

REPORT

13th Professional Development Course (PDC) in Management, Public Health and Health Sector Reforms for District Medical Officers

16th August to 23rd October, 2010

Supported by



Government of India

Ministry of Health and Family Welfare, GOI

Organised by



आरोग्यम् सुखसम्पदा

**National Institute of Health and Family Welfare
New Delhi-110067**

FOREWORD

Professional Development Course (PDC) in Management, Public Health & Health Sector Reforms for DMOs was 10 weeks flagship course of MOHFW started way back in 2001 by NIHFW. The objective was to enable the Senior District Medical Officers to handle the leadership role for strengthening the district health system through effective management of various systems and sub-systems under NRHM for effective delivery of health care. NIHFW is the Nodal Institute for this course in the country and as of now 1671 doctors have been trained in the country in collaboration with 17 training institutes. The Medical Officers have the key role in NRHM initiatives leading to fulfillment of decentralised NRHM targets and millennium development goals. The professional development of medical officers is crucial in order to upgrade and update their medical and managerial skills, so that they can facilitate optimisation of limited resources.

I hope the services of trained medical officers will be utilized by their respective states in carrying forward various initiatives introduced under NRHM.

I am very happy to present the report of the 13th Professional Development Course (PDC) which was successfully conducted at NIHFW from 16th August to 23rd October, 2010 with thirteen participants from 3 states. This report provides an overview of the conduct of the course.

I take this opportunity to thank the Ministry of Health and Family Welfare (MOHFW), Government of India (GOI) especially the Training Division of Delhi, Haryana and Uttarakhand for providing continuous support to the Institute for organizing this programme.

I extend my thanks to authorities of State Health Departments for nominating their officers for this training programme.

I appreciate the contribution of the Nodal Officer, Faculty Members, Research Staff and other supportive staff at NIHFW whose extensive efforts helped to successfully complete the course.

Director

ABBREVIATIONS

1.	PDC	Professional Development Course
2.	MOHFW	Ministry of Health and Family Welfare
3.	NIHFW	National Institute of Health & Family Welfare
4.	NRHM	National Rural Health Mission
5.	GOI	Government of India
6.	HIV	Human Immunodeficiency Virus
7.	AIDS	Acquired Immune Deficiency Syndrome
8.	PHC	Primary Health Centre
9.	CHC	Community Health Centre
10.	ICPD	International Conference on Population and Development
11.	IPHS	Indian Public Health Standards
12.	CMO	Chief Medical Officer
13.	PLA/PRA	Participatory Learning Action/ Participatory Rural Appraisal
14.	FGD	Focus Group Discussion
15.	ECTA	European Commission Technical Assistance
16.	ASCI	Administrative Staff College of India
17.	DHO	District Health Officer
18.	SIHFW	State Institute of Health & Family Welfare
19.	CTI	Collaborating Training Institute
20.	CHA	Community Health Administration
21.	IMR	Infant Mortality Rate
22.	MMR	Maternal Mortality Rate
23.	ASHA	Accredited Social Health Activist
24.	ANM	Auxiliary Nurse Midwife
25.	AWW	Anganwadi Worker
26.	PRI	Panchayati Raj Institution
27.	HMIS	Health Management Information System
28.	IEC/BCC	Information, Education, and Communication/ Behaviour Change Communication
29.	HRM	Human Resource Management
30.	NDC	National Documentation Centre
31.	VED Analysis	Vital, Essential and Desirable Analysis
32.	ABC Analysis	Activity-Based Costing Analysis
33.	FSN Analysis	Fast, Slow and Non-moving Analysis
34.	ISO	International Organization for Standardization
35.	SWOT	Strengths, Weaknesses, Opportunities, and Threats
36.	AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy
37.	IMNCI	Integrated Management of Neonatal and Childhood Illnesses
38.	FRU	First Referral Unit

39.	BEmOC	Basic Emergency Obstetric Care
40.	EmOC	Emergency Obstetric Care
41.	IDSP	Integrated Diseases Surveillance Project
42.	RCH	Reproductive Child Health
43.	NGO	Non Government Organization
44.	RTI	Right to Information
45.	ICTC	Integrated Counseling and Testing Centre
46.	CM&HO	Chief Medical & Health Officer
47.	NIPI	Norway India Partnership Initiative
48.	BPL	Below Poverty Line
49.	ICDS	Integrated Child Development Services
50.	CPA	Consumer Protection Act
51.	PNDT	Pre-Natal Diagnostic Techniques
52.	RKS	Rogi Kalyan Samiti
53.	RSBY	Rashtriya Swasthya Bima Yojana
54.	AHS	Annual Health Survey

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Background

Since independence in 1947, the pace of development in India has unequivocally registered commendable speed in a number of sectors including health. Efforts made by the Union and State Governments in response to the call “Health For All by 2000” emanating out of the historical Alma Ata conference in 1978, have resulted in considerable gains. A gross look at demographic and epidemiological features since then distinctly reflect successes in vital indicators viz. life expectancy at birth, crude birth rate, crude death rate, maternal/infant mortality rates, etc. In addition, these decades have also witnessed achievements like eradication of smallpox, diphtheria, tetanus, typhoid, cholera, and gastroenteritis, while prevalence and incidences of diseases like HIV, malaria, polio, and tuberculosis have declined considerably. Encouraged by the aforesaid achievements in the health sector, the country has set to herself ambitious goals to be achieved by 2015 that include eradication of Polio, Kala-azar while also aiming to achieve zero level incidence of HIV/AIDS by 2007. On the infrastructure front, the nation has created an impressive network of sub-centers, PHCs, CHCs, dispensaries and hospitals of various sizes to effectively implement the cherished goals as per the National Health Policy 2002 and NRHM. Taking clue from ICPD Cairo in 1994, the country responded to the need for paradigm shift in delivery of health care services which inter-alia aims at decentralization and devolution, outcome linked funding support, upgrading the infrastructure/workforce as per IPHS, community need-based planning, client-centered health care delivery, intersectoral-coordination and public-private partnership, which are the mandates under NRHM.

At the Government Health Sector, operationally, the Chief Medical Officers at the district level is nodal for delivery of services supported by Deputy CMOs and respective programme officers. Within a few years after induction into service, the prospective incumbents usually get promotion to higher berths but more often than not find themselves amidst administrative indecision. This is because of considerable lack of proficiency, related to management aspects of health care services like General Management, Human Resource Management, Financial Management, Materials Management, Disciplinary/Vigilance matters and more importantly the management of on-going projects related to health, which are not taught in the medical colleges. Besides skills like objective measurements of unmet needs in the communities through appropriate techniques like PLA, FGD and computer aided solutions for problems though necessary are not put into their training curriculum to enable that the overall return on investment in health sector becomes commensurate with inputs.

The Government of India in consultation with the respective State Governments started implementing the reform process within the country in a phased manner and towards capacity building of district level officers and now

also from the blocks as part of it. This was reinforced in a landmark national resolve, at the 8th conference of Central Council of Health and Family Welfare held in New Delhi (28th-29th August, 2003) where it was unanimously resolved that “the professional training of medical officers in 12-16 years service bracket in Public Health, Management and Health Sector Reforms, should be made a pre-requisite for promotion to CMOs/Civil Surgeons/Hospital Superintendents to equip them to handle their responsibilities better”.

NIHFW started the inaugural programme in 2001. During the pilot stages of the course at NIHFW, the European Commission Technical Assistance (ECTA) office engaged experts from Tata Institute of Social Sciences, Mumbai to evaluate the outcome of first 3 pilot courses conducted at NIHFW. The observations of the experts who conducted the evaluation, submitted to the Department of Family Welfare, Government of India vindicated the usefulness of the course while recommending certain marginal changes, which have been done.

Recently in 2008, the course was evaluated by the Administrative Staff College of India (ASCI) on the behest of MOHFW, GOI. The following observations, included in the report made by the participants of the course, are given below:-

1. The course was highly appreciated by participants from all the states.
2. Almost every participant of the PDC was of the view that the course has influenced him or her very positively and they wish that such an opportunity should have been given to them earlier in their career, since DHOs have serious managerial responsibility to perform in terms of managing human, material and infrastructure resources, and funds.
3. Some of the participants of the PDC believe that their newly acquired skills and knowledge have proven to be an irritant to their senior officers who have not had the benefit of the PDC training before assuming charge of the district and hence, training for all seniors at district level was essential.
4. The participants benefited from the programme both in terms of personal effectiveness as well as capacity building to contribute to the objectives of NRHM and National Health Policy.
5. The participants were very happy with the computer skills gained during the training.

Effectively the course has been rolled out to selected 17 regional training centers throughout the country and two more institutes (SIHFW-Rajasthan and SIHFW-Kerala) have also been identified as CTIs. In the coming years, senior

district/block level medical officers are expected to be trained to deliver services.

The Thirteenth PDC at NIHFV

The NIHFV's Core Committee for PDC, had serial consultations with a view to bring in necessary changes/improvement in the forthcoming 13th course, based on the academic expertise available within the Institute as also the collective feedback received from the participants of last course and the evaluation report of ASCI.

Based on the suggestions, the following changes were listed: -

- a). The course duration to remain 10 weeks.
- b). Time for some of the subjects to be further increased e.g. sessions on finance and programme management.
- c). Concentrated efforts for building skills in formulation of Action Plans related to NHRM at levels of districts/blocks/PHCs.
- d). Structured, multi-dimensional evaluation forms for the relevant features of the course.
- e). Field visits made more structured.

The Department of CHA as the nodal coordinating department, prepared the Introductory Document and made all other preparations for the course.

Course Contents

The course covers six main areas:

1. Management

- Basic Management Concepts - Functions and Principles
- Planning, Monitoring and Evaluation
- Human Resource Management
- Materials Management
- Office Procedures and Disciplinary Procedures
- Health Management Information System

2. Communication

- Organization Communication
- Communication with Community
- PLA Techniques

3. Public Health

- National Rural Health Mission (NRHM)
- Health and Demographic Indicators

- Principles of Epidemiology
- Surveillance of Diseases
- Epidemic and Disaster Management
- National Health Programmes
- Population/Health Policies and Acts.

4. Health Financing

- Basics of Health Economics
- Financial Management
- Alternative Financing Schemes
- Public-Private Partnership
- Health Insurance
- User Fee Systems

5. Health Sector Reform and Decentralization

- Rationale, implications, types and forms of decentralization
- Panchayati Raj
- India's Policy with Regard to Decentralization
- Dealing with Change
- Role of District Nodal Officers of NRHM

6. Computer

- Basic Operations of Computers
- Use of MS Word, MS Excel, Power Point and Internet
- Preparation of Action Plan on Computer

Aim of the Course

To improve the competencies of district based doctors enabling them to handle public health and managerial responsibilities and in turn improve the overall management of health services, and implement the health sector reforms.

Objectives

At the end of the course, the participants should be able to:

- Explain the existing status of policies, public health programmes and managerial practices in their district;
- Apply principles and techniques of health management and public health for effective delivery of health care under NRHM;
- Describe the components of health sector reforms and their implementation;

- Identify and implement the changes required in the district health system for instituting reforms as per NRHM;
- Prepare an Action Plan related to NRHM issues in their district; and
- Demonstrate adequate computer literacy required for day-to-day working and making presentations.

Welcome and Ice-Breaking

The 13th PDC started with the introduction of the participants and the coordinating team and Pre Course Evaluation of the participants. Participants were asked to write down their expectations, fears about the course. The expectations of the participants were to know the existing status of different government policies and programmes about quality of care, material, financial and human resource management, NRHM, health sector reforms, preparation of district action plans and computer skills. Expected fears of the participants were long sitting and being away from home for 10 weeks. The inaugural function was started with the welcome speech by Dr. J.K. Das, Dean of Studies, NIHFW, on behalf of the Director, NIHFW, who was out of country. Prof. M. Bhattacharya, Nodal Coordinator, PDC & HOD, Department of CHA, welcomed the participants and briefed about the course details. She elaborated the role of PDC; need of PDC for mid-level health managers/doctors to implement Public Health and National Health Programmes in health sector by taking new initiatives/options under the umbrella of NRHM. She emphasized on the unique design of the course to the trainees and thanked the sponsoring authorities for nominations. The audience comprised of Senior District Level Medical Officers from States of Haryana, Delhi, Uttaranchal, and all Faculty Members, Research Staff involved in this training course.

Sessions on Management

The class-room sessions started with ground rules based on common consensus. The management sessions dealt with all related aspects of service delivery management under NRHM. On day first the main proceedings of the course started with, exercise on reviewing the expectation and fears about the course. Participants were asked to write down their expectation and fears about the course. The expectations of the participants were to know the existing status of different government policies and programmes, about material, financial and human resource management, NRHM, Health sector Reforms, preparation of District Action Plans and computer skills. Expected fears of the participants were long sitting and being away from home for 10 weeks.

Session on Managerial Problem Identification and Prioritization was taken by Prof. M. Bhattacharya in which participants learnt how to start a training programme, expectation, doubts of trainees, design of training as per need, recognize the problem. In this session participant also learnt about the optimal uses of available resources, differences between the present situation and the expected situation, recognizing the problem and the steps for solving the problems.

The sessions on general management aspects including human resource aspects was started with an Organizational Behavioural Laboratory for Developing Self-Understanding and Awareness which was conducted for the whole day using innovative and modern HRM techniques. In this session, participants learnt about analysis of themselves, improve yourselves and set examples for others, who is a good leader, how to deal with different people. The associated faculty members impressed upon the participants of the course to keep their mind open throughout the 10 weeks tenure of the course in order to acquire knowledge and commensurate skills to handle the existing human resource pool available with them at their respective places of works, for maximizing the overall productivity. Subjects were covered as per schedule.

Session on overview of NRHM was taken by Prof. Deoki Nandan, Director (NIHFW), in which he explained the goals and strategies of NRHM i.e. (appointment of ASHA, capacity building of PRI, decentralized village and district level health plans, strengthening of Sub-Centers, PHC, and CHC, intersectoral coordination, Data based Planning, Monitoring and Evaluation) and approaches (communication, monitoring progress against standard, flexible financing, improve management through capacity building, innovation in human resource management) to operationalise the mission goals and problems in implementation. He described some good management and managerial practices existing at Agra and how these could be replicated at their own work places. The topics covered various aspects of management and emphasis was on problem identification and solutions.

The most important outcome of the sessions on Human Resource Management was planning of manpower, planning of organizational strategy, How to deal with human resource management, effective use of human resource, how to develop the competency level of the staff for performing tasks and effective use of human resources.

Main learnings of the session on Supportive Supervision were types of leadership, role and effectiveness, EQ, IQ, types of management, Managerial functions, positive attitude to make change, value system, methods of team building , types of leadership, motivation etc.

Dr. A.K. Sood spoke on Overview of Management in Health Sector process, function, and skills of management. He described about the styles of management, types of managers, organizations diagnosis.

Main learnings of the session on Motivation were work motivation and ways to motivate subordinates, how work motivation can be applied in a district health organization and how to create good environment in organization

The outcome of the session on Communication for Change were need for communication and methods of communication. These included process of communication, elements of communication, attributes of effective communication, scope and importance of communication in health.

In the session on Negotiation and Management of Conflicts, participants learned the need of negotiation, stages of negotiation, when to negotiate, how to negotiate, precondition of negotiation and conditions to carry out the negotiation. How to deal with conflict with in the organization, how to manage the different types of conflicts, consequences of conflict, effects of conflict and causes of conflicts. Participants learnt through exercise and role play.

The outcome of the session on Training Need Assessment and Training Technology were methods for assessing training need and conducting trainings in health sector.

In the session on Integrated Service Training Programme participants learned, importance of TNA Approach, to identify steps in TNA approach and use of the data generated from TNA.

Learnings of the subject on Management of Change in Health Sector was meaning of change, need for change in an organization, methods of change, implementing changes and barriers to change.

The outcome of the session on Strategic Communication Design for senior medical officers for delivering quality services were importance of strategic communication in health, team work, (SMCR) i.e. source, message, channel, receiver, situation analysis for effective communication.

Learnings of the subject on Managing Media and Public Relations were significance of managing media, methods for managing media, difference between print media & visual media and how to handle media in disaster situation.

In the session on Writing for Newspapers, participants learnt about how to deal with print media, press release, how to draft article for newspapers (precautions in writing), importance simple language, word limits in writing for newspapers.

The outcome of the session on District Communication Plan Communication Strategy for BCC was how messages of various health programmes under NRHM should be disseminated, major components of communication, process of BCC in health sector.

In the session on Communication Process, Scope, and Importance in Health, participants learned about the process of communication, scope of communication in health, importance of communication, methods of communication.

Learnings of the subject on Stress Management were methods and strategies for reducing stress (how to deal the stress in daily life).

In the session on Principles of PLA/PRA, participants learnt about principles, methods and techniques of PLA/PRA, concept of PLA/PRA, use of PLA/PRA for enhancing community participation.

A field visit of PLA (Participatory Learning Approach)/PRA (Participatory Rapid Appraisal) was organized headed by Dr. Y.L. Takhre at Motilal Nehru Camp, Munirka, New Delhi where participants were divided into three groups, Ganga, Yamuna, Saraswati. Different works were allotted to each group i.e. body mapping, FGD, old age problems, immunization of children, family planning programmes, water sanitation and vector born diseases. After completion of task participants came back and prepared their presentation and presented it in front of faculty of NIHFV. From this field visit, participants learnt about the importance of community participation.

In the session on Socio-Culture Determination of Health, participants learned about the, increased need of community, awareness in community, roots of health behavior, share of community.

Another important session covered during this slot was Preparation of Action plan in which main learning was to understand the need of the action plan, criteria for preparation of action plan, how to plan and write the same and what are the contents of an action plan and evaluation of action plan.

Session on Public Health Management

The second slot of the course was devoted to public health. Public health is "the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals."

In the session on Overview of Hospital Administration, participants learnt about challenges in hospital administration, importance of up-gradation

of infrastructure, consumables, non-consumables, procurement, storage, maintenance and distribution procedures, different aspects of hospital administration, concept of quality care as a central initiative, economical house keeping practices.

In the session on Hospital Materials Management, participants learnt about the methods of inventory management, techniques of inventory controls like ABC, VED and FSN analysis, importance of inventory management in the hospitals especially for medicines and challenges of inventory management. Participants also learnt how to get right quality, quantity of supply at right time at right place at right cost, types of materials i.e. consumable, non consumables.

In the session on Equipment Management the main learnings of the participants were need-based realistic procurement of equipment for optimal use, how to plan for purchase of equipment, importance of maintenance and methods for condemning materials without delay. Participants learnt use of coefficient of instruments, specification of instruments, maintenance and repair of instruments, methods of condemnation without delay, technical bids, financial bids, Constitution of maintenance committee and disposal procedures for unserviceable and damaged instruments.

A local field visit to the Jai Prakash Narayan Apex Trauma Centre (AIIMS) was organized which was headed by Dr. T.G. Shrivastav where participants interacted with Dr. S.K. Bhoi and Dr. Amit. The team was briefed about the functioning of trauma centre. PDC participants were taken around the trauma centre. The team also observed the colour coding system of trauma centre called Triaz.

In the session on Consumer Rights, the main learnings of the participants were the various aspects of Consumer Rights and their responsibilities alongwith consumer education, role of quality services in utilization of health services, types of consumer forms and how to approach them.

A visit to Holy Family Hospital, an ISO certified, 300 bedded hospital and average 800 OPD attendance was organized, where the Director of the hospital briefed about history of the hospital. Participants showed different aspects of quality management in a hospital like client & provider, friendly facilities, quality of infrastructure & service, team-work, capacity building and work culture.

The outcome of the session on Framing Objectives and Strategies was identifying the problem, setting of goals and objectives, how to avoid the activities which is not contributing, how to evaluate the project, how to compare the results with the objectives.

In the session on Total Quality Assurance in Clinical Lab, participants learned how to ensure quality lab result and reports.

In the session on Role of AYUSH in NRHM, participants main learnings were the existing infrastructure in AYUSH and AYUSH-specific schemes which could be included in the District Action Plans.

The outcome of the session of Life Saving Skills NSSK and EmOC was how to resuscitate both mother and child by practical demonstrate. How to reduce the infant mortality rate, benefits of exclusive breastfeeding.

In the session on Strengthening Routine Immunization, participants learned the latest changes in the immunization schedule, micro planning, vaccine and logistic management, monitoring and evaluation of immunization sessions, AEFI and its management and prevention, vaccine preventable diseases and community mobilization.

The outcome of the session on Management of Cold Chain for Vaccines was that participants were told about vaccine sensitivity and need for cold chain system, maintenance of electrical and non electrical equipment, vaccine and logistic management, temperature monitoring during storage and transportation of vaccines, vaccine flow and demand forecasting, preparation of contingency plans and plans for Alternate Vaccine Delivery System.

In the session on Biostatistics and Indicators in Health, participants learned the objectives of statistics, sources of data, types of data, analysis of data, sampling methods, how to calculate mean, median, mode, mean deviation.

The outcome of the session on District Training Plan and Monitoring was how to prepare a good training plan, how to assess the training need and how should the training be conducted.

In the session on Health Management Information System and Role of MOs, participants learned the importance of HIMS progress, different evaluation methods, surveys and review missions and role of medical officer in it, and web portal.

The outcome of the session on Basic and Emergency Obstetric Care was causes of high MMR in India, list of remedial interventions, the efforts being made under NRHM to address the important causes of high maternal mortality.

In the session on Family Planning Programme, participants learned about the updates, the current status and consequences of uncontrolled population in India, comparison with global status, different family planning methods, need of educating the community about the benefits of family

planning and areas of family planning, and key issues of family planning programme.

In the session on IMNCI, participants learned about contents of IMNCI, role of this programme in reducing infant and child mortality, planning for its integration in existing health care system.

The outcome of the session on Annual Health Survey was AHS can be utilized for making programmes, monitoring the district achievements, how to assess the progress of health programmes as per guidelines.

In the session on Monitoring and Evaluation of Health Programme participants learned, the progress of the health programme as per guidelines, ascertain if any time/cost over run, decide next course of action.

The outcome of the session on Population Stabilization was components of the Population policy 2000 and operationlization, process of population stabilization under NRHM.

Learnings of the subject on convergence under NRHM were, meaning of convergence (the occurrence of two or more things coming together) importance of coordination among ANM, ASHA, AWW and other departments.

Participants were taken to the NDC to access literature in the library for reference.

In the session on Epidemiology Concept and Application, Prof. M. Bhattacharya described the definition of epidemiology and its day to day use by doctors, the different terminologies and approaches used. She also talked about public health and main functions of public health.

In the session on Epidemic Management, participants learned about the importance of purchasing, keeping inventory and maintaining equipment at district level, condemnation procedure in their organizations and the required changes.

In the session on Surveillance in Public Health, participants learned about purpose, source, process, compilation, data analysis and prompt dissemination to those who need to know for taking relevant action.

The outcomes of the session on Strategy of Polio Eradication were importance of surveillance and the strategy of polio eradication and updated about the latest situation of polio.

In the session on ICDS, participants learned about objectives of ICDS, functioning of ICDS, how to promote early childhood care and education, how to reduce the incidences of malnutrition.

In the session on FRUs, participants learned about the structure and functions of FRUs, current status of FRU, role of FRU, selection criteria and provision under NRHM, scope for improvement.

In the session on Training under NRHM with Emphasis on ASHA, participants learned about implementation of NRHM, the latest Government programmes and how the whole health system has been restructured for better efficiency and effectiveness of delivery of health care, strategies of NRHM i.e. (appointment of ASHA), model used by the ministry for training.

In this session on Data for Evidence Based Planning, participants learned about the sources of data, methods of data interpretation and presentation.

In the session on Public Health Nutrition in Women & Children, participants learned about the responsibilities of health departments in nutrition programmes, terminologies, common nutritional deficiencies, importance of diet and supplement in adolescent girls, boys, pregnancy and post-natal period, exclusive breast-feeding and complementary feeding, different types of malnutrition, implication of malnutrition and their solution.

In the session Nutritional Status Assessment, participants learned how to assess the nutritional status of all the three categories, how to improve their nutritional status.

Important learnings from the session on Balanced Diet and Assessment of Nutrition were meaning of nutrition and diet, need of balanced diet for different age groups and methods of assessing nutritional status.

Most important outcomes of the session on Iodine Deficiency Disorder and Vit-'A' Prophylaxis were magnitude of iodine deficiency and vitamin A deficiency in India and problems in implementation of iodine deficiency and control of nutritional blindness.

In the session on Right to Information, participants learned about the rights of citizens, the process of RTI, exemption from RTI, penalty for defaulters, etc, rights and responsibilities of consumers.

In the session on Non Communicable Diseases, participants learned the status of NCD in the country and strategies to control the non communicable diseases, progress of the programme.

Outcomes of the session of National Tobacco Control Programme was the framework convention on tobacco control, health economics and social burden of tobacco use, the initiatives taken by the government and the different programmes/policies for tobacco control, efforts to create awareness in the community about the harmful effects of tobacco use.

In the session on the Mental Health Programme, participants learned about the need of increased mental health awareness which had been a neglected part so far.

In the session on Quality of Care in Health Facilities, important outcomes were the different quality standards, certification, accreditations and licensing methods for hospitals and the need to maintain good quality care in the hospitals and the strategy to improve the quality. In the session on Right to Information, participants learned about the rights of citizens, the process of RTI, exemption from RTI, penalty for defaulters, etc.

The session on HIV/AIDS discussed the programmes for TB and HIV/AIDS, link between the two diseases and areas of administrative convergence.

In the session on Integrated Vector-borne Disease Control Programme participants learned about activities being undertaken under IVBDCP and the strengths and weakness in the programme.

A half-day visit to NAZ foundation was organized to observe how the home-based care programme for HIV/AIDS children is run by the NGO with meager financial support by the Government and what are the facilities available for HIV/AIDS patients at their centre.

In the session on Leprosy Elimination Programme, participants learned about the current status of leprosy in the country and strategy for elimination of leprosy.

In the session on Role of Panchayat in Health, participants learned about Panchayati Raj, India's policy with regard to decentralization, rationale, implications, types and forms of decentralization, role of District Nodal Officers of NRHM.

Outcomes of the session of E-Governance were importance of E-Governance, National E-Governance plans, and benefits of E-Governance, quality of services to be ensured and accountability be fixed.

In the session on Result Based Performance, participants learnt about the benefits of systematic planning, SWOT analysis, planning cycle, how to

implement and manage any project or programme and Methods of retaining of learning.

Session on Health Sector Reforms

This slot is devoted to the Health Sector Reforms. In this slot, the subject on Health Sector Reforms, Components of Health Sector Reforms that is Policy Reforms, Manpower Development and Institution Strengthening were discussed. It helped trainees to understand the various reforms process occurring in health sector, their implementation and mechanism for operationalization of decentralized planning.

In the session on Health Care Financing, participant learned about principles of health financing, sources and mechanism of health care financing and related policy issues for implementation and the current status of health care financing in India including the components of health financing. In the session on Planning for Health Care Financing at District Level, participants learned about the various aspects of health care financing at district level. Various concepts and types of insurance schemes running in India were also included in this session.

In Budgeting, the session included various types of budgets, differences between them, how budgets are made in the health care industry, importance of district PIPs, action plans, etc. in budget process. In Costing, discussed about various costing techniques and various methods used in assigning the cost. Costing also includes various types like variable cost, marginal cost, direct and indirect cost, etc. The session explains each of them in detail.

In the session on Accounting and Auditing, participants learned about the different financial procedures, how to issue cheques/DDs and the importance of carefulness while dealing with financial matters. The participants also learned how to read various financial statements of the organization as well as programmes. Auditing techniques also told about how each voucher/ bill/ SOE plays an important role.

In the session on User Charges in Public Health Services, participants learned about the advantages of user charges and conditions for exemption from user charges. The session was further explained with the help of state level examples like RKS, APVVP & RMRS including their activities and functions and proper utilization of user charges as per the guidelines.

The session on Rashtriya Swasthya Bima Yojana (RSBY) and Community Health Insurance covered objectives of RSBY, different schemes launched by government, benefits of insurance, need of awareness, functioning, importance and challenges faced by RSBY in India, various models of CBHI schemes in

India, need for community health insurance, the initiatives taken by the Government and the different centrally sponsored and state specific schemes. The group exercise was followed by the session. The exercise was about understanding and explaining the existing CBHI schemes in India.

In the session on GFR Tender and LPC, participants were made acquainting with the general financing rules, budget allocation and financial sanction and administrative approvals for undertaking expenditures for various activities, procurement methods, procedure of tender, types of tenders, formulation of local purchase committee.

In the session on Public-Private Partnership, participants learned about the importance of public-private partnerships and the mechanisms to develop public-private partnerships.

Learnings of the session on Adolescent Health were adolescent health, importance of interaction with the adolescent groups, policies and interventions for addressing the issue.

In the session on Disaster Management, participants learned about need of preparedness, action plan for disaster management.

The session on Office Procedures covered conduct rules and disciplinary procedure with vigilance enquiry, how to write notesheets, types of letters, the names of books and publications for rules and regulations were suggested to them to read and refer.

The session on CPA and Medical Negligence covered medical negligence, consumer rights, different levels to settle disputes, where to make complains. In the session on Managing Medico Legal Cases, the need of proper documentation and not tampering with documents and about medical ethics.

The session on PNDT & MTP Act included various acts, problems in implementation and solutions.

The session on Geriatric Care covered issues in geriatric care i.e. social security, emotional support, good health care system, economic support and demographic transition, how to manage old age.

The session on Managing Medico Legal Cases included proper documentation and not tampering with documents, medical ethics and how to minimize litigation.

The session on Gender Mainstreaming covered concept of gender sensitivity and means for gender mainstreaming.

The session on Computer covered basics of computer, parts of computer i.e. C.P.U, U.P.S, Key board, mouse and how to operate the computer.

1st Field Visit to Hoshangabad, Madhya Pradesh (12th to 18th September, 2010)

The first field visit was made to district Hoshangabad of Madhya Pradesh from 12th to 18th Oct. 2010. The team consists of 14 participants and accompanied by the faculty members from NIHFV reached Hoshangabad on 13th October, 2010. by train. Team was welcomed by the local coordinator and escorted to hotel. After a round of interaction, the team was briefed by the coordinator about the purpose and schedule of the visits and interaction with local experts about the NRHM and district innovations by the state government and the emerging challenges encountered by people and the health professionals.

Objectives

- To study ground level functioning of various primary health care units in distt.
- To identify managerial practices in these units
- To learn new initiatives / practices adapted to improve performances
- To identify imminent threats, if any?
- To suggest remedial measures, if needed

The PDC team visited sub-centres at Pagara, Pawarkhera, Rasselpur and Pathrota. The sub-centre at Pathrota was an accredited sub-centre. The team also visited the anganwadis at Keeratpur and Pagara.



Participants observing the functioning of an anganwari centre

During visit to PHC at Pachmadhi, the observations of the participants were that the buildings of the facilities were newly constructed with good

infrastructure & adequate staff and were easily accessible. IEC materials were visible and there seemed to be good coordination between the health staff and panchayat members. Good immunization facilities were available at the sub-centres.

The team found that water and power supply were not proper and there is no provision of accommodation for staff. Supervision seemed to be inadequate and training was needed for the staff. There was need for better intersectoral coordination with the forest department staff in the difficult jungle areas. Often the health staff have to work in difficult areas with water logging and in marshy terrain. Sparse population meant security issues and larger distances to cover with poor transport facilities.

The team then visited CHCs and PHCs at Pachmadhi, Pipariya and Semari Harchand.



Participants being welcomed at a Primary Health Centre

The team observed that the doctors and staff at the health facilities were motivated. They now had flexibility in using RKS fund. The NIPI was supporting the health facilities through its project. The cold chain was inspected and found to be properly maintained. Ambulances were available and at the PHCs 24/7 services available. At the CHC, specialists were available round the clock. However, it was noticed that there was a shortage of paramedical staff and the biomedical waste management needed improvement. The Baby corner was not properly set up and some improvements in the buildings needed to be done. The AYUSH doctors were working at par the allopathic doctors. It was also observed that the accessibility was not very good as some of the facilities were built away from residential areas. The catchment area was very large and malaria was a major problem in the area.

District Hospital, Hoshangabad



Participants at the District Hospital interacting with CMHO

The participants found the CMHO to be a proactive person. The District Hospital, Hoshangabad had a large catchment area. The district administration was providing good support to the district hospital. The District Hospital had a training centre, SNCU, TB hospital, handicap rehabilitation centre & NRC. Blood bank and Operation Theatres with adequate specialists and equipment were available. Funds were adequate and staff morale was high. Drug supply was adequate. Call centre facility for MCH services/ambulance & referral was available at reasonable rates and free for people with BPL cards. However, sanitation measures and bio-medical waste management systems needed strengthening. Lab services needed to be improved. Ophthalmic surgeries were not being conducted even though facilities were available.

Working in the hilly area with tribal population with sanitation problems in surrounding areas was a major challenge for the health staff.

MALARIA



Poor sanitation in the vicinity of the District Hospital

Summary

The key observations were that trained manpower, support of the administration and financial flexibility had improved the functioning of the

health facilities in the district. NIPI is providing good support to the health department. SNCU, NRC, TB centre were functioning well. IPHS standard were being maintained. There was good intersectoral coordination. However, basic maintenance of equipment and improvements in biomedical waste management and sanitation were needed.

2nd Field Visit to Rajasthan (2nd to 9th October, 2010)



A PDC participant interacting with beneficiary of Narayan Sewa Sansthan at Udaipur

Objectives

As part of the 13th PDC Curriculum, the field visit was made to Rajasthan from 2nd October 2010 to 9th Oct. 2010. The team consisted of 14 participants and accompanied by the faculty members from NIHFW, reached Udaipur on 3rd October, 2010 at 7 a.m. by train. The team was welcomed by Dr. Ramesh Sharma and Dr. Dinesh Karadi, the local coordinator and escorted to hotel Ambay Palace. After a round of interaction, the team was briefed by the RCHO about the purpose and schedule of the visits and interaction with local experts about the NRHM and district innovations by the state government and NGOs and the emerging challenges encountered by people and the health professionals.



Dr. Ramesh Sharma, local Coordinator, explaining the programme to the participants of PDC

Field Visits: Key Observations

- 1. MARIE STOPES:** The following thrust area/ important issues have been observed:
 - Gap identification and their involvement for acceptance in the implementation work of the govt.
 - Behavioural change communication

- 2. PRAYAS:**
 - a. Quality Care and technical support to the RCH team
 - b. Helping the govt. in the management and documentation

- 3. Joint Director-NRHM, DPM- NRHM, IDSP In-Charge and AYUSH Coordinator**
 - District action plan in details
 - NACP – phase III
 - PCTC Plus- Pregnancy & Child Tracking Centre
 - Facility Survey
 - Facility Mapping



Patients queuing up at the BPL counter in the Hospital

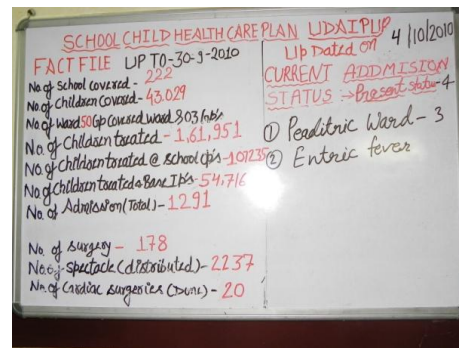
- General Administration
- Separate counter and free drugs for BPL category addressing equity
- Innovations in Janani Suraksha Yojana like 1.5 kg ghee on first institutional delivery, Rs. 500 in 3rd trimester to pregnant lady.
- Yasodha Scheme under NRHM, funded by NIPI. Yasodha is placed in those CHC, where deliveries were conducted more than 150 per month. She is a link worker between mother and providers for PNC.
- Status of IDSP project in the district
- Status of AYUSH in the district

4. Christian Hospital, Udaipur

- Separate counter for BPL
- Cleanliness in the hospital
- Load of patient at OPD
- Overall functioning of the hospital

5. NANDI

- a. **School Health Programme:** Under this programme, few schools have been adopted. Each and every child is screened and their health status is maintained and documented. Required health needs are provided including drugs and hospitalization without any charges.



Displays informing the School Health Programme achievements and the Shala Swasthya Programme

6. PATH FINDER

- a. Anti-Shock Garment: Specially designed equipment for transportation of delivered mother in critical condition

7. Gitanjali Medical College, of Udaipur with 350 bedded hospital. It is of state of art quality, tertiary level care. Land was provided by PRI and UIT on concessional rate. The subsidized treatment is given to BPL patients. The team felt that monitoring is required to ensure compliance to the terms of mutual agreement and social obligations.



Narayan Sewa Sansthan Polio Rehabilitation Center at Udaipur

Neo-natal care facility

8. NARAYAN SEVA SANSTHAN

- Curative Surgery: The team was taken to see the functioning of Narayan Seva Sanstha which is an NGO with partnership with the Government of Rajasthan. It provides complete treatment to post polio paralytic persons. The deformity is corrected and prosthesis is given, if required. The Government of Rajasthan gives a maximum of Rs.3000/- per patient upto 800 patients/year. It is doing commendable job as perceived by the team through discussion with various functionaries in the Sanstha.
- Classless were organized for deaf & dumb and blind children
- Caliper shop was also visited

9. CHC, Dilwara:

- The CHC covered a population of about 40000 thousand with 7 sub-centres.
- Maintenance of Cold Chain
- Practical experience of BPL Counter

10. PHC, Malwa ka Chawrah: The PHC profile map was displayed at the front wall. The PHC owns the building with labour room, store, adolescent centre and other facilities including AYUSH. Rogi Kalyan

Samiti or RMRS (Rajasthan Medical Relief Society) was fully functional. The OPD patient load was quite high.



A view of the PHC at Malwa ka Chawrah



Beneficiaries at a health facility

Sub-Centre, Dewala: The building was located on the Highway. Infrastructure was not adequate. Cleanliness was maintained. Interacted with the ANM who conducts about 5-8 deliveries a month. She has been awarded as the best worker by the state authority. The ANM resides in the quarters. The second ANM is not placed. There are almost 9 villages under the sub-centre. The ANM

cannot leave the place, therefore, has not got the orientation/training under RCH.

- 11. Global Hospital, Mount Abu:** Nearby eighty villages have been adopted by the Global Hospital Research Centre provided with outreach services. Integrated health approach including yoga, meditation and naturopathy is the main aim & objective of the hospital.



Entrance of the Global Hospital Research Centre at Mount Abu

12. State Institute of Health & Family Welfare (SIHFW), Jaipur

Dr. Akhilesh Bhargava, Director, SIHFW, Jaipur, welcomed the participants and gave a detail presentation on the functioning of SIHFW. He briefed an overview of the various health sector reforms in the state. Group presentations by the team (Annexure-1) were made on the observations and the field anecdotal experiences were shared by the participants. They deliberated on linking these micro-level experiences with macro health challenges and policy reforms.

Reading Material

All the participants were given a set of course packs or reading material pertaining to:

1. Health Management
2. National Health Policy (2002), National Population Policy (2000) and reading materials on National Health Programmes
3. Epidemiology
4. Health Services Management
5. Computer

In addition, relevant materials suggested by the faculty, handouts and a CD incorporating the PowerPoint presentation of all sessions and reading materials were distributed to the participants.

Valedictory

Dr. Dinesh Baswal, Assistant Commissioner, MOHFW and Professor Deoki Nandan, Director, NIHFW graced the concluding session of 13th PDC which was held on 23rd October, 2010 in the Teaching Block. Prof. Nandan welcomed Dr. Baswal and the participants. Director, NIHFW expressed his utmost happiness about the performance of the batch. He asked the participants to come out with suggestions on improving the programme and making it more effective.

Professor M. Bhattacharya gave a brief detail about the course. She asked each participant to give their opinion about the sessions they liked the most and areas which can be improved in the future courses. All the participants gave feedback about the course. The utility of the course was appreciated by all the participants.

Professor Deoki Nandan and Dr. Dinesh Baswal distributed the course completion certificates to the participants. Dr. Shashi Tirpathi from Haryana was awarded the First prize for Action Plan, Dr. Subhash Seth from Delhi and Dr. Dhankar from Haryana received II prize for Action Plan. First Prize for Portfolio awarded to Dr. Bisht from Uttaranchal. Dr. Piyush Sharma from Haryana received the second prize. They also received cash awards.

ANNEXURE-I

**13th Professional Development Course in Management, Public Health and Health Sector Reforms for DMOs
(16th August to 23rd October 2010)**

Programme Schedule

Day & Date	9:30 a.m. to 10:00 a.m.	10:00 a.m. to 11:15 a.m.	11:30 a.m. to 1:00 p.m.	2:00 p.m. to 3:15 p.m.	3:30 p.m. to 5:00 p.m.
Monday 16-08-10	Recap, experience sharing & preparation of port folio	1. Introduction, Expectations & Fears and Pre-Course Evaluation Course Team	2. Managerial Problem Identification and Prioritization Dr. M. Bhattacharya	3 & 4. Organisational Behaviour Laboratory for Developing Self Understanding & Awareness L/D Dr. P.L. Trakroo	
Tuesday 17-08-10		5, 6, 7 & 8. Organisational Behaviour Laboratory for Developing Self Understanding & Awareness L/D Dr. P.L. Trakroo			
Wednesday 18-08-10		9 & 10. Human Resource Management Dr. Poonam Khattar	11 & 12. Supportive Supervision L/D Dr. Rajni Bagga		
Thursday 19-08-10		13, 14, 15 & 16. Leadership and Team Building L/D and Games Dr. Rajni Bagga			
Friday 20-08-10		17 & 18. Negotiation Skills and Management of Conflict Dr. Neera Dhar	19 & 20. Computer Class Mr. P.D. Kulkarni & Mr. Jagdish C. Sharma		
Saturday 21-08-10		21 & 22. Overview of Management in Health Sector: Process, Functions and Skills of Management L/D Dr. A.K. Sood	23 & 24. Computer Practice- MS Word		

Note: 5.30 p.m. to 7.00 p.m. Computer Practical Sessions everyday

Day & Date	9:00 a.m. to 10:00 a.m.	10:00 a.m. to 11:15 a.m.	11:30 a.m. to 1:00 p.m.	2:00 p.m. to 3.15 p.m.	3:30 p.m. to 5:00 p.m.	
Monday 23-08-10	Recap, experience sharing & preparation of port folio	25 & 26. Motivation L/D Dr. Neera Dhar		27 & 28. Communication for Change L/D Dr. Swati Bute		
Tuesday 24-08-10		29 & 30. Principles of PLA/PRA PRA for Community Mobilization L/D Dr. Y.L. Tekhre		31 & 32. Training Need Assessment and Training Technology Dr. Poonam Khattar		
Wednesday 25-08-10		33. Result Based Performance L/D Dr. M. Arif	34. Strategic Communication Design for Senior Medical Officers for Delivering Quality Services Dr. T. Mathiyazhagan	35. Writing for Newspaper Mr. G. Subramanian	36. Managing Media and Public Relations Dr. T. Mathiyazhagan	
Thursday 26-08-10		37. Right to Information Act L/D Mr. Gaurav Kisan	38. Comm. Process: Scope and Importance in Health Dr. Swati Bute	39. District Communication Plan – Communication Strategy for BCC L/D Dr. T. Mathiyazhagan & Dr. M. Bhattacharya	40. Family Planning Programmes L/D Dr. S.K. Sikdar	
Friday 27-08-10		41, 42, 43 & 44. PLA/PRA L/D and Field visit Dr. Y.L. Tekhre				
Saturday 28-08-10		45, 46, 47 & 48. Computer Centre				

Note: 5.30 p.m. to 7.00 p.m. Computer Practical Sessions everyday

Day & Date	9:30 am to 10:00 am	10:00 a.m. to 11:15 a.m.	11:30 a.m. to 1:00 p.m.	2:00 p.m. to 3:15 p.m.	3:30 p.m. to 5:00 p.m.	
Monday 30-08-10	Recap, experience sharing & preparation of port folio	49, 50 & 51. Socio Cultural Determinants of Health L/D Dr. A.M. Khan			52. Computer Class Mr. P.D. Kulkarni	
Tuesday 31-08-10		53, 54 & 55. Preparation of Action Plan L/D Dr. V.K. Tiwari			56. Overview of Hospital Administration L/D Dr. Vivek Adhish	
Wednesday 01-09-10		57. Equipment Management L/D Dr. A.K. Agarwal	58. Hospital Materials Management L/D Dr. J.K. Das	59 & 60. Quality of Care in Hospitals (Visit to Trauma Centre of AIIMS) Course Team		
Thursday 02-09-10		61 & 62. Consumer Rights and Responsibilities L/D Dr. S.V. Adhish		63 & 64. Visit to Holy Family Hospital Course Team		
Friday 03-09-10		65 & 66. Data for Evidence Based Planning Prof. M. Bhattacharya		67 & 68. Framing Objectives and Strategies for Action Plan L/D Dr. L. Lam Khan Piang & Course Team		
Saturday 04-09-10		69, 70, 71 & 72. Computer Class Computer Centre				

Note: 5.30 p.m. to 7.00 p.m. Computer Practical Sessions everyday

Day & Date	9:30 a.m. to 10:00 a.m.	10:00 a.m. to 11:15 a.m.	11:30 a.m. to 1:00 p.m.	2:00 p.m. to 3:15 p.m.	3:30 p.m. to 5:00 p.m.	
Monday 06-09-10	Recap, experience sharing & preparation of port folio	73. Convergence under NRHM Dr. Prema Ramachandran	74. Role of AYUSH in NRHM L/D Dr. D. Katoch	75 & 76. Life Saving Skills NSSK and EMOC Dr. Chetna Chouhan, Dr. Geetanjali Singh		
Tuesday 07-09-10		77 & 78. Strengthening Routine Immunization L/D Prof. M. Bhattacharya & Dr. P. Deepak		79. Management of Cold Chain For Vaccines L/D Prof. M. Bhattacharya	Total Quality Assurance in Lab Dr. T.G. Shrivastav	
Wednesday 08-09-10		81 & 82. Biostatics & Indicators in Health L/D & Exercises Dr. Pushpanjali Swain		83 & 84. District Training Plan and Monitoring Dr. U. Datta		
Thursday 09-09-10		85. HMIS System and Role of MOs L/D Mr. Gajendra Singh	86. Basic and Emergency Obstetric Care L/D Dr. Himanshu Bhushan	87. Integrated Service Training Programme Dr. K. Kalaivani	88. IMNCI L/D Dr. S. Saxena	
Friday 10-09-10		89. Annual Health Survey L/D Dr. Rattan Chand	90. Monitoring and Evaluation of Health Programmes Dr. L. Lam Khan Piang	91. Population Stabilization L/D Dr. M.S. Ranawat	92. FRU Dr. K. Kalaivani	
Saturday 11-09-10		93, 94, 95 & 96. Computer Class Computer Centre				

Note: 5.30 p.m. to 7.00 p.m. Computer Practical Sessions everyday

First Field Visit to Hoshangabad, Madhya Pradesh (12-09-10 to 18-09-10)

Sunday 12-9-10	Arriving Hoshangabad in the afternoon by Dakshin Express and then proceed for Pachmarhi and reach by evening
Monday 13-9-10	Visit to Sub-centre and Anganwari and PRIs
Tuesday 14-9-10	Visit to 24 X 7 PHC ✓ Organization & functioning and any NGO
Wednesday 15-9-10	Visit to CHC ✓ Organization & functioning with focus on JSY, HMIS, store/supply, financial management, disease control, DOTS/ICTC Functioning of RKS and any NGO
LEAVE FOR HOSHANGABAD	
Thursday 16-9-10	Visit to CMO office Organization & functioning ✓ Any NGO ✓ Functions of DPM ✓ RKS
Friday 17-9-10	<ul style="list-style-type: none"> • Visit to office of District Health Society for innovative programmes under NRHM • Visit to project sites
Saturday 18-9-10	PPT of the visit report to District Collector and District Health Officers
	Leave for New Delhi at 3 pm

Day & Date	9:30 a.m. to 10:00 a.m.	10:00 a.m. to 11:15 a.m.	11:30 a.m. to 1:00 p.m.	2:00 p.m. to 3:15 p.m.	3:30 p.m. to 5:00 p.m.	
Monday 20-09-10	Recap, experience sharing & preparation of port folio	97 & 98. Epidemiology Concept and Application L/D & Exercises Prof. M. Bhattacharya		99 & 100. Epidemic Management L/D & Exercises Dr. P.L. Joshi		
Tuesday 21-09-10		101. Surveillance in Public Health Prof. M. Bhattacharya	102. Strategy for Polio Eradication Dr. Devendra	103. Computer Class Mr. P.D. Kulkarni	& 104. Overview of NRHM Prof. Deoki Nandan	
Wednesday 22-09-10		105. ICDS L/D Dr. D.D. Pandey	106. Overview of Management Prof. Deoki Nandan	107 & 108. Balanced Diet & Assessment of Nutrition L/D Dr. M. Bhattacharya	NDC Mrs. Shashi Bhalla	
Thursday 23-09-10		109. Data for Evidence Based Planning Prof. M. Bhattacharya	110. Trainings under NRHM with emphasis on ASHA L/D Dr. Dinesh Baswal	111 & 112. Health Care Financing L/D Dr. K.S. Nair		
Friday 24-09-10		113 & 114. Accounting & Auditing L/D Mr. Anoop Gupta		115. Janani Suraksha Yojana L/D Mr. Vipin Garg	116. HIV/AIDS L/D Dr. S.D. Khaparde	
Saturday 25-09-10		117, 118, 119. 120. Computer Class Computer Center				

Note: 5.30 p.m. to 7.00 p.m. Computer Practical Sessions everyday

Day & Date	9:30 a.m. to 10:00 a.m.	10:00 a.m. to 11:15 a.m.	11:30 a.m. to 1:00 p.m.	2:00 p.m. to 3:15 p.m.	3:30 p.m. to 5:00 p.m.
Monday 27-09-10	Recap, experience sharing & preparation of port folio	121. Non-Communicable Diseases L/D Dr. Sudhir Gupta	122. National Tobacco Control Programme L/D Dr. Poonam Khattar	123, 124. Computer Class	
Tuesday 28-09-10		125 & 126. Role of Panchayat in Health Dr. T. Bir		127. Integrated Vector Borne Disease Control Programme Dr. P.L. Joshi	128. Mental Health Dr. Jagdish Kaur
Wednesday 29-09-10		129. Community Health Insurance L/D Mr. Tarun Goel	130. Preparation of DAP	131 & 132. Visit to NAZ Foundation for HIV Care Course Team	
Thursday 30-09-10		133 & 134. Public Health Nutrition in Women & Children Dr. Sheila Vir		135. E- Governance L/D Dr. Tarun Seem	136. Computer Class
Friday 01-10-10		137. Stress Management L/D Dr. Neera Dhar		138. Computer Class	
Saturday 02-10-10		National Holiday			

Note: 5:30 p.m. to 7:00 p.m. Computer Practical Sessions everyday

Second Field Visit (3-10-2010 to 9-10-2010)

Sunday 3-10-10	Arriving Udaipur in morning of 3 rd October, 2010 (Morning) by Chetak Express
Monday 4-10-10	<ul style="list-style-type: none"> ➤ Prayash Quality Assurance ➤ NRHM and Allied, Innovation in Udaipur ➤ ICU developed by public support in District Hospital (Nathdwara)
Tuesday 5-10-10	<ul style="list-style-type: none"> ➤ Visit to Polio corrective surgery by Narayana Sewa Sansthan (NGO) ➤ Visit to Geetanjali Medical College ➤ Malnutrition treatment centre (MTC) at Chittor
Wednesday 6-10-10	Mount-Abu <ul style="list-style-type: none"> ➤ PHC (Malwa) ➤ Sub-Centre (Dewla) ➤ Global Hospital mount abu
Thursday 7-10-10	<ul style="list-style-type: none"> ➤ CHC Pindwara ➤ AWW Centre
Friday 8-10-10	<p align="center">LEAVE UDAIPUR AT NIGHT (7th October, 2010) FOR JAIPUR by Gawalior Exp.</p> <ul style="list-style-type: none"> ➤ Visit to State Directorates of NRHM, AYUSH & Health → discuss innovative schemes launched and constraints ➤ Visit to SIHFW for trainings and other programmes. ➤ Presentations by participants on the visit observations and suggestions.
Saturday 9-10-10	<ul style="list-style-type: none"> ➤ Presentation at Jaipur
	Departure for New Delhi by Jaipur-Delhi Shatabdi at evening (9-10-2010)

Day & Date	9:30 a.m. to 10:00 a.m.	10:00 a.m. to 11:15 a.m.	11:30 a.m. to 1:00 p.m.	2:00 p.m. to 3:15 p.m.	3:30 p.m. to 5:00 p.m.
Monday 11-10-10	Recap, experience sharing & preparation of port folio	141. User Charges in Public Health Services L/D Mr. Tarun Goel	142. Community Health Insurance L/D Mr. Tarun Goel	143 & 144. Computer Class Mr. P.D. Kulkarni	
Tuesday 12-10-10		145. Public Private Partnership L/D Dr. Sanjay Gupta	146. Action Plan Preparation	147. Hospital Administration L/D Dr. J.K. Das	148. Adolescent Health L/D Dr. Saroj Menon
Wednesday 13-10-10		149. Management of Change in the Health Sector L/D Prof. N.K. Sethi	150. Preparation of Action Plan Course Team	151 & 152. Office & Disciplinary Procedures L/D Dr. S.K. Chaturvedi	
Thursday 14-10-10		153, 154. Preparation of Action Plan			
Friday 15-10-10		157 & 158.		159 & 160. Geriatric Care L/D Prof. A.M. Khan	
Saturday 16-10-10		161, 162. Iodine Deficiency Disorder” and “Vit ‘A’ prophylaxis L/D Dr. Umesh Kapil			

Note: 5:30 p.m. to 7:00 p.m. Computer Practical Sessions everyday

Day & Date	9:30 a.m. to 10:00 a.m.	10:00 a.m. to 11:15 a.m.	11:30 a.m. to 1:00 p.m.	2:00 p.m. to 3:15 p.m.	3:30 p.m. to 5:00 p.m.	
Monday 18-10-10	Recap, experience sharing & preparation of port folio	165 & 166. PNDT & MTP Act Discussion Dr. Sher Singh Kashyotia		168, 169. Disaster Preparedness & Management L/D Dr. A.K. Shrivastava		
Tuesday 19-10-10		169. Finalization of Port Folio	170. GFR, Tender and LPC Dr. S.K. Chaturvedi		Managing Medico Legal Cases L/D Dr. Sher Singh Kashyotia	
Wednesday 20-10-10		159 & 160. CPA & Medical Negligence Dr. M.C. Gupta		Finalization of Action Plan Course Team	Quality of Care in Health Facilities L/D Dr. Sudha Salhan	
Thursday 21-10-10		Presentation on Action Plan Faculty & Judges				
Friday 22-10-10		Presentation on Action Plan Faculty & Judges			Computer Test Mr. P.D. Kulkarni	
Saturday 23-10-10		Post Course Evaluation			Distribution of Certificates & Wrap Up	

ANNEXURE-II

Sessional Objectives

1. Pre-Course Evaluation

At the end of the session, the participants should be able to:-

- (i) List the expected learning from the course vis-à-vis their role in the field & their fears & expectations.

2. Managerial Problem Identification & Prioritization

At the end of the session, the participants should be able to:-

- (i) Describe the concept of managerial problem analysis.
- (ii) Discuss the steps in managerial problem analysis.
- (iii) Explain the steps for performance improvement.

3 – 8.

Organizational Behaviour Laboratory for Developing Self Understanding & Awareness

At the end of the session, the participants should be able to:-

- (i) List steps for self-improvement.
- (ii) Discuss the groups/individual behaviour dynamics.

9. Overview of NRHM

At the end of the session, the participants should be able to:-

- (i) List the goals and strategy of NRHM.
- (ii) Identify approaches to operationalise the mission goals.
- (iii) Discuss problems in implementation.

11 & 12.

Human Resource Management

At the end of the session, the participants should be able to:-

- (i) Describe the importance of human resource as being central to an organisation.
- (ii) Discuss the difference between role and job and how to increase their role effectiveness.

13 – 16.

Leadership and Team Building

At the end of the session, the participants should be able to:-

- (i) Describe the various styles of leadership.
- (ii) Analyze their-own leadership style.
- (iii) Explain the ways of building a health team

19 & 20.

Supportive Supervision

At the end of the session, the participants should be able to:-

- (i) Explain the concept, functions and styles of supervision.

- (ii) Describe the supervisory practices within a district health system.

21 & 22.

Overview of Management in Health Sector: Process, Functions and Skills of Management

At the end of the session, the participants should be able to:-

- (i) Describe the basic concepts of management.
- (ii) Describe the management, process & functions.
- (iii) Analyze issues related to management practices in context of health care delivery.

25 & 26.

Motivation

At the end of the session, the participants should be able to:-

- (i) Explain work motivation and the ways to motivate subordinates.
- (ii) How work motivation can be applied in a district health organization.

27 & 28.

Communication for Change

At the end of the session, the participants should be able to:-

- (i) Explain the need for change
- (ii) Describe the methods of communicating for change.

29 & 30.

Negotiation Skills and Management of Conflict

At the end of the session, the participants should be able to:-

- (i) Describe how to set up a negotiation process to avoid conflict.
- (ii) Describe how to use arbitration in the negotiation process.
- (iii) Discuss the process for identifying the causes of conflict.
- (iv) Discuss the process of team building.

31 & 32.

Training Need Assessment and Training Technology

At the end of the session, the participants should be able to:-

- (i) To describe the method of doing TNA for them.
- (ii) To list the human resource available at district level.

33. Management of Change in the Health Sector

At the end of the session, the participants should be able to:-

- (i) Discuss the need for a change in an organisation.
- (ii) Explain the mechanisms for implementing changes effectively.
- (iii) Discuss barriers to change.

34. Strategic Communication Design for Senior Medical Officers for Delivering Quality Services

At the end of the session, the participants should be able to:-

- (i) Describe the strategic communication in NRHM.
- (ii) Discuss the various methods of communication suited for different stakeholders.

35. Managing Media and Public Relations

At the end of the session, the participants should be able to:-

- (i) Explain the significance of managing media.
- (ii) Describe the methods for managing media.

36. Writing for Newspaper

At the end of the session, the participants should be able to:-

- (i) Prepare write-up/stories for Newspapers related to health education.

37 & 38.

District Communication Plan- Communication Strategy for BCC

At the end of the session, the participants should be able to:-

- (i) Discuss various strategies and methods of communication.
- (ii) Guidelines for preparation of district communication plan.

39. Communication Process: Scope and Importance in Health

At the end of the session, the participants should be able to:-

- (i) Appreciate the importance of the communication in health.
- (ii) Understand the processes of communication

40 - 44.

Principles of PLA/ PRA for Community Mobilization and Field Visit

At the end of the session, the participants should be able to:-

- (i) Explain the concept of PLA/PRA.
- (ii) Describe the various methods of PLA/PRA.
- (iii) Discuss the use of PLA/PRA for enhancing community participation.

49 - 51.

Socio Cultural Determinants of Health

At the end of the session, the participants should be able to:-

- (i) Understand how social and culturally determined practices, contributes to health and health seeking behaviour.
- (ii) Social and cultural perspective of health.
- (iii) How the belief system determined the health behaviour.

53 - 55.

Preparation of Action Plan

At the end of the session, the participants should be able to:-

- (i) Identify the problem in their work place.
- (ii) Diagnose the causes of the problem.
- (iii) Frame goals, objectives and strategies.
- (iv) Prepare an action plan.

56. District Hospital, FRU, CHC

At the end of the session, the participants should be able to:-

- (i) Discuss the current status of district hospital, FRU, CHC.
- (ii) Describe the processes for improvement.

57. Hospital Materials Management

At the end of the session, the participants should be able to:-

- (i) Discuss the importance of using modern scientific method for materials management.
- (ii) Discuss various techniques of materials management including Inventory Control techniques.

58. Equipment Management

At the end of the session, the participants should be able to:-

- (i) Describe the importance of purchasing, keeping inventory and maintaining equipment at district level.
- (ii) Discuss the importance of condemnation procedure in their organizations and the required changes.

59 & 60.

Quality of Care in Hospitals (Visit to Trauma Centre of AIIMS)

- (i) Identify areas needing change for quality.
- (ii) Describe methods for improving quality.

61 & 62.

Consumer Rights and Responsibilities

At the end of the session, the participants should be able to:-

- (i) Discuss the rights & responsibilities of consumers.
- (ii) Explain ways of consumer education.
- (iii) Describe role of quality services in utilization of health services.

63 & 64.

Visit to Holy Family Hospital

- (i) To describe the various functional areas in hospital
- (ii) To discuss the quality of services provided by Holy Family hospital.

65 & 66.

Framing Objectives and Strategies for Action Plan

At the end of the session, the participants should be able to:-

- (i) Develop objectives of their proposed action plans.
- (ii) Identifying strategies to achieve objectives.

67 & 68.

PIPs and National Training Strategy

At the end of the session, the participants should be able to:-

- (i) Describe the national training strategy.
- (ii) Explain the use of PIPs for preparing a training plan.

73. IDSP

At the end of the session, the participants should be able to:-

- (i) Discuss organization and functions of the Integrated Disease Surveillance Project.
- (ii) Describe constraints in implementation.

74. Role of AYUSH in NRHM

At the end of the session, the participants should be able to:-

- (i) Discuss the role of AYUSH under NRHM.
- (ii) Describe the current status.

75 & 76.

Life Saving Skills NSSK and EMOC

At the end of the session, the participants should be able to:-

- (i) List, identify and manage the most common causes of maternal mortality of India.
- (ii) Demonstrate the ABCD skills in maternal resuscitation.
- (iii) Assess a new born at birth, provide essential new born care and perform neo-natal resuscitation, if required (through a mannequin)

77 & 78.

Strengthening Routine Immunization

At the end of the session, the participants should be able to:-

- (i) Describe the status and the strengths and weakness in the programme.
- (ii) Discuss the recent changes in strategy and how to implement.

79 & 80.

Management of Cold Chain for Vaccines

At the end of the session, the participants should be able to:-

- (i) To list essential elements of the cold chain and vaccine management system and its importance in the immunization programme.
- (ii) To illustrate storage and correct stocking of vaccine, ice-packs, diluents at district and block health facilities and during the transport.

81 & 82.

Biostatics and Indicators in Health

At the end of the session, the participants should be able to:-

- (i) Describe the concepts of bio statistics for use a DMO.
- (ii) Discuss the various health indicators and the interpretation.

83 & 84.

District Training Plan & Monitoring

At the end of the session, the participants should be able to:-

- (i) Describe the need and structure of district training plan.
- (ii) Discuss the plan for monitoring trainings and implementation in their area of work.

85. HMIS System and Role of MOs

At the end of the session, the participants should be able to:-

- (i) Describe the sources of data and current HMIS.
- (ii) Discuss problems in implementation and strategies for improvement.

86. Basic and Emergency Obstetric Care

At the end of the session, the participants should be able to:-

- (i) Understanding the underlying causes of high MMR in India.
- (ii) Appreciating the efforts being made under NRHM to address the important causes of high maternal mortality.
- (iii) The list of remedial interventions to take care of the important causes of maternal mortality.

87. Family Planning Programmes

At the end of the session, the participants should be able to:-

- (i) Discuss the various Family Welfare methods.
- (ii) Describe the constraints in success of Family Planning Programme.

88. IMNCI

At the end of the session, the participants should be able to:-

- (i) Describe the contents of IMNCI.
- (ii) Recognise the role of this programme in reducing infant and child mortality.

(iii) Plan for its integration in existing Health Care system.

89. Annual Health Survey

At the end of the session, the participants should be able to:-

- (i) To describe the method of Annual Health Survey.
- (ii) Discuss the constraints.

90. Monitoring & Evaluation of Health Programmes

At the end of the session, the participants should be able to:-

- (i) Assess the progress of the health programme as per guidelines.
- (ii) Ascertain if any time/cost over run.
- (iii) Decide next course of action.

91. Population Stabilization

At the end of the session, the participants should be able to:-

- (i) Discuss the components of the Population policy 2000 and operationalization.
- (ii) Describe the population stabilization processes followed under NRHM.

92. Convergence under NRHM

At the end of the session, the participants should be able to:-

- (i) Discuss the various sectors under NRHM for convergence.
- (ii) Describe the mechanism for convergence.

97 & 98.

Epidemiology Concept and Application

At the end of the session, the participants should be able to:-

- (i) Explain the concept of epidemiology and its use in management.
- (ii) Describe the various types of epidemiological approaches for identifying health/disease problems.

99 & 100.

Epidemic Management

At the end of the session, the participants should be able to:-

- (i) Enumerate the steps for epidemic management.
- (ii) Explain the responses for controlling epidemics of communicable diseases.

101. Surveillance in Public Health

At the end of the session, the participants should be able to:-

- (i) Describe the need for surveillance.
- (ii) Discuss the various types of surveillance under National Health Programme.

102. Strategy for Polio Eradication and Group Work & Presentation

At the end of the session, the participants should be able to:-

- (i) Describe the methods and significance of surveillance in Polio Eradication Programme.
- (ii) Discuss the problems in implementation and process of monitoring.

105. ICDS

At the end of the session, the participants should be able to:-

- (i) Identify the role of ICDS in health.
- (ii) Explain the mechanism for coordination and convergence with NRHM.

106. FRU Functioning and Constraints

At the end of the session, the participants should be able to:-

- (i) Discuss the current status of FRUs.
- (ii) Describe the processes for improvement.

107. Janani Suraksha Yojana

At the end of the session, the participants should be able to:-

- (i) Explain the concept of JSY.
- (ii) Describe the implementation of JSY.
- (iii) Discuss the problems in implementation.

108. Trainings under NRHM with Emphasis on ASHA

At the end of the session, the participants should be able to:-

- (i) Enumerate the kind of training under NRHM.
- (ii) Discuss the National Training Strategy.
- (iii) Discuss the training components of ASHA.

109 & 110.

Data for Evidence Based Planning

At the end of the session, the participants should be able to:-

- (i) Describe the sources of data.
- (ii) Discuss the methods of data interpretation.

111 & 112.

Public Health Nutrition in Women & Children

At the end of the session, the participants should be able to:-

- (i) Discuss the status of malnutrition in the county.
- (ii) Describe the various nutritional programs in the country for women & children.

113. Balanced Diet and Assessment of Nutrition

At the end of the session, the participants will be able to:

- (i) Explain what is Nutrition and Diet.
- (ii) Discuss balanced diet for different age groups.
- (iii) Describe methods of assessing nutritional status.

114. Iodine Deficiency Disorder

At the end of the session, the participants should be able to:-

- (i) Discuss current situation of iodine deficiency disorders in India and causes.

115. Vit 'A' Prophylaxis

At the end of the session, the participants should be able to:-

- (i) Describe the magnitude of Vitamin 'A' deficiency disorder and nutritional blindness in India.
- (ii) Enlist the doses & schedule for treatment of nutritional blindness and Vitamin 'A' prophylaxis.
- (iii) Discuss challenges in implementation.

116. Right to Information Act

At the end of the session, the participants should be able to:-

- (i) Explain the various provisions under the RTI Act.
- (ii) Discuss the procedure to be followed for implementation of the Act.

121. Non Communicable Disease

At the end of the session, the participants should be able to:-

- (i) Describe the status of NCD in the country.
- (ii) Discuss the Non Communicable Diseases control strategies and progress.

122. National Tobacco Control Programme

At the end of the session, the participants should be able to:-

- (i) Describe the initiatives taken by Government.
- (ii) Discuss the tobacco related legislations.
- (iii) Explain the steps to initiate programmes in their workplace.

123. Mental Health Programme

At the end of the session, the participants should be able to:-

- (i) Discuss the magnitude of mental diseases in the country.
- (ii) Discuss the mental health programme in the country.

124. Quality of Care in Health Facilities

At the end of the session, the participants should be able to:-

- (i) Discuss the concept of quality.
- (ii) Describe the various processes for ensuring quality in health centres.

125. RNTCP

At the end of the session, the participants should be able to:-

- (i) Describe the programs of TB Control.

126. HIV/AIDS

At the end of the session, the participants should be able to:-

- (ii) Describe the programs of HIV/AIDS.

127. Integrated Vector Borne Disease Control Programme

At the end of the session, the participants should be able to:-

- (i) Discuss the activities being undertaken under IVBDCP and the strengths and weakness in the programme.

128. Blood Safety

At the end of the session, the participants should be able to:-

- (i) Describe setting up of blood bank and guidelines related to blood safety
- (ii) Discuss the problems in making blood available in the FRUs.

129 & 130.

Prevention of Life Style Diseases - Arthritis and Cardiovascular Diseases

At the end of the session, the participants should be able to:-

- (i) To discuss factors contributing to life style disease.
- (ii) To explain methods of prevention.

131 & 132.

Visit to NAZ Foundation for HIV Care

- (i) Describe the role of NGOs in care and support of ill persons.
- (ii) Discuss the services available for HIV/AIDS patients.

133. Leprosy Elimination Programme

At the end of the session, the participants should be able to:-

- (i) Describe current status of leprosy.
- (ii) Discuss the strategy for elimination of leprosy.

134. Overview of Health Sector Reforms

At the end of the session, the participants should be able to:-

- (i) List the major health sector reforms.
- (ii) Discuss the various Health Sector Reforms and their implementation status.

135. E-Governance

At the end of the session, the participants should be able to:-

- (i) Discuss the importance and methods of E-Governance.

136. Result Based Performance

At the end of the session, the participants should be able to:-

- (i) Discuss gaps in the programme implementation.
- (ii) To describe indicators for progress of programme.

137 & 138.

Health Care Financing

At the end of the session, the participants should be able to:-

- (i) Describe the concept of health care financing.
- (ii) Describe alternative ways of financing in workplace.
- (iii) List out the main thrust areas of these policies.
- (iv) Discuss the status of implementation of these policies.

139 & 140.

Costing & Budgeting in a Project

At the end of the session, the participants should be able to:-

- (i) Describe the costing of various activities.
- (ii) Describe different types of budgeting procedures.
- (iii) Discuss performance based budgeting.

141. User Charges in Public Health Services

At the end of the session, the participants should be able to:-

- (i) Discuss the implementation and advantages of user charges.
- (ii) The functioning of Rogi Kalyan Samiti for utilization of user charges.
- (iii) Constraints in implementing user charges.

142. Community Health Insurance

At the end of the session the participants should be able to:-

- (i) Appreciate the need for insurance cover to avoid indebtedness due to illness/treatments.
- (ii) Explain concept of risk pooling.

143 & 144.

GFR, Tender and LPC

At the end of the session, the participants should be able to:-

- (i) Discuss the process of tender.
- (ii) Describe the various government financial rules.
- (iii) Discuss the rules and regulation of local purchase committee (LPC)

145. Public-Private-Partnership

At the end of the session, the participants should be able to:-

- (i) Describe importance of public – private partnerships.
- (ii) Describe mechanisms to develop public private partnerships.

146. Adolescent Health Programmes

At the end of the session, the participants should be able to:-

- (i) Discuss the status of Adolescent health in the country.
- (ii) State the need for services for adolescents.
- (iii) Describe the existing policy/services in the country.

147 & 148.

Disaster Preparedness & Management

At the end of the session, the participants should be able to:-

- (i) List the various events and disasters, which require preparedness.
- (ii) Describe the contingency plans for managing them.

149 & 150.

Preparation of Action Plan

151 & 152.

Office & Disciplinary Procedures

At the end of the session, the participants should be able to:-

- (i) Describe the shortcomings in functioning of an office.
- (ii) Describe the steps in implementing disciplinary procedures.
- (iii) Describe various vigilance procedures.

153 – 156.

Film on NRHM

157 & 158.

Presentation of Action Plan (Practice)

159 & 160.

CPA & Medical Negligence

At the end of the session, the participants should be able to:-

- (i) Describe the important aspects of CPA & and other examples of medical negligence.
- (ii) Discuss the operationalization of these acts in their districts.

166 & 166.

PNDT Act & MTP Acts

At the end of the session, the participants should be able to:-

- (i) Describe the various acts, problems in implementation and solutions.

167 & 168.

Geriatric Care

At the end of the session, the participants should be able to:-

- (i) Describe the status of geriatric care in India and role of Govt. & NGOs.

169. Managing Medico-Legal Cases

At the end of the session, the participants should be able to:-

- (i) Describe the need for knowledge on medico-legal issues.
- (ii) Discuss the various medico-legal issues of relevance.

170. Gender Mainstreaming

At the end of the session, the participants should be able to:-

- (i) Describe the concept of gender sensitivity.
- (ii) Discuss the means for mainstreaming.

171 - 182.

Finalization and Presentation of Action Plan

183 & 184.

Computer Test

At the end of the session, the participants should be able to:-

- (i) Test the skills/knowledge of the participants.

185 - 186.

Post Course Evaluation

A structured format used and participants attempt it.

10, 17-18, 23-24, 45-48, 52, 69-72, 93-96, 103-104, 117-120, 161-164

Computer Classes and Preparation of Action Plan on Computer

At the end of the session, the participants should be able to:-

- (i) Describe the MS Word, MS Excel & Power Point, internet and their use.
- (ii) Demonstrate the skills to work on them and prepare Action Plan on Power point.

ANNEXURE-III

Statistical Analysis of Pre and Post Test Evaluation

Maximum Marks= 140

Mean Pre-test Score (\bar{X}^1) =13.92

Mean Post-test Score (\bar{X}^2) =64.54

Mean Gain =64.54-13.92=50.62

Standard Deviation (SD) =11.32

Standard Error = 3.14

At 10 degrees of freedom 5% significant limit of t is 3.14

The observed t value is 16.12 times the standard error

The training programme was highly effective as the mean gain in pre & post scores was highly significant (‘t’ =16.12, P<0.00).

ANNEXURE-IV

Course Director
Prof. Deoki Nandan

Nodal Coordinator
Prof. (Mrs.) M. Bhattacharya

S. No.	Course Coordinators	Dates
1	Dr. T.G. Shrivastav	16-08-10 to 12-09-10
2	Dr. Meerambika Mahapatro	13-09-10 to 03-10-10
3	Dr. Ankur Yadav	04-10-10 to 23-10-10
Course Associates		
1	Mr. Devmitra Arya	16-08-10 to 23-10-10
Computer Team		
1	Mr. P.D. Kulkarni	
2	Mr. Parimal Parya	
3	Mr. Subhash Chand	
4	Mr. S.P. Singh	
5	Mr. Jagdish Sharma	
6	Mr. Sherin Raj T.P.	
Secretarial Assistance		
1	Mr. Vikas Kanojia	
2	Ms. Radha	

ANNEXURE-V

RESOURCE PERSONS (EXTERNAL)

- 1) Dr. P.L. Trakroo, Email: pltrakroo@gmail.com, House No-939, Sec-21 C, Housing Board Colony, Faridabad, Haryana, Pin-121001, M:-9811616741
- 2) Dr. A.K. Sood, Executive Director, National Board of Examination (NBE), Sector-9, PSP Area, Dwarka, New Delhi, Fax-45593009, Email: sood_kumar_ajay@yahoo.com
- 3) Prof. Neeraj Kumar Sethi, Senior Advisor (Health), Planning Commission, Yojana Bhawan, New Delhi-110001, nk.sethi@nic.in, (O): 23096600.
- 4) Mr. G. Subramanian, Deputy Director, Centre Information Centre, JNU Old Campus, New Delhi-110067, Phone (O):- 011-26185088, Email:- gs.manian@nic.in
- 5) Dr. Y.L. Tekhre, Director (Research), National Human Rights Commission, Faridkot House, Copernicus Marg, New Delhi-110001, Office: 011-23386581 Fax 011-23384863 Mobile: 09868182696, Email: yade_lal@yahoo.co.in, dirres-nhrc@nic.in
- 6) Dr. A.K. Agarwal, Professor, Indira Gandhi National Open University, Maidan Garhi, New Delhi-110068, (O):- 011-29533078, 29535924-32, Fax:- 011-29534935, Email:- akagarwal@ignou.ac.in, Residential Address- 290- Nilgiri Apartment, Alakhnanda, New Delhi-110019, Mobile:- 9810423788.
- 7) Dr. D.C. Katoch, National Consultant (Traditional Medicine & Homeopathy), WHO-India Office, 3rd Floor, Shriram Bharatiye Kala Kendra, 1, Copernicus Marg, New Delhi-110 001, Phone: (+91) - (011) - 42595600 Extn. 23288, Mobile: 9968076668, Fax: (+91) - (011) - 23382252, katochdc@searo.who.int
- 8) Mr. Praveen Srivastava, Director (Statistics), Ministry of Health & Family Welfare, Room No-518-A, Nirman Bhawan, New Delhi-110011, dirstat-mohfw@nic.in, Ph(O): 23061238, (M): 9868965151.
- 9) Dr. Himanshu Bhushan, Assistant Commissioner, Maternal Health Ministry of Health & Family Welfare, Room no-505, A Wing, Nirman

Bhawan, New Delhi-110011, dr_hbhushan@hotmail.com, bhimanshu@hub.nic.in , Tel: 011- 23062930.

- 10) Dr. S.K. Sikdar, Assistant Commissioner (RSS), Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi-110011, Email: sk.sikdar@nic.in, sikdarsk@rediffmail.com, (M) - 9911422499.
- 11) Dr. Sangeeta Saxena, CMO (NFSG), CGHS Hutments, Bikaner House, Pandara Road, New Delhi Email: sgsaxena@nic.in
- 12) Dr. Rattan Chand, Chief Director, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi, Ph(O): 23062699
- 13) Dr. Amarjeet Singh, Executive Director, Jansankhya Sthirata Kosh, 283, August Kranti Bhawan, 1st Floor, Annie Besant Gate, Bhikaji Cama Place, New Delhi – 110066, Tel: 011-26197380, Tele Fax: 011-26197346
Email: jsk.npsf@nic.in
- 14) Dr. Prema Ramachandran, Director, Nutrition Foundation of India, C-13 Qutub Institutional Area, New Delhi-16, premaramachandran@gmail.com, nutritionfoundationofindia@gmail.com Tel- 26962615, Fax- 26857814, premaramachandran@gmail.com
- 15) Dr. Sunil Bahl, Deputy Project Manger, National Polio Surveillance Project, R.K. Khanna Tennis Stadium, Afrika Avenue, Safdarjung Enclave, New Delhi 110029, Tele: +91 11 26169727, 26169889, Fax: 91-11-26191865, Email: bahls@npsuindia.org (M): 9810037538.
- 16) Dr. Dinesh Paul, Director, NIPCCD, 5, Sirifort Institutional Area, Hauz Khas, New Delhi-110016, Ph: 26963383 pauldinesh@vsnl.com
- 17) Dr. A.K. Khera, Deputy Commissioner (MCH), Room No- 205 'D', Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi Email:- dcmch-mohfw@nic.in
- 18) Dr. P.K. Nayak, Deputy Commissioner (Trg.), Department of Health & Family Welfare, Government of India, Nirman Bhawan, New Delhi-110011, Email: pknayak55@gmail.com, Ph: 23062091.
- 19) Dr. Sheila Vir, Director, Centre for Public Health Services, B-4/141, Safdurjang Enclave, New Delhi, Email:- sheila.vir@gmail.com, M: 9873680247.

- 20) Dr. Umesh Kapil, Professor (Public Health Nutrition), Old OT Block, All India Institute of Medical Sciences (AIIMS), New Delhi-110029, (O):- 26593383.
- 21) Dr. Sudhir Gupta, CMO (NCD), Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi, Email: cmoncd@nb.nic.in, Phone (O) 91-11-23061980
- 22) Dr. L. S. Chauhan, Dy. Director General, National T.B. Control Programme, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi – 110 011, Email: ddgtb@rntcp.org, Phone: 23063226.
- 23) Dr. S.D. Khaparde, DDG (NACO), National AIDS Control Organization, Plot No- 36, 9th Floor, Chanderlok Building, Janpath, New Delhi-110001 Mobile:- 9953141010, Office:- 23736851
- 24) Dr. Md. Shaukat, ADG (Blood Safety Division), National AIDS Control Organization (NACO), 9th Floor, Chanderlok Building, 36, Janpath, New Delhi – 110001, Phone:- 23731805, Email:- bloodsafety@yahoo.com,
- 25) Dr. Chandra Shekhar Yadav, Hip & Knee Joint Replacement Surgeon, Associate Professor, Department of Orthopaedics, All India Institute of Medical Sciences, New Delhi-110029, (O):- 26593316, Email:csyadavortho@gmail.com
- 26) Dr. Rakesh Yadav, Cardiologist, All India Institute of Medical Sciences (AIIMS), Ansari Nagar, New Delhi-110029, (O):-26593218.
- 27) Dr. Tarun Seem, Head, Health System Support Unit, Public Health Foundation of India, Institute for Studies in Industrial Development (ISID) Campus, 4, Institutional Area, Vasant Kunj (Near the Grand Hotel), New Delhi – 110070, Email: tarunseem@hotmail.com
- 28) Dr. M.A. Arif, Country Representative, Netherlands Leprosy Relief, India Branch, U-9, Green Park Extension, New Delhi- 110016, email: nlrindia@airtelbroadband.in, nlrindia@airtelmail.in, Tel:- 011-26498546-47, Fax:- 011-26498547.
- 29) Dr. Manisha Malhotra, Assistant Commissioner (Maternal Health), Ministry of Health & Family Welfare, Room No- 410 'D', Nirman Bhawan, New Delhi-110011
- 30) Dr. Abhay Kumar Shrivastava, Associate Professor (Disaster Management), Haryana Institute of Public Administration (HIPA)

Room No- 222, 2nd floor, 76, HIPA Complex, Sector-18, Gurgaon-122001, Haryana, Email: aks0121@rediffmail.com, Phone No. 95124-2399240, 95124-2340690,691 Fax :95124-2348452, M: 9873289737.

- 31) Dr. M.C. Gupta, Advocate Supreme Court, G-17/9, Malviya Nagar, New Delhi-110017, M: 9810893507, 9350237507, email: mcgupta44@gmail.com
- 32) Dr. Sher Singh Kashyotia, Public Health Specialist, Emergency Medical Relief(EMR), Directorate General of Health Services, Ministry of Health and Family Welfare, Nirman Bhavan, New Delhi-110011. Ph- +91-11-2306-2898, Mobile- +91-9868-458457, Fax- +91-11-2306-1469, +91-11-2306-1457 Email- doctorshersingh@gmail.com, doctorshersingh@yahoo.co.in,
- 33) Prof S. K. Verma, Department of Forensic Medicine, University College of Medical Sciences, Dilshad Garden, Shahdara, New Delhi-110095, (O): 011- 22582972-74, Email: vermasatish2003@gmail.com
- 34) Hoshangabad CMHO, Hoshangabad, Madhya Pradesh 07574-252464, 254446 cmhohos@mp.nic.in, csurgeonhosmp@mp.nic.in
- 35) Dr Sanjay Dixit, Professor and Head, Community Medicine, MGM Medical College, Indore, Mobile 09406628693, College 0731 2438272,2510152, Residence 0731 2556147,2904880, FAX 07312514628'
- 36) Shri Nishant Warwade, IAS, District Magistrate-Hoshangabad, Office of District Magistrate, Hoshngabad, Madhya Pradesh
- 37) Dr. Jagdish Kaur, Chief Medical Officer, Ministry of Health & Family Welfare, 3rd Floor, Nirman Bhawan, New Delhi phone- 23063120
- 38) Dr. Ramesh Sharma, Udaipur, drcho_udaipur@yahoo.com
- 39) Dr. D.M. Pathak, Principal Director, Room No-422, O/c Controller of Auditor General of India, 9, Deendayal Upadhyay Marg, New Delhi-110024, Mobile:- 9810728354
- 40) Dr. Akhilesh Bhargava, Director, State Institute of Health & Family Welfare, Jhalana Institutional Area, Near Doordarshan Kendra, Jaipur- 302004, Rajasthan, 0141-2706534 (FAX), 0141-2706534

(O), 0141-3243030 (R), 9414070956 (M),
abdoctor19531@rediffmail.com, sihfwraj@yahoo.co.in

- 41) Dr. M. L. Jain, Room No. 10, Directorate of Medical Health Services, Swasthya Bhawan, Behind Secretariat, Jaipur-302 001, Rajasthan, Tel. Off. +91-141-2228707, Fax: +91-141-2228707, Tel. Res. +91-141-2811047, Mob: +91-9414159361
Email: directorfw-rj@nic.in
- 42) Dr. Sudha Salhan, Consultant & Head, Deptt. of Gynaecology & Obstetrics, Safdarjung Hospital, New Delhi Fax: 011-26198108
- 43) Dr. D. Roy, Deputy Drug Controller, CDSCO, North Zone, MOHFW, GOI, CGO Building-1, K. N. Nagar, Ghaziabad, Uttar Pradesh-201002, M: 9811203186.
- 44) Dr. A.K. Agarwal, Professor, Indira Gandhi National Open University, Maidan Garhi, New Delhi-110068, (O):- 011-29533078, 29535924-32, Fax:- 011-29534935, Email:- akagarwal@ignou.ac.in, Residential Address- 290- Nilgiri Apartment, Alakhnanda, New Delhi-110019.
- 45) Mr. Bejon Misra, Executive Director, Consumer VOICE, 441, Jangpura, Bhogal, Mathura Road, New Delhi-110014, INDIA, www.consumer-voice.org, Mobile:+91-9811044424 or 9311044424, Consumer Helpline 1800-11-4000, bejonmisra@hotmail.com, Phone-011-24379078-80, Fax: 011-24379081.
- 46) Dr. T.K. Joshi, Director, (Projects), Centre for Occupational & Environmental Health- B.L. Taneja Block, LNJP Hospital, New Delhi-110002, Email: joshitk45@yahoo.co.in, joshitk@vsn1.com
- 47) Shri Amarjeet Sinha, Joint Secretary (AS), National Rural Health Mission, GOI 242-A, Nirman Bhawan, Maulana Azad Marg, New Delhi, Ph: 011- 23062157, E-mail: amarjeet.sinha@nic.in, amarjeet_sinha@hotmail.com, amarjeetsinha@gmail.com, amarjeet987@rediffmail.com
- 48) Dr. Dinesh Baswal, Assistant Commissioner (Trg.), Department of Health & Family Welfare, Government of India, 201 'D' Wing, Nirman Bhawan, New Delhi-110011, Email: dinesh.baswal@nic.in, dinesh126@hotmail.com, Ph: 23062288.

- 49) Mr. Parveen Srivastava, Director (Statistics), Ministry of Health & Family Welfare, Room No-518-A, Nirman Bhawan, New Delhi-110011, dirstat-mohfw@nic.in, Ph(O): 23061238, (M): 9868965151.
- 50) Dr. Renu Paruthi, Routine Immunization Training Coordinator, National Polio, Surveillance Project, R.K. Khanna Tennis Stadium, Afrika Avenue, Safdarjung Enclave, New Delhi-110029, paruthire@npsuindia.org, Tele:+91 11 26169727, Mob: +91 9810405852, Fax:+91-11-26191865.
- 51) Dr. Arvind Pandey, Director, Institute for Research in Medical Statistics (IRMS), ICMR Campus, Ansari Nagar, New Delhi – 110029, Email: arvindpandey@vsnl.net

ANNEXURE-VI

RESOURCE PERSONS (NIHFW)

1. Prof. Deoki Nandan, Director, National Institute of Health & Family Welfare (NIHFW), Email: dnandan51@yahoo.com, director@nihfw.org
2. Dr. M. Bhattacharya, Prof. & Head, Department of Community Health Administration, Email: cha_nihfw@yahoo.co.in,
3. Dr. A.M. Khan, Prof. & Head, Department of Social Sciences
Email: m_khannihfw@yahoo.com
4. Dr. K. Kalaivani, Prof. & Head, Department of Reproductive Bio Medicine,
Email: kalaivanikrishnamurthy@gmail.com
5. Dr. T. Mathiyazhagan, Prof. & Head, Department of Communication
Email: tmathiyazhagan@nihfw.org, mathi_53@yahoo.co.in
6. Dr. Rajni Bagga, Prof. & Acting Head, Department of Management
Sciences, Email: rajnibagga@hotmail.com
7. Dr. V.K. Tiwari, Prof. & Acting Head, Department of Planning &
Evaluation, Email: vktiwari.nihfw@gmail.com
8. Dr. J.K. Das, Prof. & Head Department of Epidemiology
Email: jkdas_19@rediffmail.com
9. Dr. U. Datta, Prof. & Acting Head, Department of Education & Training,
Email: utsuk@rediffmail.com, utsukdatta@gmail.com
10. Dr. Neera Dhar, Professor, Department Education & Training Email:
ndhar@nihfw.org, nabadhneera@yahoo.com
11. Dr. Pushpanjali Swain, Acting Head, Department of Statistics and
Demography, Email: drpswain@yahoo.co.in
12. Dr. S.V. Adhish, Prof. & Acting Head, Department of Medical Care Hospital
Administration, Email: vivekadhish@gmail.com
13. Dr. Sanjay Gupta, Reader, Department of Community Health
Administration, Email: sanjaygupta61@gmail.com,
sanjaygupta61@hotmail.com
14. Dr. K.S. Nair – Lecturer, Department of Planning & Evaluation
Email: k_sreenair@yahoo.com
15. Dr. Poonam Khattar, Reader, Department of Education & Training Email:
pkhattar@nihfw.org, poonamkhattar@gmail.com
16. Dr. T. Bir, Professor, Department of Social Sciences, Email: tbir@nihfw.org
17. Dr. Ankur Yadav, Lecturer, Department of Communication, Email:
ankuryadav41@yahoo.co.in

18. Dr. L. Lam Khan Piang, Lecturere, Department of Planning & Evaluation, Email: lampiang.nihfw@nic.in, lkpiang@nihfw.org, lampiang@gmail.com
19. Dr. Swati Bute, Lecturer, Department of Communication
20. Dr. Chetna Chouhan, Department of Reproductive Bio Medicine (Clinic), Email: chetnachouhan@nihfw.org,
21. Dr. Geetanjaly Singh, Department of Reproductive Bio Medicine (Clinic), Email: geetanjaly@nihfw.org
22. Mr. J.P. Shivdasani, RO, Department of Education & Training, Email: jaisani@rediffmail.com
23. Dr. P. Deepak, National Consultant (Immunization Trgs.), Department of Community Health Administration, Email: drpdeepak1@gmail.com
24. Dr. S.K. Chaturvedi, Part Time Faculty, Distance Learning Cell, Email: doctorskchaturvedi@yahoo.com
25. Dr. P.L. Joshi, Consultant
26. Mr. R.S. Sharma, Part Time Faculty
27. Mr. Gaurav Kisan, Programmer
28. Mr. D. Arya, PTF, Department of Community Health Administration

Computer Team – Mr. P.D. Kulkarni, Mr. Parimal Parya,
Mr. Subhash Chand, Mr. S.P. Singh,
Mr. Jagdish Sharma, Mr. Sherin Raj T.P.

ANNEXURE-VII

**13th Professional Development Course in Management, Public Health and
Health Sector Reforms for District Medical Officers from
16th August to 23rd October, 2010**

LIST OF PARTICIPANTS

S. No	District	State	Name of the participant	Designation	Course Date	Year	Address (Office)	Address (Res)	Tel (R/O)	E-mail	Male/ Female	Age
1	Ambala	Haryana	Dr. Darshan Sharma	Deputy C.S. (TB)	16/8/10 to 23/10/10	2010-2011	TB Hospital	Kothi No-10, Doctor's Colony, Ambala, Haryana	9215191830	hkbhushan@gmail.com	Female	48
2	Bhiwani	Haryana	Dr. Ramesh Dhankhar	SMO	16/8/10 to 23/10/10	2010-2011	K.L. Jalan, Govt. Eye Hospital, Bhiwani, Haryana	Suman Hospital, Meham Road, Bhiwani, Haryana	9466010011	drdhankar@yahoo.in	Male	50
3	Panipat	Haryana	Dr. Gulshan Rai	Medical Officer	16/8/10 to 23/10/10	2010-2011	BSSH Panitpat, PHC Seenk, Haryana	426-B, Ward No-11, Taraori, Karnal, Haryana	9996246489	drgulshanrai@gmail.com	Male	27
4	Karnal	Haryana	Dr. Piyush Kumar Sharma	SMO	16/8/10 to 23/10/10	2010-2011	GH Karnal, Haryana	11-B, Medical Enclave, Karnal, Haryana	9416383083	drpiyushksharma@gmail.com	Male	45
5	Kaithal	Haryana	Dr. Kitab Singh	Senior Medical Officer	16/8/10 to 23/10/10	2010-2011	Community Health Centre, Rajaund, District-Kaithal, Haryana	H. o-537, Housing Board, Jind, Haryana	9896148850	chcraound@gmail.com	Male	57
6	Kaithal	Haryana	Dr. Shashi Tripathi	Deputy C.S.	16/8/10 to 23/10/10	2010-2011	Civil Surgeon O/O Deputy Civil Surgeon, Kaithal, Haryana		9812127982	drshashi15@gmail.com	Female	54

S. No	District	State	Name of the participant	Designation	Course Date	Year	Address (Office)	Address (Res)	Tel (R/O)	E-mail	Male/Female	Age
7	Panchkula	Haryana	Dr. Gurman Singh	Medical Officer	16/8/10 to 23/10/10	2010-2011	CHC Raipur Rani, Panchkula, Haryana	H. No-258, Sector-16/A, Chandigarh	9417579522	gumansingh@mail.com	Male	27
8	Mahendergarh	Haryana	Dr. Sarvesh Kumar	Medical Officer	16/8/10 to 23/10/10	2010-2011	PHC Dochana, District- Mahendergarh, Haryana	Village- Kaluwas, District & PO- Rewari, Haryana-123401	01274-225688, 9896151569 9953768727	dryadavsarvesh@gmail.com	Male	26
9	Bhiwani	Haryana	Dr. Dinesh Kumar	Medical Officer	16/8/10 to 23/10/10	2010-2011	MO, General Hospital, Bhiwani, Haryana	11-B, Naya Bazar, Najafgarh, New Delhi	9812773771	dmehndey@yahoo.com	Male	45
10	Jind	Haryana	Dr. Satish Aggarwal	Chief Medical Officer	16/8/10 to 23/10/10	2010-2011	CMO Jind, Haryana	1349 41E, Jind, Haryana	9215156176	dhs.csjnd@hry.nic.in	Male	50
11	Nainital	Uttarakhand	Dr. G.B. Bisht	Senior Eye Surgeon	16/8/10 to 23/10/10	2010-2011	District Hospital, Nainital, Uttarakhand	Subham-Karoti Mukhani, Haldwani, Uttarakhand	05942-235012, 9412963619, 05946-263542 (R)	gbbisht@yahoo.com.uk	Male	54
12	New Delhi	New Delhi	Dr. Ritu Dharmarha	CMO	16/8/10 to 23/10/10	2010-2011	SUBA Hospital, Govt. of NCT of Delhi	24/70, Punjabi Bagh, New Delhi-110026	01125855994, 01125881396 (Fax), 9811339639	rdharmarha@gmail.com	Female	43
13	New Delhi	New Delhi	Dr. Subhash Seth	CMO (NFSG)	16/8/10 to 23/10/10	2010-2011	O/O CDMO (West District) GNCT Delhi	Bharati Nursing Home, A-132, Palam Extension, Delhi-77	9818859445	subhashseth@yahoo.com	Male	50
14	New Delhi	New Delhi	Dr. Namita	Medical Officer	16/8/10 to 23/10/10	2010-2011	Medical Officer, CGHS, RK Puram, New Delhi	House No-1191, Sector-23A, Gurgaon, Haryana	9971221478	namita1dr@gmail.com	Female	26

ANNEXURE-VIII

**National Institute of Health & Family Welfare, New Delhi-67
13th Professional Development Course in Management, Public Health & Health Sector Reforms for
District Medical Officers (16th August to 23rd October, 2010)**



Sitting (L to R):- Dr. T.G. Shrivastav, Prof. J.K. Das, Prof. M. Bhattacharya, Dr. Solanki, Prof. Deoki Nandan, Dr. Tarun Seem, Dr. P.L. Joshi,
Dr. Meerambika Mahapatro, Dr. Sanjay Gupta
Standing 1st Row:- Dr. Gurman Singh, Dr. Sarvesh Kumar, Dr. Ramesh Dhankhar, Dr. Satish Aggarwal, Dr. Namita, Dr. Shashi Tripathi, Dr. Ritu Dharmarha,
Dr. Darshan Sharma.
Standing 2nd Row:- Dr. Gulshan Rai, Dr. Dinesh Kumar, Dr. Subhash Seth, Dr. G.B. Bisht, Dr. Kitab Singh, Dr. Piyush Kumar Sharma, Mr. D.M. Arya.

Aim of the Course

To improve the inherent competencies of district based doctors to take on public health & managerial responsibilities and in turn improve the overall delivery of health services and to implement the objectives of the on going National Rural Health Mission in the country



आरोग्यम् सुखसम्पदा