16th Professional Development Course in Management, Public Health and Health Sector Reforms for District Medical Officers

26th March, 2012 to 2nd June, 2012

REPORT

Supported by
Ministry of Health and Family Welfare, Government of India

Organised by
National Institute of Health and Family Welfare
New Delhi-110 067
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 with the objective of enabling the Senior District Medical Officers to take on the leadership role for strengthening the district health system through effective management of various systems and sub-system under NRHM for effective delivery of health care. NIHFW is the Nodal Institute for this course in the country and as of now 2069 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 focus 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 16th Professional Development Course (PDC) which was successfully conducted at NIHFW from 26th March 2012 to 2nd June, 2012 with seventeen participants from 3 states. This report provides an overview of the conduct of the course.

I take this opportunity to thank to Ministry of Health and Family Welfare (MOHFW), Government of India (GOI) especially the Training Division of Delhi, Jammu & Kashmir and Gujarat 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

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<tr>
<th>No.</th>
<th>Abbreviation</th>
<th>Full Form</th>
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<td>1.</td>
<td>PDC</td>
<td>Professional Development Course</td>
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<td>2.</td>
<td>MOHFW</td>
<td>Ministry of Health and Family Welfare</td>
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<td>3.</td>
<td>NIHFW</td>
<td>National Institute of Health &amp; Family Welfare</td>
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<td>4.</td>
<td>NRHM</td>
<td>National Rural Health Mission</td>
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<td>5.</td>
<td>GOI</td>
<td>Government of India</td>
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<td>6.</td>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>7.</td>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>8.</td>
<td>PHC</td>
<td>Primary Health Centre</td>
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<td>9.</td>
<td>CHC</td>
<td>Community Health Centre</td>
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<td>10.</td>
<td>ICPD</td>
<td>International Conference on Population and Development</td>
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<td>11.</td>
<td>IPHS</td>
<td>Indian Public Health Standards</td>
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<td>12.</td>
<td>CMO</td>
<td>Chief Medical Officer</td>
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<td>13.</td>
<td>PLA/PRA</td>
<td>Participatory Learning Action/ Participatory Rural Appraisal</td>
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<td>14.</td>
<td>FGD</td>
<td>Focus Group Discussion</td>
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<td>15.</td>
<td>ECTA</td>
<td>European Commission Technical Assistance</td>
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<td>16.</td>
<td>ASCI</td>
<td>Administrative Staff College of India</td>
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<td>17.</td>
<td>DHO</td>
<td>District Health Officer</td>
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<td>18.</td>
<td>SIHFW</td>
<td>State Institute of Health &amp; Family Welfare</td>
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<td>19.</td>
<td>CTI</td>
<td>Collaborating Training Institute</td>
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<td>20.</td>
<td>CHA</td>
<td>Community Health Administration</td>
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<tr>
<td>21.</td>
<td>IMR</td>
<td>Infant Mortality Rate</td>
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<td>22.</td>
<td>MMR</td>
<td>Maternal Mortality Rate</td>
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<td>23.</td>
<td>ASHA</td>
<td>Accredited Social Health Activist</td>
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<td>24.</td>
<td>ANM</td>
<td>Auxiliary Nurse Midwife</td>
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<td>25.</td>
<td>AWW</td>
<td>Anganwadi Worker</td>
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<td>26.</td>
<td>PRI</td>
<td>Panchayati Raj Institution</td>
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<td>27.</td>
<td>HMIS</td>
<td>Health Management Information System</td>
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<td>28.</td>
<td>IEC/BCC</td>
<td>Information, Education, and Communication/ Behaviour Change Communication</td>
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<td>29.</td>
<td>HRM</td>
<td>Human Resource Management</td>
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<td>30.</td>
<td>NDC</td>
<td>National Documentation Centre</td>
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<td>31.</td>
<td>VED Analysis</td>
<td>Vital, Essential and Desirable Analysis</td>
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<td>32.</td>
<td>ABC Analysis</td>
<td>Activity-Based Costing Analysis</td>
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<td>33.</td>
<td>FSN Analysis</td>
<td>Fast, Slow and Non-moving Analysis</td>
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<td>34.</td>
<td>ISO</td>
<td>International Organization for Standardization</td>
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<td>35.</td>
<td>SWOT</td>
<td>Strengths, Weaknesses, Opportunities, and Threats</td>
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<td>36.</td>
<td>AYUSH</td>
<td>Ayurveda, Yoga &amp; Naturopathy, Unani, Siddha and Homoeopathy</td>
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<td>37.</td>
<td>IMNCl</td>
<td>Integrated Management of Neonatal and Childhood Illnesses</td>
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<td>38.</td>
<td>FRU</td>
<td>First Referral Unit</td>
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<td>39.</td>
<td>BEmOC</td>
<td>Basic Emergency Obstetric Care</td>
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<td>40.</td>
<td>EmOC</td>
<td>Emergency Obstetric Care</td>
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<td>No.</td>
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<td>41.</td>
<td>IDSP</td>
<td>Integrated Diseases Surveillance Project</td>
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<td>42.</td>
<td>RCH</td>
<td>Reproductive Child Health</td>
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<td>43.</td>
<td>NGO</td>
<td>Non Government Organization</td>
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<td>44.</td>
<td>RTI</td>
<td>Right to Information</td>
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<td>45.</td>
<td>ICTC</td>
<td>Integrated Counseling and Testing Centre</td>
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<td>46.</td>
<td>CM&amp;HO</td>
<td>Chief Medical &amp; Health Officer</td>
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<td>47.</td>
<td>NIPI</td>
<td>Norway India Partnership Initiative</td>
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<td>48.</td>
<td>BPL</td>
<td>Below Poverty Line</td>
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<td>49.</td>
<td>ICDS</td>
<td>Integrated Child Development Services</td>
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<td>50.</td>
<td>CPA</td>
<td>Consumer Protection Act</td>
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<td>PNDT</td>
<td>Pre-Natal Diagnostic Techniques</td>
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<td>RKS</td>
<td>Rogi Kalyan Samiti</td>
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<td>RSBY</td>
<td>Rashtriya Swasthya Bima Yojana</td>
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<td>54.</td>
<td>AHS</td>
<td>Annual Health Survey</td>
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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 dracontiasis, Yaws and elimination of leprosies while prevalence and incidences of diseases like HIV, Malaria, Polio, Cholera and Gastroenteritis 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, Kalazar 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 mandate under NRHM.

At the Government Health Sector, operationally, the Chief Medical Officers at district level is the 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, 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 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 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 NIHFW’s Core Committee for PDC, had serial consultations with a view to bring in necessary changes/improvement in the forthcoming 16th 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 NRHM 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 Content

The course covers five 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

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

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, called to take on 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 16th PDC started with introduction of the participants and the coordinating team. As part of an on-going programme to assess the responsiveness of the participants Pre-Course Evaluation was carried out. 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. Implementation of what participants’ learned. The inaugural function was started with the welcome speech of Dr. M. Bhattacharya, Nodal officer of Professional Development course (PDC). She welcomed the participants and brief about the course details, elaborated on 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 17 Senior District Level Medical Officers from States of Gujarat, Jammu & Kashmir and Haryana, and 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. Session on Overview of NRHM was taken by Prof. M. Bhattacharya (Nodal Officer Professional Development Course) (PDC) gave detailed overview about NRHM, why NRHM started, main objectives of NRHM, financial aspects of NRHM.

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 one and half 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 good leader, how to deal with different peoples, Johari window. 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.

The most important outcome of the sessions on Overview of Management in Health Sector was use of existing potentials, why management is important, qualities of good administrator/manager, different theories/concepts of managements.

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, E.Q, I.Q, types of management, Managerial functions, positive attitude to make change, value system, methods of team building, types of leadership, motivation

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.

In the session on Computer the main learnings of the participants were basics of computer, parts of computer i.e. C.P.U, U.P.S, Key board, Mouse, how to operate the computer.

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 how to motivate subordinates, how work motivation can be applied in a district health organization. How to create good environment in organization

The outcome of the session of communication for change were, types of communication, process of communication, elements of communication, attributes of effective communication, scope and importance of communication in health.

In the session on principals of PLA/PRA participants learnt about principals, methods and techniques of PLA/PRA, concept of PLA/PRA, use of PLA/PRA for enhancing community participation.
The outcome of the session of training and need assessment and training technology were methods for assessing training need and conducting trainings in health sector.

In the session on Result based management, 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.

The outcome of the session of 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.

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

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

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, ways of consumer education, role of quality services in utilization of health services.

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.

The outcome of the session of 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 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.

A field visit of PLA (Participatory Learning Appraisal)/PRA (Participatory Rapid Appraisal) was organized headed by Dr. A.M. Khan at Motilal Nehru camp Munirka, New Delhi where participant were divided into three groups, Ganga, Yamuna, Sarswati. Different works were allotted to
each group’s 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 infront of faculty of NIHFW. From this field visit participants learnt about importance of community participation.

Another important session covered during this slot was Preparation of Action plan in which main learning were 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.

In the session of 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 Equipment Management the main learnings of the participants were need-based realistic procurement of equipments for optimal use, how to plan for purchase of equipments, 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.

In the session on 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 consumable.

A local field visit to the Jai Prakash Naryan (AIIMS) was organized headed by Dr. T.G. Shrivastav where participants interacted with Dr. S.K. Bhoi and Dr. Amit. The team was brief about the functioning of trauma centre. PDC participants were taken around the trauma centre. The team also observes 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 Chacha Nehru Hospital was organized where the M.S. of the hospital brief about history of the hospital. Participants show different aspects of quality management in a hospital like client and provider friendly facilities, quality of infrastructure
& service, team-work, capacity building and work culture.

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 its prevention, vaccine preventable diseases and community mobilization.

The outcome of the session on management of cold chain was that participants were told about vaccine sensitivity and need for cold chain system, maintenance of electrical and non electrical equipments, 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 Biostatics and Indicators in Health participants learned the objectives of Statistic, sources of data, type of data, analysis of data, sampling methods, how to calculate mean, median, mode, mean deviation.

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

The outcome of the session of 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 Integrated Service Training Programme participants learned, importance of TNA Approach, Identify steps in TNA approach, use of the data generated from TNA.

The outcome of the session of Annual Health Survey was, ASH can be utilized for making programmes, monitoring the district achievements, how to asses 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.

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

The outcome of the session of Strategy of Polio Eradication, importance of surveillance and the strategy of polio eradication and updated about the latest situation of polio.

Session on overview of NRHM was taken by Prof. M. Bhattacharya Acting Director (NIHFW), in which he explained 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.

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.

Participants were taken to the NDC to access literature in the library to refer. In this session on Data for Evidence Based Planning participant learned

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 ministry for training (Kasker)

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.

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 outcome of the session of HIV/AIDS was, Described the programmes for TB and HIV/AIDS, Discuss the link between the two diseases and areas of administrative convergence.

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.

Outcome of the session of Tobacco Initiatives 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 Overview of Health Sector Reforms, participants learned about different health sector reforms in India under NRHM, the major initiatives and challenges.

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.

In the session on Public Health Nutrition, 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.

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 User Charges in Public Health participants learned about advantages of user charges and conditions for exemption from user charges, the activities and functions of Rogi Kalyan Samiti and the proper utilization of user charges as per the guidelines by them.

Outcome of the session on Community Health Insurance were, need for community health insurance, the initiatives taken by the Government and the different centrally sponsored and state specific schemes. Models of community health insurance.

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.

The outcome of the session of Problem Solving was to understand the differences between the present situation and the expected situation. Recognizing the problem and the steps for solving the problem were taught.

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

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

The session on Office Disciplinary Procedures was related to the basic office procedures and disciplinary procedures, the types of vigilance and organizational structure. How to write note sheets, types of letters, The names of books and publications for rules and regulations were suggested to them to read and refer.

In the session on Geriatric Care, participants learned about issues in geriatric care i.e. social security, emotional support, good health care system, economic support
and demographic transition. How to manage old age.

Most important outcomes of the session of Iodine Deficiency Disorder and Vitamin A 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 PNDT participants learned the various acts, problems in implementation and solutions.

In the session on GFR Tender and LPC participants learned about procurement methods, procedure of tender, types of tenders, formulation of local purchase committee.

In the session on Managing Medico Legal Cases, the need of proper documentation and not tampering with documents and about medical ethics. How to minimize litigation.

In the session on CPA and Medical Negligence participants learned about 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.

Field Visits

1st First field Visit to Himachal Pardesh (Shimla) 16th to 21st April, 2012

The first field visit to Himachal Pradesh was organized and led by Dr. Pushpanjali Swain. The team was briefed about the functioning of the health system in the state. PDC participants were taken around the various facilities. The team closely observed the functioning of health system of Himachal Pardesh.

PDC team visited PHC Mashobra district Shimla on 16th March 2012. PHC was running in a Government building, good accessibility, staff quarters also available Here IEC material were displayed properly, PHC was very clean, proper Biomedical waste management, 24x7 immunization services were available, Cold Chain was maintained. There were some weaknesses too i.e no facility for HIV/HBsAg testing, no ultrasound services were available, no baby warmer, no rehabilitation services, drugs were not adequate

Next visit was organized to Anganwadi centre Baldaya district Shimla. This centre was running in a Govt. building. The immunization Health checkups/Referrals services were provided by Health staff at this center. The ANM was well aware about the programmes. The Anganwadi worker was supporting ANM in conducting immunization activities. Meals were given to the pregnant women and pre-school going children. The center is providing good services in the area.
and is helping a lot to the health workers in absence of ASHA workers. Food storage facilities were in good conditions.

At Civil Hospital Theog the PDC participants observed that this is a 50 bedded hospital and is 25 km away from Shimla city with good accessibility. It has an old building and one more block is under construction. Bed occupancy of this hospital is 50-60%. This hospital is providing JSY services to the BPL/ST SC category. Good immunization services were provided along with DOT services, 108 GVK Ambulance service is available, adequate funds under Rogi Kalyan Sammiti (RKS), and biomedical waste management service was very good. There were some weakness too i.e. lack of staff quarters, no waiting area for OPD patients, lab services were available only up to 12 Noon.

Team visited Din Dayal Upadhyaya / Ripon Hospital at Shimla. It is a regional/Zonal hospital covering three districts of Himachal Pradesh. This hospital was started by the British 135 years ago and till date functioning in the same heritage building by Government of Himachal Pradesh and therefore no alteration or renovation is allowed. It has been designated as 300 bedded hospital but actually 150 beds were only functioning. It has all specialties except psychiatry. It has an OPD of 1000-1200/day and bed occupancy rate is 50-70%.

Visit to NGO Himachal Pradesh Voluntary Health Association (HPVHA) Shimla it is a state chapter of voluntary health association of India and is a network of more than 40 NGOs. It was started in 1987. It is a non profit making society and aims at
improving the health of people.

The overall purpose of this society is creation of smoke free Himachal Pradesh through sensitization and capacity building of stakeholders, public awareness and community mobilization and effective enforcement of smoke free provisions of cigarette and other tobacco products ACT (COTPA, 2003) and revised rules 2008

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Participant interacting with an official of Composite Testing Laboratory (CTL) Kandaghat

Team visited Community care centre Chakkar 6 km away from Shimla. It provides free accommodation, free diet to HIV/AIDS patients who come from far flung areas. Various types of social services are provided for BPL and very poor patients. Besides this free health checkups, lab investigations are being provided to HIV infected cases from time to time and counseling is also done. The community centre has capacity of 10 beds with staff strength of 11 peoples including one doctor, staff nurse etc. which are working on contract basis.

Team also visited Composite Testing Laboratory (CTL) Kandaghat. This laboratory has two sections (I) laboratory for testing drugs to know the equal concentration as same written on the pack, whether the drugs contains the salt or not i.e. whether the ingredients are in the same concentration or not. (II) Laboratory for testing of foods for adulteration etc. and also to test the quality of alcohol which is available in the market.

Team visited 108 GVK Ambulance (Call Centre). This is a pioneer emergency management service system in India which was established in 2005 and started operation in Himachal Pradesh in 2008. GVK EMRI handles medical, police, and fire emergencies through 108 toll free number. It provides exceptional services in cases relating to maternity and child birth especially in rural areas of Himachal Pradesh. There are total 108 Ambulances in Himachal Pradesh. The 108 (Atal Swasthya Sewa) is doing wonderful job in providing better health care delivery system in Himachal Pradesh. Most of the calls are picked up in first ring. The Ambulance is equipped with stretchers, extraction tools, suction apparatus, autodefibrilator, O2 cylinders etc. 108 staff includes driver (pilot) and one EMT emergency medical officer and other staff all well trained in dealing with different emergencies.
Power Point Presentation on the findings of the field was made at State Institute of Health and Family Welfare (SIHFW) Parimahal Shimla

2nd Field Visit to Rajasthan (Udaipur)

The second field visit was organized to Rajasthan. It was headed by Dr. Nanthini S. On the arrival (first day) the team was briefed about the Medical services Corporation and Chief Minister free distribution of Medicines Scheme i.e.(MNDY) which was started on 2nd October 2011. In this scheme free medicines are provided to all the patients attending OPD and IPD of any category (BPL, APL). Beside this the medicines are also provided to Thallasaemia and Haemophilia patients. IInd lecture was delivered by Dr. Rajini on Family Welfare Programmes which were going on in the state. IIIrd lecture was delivered by Mr Chirag Chitora on Mother and child tracking system and health management system.

Visit to PHC Dhabog which is 12 Km from Udaipur city having easy accessibility, good infrastructure, well maintained wards, labour rooms, dispensary, good Bio Medical waste management (deep burial). Citizen charter were well displayed

Visit to CHC Vallabgarh, having easy accessibility, good infrastructure, Staff quarters were available, IEC materials were well displayed, Ambulance was available, good Bio Medical waste management. There were some weaknesses too like less Institutional deliveries; OT without table, No USG machine was available.

Visit to Raksha Project (NGO) it was managed by the Pathfinder International. The project reduces morbidity and mortality associated with Post Partum Hemorrhage (PPH) in India. Wide spread adoption of Raksha approach could prevent 80% of deaths from PPH and 25% of maternal deaths from all causes in India.

PDC team visited J. Watumull Global Hospital and Research Centre Mount Abu. This was the best hospital visited during field visit of different states started in 1991. It is a charitable hospital and no consultant fee is charged here. It is a hundred bedded hospital but 80 beds are in use. It has three major OTs and one minor OT. It has one trauma centre and eye hospital which is located down the hill on Abu road. Eye hospital is 50 bedded; there are 300 employees out of which 50 are working as volunteers. There are 8 ICU beds with ventilators, referral centre in Ahmedabad (Gujarat). This hospital caters to five districts and sixty villages. Mr. J. Watumull gave the first donation to start this hospital i.e. why the hospital is named as J. Watumull Global Hospital.
Visit to Indian Institute of Health Management Research (Jaipur). Here Dr. P.R. Sodani briefed about the Institute which was started in 1984. The main aim of this Institute is teaching, training and research. IIHMR is an Institute dedicated to improvement in standards of health through better management of health care and related programmes.

Visit to State Institute of Health and Family Welfare (Jaipur). It is an ISO certified (2008) Institute here. Dr. Akhilesh Bhargava (Director) briefed about the institute. The Director also gave a lecture on how to conduct meetings.

Valedictory Session

Mr. Manoj Jhalani Joint Secretary (RCH), and Dr. N.K Dhamija Deputy Commissioner from MOHFW, GOI and Dr. Jayanta K. Das, Director, NIHFW graced the concluding session of 16th PDC which was held on 1st June 2012 in the Teaching Block of NIHFW. Director NIHFW welcomed Mr. Jhalani, Dr. N.K. Dhamija 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.
Director gave a brief detail about the course. He asked 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.

Mr. Manoj Jhalani and Professor Jayanta K. Das distributed the course completion certificates to the participants. Dr. Rukhshana from Jammu and Kashmir was awarded the 1st prize for Action Plan, Dr. Raja from Jammu and Kashmir, Dr. Rajiv Anjariya from Gujarat respectively received II prize for Action Plan. First Prize for Portfolio awarded to Dr. Zulfikar from Jamuu and Kashmir. Dr. Munira Vohara, Dr. Gajraj from Haryana respectively received IInd prize for portfolio. They also received the cash prize.
ANNEXURE-I
16th Professional Development Course in Management, Public Health & Health Sector Reforms for DMOs

**PROGRAMME SCHEDULE**

<table>
<thead>
<tr>
<th>Day &amp; Date</th>
<th>9:30 am to 10:00 am</th>
<th>10:00 am to 11:15 am</th>
<th>11:30 am to 1:00 pm</th>
<th>2:00 pm to 3:15 pm</th>
<th>3:30 pm to 5:00 pm</th>
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<tbody>
<tr>
<td><strong>Monday</strong> 26-3-2012</td>
<td>1. Introduction, Expectations &amp; Fears and Pre-Course Evaluation Course Team</td>
<td>2,3,4. Organizational Behaviour Laboratory for Developing Self Understanding &amp; Awareness L/D Dr. P.L. Trakroo</td>
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<tr>
<td><strong>Tuesday</strong> 27-3-2012</td>
<td></td>
<td>5,6,7,8. Organisational Behaviour Laboratory for Developing Self Understanding &amp; Awareness L/D Dr. P.L. Trakroo</td>
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<tr>
<td><strong>Wednesday</strong> 28-3-2012</td>
<td>9,10. Overview of Management L/D Dr. A.K. Sood</td>
<td>11,12. Computer Class L/D Mr. P.D. Kulkarni</td>
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<tr>
<td><strong>Friday</strong> 30-3-2012</td>
<td>17,18. Communicating with Superiors &amp; Subordinate L/D Dr. Swati Bute</td>
<td>19,20. Managing Media and Public Relations L/D Dr. T. Mathiyazhagan</td>
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<tr>
<td><strong>Saturday</strong> 31-3-2012</td>
<td></td>
<td>21,22,23,24. Computer Class L/D Mr. P.D. Kulkarni</td>
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Note: 5.30 p.m. to 6.30 p.m. Computer Practical Sessions everyday
## 2ND WEEK

<table>
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<tr>
<th>Day &amp; Date</th>
<th>9:30 am to 10:00 am</th>
<th>10:00 am to 11:15 am</th>
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<tr>
<td><strong>Monday 2-4-2012</strong></td>
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<td></td>
<td></td>
<td>25,26. Supervision &amp; Motivation</td>
<td>27,28. Interpersonal Communication</td>
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<td>L/D Neera Dhar</td>
<td>L/Games Dr. Rajni Bagga</td>
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<td><strong>Tuesday 3-4-2012</strong></td>
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<td></td>
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<td>L/D Dr. Neera Dhar</td>
<td>L/D Dr. N.K.Sethi</td>
<td>L/D Mr. Kulkarni</td>
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<tr>
<td><strong>Wednesday 4-4-2012</strong></td>
<td>Recap &amp; experience sharing</td>
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<td></td>
<td></td>
<td>33,34,35,36. Leadership and Team Building</td>
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<td>L/D Dr. Rajni Bagga</td>
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<td><strong>Thursday 5-4-2012</strong></td>
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<td>37,38. Principals of PLA/PRA for Community Mobilization</td>
<td>39,40. Computer</td>
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<td></td>
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<td>L/D Dr. A.M. Khan</td>
<td>L/D Mr. P.D.Kulkarni</td>
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<td><strong>Friday 6-4-2012</strong></td>
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<td></td>
<td></td>
<td>41,42,43,44 PLA/PRA L/D and Field visit</td>
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<td></td>
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<td>L/D and Field visit Dr. Nanthini S.</td>
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<tr>
<td><strong>Saturday 7-4-2012</strong></td>
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<td></td>
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<td>45,46 Visit to NDC</td>
<td>47,48 Computer</td>
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<td>Mrs. Sashi Prabha Bhalla</td>
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**Note:** 5.30 p.m. to 6.30 p.m. Computer Practical Sessions everyday
<table>
<thead>
<tr>
<th>Day &amp; Date</th>
<th>9:30 am to 10:00 am</th>
<th>10:00 am to 11:15 am</th>
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<tr>
<td><strong>Monday</strong></td>
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<td>9-4-2012</td>
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<tr>
<td>Recap &amp; experience sharing</td>
<td>49,50. Overview of Hospital Administration &amp; Planning for Hospitals AND Hospital Materials Management &amp; Inventory Control</td>
<td>51,52. Quality of Care in Hospitals L/D &amp; exercises</td>
<td>Dr. J.K. Das</td>
<td>Dr. M. Bhattacharya</td>
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<td><strong>Tuesday</strong></td>
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<td>10-4-2012</td>
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<td>53,54. Material Management</td>
<td>55,56. Consumer Rights and Responsibilities</td>
<td>L/D</td>
<td>Dr. J.K. Das</td>
<td>Dr. Sidharth Sathpathy</td>
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<tr>
<td><strong>Wednesday</strong></td>
<td>Recap &amp; experience sharing</td>
<td>57. Equipment Management</td>
<td>58. Essential drugs &amp; Supply</td>
<td>59. Injection Safety</td>
<td>60. ISO Certification of Hospital</td>
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<td>11-4-2012</td>
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<td>Dr. A.K. Das</td>
<td>Dr. P.S. Ray</td>
<td>Dr. Gayan Singh</td>
<td>Dr. K.K. Kalra</td>
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<tr>
<td><strong>Thursday</strong></td>
<td>61. Need for Testing Sensitivity of Kits in Clinical Diagnostics</td>
<td>62. Universal Precaution in Hospitals and Health Centres</td>
<td>63 &amp; 64. Visit to St. Stephen Hospital</td>
<td>Dr. Nanthini S. &amp; Course Team</td>
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<td>12-4-2012</td>
<td>L/D</td>
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<td>Dr. T.G. Shrivastav</td>
<td>Dr. Krishna Ray</td>
<td>Dr. U. Datta</td>
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<tr>
<td><strong>Friday</strong></td>
<td>65. Systems Approach</td>
<td>66. Training Needs Assessment</td>
<td>67,68. Visit to J.P.N. Apex Trauma Centre, AIIMS Course Team</td>
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<tr>
<td>13-4-2013</td>
<td>L/D to training</td>
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<td>Dr. U. Datta</td>
<td>Dr. Poonam Khattar</td>
<td>Dr. Nanthini S. &amp; Course Team</td>
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<tr>
<td><strong>Saturday</strong></td>
<td>69,70. Exercises on Management</td>
<td>71,72. Computer Class</td>
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<tr>
<td>14-4-2012</td>
<td>Dr. A.K. Sood</td>
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**Note:** 5:30 p.m. to 6:30 p.m. Computer Practical Sessions everyday
# 4TH WEEK

**First Field Visit to Himachal Pradesh (Shimla) (15-4-2012 to 21-4-2012)**

<table>
<thead>
<tr>
<th>Day</th>
<th>Activities</th>
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<tbody>
<tr>
<td><strong>Sunday</strong>&lt;br&gt;15-4-12</td>
<td>73. Arrival in the morning</td>
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<tr>
<td><strong>Monday</strong>&lt;br&gt;16-4-12</td>
<td>74. Visit to Sub-centre and Anganwari and PRIs. Practice PLA/PRA techniques to find out about the health services from the community.</td>
</tr>
<tr>
<td><strong>Tuesday</strong>&lt;br&gt;17-4-12</td>
<td>75. Visit to 24 X 7 PHC &lt;br&gt;Organization &amp; functioning and NGO</td>
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<tr>
<td><strong>Wednesday</strong>&lt;br&gt;18-4-12</td>
<td>76. Visit to CHC &lt;br&gt;Organization &amp; functioning with focus on JSY, HMIS, store/supply, financial management, disease control, DOTS&lt;br&gt;Functioning of RKS and any NGO&lt;br&gt;Functions of BPM</td>
</tr>
<tr>
<td><strong>Thursday</strong>&lt;br&gt;19-4-12</td>
<td>77. Visit to CMO office interaction with programme officers &lt;br&gt;Visit to ICTC and ART Center &lt;br&gt;Functions of DPM &lt;br&gt;RKS &lt;br&gt;Financial Management &amp; &lt;br&gt;Data Entry under HMIS</td>
</tr>
<tr>
<td><strong>Friday</strong>&lt;br&gt;20-4-12</td>
<td>78. Visit to office of District Health Society for innovative programmes under NRHM &lt;br&gt;79. Visit to a tertiary Pvt. Hospital.</td>
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<tr>
<td><strong>Saturday</strong>&lt;br&gt;21-4-12</td>
<td>80. PPT of the visit report to District Collector and District Health Officers</td>
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<td>Leave for New Delhi</td>
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## 5TH WEEK

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<th>Day &amp; Date</th>
<th>9:30 am to 10:00 am</th>
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<tr>
<td><strong>Monday</strong> 23-4-2012</td>
<td>Recap &amp; experience sharing</td>
<td>81,82. Action Plan L/D Dr. N.K. Sethi</td>
<td></td>
<td>83,84. Sources of Data &amp; use L/D Dr. M.Bhattacharya</td>
<td></td>
</tr>
<tr>
<td><strong>Tuesday</strong> 24-4-2012</td>
<td>85. Basis of Epidemiology Dr. M. Bhattacharya</td>
<td>86. HMIS L/D Dr. V.K. Tiwari</td>
<td>87,88. Epidemic Management L/D Exercise Dr. Sanjay Gupta</td>
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<tr>
<td><strong>Wednesday</strong> 25-4-2012</td>
<td>89. Strategy for Polio Free Status L/D Dr. Sunil Bahl &amp; Course Team</td>
<td>90. IDSP L/D Dr. Gyan Singh</td>
<td>91,92. Nutrition Community aspect (Field visit) to NFI Dr. Nanthini S.</td>
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<tr>
<td><strong>Thursday</strong> 26-4-2012</td>
<td>93. Role of ICDS in Health Sector L/D Dr. Neelam Bhatia</td>
<td>94. FRU Functioning and Constraints L/D Dr. K. Kalaivani</td>
<td>95. Janani Suraksha Yojana L/D Dr. Renu Shahrawat</td>
<td>96. Trainings under NRHM with emphasis on ASHA L/D Dr. Navneet Dhamija</td>
<td></td>
</tr>
<tr>
<td><strong>Friday</strong> 27-4-2012</td>
<td>97. Basic and Emergence Obstetric Care L/D Dr. Himanshu Bhusan</td>
<td>98. Family Planning Programmes L/D Dr. S.K. Sikdar</td>
<td></td>
<td>100. Computer Class Mr. P.D. Kulkarni</td>
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</tr>
<tr>
<td><strong>Saturday</strong> 28-4-2012</td>
<td>101. Immunization &amp; Microplanning L/D Dr. Renu Paruthi</td>
<td>102. Immunization &amp; Management of Vaccines and Cold Chain L/D Dr. P. Deepak</td>
<td></td>
<td>103,104. Immunization &amp; Management of Vaccines and Cold Chain Demonstration Dr. P. Deepak</td>
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</tbody>
</table>

**Note:** 5.30 p.m. to 6.30 p.m. Computer Practical Sessions everyday
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<th>Day &amp; Date</th>
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<tr>
<td>Monday 30-4-2012</td>
<td>105,106. Visit to Youth/Adolescent Friendly Clinic Course Team</td>
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<td>107,108. Infant &amp; Young Child Feeding Visit to Kalawati Saran Hospital Course Team</td>
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<tr>
<td>Tuesday 1-5-2012</td>
<td>109. HIV/AIDS Programme L/D Dr. Yujwal</td>
<td>110. RNTCP Programme Implementation Dr. M. Bhattacharya</td>
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<td>111,112. Visit to NAZ Foundation for HIV Care (Demonstration)</td>
</tr>
<tr>
<td>Wednesday 2-5-2012</td>
<td>Recap, experience sharing &amp; preparation of portfolio</td>
<td>113. Over view Non-Communicable Diseases L/D Dr. Sudhir Gupta</td>
<td>114. Leprosy Elimination Programme L/D Dr. M. Arif</td>
<td></td>
<td>115,116. Visit to STD Clinic at Safdarjang Course Team</td>
</tr>
<tr>
<td>Thursday 3-5-2013</td>
<td>117. Training in Cancer and Diabetes L/D Dr. S. Gupta</td>
<td>118. Prevention of Cardiovascular Diseases L/D Dr. Rakesh Yadav</td>
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<td>119. Mental Health Programme implementation L/D MOHFW</td>
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<tr>
<td>Friday 4-5-2012</td>
<td>121. Malaria Control Programme Implementation L/D Dr. P.L. Joshi</td>
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<td>123,124. Census and SRS findings and implications L/D &amp; Exercises Dr. Pushpanjali Swain</td>
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<tr>
<td>Saturday 5-5-2012</td>
<td>125. Iodine Deficiency Disorders L/D Dr. Umesh Kapil</td>
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<td>127,128. Computer Practice</td>
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**Note:** 5.30 p.m. to 6.30 p.m. Computer Practical Sessions everyday
### 7th Week

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<th>Day &amp; Date</th>
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<td><strong>Monday</strong> 7-5-2012</td>
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<td><strong>Tuesday</strong> 8-5-2012</td>
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<tr>
<td><strong>Wednesday</strong> 9-5-2012</td>
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<tr>
<td>Recap, experience sharing &amp; preparation of portfolio</td>
<td>137, 138. Visit to NDMC for School Health &amp; Birth &amp; Death Registration Course Team</td>
<td>139. GFR, Tender and LPC L/D &amp; Exercises Mr. Vinod Sharma</td>
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<tr>
<td><strong>Thursday</strong> 10-5-2012</td>
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<tr>
<td>Recap, experience sharing &amp; preparation of portfolio</td>
<td>140, 141. Public Private partnership L/D Exercise Dr. Sanjay Gupta</td>
<td>142, 143. Office Disciplinary Procedures Dr. S.K. Chaturvedi</td>
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<tr>
<td><strong>Friday</strong> 11-5-2012</td>
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<tr>
<td>Recap, experience sharing &amp; preparation of portfolio</td>
<td>144, 145. Financial Management under NRHM L/D Exerises MOHFW</td>
<td>146, 147. Costing &amp; Budgeting L/D Dr. K.S. Nair</td>
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<td><strong>Saturday</strong> 12-5-2012</td>
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<tr>
<td>Recap, experience sharing &amp; preparation of portfolio</td>
<td>148, 149. RSBY L/D Dr. K.S. Nair</td>
<td>150, 151. Computer Practice</td>
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**Note:** 5:30 p.m. to 6:30 p.m. Computer Practical Sessions everyday
## 8TH WEEK

**Second Field Visit to Rajasthan (Udaipur), (15-5-12 TO 19-5-12)**

<table>
<thead>
<tr>
<th>Tuesday 15-5-12</th>
<th>Arriving Udaipur in morning of 15th May, 2012 (Morning)</th>
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<tbody>
<tr>
<td><strong>Tuesday 15-5-12</strong></td>
<td>Visit to District hospital for innovative programme</td>
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<td>Visit to DHO Office</td>
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<td>Innovative programmes by programme officers</td>
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<td></td>
<td>a. Mother-child tracking system</td>
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<td><strong>Wednesday 16-5-12</strong></td>
<td>Visit to VHND- at Anganwadi Centre</td>
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<td></td>
<td>Visit to NGO (Targeted Intervention sites for HRG in HIV/AIDS programme)</td>
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<tr>
<td><strong>Thursday 17-5-12</strong></td>
<td>Visit to 24X7 PHC, CHC, FRU</td>
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<tr>
<td><strong>Friday 18-5-12</strong></td>
<td>Public-private-partnership at Mount Abu</td>
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<tr>
<td><strong>Saturday 19-5-12</strong></td>
<td><strong>LEAVE UDAIPUR AT NIGHT (18th May, 2012) FOR JAIPUR</strong></td>
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<td></td>
<td>108 Services at SIHFW Jaipur</td>
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<td></td>
<td>Training under NRHM (lecture) at SIHFW Jaipur</td>
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<tr>
<td><strong>Sunday 20-5-12</strong></td>
<td>Departure for New Delhi by Shatabdi express at evening</td>
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<td>Day &amp; Date</td>
<td>9:30 am to 10:00 am</td>
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<td><strong>Monday 21-5-2012</strong></td>
<td>Recap, experience sharing &amp; preparation of portfolio</td>
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<tr>
<td><strong>Tuesday 22-5-2012</strong></td>
<td>167,168. Overview of Disaster Management L/D Dr. S.V. Adhish</td>
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<tr>
<td><strong>Wednesday 23-5-2012</strong></td>
<td>171,172. RTI L/D Dr. T. Mathiyazhagan</td>
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<tr>
<td><strong>Thursday 24-5-2012</strong></td>
<td>175. Condemnation Procedures</td>
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<tr>
<td><strong>Friday 25-5-2012</strong></td>
<td>179,180. Preparation of Port Folio and Action Plan Course Team</td>
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<tr>
<td><strong>Saturday 26-5-2012</strong></td>
<td>183,184,185,186. Computer Practice Computer Centre</td>
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**Note:** 5.30 p.m. to 6.30 p.m. Computer Practical Sessions everyday
### 10th Week

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<thead>
<tr>
<th>Day &amp; Date</th>
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<tr>
<td><strong>Monday</strong></td>
<td>28-5-2012</td>
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<tr>
<td><strong>Tuesday</strong></td>
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<td>191, 192, 193, 194. Practice PPT of Action Plan Course Team and Dr. P.L. Joshi</td>
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<tr>
<td><strong>Wednesday</strong></td>
<td>30-5-2012</td>
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<td></td>
<td>195, 196, 197, 198. Presentation of Action Plan (Final) Dr. P.L. Joshi, Dr. Renu Shahrawat, Dr. S.K. Chaturvedi</td>
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<tr>
<td><strong>Thursday</strong></td>
<td>31-5-2012</td>
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<td><strong>Friday</strong></td>
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<td>203, 204. Computer Test Mr. P.D. Kulkarni,</td>
<td>205, 206. Post Course Evaluation, Distribution of Certificate</td>
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<tr>
<td><strong>Saturday</strong></td>
<td>2-6-2012</td>
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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.

2-8 **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.

9-10. **Overview 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.

13,14. **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 organization.
   (ii) Discuss the difference between role and job and how to increase their role effectiveness.

15,16. **District communication Plan Communication Strategy for BCC**
   (i) At the end of session the participants should be able to provides guidance in planning and implementation of strategies at the district level.

17,18. **Communication with Superior and Subordinate**
   At the end of the session, the participants should be able to:-
   (i) Appreciate the importance of the communication.
   (ii) Understand the importance of communication with health team and community.

19,20. **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.

25,26 **Supervision and Motivation**
   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.
   (iii) Explain work motivation and the ways to motivate subordinates.
   (iv) How work motivation can be applied in a district health organization.
27, 28. **Interpersonal Communication**
At the end of the session, the participants should be able to:-
(i) Explain the importance of Interpersonal Communication (IPC) in effective delivery of Public Health Services.
(ii) Describe the process of interpersonal communication.
(iii) List the skills of explaining.
(iv) Enumerate the skills of active-listening
(v) Discuss the skill of non-verbal communication
(vi) List the barriers of effective Interpersonal Communication

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. **Management of Change**
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.

33, 34, 35, 36. **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.

37, 38, 41-44. **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, 50. **Overview of Hospital Administration & Planning for Hospitals**
At the end of the session, the participants should be able to:-
(i) Describe the planning process in hospitals
(ii) Discuss the different aspects of Hospital Administration

51, 52. **Quality of Care in Hospitals**
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 hospitals and health centres.

53, 54. **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.
55, 56 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.

57. 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.

58. Essential Drugs and Supply
At the end of the session, the participants should be able to:
(i) List the National lists of essential medicines
(ii) Describe the concept of essential drugs and efficient management of the drug supply and rational use.

59. Injection Safety
At the end of the session, the participants should be able to:
(i) Describe the problems associated with Injection overuse.
(ii) Explain the problems of unsafe Injection.
(iii) Discuss the safe practices associated with different sites of injections.
(iv) Explain the safe sharp waste management.

60. ISO Certification of Hospital
At the end of the session, the participants should be able to:
(i) Define the ISO certification and its importance’s.
(ii) Explain the steps need to be taken for getting ISO certification.
(iii) Discuss the advantages and disadvantages of ISO certifications.

61. Need for testing Sensitivity of kits in clinical diagnostics
At the end of the session, the participants should be able to:
(i) Define the gold standards of diagnostic test.
(ii) Explain its uses in program
(iii) Explain the various diagnostic tests (specificity and sensitivity against gold standards).

62. Universal Precaution in hospital and Health Centres
At the end of the session, the participants should be able to:
(i) List the universal precaution procedures
(ii) Discuss the implementation process in their own work place

63, 64. Visit to St. Stephen Hospital
(i) To describe the various functional areas in hospital
(ii) To discuss the quality of services provided by St. Stephen hospital.
(iii) To learn about the segregation of hospital wastes and it management.
65. System Approach to training  
a. Describes a systematic method such as performance-based training (PBT), training system development (TSD)  
b. Describe the existing system and to determine its current capabilities and effectiveness assessment.

66. Training Need Assessment  
(i) Develop an overall plan and training programs to meet specific user needs.

67,68. Visit to J.P.N. Apex Trauma Centre  
(i) To see the high standards of trauma care to the patients in accordance with international standards.

69,70. Exercises on Management  
(i) Skill building exercises.

81, 82. Action Plan  
At the end of the session, the participants should be able to:-  
(ii) Identify the problem in their work place.  
(ii) Diagnose the causes of the problem.  
(iii) Frame goals, objectives and strategies.

83,84 Sources of Data and use  
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

85. Basis of Epidemiology  
At the end of the session, the participants should be able to:  
(i) Disease control and eradication strategies on the basis of epidemiological analysis.

86. HIMS  
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.

87, 88. 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.

89. Strategy for polio free Status  
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.
90. 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.

91,92. Nutrition community aspect (Field Visit)
At the end of the session, the participants should be able to:-
(i) To evaluate the impact of National programs through field visits, data collection and reports and interaction with community.

93. Role of ICDS in Health Sector
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.

94. 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

95. 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.

96. 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.

97. 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.

98 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.

99. 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.

101. Immunization and Microplanning
At the end of the session, the participants should be able to:
(i) Micro plan for Hard to reach areas.
(ii) Ensuring the Highest Quality of immunization activities and campaign implementation

102-104. Immunization & Management of Cold Chain for Vaccines
At the end of the session, the participants should be able to:
(i) Describe the overview of immunization programme and cold chain vaccine management.
(ii) List essential elements of the cold chain and vaccine management system and its importance in the immunization programme.
(iii) To illustrate storage and correct stocking of vaccine, ice-packs, diluents at district and block health facilities and during the transport.

105,106 Visit to Youth/ Adolescent Friendly Clinic
(i) To assess satisfaction among female patients of a youth-friendly clinic

107,108. Infant & young Child Feeding (Visit to Kalawati Saran Hospital)
(i) To observe the functioning of hospital
(ii) To learn about lactation management

109. HIV/AIDS
At the end of the session, the participants should be able to:
(i) Describe the programs of HIV/AIDS.

110. RNTCP
At the end of the session, the participants should be able to:
(i) Describe the programs of TB Control.

111, 112 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.

113. Over View of Non Communicable Diseases
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.

114. 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.
115,116. Visit to STD Clinic  
(i) To observe the various functions of Clinic.

117. Training in Cancer and Diabetes  
At the end of the session, the participants should be able to  
(i) Explain how to use training modules  
(ii) Discuss the interventions to prevent and control cancer and diabetes

118. Prevention of Cardiovascular Diseases  
At the end of the session, the participants should be able to:-  
(i) Discuss factors contributing to Cardiovascular Disease.  
(ii) Explain methods of prevention.  
(iii) Discuss health promotion methods for CVD prevention

119. Mental Health Programme Implementation  
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.

121. Malaria Control Programme Implementation  
At the end of the session, the participants should be able to:-  
(a) Reduction of malaria morbidity  
(b) Maintenance of the gains achieved so far by reducing transmission of malaria

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.

123,124. Census and SRS findings and implications  
(i) To achieve a stable population by 2045

125. Iodine Deficiency  
At the end of the session, the participants should be able to:-  
(i) Discuss current situation of iodine deficiency disorders in India and causes.

126Vit ‘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

129. 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
130. Basics of logistics and Supply
At the end of the session, the participants should be able to:-
(i) Describe the strategies for controlling, and monitoring of supply.
(ii) Describe the To understand the basics of logistics

131. 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

133, 134. District Action Plan
(i) Process of Action plan

135. DLHS IV
(i) Describe the features of DLHS IV

137, 138. Visit to NDMC for School Health and Birth and Death registration.
(i) Functioning the NDMC
(ii) Innovative programmes of NDMC

139. 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)

140, 141. 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.

142, 143. 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

144, 145. Financial Management under NRHM
At the end of the session, the participants should be able to:-
(i) Describe the main financial procedure carried out at district levels.
(ii) Describe how to control finances by forward planning

146, 147. Costing and Budgeting
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.

163, 164 Geriatric Care & Services in India
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.
165,166. 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. Overview of Disaster 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.

169,170. Visit to National disaster Management Authority
a. To observe the functioning of National disaster Management authority.

171. RTI
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.

172. Evaluation programmes
(i) How to evaluate different programmes.

173,174. 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 operationlization of these acts in their districts.

175. Condemnation Procedures
(i) Describe the different condemnation programmes.

176. Finalization of Portfolio

177,178. HIMIS Software and Data Management
(i) Describe the use of HMIS software at different health facilities.

179-182. Preparation of Port Folio & 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.

187,200 Preparation and Presentation of Action Plans

201, 204 Computer practice and Computer test

205,206 Post Course Evaluation

207,208 Distribution of Certificates

209,210 Departure
ANNEXURE-III

Statistical Analysis of Pre and Post Test Evaluation

Maximum Marks = 140  
Mean Pre-test Score (X₁) = 19.36  
Mean Post-test Score (X₂) = 53.06  
Mean Gain = 53.06 - 19.36 = 33.70  
Standard Deviation (SD) = 10.312  
Standard Error = 2.501

At 10 degrees of freedom 5% significant limit of t is 2.50  
The observed t value is 13.476 times the standard error  

The training programme was highly effective as the mean gain in pre & post scores was highly significant (‘t’ = 13.476, P<0.00).
ANNEXURE-IV

**Course Director**
Prof. Jayanta K. Das

**Nodal Coordinator**
Prof. (Mrs.) M. Bhattacharya

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Course Coordinators</th>
<th>Dates</th>
<th>Mobile</th>
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<tbody>
<tr>
<td>1</td>
<td>Dr. T.G. Shrivastav</td>
<td>26-3-12 to 14-4-12</td>
<td>(9873710664)</td>
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<tr>
<td>2</td>
<td>Dr. Nanthini S.</td>
<td>15-4-12 to 13-5-12</td>
<td>(9810334505)</td>
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<td>3</td>
<td>Dr. P. Swain</td>
<td>14-5-12 to 02-06-12</td>
<td>(9891122681)</td>
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</table>

**Course Associates**

1. Mr. Subhash Chand (9716104965)
2. Dr. (Mrs.) Vinod Joon
3. Mr. Devmitra Arya (9810753439)

**Secretarial Assistance**

1. Mr. Vikas Kanojia
2. Mrs. Radha
# ANNEXURE-V

## RESOURCE PERSONS (EXTERNAL)

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Contact Name</th>
<th>Address</th>
<th>Email &amp; Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
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<td>4.</td>
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<td>8.</td>
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<td>9.</td>
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<tr>
<td>S. No.</td>
<td>Contact Name</td>
<td>Address</td>
<td>Email &amp; Phone</td>
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<tr>
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</tr>
<tr>
<td>10</td>
<td>Dr. Sudhir Gupta</td>
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<td></td>
<td>CMO (NCD)</td>
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<td>11</td>
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<td>12</td>
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<td></td>
<td>Chief Director (Stat)</td>
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<tr>
<td></td>
<td>Advocate (Supreme Court)</td>
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<td>16</td>
<td>Dr. P.C. Samantaray</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Ex Consultant PDC</td>
<td></td>
<td></td>
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</tbody>
</table>
ANNEXURE-VI

RESOURCE PERSONS (NIHFW)

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24. Mr. Subhash Chand, ARO, Department of Community Health Administration
25. Mr. P.D. Kulkarni, Programme, Computer Centre
26. Dr. P. Deepak, National Consultant (Immunization Trgs.), Department of Community Health Administration, Email: drpdeepak1@gmail.com
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### ANNEXURE-VII

**List of Participants**

<table>
<thead>
<tr>
<th>SN</th>
<th>District</th>
<th>State</th>
<th>Name of the Participant</th>
<th>Designation</th>
<th>Course Date</th>
<th>Year</th>
<th>Address (Office)</th>
<th>Address (Res)</th>
<th>Tel (R/O)</th>
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<tbody>
<tr>
<td>1</td>
<td>Sabarkantha</td>
<td>Gujarat</td>
<td>Dr. Harshad Kumar K. Rathod</td>
<td>BHO</td>
<td>26-03-12 to 02-06-12</td>
<td>2012-2013</td>
<td>Block Health Office, Pranjit, District-Sabarkantha, Gujarat</td>
<td>Sector 3 A New Plot No 94/1 Gandhi Nagar-382006</td>
<td>98253 24145</td>
<td><a href="mailto:dr_rathod@yahoo.com">dr_rathod@yahoo.com</a></td>
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<tr>
<td>2</td>
<td>Banaskantha</td>
<td>Gujarat</td>
<td>Dr. Shailesh Kumar A. Anand</td>
<td>BHO</td>
<td>26-03-12 to 02-06-12</td>
<td>2012-2013</td>
<td>Block Health Officer, Thara (Kankarej), District-Banaskantha, Gujarat</td>
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<td><a href="mailto:drshaileshp@ymail.com">drshaileshp@ymail.com</a></td>
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<td>Bharuch</td>
<td>Gujarat</td>
<td>Dr. Charul J. Mehta</td>
<td>BHO</td>
<td>26-03-12 to 02-06-12</td>
<td>2012-2013</td>
<td>Block Health Office, Jhagadia, District-Bharuch</td>
<td>56/A, Arbuda Nagar, Link Road, Bharuch, Gujarat-392001</td>
<td>22131 02645 96625 97709 97277 02173</td>
<td><a href="mailto:jhagadia_bharuch@yahoo.com">jhagadia_bharuch@yahoo.com</a></td>
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<tr>
<td>4</td>
<td>Kutch</td>
<td>Gujarat</td>
<td>Dr. R.A. Anjaria</td>
<td>BHO</td>
<td>26-03-12 to 02-06-12</td>
<td>2012-2013</td>
<td>Block Health Office, Anjar, District Kutch, Gujarat</td>
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<td><a href="mailto:dranjariaraj@yahoo.co.in">dranjariaraj@yahoo.co.in</a>, <a href="mailto:bho_anjar@yahoo.co.in">bho_anjar@yahoo.co.in</a></td>
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<td>5</td>
<td>Ahmedabad</td>
<td>Gujarat</td>
<td>Dr. Munira G. Vohra</td>
<td>BHO</td>
<td>26-03-12 to 02-06-12</td>
<td>2012-2013</td>
<td>Block Health Officer, Dholka, District-Ahmedabad</td>
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<td><a href="mailto:bho.dholka@yahoo.com">bho.dholka@yahoo.com</a></td>
</tr>
<tr>
<td>6</td>
<td>Dang</td>
<td>Gujarat</td>
<td>Dr. Dilip Kumar Sharma</td>
<td>Distri ct Qualit y Assurance Medical Office r</td>
<td>26-03-12 to 02-06-12</td>
<td>2012-2013</td>
<td>District Panchayat Office, Health Department, Ahwa, Dang</td>
<td>907, Block A, Abhiseke Estate, At-PO, Vyara, District-Tapi, Gujarat</td>
<td>94279 22246</td>
<td><a href="mailto:qamodang@yahoo.com">qamodang@yahoo.com</a></td>
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<td>SN</td>
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<td>Name of the participant</td>
<td>Designation</td>
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<tr>
<td>7</td>
<td>Samba</td>
<td>J&amp;K</td>
<td>Dr. Satpaul Pangotra</td>
<td>MO</td>
<td>26-03-12 to 02-06-12</td>
<td>2012-2013</td>
<td>PHC Mansar, District-Samba, J&amp;K</td>
<td>C/o 334A, Sarwal Colony, Jammu-180005, J&amp;K</td>
<td>94191 93280</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Udhampur</td>
<td>J&amp;K</td>
<td>Dr. Deepak Kumar</td>
<td>Dy. Med. Sptd</td>
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<td></td>
</tr>
<tr>
<td>9</td>
<td>Baramulla</td>
<td>Kashmir</td>
<td>Dr. Zulfikar Nabi</td>
<td>BMO</td>
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<td>2012-2013</td>
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<td>01954 25538 0, 99064 27962, 01942 49238 4</td>
<td></td>
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<tr>
<td>10</td>
<td>Kupwara</td>
<td>Kashmir</td>
<td>Dr. Mohd. Ashraf Mir</td>
<td>BMO</td>
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<td>Zirhama, PO-Zirhama, Teh-district-Kupwara, Kashmir-193224, Zirhama</td>
<td>01955 24468 7, 97977 91576,</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Poonch</td>
<td>J&amp;K</td>
<td>Dr. Shamim-Un-Nissa Bhatti</td>
<td>MO</td>
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<td>Medical Officer SDH Mandi, Poonch, J&amp;K</td>
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<td>12</td>
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<tr>
<td>13</td>
<td>Srinagar</td>
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<td>2012-2013</td>
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<tr>
<td>14</td>
<td>Kurukshetra</td>
<td>Haryana</td>
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<td>2012-2013</td>
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<td>Flat No-1817FF, Sector-8, Kurukshetra, Haryana</td>
<td>01744-22446 5, 94162 54465</td>
<td><a href="mailto:skhambra@gmail.com">skhambra@gmail.com</a></td>
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<td>SN No</td>
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<td>Name of the participant</td>
<td>Designation</td>
<td>Course Date</td>
<td>Year</td>
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<td>Panipat</td>
<td>Haryana</td>
<td>Dr. Pawan Kumar</td>
<td>MO</td>
<td>26-03-12 to 02-06-12</td>
<td>2012-2013</td>
<td>PHC Atta, District-Panipat</td>
<td>House No-D-7/63, Sector-15, Rohini, Delhi</td>
<td>92159 22900</td>
<td><a href="mailto:pawan.k987@gmail.com">pawan.k987@gmail.com</a></td>
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<td>16</td>
<td>Rewari</td>
<td>Haryana</td>
<td>Dr. Chitranjan</td>
<td>MO</td>
<td>26-03-12 to 02-06-12</td>
<td>2012-2013</td>
<td>SDH Kosli, District-Rewari, Haryana</td>
<td>SDH Kosli, District-Rewari, Haryana</td>
<td>94162 48144</td>
<td><a href="mailto:chitranjan44@gmail.com">chitranjan44@gmail.com</a></td>
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<td>17</td>
<td>Faridabad</td>
<td>Haryana</td>
<td>Dr. Gajraj Singh</td>
<td>MO</td>
<td>26-03-12 to 02-06-12</td>
<td>2012-2013</td>
<td>General Hospital Ballagarh, Faridabad, Haryana</td>
<td>1597, Sector-3, Faridabad-121004</td>
<td>01292 24264 1, 01292 21020 0, 09891 64997 8</td>
<td><a href="mailto:gajrajsingh@gmail.com">gajrajsingh@gmail.com</a></td>
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</table>
National Institute of Health & Family Welfare, New Delhi

16th Professional Development Course (PDC) in Management, Public Health and Health Sector Reforms for District Medical Officer (26th March, 2012 to 2nd June, 2012)

Sitting Row (L to R): Dr. S.K. Chaturvedi, Dr. T.G. Shrivastav, Dr. Nanthini Subbiah, Dr. M. Bhattacharya, Prof. J.K. Das, Dr. S.C. Mathur, Dr. Pushpanjali Swain, Dr. P.L. Joshi, Mr. D.M. Arya

First Standing Row: Dr. Pawan Kumar, Dr. Chitranjan, Dr. Shailendra Khamba, Dr. Harshad Kumar K. Rathod, Dr. Gajraj Singh, Dr. Deepak Kumar, Dr. Rukhsana, Dr. Shamim-Un-Nissa Bhatti, Dr. Munira G. Vohra, Dr. Zulfikar Nabi
(L to R)

Second Standing Row: Dr. Shailesh Kumar A. Anand, Dr. R.A. Anjaria, Dr. Charul J. Mehta, Dr. Mohd. Ashraf Mir, Dr. Satpal Pangotra, Dr. Dilip Kumar Sharma, Dr. Raja Amjad Ali
(L to R)
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