given my inputs in only 2 VHSCs.

B.3.3.2. Meeting with VHSC members during Village visits

After selecting the village I met with the ANM and ASHA and discussed on the VHSC.
In the both villages the VHSC members were only ANM, ASHA, Anganwadi workers and one Mahila panch. No NGO representative, SHG representative and other mohalla's representatives were included as member of the VHSC.

I visited the both villages and met individually with the members of VHSC.
In beginning it was very difficult to motivate some of the self help group (SHG) leaders and other villagers for participating in the meeting.
Slowly after regular meetings and encouraging them for participation in VHSC we were able to include SHG leaders and some mohalla's representative and Health worker of Prerana project in the VHSCs of both villages

B.3.3.3. Meeting of selected VHSCs

After meetings with the member we decided to organize meeting of VHSC on the Village health and nutrition day (VHND) at anganbadi center.

Slowly we started to meet regularly after VHND[12] at anganbadi center.
During our meeting we use to discuss on the health issues of the village. Members were oriented on the concept of VHSC and the role of members.

[12] Mohfw/NRHM/VHND guidelines

Now in both villages VHSC is meeting regularly on the VHND days. They are keeping the meeting minutes.

VHSC was not recognized in the village. Most of the villagers were not aware about the VHSC and its activities. Untied fund was also not shared with the member as well as villager. We decided to call a general meeting with villagers and shared about the VHSC and UNTIED fund. Slowly most of the people in the village specially SHGs, Farmers Groups, Panchayat members and other stake holders are aware about VHSC and Untied fund.

B.3.3.4. Need Assessment of VHSCs for capacity Building

I found that most of the members were not aware about the concept of VHSC and about their responsibilities. Many of the members were not aware about untied funds of VHSC and for what purpose they can use the fund.

VHSC Meetings were not regular. Members were not aware about the village health action plan. We discussed and decided to organize some trainings on :

Village Health and sanitation committee (concept of V HSC and responsibilities of members)

Account keeping for untied fund and drafting village Health action plan

B.3.3.5. Organizing Trainings on (VHSC –concept and need of VHSC, role of members, untied fund, Account keeping, making Village Health Plan)

I have facilitated 2 trainings for the VHSC members. The booklet on VHSCs provided by CPHE was used for the training.

Concept & role of the VHSC members

These trainings were organized in the villages for all VHSC members.

In village Rangua the training held at Anganbadi center. ANM, MPW, 2 Anganbadi workers, SHG representative and representative from Prerana Project attended the training program. In village Khairo also the training was organized at anganbadi center.

The Topics covered:

- What is the need of VHSC
- Who can be the members of a VHSC
- What is the role of VHSC members
- What activities can be done through VHSC

Training on Village Health Action Plan

Training on Village Health Action Plan was organized at Village Khairo. 6 members were participated from the VHSC and Panchayat Secretary of the village and 2 Volunteer from the village were also present.

- We discussed on the Health issues of the village
- Priority setting of the listed issues
- What can be done by the village health committee and what we can be done by Panchayat and NGOs working in the village.

This was a 4 hour exercise and in the end all members were aware about the village health action plan. Material used for the training was the format of village health plan provided by CPHE.

B.3.3.6. Facilitation in drafting the Village Health action Plan

After the training we discussed on the various issues of the village.
We listed out the problem of the villages and done exercise on problem prioritization. And after that the VHSC meets several times to develop the village health action plan in village Rangua and Khairo. This was a learning exercise for the VHSC.
We shared this plan with the villagers and Panchayat members.

B.3.3.7. Regular follow-up

Regular follow-up visits held by the fellow to these village and facilitation of VHSC meetings are done.

During last 2 years I visited these villages and facilitated the VHSC meetings in these 2 villages but I found that when I was unable to attend the meeting the members and ANM were not interested for conducting meetings.

This shows that still the motivational factor is missing and they are not ready to take ownership of their village and to address the health problems themselves.

B.3.4 VHND (Village Health and Nutrition Day)

I learned about Village Health and Nutrition Day (VHND) in the fellowship and when I visited NRHM office at Chhatarpur I asked about the VHND. I also visited some of the villages to know the reality.

I meet with Anganwadi workers of village Rangua and Khairo. These villages have two anbanwadies in each village. I visited these villages with the ANM on VHND day.

The Health team was there (ANM, MPW and ASHA). In beginning I only observed the process of the VHND. I found that they are doing only Immunizations.
I found that in VHND there are no physical checkups, blood pressure checkup and urine, Hemoglobin checkup of antenatal was done. Only weight is taken and after giving Tetanus toxide injection the ANM gave IFA tablets to the ANCs.

Anganwadi worker supplies one food packet to the ANCs. No other activities were held. No written information was there on VHND.
I discussed the issues with the ANM and ASHA and shared the need of having all the activities during the VHND. I discussed and shared the importance of physical checkups, BP weight and the tests (urine and Hemoglobin).

B.3.4.1 Meeting with CDPO of ICDS

Before visiting the Anganwadies I meet with CDPO of Chhatarpur block- Mr. Anand Shivhare. I shared the VHND and its importance. I expressed the need for improvement in the VHND from the VHND team. I shared the plan with him. He assured me his full support.

B.3.4.2 Sensitization of VHSC members & Self Help Group members on VHND

Sensitization sessions on VHND were done in both villages. We included self help group members also in sensitization program.
Film show on VHND was organized for the Team and other villagers at the anganbadi organized. The film provided by Jaika was shown and after the film show we discussed how to improve the process of VHND in the village.

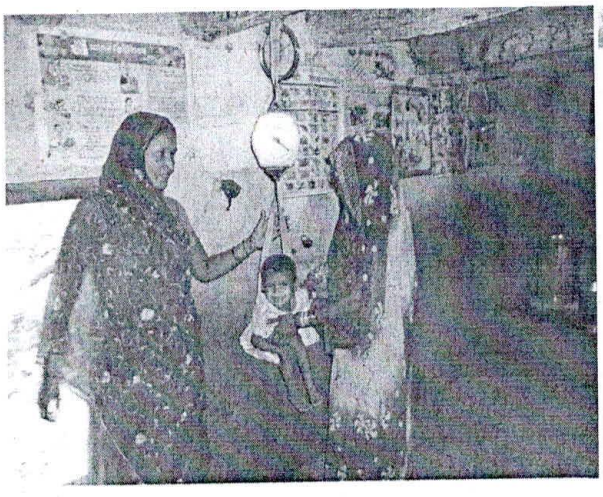
After regular effort of whole team some changes are taking place as ASHA is now teaching the adolescents and ANCs, ANM is started physical check-ups. But still Blood pressure and urine and hemoglobin test are not started.
I have discussed with DPM NRHM and BMO of the Area to provide instruments and test kit to the ANM.

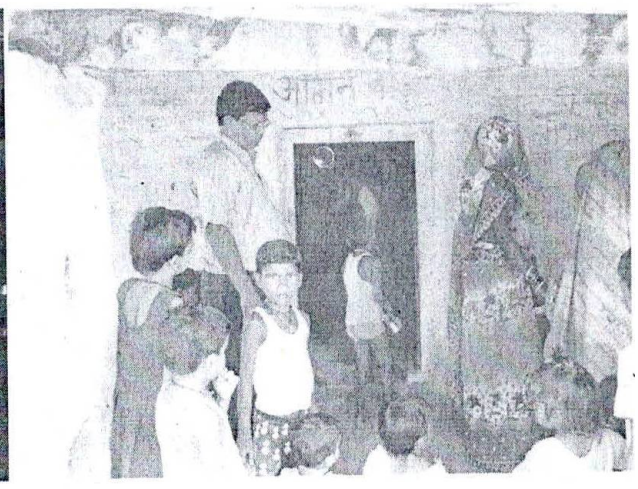
Now after VHND we use to sit together and discuss the process and how to improve more.
I have suggested the VHSC to purchase BP Instrument and Test kit from the Untied fund.

B.3.4.3. Facilitation of VHNDs

VHND sessions in both villages are facilitated by me regularly and in absence of me one of the staff members from Prerana project is helping in facilitation.

One person helps in registration of new ANC and child, second helps in weighing the child and ANCs. ANM gives vaccines and MPW is responsible to distribute IFA, family planning counseling. ASHA sits with adolescents and teaches them on personal hygiene and other health issue. Anganbadi worker looks on the Nutritional part (growth monitoring chart, counseling the mothers of malnourished and severe malnourished children, referral to NRC or Hospirtal and supply of nutritional packs, records, etc.





B.3.5 Assessment of Sub Health centers as per IPHS

(Indian Public Health Standard) Guidelines)

B.3.5.1. Sensitization of VHSC and VHDC (Village Health and development Committees) members on Sub Health Center

The sub health center (SHC) is at Rangua village. This SHC is covering 10 villages of 5 kilometer radius.

When I asked the villagers of Rangua about the SHC, they were unable to reply. Some of them asked me that what is this? They only know that ANM comes once or twice in a month in the village for Immunization and for family planning cases.
So I felt the need to sensitize the health committee members on sub health center.

There are 2 committees in the village. One formed by the ANM (VHSC) and second formed by the NGO (Prerana Project) is called VHDC (Village Health and development Committee)
Sensitization program organized for both committee members in the village.

I share about the sub health center

- How much population to be covered by SHC
- What facilities should be available in the SHC
- Services of the SHC
- Untied fund of the SHC

B.3.5.2 Formation of team for assessment

A team was formed for the assessment.

- 1 VHDC member (health worker of Prerana Project)
- 2 VHSC members (ANM +Anganbadi worker)
- MPW of the SHC
- 1 NGO representative from Prerana project

B.3.5.3. Orientation of team member on assessment form

Orientation given on the IPHS format and objective of the assessment was to find out the current status of SHC.

Introduction: Introduction given by the fellow that why the sub health centre is established in the village and what facilities and activities should be provided by the sub health centre in the village.

Purpose of the Assessment:

The main purposes of the assessment were:

To find out the gaps in the sub health centre and present the report at PHC to improve the facilities / services of the SHC and make the SHC functional.

To create awareness regarding the sub health centre's activities / services to increase the utilization of services provided by the sub health centre.

B.3.5.4. Assessment

Assessment of Sub Health Center:

Assessment of sub health centre was done on 11/5/2010. Following persons were present during the assessment.

MPW, ANM, Anganbadi Worker, Project Officer- Prerana project, Tele Health Worker – Prerana Project

Assessment Criteria:

We used the **IPHS Checklist** for Sub Health Centres to find out the major gaps in the sub centre.

- **Findings:**

Manpower Health worker (female)	1
Health worker (male)	1
Voluntary worker to keep the Sub-centre clean and 1(optional)	not available
Physical Infrastructure:	Rented room - 1
Furniture	1 old examination table (not in use)
Equipment	not shown (ANM will provide the list later)
Drugs:	not shown (ANM will provide the list later)
Support Services	

a) **Laboratory**:

Minimum facilities like estimation of hemoglobin by using a Approved **Hemoglobin Color Scale,** urine test for the presence of protein by using **Uristix,** and urine test for the presence of sugar by using **Diastix** should be available.

Not available at the centre at present

b) **Electricity:** No electricity facility

c) **Water**: no water facility at the centre

d) **Telephone**. ANM has mobile

e) **Transport** No transport available for the centre

Monitoring mechanism:

Supportive supervision and Record checking at periodic intervals by the Male and Female Health supervisors from PHC at least once a week) at the CHC level on their meeting days and very occasionally they visit the village.

- **Major gaps identified:**

  - People are not fully aware about the activities / services of the sub health centre
  - No ownership of the community in govt. health services
  - Centre is running in a private Room
  - Citizen charter is not displayed
  - Only registration of ANCs and Immunization of ANC & under 5 are provided by ANM in the Anganbadi centre on fix day. (once in a month)
  - No proper disposal of used syringes and niddles, niddele cutter is not seen with the ANM.
  - Centre is not utilized by the ANM for any kind of services.
  - Most of the villagers are not aware about the sub centre place.
  - Provision of **untied fund to the Sub-centers** (currently Rs.10,000 per Sub centre is provided under NRHM) for facilitating the service management at the Sub-Centre people are not aware about the fund.
  - Panchayat can plan for the construction of sub centre building
  - ANM and MPW should stay in the village

Suggestions:

There is a need of close monitoring of the sub health centre. Excess of workload non accountability for the community worsen the situation of the sub health centre.

Need of restructuring of the Village Health and Sanitation Committee and Motivation of PRI members that can improve the current status of the sub Health Centre. Block Medical officer can visit the sub centre at least once in 2 or 3 months Working NGOs and CBOs can be involved in monitoring and other activities. Skill updation of the workers is also needed.

B.3.5.5. Sharing of findings with VHSC and CHC staff

The finding were shared with the VHSC members of Rangua Village. The members discussed on the findings and they aksed to the ANM and MPW that what can be done to make improvement in the sub health center.

The findings were also share with CHC staff (LHV and BPM of Isanagar CHC).
They accepted that some improvement can be done in the services. I approached to the BMO and BEE of the CHC also for the supply of basic instruments which were old and not in working condition like; BP instrument and blood and ne testing kits.

B.3.5.6. Sharing the findings with Panchayat leaders of Rangua Panchayat

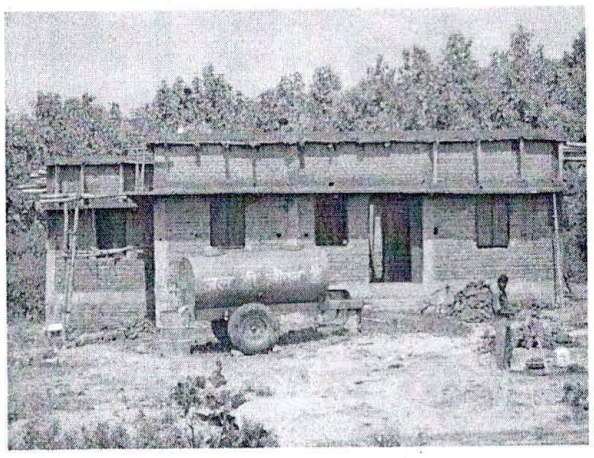
The findings were also shared with the Panchayat leaders. The need of the building for SHC was raised with the Panchayat. We discussed why we need the building?

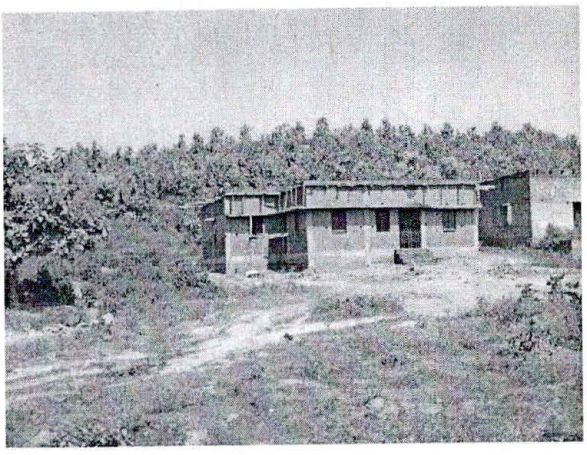
The nurse is not living in the village because she is not finding some secure place to stay. No instruments, medicines and other belongings of Sub health center is available in the village due to lack of building.

If the nurse will start to live in the village then 24 hours health care facility and also sub health centers facilities will be available for 24 hours to all the villagers.
During the emergencies she will be available to provide emergency care.

The newly elected sarpanch and Vice sarpanch shown their interest for construction of the Sub Health center's building. Later they made a plan and submitted to the Zilla Panchayat for the construction of Sub Health center Building.

The planned was passed and construction was stated in September 2010.





Now at the end of July 2011 the SHC's building is constructed and hoping that will be started soon for the public service.

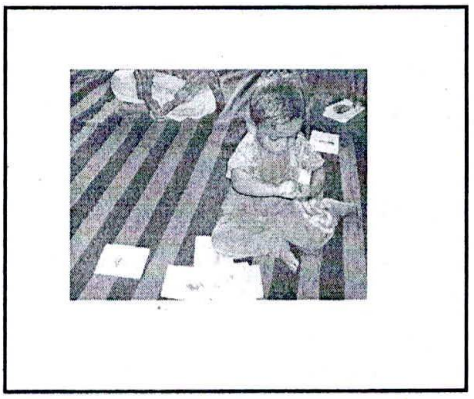
B.3.6 Nutritional promotion activities

During the fellowship program we had some exposure and sessions on the burning issue of malnutrion. Malnutrition is a challenging issue in Madhya Pradesh.
The state fact sheet shown that 60% of the children were malnourished, but the recent report says, 71.4% children in tribal families are living with the curse of malnutrition.*(Status of child and maternal health in Madhya Pradesh _ vikas samvad)*

The nutritional status of children in MP is very poor, according to National Family Health Survey (NFHS). Under nutrition is very high in the state. Fifty seven percent of all children under four are underweight for their age, and 22% are severely under-weight. The situation reflects the same for backward districts of MP which include the concerned districts (chhatarpur, damoh, panna, satna, Tikamgarh, etc).
(Study on Bundelkhand_ yogesh kumar, Samarthan Bhopal)

I have discussed the issue with the team mentors and facilitated some of the Anganwadi workers for nutritional promotion activities through the Community approach.

B.3.6.1. **Strengthening of Anganbadi Centers**



B.3.6.1.1. Meeting with anganbadi workers

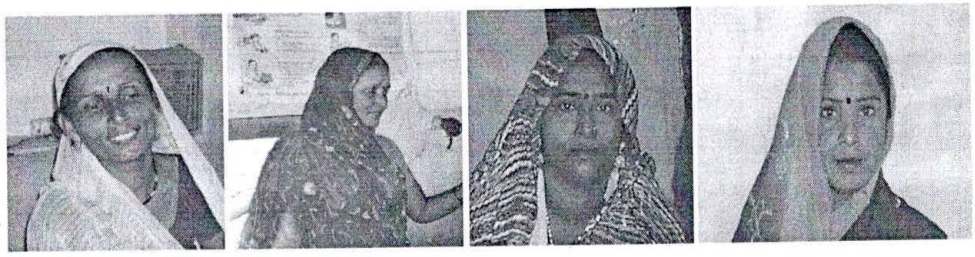
After the learning on nutrition at Jabalpur collective meeting I met the Anganwadi workers in 3 villages of Isanagar block (Sahasnagar, Rangua and Khairo).
I shared about my field plan with them.
Regularly I have visited these villages and gone through their records. These Anganwadi centers are opened regularly. Anganwadi Worker and Sahayika are regular and doing their regular works. Sahayika is opening the center, cleaning the center and calling children by visiting door to door. Worker is teaching the children some poems, songs, numbers and alphabets.

Mid day meals were distributed by the self help groups member and Anganwadi worker distributed the nutritional food supplement packets to the antenatal and postnatal women.

Anganwadi worker's details:

Name	Designation	Name of the Village	Education level
Smt. Asha singh Solanki	Anganwadi worker	Sahasnagar	12th
Smt. Leela Dwevedi	Anganwadi worker	Rangua 1	BA
Smt. Geeta Namdeo	Anganwadi worker	Rangua 2	10th
Smt. Savitri Mishra	Anganwadi worker	Khairo 1	10th
Smt. Sanju Dubey	Anganwadi worker	Khairo 2	10th

Table 3: list of Anganwadi workers in Focus villages

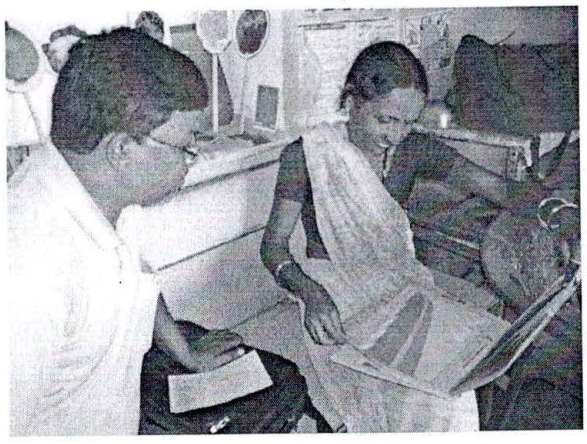


B.3.6.1.2. Need Assessment of Anganbadi workers

During my visits I asked the anganbadi workers what they want to learn that I can teach them. They are doing lots of documentations and reporting. I found that the "growth monitoring register" in Sahasnagar village is not completed and also she told me that she is trying but some time she felt it hard.

B.3.6.1.3. Facilitating in preparation of Growth monitoring register

I helped her to learn how to fill the growth monitoring register and regularly I helped her to fill the growth monitoring card of children. Now the anganbadi worker of Sahasnagar Village knows to fill the Growth monitoring register.



B.3.6.2 Positive deviant Hearth (P.D. Hearth)

Implementation of PD Hearth Process:

During the collective teaching program of Community Health Fellowship Program at Jabalpur we were oriented on the PD HEARTH process.

The status of malnutrition among the children under 5 years is very high in Madhya Pradesh.

I am placed in Chhatarpur district for my field learning. The malnutrition among the < 5 children shows about 58% in many studies. But it can be more If we conduct a study in some of the area of chhatarpur block.

Steps taken for the implementation:

Discussion with the Prerana Project's team member:

Discussion held with the Prerana team members. I presented the plan and presented the need of the PD HEARTH in the area.

I shared the health status of the children and status of malnourished children in Madhya Pradesh and in Chhatarpur district. About 58% children are malnourished in the district according to the studies done in the district by various groups / programs (DLHS, NFHS and by abhar Mahila samiti, etc)

Discuss the process of the PD Hearth and possible benefits of the process to the community. How the plan will take place and what kind of support and cooperation is needed to make the plan success. The team members assured their full support for the program in their concern villages.

B.3.6.2.1. Discussion with the Field staff of Prerana Project:

A meeting held in Prerana Project's office with the field staff of Prerana Project to share and discuss the plan of PD HEARTH.

Discuss the plan with the field staffs of Prerana project Chhatarpur. 15 THW and 2 SHG workers were present in the meeting:

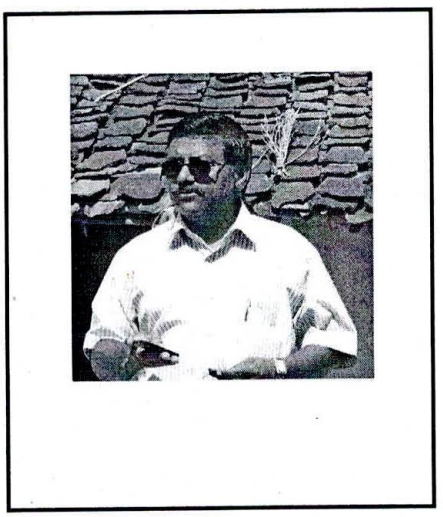
An orientation was given on PD HEARTH and then we discussed the need and possibilities of the process in thes villages where they are working.

Slide show presentation was given by the fellow in the meeting.

Discuss the process of the PD Hearth and possible benefits of the process to the community. How the plan will take place and what kind of support and cooperation is needed to make the plan success.

Need and Role of Village level committies and Volunteers were also discussed with them. The field staff assured their full support for the program in their concern villages.

B.3.6.2.1a. Discuss the plan with ICDS – CDPO & Team of Isanagar Block:



I discussed the plan with the ICDS officer Mr. Anand Shivhare ji in their office and given a presentation on PD Hearth Process.

We discussed on the malnutrition status in the district and especially in Chhatarpur block.

Mr. Shivhare was also very concern on the issue and is willing to do something to improve the status but he told me that he have no any support and as I am willing to do he will give his full support and the anganbadi workers in the villages will also involved in the process and will help in survey, weighing the children and conducting the sessions.

He also suggested that we can use the anganbadi centers where they have building for the sessions and He will participate in the session.

Mr. Shivhare visited the village Khairo with me. We met the Anganwadi worker and visited the houses where she had identifies severe malnourished child.

We also visited the house of all malnourished children and motivated the parents to come to the anganbadi center.

We discussed the plan with the parents and Panchayat members at the meeting held at anganbadi center.

B.3.6.2.1b. Discuss the plan in village Health & Development committees/ village Health & sanitation committee:

We decided to discuss the plan with the Heath committees in village Rangua, Khairo village. We organized their meeting and discuss the PD Hearth process in village Rangua and Khairo. Sahasnagar village is 2 km far from Rangua and is in the same Panchayat but the VHSC in not functional so we met with Anganbadi worker, Asha and some of the villagers and discussed the program individually because the ASHA is living in chhatarpur.

B.3.6.2.2. Selection of village for implementation of PD Hearth process:

After analyzing the data and discuss the program with ICDS department, Anganbadi workers and Village Health committees we decided to start the PD Process first in Rangua village and then we see how to implement the process in other villages.

B.3.6.2.3. Data Verification/ validation:

We have taken the list provided by the Anganbadi worker of the villages and verified some of the children as sample basis with the help of Prerana team members.
We found that there are more children who are malnourished but not coming to the Anganbadi center. We decided to go door to door in village Rangua and the take weight of all under 6 children and make a new list of the children who are malnourished. Re confirmation by using MAC tape and go further in the process.

B.3.6.2.4. Selection of Volunteers:
Selection of volunteers has been done with the help of Anganbadi workers and Prerana team in village Rangua.

Volunteers:

Health worker Prerana project, Anganbadi workers 2, ASHA, 1VHDC member, dai

B.3.6.2.5. Orientation of volunteers

Orientation on PD Hearth Process was done in Anganbadi center of village Rangua by the Fellow – Mr. Prabhu saran on 7/9/2010

Smt. Leela Dwedi – anganbadi worker and Mr. Samuel Das, Project officer – Prerana project assisted me in the orientation.

B.3.6.2.2 Collection of list of malnourished children from the selected villages

Details of malnourished Child in Project Villages as on 1st July 2010

								according to weight		
SN	**Name of the Village**	**Angan badi No**	**Name of the worker**	**contact Number**	**Sector**	**Sector supervisor**	**Total children enrolled in anganbadi**	**General**	**malnourished**	**severe malnourished**
1	Khairo	1	Smt. Savitri Mishra		Matgua	Smt. Bela jain	160	140	20	0
2	Khairo	2	Smt. Sanjai Dubey	9407006575	Matgua		90			2
3	Rangua	1	Smt. Leela Dwevedi	9754118438	Matgua		136	119	14	3
4	Rangua	2	Smt. Geeta Namdeo		Matgua		126	101	23	2
5	Sahasnagar		Smt. Asha Singh solanki		Matgua		0			
6	Budoor	1	Ku. Gomti Dixit		Budoor	Smt. Madhu pandey	96	75	16	5
7	Baraj khera	1	Smt. Rajkumari patel		Chhatarpur	Smt. Manju Jain 9993339960	100	51 (Male33) Female 18	44 Male 22 Female .22	2 Male 1 Female 1
8	Thara	1	Smt. Sushila Sharma		Chhatarpur		82	34 (Male 20) Female 14	45 Male 25 Female .20	3 Male 2 Female 1
9	Thara	2	Sudha Sharma		Chhatarpur		104	81 Male 35 Female 46	23 Male 14 Female 9	3 (Male 1) Female 2 All were sent to NRC and now recovered well

Table 4 : status of malnourished Children in selected 6 villages

The table 3 shows the malnutrition status of registered children in the Anganwadi centers of the concern village. Migration is a big issue of the area and about 30 to 40 % of families migrated for labor works to the nearest cities and some to metro cities.
The children of the migrated families and who doesn't contacted by the Anganwadi workers are not enlisted here.

SN	Name of the village	Name of the Worker	Anganbadi no	Number of Children enrolled	malnourished	Severe malnourished
1	Khairo	Smt. Savitri Mishra	1	140	20	2
2	Khairo	Smt. Sanjai Dubey	2	90	14	04
3	Rangua	Smt. Leela Dwevedi	1	136	14	03
4	Rangua	Smt. Geeta Namdeo	2	126	23	02
		Total	**4**	**492**	**71 (14.43 %)**	**11 (2.23%)**

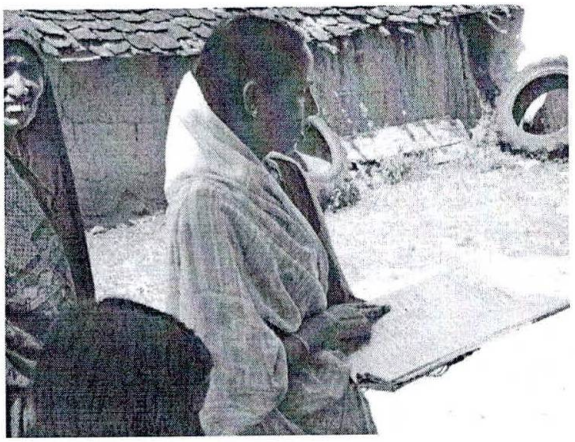
Table 5: Percentage of malnutrition in children of village Khairo and Rangua, where PD hearth sessions were planned.

B.3.6.2.5. House visit for Data Validation

After collection of the list of malnourished children we visited the houses to validate the data. Anganbadi worker Sahayika and some of the volunteer visited with me and we together validated the list. We also motivated the mothers and mother in-laws to send their child to anganbadi center for PD Hearth session.

Many families refused to come for PD hearth session due to their busy schedules in their field and for other reasons.
Awareness on nutritional value of locally available foods are very less in the families having malnourished children.

Parents use biscuits for feeding their children and dry roties. Proper care of the child is a big challenge in the villages because most of the children were taking care by their elder brother or sisters in the house.



B.3.6.2.6. Planning of session for PD Hearth

We had planned 5 days sessions for PD hearth process.

Day 1 – Registration, weighing of the child and knowing food practices of each other
Available foods in the village, seasonal foods

Day 2 – foods that contains nutritious value (vitamins, minerals, fats, etc)

Day 3 – food during the sickness, management of diarrhea

Day 4 – Immunization, vitamin – A supplement, nutritional packs of anganbadi center

Day 5 – Care of child, personal Hygiene (cleaning of child), importance of oil in food
Weighing of child.

(Every family will bring one food item with them (rice / dal / aata/ vegetable / oil, etc)

- Every day after the learning session all (mother / care takers) will jointly cook the food at Anganwadi center and feed the child.
- At 1st day and 5th day every child will be weighed and we will see if any difference.
- Anganwadi will provide utensils for cooking.
- Panchayat will provide the fuel (wood).

We have started the process at anganbadi but due to continuous heavy rain the whole schedule was disturbed. Second measles and viral fever in the village disturbed and demotivated the parents to join the session.

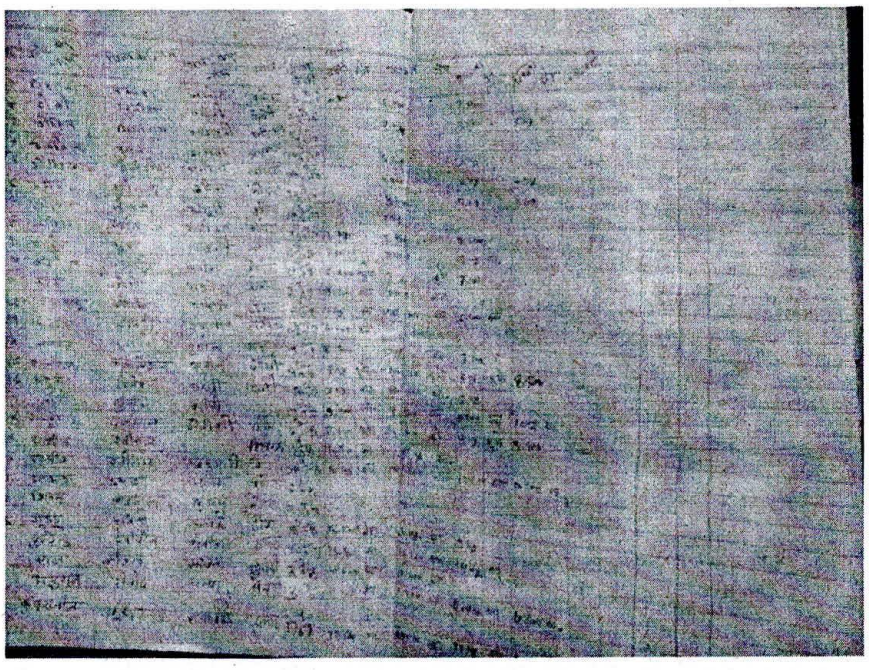
We together discussed (the volunteers and ICDS team) and then we decided to do the promotional activities in the houses.

B.3.6.2.7. Growth Monitoring and Promotion

I discuss with the Prerana Project's team and took help of the nursing students who were visiting the village regularly for continue teaching on nutrition, personal hygiene and use of ICDS services.
This activity was started in 2 of the focused village when we failed to conduct PD hearth session.

The table shows the number and percentage of malnourished and severe malnourished children in both villages.
This is not the complete figures of the villages. About 30 families migrated to the cities for labor works and they have most of the malnourished children.

I developed a register of the malnourished child and every month during the VHND and my regular visits to the villages, taking weight of these children to see progress.
During the visit to the family we do Counseling of family member and promoted Referral services. We had sent 6 children to NRC at Chhatarpur from 3 villages and all are improving.
The Anganbadi worker's doing regular follow-up of these children and I use to visit the children at least once in 2 or 3 months.



This is the sample of the register for tracking malnourished children.

Some good results have been seen in the villages.

Name: Ramkesh aadiwasi 20 month

Some good results have been seen in the villages.

Name: Ramkesh aadiwasi 20 month

Ramkesh aadiwasi was born in the **village Khairo** but their parents went to Delhi for labor work. The family is migrated for 8 to 10 months in a year. We found the child in the village during the survey.

We discussed the family the severity and possible results if the will not take his care and look on the nutritional requirements.

We visited regularly to his family and guided them on the feeding practice. He was referred to the NRC and was admitted there for 14 days. He was recovered and gain his weight. Now regularly his mother is bringing him for weighing and feeding him as per the guidance of the Anganwadi worker and Prerana staffs.

	Before the intervention	%	After the intervention	%
Total children	86	100	86	100
Healthy (Green)	60	69.76	65	75.58
Malnourished (Yellow)	22	25.58	16	18.60
Severe malnourished (Red)	**4**	**4.65**	**5**	**5.81**

Table: 6. **Anganwadi 1 / Village Rangua – distribution of children according to weight for Age**

Prem lal aadiwasi 18 months

Prem lal aadiwasi is belongs to a aadiwasi family of **Khairo village**. Their parents are also migrated from the village to Gwalior where they are doing labor works.

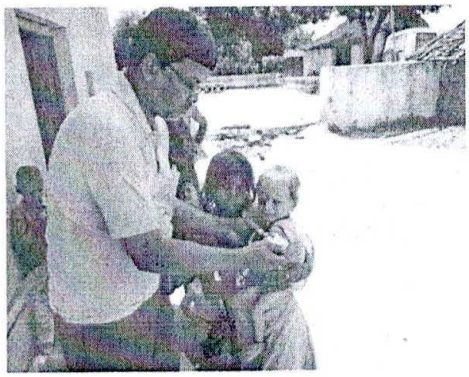
During our survey he was graded as severe malnourished. He was admitted in NRC by the Anganwadi worker. After discharges he started to lose weight. We followed him at their house and guided his mother on nutrition and balanced diet. Anganwadi worker supplied him some extra food packets and guided his mother for feeding him regularly. Now he again increasing his weight and looking healthy. His parents are thankful for the Anganwadi services.

Priyanka d/o Harlal Aged 3 years.
went to severe grade(red) from malnourished (yellow) *We enquired with the family members and found that she is losing her weight regularly. She was advised and counsel by me and Anganwadi worker to go to NRC.*

	Before the intervention	%	After the intervention	%
Total children	112	100	112	100
Healthy (Green)	90	80.35	96	85.71
Malnourished (Yellow)	21	18.75	14	12.50
Severe malnourished (Red)	**1**	**0.89**	**2**	**1.78**

Table:7. Anganwadi 2 / Village Rangua – distribution of children according to weight for Age

Tanu d/o Nandu Iodhi age 2 year became severe malnourished (red) from malnourished (Yellow). She was having acute diarrhea in October and she loses her weight.**Source:** weight register of fellow_2010-11



During house visits for follow-up of malnourished children

B.3.7 Organizational Works

B.3.7.1Orientation of Prerana staffs on Fellowship program

Orientation on the fellowship was given to Prerana project team members. 10 staffs and volunteer were present in orientation program. The team is involved in community health and

Regular house visits of the malnourished children and proper teaching / counseling of mothers / care takers of the children made some behavioral change in the community. As result we can see the improvement in the health of some child. 6 children from Anganwadi 1 and 7 children from Anganwadi 2nd improved their weight in home itself.

development program and I found it helpful to share my learning with the team for their motivation and improvement of learning.

B.3.7.2 Staff Monthly Meeting of Prerana project

I Participated in the monthly meetings of Prerana project regularly. I helped them for preparing their monthly plans, monthly reports of project staffs.
Regularly after every collective program I use to share my new plans and learning of the Collective program with the staffs during their monthly meetings.

B.3.7.3 Staff Trainings:

Facilitated trainings for Prerana staffs on the following topics:

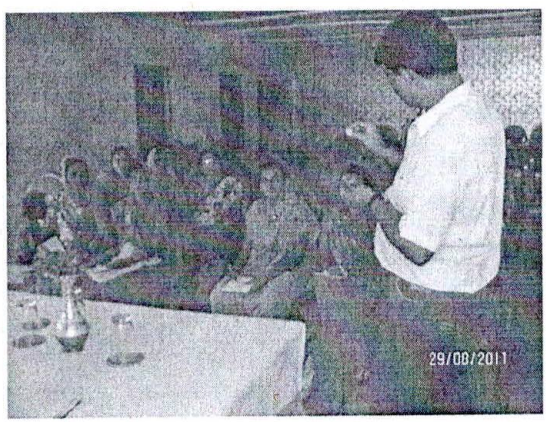
NRHM and Role of ASHA, Village Health & Sanitation Committee, Village Health and Nutrition day, Village Health Action Plan, Integrated management of neonatal and childhood Illness (IMNCI), NRC – need and services

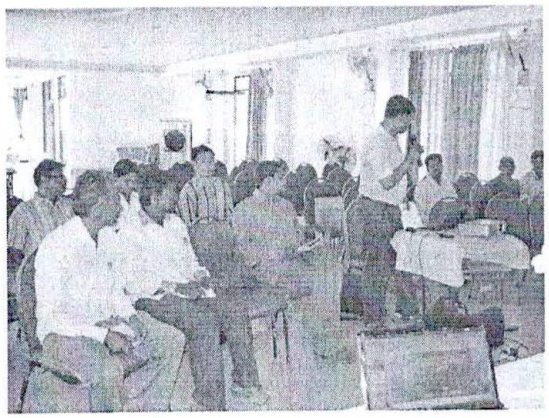
B.3.7.4 Participation in Emmanuel Hospital Association's Meetings

I Participated in EHA's community health program's six monthly and annual reporting meeting. There I shared on Fellowship program with the unit officers, project managers and director of community health program.

B.3.7.5 Global fund round 9's TB Program

This program was launched in Madhya Pradesh last year. Emmanuel Hospital Association is also a partner with the UNION and implementing the program "AKSHAY INDIA" in 2 districts of Madhya Pradesh. Sivni and chhatarpur.
I participated in the program as a resource person in several trainings and orientation for CBOs, NGOs, Private practitioners, govt. workers





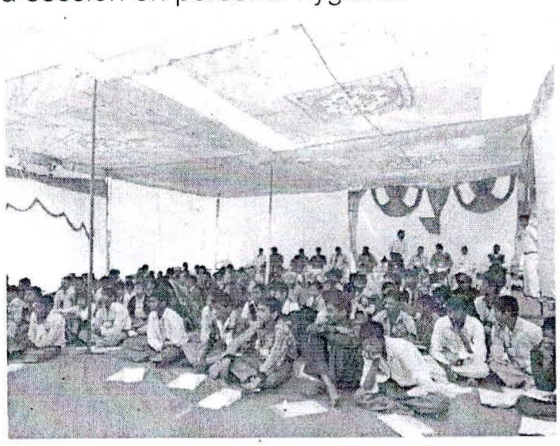
B.3.7.6 Adolescent Groups District level workshop

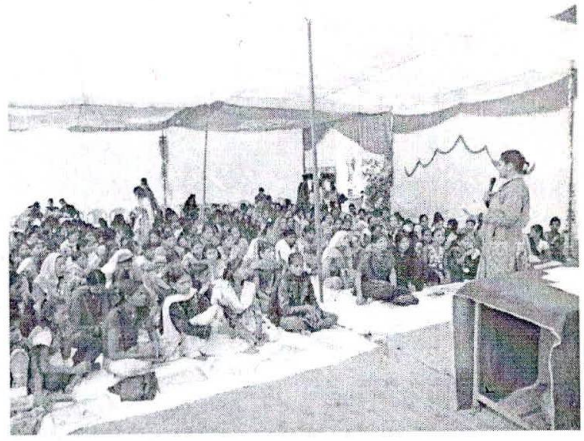
Adolescent health program is initiated by Prerana project chhatarpur. The program helps the adolescents in learning the family education. Regular teaching session were conducted at village level.

The main objective of Prerana project in organizing adolescent girl workshop was

To aware of their own sexually & physical well being and enable them to acquire knowledge on family planning, Life skills development.
Misconception and unhygienic practiced will be improved and reduce the morbidity.

In November last year they organized a district level workshop for these groups. The theme was "personal hygiene and sanitation". I participated in the workshop and taken a session on personal hygiene.





B.3.7.7 Health Mela and Health camps

One Health Mela and 3 Health camps were organized in the field with the help of BMO Isanagar CHC and Prerana Project chhatarpur.

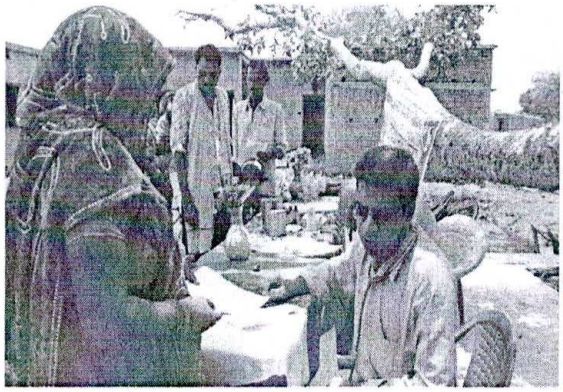
Health Mela was organized at village Rangua. Peoples from 6 villages participated in the Heath Mela. The focus was on Nutrition and malnourished children from the villages.

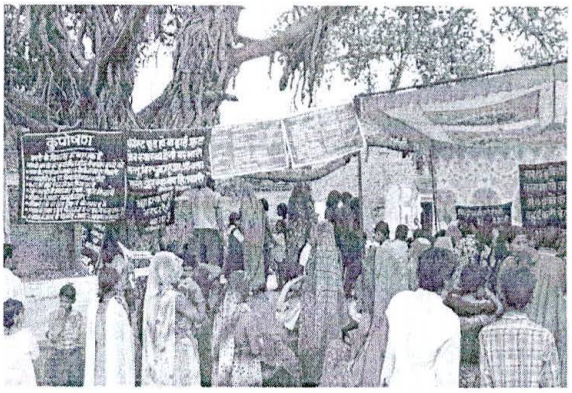
Anganbadi workers from 6 nearby villages brought many malnourished children in the Mela where doctor from CHC Isanagar and Prerana project screened the children and provided some vitamin and Iron supplements. Severe malnourished child referred to NRC chhatarpur.

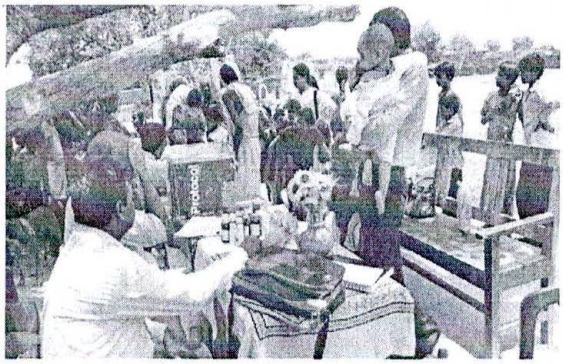
Awareness on nutrition to the Antenatal and Adolescents were organized through different stalls. Nurses of Prerana project helped the women and adolescent in learning on nutrition and importance of balanced diet.

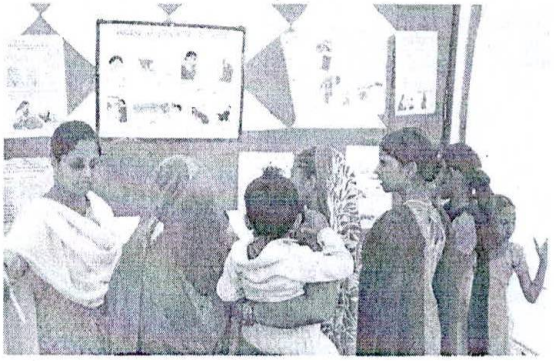
Health workers of Sub Health center aware people on different health schemes as JSY, family planning program, Din Dayal antyoday upchar yojna, malaria control, TB program, etc.

Health camps were held in village Ramnagar, Bardwaha and Parva. Mostly women and children were received the services of the health camps.









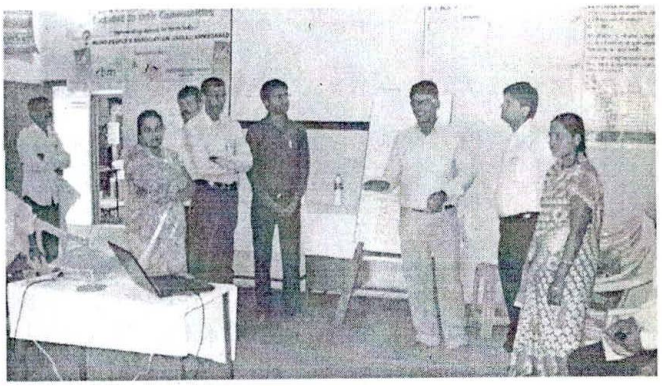
B.3.7.8 Disaster risk Reduction Program

I have participated in the Disaster Risk reduction planning of Prerana project. Chhatarpur district is facing drought situation since last 7 – 8 year. Drinking and irrigation water (both) is a big issue of the area. Project is planning to have some program to face the challenge.

B.3.7.9 Community Based Rehabilitation program (CBR)

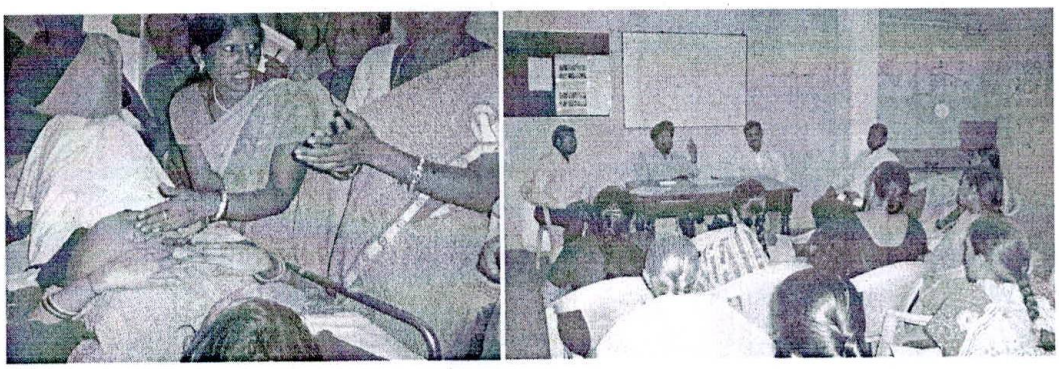
CBR program was planned for the chhatarpur district by Christian Hospital Chhatarpur. Project is focusing on the specific issue related to the Eye problems.

I had an opportunity to participate in 2 trainings on CBR in Chindwada and Betul. This was a new learning for me.



B.3.7.10 ANM Training:

I have facilitated the ANM training organized for the Government ANMs working in Prerana Project area.14 ANMs were trained on different RCH issue.
Special focus was given on physical checkups and Blood pressure management
Practical session were organized at Christian hospital chhatarpur to learn the growth of the fetus, counting fetal heart sound, taking blood pressure and use of Uristix for examination of urine for albumin and for hemoglobin test.
Doctors from Christian hospital and CMHO chhatarpur also presents during the sessions.



B.3.7.11 Anganbadi Worker's Training

Training of Anganwadi workers was organized by Prerana project chhatarpur. I have participated in the trainings and presented the status of Malnutrition in chhatarpur district. Workers were trained on general health issues of women and children.

B.3.7.12 Proposal writing for Prerana Project

I participated in proposal writing for Prerana project with Prerana team members. We have developed a proposal on health and development for next 3 years.

B.3.7.13 Staff Assessment

I was involved in the Staff performance and development assessment process of Prerana project chhatarpur.

B.3.7.14 Report writing of Prerana Project

I was involved in report writing process of Prerana project with the team members.

B.3.7.15 Project Evaluation

I have participated in Evaluation of the Prerana Project with the Evaluation Team. The Evaluation was conducted for last 5 years program.
This was a good learning for me on Evaluation a project or program.

Section C working on different profiles

During the fellowship I have prepare some profiles. This was a learning process and to a During the preparation of these profiles I visited the CMHO office, NRHM office CHC, PHC, Villages, District information center and planning commission office at the district Collector's office for collection of information and old profiles.

I met various people and PRI members, ASHA, VHSC members, ANM, MPWs, BMO, BPM and health staffs of PHC and CHC.
I have collected the profile and analyze the information even many information was missing in the profile.

There are some major gaps in health infrastructures and manpower. Most of the health facilities are based at district headquarter. Most of the health staffs are living at chhatarpur due to not having living facilities at Sub health center, PHC and CHC level (Housing, water, electricity, schooling facilities for children and also for female workers security issue is also there).

I found much issue which needs focus in coming days for strengthening process of Communitization part of NRHM. (lack of awareness in the community and in the members of different committees about VHSCs role, ASHA's role)

Profile prepared:

1 Preparation of district profile
2 Preparation of PHC Profile of Isanagar

3 Preparation of ASHA Profile of focused area

4 Preparation of VHSC Profile of focused area

5 Preparation of Village Profile of focused area

All profiles are attached with the report.

Section D Key Learning

I have many learning experience during the entire fellowship program. Knowledge and skills developed in various field / areas. I experienced many learning through the activities.

a. Learning from the teaching sessions during collective teachings and cluster meetings

- Effective way of presenting the topics- mix with discussions, stories, case studies and pictures, graphs etc to make your presentation easy to understand.
- Use effective communication tools
- Positive Body language
- Involve participants in the learning session by providing them time for sharing, discussions and in role play
- Use simple words while teaching or sharing
- How to use Google scholar for searching a specific articles or study report
- Literature review
- Use of references in a report, article or in any statements
- Knowing BMI
- Making Log Frame
- Feedback receiving and giving
- Reading techniques

b. Learning from fellow travelers

Report making, Report Presentation , Preparing graphs, tables, etc.

c. Learning from the community

Caring of others, helping the needy , Forgiveness, their Culture, Home remedies for treating minor elements, Time management, Use of local available resources, Never give up, Humbleness, Living in difficult situation

d. Learning from failures

- Failures gives a hope to win
- Failures brings improvements

D.1 Knowledge Gained

During the fellowship program I have gained knowledge in following:

- Difference between Public Health and Community Health
- Depth knowledge of "National Rural Health Mission"
- Health structures (SHC – PHC – CHC – District Hospital), District Health society
- Globalization and its effects, Critical analysis
- National Health Programs (TB, Malaria, Leprosy), Mental Health, IMNCI program
- NRCs, Malnutrition and PD Hearth , Non Communicable diseases, Yoga & Health
- Communication , Management , Log Frame, Research methodology
- Article Reading, Literature review, Drug policy, Urban Health issues
- Assisted Reproductive technologies

D.2 Skills Developed

- Planning skill – planning of any activity
- Analysis skill – analysis of data and critical analysis of any data, report and situations.
- Reading skill – how to read any book, article, literature or report
- Report Preparation skill – presenting self to others, report presentations
- Use of Computer – use of internet for study, use of power point
- Search on Google – literature, article report search by using google scholar and use of inverted comas
- Training skills – facilitation skill, preparation, presentation and effective group discussions

D.3 Value Addition

Respect towards public health workers, ASHA and community is increased

Positive thinking towards government program and workers

Looking the information / data (positive side as well as negative side)

Conclusions:

The entire period was very inspiring for me. Learning from the experiences of the CPHE team members especially from Dr. Ravi Narayan was very inspiring and created interest in me to know more. This also supported my decision for joining the fellowship program.

Different definitions, Measurements, Health Indicators, Epidemiology, Numbers, different rates, Ratio, and the comparisons were very helpful to understand the real picture of our country and state (Madhya Pradesh). These helped in my organization work and to find out the situation of our district and prepare a profile of the district.
Group discussions and the field visits helped me to understand the basics of the Fellowship program and to know each of the participants better.

The entire program was full of new opportunities for me to know the different peoples and the different types of the community and to develop my skill to do SWOT.

Many topics were very new for me and sometimes I felt difficult to understand the depths of the subjects. But slowly when we studied the topics and practiced some of the activities in the field I found these very helpful for me in planning and working together with health department of our district.

Theses learning also helped me to present myself to the Health officials of concern blocks (Isanagar and Rajnagar Block). Regular meetings and building relationship with DPM, BPM of NRHM and CMHO staffs, ASHAs, VHSC members and Panchayat help me to go closer with them and with the communities where I am working.

Regular sharing with the govt. officials, ASHAs, VHSC members, CHC staffs and Prerana project team members improved their knowledge on the specific topics.
Periodic trainings and learning sessions improved my skills in training and presentation of a subject and same time developed skills of ASHA, VHSC members, ANMs, Anganwadi workers and Prerana project staff members.

List of Attachments:

1. Table for Paradigm Shift
2. Essay on ASHA
3. List of ASHA form selected villages
4. CHC – Profile (CHC Isanagar)
5. Village Profile – 2 villages
6. Essay on PD Hearth
7. Organization Profile – Christian Hospital Chhatarpur
8. ASHA Profile
9. Village Health and sanitation Committee Profile
10. Curriculum for VHSC Trainings
11. Essay on Village Health worker
12. District Profile - Chhatarpur

1.**Paradigm Shift** : from Bio medical model to Social / Community Model

	BIO MEDICAL MODEL	SOCIAL / COMMUNITY MODEL
HEALTH TEAM	Doctors, Nurses	ASHA, VHSC, Anganbadi worker, ANM, Multipurpose workers, TBA, PRIs, Social Workers, DOTs Workers, CH Fellows
TECHNOLOGIES	Medicines, Drugs, Vaccines	Education
INSTITUTIONS	Dispensaries, Hospital	CBOs, Mobile Clinics, Schools, Anganbadies
ACTIONS	Provision of Distribution	Awareness Campaigns, Movement, Social actions, Empowerment
DETERMINENTS	Physical and Mental	Social, Economic, Political, Cultural
RESEARCH	Intra Cellular	Balloonist

Essay on ASHA

The Government of India has decided to launch a National Rural Health Mission (NRHM) to address the health needs of rural population, especially the vulnerable sections of society. The Sub-centre is the most peripheral level of contact with the community under the public health infrastructure. This caters to a population norm of 5000, but is effectively serving much larger population at the Sub-centre level, especially in EAG States. With only about 50% MPW (M) being available in these States, the ANM is heavily overworked, which impacts outreach services in rural areas.

Previously Anganwadi Workers (AWWs) under the Integrated Child Development Scheme (ICDS) are engaged in organizing supplementary nutrition programmes and other supportive activities. The very nature of her job responsibilities (with emphasis on supplementary feeding and preschool education) does not allow her to take up the responsibility of a change agent on health in a village. Thus a new band of community based functionaries, named as **Accredited Social Health Activist (ASHA)** is proposed to fill this void.

ASHA will be the first port of call for any health related demands of deprived sections of the population, especially women and children, who find it difficult to access health services. In following paragraphs, the role, responsibilities, profile, selection procedure, training modality and compensation package for ASHA has been explained. It has been envisaged that states will have flexibility to adapt these guidelines keeping their local situations in view.

SELECTION OF ASHA

The general norm will be **'One ASHA per 1000 population'.** In tribal, hilly, desert areas the norm could be relaxed to one ASHA per habitation, dependant on workload etc.

The States will also need to work out the district and block-wise coverage/phasing for selection of ASHAs.

It is envisaged that the selection and training process of ASHA will be given due attention by the concerned State to ensure that at least 40 percent of the envisaged ASHAs in the State are selected and given induction training in the first year as per the norms given in the guidelines. Rest of the ASHAs can subsequently be selected and trained during second and third year.

Criteria for Selection

ASHA must be **primarily a woman resident of the village - 'Married/Widow/Divorced'** and preferably in the age group of 25 to 45 yrs.

ASHA should have effective communication skills, leadership qualities and be able to reach out to the community. She should be a literate woman with **formal education up to Eighth Class.** This may be relaxed only if no suitable person with this qualification is available. Adequate representation from disadvantaged population groups should be ensured to serve such groups better.

Selection Process

The selection of ASHAs would have to be done carefully. The District Health Society envisaged under NRHM would oversee the process. The Society would designate a District Nodal Officer, preferably a senior health person, who is able to ensure that the Health Department is fully involved. She/he would also act as a link with the NGOs and with other departments. The Society would designate Block Nodal Officers, preferably Block Medical Officers, to facilitate the selection process, organizing training for Trainers and ASHA as per the guidelines of the scheme.

The Block Nodal Officer would identify 10 or more Facilitators in each Block so that one facilitator covers about 10 villages. **The facilitators should preferably be women** from *local NGOs; Community based groups, Mahila Samakhyas, Anganwadis or Civil Society Institutions.*

In case none of these is available in the area, the officers of other Departments at the block or village level/local school teachers may be taken as facilitators.

These facilitators should be oriented about the scheme in a 2-day workshop which should be held at the district level under supervision of the District Nodal Officer. During this meeting, the Block Nodal Officers should also be present. The District Nodal Officer will brief the facilitators and Block Nodal Officers on the selection criteria and importance of proper selection in effective achievement of the objectives of the same and also the role of facilitators and Block Nodal Officers are required to play in ensuring the quality of the selection process.

The facilitators would be required to interact with community by conducting Focused Group Discussions (FGDs) / workshops of the local self help groups etc. This should lead to awareness of roles and responsibilities of ASHA and acceptance of ASHA as a concept in the community. This interaction should result in short listing of at least three names from each village.

Subsequently a meeting of the Gram Sabha would be convened to select one out of the three short listed names. The minutes of the approval process in Gram Sabha shall be recorded. The Village Health Committee would enter into an agreement with the ASHA as in the case of the Village Education Committee and Sahayogini in Sarva Shiksha Abhiyan. The name will be forwarded by the Gram Panchayat to the District Nodal Officer for record.

State Governments may modify these guidelines except that no change may be done in the basic criteria of ASHA **being a woman volunteer** with minimum **education up to VIII class** and that she would be a **resident of the village**. In case any of the selection criteria or guidelines is modified, these should be widely disseminated in local languages.

Capacity building of ASHA is critical in enhancing her effectiveness. It has been envisaged that training will help to equip her with necessary knowledge and skills resulting in achievement of scheme's objectives. Capacity building of ASHA has been seen as a continuous process.

Induction Training: After selection, ASHA will have to undergo series of training episodes to acquire the necessary knowledge, skills and confidence for performing her spelled out roles. Considering range of functions and tasks to be performed, induction training may be completed in 23 days spread over a period of 12 months. The first round may be of seven days , to be followed by another four rounds of training, each lasting for four days to complete induction training.

Training materials: would be prepared according to the roles and responsibilities that the ASHA would need to perform. Her envisaged functions and tasks will be expanded into a listing of competencies and the training material would be prepared accordingly. The training materials produced at the national level would be in the form of a general prototype which states may modify and adapt as per local needs. The training material will include facilitator's guide, training aids and resource material for ASHAs

Periodic Trainings: After the induction training, periodic re-training will be held for about two days, once in every alternate month at appropriate level for all ASHAs. During this training, interactive sessions will be held to help refresh and upgrade their knowledge and skills, trouble shoot problems they are facing, monitor their work and also for keeping up motivation and interest. The opportunity will also be used for replenishments of supplies and payment of performance linked incentives. ASHAs will be compensated for attending these meetings.

On-the-job Training: ASHAs needs to have on the job support after training both during the initial training phase and during the later periodic training phase it is needed to provide on the job training to ASHAs in the field, so that they can get individual attention and support that is essential to begin and continue her work. ANMs while conducting outreach sessions in the villages will contact ASHA of the village and use the opportunity for continuing education. NGOs can also be invited to take up the selection; training and post training follow up. Similarly block facilitators identified earlier for selection of ASHAs can also be engaged for regular field support.

Continuing Education and skill up gradation: A resource agency in the district of state (preferably an NGO) will be identified by the State. The resource agency in collaboration with open schools and other appropriate community health distance education schemes will develop relevant illustrated material to be mailed to ASHAs periodically for those who would opt for an eventual certification.

Venue of training : The principle of choice of venue shall be that the venue should be close to their habitation that the training group should not be more than 25 to 30. In most situations this could be the PHC or alternatively Panchayat Bhavan or other facilities that are available.

ROLES & RESPONSIBILITIES

ASHA will be a health activist in the community who will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services. She would be a promoter of good health practices. She will also provide a minimum package of curative care as appropriate and feasible for that level and make timely referrals. Her roles and responsibilities would be as follows:

ASHA will take steps to **create awareness** and provide information to the community on determinants of health such as nutrition, basic sanitation & hygienic practices, healthy living

and working conditions, information on existing health services and the need for timely utilization of health & family welfare services.

She will **counsel** women on birth preparedness, importance of safe delivery, breastfeeding and complementary feeding, immunization, contraception and prevention of common infections including Reproductive Tract Infection/Sexually Transmitted Infection (RTIs/STIs) and care of the young child.

ASHA will **mobilize the community and facilitate them in accessing** health and health related services available at the village/sub-center/primary health centers, such as Immunization, Ante Natal Check-up (ANC), Post Natal Check-up (PNC), ICDS, sanitation and other services being provided by the government.

She will **work with the Village Health & Sanitation Committee of the Gram Panchayat** to develop a comprehensive village health plan.

She will arrange **escort/accompany** pregnant women & children requiring treatment/ admission to the nearest pre- identified health facility i.e. Primary Health Centre/ Community Health Centre/ First Referral Unit (PHC/CHC /FRU).

ASHA will **provide primary medical care** for minor ailments such as diarrhea, fevers, and first aid for minor injuries. She will be a provider of Directly Observed Treatment Short-course (DOTS) under Revised National Tuberculosis Control Programme.

She will also act as a depot holder for essential provisions being made available to every habitation like Oral Rehydration Therapy (ORS), Iron Folic Acid Tablet (IFA), chloroquine, Disposable Delivery Kits (DDK), Oral Pills & Condoms, etc. A Drug Kit will be provided to each ASHA. Contents of the kit will be based on the recommendations of the expert/technical advisory group set up by the Government of India.

Her role as a provider can be enhanced subsequently. States can explore the possibility of graded training to her for providing newborn care and management of a range of common ailments particularly childhood illnesses.

She will **inform** about the births and deaths in her village and any unusual health problems/disease outbreaks in the community to the Sub-Centers /Primary Health Centre.

She will promote construction of household toilets under Total Sanitation Campaign.

Fulfillment of all these roles by ASHA is envisaged through continuous training and up gradation of her skills, spread over two years or more.

** source: ASHA web site

Table.6 list of ASHAs from the selected villages

Name	Village	Education	Date of selection

Smt. Pushpa Shukla	Khairo	10th	December 2006
Smt. Sudesh Mishra	Papta (Khairo)	8th	August 2009
Smt. Rajni Dubey	Khairo -2	12th	November 2009
Smt. Anguri Dubey	Rangua	8th	26/3/2008
Smt. Anita Goswami	Budoor	12th	July 2997
Smt. Laxmi patel	Barajkhera	8th	20/12/2008
Smt. Shagun Sen	Gopalpura	8th	28/11/2008
Smt. Laxmi Mishra	Sahasnagar	10th	February 2009

COMMUNITY HEALTH CENTER – Profile

Name of the PHC: ISANAGAR Primary Health Center

Distance from Chhatarpur: 26 k.m.

Staff Details:

Name of the Staff	Designation	Specialization
Dr. Sudarshana Sullere	Block Medical Officer	MBBS
Shri. Amit Gupta	BPM -NRHM	
Dr. Megha Oberai	Doctor 2	MBBS
Shri. B.K.Gupta	BEE	
Smt. Meena Shrivastva	Senior Nurse	Lady Health Visitor
Smt. Sushma Thakur	Nurse	ANM
Smt. Munni Richariya	Nurse	ANM
Smt. Chandrakanta	Nurse	ANM
Shri. Bhumaidin Anuragi	Compounder	
Shri. Sanjai Saxena	Lab Teachnicial	
Vaccant	X-Ray Technician	
Vaccant	Pharmasist	
Ashfaq Husain / Rajesh lawania	Driver	

Total Population Covering: 50,000

Number of Villages Covered: 25

Number of Panchayat:	8
Number of linked PHCs:	3
Number of Sectors:	4
Number of Sub Centers:	26
Number of ANMs :	38
Number of MPWs:	25
Number of Supervisors: Male	04
Number of Supervisors: Female	05
Number of **ASHA** connected with PHC	230
Number of **Village Health and Sanitation Committees** formed:	91

Services Available:

1.	Ambulance	1
2	Janani Express	1
3	Operation Theater	Present only for minor operations
4	Generator	1 in working condition
5	Beds (Number)	6 (4 male + 2 Female)
6	OPD	9am – 3 pm
7	Medicine supply	available

SWOT ON Isanagar PHC:

Strengths

Location: the PHC is situated at the end of the road and well connected with the near by villages.

1. **Staff**:
    a. The Block Medical Officer is a Lady Doctor
    b. 2 senior nurses living in the campus
    c. Adequate supportive staff
2. **Facilities**:
    a. Well established campus surrounded with boundary wall.
    b. Well conditioned staff quarters
    c. Separate office, Consultation Room, Computer Room, Stores
    d. Hand Pump for drinking water
    e. Functional toilet facilities
    f. 6 bedded ward
    g. Mini Operation Theater
    h. Regular supply of prescribed medicines
    i. Functional Ambulance services
    j. Janani Express facilities
    k. Vaccine store with ILR facilities
    l. Functional Generator facilities

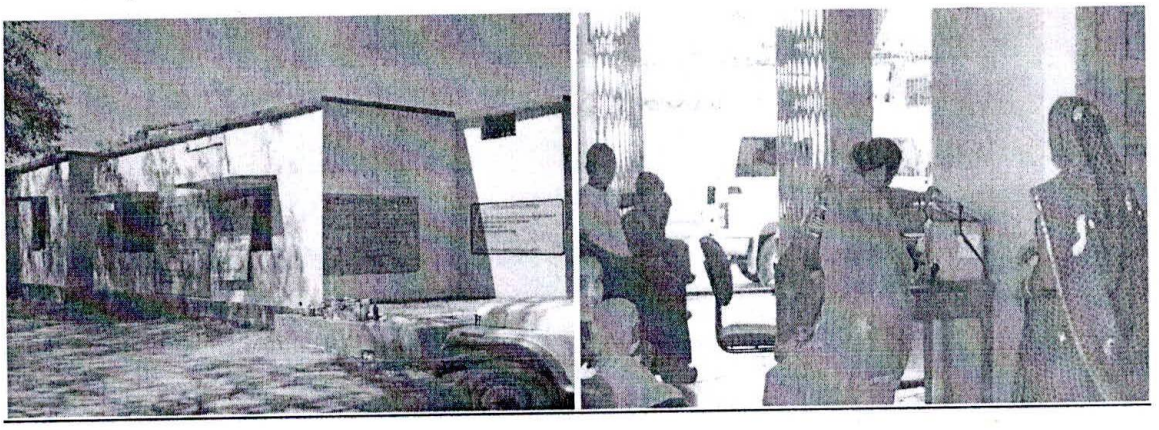
Weakness

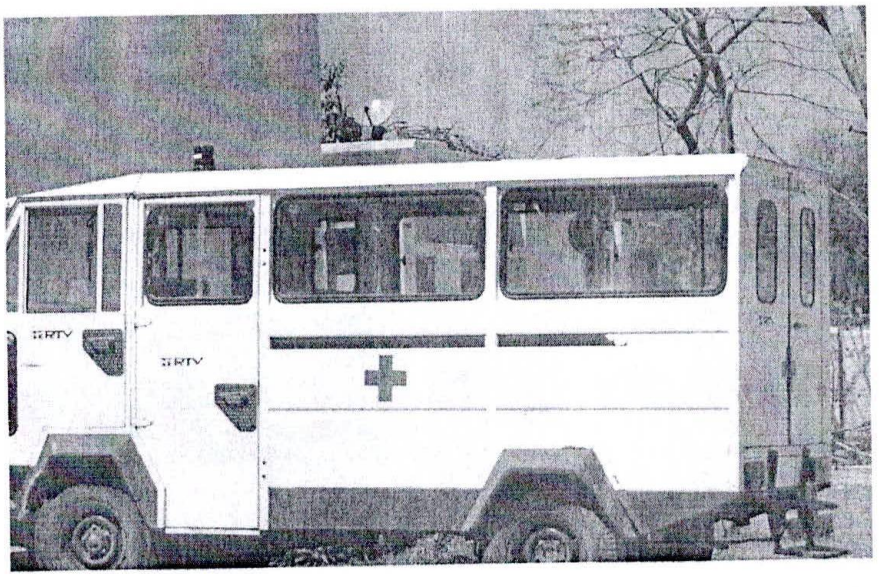
1. Most of the villages which connected to this PHC is located to the opposite of main road and they are not visiting the PHC because they can access to Chhatarpur city easily then Isanagar
2. The lady Doctor is living in Nowgoan and looking after 2 PHCs and coming to this PHC after 11 am and stays here for 3 – 4 hours only.

3. Most of the staffs are coming from Chhatarpur in the morning around 11 am and back around 4 pm.

Opportunities

1. Lots of NGOs are working in the target villages and a network can help the PHC to increase their performance and to provide their services to the many people
2. To increase the maternal and child care services by staying in PHC during night time as there is quarter available.





Village Profile 1

Name of the Block: Isanagar (Chhatarpur)

Name of the Village: **Rangua** Distance from Chhatarpur: 28 k.m.

Name of the Panchayat: Rangua

	Name	**Contact Number**
Name of the Sarpanch	Smt. Mannu Devi w/o Shri. Manak lal Namdeo	
Name of Vice Sarpanch	Shri. Rakesh Dwevedi	
Name of the Secretary	Shri. Ram Ratan lodhi	
Total Number of Panch	20	
Male Panch 5 Female Panch 5	1. Smt Rajni Khatik 2. Smt. Ramkuar Rai 3. Smt. Ram Bai Konder 4. Shri. Rakesh Dwevedi 5. Smt. Shyam Bai Ahirwar 6. Shri. Chet Ram Ahirwar 7. Smt. Laddo Bai Ahirwar 8. Shri. Ganesh Lodhi 9. Shri. Mathra Dhimar 10. Shri. Hargovind Lodhi	

Total Population: 2256 Male: 1200 Female:1056

Number of House Hold: 324

Major Casts of the village: Ahirwar, Konder, Lodhi, Brahmin, Basor, Agrawal, Sen

Facilities available:

Health Facilities:

Number of Private Practitioners available in the village: 02

Nearest Primary Health Center: Distance 3 km Matgua - Not working properly

Nearest Health care facility / Hospital: 3 Private clinics in Matgua

Sub Health Center: Rangua

	Name	**Contact Number**
Name of the ANM	Smt. Dropati Sen	07682-247648
Name of the Multi Purposes Worker	Shri. Dhan Prashad Jain	9754161370
Sub Center building	No own Building	
Day for Immunization	1st Tuesday of the month	

Name of the ASHA: Smt. Anguri Devi

Contact Number: 9926522910

Name of the Trained Birth attendant / Dai: Smt. Jasoda Bai / Smt. Hari Bai

Anganbadi center:

Name of the Anganbadi worker 1	Smt. Leela Devedi	9754118438
Name of the Anganbadi worker 2	Smt. Geeta Namdeo	9669816427
Anganbadi Building	No	
Day for Village Health & Nutrition day	1st Tuesday of the month	

Educational Facilities:

- Middle School 1
- Primary school 2
- Private Schools 1

Drinking Water Facilities:

- Well 3
- Hand pumps 6

Others:

- Post office: Khairo
- Nearest Bank: Madhya Bharat Gramin Bank, Matgua
- Nearest market place: Matgua
- Police Station: Matgua

Working NGO/ Private organization in the village:

- Prerana Project, Chhatarpur
- Priyawart Mahila utthan Samiti Chhatarpur

SWOT analysis of Gram Panchayat Rangua

Strengths

- Panchayat Building
- Local Panchayat Secretary
- 2 Primary and 1 Middle School
- 2 Anganbadi Centres
- 12 active women Self Help Groups
- Connected with National Highway through Pradhan Mantri Gram Sadk Yojana
- Solar system for electricity
- Presence of good NGOs like Christian Hospital Chhatarpur
- Presence of Village Health and Development committee
- Primary Health care provision through Tele Clinic program

Weaknesses

- un experienced Panchayat leaders
- Caste dominated area and grouping
- Interference of husbands of the Panchayat members
- ASHA is not active
- VHSC is not active, formed on papers only
- ANM and MPW are living in Chhatarpur city
- No Building for Sub Health centre and Anganbadi

Opportunities

- for learning
- to work with the help NGOs
- to develop good relationship with Zilla Panchayat as Unicef officer is very cooperative
- for Building the Health Centre and Anganbadi through MNREGA
- for community organization and training

Threats

- Caste factor
- Non cooperation from old Panchayat members & Leaders
- Availability of Funds

Village Profile 2

Name of the Block: Isanagar (Chhatarpur)

Name of the Village: **Khairo** Distance from Chhatarpur: 20 km

Name of the Panchayat: Khairo

	Name	**Contact Number**
Name of the Sarpanch	Smt. Pachia Bai Sahu w/o. Shri. Natthu Sahu	
Name of Vice Sarpanch		
Name of the Secretary	Shri. Puran Lal Sen	
Total Number of Panch	16	
Male Panch 9		
Female Panch 7		
Ward no. 1	Smt. Gomti Mishra	
Ward no 2	Smt. Laxmi Nayak	
Ward no 3	Shri. Nandi Sharma	
Ward no 4	Shri. Chhannu Kachi	
Ward no 5	Shri. Hari Kachi	
Ward no 6	Smt. Radha Bai Vishvakarma	
Ward no 7	Shri. Ram Prashad Adiwasi	
Ward no 8	Smt. Janki Bai Nayak	
Ward no 9	Smt. Mallu Bai Adiwasi	
Ward no 10	Smt. Shanti Ahirwar	
Ward no 11	Shri. Magan Lal Ahirwar	
Ward no 12	Shri. Ghanshyam Prajapati	
Ward no 13	Shri. Rajju Vishvakarma	
Ward no 14	Shri. Shyam Nayak	

Ward no 15	Smt. Pana Bai Rajput	
Ward no 16	Shri. Ramkishan Rajput	

Total Population: 1887

Male: 975

Female: 912

Number of House Hold: 311

Major Casts of the village: Ahirwar, Kushwaha, Brahmin, Konder (Aadiwasi), Basor

Facilities available:

Health Facilities:

Number of Private Practitioners available in the village: 2

Nearest Primary Health Center: Matgua – Not working

Nearest Health care facility / Hospital: 3 Private clinics in Matgua

Sub Health Center: **Rangua**

	Name	**Contact Number**
Name of the ANM	Smt. Dropati Sen	07682-247648
Name of the Multi Purposes Worker	Shri. Dhan Prashad Jain	9754161370
Sub Center building	No own Building	
Day for Immunization	3rd Tuesday of the month	

Name of the ASHA: Smt. Pushpa Shukla

Contact Number: 9165549813

Name of the Trained Birth attendant / Dai: Smt. Girja Bai

Anganbadi center:

Name of the Anganbadi worker 1	Smt. Savitri Mishra	9425877325
Name of the Anganbadi worker 2	Smt. Sanju Dubey	9807006575
Anganbadi Building	Yes for 1st Anganbadi	

Day for Village Health & Nutrition day	3rd Tuesday	

Educational Facilities:

- Middle School 1
- Primary school 1
- Private Schools 1

Drinking Water Facilities:

- Well 4
- Hand pumps 8

Others:

- Post office: Khairo
- Nearest Bank: Madhya Bharat Gramin Bank, Matgua
- Nearest market place: Matgua
- Police Station: Matgua

Working NGO/ Private organization in the village:

- Prerana Project, Chhatarpur
- Priyawart Mahila utthan Samiti Chhatarpur

SWOT analysis of Gram Panchayat Khairo

Strengths

- Panchayat Building
- Local Panchayat Secretary
- 2 Primary and 1 Middle School, 1 private School
- 2 Anganbadi Centres and Building for 1 centre
- 12 active women Self Help Groups
- 3 ASHA in the Panchayat
- Presence of Tejaswini Project for women development
- Connected with National Highway
- Presence of good NGOs like Christian Hospital Chhatarpur
- Primary Health care provision through Tele Clinic program

Weaknesses

- un experienced Panchayat leaders
- Caste dominated area and grouping
- Interference of husbands of the Panchayat members
- VHSC is not active, formed on papers only
- ANM and MPW are living in Chhatarpur city
- No Building for Sub Health centre and Anganbadi

Opportunities

- for learning
- to work with the help NGOs
- to develop good relationship with Zilla Panchayat as Unicef officer is very cooperative
- for Building the Health Centre and Anganbadi through MNREGA
- Promotion of Toilets through TSC
- for community organization and training

Threats

- Caste factor
- Non cooperation from old Panchayat members & Leaders
- Availability of Funds

Essay on PD HEART

Introduction:

PD HEARTH Process was introduced to the Fellows during Jabalpur collective workshop. This is one of the best community based approach to address malnutrition problem in rural area.

Malnutrition is one of the biggest problems in children under 6 years in India.

In Madhya Pradesh the malnutrition is causing many deaths every year. Many studies and surveys shows the severity of malnutrition in the children.

Due to many reasons parents refuses to go to Nutritional rehabilitee centers (NRC) and due to lack of awareness they are fail to give proper care and nutrition to their children. Due to poor care and poor nutrition and unhygienic practices children getting sick and many of them die within this age group.

Need of PD Hearth

Because of less number of NRCs and facilities and services of NRCs are also not very good in many places, the distance and approach to NRCs are not very easy for many villagers we need to apply this process. PD Hearth process can be one approach to fight against malnutrition at community level.

Advantage / Benefits of PD Hearth

- This approach is easy and easily applicable in the village with a limited resources
- Parents / care givers can be easily approached and they can learn by their fellow villagers the care and feeding practices with live examples.
- No need of stay away from their home and to lose the daily wages
- They can take care of other children and the house hold
- They can be very comfortable within the village and can participate according to their time
- One of more family members can participate and learn the good practices
- The learning will remain with the family for ever

Possible Results of PD Hearth

- If the process will be completed as per the instruction with the give period and the child participated full time in the process there are chances for good recovery.
- Moderate malnourished children can gain health very soon.
- Other people can adopt the practices soon and the malnutrition problem will be decreased in coming days very faster.
- Many other issues can be identified during the sessions and awareness level will be increased in the community.
- Many behavioral changes can be seen in future in the community.
- Community organization and community mobilization process will be improved.

Conclusion

In end we can see that PD Hearth process is really helpful to fight against the big problem as malnutrition which is a big challenge in the community. We are facing this problem at large scale and after all efforts and when all programs are failed to address this problem PD Hearth can be a right tool to fight against the problem of malnutrition.

This is a community based approach. Easy to implement and with a limited resources and with a small effort we can help the community to identify positive practices of caring and feeding the baby we can reduce the malnutrition in the community.

In this process we can appreciate the mother / care givers who are using right practices and teach the right methods of caring and feeding of babies to all other parents those having malnourished babies by using locally available resources in the community .

By this community based approach we can improve the nutritional status of the children and reduce malnutrition in children less than 6 years of age and build a healthy society for the future.

This will be a beginning of Health for all....

Mr. Prabhu Saran Masih

Fellow – Community Health Fellowship Program – M.P.

CHRISTIAN HOSPITAL

(A Unit Of Emmanuel Hospital Association)

HISTORY

Christian Hospital Chhatarpur was started in the year 1930 as "THE ELIZABETH JANE BELL STEPHENSON MEMORIAL HOSPITAL", and was made possible by a gift from Catharine S.Stalker and Dr. Jennie Stephenson. Catharine Stalker was a prominent board member of the Friends Foreign Missionary Society, which was instrumental in sending out Deilia Fistler and Esther Baird, pioneer missionaries to Chhatarpur and Nowgong. The Hospital thus was opened first as a women and children's general Hospital.

In an auspicious ceremony held on the 26th Jan. 1931, Col. Tyrell the British Government's physician for all of Bundelkhand came and formally opened the hospital. The first doctor was Dr. Ruth Hull and Nurse Alena Calkins. Later, Dr. Grace Jones (Singh), an Indian and other nurses were joined our staff were all kept busy with many Medical, Obstetrical, Surgical and Pediatrics cases.

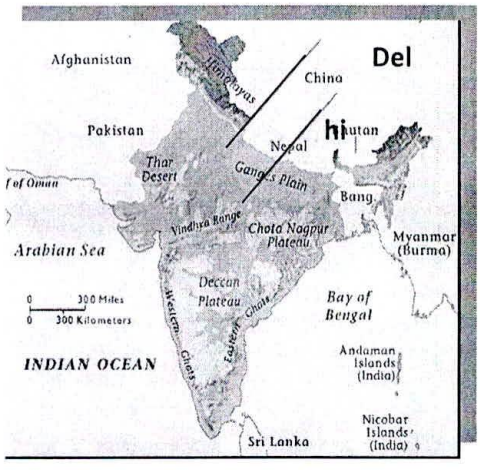
One of the purposes of starting this hospital in Chhatarpur was to provide a place to train orphan girls. So Alena Calkins started a nursing training school affiliated with the National Council of Churches' – Mid India Board of Examiners for mission nurses, which is today popularly known as MIBE. In Feb.1949, Dr. Devol and his wife Frances Devol arrived in Chhatarpur to take up the challenging medical work at the hospital, which was by now a very busy general hospital.

On 7th may 1957, Dr. Mategaonkar, an Indian doctor who graduated from CMC Vellore, joined the hospital. He raised the bed strength to 85 beds. On 17th April 1974, after 26 years of services in India and Nepal, Dr. and Mrs. Devol returned to USA.

On the 7th May 1982, Dr. Mategaonkar completed 25 years of glorious service in Chhatarpur and after securing a replacement Dr. Anne Cherian, left in April 1983 to take up another job in Nagpur. The leadership passed on to Dr. Samson Retnaraj who continued till the beginning of 2000. In 2000 June, the ANM School was upgraded to a General Nursing and Midwifery Diploma Training by the provisional permission of MIBE.

GEOGRAPHIC LOCATION

Christian Hospital Chhatarpur is situated in the District at North East border of Madhya Pradesh. The District is touched by Mahoba District (Uttar Pradesh) in the East, Tikamgarh (M.P.) in the West and Sagar (M.P.) in the South East.



The district has a Government District Hospital, 4 Community Health Centers, 40 Primary Health Centers, 186 Sub Health Centers and 45 Sectors.

The nearest Railway Station is situated at Harpalpur on the Jhansi-Manikpur line and an Aerodrome is situated at Khajuraho. The District also has a Telephone Exchange, a Radio Station, (All India Radio) and a Television Relay Centre.

The climate of Chhatarpur district is mostly dry. Usually the summer starts from the beginning of March and lasts up to July. The winter is very comfortable even though it lasts for a short time. In the middle of summer the temperature goes up to 45 - 48 Degrees Celsius, which is the worse time for the people here.

MANAGEMENT

As a unit of Emmanuel Hospital Association the management of the hospital is centrally directed by EHA through a well-constituted administrative structure comprising of an Executive Committee and a Regional Administrative Committee. This hospital is listed under the central region of EHA. In the unit level, the day-to-day management is vested on the Unit Management Committee (UMC). The following persons are serving as the UMC members at present.

- Dr. Christopher Lasrado, Medical Supdt/SAO : Chairman
- Mr. Emmanuel Baghe, Administrator : Ex-Officio
- Dr. Anil Cherian, Director community Health : Ex-Officio
- Mrs. Elizabeth Johnson, Nursing Supdt : Ex-officio
- Mr. Vinay John, Principal : Ex-officio
- Co-opted
- Staff Representative – Para Medical
- Staff Representative - Nursing
- Staff Representative – 4th class

Category of Staff	**No.**	*Facts at a glance*	
Medical	**6**	Total Bed Strength	**100**
Nursing	**33**	Total No. Hospital Staff	**87**
Nurse /Ward Aid	**1**	Nursing School	**5**
Sanitation	**12**	Prerana Project	**10**
Administrative	**12**		
Para-Medical	**7**		
Maintenance	**9**		
Security	**4**		
Daily Wage	**3**		

ASHA PROFILE – 1

Name of ASHA: Smt. Pushpa Shukla
Age: 40 years
Qualification: 10th Pass
Husband's name: Shri. Ashok Shukla
Village: KHAIRO
Date of Selection: December - 2006

Selection Process:

Gram Panchayat receives a letter from the Primary Health Center Isanagar to select one ASHA in village Khairo and Papta.

Smt. Pushpa Shukla applied for the ASHA post for the village. She was selected by the Gram Sabha and forwarded to the PHC Isanagar for approval. Because there was another candidate and she was given the letter first so Smt. Pushpa Shukla was appointed as ASHA in village Papta. Village Papta is about 2 Im from her own village. Now since last July onwards she was given the charge of village Khairo because the ASHA of village Khairo has resigned due to her personal reasons.

Training Details:

What	When	Where	How	By Whom
1st Module	23/12/2006 – 29/12/2006	CMHO Office training Hall, Chhatarpur	By using lectures, Power point presentation	NRHM office
2nd Module	4 days April 2007	Shagun Vatika, Chhatarpur	By using lectures, case studies, Power point presentation, pre test and post test, etc	Mahila Samiti Chhatarpur
3rd Module	9/10/2007 to 12/10/2007	Shagun Vatika, Chhatarpur	By using lectures, case studies, Power point presentation, pre test and post test, etc	Mahila Samiti Chhatarpur
4th Module	13/10/2009 to 16/10/2009	Shagun Vatika, Chhatarpur	By using lectures, case studies, Power point presentation, pre test and post test, etc	Mahila Samiti Chhatarpur
Refresher Course on ASHA		Christian Hospital Chhatarpur	By using lectures, case studies, Power point presentation	Prerana Project Chhatarpur

Remarks on Training:

- The trainings were residential. Accommodation was shared rooms for 2 participants. Food and stay arrangements were very good. Facility for the care of small children who came with their mothers was provided by the training organization.
- Refresher course was not residential. Traveling costs and food arrangements was bear by Prerana Project Chhatarpur.

Materials Received:

- Photo copies of ASHA Book 1-4
- Water testing kit
- Drug Kit supplied once by PHC Isanagar
  List of Medicines:

Main Activities:

- Awareness building on Antenatal care, Immunization, Post natal care
- Health Teaching to ANCs & PNCs
- Conducting Mangal Diwas
- Participation in "**Gram Swasthya Evem Poshan Diwas**" in the village
- Promotion of Institutional Deliveries
- Conducting monthly meeting of Village Health and Sanitation Committee
- Escort with the pregnant women to PHC / Hospital for delivery

Documents Maintaining:

- Immunization Records
- Birth Records
- Death Records
- ANC Registration
- Meeting Register

ASHA PROFILE – 2

Name of ASHA: Smt. Anguri Dwevedi
Age : 25 years
Education : 8th Pass

Husband's name: Shri. Dinesh Dwevedi

Village: RANGUA

Date of Selection: 26/03/2008

Selection Process:

In village Rangua one ASHA was selected in year 2007. She wan not a member of the village or it's Panchayat. She is living in another village (about five k.m. away from the village). She was not available regular in the village and also in nights it was very difficult to contact her.

Many villagers of village Rangua objected the selection and discussed the issue with the local Panchayat. The Panchayat calls fresh applications from the villager for ASHA. By common understanding of the villagers Smt. Anguri Devi was recommended for the 2nd ASHA of the village.

They sent their complaint for previous ASHA and the new application was submitted to Block Medical Officer of Isanagar Block. In March 2008 Smt. Anguri Devi was selected for the ASHA of Rangua Village.

Training Details:

What	When	Where	How	By Whom
1st Module	1-3-2009 to 7-3-2009	Shagun Vatika Chhatarpur	By using lectures, case studies, Power point presentation, pre test and post test, etc	Mahila Samiti Chhatarpur
2nd Module	1-10-2009 to 4-10-2009	CMHO Office Chhatarpur	By using lectures, case studies, Power point presentation, pre test and post test, etc	Resource persons of NRHM
3rd Module	5-10-2009 to 8-10-2009	CMHO Office Chhatarpur	By using lectures, case studies, Power point presentation, pre test and post test, etc	Resource persons of NRHM
4th Module	9-10-2009 to 12-10-2009	CMHO Office Chhatarpur	By using lectures, case studies, Power point presentation, pre test and post test, etc	Resource persons of NRHM

Remarks on the training:

The training was residential. Accommodation was shared rooms for 2 participants. Food and stay arrangements were very good. Facility for the care of small children who came with their mothers was provided by the training organization.

Materials Received:

- Photo copies of ASHA Module 1-4 supplied by the training organization
- **Drug Kit** was supplied once by PHC. No refilling has been done by any one.

List of Medicines:

Main Activities:

- Awareness building on Antenatal care, Immunization, Post natal care
- Health Teaching to ANCs & PNCs
- Participation in Mangal Diwas
- Participation in "Gram Swasthya evem poshan Diwas" in the Anganbadi center of the village
- Promotion of Institutional Deliveries
- Escorting with the pregnant women to PHC / Hospital for delivery

Documents Maintaining:

- Birth Registration
- Death Registration
- ANC Registration
- Immunization Records
- Marriage Registration
- Post Natal Mothers Records

ASHA PROFILE – 3

Name of ASHA: Smt. Anita Goswami
Age: 30 years
Qualification: 12th
Husband's name: Shri. Janki Goswami
Village: Budoor
Date of Selection: July 2007

Selection Process:

Smt. Anita Goswami was selected as ASHA in July 2007. There was no problem for her selection because she was the only candidate from her village.

Her application was forwarded by the gram Panchayat to the BMO Isanagar and she got selected.

Training Details:

What	When	Where	By Whom	How
1st training 7 days	13/5/2007 to 19/05/2007	Gandhi Ashram Chhatarpur	Mahila Samiti Chhatarpur	Residential with all necessary arrangements like; food stay, provision for child care, etc were available.
2nd Training	12/8/2007 to 23/8/2007	Utsav Mandapam Chhatarpur	Mahila Samiti Chhatarpur	Residential with all necessary arrangements like; food stay, provision for child care, etc were available.
3rd Training	16/8/2009 to 19/8 2009	Utsav Mandapam Chhatarpur	Mahila Samiti Chhatarpur	Residential with all necessary arrangements like; food stay, provision for child care, etc were available.
4th Training	20/8/2009 to 23/8/ 2009	Utsav Mandapam Chhatarpur	Mahila Samiti Chhatarpur	Residential with all necessary arrangements like; food stay, provision for child care, etc were available.

Remarks on Training:

- The trainings were residential. Accommodation was shared rooms for 2 participants. Food and stay arrangements were very good. Facility for the care of small children who came with their mothers was provided by the training organization.
- Refresher course was not residential. Traveling costs and food arrangements was bear by Prerana Project Chhatarpur.

Materials Received:

- Photo copies of ASHA Book 1-4
- **Dug Kit** supplied once by Isanagar PHC

List of Medicines:

Main Activities:

- Participation in Immunization program
- Motivation for Institutional Delivery
- ANC registration
- PNC follow up
- Health & Nutrition day celebration
- Chlorination of drinking water well
- Acting as depot holder for family planning materials

Documents Maintaining:

- Birth record
- Death Record
- Marriage
- ANC
- Immunization

ASHA PROFILE – 4

Name of ASHA: Smt. Anuradha Chaturvedi
Age: 35 years
Qualification: 8th Pass
Husband's name: Late. Shri. Jamuna Prashad Chaturvedi
Village: Pipora Khurd
Date of Selection: December 2009

Selection Process:

Smt. Anita Goswami was selected as ASHA in July 2007. There was no problem for her selection because she was the only candidate from her village.
Her application was forwarded by the gram Panchayat to the BMO Isanagar and she got selected.

Training Details:

What	When	Where	Organized by	How
1st Training	21/12/2009 to 24/12/2009	CMHO office Chhatarpur	Mahila Samiti Chhatarpur	The training was residential. Methods were lectures, case studies, Power point presentation, pre test and post test, etc

Remarks on Training:

- The trainings were residential. Food and stay arrangements were very good. Facility for the care of small children who came with their mothers was provided by the training organization.
- Refresher course was not residential. Traveling costs and food arrangements was bear by Prerana Project Chhatarpur.

Materials Received: Photo copy of ASHA Book 1
Main Activities:

- Participation in Immunization program at Anganbadi center
- Escorting with Pregnant women to Hospital

Documents Maintaining:

- Birth record
- Death Record
- Marriage
- ANC
- Immunization

ASHA PROFILE – 5

Name of ASHA: Smt. Sagun Sen
Age: 20 years
Qualification: 8th Pass
Husband's name: Shri. Balmukund Sen
Village: Gopalpura
Date of Selection: 28/11/2008

Selection Process:

Smt. Shagun Sen was selected as ASHA in November 2008. There was no problem for her selection because she was the only candidate from her village.

Her application was forwarded by the gram Panchayat to the BMO Isanagar and she got selected.

Training Details:

Training	Duration	Place	Organized by	Remarks
RCH Training	4 days	Christian Hospital Chhatarpur	Prerana Project	Training on RCH

Materials Received:

- ASHA Book 1-4
- Water testing kit

Dug Kit – once supplied by Isanagar PHC after Training
List of Medicines:

Main Activities:

- Assisting ANM in Immunization / ANC registration and ANC clinic
- Motivation for institutional deliveries
- Escorting with pregnant women to hospital for delivery
- Water purification in the village
- Maintaining records

Documents Maintaining:

- Birth
- Deaths
- ANC & PNC
- Immunization

ASHA PROFILE – 6

Name of ASHA: Smt. Savita Patel
Age: 25 years
Qualification: 8th Pass
Husband's name: Shri. Suresh Kumar patel
Village: Baraich Khera
Date of Selection: 20/12/2008

Training Details:

Training	Duration	Place	Organized by	Remarks
1st training	23 to 29 December 2008	Swarup Mandapam, Chhatarpur	NRHM – District Office, Chhatarpur	
2nd Training	4 days	Gandhi Ashram, Chhatarpur	Mahila Samiti, Chhatarpur	
3rd Training	4 days	Gandhi Ashram, Chhatarpur	Mahila Samiti, Chhatarpur	
4th Training	4 days	Gandhi Ashram, Chhatarpur	Mahila Samiti, Chhatarpur	

Remarks on the trainings:

- The trainings were residential. Accommodation was shared rooms for 2 participants. Food and stay arrangements were very good. Facility for the care of small children who came with their mothers was provided by the training organization.

Materials Received:

- Photo copies of ASHA Book 1-4
- **Dug Kit** supplied once by Isanagar PHC
  List of Medicines:

Main Activities:

- Participation in Immunization program
- Motivation for Institutional Delivery
- ANC registration
- PNC follow up
- Health & Nutrition day celebration
- Chlorination of drinking water well
- Acting as depot holder for family planning materials

Documents Maintaining:

- Birth record
- Death Record
- Marriage
- ANC
- Immunization

Village Health and Sanitation Committee -1

Name of the Village: Rangua
Date of Formation: 15/03/2009

Formed by whom: ASHA and ANM of the village

Formation Process:

After getting instruction from the Block Medical Officer of Isanagar Primary Health Center the ANM discussed the issue with the ASHA, Anganbadi workers and village secretary, she formed the VHSC according to instruction given to her.

Formation Guidelines:

Given by the officer: BMO ISa Nagar
Written or Verbal: Verbal

Meeting Details:

Regular or Irregular: Irregular
Monthly or Quarterly: --
Not Meeting at all: only one meeting held

Bank account:

Have or Not: Bank account opened
Date or Month of account opened: 19/03/2009

Untied Fund Received: **Yes**
If yes
Amount Received so far: Rs. 5000/-

Expenditure of the Fund received: Nil

Activities Done:

Any Future Plan

Planning to make 4 soak pits in the houses, which are near to the Anganbadi center.
Also planning to bye one Dari for the VHSC meeting.

Name	Identification of the member	Designation
Smt. Laxmi Dwevedi	Panch	**President**
Smt. Anguri Dwevedi	ASHA	**Secretary**
Shri. Dhan Prashad Jain	MPHW	**Member**
Smt. Dropati Sen	ANM	**Member**
Smt. Leela Dwevedi	Anganbadi Worker I	**Member**
Smt. Gomati Sen	Anganbadi Assistant I	**Member**
Smt. Geeta namdeo	Anganbadi Worker II	**Member**

Village Health and Sanitation Committee -2

Name of the Village: Khairo

Date of Formation: November 2007

Formed by whom: By ASHA and ANM

Formation Process:

After getting instruction from the Block Medical Officer of Isanagar Primary Health Center the ANM discussed the issue with the ASHA, Anganbadi workers and village secretary, she formed the VHSC according to instruction given to her.

Formation Guidelines:

Given by the officer:	BMO Isa Nagar
Written or Verbal:	Verbal

Meeting Details:

Regular or Irregular:	Irregular
Monthly or Quarterly:	--
Not Meeting at all:	only one meeting held

Bank account:

Have or not:	have
Date or Month of account opened:	November 2009

Untied Fund Received Yes

If yes

Amount Received so far: Rs. 5000 /- in November 2009

Expenditure of the Fund received: Nil

Activities Done: NIL

Any Future Plan Nil

Name	Identification of the member	Designation
Smt. Chameli Bai Ahirwar	Panch	**President**
Smt. Pushpa Shukla	ASHA	**Secretary**
Shri. Dhan Prashad Jain	MPHW	**Member**
Smt. Dropati Sen	ANM	**Member**
Smt. Sanjay Dubey	Anganbadi Worker	**Member**
Smt. Savitri Mishra	Anganbadi Worker	**Member**
Shri Vinit Pathak	Sarpanch	**Member**
Shri. Pural Lal Sen	Panchayat Secretary	**Member**

Curriculum for Village Health & Sanitation Committee Training

प्रथम दिवस

समय	विषय	माध्यम	परिणाम
	दोहराना व समाप्ति		
1:00 – 1:15	टाराम		
1:15 – 2:00	ग्राम स्वास्थ्य समिति की भूमिकाऐं	व्याखान व चर्चा	हरएक प्रतिभागी ग्राम स्वास्थ्य समिति की संरचना के विषय मे बता सकेगा।
10 am – 10:30am	परिचय	खेल	हरएक प्रतिभागी एक दूसरे को अच्छे से जान जाऐगा।
10:30 to 11:30	ग्राम स्वास्थ्य समिति क्या है ? इसकी जरुरत क्यों है?	व्याखान व चर्चा	हरएक प्रतिभागी ग्राम स्वास्थ्य समिति क्या है तथा इसकी जरुरत को अच्छे से जान जाऐगा।
11:30 – 12:30	ग्राम स्वास्थ्य समिति की संरचना	व्याखान व चर्चा	हरएक प्रतिभागी ग्राम स्वास्थ्य समिति की संरचना के विषय मे बता सकेगा।
12:30 – 1:00	समिति के पदाधिकारी व उनकी जिम्मेवारियॉ	व्याखान व चर्चा	हरएक प्रतिभागी को ग्राम स्वास्थ्य समिति के पदाधिकारी व उनकी जिम्मेवारियों के विषय मे समझ होगी
2:00 – 3:00	ग्राम स्वास्थ्य समिति की बैठक कैसे करें		हरएक प्रतिभागी ग्राम स्वास्थ्य समिति की भूमिकाओं के विषय मे बता सकेगा।
3:00 – 4:00	ग्राम स्वास्थ्य समिति की बैठक में किन किन विषयों पर चर्चा व	व्याखान व चर्चा	हरएक प्रतिभागी ग्राम स्वास्थ्य समिति की बैठक में किन किन विषयों पर चर्चा व

	ध्यान देना चाहिऐ?		ध्यान देना चाहिऐ अच्छे से जान जाऐगा।

द्वितिय दिवस

समय	विषय	माध्यम	परिणाम
10 am – 10:30am	पिछले दिन क्या सीखा ?		
10:30 to 11:30	**ग्राम स्वास्थ्य समिति के रेकार्डस** . बैठक बही . सदस्यता पंजी . कै ा बुक . बिल / बाउचर . पत्र व्यवहार फाइल . प्रमाण पत्र फाइल . स्वास्थ्य योजनाओं की मानीटरिंग सम्बन्धित प्रपत्र . जन्म व मृत्यू रेकीर्ड	व्याखान व कियात्मक कार्य	हरएक प्रतिभागी को ग्राम स्वास्थ्य समिति में रहने वाले रेकार्डस के विषय मे जाकारी हो जीएगी।
11:30 – 12:30	योजना क्या होती है ?	व्याखान व चर्चा	हरएक प्रतिभागी योजना क्या होती है अच्छे से जान जाऐगा।
12:30 – 1:00	ग्राम स्वास्थ्य योजना क्या होती है ?	व्याखान व चर्चा	हरएक प्रतिभागी ग्राम स्वास्थ्य योजना क्या होती है अच्छे से जान जाऐगा।
1:00 – 1:15			
1:15 – 2:00	ग्राम स्वास्थ्य योजना बनाना	कियात्मक कार्य	हरएक प्रतिभागी ग्राम स्वास्थ्य योजना बनाना सीख लेगा।
2:00 – 3:00	ग्राम स्वास्थ्य योजना बनाना	कियात्मक कार्य	हरएक प्रतिभागी ग्राम स्वास्थ्य योजना बनाना सीख लेगा।
3:00 – 4:00	ग्राम स्वास्थ्य योजना का प्रस्तुतिकरण	कियात्मक कार्य	हरएक प्रतिभागी योजना का प्रस्तुतिकरण करना सीख लेगा।
	समापन सत्र		

ESSAY ON COMMUNITY HEALTH WORKER

BY PRABHU SARAN

Introduction:

When we talk about "Community health worker and ASHA" they seem very similar. The concept is same and the proposed impact is also same.

Community health workers /ASHA are chosen from the same village by the community to work for the community. They are very familiar with the local problems, culture, belief, practices and the people. When we read the article "achieving child survival goals" we can see that how and what level of contributions that the community health workers have contributed in the community in prevention and control of the communicable diseases.

If we see the health system in many countries especially in under developed and developing countries, the health systems are very weak and the interest of the health care providers (doctors and Nurses) is to stay in the cities and work in a good hospital. They are not interested to work in rural setups where there is a big need of health care. The training period is very lengthy and the cost of the trainings is very high.

When the cost to train and equipped a community health worker is very low and you can easily get interested people from the community. In India jamkhed is a live example of developing community health workers and sustaining the community ti identify their health problem and solve them in the community.

Selection process:

The selection process is varying in different places or countries but the Who suggested that a community Health worker should be:

- Resident of the same village
- Age between 25 to 35 years
- Should be selected by the community
- Answerable to the community for their activities
- Supported by the health system but not necessary a part of the organization.

If we see the selection criteria of ASHA is looking very similar.

But in the reality the selection of ASHA is done without following any procedure. Most of the ASHA are selected from the rich families and the interest levels of them are questionable. They are forced to be selected and many of them are not working. Their husbands or other closed relative are doing their work. They are limited to the immunization clinics and escorting pregnant women to the hospital.

They did not appeared in any interviews.

Relationship between community and community health worker/ASHA:

Relationship between the community health worker and the community should be as a member of the family. The community health worker comes from the community and he / she is the part of the community so the relationship should be balanced. The worker should be supported by the community and answerable to the community.

He/she knows the community and the groups in the village and people also know him/her.

When we see the ASHA, she is not familiar with the community and their relation with the community is not so good. They are not visiting the families or clusters so there are a major gap in the relationship between the ASHA and the community. People knows them as a wife or doughter-in-law of powerful families.

Even they did not trying to build relationship with the community. In some cased their relationship with other health care providers such Abganbadi workers and ANM is also not good.

Roles and Responsibilities:

- The role of a community health worker is to mobilizing people. Prime focus is to work on preventive measures in the community.
- Bringing awareness on health issue
- Role of a teacher and liberator.
- Counselor / advisor
- Identify the harmful practices and make people aware
- Motivate people to adopt healthy behavior
- Help the health team in organizing immunization and Antenatal Checkups.
- Guide the community to access secondary health care facilities.

When we compare these with the present ASHA, we will find that they are not doing anything else then escorting pregnant women to the hospital and just sitting in the Anganbadi centers on immunization days and filling their register because they will get get money for participating in the program.

Most of the Anganbadi workers and ANMs are complaining us that they are not cooperating in informing the villagers and motivating them to come for ANC and immunizations.

7 out of 10 ASHA interviewed by me in Chhatarpur district does not know their key roles. They did not know the number of ANC and under 5 children in their villages. They did not know the immunization schedules. They did not know about Village Health and nutrition day

of their village. They don't know about village health plan even some have the copy of the plan given by the ANM.

Training:

The community health workers needs some specific trainings on

- Leadership skills, teaching skills
- Prevention & control of the communicable disease, technical support on health care like; case identification and case management.
- Identification of high risk cases in antenatal
- Home base management of Diarrheal diseases
- Water purification skills, etc
- Networking skills

The quality of ASHA training is questionable. They have attended basic trainings and received certificates but most of them are unable to answer simple questions based on their training modules.

Success of worker in which situations:

The success of a community health worker depends on how much cooperation and support they are getting from the community. They need identification in the community, respect and love.

They can be success if community and government departments can support them. A support system is needed to address their needs and problem and solved in time. The workers need regular updating on new problems or issues through refresher courses.

Their payment system should be transparent and easy. The payment should be on time.

Community support is the key for the success of a health worker.

The success of the ASHA program which is one of the best models to promote health and healthy behavior in the community is depends how these ASHAs are playing their roles in the community.

They need to be take interest and come forward, develop a good rapport and their family members allow them to perform. Until they are ready and willing to learn and take this opportunity as a challenge the success is not possible.

Limitation of works:

The health worker's work should be limited to some area. They are basically health promoters and in some extent they can provide primary health care. They are not a professionals or medical experts.

The scope of an ASHA is not limited. They can do a lot for their own community. They can mobilize community and bring a big change. They can produce demand and do advocacy for the needs of the communities. The can bring awareness on national health programs, healthy behaviors, sanitation issues, promote good personal and environmental sanitation.

Conclusions:

Both the articles show that a community health worker is the key link between the community and health department / NGOs working for the promotion of community health. Many countries are promoting the concept of community health workers in their health programs and achieving good results.

The community health worker can undertake various tasks such as case management of childhood illnesses, developing healthy behaviors among the community, mobilizing community, delivery of preventing interventions, etc.

There is a need of close monitoring of the program and fair evaluation of the program from beginning to the end.

The process of selection, training and monitoring of the program needs to be fairly implemented and the role of the persons and institutions should be re oriented to them again.

The program is design well but the implementation part is very weak. Some support system is needed to support them in every point such as payment system, moral support, technical support, guiding them and helping the in the time of any type of problem.

Community support as well as organizational support but overall the political support is badly needed for the success of this program.

Submitted by,

Prabhu saran Masih

Community Health fellow
Chhatarpur, Madhya Pradesh.
Date : 16/02/2010

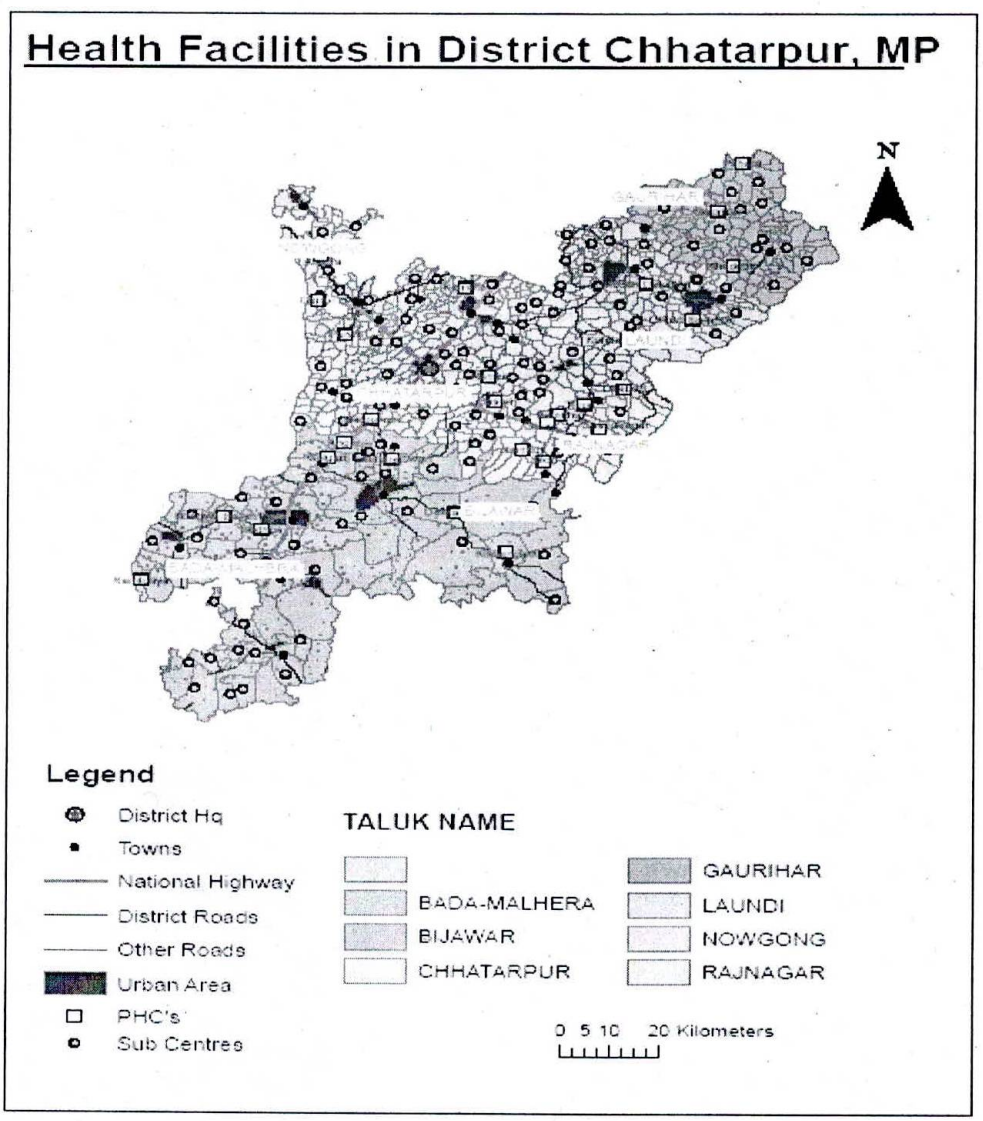
DETAILS OF BLOCK/PHC/CHC/SUB HEALTH CENTER IN CHHATARPUR DISTRICT

SN	Name of the Block	Number of Sub Centers	Number of Primary Health Centers	Number of Community Health Centers
1	RAJNAGAR	33	9	1
2	ISANAGAR	26	4	0
3	SATAI	19	6	1
4	NOWGOAN	26	7	1
5	BADA MALAHRA	19	4	1
6	BUXWAHA	14	1	0
7	LAUDI	22	4	0
8	GAURIHAR	27	5	0
	Total	**186**	**40**	**4**

There are the followings existing Health centers in Chhatarpur District:

Total Sub Health Centers are 186
Total number of Primary Health Centers 40
Total number of Community Health Centers 04

Health Facilities in District Chhatarpur, MP

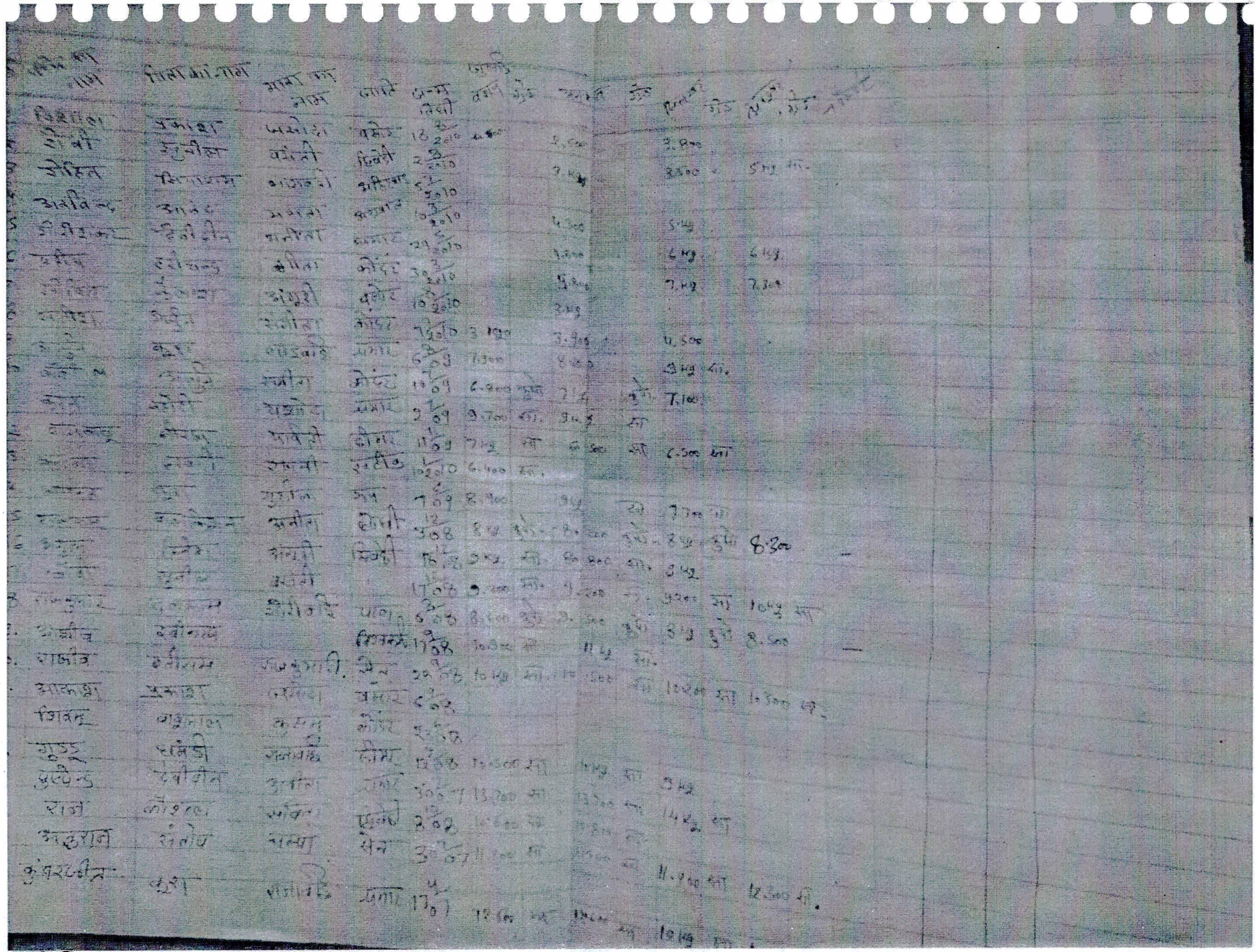


Map composed by NIC
Source RGI, SOI

List of Major Hospitals and Nursing homes in Chhatarpur City

Sn	Name of the Health center / Hospital/ Nursing Home	Contact Person	Contact Number	Facilities Available
1.	District Hospital Chhatarpur	Civil Surgeon		▪ 200 beds with separate ward for Medical, surgical, children, Trauma, Burn, eye, Maternity, etc. ▪ Well established OPD facilities ▪ Emergency OPD Block ▪ Team of well Qualified and specialist Doctors ▪ Functional Lab Facilities ▪ X-Ray, USG & ECG facilities ▪ Functional Blood bank ▪ Medical store ▪ Dharamshala ▪ Toilet and Drinking water facilities ▪ Generator facility ▪ School of Nursing
2.	Christian Hospital Chhatarpur	Dr. Christopher Lasrado Medical Director	07682 - 244311	▪ 100 beds with separate ward for Medical, surgical, children, eye, Maternity, Isolation and Private wards, etc. ▪ Well established OPD facilities ▪ Team of well Qualified and specialist Doctors (MBBS, Surgeon, Gynecologist, Dental, Pediatrician, Ophthalmologist, etc) ▪ Functional Lab Facilities ▪ X-Ray, USG & ECG facilities ▪ Operation Theaters -2 ▪ Medical store ▪ Dharamshala ▪ Toilet and Drinking water facilities ▪ Generator facility ▪ School of Nursing

3.	Dr. Pandey Nursing Home	Dr. K.P.Pandey		▪ GENERAL & Private wards ▪ Operation facilities ▪ Lab & X-ray ▪ Medical store ▪ Toilet and Drinking water facilities ▪ Generator facility
4	Dr. Chaubey Nursing Home	Dr. Subhash Chaubey Dr. Shakuntala Chaubey		▪ GENERAL & Private wards ▪ OPD ▪ Operation Theater ▪ Lab & X-ray ▪ Toilet and Drinking water facilities ▪ Medical store ▪ Generator facility
5	Dr. Khare Memorial Nursing Home	Dr. Dr. Ajai. Khare		▪ GENERAL & Private wards ▪ OPD ▪ Operation Theater ▪ Lab & X-ray ▪ Toilet and Drinking water facilities ▪ Medical store Generator facility ▪ Generator facility
6	Shrivastava Nursing Home	Dr. Arun Shrivastava		▪ GENERAL & Private wards ▪ OPD ▪ Operation Theater ▪ Lab & X-ray ▪ Toilet and Drinking water facilities ▪ Medical store ▪ Generator facility
7	Dr. M.P.N.Khare Nursing Home	Dr. M.P.N.Khare		▪ GENERAL & Private wards ▪ OPD ▪ Operation Theater ▪ Lab & X-ray ▪ Toilet and Drinking water facilities ▪ Medical store ▪ Generator facility



NATIONAL RURAL HEALTH MISSION
(Reproductive & Child Health Programme)
DISTRICT PROGRAMME MANAGEMENT UNIT, CHHATARPUR (MP)

क्रमांक/आरसीएच/बैठक/11/ 3 82-85 छतरपुर दिनांक : 6.7.11

प्रति,

1. श्रीमती गायत्री परमार, महिला समिति, छतरपुर म.प्र.
2. श्री विनय श्रीवास, चेतना समिति, नौगांव ।
3. श्री प्रभुशरन मसीह, बेतसदा क्रिश्चियन अस्पताल ।

विषय : जिला स्तरीय मातृ मृत्यु समीक्षा (**MDR**) कार्यशाला दिनांक 09 जुलाई, 11 को आयोजित करने बाबत्।

उपरोक्त विषयान्तर्गत जिला स्तरीय मातृ मृत्यु समीक्षा (**MDR**) कार्यशाला कलेक्टर महोदय की अध्यक्षता में दिनांक 09 जुलाई, 2011 को प्रात : 10: 00 बजे से जटाशंकर पैलेस, बस स्टेण्ड छतरपुर में आयोजित की जा रही है। उक्त बैठक मे मातृ मृत्यु की समीक्षा की जावेगी । अतः आप उक्त कार्यशाला में उपस्थित होने का कष्ट करें।

मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी
जिला छतरपुर (म.प्र.)

Participated in Meeting on 9/7/2011 at Jata Shanker Palace

NATIONAL RURAL HEALTH MISSION

(Reproductive & Child Health Programme)

DISTRICT PROGRAMME MANAGEMENT UNIT, CHHATARPUR (MP)

क्र./एनआरएचएम/एमजीसीए/11/ 430 छतरपुर दिनांक : 15-7-11

प्रति,

श्री० प्रमुख सचिव [illegible]
[illegible] सेवा हॉस्पीटल सोसाइटी
[illegible], छतरपुर

विषय : दिनांक 22.07.2011 को एम.जी.सी.ए. की बैठक मे उपस्थित होने के संबंध में ।

संदर्भ : मिशन संचालक, एनआरएचएम का पत्र क्रं./एनआरएचएम/आशा/12822 भोपाल दिनांक 15.04.11

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उपरोक्त विषयान्तर्गत एवं संदर्भित पत्र के परिपालन मे आशा एवं व्ही.एच.एस.सी. के कार्यों मे [illegible] सामुदायिकरण की प्रक्रिया में तेजी लाने के लिये सहयोगी तंत्र निर्माण करने के लिये एम.जी.सी.ए. का गठन [illegible] जिसने शासकीय एवं अशासकीय सदस्यों सम्मिलित किया गया है । जिसमे आपको गाईड लाईन अनुसार एम.जी.सी.ए. [illegible] का सदस्य मनोनीत किया गया है ।

उक्त समिति की बैठक राज्य स्तर के नामांकित सदस्य की उपस्थिति में दिनांक 22.07.2011 को [illegible] बजे जिला प्रशिक्षण केन्द्र, महाराजा कालेज के सामने, छतरपुर में की जा रही है । अतः उक्त बैठक में उपस्थित होने का [illegible] करें ।

मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी
जिला छतरपुर (म.प्र.)

पृ. क्र./एनआरएचएम/एमजीसीए/11/ छतरपुर दिनांक

प्रतिलिपि :- सूचनार्थ प्रेषित।

1. कलेक्टर, जिला छतरपुर म.प्र. ।
2. संयुक्त संचालक, आरसीएच/एनआरएचएम, भोपाल म.प्र.
3. क्षेत्रीय संचालक सह संयुक्त संचालक, स्वास्थ्य सेवायें, सागर संभाग सागर।

मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी
जिला छतरपुर म.प्र.

Received on
23/7/2011

NATIONAL RURAL HEALTH MISSION

(Reproductive & Child Health Programme)

DISTRICT PROGRAMME MANAGEMENT UNIT, CHHATARPUR (MP)

क्र./आर.सी.एच./स्था./10-11/206-07 छतरपुर दिनांक : 14.6.10

प्रति,

श्री प्रभुसरन मसीह,
कार्यक्रम अधिकारी,
प्रेरणा परियोजना,
मसीही अस्पताल, छतरपुर म.प्र.

विषय : *आशा प्रशिक्षण की स्वीकृति देने के संबंध में।*

संदर्भ : *आपका पत्र दिनांक : 08.06.2010।*

उपरोक्त विषयान्तर्गत एवं संदर्भ से लेख है कि आपके द्वारा प्रेरणा परियोजना के अन्तर्गत अपने कार्यक्षेत्र की आशाओं के क्षमता विकास हेतु आशा प्रशिक्षण कार्यक्रम का आयोजना किया जाना है ।

उक्त प्रशिक्षण में आशाओं की संलग्न सूची अनुसार प्रशिक्षण कार्यक्रम में उपस्थित होने की स्वीकृति प्रदान की जाती है ।

जिला कार्यक्रम प्रबंधक
आर.सी.एच./एन.आर.एच.एम.
जि.ला छतरपुर म.प्र.

क्र./आर.सी.एच./स्था./10-11/ छतरपुर दिनांक :

प्रतिलिपि :

जिला चिकित्सा अधिकारी सामुदायिक स्वास्थ्य केन्द्र, ईशानगर/गौरिहार की लेख है कि आप पत्र के संलग्न सूची में दर्शायी गयी आशाओं को उक्त प्रशिक्षण में उपस्थित होने हेतु आदेशित करें । प्रशिक्षण दिनांक 16 व 17 जून को प्रस्तावित है ।

जिला कार्यक्रम प्रबंधक
आर.सी.एच./एन.आर.एच.एम.
जिला छतरपुर म.प्र.