



Mahatma Gandhi Institute of Medical Sciences, Sewagram

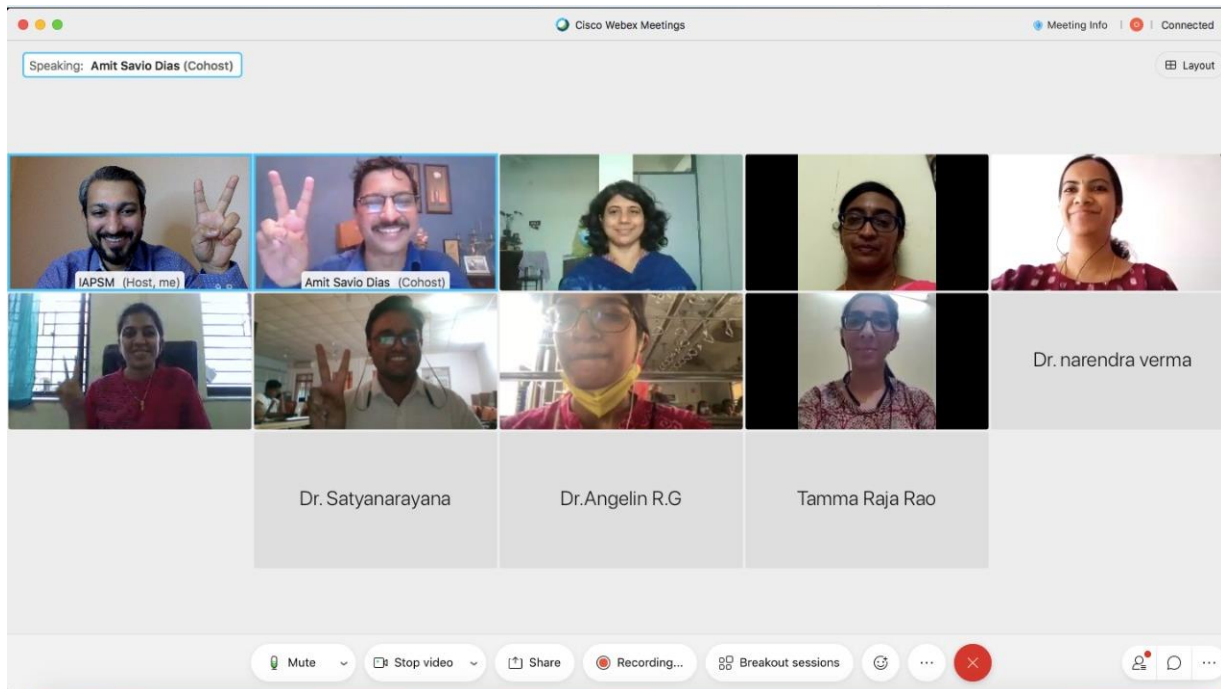
IAPSM National Youth Conclave March 2021

Report of Pre-conclave Workshops

1) Leadership in integrated care of elderly

The pre conclave workshop for "Leadership in integrated care of elderly" was organized at IAPSM National Youth Conclave 2021 on 25th March 2021 from 2.00 pm to 5.00 pm virtually on Webex platform. Resource persons were Dr Amit Dias, Epidemiologist and Geriatrician, Asst Prof, Community Medicine, Goa Medical College, Dr Archisman Mohapatra, Executive Director, The GRID council, India and Dr Ranjan Solanki, Associate Professor, Department of Community Medicine, AIIMS, Nagpur. 19 delegates participated in the workshop. The workshop began by welcoming all the participants and resource persons by Dr Ashwini Kalantri.

Dr Ashwini Introduced the resource persons to all the participants. After that, Dr Archisman asked all participants their expectations from the workshop. This was followed by Dr Amit discussing the physiological and psychological changes in old age and his work on dementia. He also talked about government strategies for the elderly people. Dr Ranjan Solanki discussed about elderly abuse and the generation gap and the strategies to bridge this gap. Then Dr Archisman talked about the elements of integrated geriatric care and group work exercises given to the participants on geriatric depression. After that, Dr Ranjan talked about graceful aging. This was followed by a question and answer session where a few participants raised their doubts and those were addressed by the resource persons. At last, Dr Ashwini Kalantri concluded the workshop with a vote of thanks to all resource persons and participants.



2) Digital innovations for Public Health: Developing Apps without Coding

The pre-conclave workshop on the theme “Digital innovations for Public Health: Developing Apps without Coding” was organized at IAPSM National Youth Conclave 2021 on 22nd March 2021. Total 114 delegates participated in the workshop. Dr Sharon Baisil, Assistant Professor, Department of Community Medicine, MOSC Medical College, Kolenchery was the resource person for the workshop. At the outset, Dr Anuj Mundra welcomed all the participants for the workshop and introduced Dr Sharon Baisil.

Dr Sharon Baisil began the workshop by busting the myths regarding developing apps. He also informed that these apps if found useful by the users can also become a source of income for the developer. Then, he talked about various softwares which can be used to develop various apps. After that, he talked about the difficulties in developing various apps. Then, he explained various steps and processes of developing apps. After that, he talked about different case studies and examples of developing various apps. At last, Dr Anuj Mundra thanked all the participants and resource persons for giving their valuable time.

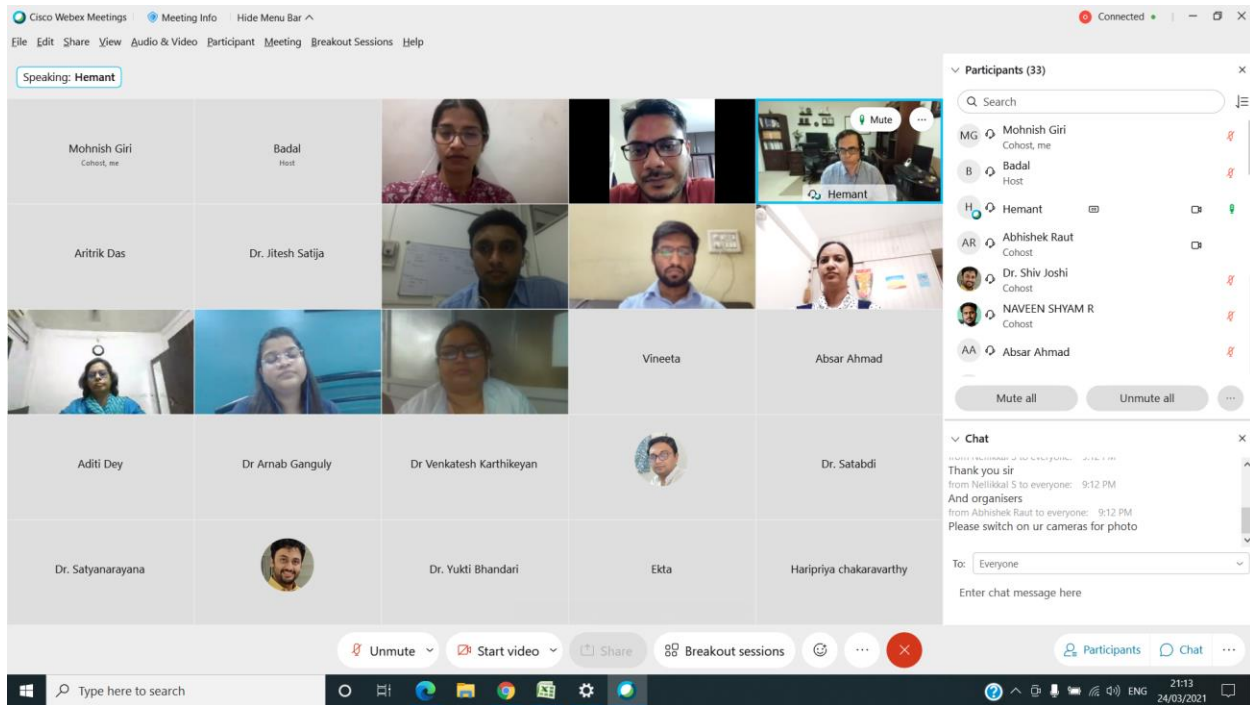
The image displays a Cisco Webex meeting interface. The top portion features a grid of 20 video thumbnails of participants. A presentation slide titled "IAPSMYC 2021 CREATING APPS WITHOUT CODING Dr SHARON BAISIL" is visible in the top right corner. The bottom portion shows a larger view of the same presentation slide. On the right side, a "Participants (27)" list is displayed, showing names and status icons. Meeting controls like "Unmute", "Stop video", and "Share" are visible at the bottom.

3) Artificial Intelligence in Indian Public Health Scenario

Date : 24 Mar 2021, (number of delegates-37)

Resource person : Dr Hemant Kulkarni, Chief Executive Officer, M&H Research, LLC, San Antonio, Texas, USA and President, Lata Medical Research Foundation, Nagpur, India

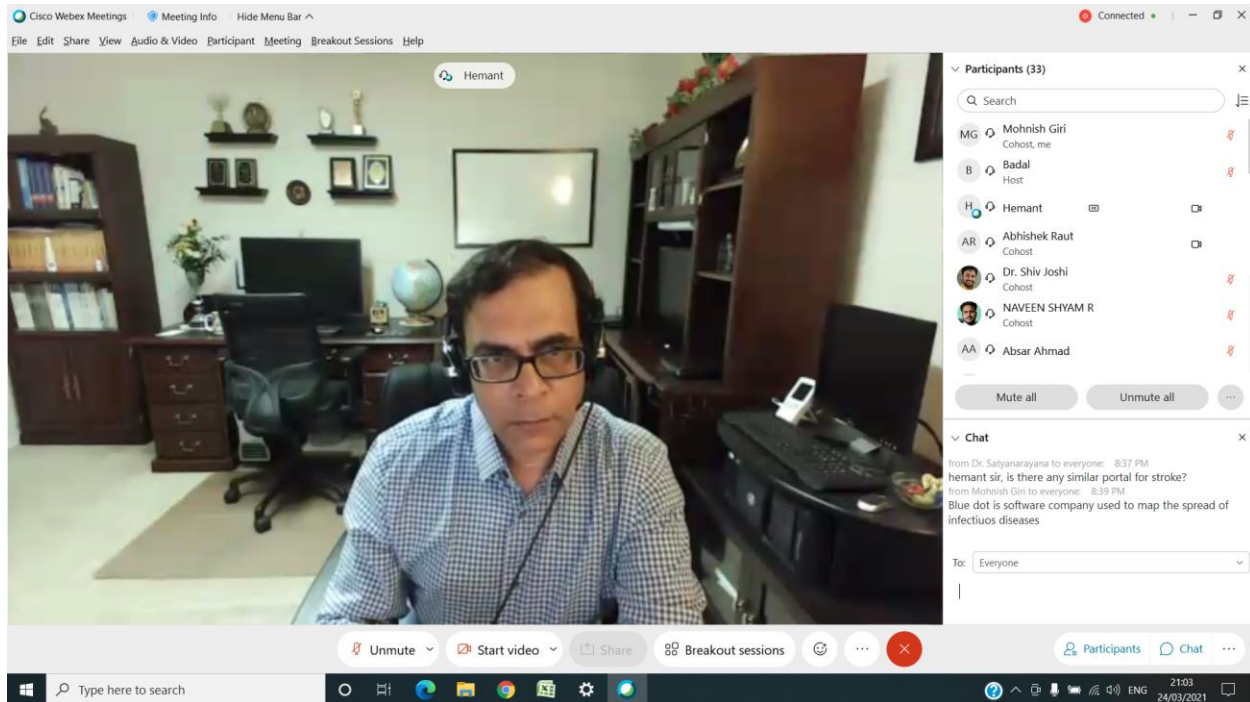
Dr Hemant Kulkarni resource person gave emphasis on the guiding principles for the use of Artificial Intelligence for Public Health (AI4PH) interventions. The use of Artificial Intelligence (AI) in public health must be guided by superior technical and ethical considerations aimed to mitigate ethical risk in public health and related policy interventions, reflected in the following guiding principles. People-centered. Actions and solutions must be people centered and not be used solely by itself. As one of many technologies to aid public health AI should respect the rights of the individual. Ethically grounded. Discussions, developments, and implementation must be grounded in the globally-agreed ethical principles of human dignity, beneficence, no maleficence and justice. Demonstrates scientific integrity. AI interventions followed scientific best practice including being reliable, reproducible, fair, honest, and accountable.



Dr Hemant Kulkarni gives the information of components and subfields of artificial intelligence. Machine learning was the process of applying training-data to a "learning algorithm." The algorithm generates a set of rules, based on identified data patterns. These rules could then be used to classify new data or predict future data. By using different training-data, the same learning algorithm could be used to generate different models. Cognitive search is used in AI solutions (such as machine learning and NLP) to incorporate and understand digital content from many different types of sources, such as text, images, video and machine data. Artificial intelligence used in identifying changes in the ECG. The goal was to improve the relevance of the results generated from a user search. Dr Hemant also discussed that

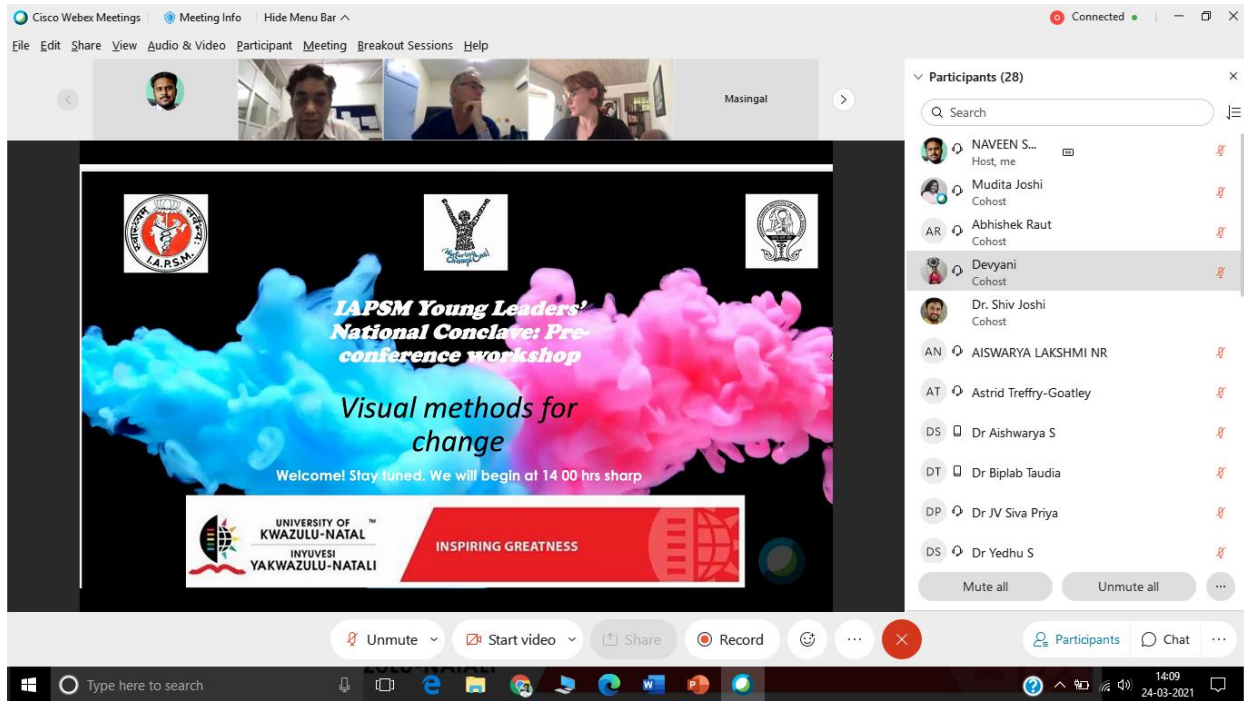
Virtual agents (chatbots) are also known as “conversational agents”. These were software applications that mimic written or spoken human speech to simulate a conversation or interaction with a real person. For example, Chatbox as a health assistant can be used in mental health. Chatbox can be used to counsel the patient about their mental health.

Case studies along with examples of the chatbots were discussed about the impact of artificial intelligence on health.

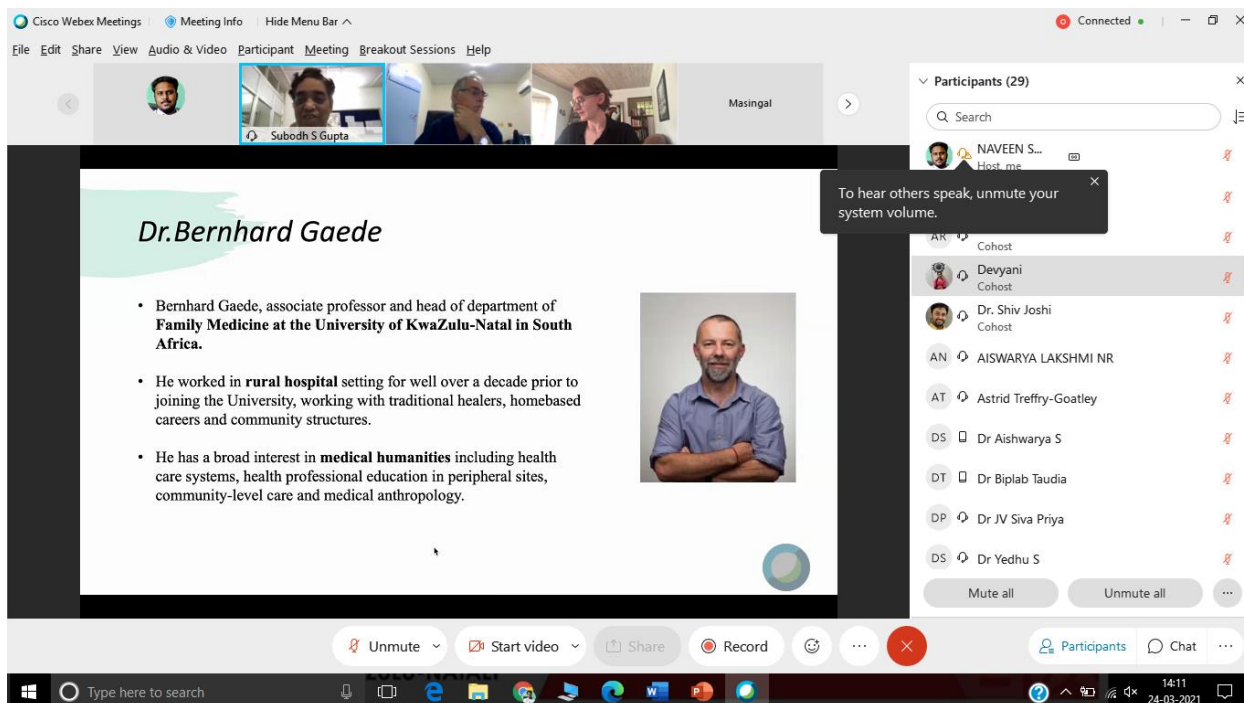


4). Visual methods for change

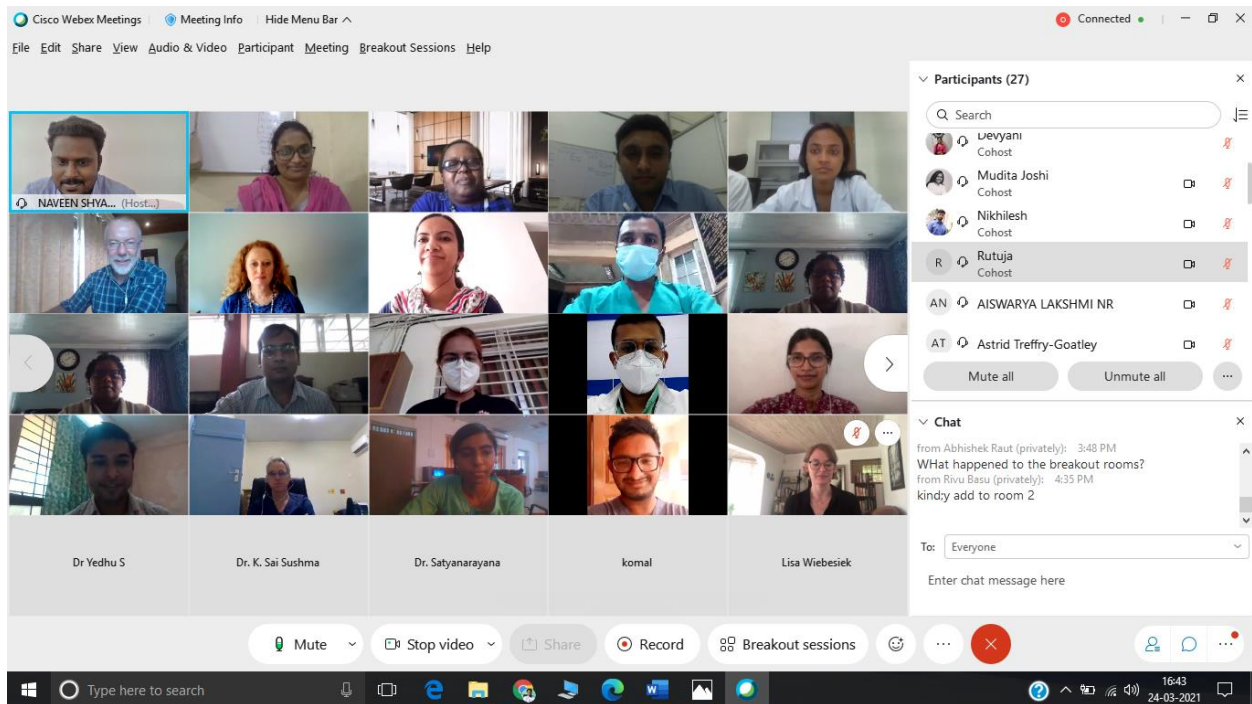
The pre-conference workshop on visual methods for change was organized along with the University of KwaZulu-Natal in South Africa. The workshop started with the introduction of the resource persons by Dr Subodh Gupta sir. The main two chairpersons were Dr Bernhard Gaede, associate professor and head of department of Family Medicine at the University of KwaZulu-Natal in South Africa along with Dr Relebohile Moletsane, professor and the JL Dube Chair in Rural Education in the School of Education and Pro-Vice Chancellor: Social Cohesion at the University of KwaZulu-Natal in South Africa. They both have a team of four members each.



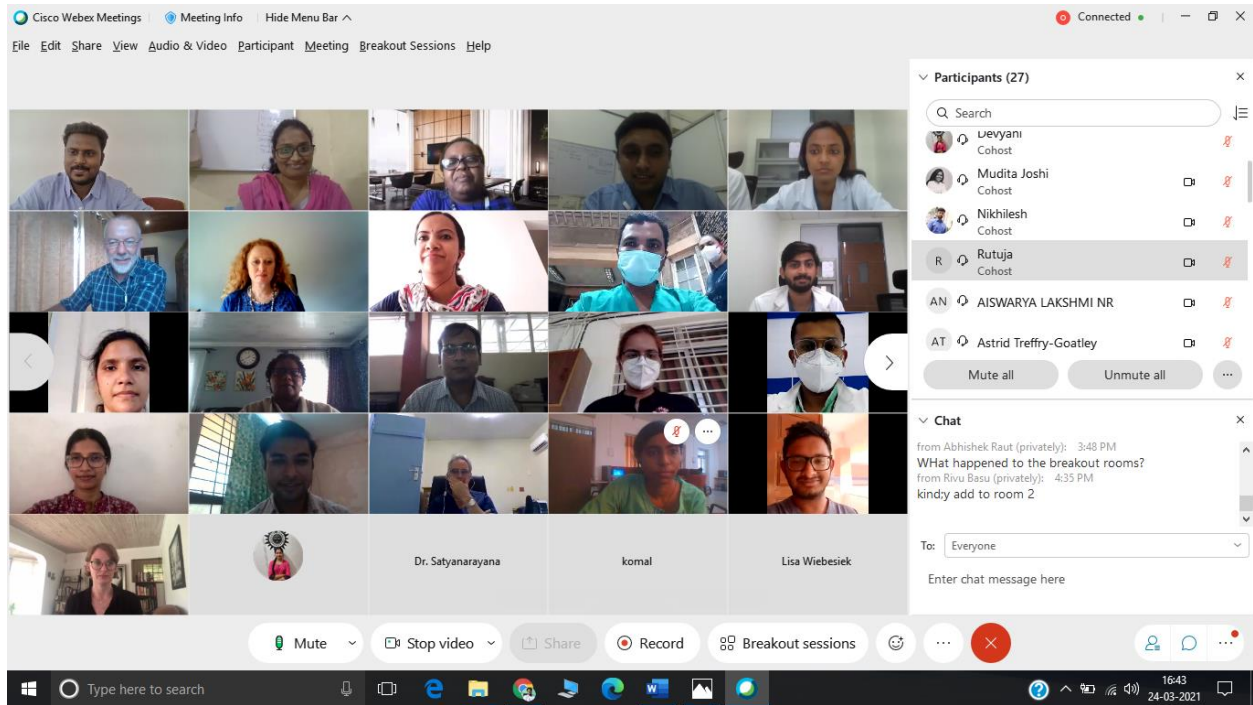
Dr Bernhard gave an introduction about different aspects of visual methods in research and introduced the whole team. They started with breakout rooms with 4-5 participants along with one of their coordinators in each. Every participant came up with a picture clicked by themselves relevant to public health. There was a short discussion over the same and the pros and cons from the pictures were finalized and presented in the main room of the session. The speakers then gave an insight upon an ideal visualization focusing on the quality of data that could be observed from a visualization.



Dr Relebohile Moletsane, took a session on participatory research, meaning and importance. She specifically spoke about the participatory visual methods in research with an example of a PVM method used during the AIDS death since 1988.



The speakers also emphasized on “what counts as data” from the PVM. They also gave insights on how to get going among the community using VM in research and discussed handling the ethical issues in the same. And also mentioning the issues to be considered. The final breakout rooms were made to discuss different photos in different groups to come up with the interpretation from those photos and the actual elicitation. Post breakout room session the workshop was wrapped with a note of thanks to the speakers by DrAbhishek Raut sir.



5). Most significant change - impact evaluation beyond numbers

The key Resource persons for this workshop were Mr. Anindo Banerjee, Praxis India - Institute for Participatory Practices, Miss. Shilpi, Praxis India - Institute for Participatory Practices.

The session started with the introduction to Participatory monitoring and evaluation. The steps and process undertaking MSC discussed. After which the breakout rooms were made. Each breakout room was given case study. The case studies were discussed in detail in each room and came up with points for discussion in the main group.



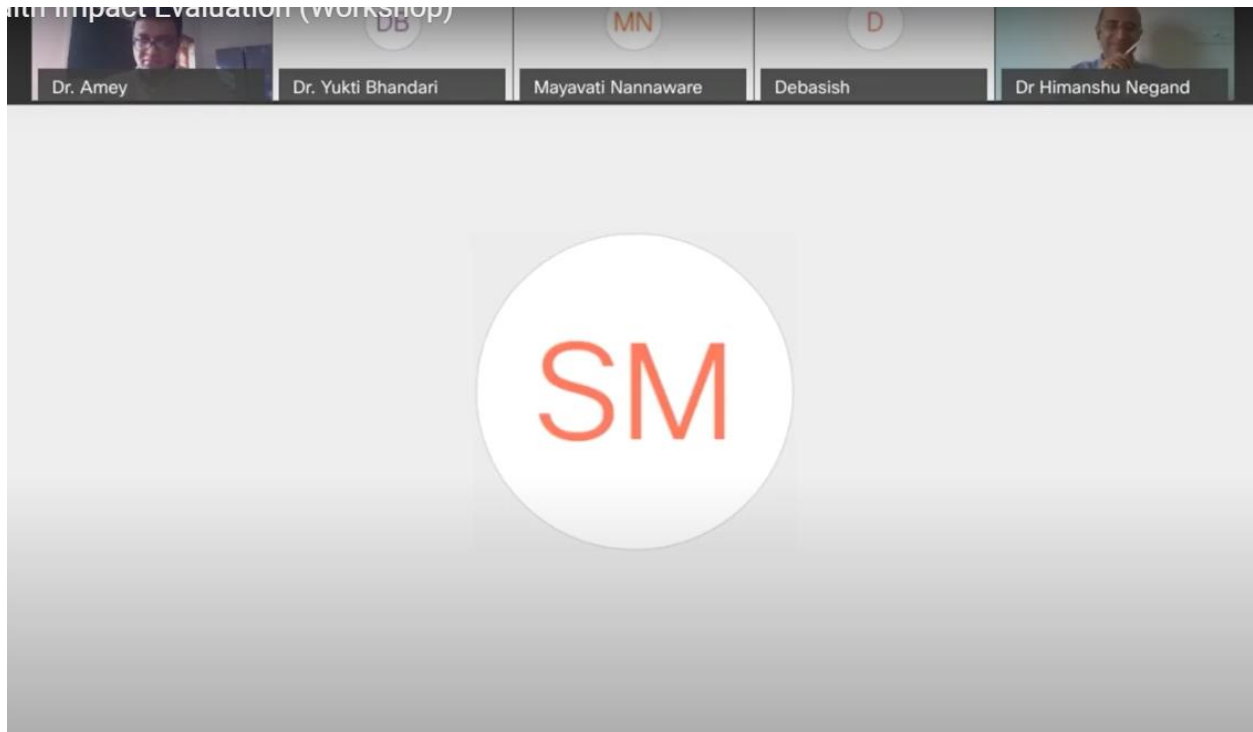
The overview of the MSC was given by the resource persons and the steps for implementing an MSC was discussed. Facilitating an MSC process of generating stories was a part of the session emphasising on good and bad facilitator

Then there was a group activity with each group study in the respective rooms and were asked to come up with the findings. The breakout rooms were closed and the final validation of the stories and findings were discussed.

6). Health Impact Evaluation

The resource person for this workshop was Dr Himanshu Negandhi, Additional Professor, Indian Institute of Public Health – Delhi, Public Health Foundation of India. The session started with the introduction of the key person and the importance of health impact evaluation.

The session was started with the philosophy for health impact evaluation and the need for the same. The discussion was upon the types of information and the types of evaluation needed for the respective information. The logical framework of a program was given to all for better understanding for the evaluation of the same.



The different methods that could be used for HIE was specified by the speakers. The process of each was discussed in detail. The reporting and advocacy of the HIE was represented in a framework pattern.

The case studies along with examples were discussed for further understanding of the process of health impact evaluation.

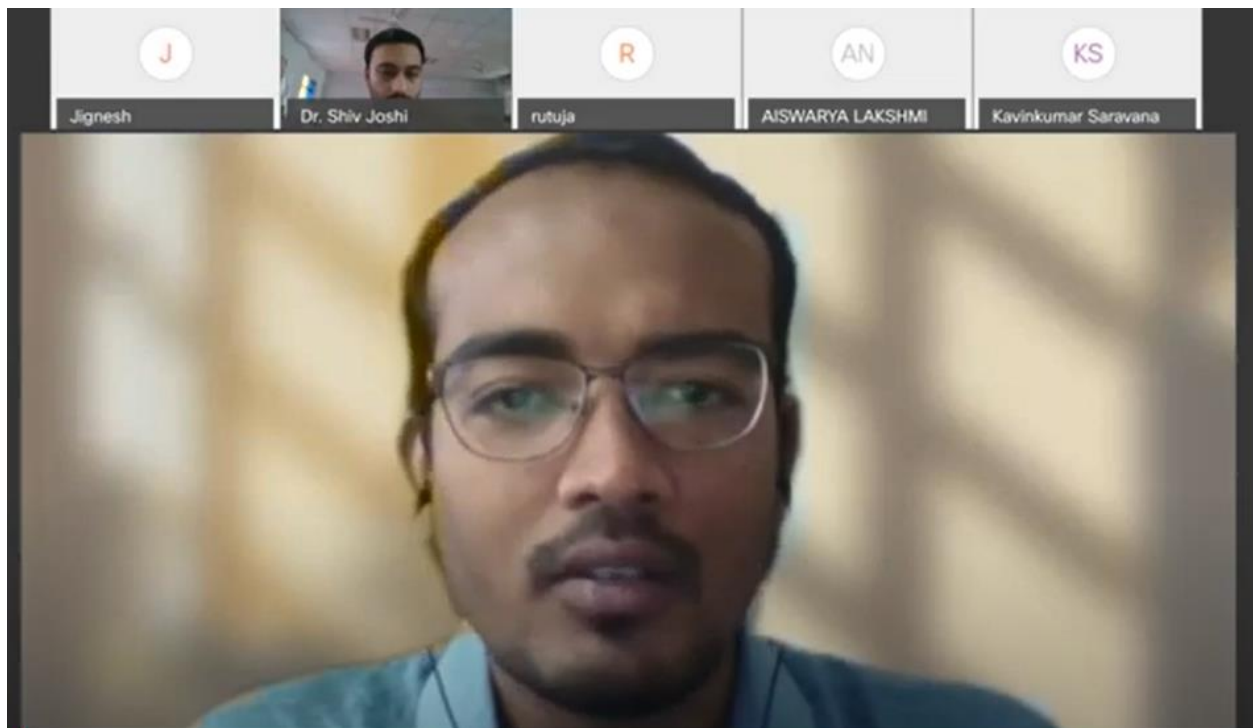
A screenshot of a video player showing a presentation slide. The slide has a blue background with white text. The title is "Consider for evaluation design: II. Selection into the program". The content includes two bullet points under "Two usual features," and two bullet points under "Therefore, there are two selection processes:". The video player interface shows a progress bar at the bottom with a timestamp of 1:25:25 / 3:19:08. A small video thumbnail of Dr. Himanshu Negandhi is visible in the top right corner of the slide area.

7). Social Return on investment (SRoI)

Resource person : Mr. Jignesh Thakkar,

Associate Director, KPMG in India and First Accredited SROI Social value trainer, Practitioner in India

The session started with the framework of Social Return on Investment (SRoI). It was a framework that helps organizations measure and account for much broader concepts of value. SROI is a tool for measuring the total value generated for every rupee invested in development sector interventions. The SRoI framework helps measure change in ways that are relevant to the people or organizations that experience or contribute to it. It told the story of how change is being created by measuring social, environmental and economic outcomes, and used monetary values to represent them. This story enabled organizations to calculate a cost-benefit ratio. Mr. Jignesh Thakkar elaborated about the two types of Social return on investment. Evaluative SRoI was Conducted retrospectively and based on actual outcomes that have already taken place. Evaluative SRoI was useful post implementation of projects. Forecasted SRoI predicted how much social value will be created if the activities meet their intended outcomes. Forecasted SRoI was useful during the project planning stage.



Mr. Jignesh Thakkar emphasis on stages of SRoI Establishing scope and identifying key stakeholders, Mapping outcomes, Evidencing outcomes and giving them a value, Establishing impact, Calculating the SRoI, Reporting, using and embedding results were the six stages of SRoI Analysis. SRoI helped to improve the services by Providing guidance for strategic discussions and help you to assess and increase

the social value a CSR activity creates or the potential to create a social value. Demonstrating the importance of working with other organizations and people contributing to creating change.

8). Systematic Review and Meta-analyses

The workshop on “Systematic Review and Meta-analyses” was held on 25/03/2021 via virtual mode. Total 122 delegates participated in the workshop. Dr (Prof) Prathap Tharyan, Ex-Director South Asian Cochrane Center, Ex-Professor of Psychiatry Christian Medical College (CMC), Vellore and Mr Richard Kirubakaran, Research Scientist at Prof BV Moses centre for evidence informed Healthcare and Health Policy, Christian Medical College (CMC), Vellore were resource persons.

At the outset, Dr Abhishek Raut welcomed all the participants and gave introduction of both the resource persons. After that, Dr (Prof) Prathap Tharyan began his session with an overview of systematic review and meta analysis. Then he talked about what are the steps of doing systematic review and meta-analysis. He discussed evidence informed health care. Then he explained various examples of systematic review and meta-analysis. Mr. Richard talked about stages of systematic review. He also discussed a few case scenarios. Later on, Mr. Richard explained how to do meta- analysis using Jamovi software. At the end, he answered queries asked by participants.

Systematic Reviews and Meta analysis (Workshop)

MEASUREMENTS ON DIFFERENT SCALES

COMPARING MENTAL STATE AT 12 MONTHS BETWEEN ASSERTIVE COMMUNITY TREATMENT AND STANDARD CARE

Trial	ACT		Standard care		Assessment scale
	N	mean (SD)	N	mean (SD)	
Audini	30	41.4 (14.0)	28	42.3 (12.4)	Brief psychiatric rating scale
Morse	37	0.95 (0.76)	35	0.89 (0.65)	Brief symptom inventory
Lehman	67	4.10 (0.83)	58	3.80 (0.87)	Colorado symptom index*

*High scores on the Colorado symptom index indicate good outcomes, while high scores on the others are poor outcomes

9). Public Health Data Visualisation forBeginners using R

The workshop on “Public Health Data Visualisation forBeginners using R” was held on 23/03/2021 via virtual mode. Total 30 delegates participated in the workshop. Dr Abhijit Pakhare, Associate Professor of

Community Medicine, AIIMS, Bhopal and Dr Ashwini Kalantri, Associate Professor of Community Medicine, MGIMS, Sevagram were resource persons.

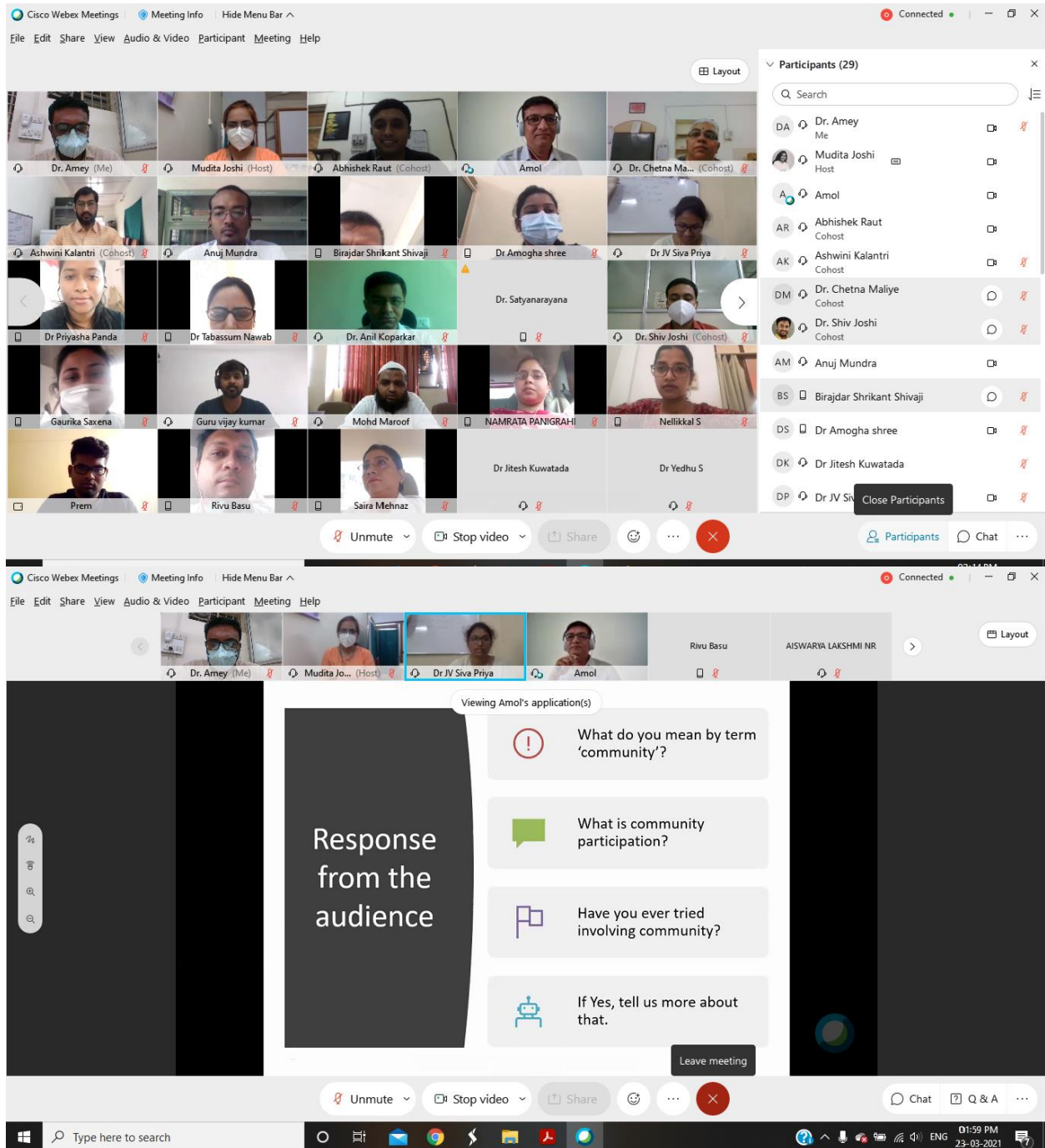
Dr Ashwini Kalantari welcomed all the participants and gave the introduction of the resource person. Session started with the topic of fundamentals of Data Visualization. Grammar of graphics, Mapping of data. Dr Abhijit Pakhare taught how to make Scatter plot using data from infant mortality and GDP Per Capita. Dr Abhijit elaborated about Visual vocabulary topic and how to make bar chart and Line diagram. Basic use of ggplot, adding data labels, using the color aesthetics as parameters, changing themes were the task for the delegates as beginner exercise for public health data visualization.

10). Participation Action Research

Workshop on "Participatory Action Research" was held on 22/03/2021 (online mode). Total 20 delegates participated in the workshop where our resource person was Dr Amol Dongre (Head, Department of extension program, Professor in Community Medicine and medical education at Prammukhswami Medical College, Gujrat.)

Dr Chetna Maliye welcomed all the participants and the resource person for the brief introduction. She also introduced the MMC observer for the event Dr Ashok Mahendale. The session was initiated after a brief introduction about what research is, its purpose and uses. He shared a basic outline of how the flow of research usually is, different research designs and how we proceed during the flow. Further he oriented the participants on the perspective of research and to highlight its importance, he showed a video "Whose reality counts?" and asked for our opinion and interpretation. There was a discussion on the importance of advocacy and participation of the community in research. The participants were further told the difference between PRA and PAR methods. An example of Yellagiri School Health Project was also discussed by Dr Amol.

Dr Amol also explained the different PAR methods in greater detail. He also mentioned that people are creative and capable, they can do situation analysis and planning, outsiders have the role of facilitators and that the weak should be empowered in order to make the research a successful one. After this the facilitator also talked about the challenges in PAR. This was followed by a question and answer round for the participants and the session was concluded.



11). Operational research:

This workshop on “Operational research” was moderated by Dr Arjunkumar Jakasania along with Dr Anuj Mundra and they welcomed all the delegates and introduced the resource person for the session Dr Hemant Shewade (Senior fellow, Operational research, the Union) and Dr Ajay kumar Madhugiri Venkatachalaih (Director at Center for operational research, The Union, Paris, France).

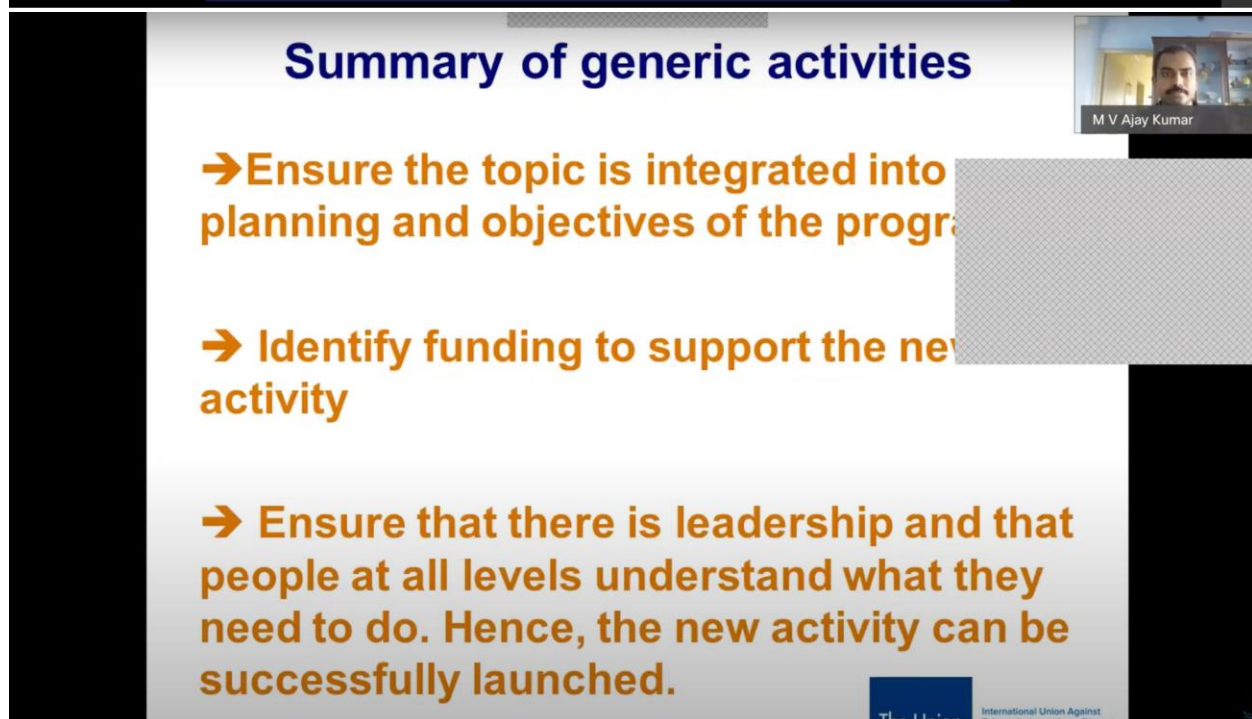
During the workshop, there was an initial introduction to operational research, why is it important to do Operational research and outline of how it is done. Dr Hemant further elaborated on the objectives of conducting operational research. The participants were further informed about the two approaches of doing operational research, these being secondary data analysis and primary Medical Research. The workshop incorporated an in depth session on components of primary Medical operational research- exploratory diagnostic study, interventions study, economic analysis and monitoring and evaluation. There was intermittent sessions of question and answers with the participants and the resource people.



2. Partnerships

- ⇒ Tendency to outsource research to academic institutions (annexed sites)
- ⇒ Research findings dumped on busy programme managers (implementation not a mandate)
- Paradigm shift : a “partnership model” that promotes better *involvement, co-ownership* and *responsibility* of programme staff with researchers
- Thus, build funding and resources for operational research into a national programme
 - Foreign institutions have funding, time and mandate for research and the associated power of decisions

HS
Hemant Shewade



Summary of generic activities

- Ensure the topic is integrated into planning and objectives of the programme
- Identify funding to support the new activity
- Ensure that there is leadership and that people at all levels understand what they need to do. Hence, the new activity can be successfully launched.

M V Ajay Kumar

The Union
International Union Against Tuberculosis and Lung Disease

12). Taking health innovations to scale

The workshop on "Taking health innovations to scale" was taken by Dr Subodh Gupta (Head, Department of Community Medicine, MGIMS, Sewagram), Dr Prakash Doke (Professor, DCM, BVDU Medical College, Pune) and Dr Prasanta Tripathi (Secretary and Director of EKJUT NGO). The session started after introduction of our resource people.

At the beginning, Dr Prasanta shared his story from EKJUT - scaling PLA to survive thrive and transform. He stressed the importance of advocacy in public health and what impact EKJUT advocacy had. This was followed by discussion on the AARAMBH model from Sewagram. This was narrated by Dr Subodh. He shared the journey of AARAMBH from the beginning and how it was scaled up to its current position. He also stressed on the pillars of AARAMBH- customized messaging, peer learning, Community norm building and opportunities at health facilities. Dr Subodh also discussed the learnings from this model. This was followed by discussion on the third model by Dr Prakash Doke. A general discussion on how to scale up a model was conducted by the resource people. Enables, key factors and challenges were discussed about the three models followed by question answers round.



EKJUT - (Together building healthier communities)
Dr P K Tripathy



Workshop on 'Taking health innovations to scale'
Scaling PLA for SURVIVE, THRIVE & TRANSFORM

