

# **'Certificate Course on Health System Accountability'**

(Contact Cum Distance Learning Course for  
Grass Root Level Practitioners)

**Support for Advocacy and Training to  
Health Initiatives (SATHI) with COPASA**



## **‘Certificate course on Health system accountability’**

**(Contact cum distance learning course for grass root level Practitioners )**

Support for Advocacy and Training to Health Initiatives (SATHI) with COPASAH and Accredited by Karve Institute of Social Services (Maharashtra- India).

**Three day - 1st regional’s contact session on capacity building of grass-roots practitioners concluded in Nagpur- 10<sup>th</sup> to 12<sup>th</sup> September 2015, Pune - on 5<sup>th</sup> to 7<sup>th</sup> October, 2015 and Nashik- 10<sup>th</sup> to 12<sup>th</sup> October 2015 (Maharashtra, India)**

The first contact session for the ‘Certificate course on Health system accountability’, being conducted in a distance learning mode, for broadening and deepening the perspective of grassroots practitioners working on accountability of social services, was held from 10 to 12 September 2015, in Nagpur (Vidharbha region), 5 to 7 October 2015 in Pune, (**Consolidated activity for Konkan, Marathwada, west. Maharashtra region**), and 10 to 12 October 2015 in Nashik, (**Khandesh- North Maharashtra region**) Maharashtra. This course is being conducted by SATHI (Support for Advocacy and Training to Health Initiatives) Pune, in collaboration with the international network, COPASAH, and is accredited by the Karve Institute of Social Services, Pune.

A total of 115 student activists had registered for this course, and of these, 90 participated in the various first contact sessions.

### **Student’s activist participant ratio in first contact session**

#### **10 to 12 September 2015, in Nagpur (Vidharbha region)**

About 44 student activists from the Vidharbha region have registered for the course, and of these 36 participated in the 1<sup>st</sup> contact session. 50 % of these participants were women activists. Practitioners from a total of 16 organisations were present for this session. Women who are working as ASHA, or up-sarpanch and even as Sarpanch, have registered in the course in order to increase their understanding about the accountability of health services in their villages, and to learn about right to health and health care. Besides activists of Video Volunteers have also taken admission for this course, and actively participated in the contact session.

#### **5 to 7 October 2015 in Pune, (Consolidated activity for Konkan, Marathwada, West. Maharashtra region)**

About 39 student activists from the *Konkan, Marathwada, West. Maharashtra region* have registered for the course, and of these 30 participated in the 1<sup>st</sup> contact session. 50 % of these participants were women activists. Practitioners from a total of 17 organisations were present for this session. In this group too, women who are working as ASHA, and as Sarpanch, have registered in the course in order to increase their understanding about the accountability of health services in their villages, and to learn about right to health and health care.

#### **10 to 12 October 2015 in Nashik, (Khandesh- North Maharashtra region)**

About 32 student activists from the *North Maharashtra region* have registered for the course, and of these 24 participated in the 1<sup>st</sup> contact session. 37 % of these participants were women activists. Practitioners from a total of 7 organisations were present for this session. 3 urban women student

activists who are working on a voluntary base in their slum, have registered in the course in order to increase their understanding about the accountability of health services in their slums, and to learn about right to health and health care. Besides activists of Video Volunteers have also taken admission for this course, and actively participated in the contact session

### **The contact session threw light on the various aspects of social accountability of health services through 4 modules –**

- 1. Module 1- (Right to Health and Right to Healthcare)**
- 2. Module 2 – (Concept of Community Monitoring for accountability of health services)**
- 3. Module 3 – (Determinants/constituents of democracy and participatory planning of health services)**
- 4. Module 4 (Need for regulation of the private health sector)**

Apart from this the importance of a photo story as a medium for achieving accountability of health services, was explained through the 5<sup>th</sup> module, which also explained how a photo story should be made. To facilitate easy understanding for the student practitioners (activists) all these modules were created in Marathi. For further clarity on the issue, important study material on right to health and right to health care, posters and some audio-visual material were also given to the participants.

In the beginning, information was given about the course and an overview was taken about the contents to be covered over the next three days. A round of introduction of the student activists and their work, was conducted through the medium of exercise. In this exercise the participants were required to suffix their mother's name to their own name and then also share about how the atmosphere in their house changes when their mother falls ill. This exercise was used to highlight the inequity in society and insensitive attitude of society towards women's health. This exercise was conducted with the intention of developing perspective on how the health system can be made sensitive towards women's health.

In a similar manner, through the use of various exercises, all five modules were covered with the participants. Efforts were made to ensure that most of the understanding of issues and perspective building took place through the medium of group work and inter-personal dialogue. (For further details please see the note on methodology.)

In the group discussions conducted during the contact session, it emerged that the student practitioners (activists), working on several issues like education, health, women's empowerment, employment, did not have much understanding and information about the various aspects of health rights.

Every morning a revision/ recap session was taken through writing and interpersonal discussion about what all had been learnt the previous day. This helped in gauging how well the participants have understood the concepts explained so far.

A pre test was conducted on the first day of the contact session. This test was done to gauge the level of understanding of the student activists about accountability of health services, right to health and right to health care, patient's rights and democracy and participatory planning. This would help in taking appropriate steps towards building their perspective.

A post-test was conducted on day three, that is on the last day, with the intention of understanding how much change has occurred from their understanding in the pre-test.

In the end participants indulged in planning for the activities to be conducted at the village level. The planning was done in such a way that each participant should conduct one activity related to the public health system and the private health sector, in their area at the village level. The participants are expected to share their experiences about these activities, in the next contact session, to be conducted in January / February 2015.

### **Student practitioners sharing about what they learnt in the contact sessions:-**

- In the certificate course, we got new information about how we can get village level health services as rights.
- During the pre-test, we managed to understand as to how much information we actually have about the work we do in villages. We revisited some of the issues which were explained in the module. Sometimes, due to working in the field for several years, we had developed the misconception that we know everything, the pre-test and post-test helped to clear this. It made us realise how much we really needed this course.
- If we share the knowledge that we gain, it can be retained permanently- we learnt this important lesson.
- In the round of introduction, everyone was asked to share their name, their mother's name and how the atmosphere in the house changes when the mother is ill. This exercise helped us realise how the we violate the human rights of the one woman (mother) on whom our life depends.
- We also realised that "Social Accountability of Health Services" is not a training but rather a course. After this contact session, we are expected to undertake an activity in our village and send a report. Although we have attended several trainings, this aspect of conducting activity and sending report seemed important.
- We learnt about the COPASAH network. This network will give us the opportunity to share the changes brought about by our intervention at a global level. Not only is our work praised, this also helps in creating our identity. This is very novel for us who work at the grassroots level.

#### **1. Module 1- (Right to Health and Right to Healthcare)**

- The concept of health and health care as a human right became clear to us as we learnt about health and health rights from the perspective of human rights and rights based approach. We learnt about the services available from the village to district level, and how people have certain rights at birth and how the Constitution and the law protects these rights. Through examples and role play the concepts of equity and equality were clear. Human rights gender and health inequity, perspective of equality and equity, these issues were covered in detail and we learnt that there is scope for us to make improvements in our work.

- While working, we should begin at home with our mother, whereby she can get access to health in a rights based approach. Also we understood how gender discrimination exists in every household and how this discrimination can be tackled through health and human rights perspective.
- We learnt how there is discrimination between men and women in matters of health, and how the health of women suffers due to this. As a human being a woman should have the same health rights as men. Due to the module on health and health rights, we learnt about how inequality and gender discrimination within a family, affects health of women.

## **2. Module 2 – (Concept of Community Monitoring for accountability of health services)**

- To understand the crucial steps to be undertaken for monitoring of health services at the village level, we had group discussions, role play and film. We understood crucial issues like – concept of community monitoring, steps in monitoring, important components of monitoring – and how this can be implemented at our level.
- We got information about how community based work is undertaken. Eg- we learnt how to get workers to do the work which is mandated by the Government. We learnt how exactly people should undertake monitoring of free services. We learnt people’s perspective about the services and learnt how to undertake dialogue for people’s health rights. We learnt that through people’s participation, we can make the public system answerable.

## **3. Module 3 – (Determinants/constituents of democracy and participatory planning of health services)**

- In this session we learnt about the provisions under the Mumbai Gram Panchayat Regulation Act 1958 regarding the gram sabhas and the rights of the gram sabhas.
- We can conduct monitoring at our own village level and it does not require Government mandate. We learnt that by using certain strategies like right to information, gram sabha, social audit and right to information to make the Government services accountable, and that people can come together with these strategies and resolve certain problems. The Mumbai Gram Panchayat Regulation Act 1958 gives full rights/authority to the gram sabha, hence this is a concrete tool which we have. In order to ensure that people speak out in the gram sabhas, we should take group meetings in villages and take decisions about health problems in the village during the gram sabha. This system within democracy can be utilized for monitoring of public services.
- We got information about planning. What things and determinants to utilize, while doing village health planning, how to undertake participatory planning, and how while undertaking health planning, merely looking at funds is not sufficient and the determinants of health should also be considered.
- We got information about how to conduct social audit of health services.
- There was a group activity on who actually is the Government, in which we learnt how the plan is made by different people and actually implemented by completely different people, and hence there is a problem in the style of working. We learnt from the module that people centered decisions and planning can be achieved through proper co-ordination between people, people’s representatives and Government workers.

## **4. Module 4 (Need for regulation of the private health sector)**

- A film was shown on the need for regulation of the private sector and there was a discussion on the same.
- The current situation of private healthcare, overcharging of patients in private hospitals, patients’ rights in the private health sector, irrational and unnecessary tests administered by private doctors, insistence on purchasing medicines from the hospital pharmacy- if all this has to stop, then action has to be taken through people’s participation. We learnt that

even in a private hospital, we can demand for patients' rights to be respected, and also reiterate the need for regulation of the private health services. Similarly, in our villages and our community, we can create Doctor Patients Committees, and help to bring some regulation over private hospitals.

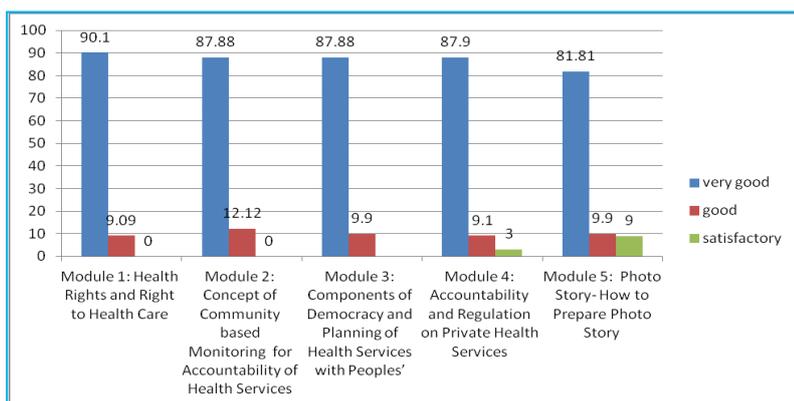
- Similarly, we learnt in detail about the 10% beds reserved for poor patients and provision for free treatment in the Trust hospitals. We can now find out about such Trust hospitals in our areas, and create awareness in the community about the same.
- The topic of clinical trials was new for us. We understood that around us, many times, the doctors involve patients in clinical trials, by tricking them, or without giving them adequate information, which could put their lives in danger. We can find out information about any clinical trial taking place in our areas, and create awareness about it in the community.
- Through the film on patients' rights and Universal Health Care, we learnt about how universal free health care is a necessity.

### 5. Module 5- How to create a photo story – Group work and presentation-

In this session, for the first time, we got information about how a photo story should be prepared. This topic was completely new for us. So far we have shot photos, but for the first time, we learnt that there are some rules even for that. We learnt that photo story is a method of collective research, through which we can present our issues before the policy makers. There are some crucial steps in a photo story- awareness, meetings, collecting information, analysis of information, creating a report card after analysis of the information, presenting it before the concerned authorities/policy makers – through these steps the photo story can be made more effective, with people's participation. If we get more detailed information about photo story, we can use it more effectively on field.

## Feedback from student practitioners about the first contact session

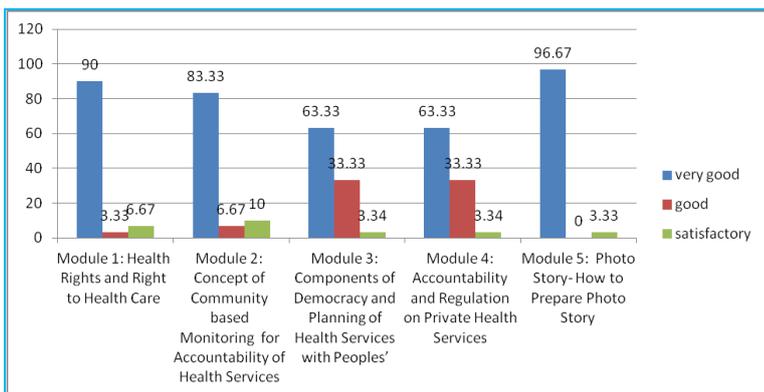
**10 to 12 September 2015, in Nagpur (Vidarbha region)**



After the contact session, feedback was taken from the student activists about the three day session. While 91% and 6% of the student activists gave a positive (very good and good) feedback about the contact session, 3% of the students have suggested some changes. 99% students gave positive feedback on the sessions on

Right to Health and health care and concept of community monitoring, 98% students gave positive feedback on the sessions on constituents of democracy and participatory planning of health services. 96% gave a positive feedback on the module on need for regulation of the private sector and 82% gave a very good and 9% gave good feedback on the session on photo story.

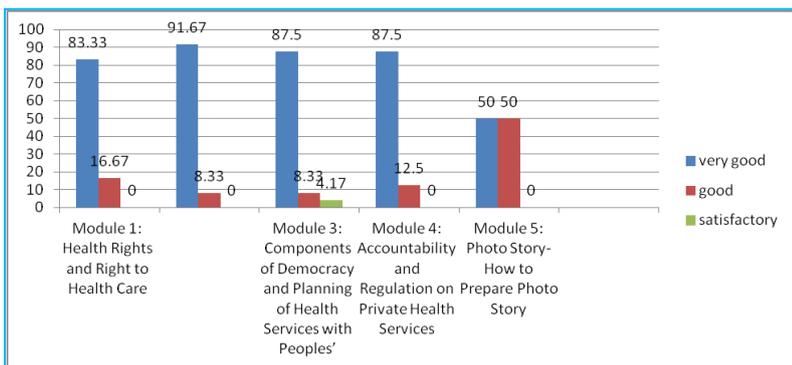
**5 to 7 October 2015 in pune, (Consolidated activity for Konkan, Marathwada, west. Maharashtra region)**



After the contact session, feedback was taken from the student activists about the three day session. While 70% and 23% of the student activists gave a positive (very good and good) feedback about the contact session, 7% of the students have suggested some changes. 90% students gave positive feedback on the sessions on Right to Health and health care, 83% students activists gave positive feedback on the concept of community monitoring, 96% students gave positive (very good and good) feedback on the sessions on constituents of democracy and participatory planning of health services. 96% gave a positive feedback on the module on need for regulation of the private sector and 97% gave a positive feedback on the session on photo story.

90% students gave positive feedback on the sessions on Right to Health and health care, 83% students activists gave positive feedback on the concept of community monitoring, 96% students gave positive (very good and good) feedback on the sessions on constituents of democracy and participatory planning of health services. 96% gave a positive feedback on the module on need for regulation of the private sector and 97% gave a positive feedback on the session on photo story.

**10 to 12 October 2015 in Nashik, (Khandesh- North Maharashtra region)**



After the contact session, feedback was taken from the student activists about the three day session. While 77% and 21% of the student activists gave a positive (very good and good) feedback about the contact session, 3% of the students have suggested some changes. 83% students gave positive feedback on the sessions on Right to Health and health care, 92% students activists gave positive feedback on the concept of community monitoring, and 87% student's activists gave positive feedback on the constituents of democracy and participatory planning of health services. 87% gave a positive feedback on the module on need for regulation of the private sector and 50% gave a Very good and 50% gave good feedback on the session on photo story.

Right to Health and health care, 92% students activists gave positive feedback on the concept of community monitoring, and 87% student's activists gave positive feedback on the constituents of democracy and participatory planning of health services. 87% gave a positive feedback on the module on need for regulation of the private sector and 50% gave a Very good and 50% gave good feedback on the session on photo story.

**Some suggestions from participants**

- Due to simple and lucid language, the topics were easy to understand. Besides due to the exercises and group work, more clarity was developed.
- Some student activists did not reach the contact session on time, and as the others waited for them, the contact session could not start on time.
- The module on photo story was conducted well, but more time should have been devoted to it, so that this medium can be effectively utilised in the field.
- The contact session should be organised for 5 days so that all subjects can become very clear.
- Use more exercise and song in contact session regarding subjects.

## Student practitioners planned village level activity on public and private health services

### Planning regarding public health care

- Organised awareness program about guaranteed health services in village and primary health centre through poster exhibition, corner meeting, data collection
- Monitoring on village level public health services (ANM, MPW and ASHA worker)
- Organised Gramsabha for village level public health worker planning
- Meeting with ANM for vaccination programme- will discuss about importance of vaccination and village level work responsibility of ANM
- Health rights awareness activity
- Village gathering on public health services
- Organised health camp and training regarding health rights.
- Awareness about water purification and sanitation
- Meeting with Self help group about village and sub centre health services
- VHND meeting for how to utilise VHND fund?
- Organised public hearing on PHC level

### Planning regarding private health care

- Village meeting on 10% bed facilities for poor patients in trust hospitals
- Poster exhibition in village and private hospitals about patient rights and Doctor- patients relationship
- Village meeting about mal practices in private hospitals.
- Awareness in community regarding Injection and slain malpractices in private hospital

## Our overall learning from the contact session:-

- Without any mandate, utilising spaces like gram sabha, social audit, right to information, people can undertake monitoring of health and other public services at the village level. As a part of this course, thorough study of these three aspects was undertaken and presented before the student practitioners.
- Some women sarpanches and up-sarpanches had taken admission for this course. Their enthusiasm in this course was commendable. They were coming to such a course for the first time. From this experience we felt that if the scope of this course is broadened, and if a special batch of women people's representatives is created, it will definitely be advantageous. These women people's representatives will definitely make efforts in their respective areas, towards accountability of public services.
- Some ASHA workers and Anganwadi workers have also taken admission for the course. It emerged that they too lack the requisite information. If more ASHA and Anganwadi workers are incorporated in the course, then it will help in improving health services from village to PHC level.
- Activists of Video Volunteers, who are working as Community Correspondents, or other individual activists who are not associated with any organisation or network, but are working in society at their individual level, can greatly benefit from this course. These

activists can be linked with the COPASAH network. Through this medium awareness can definitely be conducted in society about social accountability.

- For activists working in urban areas, information about the urban health system could be incorporated in this module.
- A medium like photo story is unique and hence the activists are exposed to some new learning. It helps in developing their skills and it is essential that this is taught in detail during the course.
- Instead of older settled activists, if we incorporate new activists in this course, then definitely they can do much better work. This was clearly experienced in the contact session. Some of the activists, took the initiative and created a whatsapp group by the name "Sathiyon ke Sathi". One of the activists in Sawantwadi, Sindhudurg district, Konkan region, shared the information about cheating of a poor patient in a Trust hospital, on this whatsapp group, and also raised the issue at the state level. Such new activists can undertake very good advocacy by making appropriate use of social media and audio visual media.
- The two and a half days contact session is not sufficient. Covering 5 topics in two and half days becomes a very rushed job. Actually if the contact session is planned for 5 days, then all topics can be covered in proper details. Photo story needs to be allotted one entire day in this.

### **The challenges we faced :-**

- People taking admission for this course, was a big challenge for us. We expected about 125 student practitioners to take admission for this course, from 5 regions of Maharashtra (Marathwada, Konkan, Western Maharashtra, North Maharashtra, Vidharbha). But actually only 115 admissions took place, and only 90 student practitioners actually participated in the Contact session. Within this, we had the greatest expectations from our CBMP partners, but we did not get much response from them. But through our own contacts and through our networks, we managed to get these 115 admissions.
- The other challenge was accreditation of the course by Karve Institute of Social Studies. Due to certain technical difficulties in this process, we lost almost 2 months. We were keen on the accreditation from this institute to ensure good response to the course and also so that we could motivate activists who relentlessly work at the grassroots, by giving them a certificate from a well-known and respected educational institute. Before getting the accreditation, the course was not receiving much response. After the accreditation, 125 admissions happened. Accreditation by an institute which gives degrees in social work, proved to be an important criterion for the student practitioners.

## Contact session methodology

### A) Introduction of student activists

- Introduce by suffixing mother's name after your own name For eg- Bhausahab Shakuntala....
- How is the atmosphere in the house when your mother is sick?
- Reasons for coming for this course.

### B) Pre Test- written test

#### 1. Module 1- (Right to Health and Right to Healthcare)

Understanding health and health rights through the human rights and rights based approach/perspective

- Listing out human rights
- Listing out the determinants of health.
- Listing out determinants of health care.
- Lastly taking an overview through the PPT

#### Module 1 - (Right to Health and Right to Healthcare)

Gender and Health Inequity and understanding the equality and equity perspective.

- Listing out the inequities in society.
- Listing out inequities seen in health care services
- Group work- distribution of food grains- creating a village (Time- 15 mins)

The village comprises of people from different religions, castes and classes. There is drought in the village. Based on the number of members in each household, some families have sufficient foodgrains, others have insufficient grains while some have no grains. Those who have insufficient foodgrains are only able to have one meal a day. In this situation, the Government has sent 1 tonne of foodgrain, and asked to distribute it in the village. How will you distribute this foodgrain?

#### Health services available from the village to the district level

- Group discussion and presentations

#### 2. Module 2 – (Concept of Community Monitoring for accountability of health services)

- Film- 15 mins
- **Role play and discussion – awareness, village meeting, jan samwad – 30 mins**
- Lastly taking an overview through the PPT

### C) Overview of earlier day – 30 mins

Student activists to note down the points they understood on paper, and then make a presentation.

#### 3. Module 3 – Democracy and participatory planning of health services)

- Determinants of democracy /constituents- Gram sabha, Aam sabha, social audit, jan sunwai
- **What does democracy mean? Group work- divide participants in 3 groups**
- The first group will be of Government officials
- The second group will comprise of elected representatives (MLA, ZP members etc)

- The third group will comprise of the people in the village.
- The first and second group together will take a decision about where the PHC should be located in that block and there will be no involvement of people in this decision.
- The third group however, will identify the health care needs in the village and will raise a demand for PHC accordingly.
- This exercise will help to explain the hierarchy between the people; and people's representatives and health officials. An open discussion can be facilitated on what is democracy.

### Social Audit

- **Group work and role play** – Creating the village through participatory method and performance of role play about “How to do social audit process”?

### **Module 3 – (Democracy and participatory planning of health services)**

How to do village health planning? Importance of Village health funds, and how to plan this fund?

- **Group work and discussion** – Creating the village through participatory method and planning for the village health funds and the untied funds.

### Action plan in the training session for planning of village untied funds and available resources

- All participants should first decide what is the population of their village. Accordingly, based on the table below, it will be clear how much untied funds your village can receive.
- We need to create a village like this now, which includes all health related components. While creating this village, we should note that we are all villagers. (Some of the villagers are active, others are not. )  
For eg- Utilising the things, tools and training materials available in the hall/training room, create a village (Give your village a name), including the source of water, hand-pump, wells, drainage system, canal near the village, water tank, anganwadi, sub-centre, health centre etc.
- Discussion – A list should be made of the obstacles in the path of attaining good health, or what facilities can be made available for attaining good health in the next one year. Eg- what facility can be made available for emergency referral in the village. (Minimum one per head)

Instructions for the facilitator – *Remind participants of how much funds they have in balance. At a primary level, decisions about spending of the funds, are with the Village Health Committee. Hence create an atmosphere to the effect that some active people from among the trainees are part of the committee.*

- *The responsibility of maintaining the accounts of the committee, lies with the Anganwadi worker, the sarpanch signs the cheques as the head of the committee, for withdrawing cash from the bank.*
- *Based on the obstacles and needs identified by all, everyone should together decide on the priorities for spending.*
- While deciding the priorities, keep in mind the question whether everyone in the community will benefit from the intervention (including marginalized). **Display the services in the village accordingly.** Board of services available at the health centre, list of poor and marginalized people in the village etc.

- Accordingly the planning of our village, which we have done through people's participation, utilizing the funds which have been received and the available resources, will be before everyone, showing in detail how such planning can actually be attained.
- Take a photograph of this village created through people's participation.

#### **4. Module 4 (Need for regulation of the private health sector)**

- **Group work, discussion, presentation and PPT-** discuss and note down on the card sheet, experiences of patients in the private hospitals.
- Also what are patients' rights- group discussion and presentation.
- Film – 10 mins

#### **5. Module 5- How to create a photo story – Group work and presentation**

- First open discussion
- Make groups and conduct awareness, meeting, collecting information, analyzing information, preparing report card, and finally making a presentation of all this. Every group will be given an issue/problem, or they have to select it.
- Discussion after the above presentation.
- After the discussion, each group should create a photo story on an issue in the area and present it. Discussion on this.
- Information will be given on photo angles, lights, types of shots etc.

**D) Presentation about the action plan decided, and filling up the PIP.**

**E) Post Test- written test**

**F) Feedback Form – Written and face to face discussion**

## ‘Certificate Course - on Health System Accountability’

(Contact cum Distance Learning Course for Grass Root Level Community Practitioners)

### First Contact Session- Time Table

#### DAY -1

Time	Subject
9.30 am to 10.00 am	<b>Breakfast and Tea</b>
10.00am to 10.30 am	Registration
10.30am to 11.00 am	Introduction of Practitioners
11.00am to 12.00pm	<ul style="list-style-type: none"> <li>• About COPASAH Network</li> <li>• Brief Introduction about 3 days Course of First Contact Session</li> </ul>
12.00pm to 12.30pm	Pretest
12.30pm to 1.30pm	<b>Module 1: Health Rights and Right to Health Care</b> <ul style="list-style-type: none"> <li>• Health in the Context of Human Rights</li> <li>• Health and Right to Health Care</li> </ul>
1.30pm to 2.30pm	<b>Lunch</b>
2.30pm to 3.30pm	<b>Module 1 contd....</b> <ul style="list-style-type: none"> <li>• Gender and Health Inequalities</li> <li>• From the Perspective of Equity and Equality</li> </ul>
3.30pm to 4.30pm	Health Services at Various Levels : Village to District (Group discussion & Group activities)
4.30pm to 5.00pm	<b>Tea break with Icebreakers</b>
5.00pm to 7.00pm	<b>Module 2: Concept of Community based Monitoring for Accountability of Health Services</b> <ul style="list-style-type: none"> <li>• Community based Monitoring and Planning : Conceptual Framework</li> <li>• How Community based Monitoring can be Implemented at Local Level</li> <li>• Important Components of Community based Monitoring</li> </ul>
7.00pm to 8.30pm	<b>Dinner &amp; Rest</b>
8.30pm to 10.00pm	<ul style="list-style-type: none"> <li>• Film on Rights based Perspective</li> <li>• Discussions and Experiences Sharing with People Involved in Community based Monitoring</li> </ul>

#### DAY -2

Time	Subject
8.30am to 9am	<b>Breakfast &amp; Tea</b>
9.00am to 9.30am	<b>Recap (Day 1)</b>
9.30am to 10.00am	<b>Film on Community based Monitoring</b>
10am to 10.15am	<b>Tea</b>
10.15am to 12.00pm	<b>Module 3: Components of Democracy and Planning of Health Services with Peoples’ Participation</b> (Democracy Components : Gram Sabha, Social Audit, Public Hearing)
12.00pm to 1.30pm	<b>Module 3 contd....</b> <ul style="list-style-type: none"> <li>• Planning of Health Services through Peoples’ Participation</li> <li>• How to do Village Health Planning</li> </ul>

	<ul style="list-style-type: none"> <li>• Importance of Village Health Funds and Planning for the Same</li> </ul>	
1.30pm to 2.30pm	<b>Lunch</b>	
2.30pm to 4.30pm	<b>Module 4: Accountability and Regulation on Private Health Services</b> <ul style="list-style-type: none"> <li>• Current Situation of Services in Private Health Services &amp; Patients Rights</li> </ul>	
4.30pm to 5.00pm	<b>Film: Universal Health Care and Patients' Rights</b>	
5pm to 5.30pm	<b>Tea break with Icebreakers</b>	
5.30pm to 7.00pm	<b>Module 5: Photo Story- How to Prepare Photo Story</b>	
<b>Day Three</b>		
8.00am to 9.00am	<b>Breakfast &amp; Tea</b>	
9.00am to 9.30am	<b>Post test</b>	
9.30am to 12.30pm	<b>Planning of Action Program to be Executed by Practitioners in their Own Area</b>	
12.30pm to 1.00pm	<b>Presentation of Action Plan by community practitioners</b>	
1.00pm to 2.00pm	<b>Lunch</b>	
2.00pm to 3.00pm	<b>Presentation of Action Plan by community practitioners</b>	
3.00pm to 3.30pm	<b>Planning for the Next Contact Session</b>	
3.30pm to 4.00pm	<b>Feedback from Practitioners</b>	
4.00pm to 4.30pm	<b>Tea &amp; Conclusion</b>	

**Three day - 1st regional contact session on capacity building of grass-roots practitioners concluded in Nagpur (Maharashtra) -India on 10<sup>th</sup> to 12<sup>th</sup> September, 2015.**

First Contact session Photo- Interaction, group discussion, role plays, presentation and photo story

**Pretest and Post test**



**COPASAH and Module introduction**



**Interaction, Group discussion, exercise and presentation**





**Role play for village level health planning with PRA method**



**Village level Awareness, Public hearing**



**Photo story preparation and presentation**



**Three day - 1st regional contact session on capacity building of grass-roots practitioners concluded in Nagpur (Maharashtra) -India on 5<sup>th</sup> to 7<sup>th</sup> October, 2015.**

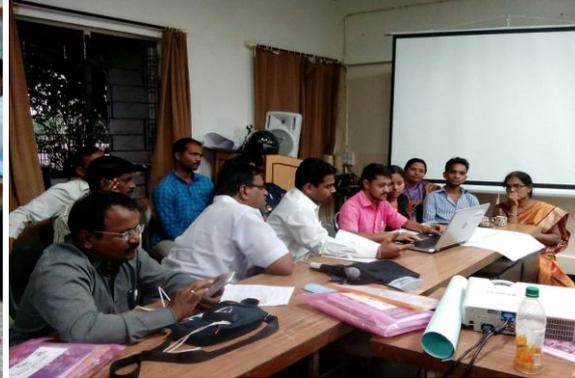
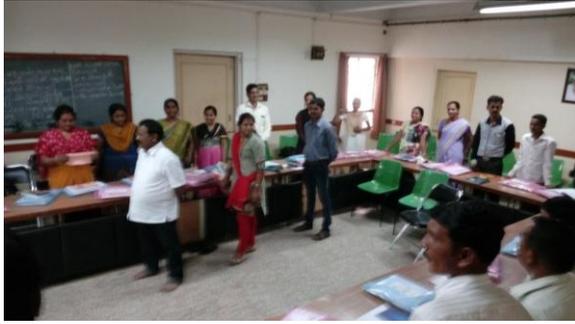
**First Contact session Photo- Interaction, group discussion, role plays, presentation and photo story**

**Pretest and Post test**



**Module introduction, Interaction, Group discussion, exercise and presentation and Photo story preparation**





**Three day - 1st regional contact session on capacity building of grass-roots practitioners concluded in Nagpur (Maharashtra) -India on 5<sup>th</sup> to 7<sup>th</sup> October, 2015.**

First Contact session Photo- Interaction, group discussion, role plays, presentation and photo story

**Pretest and Post test**



**Module introduction, Interaction, Group discussion, exercise and presentation**



## ‘Certificate course on Health system accountability’

(Contact cum distance learning course for grass root level Practitioners)

Support for Advocacy and Training to Health Initiatives (SATHI) with COPASAH and Accredited by Karve Institute of Social Services (Maharashtra- India).

### Students practitioners profile -Vidharbha Region

Sr. No.	Name of Participants	Organisation	Profile
1.	Alka Trambak Bhade	Prerna Gram Vikas SansthaRalegaon, Yavatmal	She is working for women health care and Self Help group. She has 10 years experience.
2.	Chandrashekar Prakashrao Kusumbiraj	Krushnai Bahu uddeshiya Sanstha, Amravati	Working on women rights, child health rights, Right to food, help to handicapped, Community based monitoring ion health services. He has 5 Years experience.
3.	Dhananjay Thakare	Shrushti Sanstha, Kurkheda, Gadchiroli	Awareness building on health, education and forest rights sector, he has 1 year experiences.
4.	Dilleshwari Radheshyam Pane	Shrushti Sanstha, Kurkheda, Gadchiroli	Working on women health rights and women empowerment, She has 2 years experience.
5.	Dnyaneshwari Pandurang Bhadavi	I.I.Y.W. Gadchiroli	Working on Community Based Monitoring and Planning since last 2 years.
6.	Ganesh Chandu Madavi	Shrushti Sanstha, Kurkheda, Gadchiroli	Working on Health, Education and Gramsabha empowerment. he has 2 years experience.
7.	Hira Raghuji Kodape	Lokmangal Sanstha, Ghot, Gadchiroli	Working on women rights, Health, PRI member’s empowerment. She has 15 Year Experience
8.	Jaya Banduji Bhojar	Gramin Samasya Mukti Trust, Yavatmal	Working on women rights, Self help groups, Gramsabha, Education, Health, CBMP, Handicapped programme. She has 15 Years Experience.
9.	Kailas Umesh Nikode	Rasikashray Sanstha, Ghatanji, Yavatmal	Working on Community Based Monitoring and Health Rights. He has 3 Years Experience.
10.	Komeshwar Nanaji Bawanthade	Amhi Amchya Arogyasathi, Gadchiroli	Working on Health rights and CBMP. He is VHNC member and he has 10 year experience.
11.	Krupakar Chahande	India and heard (Video VolunTERS)	Working as a community correspondence in Video Volunteer organization since 8 Years.
12.	Manda Sanjay Awari	I.I.Y.W. Gadchiroli	Working on Community Based Monitoring on Health services. She has 2 Years Experience.
13.	Mangala Bhaskar Ghat	Prakruti, Chandrapur	Working on self help group, Health, Yuvamandal .She has 5 Years Experience.
14.	Mohini Uddhavrao Golar	Rasikashray Sanstha, Ghatanji, Yavatmal	Work in Community Based Monitoring on Health services. She has 3 years experience.
15.	Nilesh Vasudevrao Devtale	Prakruti, Chandrapur	Working on Community Based Monitoring on Health services. He has 3 years experience.

16.	Prashant Dadarao Telgote	Bhartiya Aushadi Anusandhan Sanstha, Bhandara	Village level micro planning, supervisor on Sickle cell. He has 5 Years Experience.
17.	Pranita Raju Dhambare	Prerna Gram Vikas Sanstha Ralegaon, Yavatmal	Working on Health rights issue and she is Women health activist. She has 4 years experience.
18.	Prathibha Prabhakar Kolhewar	I.I.Y.W. Gadchiroli	Working on Community Based Monitoring on Health services. She has 3 years experience.
19.	Pushpalata Chandramohan Tirpude	Amhi Amchya Arogyasathi, Gadchiroli	Working on Community Based Monitoring on Health services and ICDS . She has 4 Years Experience.
20.	Ramesh Manikrao Mondhe	Apeksha Homeo Society, Amravati	Working on Community Based Monitoring on Health services. He has 2 Years Experience.
21.	Ravindra Devaji Chunarkar	Ek sangh Yuva Mandal, Sagnapur, Gadchiroli	Working on Community Based Monitoring on Health services. He has 7 Years Experience.
22.	Sanghimitra Ramesh Thul	Prerna Gram Vikas Sanstha Ralegaon, Yavatmal	Working on Women Health Rights issue, Child Health Rights. She has 12 years experience.
23.	Shailendra Namdev Shenware	Apeksha Homeo Society, Amravati	Working on Community Based Monitoring on Health services. He has 2 Years Experience.
24.	Sumed Manohar Dhopate	Gramin Samasya Mukti Trust, Yavatmal	Working on Community Based Monitoring on Health services. He has 2 Years Experience.
25.	Sunil Bhikaru Neware	Lokmangal Sanstha, Ghot, Gadchiroli	Working on public health services issue and Grampanchayat empowerment . He has 5 Years Experience.
26.	Taibai Hiranman Sidam	Lokmangal Sanstha, Ghot, Gadchiroli	Working on public health services issue and Grampanchayat empowerment . she has 5 Years Experience.
27.	Waman Motiram Patil	India and heard (Video VolunTERS)	Working as a community correspondence in Video Volunteer organisation since 7 Years.
28.	Vinod Wankhade	India and heard (Video VolunTERS)	Working as a community correspondence in Video Volunteer organization since 8 Years.
29.	Ujwala Prakash batale	Gramjyot Samaj Sevi Sanstha, Yavatmal	Working as a community activist from 2 years. Work area is self health group and community based monitoring on health services
30.	Jaya kurmare	Gramjyot Samaj Sevi Sanstha, Yavatmal	Working as a community activist from 2 years. Work area is self health group and community based monitoring on health services
31.	Nitin wankhede	Bhartiya Aushadi Anusandhan Sanstha, Bhandara	Working on addiction and cbmp, He has 7 Years experience
32.	Jyoti Patil	Asha Worker, Amravati	Working as an ASHA Worker since 5 Years. She help her husband who working as a community correspondence in Video Volunteer org.
33.	Baldev Rajane	Khoj, Amravati	Working in Community Based Monitoring in Health, anganwadi Serives and he has 3 Years Expeience.

34.	Sushil Akhande	Khoj, Amravati	Working on Community Based Monitoring on Health services and Anganwadi. He has 2 Years Experience.
35.	Sangita Vijayrao Borkar	Swarajya Mitra Samajik Sanstha, Amravati	Working on Education issue .She has 10 years experience.
36.	Rajju Gajanan Kamatkar	Swarajya Mitra Samajik Sanstha, Amravati	Working on education and health as a grass rout activist . She has 2 Years Experience.
<b>Konkan. Marthwada and West. Maharashtra region</b>			
37.	Femida Shaikh	Lok Seva Sangam, Mumbai	she is working on leprosy programme and community monitoring on ICDS, she has 5 years experiences in community work
38.	Amina Khan	Lok Seva Sangam, Mumbai	she is working leprosy programme and community monitoring on ICDS, she has 5 years experiences in community work
39.	Ashok Tangade	Jagar Prathishthan	He is working with Mahila bacht Gat, public health issue, gender sensitivity, women health rites and dalit rights etc. He is activist of Manavi Hakka Abhiyanhe movement in Maharashtra. He has 20 years Experience.
40.	Ganesh Landage	Astitva, Sangola	He is community activist working on women and health right. He has 1 year experience.
41.	Amol Bhogdle	Sanklp Prathishthan, Sindhudurg	Working on woman empowerment and he has 8 years experience.
42.	Namita Sawant	Shree Siddheshwar Gramotkarsh Mandal, Sawantwadi	She is working in Health, Education, Bahcat Gat etc. She has 3 Years Experience.
43.	Supriya Shirke	Sheif Mahad, raigad	She is Working on Mahila Bachat gat, Awareness building about women empowerment, She has 5 years experience.
44.	Ghanshyam Tambe	Gopuri, Kankavli	Working on Mahila Bachat gat, Awareness building about women empowerment, he has 5 years experience
45.	Narayan Parab	Lupin Foundation, Sindhudurg	He is working on Mahila Bachat Gat, Education, health Sector and CBMP. He has 15 Years Experience.
46.	Bhagwan Chavan	Lupin Foundation, Sindhudurg	He is working on Mahila Bachat Gat, Education, health Sector and CBMP. He has 2 Years Experience.
47.	Omkar tulsulkar	Abhinava Foundation, Sindhudurg	Working on Community Based Monitoring on Health services. He has 3 Years Experience.
48.	Pragati Mestry	Shree Siddheshwar Gramotkarsh Mandal, Sawantwadi	She is working as a Anganwadi worker since 20 years
49.	Punam jadhav	Astitva, Sangola	She is Working on MSRALM with Mahila Bachat gat. She has 1 year Experience.
50.	Ranjanan Shinde	Sanva, Gargare	Working on COMMUNITY Based Monitoring on Health services and SHG . She has 7 Years Experience.
51.	Minakshi Shirke	Chiplun	She is Working in Tanta Mukht Samitee and She has 1 Year Experience.
52.	Savitri Sagare	Manavlok, Beed	She is Working on Bachat Gat, Health. She has 6 Years Experience.
53.	Sulakshana Shinde	Rachanatnmak Sangharsh, Latur	She is Working as a ASHA Worker. She has 15 Years Experience.

54.	Deepali Parab	Volunteer Activist Banda, Sawantwadi	Working on education and Health rights issue last 1 Year.
55.	Vidya Dalavi	Samvad, Chiplun	Working on Gramsabha empowerment, Involve in Bachat Gat, Aarogya Melava, Working in Anganwadi, She has 14 Years Experience.
56.	Satish kamble	Manavlok, Beed	He is Working on Community Based Monitoring and planning on health services and health right issue, he has 8 Years Experience.
57.	Sushila Pawar	Sanvad, Chiplun	She is Sarpanch, working on woman empowerment, she is from last 5 years working in health sector, She has 20 Years Experience.
58.	Dattaray Gaikwad	Halo Medical Foundation, Osmanabad	Working on Community Based Monitoring and planning on health services, he has 3 Years Experience.
59.	Shailesh Jadhav	Sanvad, Chiplun	Working on Community Based Monitoring and planning on health services, he has 2 Years Experience.
60.	Jakhirhusen Shaikh	Halo Medical Foundation, Osmanabad	Working on Community Based Monitoring and planning on health services, he has 2 Years Experience.
61.	Shweta Sawant	Manas Foundation, Pune	Child education, Working as a assistance teacher in Village School, She has 2 Years Experience.
62.	Indu Kevari	Manas Foundation, Pune	Working as an Asha. She is involve in Health Rights, Bachat Gat. She has 8 Years Experience.
63.	Tayappa Kamble	Sanvad, Kolhapur	Working on Community Based Monitoring and planning on health services and Mahila Bachat Gat, He has 4 Years Experience.
64.	Nitin Javale	Gopuri Ashram, Kankavali	Working on woman Empowerment, He has 8 years experience.
65.	Subhash Shirke	Shubh Sanket Foundation, Raigad	Working on Health Rights issue, he has 1 Year Experience.
66.	Tatvashil kambale	Rajashree Chatrapati Shahu Maharaj Prathishthan, Beed	Working on Health Rights issue, Child education, Women Rights etc. He has 15 years experience.
<b>Khandesh- North Maharashtra region</b>			
67.	Basara Pawara	Janarth, Nandurbar	Working on Community Based Monitoring and planning on ICDS. He has 3 Years Experience.
68.	Chagan Bhil	Janarth, Nandurbar	Working on Community Based Monitoring and planning on health services, He has 2 years experience.
69.	Vilas Padavi	Janarth, Nandurbar	Working on Community Based Monitoring and planning on health services and SHG and woman empowerment, He has 5 years experience.
70.	Bharti Valvi	Janarth, Nandurbar	Working on Community Based Monitoring and planning on health services and woman empowerment, Mahila Bachat Gat, She has 14 Years Experience.
71.	Ujwala Nikumbh	Supporter - Video Volunteer	She is working as a volunteer in slum area for Women Rights since one year.
72.	Dinkar Kamble	Video Volunteer	Working as a community correspondence in Video Volunteer organisation since 7 Years.
73.	Zulekha Sayyad	Video Volunteer	Working as a community correspondence in Video Volunteer organisation, She has 8 Years Experience.

74.	Maya Khodave	Video Volunteer	Working as a community correspondence in Video Volunteer organisation. She has 10 Years Experience.
75.	Chetan Salve	NBA, Nandurbar	He is working with Narmbada Bachao Andolan since 15 years, and he was experience regarding Community Based Monitoring and health rights issue and he is Working as a community correspondence in Video Volunteer organisation.
76.	Saysing Patale	NBA, Nandurbar	He is working with Narmbada Bachao Andolan from 3 years on Community Based Monitoring and planning on health services
77.	Dilvar Valvi	NBA, Nandurbar	He is working with Narmbada Bachao Andolan from 3 years on Community Based Monitoring and planning on health services
78.	Pratap Valvi	NBA, Nandurbar	He is working on Community Based Monitoring and planning on health services. He is old activist of Narmada Bachao Andolan, He has 25 years experience.
79.	Tukaram Patil	Vachan, Nashik	He is working on Community Based Monitoring and planning on health services. He has 25 Years experience in Vachan.
80.	Kisan Gaikwad	Vachan, Nashik	He is working on Community Based Monitoring and planning on health services and working as a supervisor on home based neo natal care (HBNC) programme, He has 20 Years Experience.
81.	Meenakshee Khirari	Aroehan, Jawhar	She is Working on health issue on Village level and social audit on NREGA . She has 5 years experience.
82.	Susheela Mahale	Aroehan, Jawhar	She is Working on health issue on Village level and social audit on NREGA, She has 2 years experience.
83.	Pratibha Bhoje	Aroehan, Jawhar	She is Working on health issue on Village level and social Audit on NREGA, She has 10 Years Experience.
84.	Dinesh Dighe	Aroehan, Jawhar	He is Working on health issue on Village level and social audit on NREGA, He has 3 Years Experience.
85.	Shantaram Bhoje	Aroehan, Jawhar	He is Working on health issue on Village level and social Audit on NREGA, He has 2 Years Experience.
86.	Sarita Chowdhari	Aroehan, Jawhar	She is Working on health issue on Village level and social Audit on NREGA, She has 5 Years experience.
87.	Lila Dalvi	Aroehan, Jawhar	She is Working on health issue on Village level and social audit on NREGA, She has 5 Years experience.
88.	Eknath Nikhade	Aroehan, Jawhar	He is Working on health issue on Village level and social Audit on NREGA, he has 8 Years experience.
89.	Samadhan Ahire	Supporter- Video Volunteer	He is Working as a Video volunteers supporter, He has 1 Years Experience.
90.	Anand Pagare	Video Volunteer	He is working as a Coordinator of Video volunteer in Maharashtra, he has 10 Years Experience.

## Attendance sheet of Distance Learning Course

### Vidharbha Region

Sr. No.	Name of the Participants	Address	Contact No.	Email ID
1.	Sanghmitra Thul	Ralegaon, Yavatmal	8698976187	<a href="mailto:prernagramvikas@rediffmail.com">prernagramvikas@rediffmail.com</a>
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### Consolidated activity for Konkan, Marathwada, west. Maharashtra region- Pune

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