

REPORT OF TRAINING WORKSHOP

Name of the Training:	Sensitization Meeting of Healthcare Workers on Training Module
Date:	September 27 & 29, 2022
Name of Member Organization:	Living Hope
No. of Participants:	05



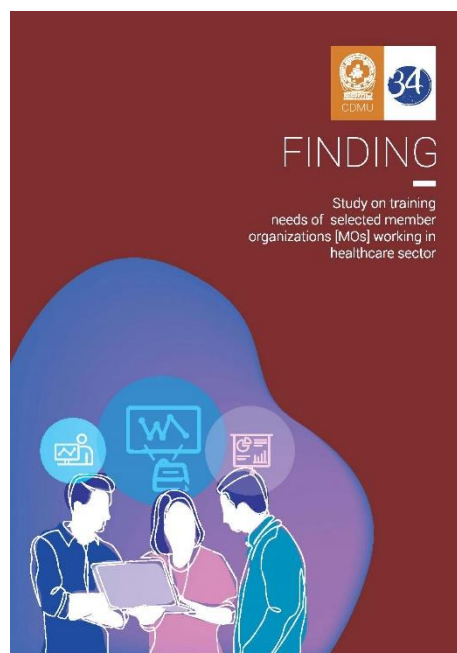
Group snaps with the participants and facilitators

Introduction:

Healthcare delivery needs of the common people cannot be accomplished totally by the government sector. In India, a number of non-governmental organizations [NGOs] appear to fill a large share of the gap in healthcare delivery. More often than not they cater to the needs of thousands of care seekers with too scarce resources which they manage to gather through assistance and donations of different kinds. While their motivation to run a regular health care activity is praiseworthy, most of such NGOs operating in the rural and remote areas are manned by health care workers who often lack formal training. Besides, such NGO clinics are almost always left with handling too huge a patient load in too short time available. To

strengthen the healthcare services of member organizations [Mos] it is the high time that CDMU should take a leadership to strengthen health system management of it MOs. Community Development Medicinal Unit [CDMU] is not-for-profit health care organization working on medicines access & rational use working with its network organizations [referred to as MOs] for last 3 decades. The need was felt by CDMU as well by its partner organizations to strengthen its medical care programs. It was also felt during personnel visit to its partner organizations as well as in the meeting that one of the area of strengthening medical care is to educate the care givers of its MOs.

A training need assessment study was conducted among willing member organizations of CDMU. These MOs are spread over 10 district of West Bengal and engaged in different healthcare activities. Some are located in tea gardens, some of them are mental hospitals or rehabilitation centre, some runs health camps in village whereas some have their static clinic. The commonality being their transaction with CDMU in connection with drugs and consumables.



With such objectives CDMU initially conducted a training need assessment to understand the training need of member organizations and effective delivery of information as well as knowledge with first line health workers – the first contact with the patient in the clinic of member organizations. The common agenda for CDMU, its member organization and the donor is to provide effective health care delivery.

Location and period of the training:

The sensitization workshop was held at Living Hope, which is situated at Taldi, under Canning Sub-



A snap of venue

Division at South 24 Parganas district. The venue is well protected by high wall and located amidst ample greenery. The training hall had sufficient light and ventilation. The premises is used for clinic purpose as well as other activities. The premises was very clean and there were no noise or disturbances from outside. There was spacious clean wash room with modern toilet facility. Though the centre is far by train. Most of the participants stay very far from the venue. For some participants, it takes more than three and half hours to reach at the venue from their home. The condition of the main road, which connects Kolkata and Taldi, was excellent but the linking road was not maintained properly. There are a market nearby and two higher secondary schools. So road jam is a daily feature of the area, particularly at morning time. The clinic was closed both the training days and as there was no other activity on those days, hence proper

audio-visual privacy was maintained. There were sufficient plastic chairs for the participants, as well as for the facilitator. The two days training sessions were conducted for six hours in total.

Brief description of activities of Living Hope:

Living Hope was begun intentionally in 1998 in the Taldi region to serve low-income families who might not otherwise have access to education and medical care for themselves and their children. Taldi is located about 35 km south of Kolkata, one of India's largest metropolitan cities. Currently 430 children and their families are served. The families of Taldi and the surrounding villages are mostly subsistence level laborers and farmers. Most of the families live in small, bamboo, mud and thatch rooms. Illiteracy is above 50% in the region. The Living Hope staff engage the community on many levels; through the school, the medical clinic and vocational training courses in order to foster genuine community transformation.

Living Hope School provides primary education for 249 children of Taldi and the surrounding villages. The school has especially targeted the most disadvantaged families; many of whom would have no opportunity for education otherwise.

Parents are often more inclined to send their children to work than to school. The staff and teachers of Living Hope work with the families and community leaders to educate the parents of the value of giving their children a future hope through education.

There are 6 sections, lower KG, KG and classes 1 to 4. Children are admitted from the age of 5 to the lower KG section. On campus most of the classrooms, the school office and kitchen are simple bamboo and thatch structures. These are similar to the type rooms the children live in with their families in the Taldi community.

Living Hope also operates a primary health care clinic on the Taldi campus. The clinic serves over 2600 patients annually. After consultation with the doctor patients receive free medications from the dispensary.

The medical officers provide vision test and inexpensive glasses for low-income patients. Elderly patients requiring cataract surgery are identified and served at regional hospitals. Over 300 eye patients are served annually.

Alongwith education and primary health clinic they also provide vocational training on campus for women of the region. Typically, many women from small villages are illiterate and fearful of venturing out of their communities. Vocational training provides a useful skill and builds confidence.

More than a dozen ladies stitch kantha quilts under the guidance of the Living Hope trainer. Living Hope facilitates the sale of the quilts to a wholesale dealer. Proceeds go directly to the ladies providing valuable income. In addition, computer literacy classes are taught at the centre for the youth of the region.

Inauguration:

The training started with registration and a small welcome note given by the Project Coordinator of CDMU, Mr. Sushanta Roy, who concisely described the purpose as well as the necessity of this kind of sensitization meeting among the healthcare providers, working at grass root level. He also introduced the resource person Mr. Sanjoy Chowdhury with the participants. Participants in turn introduced themselves. The facilitator Mr. Chowdhury requested them to share their names, designation and the no. of period they are associated with the health care services. This was followed by filling up of pre-test questionnaire.



A section of participants

Workshop sessions:

DAY 1: The topic of the first session was Fever. The facilitator asked the participants what they do



Mr. Sanjoy Chowdhury in his session

understand by fever, then he described briefly about fever and also discussed about the normal body temperature and situations when it should be called fever. He then instructed one participant to read out fever chapter from the module. Along with fever the facilitator also discussed about COVID 19 and asked another participant to read from the module. However, there were few questions raised by the participants which were properly answered by the trainer. This session was followed by tuberculosis and same methodology was used here also. One of the participant read from the module and the trainer explained every line elaborately. Whenever a technical terminology came, trainer

first asked the participants to explain about it and then he discussed it elaborately. Proper board work was also done here. The next session was on Vector borne diseases which was presented in a different way. The participants were asked about their knowledge and experiences about vectors and diseases

associated with these vectors. After a brief overview, trainer asked the participants to read the chapter from the module. Three participants alternatively took part in reading this chapter. More stress was however given on prevention of vector borne diseases. This was followed by the session- Substance Abuse, which was again briefly discussed by the trainer and then one of the participants read the chapter from the module. The post lunch session was started with the topic-Snake bite. The session was first described by the trainer citing several examples of rural incidents. Then one of the participants read out from the module and the trainer explained the technical part with examples. This session was followed by the topic –burn. The participants explained their own experiences of several accidents of burn and facilitator segregated the incidents into two major types of burns, i.e.



A participant sharing the content of a chapter

severe burn and less severe burn. Then participants read out from the module and the facilitator-initiated discussions on technical parts. The last session of the day was on cuts and wounds. The participants read out from the module and necessary explanations were done by the facilitator. In all the sessions, relevant questions asked by the participants were properly answered by the trainer. Finally, the facilitator gave a homework on five different topics to five participants. The topics were: Personal Hygiene, Balanced diet, Lifestyle modification, referral medical check- up and Referral and transfer mechanism. They were asked to read the respective topic from the module and jot down the key messages or main points on the same topic on a chart paper. For this, each participant was provided one chart paper. It was also told that on the next day of training, the participants had to present their topics of their own. With this, the training session was closed for the day.

DAY 2: started with recapitulation of previous day's topics. It was done through question-and-answer session as well as narrative recap by the participants. This day's first session was on chest



Facilitator explaining Recovery Position

pain. The facilitator concisely explained the concept of chest pain. Participants read the chapter from the module. More emphasis was given on identifying emergency situations of chest pain and referring the patient at suitable health facility. This session was followed by another important session – loss of consciousness. The facilitator instructed few participants to read it out from the module and through board work elaborately explained when first aid, recovery position and Cardio-pulmonary Resuscitation (CPR) are to be administered in case of unconscious patients. Then the facilitator demonstrated both the techniques with the help of one participant while the others observed the

processes. Later, two of them did the hands on practice of the two techniques.

After the session, the participants presented their assigned topics one by one to the larger group. The first participant presented about Balanced Diet. She explained the concept and then discussed about the necessity of balanced diet and how



Facilitator explaining Recovery Position



Facilitator explaining Recovery Position

wrong proportion of food intake can lead to serious physical ailments like malnutrition, hypertension, diabetes mellitus etc. then she discussed about components of balanced diet and relation between balanced diet and regular activity. The next trainee explained about importance of maintaining personal hygiene. After describing the concept and regular daily good hygienic habits like proper hand washing, using clean utensils for cooking, eating and maintaining proper waste disposal. This presentation was followed by another participant's presentation on lifestyle modification. She, however, explained the topic with importance of yoga, meditation, and physical exercise in daily life including healthy food habits and avoiding excessive salt and sweet food to maintain a healthy life. She also emphasized on importance of entertainment in daily life. Next participant discussed about Regular health check-up. He told that early intervention leads to early intervention, which can improve the person's health. He also emphasized the importance of yearly screening, particularly when a person reaches at the age of 30 years. Referral at right facility also is an important factor in regular check-up, when a person is detected with any kind of disruption from normal health parameters. He also stressed on awareness generation for community involvement and participation in educating check-up related behaviour within the community. The last topic was –Rules for mobilization, where the trainee explained how proper referral plays an important factor in case of emergency. Proper communication is also a crucial element where the ambulance, wheel chair etc. are to be arranged to give appropriate comfort and reduce distress among the patients. Besides this he also emphasized the role of developing skill of providing emotional support to the patient as well as members of patient family in case of emergency as well as other situations. Finally he stressed upon the importance of follow up. However, he also concluded his presentation by mentioning necessity of community involvement at the time of mobilization. After each presentation, the facilitator provided his inputs to the participants and also explained the importance of the topic for maintaining good health. The facilitator emphasized the key points of the topic and briefed how they are related to good public health and clarified that ensuring these five topics, people can enable good community level prevention of diseases as well as importance of community participation in maintaining the quality of health.

Questions:

At the time of discussion on several topics, the participants asked questions on technical issues and the facilitator explained each question in lucid language and in a way so that they can understand them easily. Technical jargons were avoided but the concept was clearly depicted by the facilitator. The facilitator gave equal chance to the participants to read the manual as well as involved each participant in the sessions either by asking questions or by doing brainstorming. However, the atmosphere of the training was congenial and hence, all participants spoke with ease. The facilitator encouraged them with repeated clapping and praising them frequently.

Future expectations and Feedback (from participants):

Participant's involvement was really commendable. However, in future they want to learn more about Hypertension, Diabetes Mellitus, Chikunguniya, Stroke, Cancer, and HIV/AIDS etc. They are also eager to learn about several basic nursing skills.

The overall feedback of the participants were very positive and they articulated that they came to know a lot of information which definitely would benefit in their future work as grass root health service providers.

Closing remarks:

The two-day training was concluded by thanksgiving to the participants for their active participation as well as to the organizing Living Hope for their constant support and initiative to make the training programme a successful one. However, the main take home messages, could be summarized as: Salt intake should be restricted for maintaining proper BP and kidney health, Painkillers should be avoided as much as possible including Paracetamol, All chest pains are not related to Heart Attack, Proper Nutrition means taking carbohydrate, protein and fat at appropriate ratio, in case of snake bite awareness generation is vital to erase myths and misconceptions within the community, CPR is an amazing method to restore a man's life etc.

Details of participants

Sl no	Name of participants	Age	Sex	Qualification	Role of participants in organization
1.	Ganga Mondal	32	Female	Class X	Clinic support, pathology
2.	Puja Das	23	Female	PG	Medicine dispensing
3.	Ratna Adhikary	33	Female	Class X	Clinic support
4.	K Prasant Kumar	40	Male	Graduate	Clinic support
5.	Rabisankar Kurali	37	Male	Graduate	Medicine stores management

Annex II: Pre & Post Test Questionnaire Analysis

