LEARNING AIDS TO CM 2.1

Use Village Health Register data prepared by ASHA

Resource: Lal S, Adarsh, Pankaj. Chapter 2: Relationship of Social and Behavioral Sciences (humanities) to Health and Disease. In *Textbook of Community Medicine*, 8th ed. CBS Publishers & Distributors Pvt. Ltd., New Delhi, pages 49–52.

Topic: Study of Humanities and Social Sciences – related to CM 2.1

Learning Objective: To learn human behaviors, human interactions and interrelationships, communication skills, socioeconomic framework and cultural patterns, community organization, leadership pattern, power structure, community participation in health and development, health and communication needs and community diagnosis and therapy.

Name of the Activity

Maintain sustained contacts and interactions with rural/urban slum community throughout the course curriculum of three years at regular interval of one month, as people are the most important human resources in an organisation.

- Learner performs demographic assessment, clinico-sociocultural profile of community (village/urban ward) from compiled data of household survey register of ASHA/ANM.

Components of the Activity: The Learner –

- Plans a visit to village/slum area adopted under FAP.
- Meets and greets community leaders respectfully, introduces himself and his institution and explains the purpose of visit/contacts.
- Undertakes transact walk along with local community members/health workers to map various resources, community dynamics and documents these in his logbook.
- Actively listens to the felt needs/health needs of the community-elected leaders (local self-government), informal leaders and NGOs.
- Prepares demographic and sociocultural profile of the community by collecting, compiling, and analyzing household survey data/village health register data of a sub-center area and prepares age and sex pyramid and interprets its implications on healthcare needs.
- Collects morbidity and mortality and fertility data of past one year of a sub-center area.
- Updates medical history, generates household survey health records and data to arrive at community diagnosis and therapy.
- Directly observes and classifies the health behaviors and practices of community into best practices, harmful practices, and harmless practices.
- Documents the health programs and primary healthcare services reaching the community by direct observation, history taking and review of health records.
- Attends VHSNC/UHSNC meeting and documents community participation in health and development/social determinants of health.
- Prepares a spot map of the village showing landmarks/institutions.

Assessment

- **Formative required—**logbook entries.
- **Summative required**—short answer questions and viva.

Reference: Lal S, Adarsh, Pankaj. Chapter 2: Relationship of social and behavioral sciences (humanities) to health and disease. In Textbook of Community Medicine, 8th ed. CBS Publishers & Distributors Pvt. Ltd., New Delhi, pages 35–37.

Competency addressed CM 2.1: Describe the steps and perform clinico-sociocultural and demographic assessment of individual, family and community.

Objective: To learn to assess community health problems and healthcare needs of community (felt health needs, real health needs and demands) and resources—"Knowing community you serve before knowing community medicine" is vital. Learn from them their health problems and ways of life.

Time allotted: First visit in First Prof MBBS—3 hours and repeat visits for longitudinal follow up thereafter till final Prof MBBS.

Name of the Activity

- Learner performs demographic assessment, clinico-sociocultural profile of community (village/urban ward) from compiled data of household survey register of ASHA/ANM.

Components of the Activity

- Mentor to prepare the area of visit well in advance.
- Learner plans, visits the village/urban ward community, where families have been adopted. He/she undertakes transact walk in the community along with local community leaders and health workers to directly observe the dynamics of social life of the community like access to community by all-weather roads, its topography, housing conditions, pavement of streets, source of drinking water, waste water, solid waste and garbage disposal, animal and human excreta disposal practices, schools, anganwadi centers, private practitioners and other amenities like marketing places, electricity, and religious organizations.
- Learner meets, greets and interacts with elected leaders, rural/urban local bodies, informal leaders, NGOs, and village health sanitation and nutrition committee members. He/she actively listens to their felt needs in general and health needs/demands in particular to assess healthcare needs.
- Learner collects compiled data of household survey register of ASHA/ANM and village register data. The learner prepares demographic profile and sociocultural attributes of village/urban ward/community and identifies target groups for services and interprets the data after quick analysis for action/decision.
- Learner prepares age and sex pyramid of the population.
- Learner prepares a spot map of the village (named as social mapping) depicting important landmarks—roads, schools, anganwadi, sub health center, drinking water source, etc.
- Learner collects data on births and deaths and recorded causes of deaths of subcenter population for the last one year from ANM and interprets it for healthcare needs of subcenter population.
- Learner attends meeting of VHSNC to assess community participation in social determinants of health..

Assessment

- **Formative required—**logbook entries.
- **Summative required—**short answer questions and viva.

Reference: Lal S, Adarsh, Pankaj. Chapter 2: Relationship of social and behavioral sciences (humanities) to health and disease. In Textbook of Community Medicine, 8th ed. CBS Publishers & Distributors Pvt. Ltd., New Delhi.

Frame for documentation of activities in the Logbook

Competency Number 2.1 **Name of Activity/ies**	**Date completed**	**Attempt at activity:** **First only (F)** **Repeat (R)** **Remedial (Re)**	**Rating:** **Below expectation (B)** **Meets expectation (M)** **Exceeds expectation (E)**	**Decision of Faculty:** **Completed (C)** **Repeat (R)** **Remedial (Re)**	**Initial of Faculty and date**	**Feedback received** **Yes/No** **Initial of learner**

Reflections of learner: Documents, narratives and skills acquired as a result of the activity performed.

Notes

Competency addressed CM 2.1: Describe the steps and perform demographic, and clinico-sociocultural profile of individual, and family.

Objective of this competency: To learn health status and healthcare needs of the individual and the family.

Time frame: First Prof MBBS—3 hours and longitudinal follow up of family cohort thereafter.

Learning Aids to CM 2.1: Village Health Register/Urban Ward Register of ASHA Family Folder/Household Survey details

Family/Household Empanelment no _____ Date of Empanelment _____

Name of Head of Family _____

Name of Father/Husband of Head of family _____

House No _____ Street/Mohalla _____

Family Ration Card _____ Green/Yellow/Pink _____ Income per year _____

Caste: General/OBC/BC/SC/Others _____ Religion _____

Household amenities: Type of house, availability of toilet, source of drinking water, cooking fuel used, electricity, etc. ___

_____

Total resident family members _____ Currently pregnant women _____ Eligible couples _____

Individual profile: If any

S.No.	Name of Individuals	Age* and Sex	Education	Occupation	Marital Status	Weight	Height	Disease**/ Disability*** if any
1								
2								
3								
4								
5								
6								
7								
8								

Age*: in completed years for adults and write date of birth of young children below 5 years
Disease**: Leprosy, Goitre IDD, TB, Sugar, BP, Mental disorder, Cancer, STD/STI, Any other
Disability***: Deaf, Dumb, Hand/Foot disability, Mental and others

On treatment: Yes/No. If Yes then: Govt./Private. If No Specify reason _____

_____

Demography of Household/Family								
Age in years	**0–1**	**1–5**	**5–10**	**10–19**	**15–49**	**30–65**	**60 +**	**Total Population**
Males								
Females								

Competency addressed CM 2.1: Describe the steps and perform clinico-sociocultural and demographic assessment of individual, and family.

Name of the Activity

- Faculty allocates the family/families to the learner with the help of ASHA/ANM/AWW.
- Learner plans a visit to the allotted family primed with briefs of visit (lecture discussion).
- Learner greets and interacts with family members builds rapport and introduces himself/herself and his/her institution to the family and explains the purpose of visit.
- Learner uses the same household survey format (attached herewith) as actually being used by ASHA to assess the demographic and clinico-sociocultural profile of individual and family.
- Learner line lists all the resident family members of the household in order of—oldest member first and youngest last and collects information of each family member.
- Learner observes the condition of the house, living rooms, flooring conditions and kitchen, etc. besides amenities available in the house.
- Learner observes and records—cattle sheds, animal wealth and environments in and around the household.
- Learner takes medical history from available household member to get information on any self-reported illness suffered and treatment history of illness by any member of the family in last 15 days or any other health event occurred in the family.
- Learner gathers information on life styles and carries out risk assessment to identify high risk persons for NCDs in the allotted family by using CBAC form and prevalence of any life style disease in the family members.
- Learner reviews health records available in the family to ascertain the illness suffered or preventive, promotive and curative health services utilized by the family members.
- Any health worker or ICDS AWW visited/contacted this family in the last 3 months.
- Learner sums up the healthcare needs, and health status or main concerns of the family based on demographic and sociocultural profile.

Criteria for successful completion of the activity

- Activity completed and documented in the logbook
- Summary of activity placed in the portfolio
- Documents, narratives of the visit and the skills acquired

Assessment

- **Formative required**—family study presentation.
- **Summative required**—short answer questions and viva.

Reference: Lal S, Adarsh, Pankaj. Chapter 2: Relationship of social and behavioral sciences (humanities) to health and disease. In Textbook of Community Medicine, 8th ed. CBS Publishers & Distributors Pvt. Ltd., New Delhi, pages 41–46.

Frame for documentation of activities in the Logbook

Competency Number 2.1 **Name of Activity/ies**	**Date completed**	**Attempt at activity:** **First only (F)** **Repeat (R)** **Remedial (Re)**	**Rating:** **Below expectation (B)** **Meets expectation (M)** **Exceeds expectation (E)**	**Decision of Faculty** **Completed (C)** **Repeat (R)** **Remedial (Re)**	**Initial of Faculty and date**	**Feedback received** **Yes/No** **Initial of learner**

Reflections of learner: Documents, narratives and skills acquired as a result of the activity performed.

Notes