Summer Training at
SEARCH
Society for Education, Action, and Research in Community Health
(March 31– May 15, 2014)

1. **Evaluation of Tobacco De-Addiction Program, KAP Study**
2. **Implementation of Clinical Establishment Act 2010, Birth and Death Registration act 1988, Nursing Council Act at Maa Danteshwari Hospital (SEARCH)**
3. **Preparation of Dental Manual**
4. **Training programmes for dental nurses**

By
Harsh Sood

Under the guidance of
Dr. Rahul Ghai

MBA- Hospital & Health Management (MBA-HM)
2013-2015

The IIHMR University, Jaipur
2014

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CERTIFICATE

This is to certify that **Dr.Harsh Sood**,Has completed the summer training At **Society for Education, Action & Research in Community Health(SEARCH)** From 1.04.14 to 31.05.14 And have conducted the following projects under my personal guidance and supervision .All the data related to the study is the first hand data collected by Himself .

- Reviewing regulatory requirements for the rural hospital of SEARCH and providing recommendations.
- Conducting individual interviews ,group discussions and short surveys among self-help group members and the staff of the **Mahila Arthik Vikas Mahamandal** (MAVIM-THE Women's economic Development Corporation of the Government of Maharashtra) to gain insights into the implementation of a community –based tobacco cessation programme of SEARCH for promoting tobacco cessation among self help group members of MAViM in rural Gadchiroli .
- Preparation of manual of dental equipments for training nurses.
- Training nursing staff at SEARCH in universal safety precautions and assisting in the newly set up dental clinic.
- Made a presentation on cost benefit Analysis.

His approach to the projects has been sincere, scientific and analytical. This work is partial fulfillment to the course requirements, recommended for the Post Graduate Diploma in Health and Hospital With specialization in Health Management.

I wish him all the success in future endeavors.

Colonel (Dr.) Ashok Kaushik
Dean (Academic & Students Affairs)
IIHMR,Jaipur

Prof.Rahul Ghai
Associate Professors
IIHMR,Jaipur

SEARCH

Society for Education, Action & Research in Community Health

Shodhgram, P.O. & Dist. - GADCHIROLI (Maharashtra) 442605 INDIA

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Ref. :

Date : 21/06/2014

Certificate of Internship Completion

To whomsoever it may concern

This is to certify that **Dr.Harsh Sood**, a post-graduate diploma student in hospital and health management at the Indian Institute of Health Management and Research (IIHMR), Jaipur, has worked under my guidance and supervision from 1.04.14 to 31.05.14 as an intern. He has successfully completed the following projects

- Reviewing regulatory requirements for the rural hospital of SEARCH and providing recommendations
- Conducting individual interviews, group discussions and short surveys among self-help group members and the staff of the Mahila Arthik Vikas Mahamandal (MAViM- the Women's Economic Development Corporation of the Government of Maharashtra) to gain insights into the implementation of a community- based tobacco cessation programme of SEARCH for promoting tobacco cessation among self-help group members of MAViM in rural Gadchiroli.
- Preparation of manual of dental equipments for training nurses
- Training nursing staff at SEARCH in universal safety precautions and assisting in the newly set up dental clinic.
- Made a presentation on cost benefit analysis

During this period his performance was satisfactory. He is motivated, hardworking and was sincerely committed to the projects which were assigned to him.

We wish him good luck for his future assignments.

Y Kalkonde

Dr. Yogeshwar Kalkonde, *M.D., M.Sc.*
Diplomate American Board of Neurology
Senior Research Consultant,
SEARCH, Gadchiroli.
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Contents

ABOUT SUMMER TRAINING

The Post Graduate Diploma in Hospital and Health Management (PGDHM)of Institute of Health management and Research aims at preparing professionally trained managers of health care organizations and hospitals to meet the increasing need for managerial skills .

It involves a eight week summer placement for the first year students to provide them with a first hand experience of the health system or environment.

As a part of this program, I had the privilege to undergo my practical training at **Society for Education, Action, and Research in Community Health (Shodhgram) Gadchiroli,** to get a firsthand knowledge and experience about the functioning of the NGO. I worked in the SEARCH from March 31st-May 15th, 2013.

OBJECTIVE:

1. To understand and learn day to day operational management of a Ngo and its service centres,
2. To study identified issues/ problems associated with some specific operational area / programme.
3. Work on the specific issue/ project work assigned by the Ngo.

Acknowledgment

First and foremost I would like to thank the community with which the project work has been done. Nothing could have been achieved without their active involvement.

I am grateful to 'Naina and Amma '(Drs.Abhay and Rani Bang-Founders of Search) under whose able leadership and kind guidance ,all the quality work gets done at SEARCH.I will cherish this experience of having worked under them for life .

I think my guide, Dr. Yogeshwar Kalkonade,who always supported me and gave me valuable guidance, that enabled me to complete the projects in stipulate time .

I am thankful to Mrs.Sindu Nila and Mr.Nikhil who, right from day one,(and even before coming to SEARCH through their communication),ensured that I feel comfortable and adjust smoothly in the environment and culture of search .

I am thankful to Mr. Bhupender and all my colleges there, who helped me from time to time in making this report.

I am thanking Mr.Santosh and Mr.Parmod of de-addiction team allowing us to work with them. I thank Dr.Bhushan with whom I went in mobile medical unit to tribal villages.

I am thankful to Dr.Vaibhav, Ma Dantenshwari Hospital for providing me guidance and support to carry out Training program for nurses.

A special thanks to Dr Rahul Ghai for guiding me throughout my training and answering any queries that came along the way.

I would also like to thank my institution and faculty members without whom this project would have been a distant reality. My colleagues, Dr.Gaurav Kapoor hold a special mention here for believing in me and supporting me throughout the summer internship training.

Finally, yet importantly, I would like to express my heartfelt thanks to my beloved parents for their blessings, my friends/classmates for their help and wishes for the successful completion of this project, and to God, who made all things possible.

Dr.Harsh Sood

IIHMR Jaipur

Abbreviations

SEARCH	Society for Education, Action, and Research in Community Health
NGO	Non Government Organization
MAVIM	Mahila Arthik Vikas Mahamandal
HBNC	Home Based Neo-Natal Care
OPD	Outpatient department
AERB	Atomic Energy Regulatory Board
HIV	Human Immunodeficiency Virus
HBV	Hepatitis B virus
CMRC	Community Managed Resource Centre

Ch-1: SEARCH: An Introduction

1. Introduction to the organization

SEARCH (Society for Education, Action and Research in Community Health) is a non-government organization registered as a public organization registered as a public trust and charitable society in India. (Reg.No:MH35-85-GAD, F-224-GAD).

Beginning

In 1986, its founder members, Rani Bang and Abhay Bang came to Gadchiroli and started working in this exceedingly backward district. They had with them their two sons- one 6 year and another 6 months old, a truckload of luggage – mostly books and papers, an ambulance, three workers, and a bounty of innovative ideas.

After completing their education, the doctor couple began working in the villages of Wardha district. It was a period of intense learning about the village reality. In addition to community health work, they organized the poor, landless laborers and farmers of that area. Abhay found out that the minimum wages for agricultural laborers in Maharashtra were based on very faulty assumptions. With based upon rigorous research, he advocated for wages that were three times the prevailing rate. This research was widely used by various organization and activists in Maharashtra which finally forced the government to accept the new level of wages proposed.

Success affirmed the power of authentic research to the Bang couple. They realized that research is a very potent tool to generate support for change. They also became conscious of the fact that their clinical training was not adequate for working with the community health approach. In search of further knowledge, the couple enrolled themselves for a study course in John Hopkins University in the U.S.A. in 1983 to gain more knowledge in public health. Here they learnt methodologies pertaining of community based health research. Abhay was a topper here, and Rani attracted attention as a rare example of a gynecologist turning to community health.But USA was not their KARMABHUMI. They came back to India and after a short while and started working in Gadchiroli in 1986.

SEARCH believes that while efforts must continue to improve the socio – economic conditions of people, their health problems need immediate action. It is possible and desirable to solve many health problems by community based solution. When this is done it empowers the community.

Philosophy and approach:-

"Go to the people

Live among them

Love them

Listen to them

Learn from them

Begin with what they know

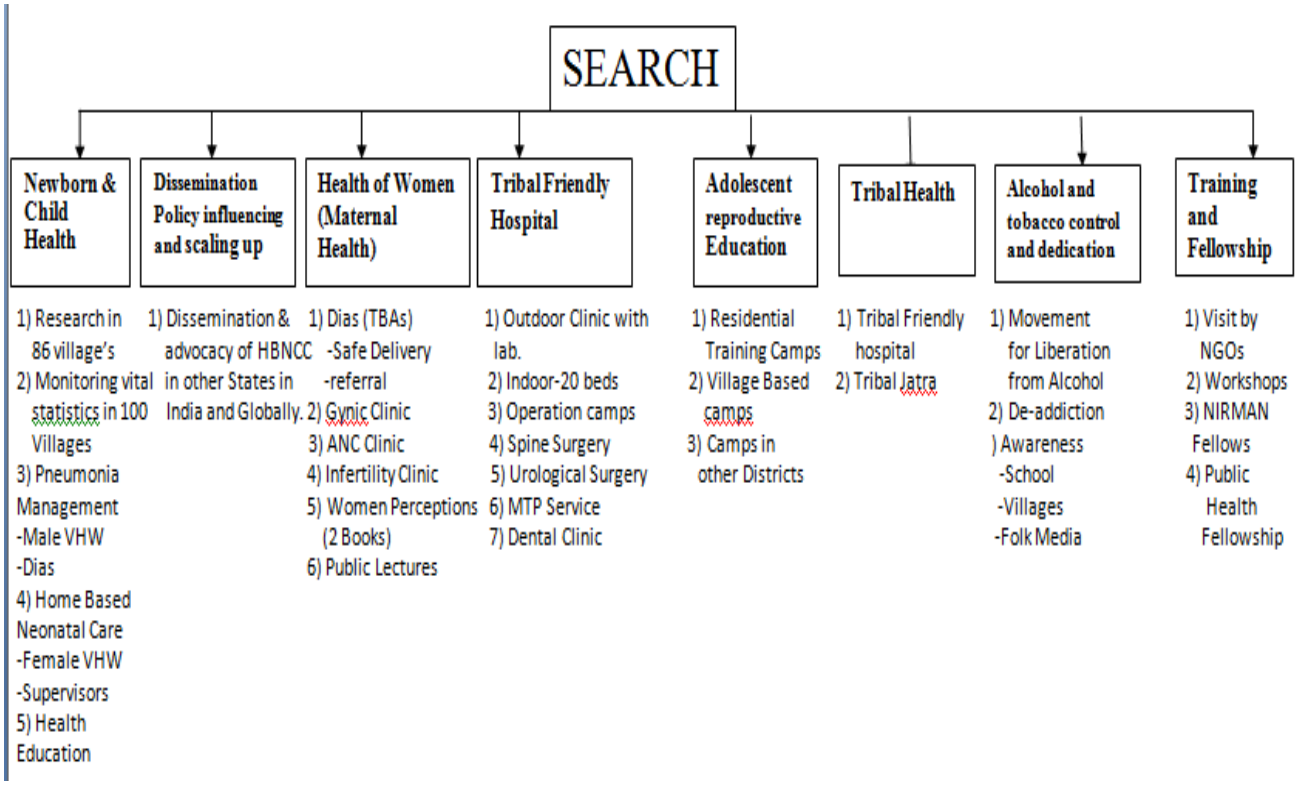
Build upon what they have"

SEARCH believes that an important role of voluntary organizations is path finding or research. Research in the context of SEARCH means to identify the problems of the people and to develop new and appropriate solutions which are pro-poor in nature, compatible and culturally acceptable to the people. At SEARCH this is done through a dialogue with the community to identify their priority health problems. Epidemiological research is conducted to assess the magnitude and the causes of the health problems and based on this data community-based solutions are developed. These solutions usually include health-education about the problems, and making care available in villages by training village health workers. The impact is meticulously measured so that, if the approach is successful, a new model of community-based solution is generated for one more health problem.

Vision

Realization of ('Aarogya-Swaraj'), i.e. people's health is in people's hands, by empowering individuals and communities to take charge of their own health, and thereby, help them achieve freedom from disease as well as dependence.

ORGANOGRAM


SEARCH
Newborn & Child Health
1) Research in 86 village's
2) Monitoring vital statistics in 100 Villages
3) Pneumonia Management
-Male VHW
-Dias
4) Home Based Neonatal Care
-Female VHW
-Supervisors
5) Health Education
Dissemination Policy influencing and scaling up
1) Dissemination & advocacy of HBNCC in other States in India and Globally.
Health of Women (Maternal Health)
1) Dias (TBAs)
-Safe Delivery
-referral
2) Gynic Clinic
3) ANC Clinic
4) Infertility Clinic
5) Women Perceptions (2 Books)
6) Public Lectures
Tribal Friendly Hospital
1) Outdoor Clinic with lab.
2) Indoor-20 beds
3) Operation camps
4) Spine Surgery
5) Urological Surgery
6) MTP Service
7) Dental Clinic
Adolescent reproductive Education
1) Residential Training Camps
2) Village Based camps
3) Camps in other Districts
Tribal Health
1) Tribal Friendly hospital
2) Tribal Jatra
Alcohol and tobacco control and dedication
1) Movement for Liberation from Alcohol
2) De-addiction
) Awareness
-School
-Villages
-Folk Media
Training and Fellowship
1) Visit by NGOs
2) Workshops
3) NIRMAN Fellows
4) Public Health Fellowship

Ch-2: SEARCH: An Approach in Community Health

SEARCH (Learning):-

SEARCH today believes that voluntary organization is not another private sector organization. It has goals, values and work culture very different from both the government and private sector. It is therefore more appropriate for a voluntary organization to work in close collaboration with people, rather than becoming an implementation contractor of the government programmers.

The tribal friendly hospital:-

Why tribal friendly?

In 1993, when the SEARCH Headquarter was being build, the local tribal people of Gadchiroli, requested the creation of a "tribal friendly" hospital. Some of the issues that prevented the tribal from attending the current government healthcare facilities included:-

- ✓ Cultural insensitivity
- ✓ Absence of a traditional godly presence
- ✓ Lack of facilities for patients'
- ✓ Financial burden

What Makes Maa Danteshwari Hospital Different?

SEARCH built a hospital addressing these concerns with the people's chosen name: MaaDanteshwariDawakhana. MaaDanteshwari is the supreme tribal goddess, and Dawakhana means hospital. There is a temple of Danteshwari at the entrance to the hospital. Maa Danteshawari Hospital is one of the only hospitals designed specifically to accommodate the health care needs of tribal community.

Many of the nurses who work at this hospital are from the local tribal villages, eliminating language and cultural barriers. The architecture of the hospital mimics a traditional tribal village, including a reception area built in the style of the traditional "Gotul" or community center and Kutis, or tribal huts, which allow families to stay with the patient during hospitalization. The MaaDanteshwariDawakhana, located at the SEARCH, Shodhgram

campus, serves approximately 100 patients per day from Gadchiroli and the surrounding districts.

The referral service is provided through a small hospital at Shodhgram. Subsidized ambulance service is provided to the villagers on demand. MaaDanteshwari hospital is designed in a manner to give the message that all are welcome. The hospital looks more like a tribal village.

PROGRAM:-

Outpatient Department

Open 6 days a week, clinical services are provided at highly subsidized rates. The turnaround is around 20,000 patient visits each year.

Surgical Camps

Around 8-10 surgical camps are organized each year conducting general, spinal, urological, gynecological, plastic, pediatric, and ENT surgeries totaling about 400 each year. Volunteer surgical teams conduct these procedures.

Outreach Clinical Camps

Camps take place in tribal villages upon request of village leaders. Approximately 5-10 take place each year at no charge to villagers. There are two types: epidemic (e.g. during malaria epidemics, treat single villages), and non-epidemic checkups (evaluation and treatment of various ailments in multiple villages).

The Adolescent Reproductive Health Education Camps

Considering the almost total lack of information and knowledge regarding reproductive health amongst unmarried youth, the target group for this activity is not bound by strict upper age limit and all young, unmarried boys and girls above the age of 14 years are welcome to participate. These camps include those organized at Shodhgram by SEARCH, the ones conducted in schools and colleges as well as those which are hosted by other social service organizations.

- Anatomy of reproductive organs

- Menstruation: Precautions and cleanliness
- The mechanism and process of conceiving and sex determination
- Pregnancy: Care and risk factors, delivery and diet
- Infertility
- Irresponsible sexual behavior
- Abortion and medical termination of pregnancy
- Sexually Transmitted Diseases including AIDS
- Family planning and contraception methods
- The process of selecting a partner.

Hospital Based Research

Clinical research and social anthropological studies are conducted regularly relating to maternal and reproductive health, adolescent sexual health and mental health. Research interns from India and other countries are involved in this process. Both learning about and contributing to rural and tribal health care.

Muktipath Deaddiction Center

Research and developing intervention on the problem of tobacco consumption

In 2009-10, a study was conducted in Gadchiroli district to estimate the percentage of district population consuming tobacco and the expenditure on tobacco. Based on this evidence, a program for tobacco de-addiction was initiated.

In 2010 tobacco liberation program for women self help groups was initiated in collaboration with a semi governmental organization 'Women Economic Development Corporation' (MAVIM). This pilot program is currently running in Chamorshi, Ambeshivni and Gadchiroli block from Gadchiroli district.

Home based newborn care

Goal: - To reduce neonatal mortality by developing a low cost home based model of primary neonatal care by using the human potential in villages.

Strategy

The HBNC package is delivered at the home of the newborn and mother by a trained community health worker. Besides routine care of the newborn, the Community Health Worker (CHW) is trained to identify high risk babies and provide intensive care. She also diagnoses and manages morbidites such as hypothermia, breast feeding problems and sepsis besides assessment and if necessary management of birth asphyxia. Indian council of Medical Research, supported by Government of India has undertaken a replication study in 5 states (Bihar, Orissa, Uttar Pradesh, Rajasthan, and Maharashtra) of India over a population of 600,000. The training phase of the project has ended and it has entered the implementation phase of delivery of complete package of HBNC

Ch-3: Reviewing regulatory requirements for the rural hospital of SEARCH and providing recommendations.

Introduction

For the smooth functioning of hospital there are certain acts which needed to implemented .I Worked on three acts mainly –

1. Clinical Establishment Act (2010).
2. Registration of Births and Deaths Act, 1969.
3. India nursing Council Act.

Let me briefly introduce all three acts.

1. Clinical Establishment Act (2010).

The Act makes it mandatory for all clinical establishments to provide medical care and treatment necessary to stabilize any individual who comes or is brought to the clinical establishment in an emergency medical condition, particularly women who come for deliveries and accident cases. It provides for mandatory registration of all clinical establishments, including diagnostic centers and single-doctor clinics across all recognized systems of medicine both in the public and private sector except those run by the Defense forces. The registering authority can impose fines for non-compliance and if a clinical establishment fails to pay the same, it would be recovered as an arrear of land revenue. It will facilitate policy formulation, resource allocation and determine standards of treatment, in addition to helping create an accurate database of such facilities available in the country. The Act will lay down Standard Treatment Guidelines for common disease conditions, for which a core committee of experts has been formed.

Initially, provisional registration would be granted within 10 days of application on ‘as-is-where-is basis' upon receiving the application filed with supporting documents. Once standards have been notified, permanent registration would be provided to all those conforming to the notified standards.

2. Registration of Births and Deaths Act, 1969.

The Act unified the system of registration throughout the country and made reporting and registration of births and deaths compulsory. It provided for a statutory authority at the center

and in each state. It enabled the Central Government to promote uniformity and comparability in registration and compilation of vital statistics allowing enough scope to the states to develop an efficient system of registration suited to regional conditions and needs.

3. India Nursing Council Act,1947-

An Act to constitute an Indian Nursing Council, in order to establish a uniform standard of training for nurses, midwives and health visitors.

Hospitals need to employ the nurses who are qualified according to norms set by Indian Nursing Council.

Recommendations Clinical Establishment Act

I have observed following things that Ma Danteshwari Hospital 'SEARCH' needed to fulfill the criteria lay done by Clincal Establishment Act.
In Following Sections I will Present My Recommendations-

1. **Ma Danteshwari Hospital 'SEARCH'**
According to clinical establishment act Ma Danteshwari Hospital Comes under Level -1.Level-1 Are Those Hospitals are having bed strength of not more than 30.

Let's Move To Recommendations' Section Wise
A) Infrastructure
Signage-
Informative signage
Under Informative signage, Ma Danteshwari Hospital Need Name of care provider, Registration Details, Registration Number and Fee structure of the various services provided.

Safety signage
No smoking, Electrical Hazard, Bio Hazard,Radition Safety and Highly Inflammable Signage Needed

Space requirements-
All The Measurements are within prescribed norms.

B) FURNITURE AND FIXTURES
All Items are present except Baby Cot (It's Not Compulsory thou)

C) Medical Equipment and Instruments:
Equipment log book and critical Equipment maintenance System Is Present.

Emergency Equipment

All Equipments Are Present Except nasopharyngeal airways.

Other Equipments (Non-Medical)

Following Needed-

Incinerator (Waste Disposal)

Washing and drying area facilities (Kitchen)

Medical

Following Needed-

Partograph charts

Self inflating bag and mask –adult and neonatal size

D) DRUGS, MEDICAL DEVICES AND CONSUMABLES

List of Emergency Drugs and consumables

Following Needed-

INJ. NALAXONE 400 MCG

PEDIATRIC IV INFUSION SOLUTION 500 ML

E) HUMAN RESOURCE

We Are Following All Prescribed Norms except x -ray Technician that we have employed have no diploma. He Need Diploma in X Ray Technician course.

F) Legal documents

Following Needed-

AERB Licenses

Building Completion Licenses

2. Operation Theatre

As in level one Operation Theatre Don't Come So Requirements' Checklist Taken from Level -2.

Area-

With In Prescribed Limits

Zoning –

Within Prescribed Limits

Air Conditioning –

Temperature and humidity Monitoring needed.

Equipments –

All Equipments Present Except CO_2 Monitor.

3. **Dental Centre**

According to clinical establishment act Ma Danteshwari Hospital Comes under Level -1.Level-1 Are Those Hospitals are having bed strength of not more than 30.

Let's Move To Recommendations' Section Wise

A. Infrastructure

1) Signage-

1. Informative signage

Not Present

2. Safety signage

No smoking, Electrical Hazard, Bio Hazard,Radition Safety and Highly Inflammable Signage Needed

B) Space requirements-

All The Measurements are within prescribed norms.

C) FURNITURE AND FIXTURES

All Items are present.

D) Equipment/Instruments/Drugs:

Essential Equipments

All Present.

Essential Instrument

Dental Clinic "Search" Is At Initial Stages so right now , clinic is not providing treatment on following branches of dentistry –

Prosthdontics

Orthodontics

Implants

Trauma Centre

So Equipments Needed For Following Branches Not Present.

E) HUMAN RESOURCE

No permanent Staff.

Visit from private practitioner.

Fortnightly Visit by Team of doctors from Nagpur Dental Collage

F) Legal documents

Needed- AERB Licenses

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4. **Medical (Clinical) Laboratory**

The medical or clinical laboratory is the place where materials of human origin and/or human healthcare environment are collected, stored, processed and/or analyzed and reported for the purpose of screening, diagnosis, prognosis, treatment or prevention of diseases and for clinical research.

Before moving to recommendations section, I like to mention that the clinical laboratory act is for large laboratory.MA Danteshwari hospital"SEARCH" met certain requirements, But the norms are vast .So its tough for us to get this certificate .

Let's Move To Recommendations' Section Wise

a. Space requirement-

As per norms we don't have any separate area.

b. Essential Furniture and fixture-

Present with in prescribed limit.

c. Equipment-

Let's move Department wise –

Clinical Biochemistry-All equipments present.

Pathology- All equipments present.

Hematology-Following equipments we need-

L- mould/ embedding station
Microtome
Cytocentrifuge(Optional)
Waterbath
Hotplate

Microbiology and Serology-

Parasitology- Rapid test kit -Dengue,HCV,Syphilis, scrub typhus.Not Present .

Molecular Biology-Following equipments not present –

1. PCR Machine
2. Micro centrfuge-1
3. PCR Cabinet

d.Human Resource-

As per our work load, we Met laid down norms.

Ch-4

Manual on infection control in dental practice and basic Instrumentation

Introduction

Infection control is a constitutional part of patient care system.

Focus on infection control in recent years began, with the occurrence of Hepatitis B, HIV and other infections. Although screening is possible in some instances, it is of little real value since the majority of individuals with communicable viral particles are asymptomatic and hence not identifiable. It is necessary to ensure cross infection control as a part of everyday dental care practice for safety.

Infection Control prevents the spread of infectious disease to you and your patients. It is therefore necessary for the practitioners to learn the basics of the infectious diseases and the way in which they can spread in the dental practice.

List of topic –

1.Fundamentals of infection control

- ✓ Concepts:cross-infections,sterlization,decontamation
- ✓ Risks in the dental enviroment :to patient and to dental staff .
- ✓ Universal precautions

Learning-

- ✓ Difference Between sterlization and decontamation.
- ✓ Able to Tell Symptoms of latex allergy
- ✓ Why Universal precautions necessary

2.Genral Cleanliness in the clinic

- Cleaning the floor and walls with disinfectant
- Maintaing the surfaces of furnicute ,chairs clean and dust free.
- Replacing the tank.water supply to dental chair with distelled water.
- Cleaning of suction lines and hoses with disinfectant flushing.
- Cleaning of dustbinbs and waste basket with disinfectant

. Learning-

- ✓ How Puro Water Distiler Works

3.Personanal Hygine

- Use of face masks and hand gloves .
- Hand Hygine :Hand washing Routine
- Removal Of Ornaments such as rings ,bangles ,wrist watches prior to carrying out procedures .
- Regular cuting of nails and coveribg hair with caps .

Learning-

- ✓ Hand washing Technique
- ✓ Corrcet method To Wear Face Make

4.Immunizaiotn

HBV vaccine

5.Decontamtion

- Presoaking
- Cleaning
- Inspecting
- Sterlization
- Storage

Learning-To Correctly Demostratre Steps Of Decontamtion

6.Disinfection of surfaces (Dental Chair) and manging hazards

- Proper cleaing of dental chair
- Avoiding contamition while operating chair light ,X-ray etc.
- Fumigation
- To prevent needle stickinjury (Needle Recapping and Sharp Disposal)

7.Dispiosal Of bio-medical waste

- *Dental* Care Waste *Management*

Learning-Correctly Able to segregate Waste.

8. Guidelines for Handling of Tissues Removed From Human Subjects

- Extracted Tooth

- Learning –Correct Handling of Extracted Tooth

9.Basic Instrtuments

- Mouth Mirror
- Tweezer
- Probe

Learning –To Set Basic Set Up

10.Oral Surgery Instrtuments

- Forceps
- Elevators

Learning –Able To Distnguish between upper and lower forceps

11.Opeartive Instruments

12.Peridontic

13.How To Brush Teeth

Ch-5

Training of Nurses for on Topic “infection control in dental practice and basic Instrumentation”

Introduction

The basic purpose of this training program is to take classes of nurses so they able to learn basic infection control measures in dental setup and basic dental instruments. This training program is divided 09 days .Each day class of 1.5-2Hr was taken.

Vision Of The Training –To Enable the practice of infection control in dental clincs to protect the patients and the clinic staff from contracting infections,uplift the overall standards of dental care and assure all patients and the staff the feeling of "safety"

Objectives of the training –To Enable the clinic team adopt and document a policy on infection control;and devlop a system of checking compliance and keep updated with the guidance.

Schedule –

Date	Main Topic	Sub Topic	Training Methods
1-May,2014	Fundamentals of infection control	• Cross infections,sterlization,deco ntamation • Risks in the dental environment: to patient and to dental staff. • Universal precautions	• Showing Videos on importance of sterilization (10 minutes) • Group Discussion (10 minutes)
2-May,2014	Genral Cleanliness in the clinic	• Cleaning the floor and walls with disinfectant • Maintaing the surfaces of furnicute ,chairs clean and dust free. • Replacing the tank.water supply to dental chair with distelled water. • Cleaning of suction lines and hoses with disinfectant flushing. • Cleaning of dustbinbs and waste basket with disinfectant	• Live Demonstration Working of Puro Water Distiller • Handouts
3-May,20	Personanal Hygine	• Use of face masks and hand gloves .	• Discussion On Importance of

14		• Hand Hygine :Hand washing Routine • Removal Of Ornaments such as rings ,bangles ,wrist watches prior to carrying out procedures . • Regular cuting of nails and coveribg hair with caps .	Wearing Glove ,Mask .and Hand Washing • Live Demonstration How To Correctly Wear Glove And Mask • Hand Washing Techniques
5-May,2014	• Immunizaiotn • Decontamtion	• HBV vaccine • Presoaking • Cleaning • Inspecting • Sterlization • Storage	• To Explain Basic Theory Of Decontamtion. • Demonstrations.
6-May,2014	• Disinfection of surfaces (Dental Chair) and manging hazards (Day-4) • Dispiosal Of bio-medical waste	• Proper cleaing of dental chair • Avoiding contamition while operating chair light ,X-ray etc. • Fumigation • To prevent needle stickinjury (Needle Recapping and Sharp	• Lecture on Fumigation by Senior Nurses. • To Show Them Wrong And Right Method of Needle Recapping. • To Pictures of Various

		Disposal) • Dental Care Waste Management	Components of Dental Chair.
7-May,2014	• Guidelines for Handling of Tissues Removed From Human Subjects • Basic Instrtuments	• Extracted Tooth • Mouth Mirror • Tweezer • Probe	• Session Taken By Dr.Gaurav Kapoor • Role Play-To Make relies Management Of Bio-Medical Waste
8-9 May,2014	Oral Surgery Instrtuments	Forceps Elevators	Demonstration of each Instrument. Flash Cards
10 May,2014	• Opeartive Instruments • Peridontic Instrtuments	• Amalgam –compostie instrtuments	• Demonstration of each Instrument. • Flash Cards

Conclusion

All the nurses participated in training and tried to learn. All nurses performed well. There are initial hiccups like language barriers which I faced initially. But with constant efforts everything went smoothly.

Ch-6

Rapid Assessment of Tobacco De-addiction Program

Introduction

Search is running a program with MAVIM.MAVIM helps women to become financially empower.

Objectives-

- To identify gaps and finding of alternatives for the better implementation of Tobacco De-addiction Program – a joint venture of Society of Education Action and Research and Mahila Arthik Vikas Mahamandal.

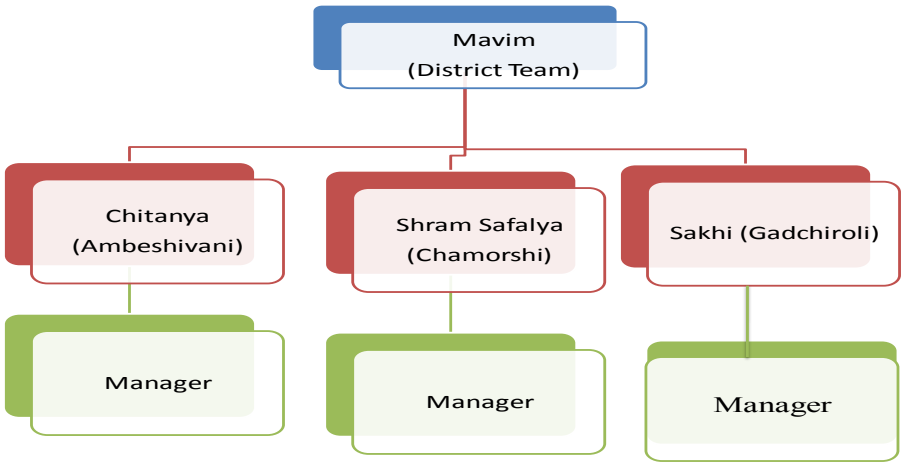
- To reveal key issues from the perspective of major stakeholders (Respondent,Muktidoot and Sahyogini) towards their concern about the program.

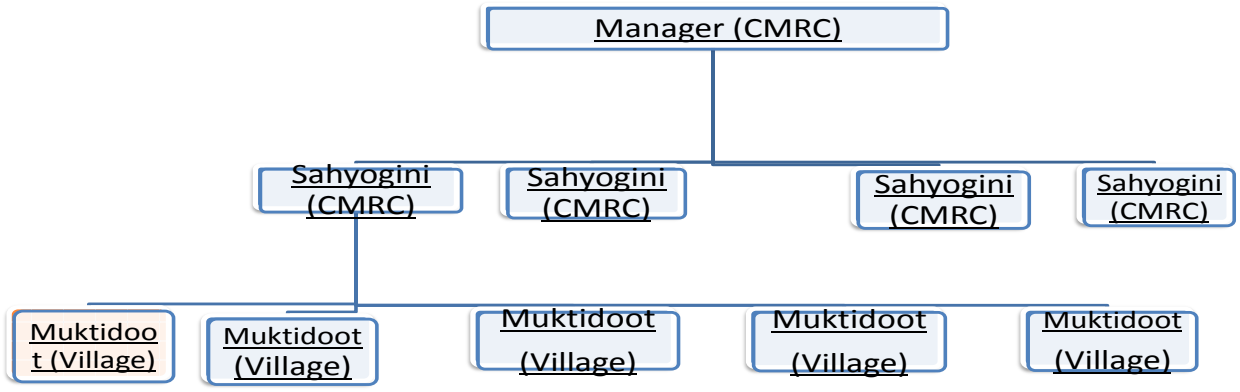
- To identify key issues in the performance variations among three CMRC (Sakhi,Chaitanya and SHRAMSAPHALY).

- To assess knowledge attitude and practice of major stakeholders (Respondent,Muktidoot and Sahyogini) towards tobacco de-addiction program.

- To find cost effective alternatives to generate maximum impact of the Tobacco Deaddiction Program.

Structure-


Mavim
(District Team)
Chitanya
(Ambeshivani)
Shram Safalya
(Chamorshi)
Sakhi (Gadchiroli)
Manager
Manager
Manager


Manager (CMRC)
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Study Design-

- Interview- Structured both open and close ended questions.
  (Questionnaire for Respondents, Sahygini and Muktidoot)
- Informal Group/ Personal Interviews-Unstructured fixed questions
- We gathered village people conveniently and asked them set of unstructured fixed questionnaire.
- Their response was captured in video footage.

Sampling-

Convenient sampling

(30 Villages of three CMRC covered through dental check-up camps in six days.)

Coverage-

Stake Holder	**No.**	**Method of data Collection**
Community Beneficiary	89	Through structured interview
	70	Unstructured informal group interview
Muktidoot	38	Through structured interview
	6	Unstructured informal group interview
Sayogini	5	Through structured interview
	3	Unstructured informal group interview

Methodology-We had employed to methods –

1) Through structured interview
2) Unstructured informal group interview

Qualitative Observations

We had divided our Qualitative Observations into various Sections –

1) Remuration –

Problem-As such muktidoot and Sahygoni didn't mention about any Remuration except on one occasion where both muktidoot and sahygoni talked about it.

Their View –Muktidoot don't want hike in money but they want monthly payment now "Search" is paying them after 5-6 months

Recommendations –

Sahygoni and muktidoot are working very hard to make this program a success. And their contribution we can't deny .What we can do to make them realize that we appreciate their efforts is –

1. Monthly Payment to MuktiDoot.

2. As we organize dental camps and other such events, we can give them (Muktidoot and Sahygoni) separate payment for such activities (Small Amount of Money Can Work Wonder)

2) Dental Camps –

There are many issues that we find regarding dental camps .We will address these concerns under various sub-headings.

A) Timing –

In 6 days we had screened approximately 1000 Patients, which can be seen as success.

But we recommend that from next time while organizing camps we must look into 2 factors –

1. Month of May-June is not ideal for conducting camps.

Reason –

a) Hot Climate

b) Tendu leaves picking season.

Due to high temperature women find it difficult to come.

2. Not to organize camps during marriage season.

B) Actual Treatment –

We are very well aware that these camps are only meant to screen patient's .But a little treatment can be given, it will not consume much time. But it will increase patient's faith on us.

Many people will argue we don't have time to give treatment. But there are some dental procedures that don't consume much time e.g. hand scaling, Extraction of mobile teeth, temporary restoration. What we are saying to provide treatment to 4-5 patients in every village. Regarding man power, this time we had team of 3 dentists .and for screening 1 dentist is more than enough .So at least on dentist can provide treatment.

c) Stick to check patients –

Last year we used mouth mirror to see every patient, after every patient dentist used to put that mirror in dettol solution and reuse again .This thing not liked by patient's .So this time many patients showed resistance.

This time we used stick to see every patient which worked very well with patients.

But our concern is disposal of sticks.

d) Use of glove and mask –

There are some things that distinguish Doctors from other people .Gloves and masks are one of them. In first 3 days team is wearing the mask and gloves but after that no one used. Something's are essential are need to be included.

e) How to Brush Teeth

To stop withdrawal symptoms, it is essential to maintain oral hygiene.

We recommend including demonstration of tooth brushing during dental camps.

f) Disposal of sticks-

As we noticed we are putting all the sticks into separate bags .And disposing that bags far away from that village but on road side .This thing can prove fatal .As rag pickers can pick these sticks and sell it to ice-cream sellers.

Later we told dental team to break the sticks.

g) Medicine supply –

We feel that the samples distributed by dental team are very less.

3. Pamphlets and Banners

A) Banners –

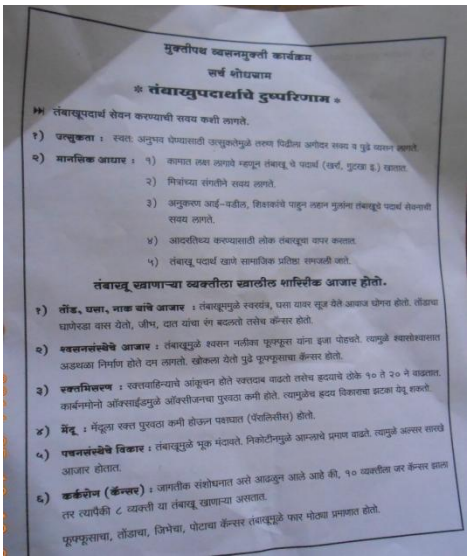
We used two Banners during dental camps but women are hardly noticing them .We asked many women, most didn't noticed banners.During camps in schools, there are lots of other banners that are there. So for Women it's difficult to distinguish.

Recommendations –

Let Dental Doctors/anyone from team, ask women if they noticed the banner or not, if not let them explain. Muktidoot /sahygoni can also do this work.

Location of banner must be carefully selected.

B) Pamphlets-



मुक्तीपथ व्यसनमुक्ती कार्यक्रम

सर्व शोधग्राम

* तंबाखूपदार्थांचे दुष्परिणाम *

तंबाखूपदार्थ सेवन करण्याची सवय कशी लागते.

१) **जत्सुकता :** स्वत: अनुभव घेण्यासाठी उत्सुकतेमुळे तरुण पिढीला अगोदर सवय व पुढे व्यसन लागते.

२) **मानसिक आधार :** १) कामात लक्ष लागावे म्हणून तंबाखू चे पदार्थ (खर्रा, गुटखा इ.) खातात.
२) मित्रांच्या संगतीने सवय लागते.
३) अनुकरण आई-वडील, शिक्षकांचे पाहून लहान मुलांना तंबाखूचे पदार्थ सेवनाची सवय लागते.
४) आदरातिथ्य करण्यासाठी लोक तंबाखूचा वापर करतात.
५) तंबाखू पदार्थ खाणे सामाजिक प्रतिष्ठा समजली जाते.

तंबाखू खाणाऱ्या व्यक्तीला खालील शारिरीक आजार होतो.

१) **तोंड, घसा, नाक याचे आजार :** तंबाखूमुळे स्वरयंत्र, घसा यावर सूज येते आवाज घोगरा होतो. तोंडाचा घाणेरडा वास येतो, जीभ, दात यांचा रंग बदलतो तसेच कॅन्सर होतो.

२) **श्वसनसंस्थेचे आजार :** तंबाखूमुळे श्वसन नलीका फूलफूस यांना इजा पोहचते. त्यामुळे श्वासोश्वासात अडथळा निर्माण होते दम लागतो. खोकला येतो पुढे फुफ्फुसाचा कॅन्सर होतो.

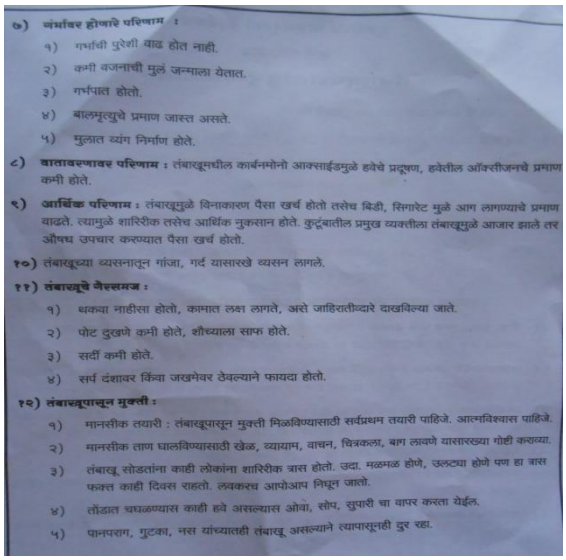
३) **रक्तमिसरण :** रक्तवाहिन्याचे आकुंचन होते रक्तदाब वाढतो तसेच हृदयाचे ठोके १० ते २० ने वाढतात. कार्बनमोनो ऑक्साईडमुळे ऑक्सीजनचा पुरवठा कमी होते. त्यामुळेच हृदय विकाराचा झटका येवू शकतो.

४) **मेंदू :** मेंदूला रक्त पुरवठा कमी होऊन पक्षाघात (पॅरलिसीस) होतो.

५) **पचनसंस्थेचे विकार :** तंबाखूमुळे भूक मंदावते. निकोटीनमुळे आम्लपाचे प्रमाण वाढते. त्यामुळे अल्सर सारखे आजार होतात.

६) **कर्करोग (कॅन्सर) :** जागतीक संशोधनात असे आढळुन आले आहे की, १० व्यक्तीला जर कॅन्सर झाला तर त्यापैकी ८ व्यक्ती या तंबाखू खाणाऱ्या असतात.

फूफ्फूसाचा, तोंडाचा, जिभेचा, पोटाचा कॅन्सर तंबाखूमुळे फार मोठ्या प्रमाणात होतो.



७) **गर्भावर होणारे परिणाम :**
१) गर्भाची पुरेशी वाढ होत नाही.
२) कमी वजनाची मुले जन्माला येतात.
३) गर्भपात होतो.
४) बालमृत्युचे प्रमाण जास्त असते.
५) मुलात व्यंग निर्माण होते.

८) **वातावरणावर परिणाम :** तंबाखूमधील कार्बनमोनो आक्साईडमुळे हवेचे प्रदूषण, हवेतील ऑक्सीजनचे प्रमाण कमी होते.

९) **आर्थिक परिणाम :** तंबाखूमुळे विनाकारण पैसा खर्च होतो तसेच बिडी, सिगारेट मुळे आग लागण्याचे प्रमाण वाढते. त्यामुळे शारिरीक तसेच आर्थिक नुकसान होते. कुटूंबातील प्रमुख व्यक्तीला तंबाखूमुळे आजार झाले तर औषध उपचार करण्यात पैसा खर्च होतो.

१०) तंबाखूच्या व्यसनातून गांजा, गर्द यासारखे व्यसन लागते.

११) **तंबाखूचे गैरसमज :**
१) थकवा नाहीसा होतो, कामात लक्ष लागते, असे जाहिरातीव्दारे दाखविल्या जाते.
२) पोट दुखणे कमी होते, शौच्याला साफ होते.
३) सर्दी कमी होते.
४) सर्प दंशावर किंवा जखमेवर ठेवल्याने फायदा होतो.

१२) **तंबाखूपासून मुक्ती :**
१) मानसीक तयारी : तंबाखूपासून मुक्ती मिळविण्यासाठी सर्वप्रथम तयारी पाहिजे. आत्मविश्वास पाहिजे.
२) मानसीक ताण घालविण्यासाठी खेळ, व्यायाम, वाचन, चित्रकला, बाग लावणे यासारख्या गोष्टी कराव्या.
३) तंबाखू सोडतांना काही लोकांना शारिरीक त्रास होतो. उदा. मळमळ होणे, उलट्या होणे पण हा त्रास फक्त काही दिवस राहतो. नंतरकरिच आपोआप निघून जातो.
४) तोंडात चघळण्यास काही हवे असल्यास ओवा, सोप, सुपारी चा वापर करता येईल.
५) पानपराग, गुटका, नस यांच्यातही तंबाखू असल्याने त्यापासूनही दुर रहा.

In the end of treatment, team is disturbing two pamphlets to women .Pamphlets are too descriptive (Over loaded with information) and didn't contain any picture.

Recommendations-

It must contain Pictures and colorful .It will attract attention.

What we think that instead of these pamphlets we can give women Yearly Calendar with pictures and written information can be helpful.

4. Drugs-

We had divided this section into two parts –

A) Drugs Distributed By "SEARCH"

In different Villages people had different view regarding Drugs. So here we are presenting all three Scenarios and Their probable solutions.

Scenario-1

We are distributing Vitamins and supplements .But we need to realize what people need .For them Vitamins and supplements are not linked to dental pain and this fact they know.

a) In one village, we saw 2-3 women giving Drugs to their children as it will help them to become stronger.

b) In one village, Anganwadi Worker is telling women that these are just useless tablets will not work.

Recommendations-

As we mentioned earlier tobacco usage and dental pain is interlinked. So we need to address this issue on Priority Basis.

Scernario-2

One thing that we realize during our interaction with villagers that many women believes that these medicines that we are giving them can help to cure tobacco. They believe that this medicine will help them to overcome Tobacco withdrawal symptoms. And they want regular supply of drug for some period.Muktidoot and Sahyogini too told us that drugs are working and women come too come too them for drugs.In one village there is a woman, who left tobacco because of drugs as she believes it help to overcome tobacco.

Recommendations-

Some medicines must be given to Muktidoot and Sahayogini, so they can Give It to Those women who need it.

Scernario-3

Women are questioning why same color and shape drug we are giving to them .They know this fact that need of every patient is different and same medicine can't work on them.

Recommendations-

We need to Change the shape and color of medicines.

b) **Drugs Distributed By "Dental Team**"

We feel that the samples distributed by dental team are very less.We have found that in some villages no samples are distributed.

Recommendations-

Drugs must be distributed in large number.

We must give Following Drugs to These Categories-

Khara /Tobacco Chewing People	Mouthwash
Nas and gul Using People	**Toothpaste**
Pain Killers To those Who Complains Of Pain	

5. Bachatgat Meetings –

We have divided this section into following Headings-

A) During Meeting-

During our interaction with respondents, some said that in these meetings women chew tobacco and they come with Tobacco .Respondents also said that Sahyogini and muktidoot try to stop women.Above information is also validated by muktidoot and sahyogini that women chew tobacco in meetings.

One Ex-Sahyogini (Name Withheld) informed us that in these meeting sagyogini and muktidoot to chew tobacco and ask people to bring it for them. But when we asked respondents they denied.

Recommendations-

We must share this information with MAVIM and then take necessary steps.

B) **Clubbing of Tobacco De-addiction meeting-**

What we come to know from our interaction that sometimes bachgat meetings and tobacco De-Addiction Meeting got clubbed i.e. Muktidoot and Sahyogini talk about tobacco in last 10-15 minutes.

Recommendations-

We must look upon this matter and more time must be allotted.

C) **No Set Structure of Meeting** –

We come to know that there is no set format of what to do in meeting.

Recommendations-

There must be a separate sheet in which Sequence of meeting i.e. what all things that needed to done.

6. Bachat-Kalash

We come to know Everywoman had Bought Bachat-Kalash Except 2-3 Women.

Women are using Bachat-Kalash to put money but are they putting that money that they use to buy Khara/Tobacco are questionable.

Quotes- "I had saved 3000 Rs. because of bachat-kalash" "My Child put Money in this" "I earlier used to Spend 10 Rs on khara, Now Buy of Rs.5 and Rs.5 Goes to bachat-kalash."

Recommendations-

Bachat-kalash linked up with Tobacco De-Addiction Programme is not successful .People are using it to do bachat, that is success for "MAVIM" but not for "SEARCH".

"SEARCH "need to rework on this strategy.

What we recommend instead of bachat-kalash is Tooth-Brush.

Why Tooth-Brush??

As we had earlier mentioned to stop Vicious cycle of tobacco chewing .There is prerequisite to maintain oral Hygiene. To maintain oral hygiene Tooth brush is first Essential Step.

7. Video (Compact Disc)-

This section is divided into 2 sub-sections-

A) Reach of Video-

Every respondent had seen the video and they rember every content of video still after 1 year.

Video had worked very well.

People want to see video again.

Recommendations-

We need to show video during our Dental camps/in village chapels by using projector.

Show it during every meeting (Bachat-Gat).

We don't say repeat it again and again .But video had worked a big time among people so we must exploit this thing for our advantage.

B) Impact made by video-

Video had generated a feeling of fear among women and forced them to think to quit tobacco.

8. Flip-Chart –

This section divided into 2 sub-sections

Demonstration of flipchart book by muktidoot-Almost all muktidoot are able to explain flipchart book excellently.They are well versed with it and respondents understand the flip chart book well.

Content of Flip-Chart Book-

We recommend 2 corrections -

1. Correction of Pg-13 of Flipchart book

In that page it is mentioned to use Vitoba Manjan .We want to mention that vitoba manjan is highly abrasive in nature and not good for teeth, leads to tooth abrasion.

2. Need to Include Tooth Brushing Technique.

Image of tooth brush and tooth paste.

9. Fear of Getting Stamped-

Some people fear that by coming to camp organized by "SEARCH" they are getting stamped .They feel that they suffer from diseases so why "SEARCH "called them. They are not able to understand why other bachat-gats and women not included.

Recommendations-

"SEARCH "must address this concern of women.

10. Use of Inspirational Stories –

During our interaction with respondents we come to know about many inspirational stories that can be used as videos to inspire women.

Examples-

There is a lady named **Sugandha Bado** who is not having child from 5 years. Her Visited Dr.Rani Bhang and madam told her to leave eating tobacco chewing habit. And after one and half year she delivered child.

There is mukti doot named Varsha she had left and tobacco chewing and her husband left alcohol and tobacco, she gave all credit to "SEARCH''.

Recommendations

Many women face problem of withdrawal symptoms .So if record the video of these women or these women can interact with women, this can work.

11. Money calculation

"Search" told women that by not eating tobacco they will save money (approx.Rs.10/day).

Some women had understood this concept and trying to quit tobacco. But some had taken this as excuse.

They argue, that when their husband can spend rs.100/day so why they can't spend rs.10/day.

12. Training of Muktidoot and Sanyghoni –

The training provided by "SEARCH" to muktidoot and sanyghoni is up to mark .Muktidoot and sanyghoni are able to answer all our questions well.

13. **Workload Issue** –

Sanyghoni are well motivated and willing to work for this cause. But sometime they face issue of work over load.

As One Sanyghoni mentioned "That dates of dental camps and training program organized by MAVIM clash". They find it difficult to balance. We also met Manager, He also confirmed that Sanyghoni find it difficult to balance work.

Recommendations-

We know this might not be economically Feasible but we need separate sanyghoni for de-addiction program.

Alternative for this problem is that someone from must visit blocks/villages in once in month.

We recommend **direct supervision of Sanyghoni.**

14. Women and Tobacco related issue –

This is most important part of our report .In this section we will focus on the reason why women chew tobacco, reasons of not quitting tobacco and their Arguments.

A) Origin –

Women earlier used to chew ghutkha as government banned it; they shifted to Tobacco related products .Now this is interesting fact that most women got addicted to tobacco at their work place i.e. fields .Their Owner Fed then with Khara.And this still happens, usage of khara is very common on the field.

Most women reported us that they had left tobacco but when at fields they are offered tobacco they are not able to deny.

B) Deep Rooted-

Tobacco chewing is deeply rooted in their culture .When someone visit their home they offer khara to eat .This can be said in this way as we offer biscuits and namkeen they offer khara.

C) Comparison between Tobacco and alcohol-

We all know that Alcohol is completely banned in gadcharoli.But during our interaction we realized that alcohol is available freely (Illegally thou).

Women took alcohol availability as an excuse to chew tobacco.

Let Look further deep into this problem.

Husband and Alcohol –

When my husband can spend 100Rs/day, why I can't spend rs.10.

Alcohol Ban –

Husband drinks alcohol, beat us. Tobacco helps us relieve stress and make us feel good.

They insist on banning alcohol First.

Immediate Effects of Tobacco chewing –

They see immediate effects of alcohol; husband beat then but they not able to see immediate effects of tobacco.

D) For Brushing Teeth-

Women use nas for cleaning teeth .We need to tell them about alternative.

We are already telling them to use alternative method for brushing.

E) Solution of Constipation and dental pain –

When we asked women why they chew two facts come into light.

Constipation –

"Tobacco helps us to clean stomach"

"Sandas Theek ata hai"

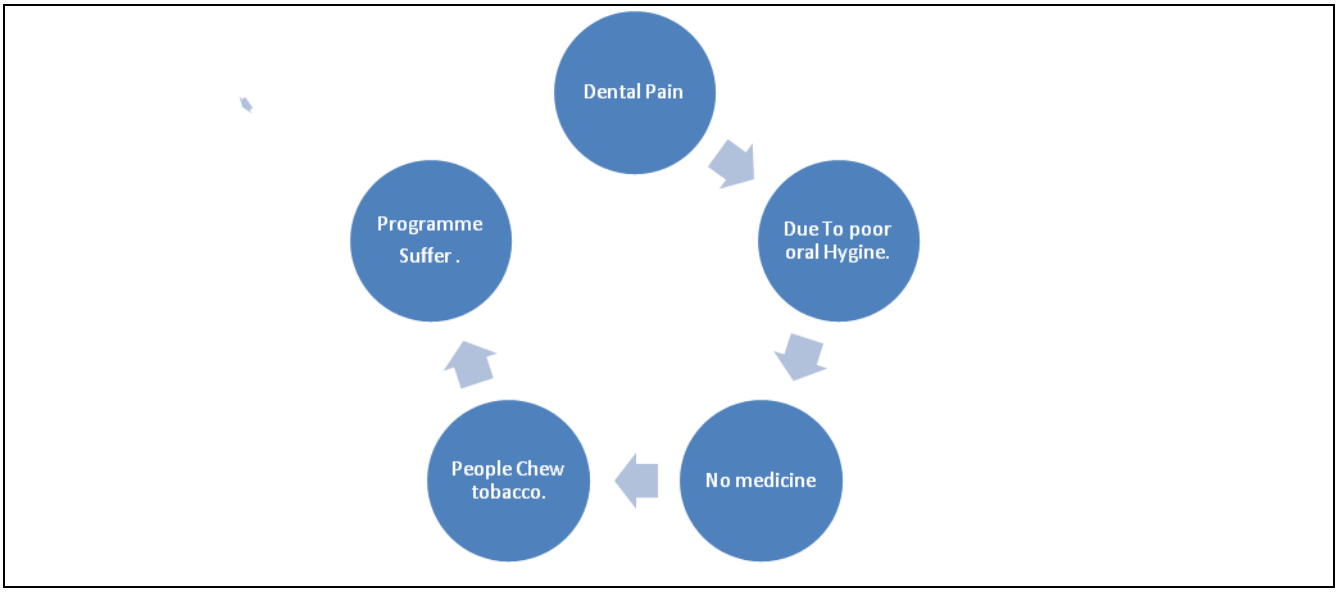
Women believe if they stopped taking tobacco, they will not able to defecate.

Recommendation-

On priority basis we need to address this and we found that "SEARCH "is already working to solve this problem, by disturbing Medicine.

2. Dental pain

Most women suffer from dental pain for which they took tobacco. This chewing of tobacco is a vicious circle.



They believe tobacco chewing cure tooth ache.Some women told us that they had left tobacco but when tooth pain occurs they again took it.And they become habitual again.

Recommendations-

We must emphasis on maintaining oral hygiene. This can only be done by showing them toothbrush and toothpaste and demonstrating tooth brushing technique.

Suggestions to integrate Oral Hygiene-

1. In the training of muktidoot and sahyogini we must include tooth brushing. On their weekly Visit they must tell women how to brush correctly.

2. During Dental camps, Dentist can demonstrate correct brushing technique.

f. Cancer not alone related to tobacco –

Women argue that People who don't chew tobacco they also suffer from cancer .We need to explain this.

There is a Lady named Mala .She earlier used to be Sahyagoni.She suffered from mouth ulcer problem, for which she got operated .Women asked her that she didn't chew tobacco, then how she suffered from this diseases .She had no answer.

15. Solution of withdrawal symptoms –

What we felt during our interaction with respondents that our program has reached a point where we had fed information to women completely that tobacco chewing cause cancer and by not chewing tobacco they can save money, and women completely understand this.

What women now want is permanent solution of De-Addiction.

"SEARCH 'is telling them by means of muktidoot to eat chocolate, sauf, drink cold water to tackle tobacco withdrawal problem .For some women this is working.

But for some not .They want some medicine for some days, that can help them with withdrawal symptoms.

Recommendations-

"SEARCH "need to think seriously on how to tackle withdrawal symptom problem.

16. Who is muktidoot??-

We all know muktidoot is specially created and trained for the tobacco de-addiction program.

But people don't know word muktidoot and this is serious threat for a program whose foundation lay on work done by muktidoot.

People know word sahagyoni but not muktidoot .This can be a threat to long term success of this program.

Recommendations-

More stress on word muktidoot.

17. **Why Men and women from other bachat gats not included??-**

Women want to know if tobacco chewing causes cancer, which is serious problem .Then why we not including men and other women.They want to know why everyone is not included.

Recommendations-

Muktidoot must address this concern.

18. **What people suggest** –

We asked respondents what can be added to make this program more appealing.

- ✓ We got varied response from blank to quite interesting one.
- ✓ Include Blood pressure measurement.
- ✓ Public rallies and prabhat pheries to motivate people to quit tobacco.
- ✓ During dental camp involve Children's.
- ✓ More dental camps.
- ✓ Once in month meeting by search team.
- ✓ Puppet show and slide show.

Annexure

Pictorial Representation of Summer Training

SEARCH Begins

Shodhgram(Main Gate)

Ma Danteshwari Temple "SEARCH"

Ma Danteshwari Hospital

Patient Room (Kuti)

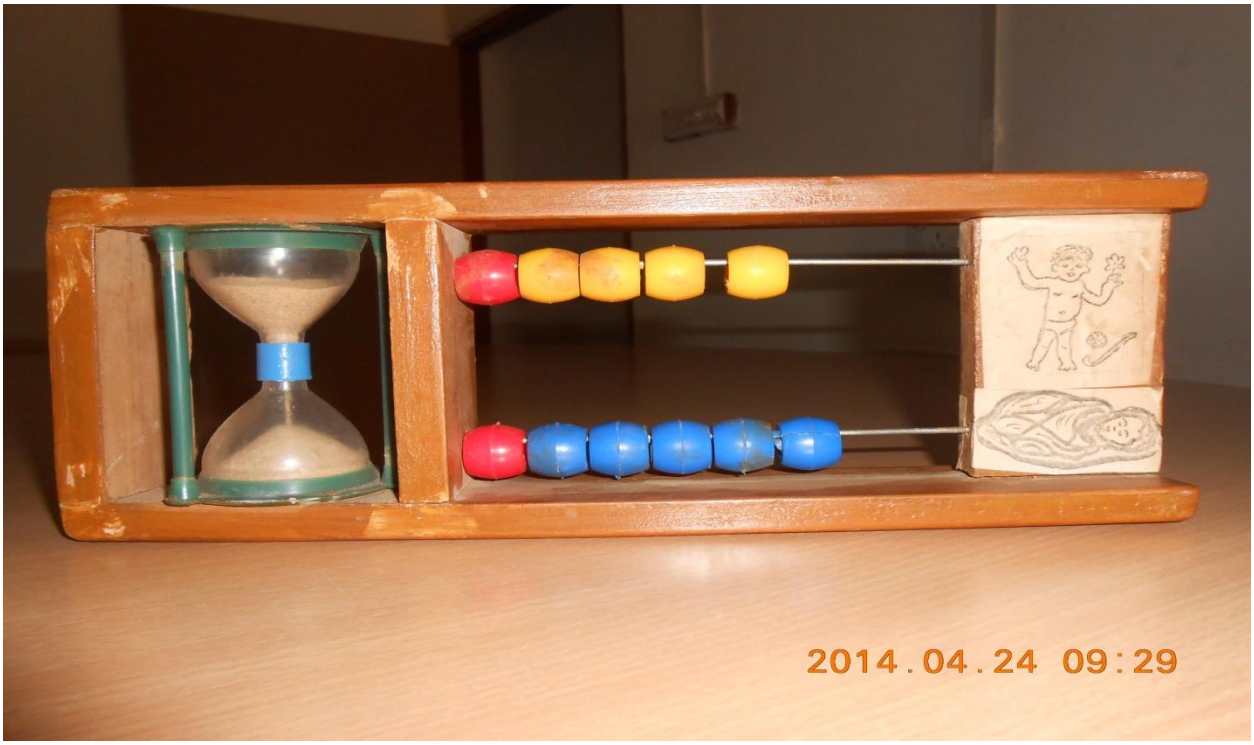
Registration Room

Naina and Amma

Gudi Parva Celebration

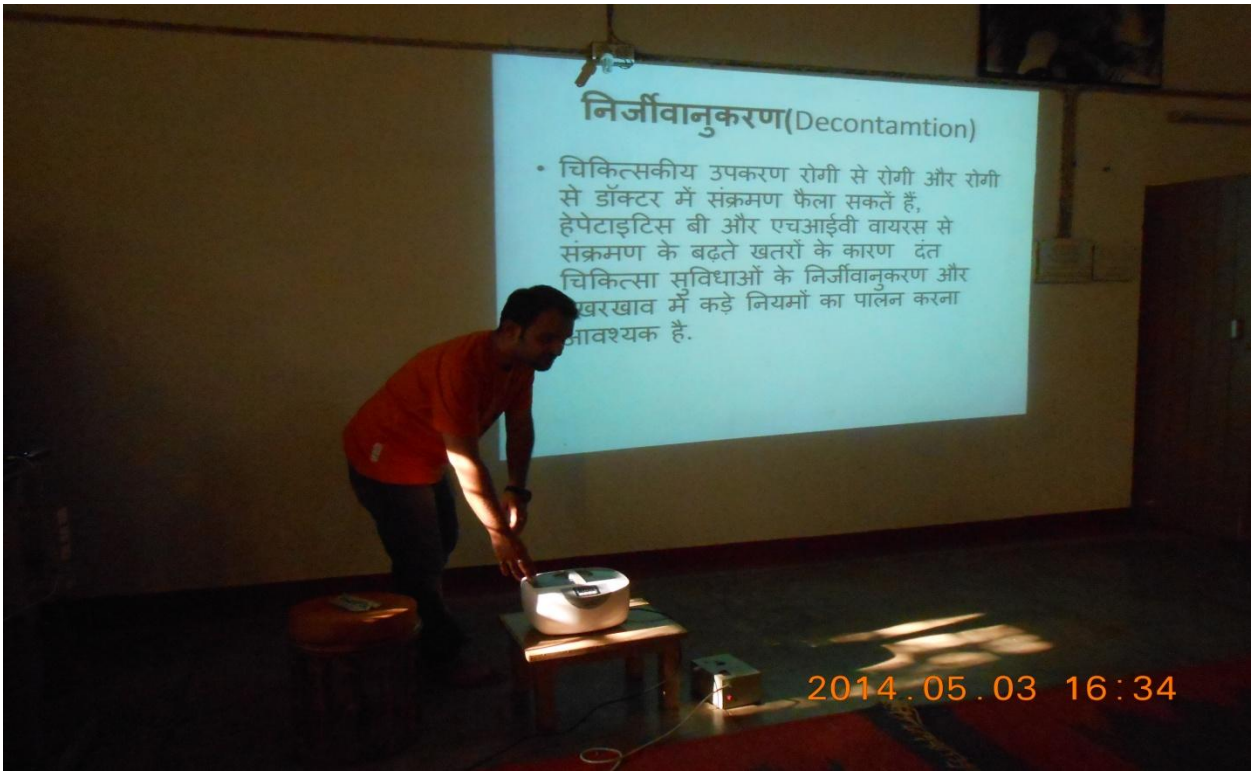
Sharamdhan Time

Mess



SEARCH Innovation "Breather"

Training by SEARCH



Nurses Training Program

Nurses attending training Program

Mobile Medical Unit

Health Education @MMU

Spine OPD

Nurses Attending Patients

Doctors Attending Patient

Pharmacy

Pharmacist at work during camps

Dental OPD

Tobacco evaluation Program

De-addiction Program

Overview of activities performed During Summer Training

A) Departments Visited

Ma Danteshwari hospital (All Departments including Ma Danteshwari Temple)

Administration Dept. (Andumber)

Library (Vinoba Bhawan)

Mess (Moha Mauli)

Seminar Hall (Eklavya)

Prayer Hall (Pimpal)

Research Wing (Carl E. Taylor)

Mobile medical Units and Department (FIrte Rughnalaya)

Adolescent Health Department (Vyasanamukyi)

De-Addiction Department (Vyasanamukti)

Tribal Health Department (Asiwasi Vibhag)

Residential Cottages

B) Filed Visits -

Date	Village/Block	Activity
12.04.2014 to 14.04.2014	Hemalkasa	Meeting With Padmashree Dr.Prakash Amte and others doctors at Tribal Hospital In Hemalkasa .

16/4/2014	1.Mahavada 2.Chatgav-Atwari Market	Accompanied Mobile Medical Unit.
19/4/2014	1.Kharkhali 2.Marekgav	Accompanied Mobile Medical Unit.
23/4/2014	1.Yerandi 2.Mujalgondi	Accompanied Mobile Medical Unit.
05/5/2014	Ambeshivni Block (3 Villages)	Data collection For Tobacco Evaluation Project (Questionnaire)
06/5/2014	Ambeshivni Block (3 Villages)	Data collection For Tobacco Evaluation Project (Questionnaire)
07/5/2014	Gadchiroli block (3 Villages)	Data collection For Tobacco Evaluation Project (Informal Group Discussion)
08/5/2014	Gadchiroli block (3 Villages)	Data collection For Tobacco Evaluation Project (Informal Group Discussion)
09/5/2014	Chamorshi Block (3 Villages)	Data collection For Tobacco Evaluation Project (Informal Group Discussion)
10/5/2014	Chamorshi Block (3 Villages)	Data collection For Tobacco Evaluation Project (Informal Group Discussion)

Camps Attended -

Date	Camp	Work Done
09/4/2014	Dental Camp	Assisted Dental Team

25/4/2014 To 26/4/2014	Surgery Camp	Helped In overall management
28/4/2014	Spine OPD	Photographs Taken
14/5/2014	Dental Camp	Overall in charge of Dental Camp

Projects Done-

Date	Projects
31st-March,2014 to 15th-April,2014	To implement various acts for smooth functioning of MA Danteshwari Hospital A)Bombay Nursing Home Act, 1949 B)Clinical Establishment Act, 2010 1) Clinical Establishment Act, Hospital 2) Clinical Establishment Act, Dental Center 3) Clinical Establishment Act, Laboratory c) Registration of Birth and Deaths Act, 1969 [Amended in 2004] d) Indian Nursing Council Act 1947
16th-April,2014 to 30th-April,2014	To Prepare Manual on infection control in dental practice and basic Instrumentation.
1st-May,2014 to 09th-May,2014	To Conduct Training of Nurses On Topic "infection control in dental practice and basic Instrumentation"
1st-May,2014 to 09th-May,2014	Evaluation of Tobacco De-addiction Program

Participation in Day to Day activities of the organization –

Daily Evening Prayers

Shramdaan (Every Wednesday and Saturday)

Journal Club Presentations (Every Thursday)

Research Club Presentation (Every Friday)

Kriti Club (Every Saturday)

Persons Met -

1. Dr.Abhay Bang and Dr.Rani Bang (Naina & Amma) (Founders)
2. Dr.Yogeshwar Kalkonde (Guide)
3. Dr. Sindhu Nila (Co-Guide)
4. Doctors working in SEARCH Hospital
5. Research officers working in SEARCH-Research Wing
6. Filed officers of SEARCH
7. Danteshwari Sewaks ,Muktidoot ,sahayaghoni and Arogyadoot (First-Line ground force of SEARCH working with the community)
8. Intern Coordinator and Admin Staff working in SEARCH
9. Guests-Public Health Professionals visting SEARCH
10. Padmashree Dr.Prakash Amte, all the doctors working at the Tribal Hospital at Lok Biradari Prskalp, Hemalkasa
11. Various Doctors who visited SEARCH during Surgery and Spine OPD Camp
12. Dental Doctors and interns From Government Dental Collage

Presentations made-

-Presentation on Cost effective analysis and Unit cost estimation in Research Club on 26th May 2014

-'Presentation of Summer Training Report 'on 15th May 2014.

Person Reported to-

1. Dr.Yogesh KalKonde

Senior Research Consultant (Search)

2. Mrs.Sindhu Nila

Research Consultant (Search)

Findings Presented to –

Dr.Yogesh Kalkonde and Heads of various Departments

Videos

During Training of nurses, we recorded various videos to explain then various techniques of sterilization and disinfection .All the videos are available on my you tube channel.

https://www.youtube.com/channel/UCNsrsBpr2_mHCb8KyK2WaBQ