

Lifebox Workshop Report

Overview

Instructor Name(s)	Dr Milind Shah, Dr Manjushah Shah, Dr Sushil Sharma
Workshop Date	18 October 2019
Location	District Hospital Champawat, Uttarakhand
Funding Source	Lifebox International
No. of Oximeter Units Distributed (if applicable)	8
No. of Providers Trained	31

Background (200 words)

Please provide a brief summary of your previous engagement with the host organization and country.

I am working as a Consultant to Agrani India Foundation, since Aug 2018, with a mandate to build support structures for the government health care delivery systems in Champawat District in Uttarakhand.

After completing my medical studies from the Armed Forces Medical College (AFMC), Pune I served in the Army Medical Corps, trained as an Anaesthesiologist and then, driven by a strong desire to serve rural populations, moved to the Himalayas in March 1988. In 1992, along with my late wife Oona, a professional rural manager, we founded Aarohi. With the vision of creating an equitable society, Aarohi's work has impacted over one hundred villages benefiting approximately 100,000 people annually.

In the past two decades I set up a Swiss partnership and helped build the most widespread Community Health Program in the region, working in remote areas where the state government has limited presence and no other organization has ventured. As Vice Chairman and Head of Health and Energy Initiatives at Aarohi over the past 3 years, my engagement related more to organizational guidance, fundraising, liaison and management of the Health and Energy Program. I successfully managed founder succession and handed over the management of Aarohi to a new leadership.

Please provide an overview of the current engagement, including a description of local champions that facilitated the workshop / logistics and partnerships (NGOs, Societies, MOH).

Arogya Champawat, an initiative of Agrani India Foundation is aimed at developing a unique health care delivery system for improved maternal and child care for rural communities in Champawat District of Uttarakhand. It is focused on maternal and child care in the region, through a three-way partnership between the district government, Agrani and the corporate sector. Beginning with Champawat Block, the project aims to intervene in the entire district with a population of 260,000 over the next 3 years. With the right support, the model would dovetail into and strengthen both the community level and clinical aspects of primary health care of the government in the 6 districts of the Kumaon region of Uttarakhand over the next 10 years. In doing so, the Arogya Champawat intends to showcase a model of partnership between civil society, corporate sector and government bodies to work together in cohesion for improved health outcomes.

Local Champions:

Agrani India Foundation: Agrani's initiative to bring together this workshop at government premises and getting the involvement of three local NGOs is a first in the region. Despite many months of skepticism from all parties, the workshop materialized.

AaroHi: AaroHi is the largest health care delivery organization in the Kumaon region of Uttarakhand, reaching out to some 60,000 people annually through its community health services, mobile health care and hospital based at the village of Satoli in Nainital District. AaroHi has been conducting major surgical camps for the last 13 years, benefiting 100-120 really needy patients annually.

CHIRAG (Central Himalayan Rural Action Group): One of the oldest and largest development organization in the region. Caters to a population living in difficult terrain. Lack of infrastructure and poor transport reduces the accessibility to for both curative and preventive health services in the hilly region. Through its Rural Health Centre in Sargakhet CHIRAG providing basic health care that is quality sensitive to the need of the community. The centre caters through OPD, dental, ante-natal care, occupational therapy and emergency care. It is catering to the health need of over 40,000 population. It provides Ayurvedic, Allopathy, Dental, and physical and mental rehabilitation through a team of qualified doctors. CHIRAG Rural Health Center also conducts health camps by partnering with other likeminded organizations.

Shri Surendra Narayan Pandey, DM Champawat: An IAS officer, he is the 20th District Magistrate of Champawat. Prior to this posting he was Ayukt Rajaswa Parishad, Dehradun. After having come to Champawat in end 2018, he went on study leave for 4 months to USA and then rejoined Champawat on 4 July 2019. He has worked very hard to get accountability and remove corruption in government offices. He has taken special interest in the Swacchata Abhiyan in government hospitals and offices and the effect is there to be seen. This workshop would not have happened without his proactive support.

DR R. P. Khanduri, CMO Champawat

Dr Khanduri did MBBS and MS (Gen Surgery) from Allahbad and joined service on 9 Sep 1992. He has been posted in CHC Shahjahanpur, CHC Chakrata, as Asst Director Health System Dehradun, DG Office, CHC Doiwala, Dehradun, SDH Kotdwar, CHC Shahpur, CHC Raipur, DH Champawat and then as CMO Champawat on 30 July 2018. Has put in 27 years of service and is a very active Chief Medical Officer of the District.

DR R.K. Joshi, CMS

He started service in 1990 as a Medical Officer at PHC Champawat. Worked as MO I/C CHC Champawat from 1997 to 1999; as Deputy CMO from 2000 to 2009; as CMS (Chief Medical Superintendent) DH Champawat from 2016 till date. He has done his entire service in this remote region of Champawat. He has played a very significant part in progress and upgrading of infrastructure of the District Hospital at Champawat.

Course Specifics (500 words)

Describe the context of course delivery (independent or part of another course, through the Ministry, etc)

The course was conducted as a first attempt to introduce safe anaesthesia and safe surgical practices through the use of the pulse oximeter and the WHO Safety Checklist. This is critical in the context of surgical care and critical care which is often delivered without pulse oximeters or the use of the WHO SCL. It was also an attempt to coordinate the work of NGOs and the government to bring a feeling of bonhomie among different participants in the health care delivery system of the district.

Describe the participant characteristics (total no., specialties represented, training level, geographic breadth, etc)

There were a total of 31 participants; 4 from Aaroahi (150 km), 4 from Chirag (130km) 1 from Agrani (6 km) and 22 government doctors and paramedics from the District Hospital, CHC Lohaghat (15 km), CHC Tanakpur (80km), PHC Barakot (30km), PHC Tamli, Manch (50 km), Additional PHC Pulla (40 km), Sub Centre Dhaun (25 km), Sub Centre Swala (20 km).

Of these, there were 2 Anesthetists, 1 Surgeon, 7 MOs, 2 Dental Surgeons, 4 OT nurses, 2 SNCU nurses, 5 staff nurses and 8 Pharmacists.

Briefly describe logistics related to the workshop, including the venue / audiovisuals

The training hall was approx. 35 x 25 feet with an overhead projector with audio function, sufficient chairs at the District Hospital Champawat. All organisations / participants had their own vehicle arrangements. Catering was outsourced to a local caterer. The hall and premises were given by the hospital authorities.

Describe which modules were taught and provide a short overview of how they were delivered

Following introductions of the DM, CMO, CMS and the faculty and speeches by the dignitaries and simultaneous registration of participants, the objectives and principles of the workshop were discussed.

The course was conducted using the following time-table:

- 1 Pre-test MCQ to all participants
- 2 Plenary: The physiology of oxygen transport (45 minutes) conducted by Dr Manjushah Shah
- 3 Module 5: WHO Surgical Safety Checklist (60 minutes) by Dr Milind Shah

- 4 Module 2: Plenary: Practical guide to using the Lifebox oximeter (60 minutes) by Dr Sushil Sharma
- 5 Workshop: Breakout sessions on use of Pulse Oximeter (Dr Sushil Sharma), Introduction to Hypoxia action plan (Dr Manjushah Shah) and WHO Safety Checklist (Dr Milind Shah) along with Clinical Scenarios (90 minutes). This was conducted through three tables with 31 participants divided into 3 rotating groups.
- 6 Post-test MCQ; Course Evaluation
- 7 Review of MCQ answers
- 8 Presentation of diplomas; group photo
- 9 Faculty meeting along with lunch

Please describe any facilitators and/or barriers you faced in delivering this workshop

The CMO though active has hesitancy to support the work of Agrani. He later actively participated due to the instructions of the DM. The DM, as administrative head of the district and the Chair of the District Health Society is very supportive. Prior preparations at the District Hospital did not happen despite notices from the CMO and visits from our team members and finally things fell into place just 15 minutes before the workshop, once again, when it was known that the DM was coming for the inauguration ceremony.

Communications

Please provide an overview of any activities related to communications that resulted from this workshop, including any news articles, quotes, stories, relevant social media activity (both at home or in the host country)

News of the workshop was published in the local newspaper, Amar Ujala.

Success and Relevance of the Workshop

What are your impressions of the success of the workshop? How did participants receive the material? What is the relevance of this workshop to national anaesthesia efforts?

- 1 All participants were actively engaged in the learning process and in the discussions.
- 2 It was a refresher for many and new learning for the others.
- 3 The Hypoxia Action Plan and WHO SCL will be good reference protocols for all centres.
- 4 The Pulse Oximeters should be well used for the purpose they are meant for, for saving lives through safer anaesthesia and surgery.

Recommendations for Future Workshops

Please share any recommendations for how we might improve future Lifebox workshops / lessons you learned during the delivery of this workshop that could be useful for improving the quality of our programs.

- 1 Nomenclature of all training material should be the same the same all through.
- 2 Make a pack for training which should include reporting needs in the beginning.
- 3 A follow-up mechanism should be standardized with each workshop to evaluate use of all the materials distributed and possibly a follow-up workshop.

Feedback on Education Materials

Please include any feedback on the education materials, including areas for content and usability improvement

Name	Feedback
Instructor Manual	Excellent
Participant Manual	Excellent
Pre/Post-MCQs	Excellent

Format and Usability	Excellent
Other	Excellent

Acknowledgements

Include any acknowledgements (people / financial)

Deepest gratitude to Dr Mansi Tara who effortlessly coordinated and materialized the workshop. It would not have happened without her enthusiasm and efficient support. Many thanks to Dr Milind Shah and Dr Manjushah Shah for making this adventurous journey and handling the workshop so smoothly. Lastly, this would not have been possible without the support of the District Administration.

Data Management

Please ensure that all data collected (specifically the forms outlined below) have been shared with Lifebox

- Distribution Sheet / Participant Sheet
- Pre/Post Workshop Multiple Choice Questions (MCQs)
- Instructor Feedback Form (summary)
- Participant Feedback Form (summary)

Appendices

- a. Course programs
- b. Photographs
- c. 'Share your story'