

## Athiyannoor Sree Chitra Action (ASA)

Concerted public health activities are being done in Athiyannur Block Panchayat area to develop the area as a field practice area for the academic/research purposes of SCTIMST. In this action research initiative, we worked along with the local governments and together learned the major public health issues in the area. The issues pertaining to the local context were tried to address locally with the help of panchayats, whereas issues in the health system were tried to address through advocacy and collaboration with national bodies, institutions.

The activities were done in accordance with three cardinal principles listed below.

1. **Community Participation:** True community involvement in planning, implementing and monitoring of the activities by formation of Community Advisory Boards.
2. **Optimal utilization of existing facilities** and avoiding duplication of social structures, facilities and services.
3. **SCTIMST works in the background** giving technical and planning support while asking the local self government institutions (LSGI) to spearhead the movement. This is to keep our academic/research freedom and not to be bullied on with never-ending local political and administrative issues. This stand is taken with the understanding that we do not have mandate to alter health service conditions in the area, as most of the facilities fall under the jurisdiction of state government.

We started our activities in Venganur Grama Panchayat in 2004/5. Learnings from this piloting were used to upscale the initiative to the entire Athiyannur block comprising 1,84,560 people living in an area of 60 sq. km spread. Some of our **salient achievements till now** are listed below.

1. We have created a database of socio-demographic features of the 1,84,000 people in the Athiyannur Block, comprising six Grama panchayats spreads over 60 sq km area, at including Geographic Position System (GPS) attributes of their households using **Geographic Information System (GIS)** technology. This was achieved with the help from the Geomatics laboratory of Centre for Earth Science Studies (CESS).
2. We have good liaison with the Panchayat authorities, line department officials, and community based organizations and the community leaders in the area. We could identify and provide baseline training to a group of over 230 women volunteers, who are helping us in our public health activities in the area, and we can vouch their co-operation

for our future endeavors in the area. The financial support from Capacity Development for Decentralisation in Kerala (CapDecK) and the Women Component Plan project were instrumental in achieving this community mobilization.

3. Through our partnership with Health Information System Project-India (HISP-India) of University of Oslo, Norway, we could develop and pilot test a computer software to capture and consolidate the regular field data that is collected by the public health department. This ***District Health Information System version 2, (DHIS-2)*** software turned out to be an efficient program and state govt. is planning to adopt it to other areas. It was started in Community Health Centre (CHC) in our area (CHC, Vizhinjam) in 2005/6 and with the confidence gained 18 more computers were installed (in all CHCs in Trivandrum district) and in the third phase all 84 Primary Health Centres (PHCs) and CHCs in Trivandrum district were included in the project. We could also support the efforts of National Health Systems Resource Center (NHSRC), New Delhi to critically evaluate the Health Information Management System (HIMS) in India and suggest modifications. Jointly we could come up with a rational list of just 77 variables (more than 1706 in the original database) by avoiding duplications and redundancies for routine monitoring at various levels. Kerala government has accepted and adopted this software (DHIS2) to all the other 13 districts in the state during 2008-09. NRHM national body has approved the revised formats for reporting from sub-centres, PHC and CHC and many states, including Kerala, have started reporting in these revised forms.
4. We could initiate ***monthly meetings organized by the elected ward members*** of the Grama Panchayats in many subcentres, wherein health workers, volunteers and members themselves discuss about the public health issues in their constituency. These processes are helped by the provision of thematic maps generated via our health surveillance system.
5. We could conduct regular monthly ***reference clinics of Cardiology and Neurology*** at CHC Vizhinjam on pre-fixed days without fail. This has immensely helped us to get community support for the public health activities in a big way.
6. We have started the piloting of an ambitious project on Sub-Centre Data Reporting through Mobile handsets in ASA area. Ours is one of the four sites selected by NHSRC, New Delhi for the purpose. All 26 JPHN under the CHC Vizhinjam are given mobile handsets under this program and they are being regularly followed up to see how best they are using these instruments for improving their services. NRHM Kerala has shown interest to upscale this pilot to the entire state.

7. The familiarity of the area and the rapport established with the local functionaries has helped us to use the area for training MPH/DPH scholars as well as visiting scholars from Harvard University and University of Southern California, USA. We have immensely used ASA initiative for teaching particularly two modules, namely Healthcare System in India and Public Health Technologies.

### **Forthcoming activities**

In the coming year we plan to consolidate our activities in a more explicit manner. Two multi-touch computer screens are being procured to display customized thematic maps for the use by the public (local administrators) and researchers. Baseline details of the socio-demographic and spatial data would be made available in our intranet for research, academic and planning purposes. We want to bring forth a Early Warning and Response System to monitor vector borne diseases in the area which will be done in collaboration with experts from other fields of science and by involving the community.

### **Future plans**

We look forward to initiative collaborative research activities in the first phase area. Prevalence studies, longitudinal cohort studies, prevention studies, protocol evaluation studies, etc could be initiated. The field setting could be used for customizing standard guidelines for managing common cardiac(eg:hypertension) and neurological diseases (eg:epilepsy) in the periphery and train local practitioners accordingly. We can also explore the possibility of developing affordable and high precision equipments for measuring body weight, blood pressure, medicine dispensing machines, etc that can be used by the public or health functionaries in the field.

We shall try to incorporate service components the project proposals, and would place the proposal before the Community Advisory Boards (CAB) to redress their concerns or incorporate their suggestions before the launch of the projects.

The initiative is being regularly monitored and evaluated by SCTIMST for its forthrightness, soundness of its scientific and ethical grounds.

## **I. A few vignettes of ASA activities**

Fig 1. Vengannur Panchayat Wards

# A brief on ASA initiative

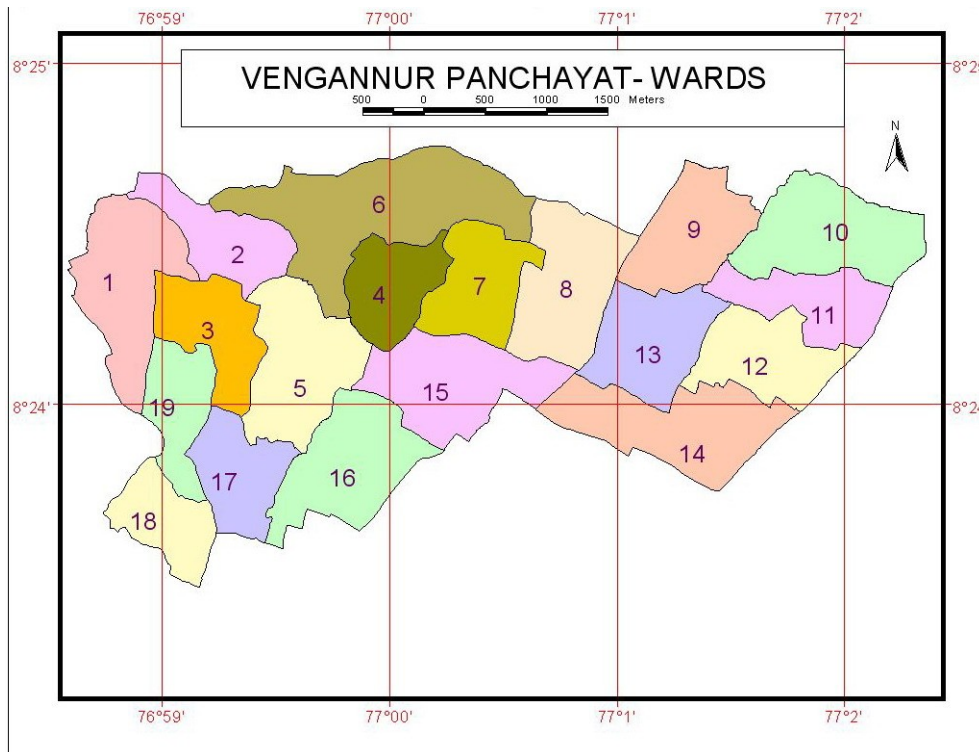


Fig. 2 ASA Family Health Survey: Computer entry form

The screenshot shows the Oracle Forms Runtime interface for the ASA Family Health Survey. The window title is "Oracle Forms Runtime - [WINDOW1]". The form is titled "ASA FAMILY HEALTH SURVEY FORM" and has tabs for ASA1 through ASA8. The current record is 14/78. The form contains the following fields and values:

Form Number	3720	Date	02/09/2005	Ward Number	14	Code No	14/78
House Number	Old: 51	New	100	Place	OWN	Religion	HINDU
Name of Head of the Family	MADHAVAN S			Village	VEN		
Address	PRIYA NIVAS VETTUVILA PANANGODE, VENGANOR			Survey Number			
PIN				Nearest Road	AYYAN KALI ROAD		
Telephone	2480033			Nearest Junction	VENGANOR		

At the bottom, there are buttons for "BackUp", "Back", "Next", "Save", "Cancel", and "Exit". The status bar shows "Record: 1/1" and the system clock is 17:13.

Fig. 3 Housing pattern in field area; geo-referenced map of a part;

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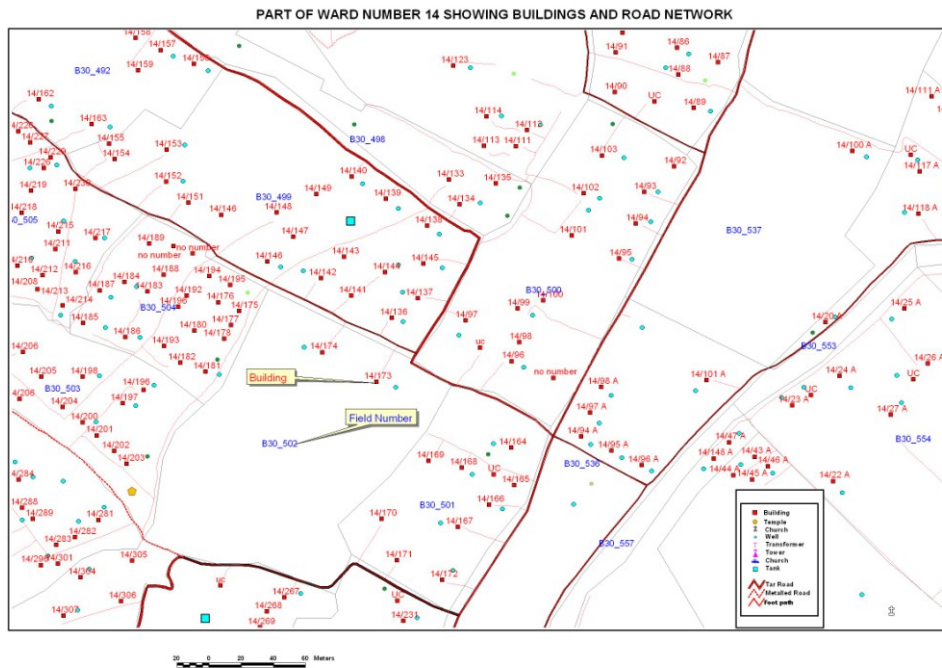


Fig. 4 Field map delineating houses with children below 5 years

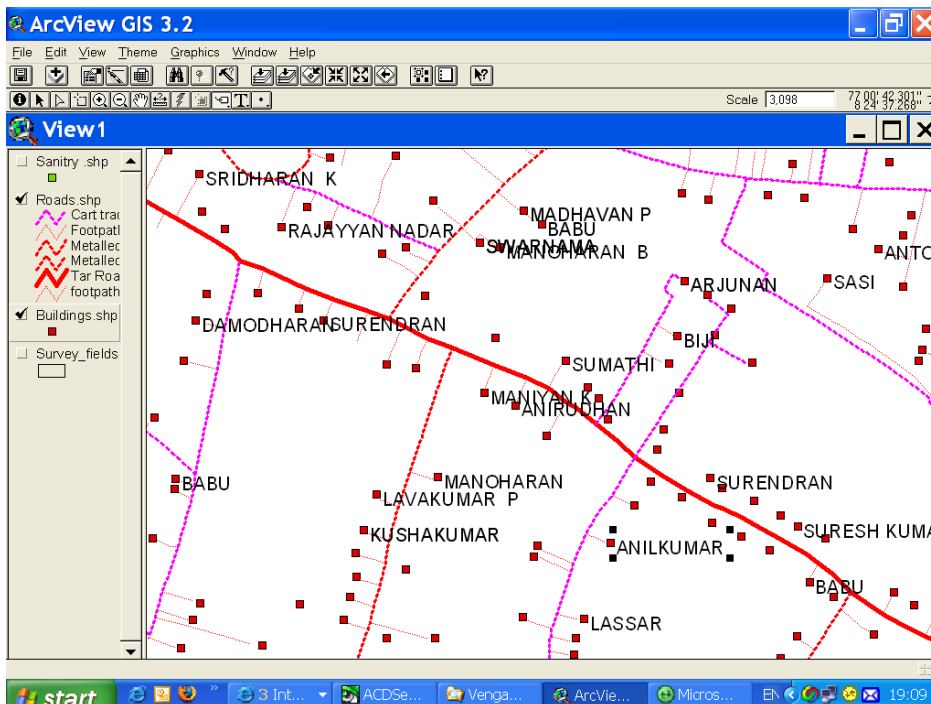


Fig. 6 DHIS software customized for Kerala; joint venture with HISP India

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Code	Data Element	Type	Min	Entry	Max	Comment
	Total Population Covered	Number		34846		[No comment]
	Total Population	Number		34846		[No comment]
	Name of the PHC	Text		Vizhinjam		[No comment]
	Location	Text		Vizhinjam		[No comment]
	Taluk	Text		Neyyatt		[No comment]
	Type(Old/New)	Text		Old		[No comment]
	XY Co-ordinates	Text				[No comment]
	Number of Sub-centres	Number		8		[No comment]
	Total Male Population	Number		17167		[No comment]
	Total Female Population	Number		17679		[No comment]
	Male Children between 0 to 4 years	Number		1345		[No comment]
	Female Children between 0 to 4 years	Number		1361		[No comment]
	Number of Infants below one year	Number		420		[No comment]
	Population between male 14					

Fig. 7 Dr N Sridhar, District Medical Officer (Thiruvananthapuram) inaugurates pilot project on Mobile reporting of Subcentre data by distributing mobile handsets to JPHNs of CHC Vizhinjam on May 16, 2009.



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