

**17<sup>th</sup> Professional Development  
Course in  
Management,  
Public Health and  
Health Sector Reforms  
for  
District Medical Officers**

**26<sup>th</sup> November, 2012 to 2<sup>nd</sup> February, 2013**

***REPORT***

*Supported by*



Ministry of Health and Family Welfare,  
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*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 2203 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 17<sup>th</sup> Professional Development Course (PDC) which was successfully conducted at NIHFW from 26<sup>th</sup> November 2012 to 2<sup>nd</sup> February, 2013 with eleven 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, Uttarakhand, Gujarat and Delhi for providing continuous support to the Institute for organizing this programme.

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

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

Director



## ABBREVIATIONS

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



44.	RTI	Right to Information
45.	ICTC	Integrated Counseling and Testing Centre
46.	CM&HO	Chief Medical & Health Officer
47.	NIPI	Norway India Partnership Initiative
48.	BPL	Below Poverty Line
49.	ICDS	Integrated Child Development Services
50.	CPA	Consumer Protection Act
51.	PNDT	Pre-Natal Diagnostic Techniques
52.	RKS	Rogi Kalyan Samiti
53.	RSBY	Rashtriya Swasthya Bima Yojana
54.	AHS	Annual Health Survey



## CONTENTS

Sr. No.	Subject	Page No.
1.	Background	1-3
2.	Course Content	3
3.	Aim of the Course	3
4.	Objectives	4
5.	Welcome and Ice Breaking	4
6.	Session on Management	4-10
7.	Field Visits	<b>10-15</b>
	* First Field Visit	10-13
	* Second Field Visit	13-15
8.	Local Field Visits	15-18
9.	Valedictory Session	18
10.	Annexures	<b>19-46</b>
	* Programme Schedule	19-28
	* Sessional Objectives	29-39
	* Coordinating Team	40
	* Resource Persons (External)	41-42
	* Resource Persons (NIHFW)	43-44
	* List of Participants	45
	* Group Photograph	46



## **Background**

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

coordination and public private partnership, which are the 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 8<sup>th</sup> conference of Central Council of Health and Family Welfare held in New Delhi (28<sup>th</sup>-29<sup>th</sup> 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 16<sup>th</sup> course, based on the academic expertise available within the Institute as also the collective feedback received from the participants of last course and the evaluation report of ASCI.

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



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

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

### **Course 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
- Population/Health Policies and Acts.

#### **4. Health Financing**

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

#### **5. Health Sector Reform and Decentralization**

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

#### **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 17<sup>th</sup> 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 11 Senior District Level Medical Officers from States of Gujarat, Uttarakhand 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 Over view of NRHM was taken by Prof. M. Bhattacharya (Nodal Officer Professional Development Course) (PDC) gave detailed over view 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.

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

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.

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 & visual Media and 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.

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.

Another important session covered during this slot was Preparation of Action plan in which main learnings 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 and types of materials i.e. consumable, non consumable.

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.



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 Biostatistics 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 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 & provision under NRHM and 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.

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 & state specific schemes and 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.

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 and 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 PNDDT 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 and how to minimize litigation.

In the session on CPA and Medical Negligence participants learned about medical negligence, consumer rights and 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

#### 1<sup>st</sup> First field Visit to Haryana and Himachal Pradesh (Shimla)

**15<sup>th</sup> December 12 to 23<sup>rd</sup> December 2012**

The first field visit to Haryana and Himachal Pradesh was organized and led by Dr. Nanthini S. and 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 Pradesh.

PDC team visited the Dist Training center & Dist. Hospital Kurukshetra on [17<sup>th</sup> Dec 2012] Monday. This was a 100 bedded hospital running in a Government building, good accessibility, staff quarters also available. Under this hospital 5 CHCs, 16 PHCs, 117 S/Centres, 3-UHCs were functioning. This hospital covered a population of 964231. IEC materials were displayed properly, hospital was very clean, 24x7 emergency services were available and Cold Chain was maintained. There were some weaknesses too - ENT specialist was not available, biomedical waste management was not proper and there were no Curtains/screens for privacy of the clients.

#### Dist Training center & Dist. Hospital Kurukshetra

Next visit was organized to **CHC Mathana** in district Kurukshetra. This centre was functioning in a Govt. building. 2.26 Lacs population was covered by this CHC. There were 7-PHC, 34-S/C, 178-VHSC, 186-ASHA, 150-AWW under this CHC. The OPD services were given to an average of 150 patients daily and there were 60 in patients treated every month. Other services provided were 24X7 emergency services, medico legal services and treatment by AYUSH Medical Officer. Recently in the CHC family planning operations are being conducted at an average of about 20 per month. 15 to 20 deliveries per month are also being conducted at this CHC. However, there is no class IV employee and the bio medical waste management needed improvement.



Glimpse of CHC Mathana district Kurukshetra

PDC participants interacted with Principal of SIHFW, Haryana, Dr. Usha Gupta. She explained about the functioning of the District Hospital, Panchkula and innovative programs operational in Haryana. This is a good hospital with good accessibility. 8 to 10 lacs population is covered under this hospital. It has an old building and another building is under construction. Services provided include - OPD (3000/Day) & IPD services, 24x7 Emergency services, Medico legal services, AYUSH (Ayurveda Medical Officer, Homeopathy, Yoga), **Dietician**, Deliveries (500-600 per month) & other MCH services, Surgeries (Package system), Blood Bank, Diagnostic services such as X-ray (24x7), USG, CT SCAN (On Call), Lab Services: Hematology, Biochemistry, Histopathology, Microbiology, RNTCP, ICTC, SNCU, Birth & Death Registration - BC issued at TOD & daily reporting to Deputy Collector, Disaster Preparedness, AFHC, Immunization, Referral transport (Free-BPL/RTA/Del. etc), FP Services-Daily, ICTC, National Programs, VIP, Supports & Mela duties were available. There were few good practices i.e. No prescription of outside med, OPD & IPD- All medicines free, Buffer

stock of 30 days maintained, Inventory management recorded in Excel, Periodical checks of inventory



102 Ambulance Services in Haryana

Team visited PHC: Pinjore on 19<sup>th</sup> December 2012. This PHC covered the 57,902 population (29295 Rural +28607 Urban), 82 Villages, 19 Gram Panchayats, 19 Village Health and Sanitation Committees, 07 SCs, 61 AWCs, and 20 ASHA s.

Swasthya Kalayan Samittee (SKS) is formed. Chairman is MO In charge of PHC & Member Secretary is Dental surgeon. Dual signing Authority is both chairman and member secretary for bank account. Grants received under NRHM are received in bank account. One NRHM accountant posted at CHC level. Janani Surkasha Yojana payment to beneficiaries made by Cheque and ASHA payment directly debited to their bank account from CHC.



Grants timely disbursed to SCs, Account, Bills & Vouchers are in place & serially arranged. Ledger & Cash books were properly maintained. Two computers were installed at this PHC for smooth functioning of the PHC.



PHC Pinjore

Visit to **Sub Center Surajpur Panchkula** Haryana objective of this visit was to conduct FGD, Data Analysis of Community monitoring sheet, Attending Health & Nutrition day at Sub Centre, having easy accessibility, good infrastructure, IEC materials were well displayed. Participants interacted with ASHA, AWW, and Community leader.

Visit to Sub Center: Nada sahib, Old Panchkula was also organized which is 09 Km from Panchkula city having easy accessibility, good infrastructure. Demographic profile of this centre was 10064 Rural Population. 05 Villages, 05 Gram Panchayat, 05 VHSCs, 09 AWCs, 05 ASHA, 05 Primary Schools, 03 Middle Schools were functioning under this centre. All vaccination days are planned usually on Wednesday for Sub Center & Anganwari Centers. Tracking of eligible children for vaccination is implemented by tracking bag. Hub cutter & Red/black waste bucket was available at SC but Hypochlorite solution

was not used nor bio medical waste. Vitamin A tablets were available & were using as per norms. Immunization Records & register was up-to-date.

Knowledge of ANM about vaccination was very good. Use of Pentavalent vaccine started recently. There were little weakness too logistic & Medicine not arranged properly, Staff need to be trained for Bio Medical Waste management.

### Visit to NGO –Swach

It was started in 1988 It is a non profit making NGO serving in slum areas of Chandigarh. Serving in area of mother & child health, providing adolescent services. Delivering their service in Dist. Yamuna Nagar Haryana. On call & SMS Help to ANC, if needed, prescription on SMS.

Visit of CHC Dharmpur in Himachal Pradesh state was organized on 22 December 2012 Saturday led by Dr. Pushpanjali Swain upgraded from PHC recently. Seven PHC were functioning under this CHC. 1 BMO & 1 MO at CHC. 2 pharmacist, 1 Lab tech & MPHS were posted at this CHC. 2-3 delivery/ month were conducting at here. No ASHA in Himachal Pradesh. Incidence of Mosquito borne disease is low, but water borne disease are common (Tourism).

Visit to Sub Center Bohri in Himachal Pradesh state was organized on 22 December 2012 Saturday. This center was catering 2000 population, Getting All SC grants of NRHM as per Norms, no delivery at SC but > 90% Hosp. delivery major role of 108 Ambulance service in Maternal care.

## Learning

At the end of the field visit the participants were made familiar with the health care delivery system of Haryana. They also learned the best practices which were implemented in the state at various levels of health care delivery system. They also learned the various schemes launched under NRHM, their implementation at grass root level.

The participants interacted personally with various health functionaries like ASHA, ANM, staff nurses, medical officers, pharmacists etc. They discussed the problems faced by them in implementing various programmes and schemes of NRHM. After this visit the PDC participants can compare the health care delivery system in Haryana with their respected states.

New things that the participants observed during their visit in district Panchkula, Haryana are:-

- NABH in process
- Computerized treatment
- Biometric attendance system
- Supervision by CCTV
- Computerized medical record
- Supervisory checklist at all concerned places
- Regular evaluation and improvement in patient care based on the feedback from health care clients.

Due to time constraint the participants could not view the logistic & supplies in the health facilities visited. After the participants visited at various health facilities the following recommendations given them to the health authorities of (Principal, SIHFW) Haryana are as follows:-

- Security services in DH, Panchkula

- Timely condemnation of logistics in DH, Panchkula
- Recruitment of class-IV in CHC Mathana.
- Curtain/ screen in labour room for client privacy.
- Queue management
- Segregation of biomedical waste at source.

## 2<sup>nd</sup> Field Visit to Cuttack (Orissa) from 15<sup>th</sup> January 2013 to 19<sup>th</sup> January 2013

The second field visit was organized to Orissa. It was headed by Dr. Rajesh. On the arrival (first day) the team was briefed about functioning of health system of the state and various National programmes. First day of the visit i.e. on 17<sup>th</sup> January 2013 participants interact with Dr. G.K. Sahu CDMO Puri. Separate ADMOs are looking after diff. area of Health care e.g. Family Welfare,



Immunizations, Malaria/ Vector born Disease.

## Visit to Gop CHC

CHC Headed by MO –Block Dr. Baitharu. 8 PHCs & 27 Sub Centers were covered under this. Catering to around 1,90,000 Population, One AYUSH and One Medical Officer were posted at every PHCs. 1 O&G & 1 Ped. Specialist in position, OPD at CHC is around 200/ day, 8 indoors/ day, 100-150 Deliveries/ month at CHC by 6 SNs, 4-5 MTP/ month, Sterilization camp planned every

week at CHC & acceptations of Laparoscopic is greater than Abdominal TL, Single Bio Medical Waste pit is used to discard all kind of Bio Medical Waste and no separate pit used for Sharp. No X-ray facility available at CHC.



Gop CHC

### Visit to SIHFW, Odisha

Visit to SIHFW, Odisha on 18th January 2013 was organized. This is Regional training centre for Odisha, Chhattisgarhi, Jharkhand and Andaman Nicobar. Here various trainings are providing to the various health functionaries like Capacity building, induction training for MO, administration. Training for senior health officers. PDC -First centre after NIHFW & completed 10 batches, E-Blood



Banking facility available here. Training of pharmacist for logistic and supply is also providing at this center. Emergency ambulance services likely to be started .active involvement of NGOs, IEC/BCC-TV programme on Tuesday, Radio programme on Wednesday.

### Visit to Kalinga Institute of Medical Science (PSM Dept.)

Participants interacted with Principal cum Dean Dr. B.C. Das, HOD Community Medicine Dr. Rout, Faculty members and Post Graduate Students. They shared knowledge, experiences and good practices of the institute with the visiting team.



Visit to KISS (Kalinga Institute of Social Sciences) was organized at 19th January 2013 Saturday. This institute established in 1993. 20,000 Tribal Children Studies in this institute from their KG to PG, totally free of cost. They also get activity training of making various crafts & Utility Items There are 64 Tribes in Odhisha & all are eligible to enter in KISS. Special medical Hospital with 100 bed hospital in the campus. Routine health check up done & many children found suffering from Scabies, Parallel sports & cultural activities are promoted.

### Visit to KIMS (Kalinga Institute of Medical Sciences)

Hospital established about 10 Yrs ago but medical college running for 5 yrs. Rs100/- day is charged from indoor cases & provided all food, stay, and medicine facility are free. Rashtrya Savasthya Bima Yojana empanelment is there Separate medical records department to maintain records of last 10 yrs. Original records kept

with them & provided copy of it on demand from patients. Computerized inventory system established. Separate inventory for stationery, other items, Chemical & Medicine.

At the end of visit participants presented their findings in front of state authorities

### Learning

At the end of the field visit the participants were made familiar with the health care delivery system of Orissa. They also learned various schemes launched under NRHM, their implementation at grass root level. The participants interacted personally with various health functionaries like ASHA, ANM, medical officers etc. They discussed the problems faced by them in implementing various programmes and schemes of NRHM. After this visit the PDC participants can compare the health care delivery system in Orissa with their respected states.

### Local field visits

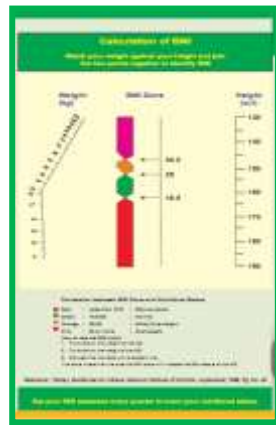
A local field visit to the **Jai Prakash Naryan (AIIMS)** was organized which was Started with Introduction of hospital by PRO of Hosp. The team was brief about the functioning of trauma centre. Triage (segregation in Red, Green & Yellow category) and planning for routine trauma case management during disaster. Defined areas for specific activities e.g. receiving case, primary examination and treatment Use of technology in Intensive care and in day to day trauma cases treatment (keeping records). Providing latest treatment at almost ZERO expense (Very important point for poor). No discrepancy between poor & rich, no special wards. PDC

participants were taken around the trauma centre.



### Visit to Nutrition Rehabilitation Center

Visit to the Nutrition center was organized which was started with Introduction. Here the director of the institute explained about the dimensions of dual nutrition burden, what is the right parameter to assess nutritional status of Indian children in dual nutrition burden era? how to assess current nutritional status in stunted children? How it is possible that half of Indian children are stunted and underweight and simultaneously projections predict high obesity and steep increase in number of persons with NCD because of obesity epidemic from childhood. Paradigm Shift in Tenth Five Year Plan, household food security and freedom from hunger to nutrition security for the family and the individual; lack of focused interventions on the prevention of over-nutrition to the promotion of appropriate lifestyles and dietary intakes for the prevention and management of over-nutrition and obesity.



Objective of this field visit was to study the role of NGO in care of HIV /AIDS patients, especially children. This NGO has the Capacity to give care up to 30 children, but some time figure was up to 45 children. 4 story building used as home for these children. Provides homely environment with their all basic care in a dignified way not only Medical support but also educational, Social and activity support without support from Govt., Only runs on donation.

### Visit to Kalavati Saran Children Hospital

A visit to Kalavati Saran Children Hospital was organized which was started with the introduction of participants with the faculty of the hospital who briefed about the functioning of the hospital. Benefits of breast milk to the baby and problems faced by mother and its solution & Counseling, relation between breast feeding and cognitive development, Involvement of husband and mother-in-law, training for counseling use of dummy and charts to explain breast feeding techniques, mock preparation to explain consistency of food, use of Syringe in c/o Inverted nipple, breast milk expression technique, rehabilitation of Severely malnourished children



Have dedicated volunteers to handle the children, have 1 part time doctor and full time nurse for medical care.



### Visit to STD Clinic at Safdarjung Hospital

A visit to STD clinic Safdarjung Hospital was organized on 3rd January 2013 to observe the functioning of the hospital. This hospital is the National Referral center for HIV /AIDS. It is also have State lab for HIV/AIDS. All

### Visit to NGO –“Naaz Foundation”

Visit to Naaz Foundation was organized on 2nd February, 2013.



HIV /AIDS related facility (Treatment or Investigation) on one floor. E.g. STD OPD, Microbiology, Medical. Three Microbiology labs for STD /HIV Counseling center for male and females are different & to avail service there, no need of registration, VDRL done at Facility, 6 weeks, 3 months & 6 Months for HIV negative person having High risk Behavior, PCR Test: Patient converts Positive within 15 days of Exposure (Results comes within 24 Hrs. of collecting Sample). CD 4 cell counter, DF with temp. -70 C is available external thermometer system for perfect reading.

### **Visit to New Delhi Municipal Corporation (NDMC)**

On 10<sup>th</sup> January 2013 participants visited to New Delhi Municipal Corporation (NDMC) to observe the functioning of the corporation. Hierarchy of the organization is Chairman, IAS → Secretary → HODs, no councilor but 2 MLAs. Garbage lifting is outsourced at the rate Rs. 250-275 per tonn, door to door collection of garbage by NGO, composting of garbage done on big gardens. Attendance of Saffai kamdaar (All regular) taken at three times daily (7 am, 12 noon, & 3 pm). Online Birth & Death registration system

Field visit of NGO (Mamta) (PLA/PRA) at Tigri Slum Participants of the PDC visited to NGO (Mamta) situated at Tigri urban slum on 30<sup>th</sup> November 2012. Participants were divided in to two groups, Group one done FGD on awareness in mothers about vaccination & Group -two done FGD on health seeking behavior in unmarried girl of Age group of 18-24 Yrs. with help of NGO, Mamta. This NGO running many programmes like training

course on sewing, crafts making. Having one doctor, one lab technician, staff nurse to run clinic, doing Vaccination in the slum, Collects vaccine from nearby Govt. Hospital, on vaccination day & stores vaccine in domestic fridge if remain unused. NGO doing all these activity since long when there was no health services in urban slum. Doing well in the field of HIV /AIDS awareness and adolescent issues awareness. Having very good database of slum community.

### **National Documentation center (NDC –Library) Visit**

Participants visited National Documentation center (NDC – Library on 1<sup>st</sup> December 2012. National Documentation Centre (NDC) came into existence in May 1977 with the merger of libraries of two premier institutes i.e. National Institute of Health Administration and Education (NIHAE) and National Institute of Family Planning (NIFP). The core activity of the NDC is to collect/store, publish and disseminate health and family welfare information, which are needed for the benefit of different segments of the society. Mission of NDC is to become the prime custodian of all information resources on current and traditional knowledge of health, population and family welfare to provide high quality of documentation and reference services to the Ministry of Health and Family Welfare for planning health policies, strategies and campaigns to develop human resources of the country to be at par with the best in the world. NDC has a rich collection of latest materials like books, journals, monographs, and online journals, government reports, seminar and

conference proceedings, international publications on Health and Family Welfare and allied disciplines, CD-ROM, online databases, like POPLINE and census reports etc. The collection is completely computerized and they are also going to convert into a digital library.

### **St. Stephen Hospital Visit for Biomedical waste Management**

Field visit to St. Stephen Hospital was organized on 10th December 2012 to see the best practices of bio medical waste management. Rules & Regulations of Biomedical waste, how it is managed by Hospital, human Resources and material allocation for Bio Medical Waste Management, care to be taken in routine procedures, role of Incinerator and local disinfection barrier protection.

### **Valedictory session**

Dr. B. Kishore Deputy Commissioner from MOHFW, GOI and Dr. M. Bhattacharya (Nodal Officer PDC), Dr. A.K. Sood and other coordinators of the PDC from NIHFV graced the concluding session of 17<sup>th</sup> PDC which was held on 1<sup>st</sup> February 2013 in the Teaching Block of NIHFV. Dr. Bhattacharya welcomed Dr. B. Kishore and the participants. She expressed her utmost happiness about the performance of the batch. She asked the participants to come out with suggestions on improving the programme and making it more effective. She gave a brief detail about the course. She 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. Dr. B. Kishore and Dr. M. Bhattacharya distributed the course completion certificates to the participants. Dr. Nayak from Gujarat was awarded the First prize for Action Plan, Dr. C.S. Rawat from Uttarakhand, Dr. Pandaye from Uttarakhand respectively received II prize for Action Plan. First Prize for Portfolio awarded to Dr. Siraj Vohara from Gujarat. Dr. Sudhir from Haryana, Dr. B. Patel from Gujarat respectively received II prize for portfolio. They also received the cash prize. Dr. T.G. Shrivastva gave the vote of thank.



Valedictory function of 17<sup>th</sup> PDC



Participant of the 17<sup>th</sup> PDC receiving course certificate from Deputy Commissioner (Training), MoHFW, GoI



Participant of the 17<sup>th</sup> PDC presenting best port folio during valedictory session



## ANNEXURE-I

### 17<sup>th</sup> Professional Development Course in Management, Public Health & Health Sector Reforms for DMOs at NIHFW, New Delhi Programme Schedule

#### 1<sup>st</sup> WEEK

Day & Date	9:30 am to 10:00 am	10:00 am to 11:15 am	11:30 am to 1:00 pm	2:00 pm to 3:15 pm	3:30 pm to 5:00 pm	
<b>Monday 26-11-2012</b>	Recap & experience sharing	1,2. Introduction, Expectations & Fears and Pre Course Evaluation Course Team		3. Overview of NRHM L/D Dr. M. Bhattacharya	4. Computer Class L/D Mr. P.D. Kulkarni	
<b>Tuesday 27-11-2012</b>		5,6. Overview of Management L/D Dr. A.K. Sood		7,8. Computer Class L/D Mr. P.D. Kulkarni		
<b>Wednesday 28-11-2012</b>		9,10. Computer Class L/D Mr. Parimal Parya		11,12. Human Resource Management LD/ Exercises L/D Dr. A.K. Sood		
<b>Thursday 29-11-2012</b>		13,14. Interpersonal Communication L/Games Dr. Neera Dhar		15,16. Communication Strategies under NRHM L/D Dr. T. Mathiyazhagan		
<b>Friday 30-11-2012</b>		17. Computer Class L/D Mr. P.D. Kulkarni	18,19. PLA/PRA L/D Mrs. Vandana Bhattacharya		20. PLA/PRA L/D and Exercises Mrs. Vandana Bhattacharya, Dr. Kumkum Shrivastava, Ms. Nishu Chaudhary	
<b>Saturday 01-12-2012</b>		21,22,23,24. PLA/PRA L/D and Field visit Mrs. Vandana Bhattacharya, Dr. Kumkum Shrivastava, Ms. Nishu Chaudhary, Mr. D.M. Arya				

Note:

- Computer practice by Computer Team
- Each Coordinator to ensure completion of port for allotted slot
- Sectional evaluation at end of each day by coordinator/Co-coordinator
- Filed Visit presentations to be submitted for Course report.





**2<sup>nd</sup> WEEK**

<b>Day &amp; Date</b>	<b>9:30 am to 10:00 am</b>	<b>10:00 am to 11:15 am</b>	<b>11:30 am to 1:00 pm</b>	<b>2:00 pm to 3:15 pm</b>	<b>3:30 pm to 5:00 pm</b>
<b>Monday 03-12-2012</b>	Recap & experience sharing	25,26. Presentation on PLA/ PRA By Participants		27,28. Organizational Behaviour Laboratory for Developing Self Understanding & Awareness L/D Dr. P.L. Trakroo	
<b>Tuesday 04-12-2012</b>		29,30,31,32. Organizational Behaviour Laboratory for Developing Self Understanding & Awareness L/D Dr. P.L. Trakroo			
<b>Wednesday 05-12-2012</b>		33,34. Negotiation Skills & Management of Conflict L/D Dr. Neera Dhar	35. Management of Change L/D Dr. N.K. Sethi	36. Computer Class L/D Mr. Kulkarni	
<b>Thursday 06-12-2012</b>		37. Systems Approach L/D to training Dr. U. Datta	38. Training Needs Assessment L/D Dr. Poonam Khattar	39,40. Quality of Care in Hospitals L/D & exercises Dr. M. Bhattacharya	
<b>Friday 07-12-2012</b>		41,42. Exercises on Management Dr. A.K. Sood		43,44. Supervision & Motivation L/D Dr. Neera Dhar	
<b>Saturday 08-12-2012</b>		45,46. Visit to NDC Mrs. Hans Kumari		47,48. Computer Practice	



**3<sup>rd</sup> WEEK**

<b>Day &amp; Date</b>	<b>9:30 am to 10:00 am</b>	<b>10:00 am to 11:15 am</b>	<b>11:30 am to 1:00 pm</b>	<b>2:00 pm to 3:15 pm</b>	<b>3:30 pm to 5:00 pm</b>
<b>Monday 10-12-2012</b>	Recap & experience sharing	49. Overview of Hospital Administration & Planning for Hospitals L/D Dr. J.K. Das	50. Overview of Hospital Administration & Planning for Hospitals Exercises Course Team	51,52. Essential Drugs, Logistics & Supply L/D Dr. P.C. Samantaray	
<b>Tuesday 11-12-2012</b>		53. Material Management L/D Dr. J.K. Das	54. Material Management Exercises Course Team	55,56. Visit to St. Stephen Hospital Dr. Nanthini S. & Course Team	
<b>Wednesday 12-12-2012</b>		57. Equipment Management L/D Dr. A.K. Agarwal	58. Equipment Management Exercises Dr. A.K. Agarwal	59,60. Visit to J.P.N. Apex Trauma Centre, AIIMS Course Team	
<b>Thursday 13-12-2012</b>		61. Quality Assurance in Clinical Diagnostics L/D Dr. T.G. Shrivastav	62. Universal Precaution in Hospitals and Health Centres L/D Dr. Krishna Ray	63 & 64. Leadership and Team Building L/D Dr. V.K. Arora	
<b>Friday 14-12-2012</b>		65,66,67,68. Leadership and Team Building L/D Dr. V.K. Arora			
<b>Saturday 15-12-2012</b>		69,70,71,72. Computer Class			



**First Field Visit to (17-12-2012 to 22-12-2012)**

**4<sup>th</sup> WEEK**

<b>Sunday 16-12-2012</b>	Arrival in the morning
<b>Monday 17-12-2012</b>	Visit to Sub-centre and Anganwari and PRIs. Practice PLA/PRA techniques to find out about the health services from the community.
<b>Tuesday 18-12-2012</b>	Visit to 24 X 7 PHC ✓ Organization & functioning and ✓ NGO
<b>Wednesday 19-12-2012</b>	Visit to CHC ✓ Organization & functioning with focus on JSY, HMIS, store/supply, financial management, disease control, DOTS Functioning of RKS and any NGO Functions of BPM
<b>Thursday 20-12-2012</b>	Visit to CMO office interaction with programme officers ✓ Visit to ICTC and ART Center ✓ Functions of DPM ✓ RKS ✓ Financial Management & ✓ Data Entry under HMIS
<b>Friday 21-12-2012</b>	Visit to office of District Health Society for innovative programmes under NRHM Visit to a tertiary Pvt. Hospital.
<b>Saturday 22-12-2012</b>	PPT of the visit report to District Collector and District Health Officers Leave for New Delhi



**5<sup>th</sup> WEEK**

Day & Date	9:30 am to 10:00 am	10:00 am to 11:15 am	11:30 am to 1:00 pm	2:00 pm to 3:15 pm	3:30 pm to 5:00 pm	
<b>Monday 24-12-2012</b>	Recap & experience sharing	73,74. Action Plan L/D Dr. N.K. Sethi		75,76. Sources of Data & Use L/D Dr. M.Bhattacharya		
<b>Tuesday 25-12-2012</b>		77,78. HMIS L/D Dr. V.K. Tiwari		79,80. Computer Class L/D Mr. Parimal Parya		
<b>Wednesday 26-12-2012</b>		81. Consumer Rights and Responsibilities L/D Mr. Bejon Misra	82. Epidemiology Dr. M. Bhattacharya	83,84. Epidemic Management L/D Exercise Dr. Sanjay Gupta		
<b>Thursday 27-12-2012</b>		85. Strategy for Polio Free Status L/D Dr. Sunil Bahl & Course Team	86. IDSP L/D Dr. Gyan Singh	87,88. Nutrition Community aspect (Field visit) to NFI Dr. Nanthini S.		
<b>Friday 28-12-2012</b>		89. Role of ICDS in Health Sector L/D Dr. Neelam Bhatia	90. FRU Functioning and Constraints L/D Dr. K. Kalaivani	91. Janani Suraksha Yojana L/D Dr. Renu Shahrawat	92. Trainings under NRHM with emphasis on ASHA L/D Dr. N.K. Dhamija	
<b>Saturday 29-12-2012</b>		93. Immunization & Microplaning L/D Dr. Renu Paruthi	94. Immunization & Management of Vaccines and Cold Chain L/D Dr. P. Deepak	95,96. Immunization & Management of Vaccines and Cold Chain Demonstration  Dr. P. Deepak		



**6<sup>th</sup> WEEK**

Day & Date	9:30 am to 10:00 am	10:00 am to 11:15 am	11:30 am to 1:00 pm	2:00 pm to 3:15 pm	3:30 pm to 5:00 pm	
<b>Monday 31-12-2012</b>		97. Basic and Emergence Obstetric Care L/D Dr. Himanshu Bhusan	98. Family Planning Programmes L/D Dr. Renu Shahrawat	99. IMNCI Dr. S.V. Adhish	100. Census and SRS findings and implications L/D & Exercises Dr. Pushpanjali Swain	
<b>Tuesday 01-01-2013</b>	Recap, experience sharing & preparation of port folio	101,102. Infant & Young Child Feeding Visit to Kalawati Saran Hospital Course Team		103,104. Visit to NAZ Foundation for HIV Care (Demonstration)		
<b>Wednesday 02-01-2013</b>		105. HIV/AIDS Programme L/D Dr. P. Yujwal	106. RNTCP Programme Implementation Dr. M. Bhattacharya	107,108. Visit to Youth/Adolescent Friendly Clinic Course Team		
<b>Thursday 03-01-2013</b>		109. Over view Non-Communicable Diseases L/D Dr. Sudhir Gupta	110. Leprosy Elimination Programme L/D Dr. M. Arif	111,112. Visit to STD Clinic at Safdarjang Course Team		
<b>Friday 04-01-2013</b>		113. Training in Cancer and Diabetes L/D Dr. S. Gupta	114. Prevention of Cardiovascular Diseases L/D Dr. Rakesh Yadav	115. Mental Health Programme implementation L/D MOHFW	116. National Tobacco Control Programme L/D Dr. Poonam Khattar	
<b>Saturday 05-01-2013</b>		117. Iodine Deficiency Disorders L/D Dr. Umesh Kapil	118. Vit 'A' Prophylaxis Programme L/D Dr. Umesh Kapil	119,120. Computer Class		



**7<sup>th</sup> WEEK**

<b>Day &amp; Date</b>	<b>9:30 am to 10:00 am</b>	<b>10:00 am to 11:15 am</b>	<b>11:30 am to 1:00 pm</b>	<b>2:00 pm to 3:15 pm</b>	<b>3:30 pm to 5:00 pm</b>
<b>Monday 07-1-2013</b>	Recap, experience sharing & preparation of port folio	121. Health Sector Reforms Dr. T. Bir		123. Malaria Control Programme Implementation L/D Dr. P.L. Joshi	124. Computer Class L/D Mr. P.D. Kulkarni
<b>Tuesday 08-1-2013</b>		125. Role of AYUSH in NRHM	126. DLHS IV L/D Dr. Pushpanjali Swain	127. District Action Plan L/D Course Team	128. Computer Class
<b>Wednesday 09-1-2013</b>		129,130. Visit to NDMC for School Health & Birth & Death Registration Course Team		131,132. GFR, Tender and LPC L/D & Exercises Mr. Vinod Sharma	
<b>Thursday 10-1-2013</b>		133,134. Public Private partnership L/D Exercise Dr. Sanjay Gupta		135,136. Office Disciplinary Procedures Mr. Vinod Sharma	
<b>Friday 11-1-2013</b>		137,138. Financial Management under NRHM LD/ Exercises MOHFW		139,140. Costing & Budgeting L/D Dr. K.S. Nair	
<b>Saturday 12-1-2013</b>		141,142. RSBY L/D Dr. K.S. Nair		143,144. Computer Practice	



**Second Field Visit  
(14-01-2013 to 19-01-2013)**

**8<sup>th</sup> WEEK**

<b>DATE</b>	<b>TIME</b>	<b>ACTIVITY</b>
<b>Monday 14-1-2013</b>	11:00 am to 1:00 pm 1:00 pm to 2:00 pm Lunch Break 2:30 pm to 3:30 pm 3:30 pm to 5:00 pm	Visit to DHO Office, Interaction with DHO and Programme Officers  Visit to a VHND Use of untied funds at village and sub centers
<b>Tuesday 15-1-2013</b>	10:00 am to 3:00 pm	Visit to NGO targeted intervention site for HRG in HIV/AIDS Programme
<b>Wednesday 16-1-2013</b>	11:00 am to 11:30 am 11:30 am to 1:00 pm 1:00 pm to 2:30 pm Lunch Break  2:30 pm to 4:00 pm	1. Interaction with MD, NRHM 2. Innovative programmes by Programme Officers: a) Mother Child Tracking System b) Monitoring the using skype c) Visit to Various NGOs  3. Visit to District Hospital for innovative programmes.  Problems in implementation of Programme
<b>Thursday 17-1-2013</b>	10:00 am to 4:00 pm	Visit to 24 x 7 PHC, FRU,
<b>Friday 18-1-2013</b>		Presentation by Participants.
<b>Saturday 19-1-2013</b>		<b>Leave for Delhi</b>



**9<sup>th</sup> WEEK**

<b>Day &amp; Date</b>	<b>9:30 am to 10:00 am</b>	<b>10:00 am to 11:15 am</b>	<b>11:30 am to 1:00 pm</b>	<b>2:00 pm to 3:15 pm</b>	<b>3:30 pm to 5:00 pm</b>	
<b>Monday 21-1-2013</b>	Recap, experience sharing & preparation of port folio	145,146. Geriatric Care And Service in India L/D Dr. A.M. Khan		147,148.PNDT & MTP Act Discussion Dr. Sher Singh Kashyotia		
<b>Tuesday 22-1-2013</b>		149,150. Overview of Disaster Management L/D Dr. S.V. Adhish		151,152.Visit to National Disaster Management Authority  Course Team		
<b>Wednesday 23-1-2013</b>		153.RTI L/D Dr. T. Mathiyazhagan	154. Managing Medico Legal Cases L/D	155,156. CPA & Medical Negligence Dr. Sher Singh Kashyotia		
<b>Thursday 24-1-2013</b>		157.Condemnation Procedures	158. HIMS Software and Data Management L/D Dr. V.K. Tiwari	159,160. Finalization of Portfolio		
<b>Friday 25-1-2013</b>		161,162. Preparation of Port Folio and Action Plan Course Team		163,164. Finalization & submission of Portfolio		
<b>Saturday 26-1-2013</b>		165,166,167,168. Computer Practice Computer Centre				





**10<sup>th</sup> WEEK**

<b>Day &amp; Date</b>	<b>9:30 am to 10:00 am</b>	<b>10:00 am to 11:15 am</b>	<b>11:30 am to 1:00 pm</b>	<b>2:00 pm to 3:15 pm</b>	<b>3:30 pm to 5:00 pm</b>
<b>Monday 28-1-2013</b>	Recap, experience sharing & preparation of port folio	169,170,171. Practice on presentation of Action Plan L/D Course Team			172. Computer Class Action Plan
<b>Tuesday 29-1-2013</b>		173,174,175,176. Practice PPT of Action Plan Course Team			
<b>Wednesday 30-1-2013</b>		177,178,179,180. Presentation of Action Plan(Final)			
<b>Thursday 31-1-2013</b>		181,182. Presentation of Action Plan	183,184. Computer Practice		
<b>Friday 01-2-2013</b>		185,186. Computer Test Mr. P.D. Kulkarni	187,188. Post Course Evaluation, Distribution of Certificate		
<b>Saturday 02-2-2013</b>		Distribution of Certificate & Wrap Up		Departure	



## ANNEXURE-II

### Sessional Objectives

#### 1-2. 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.

#### 3. Overview of NRHM

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

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

#### 5-6. 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.

#### 11-12. Human Resource Management

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

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

#### 13-14. 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

#### 15-16. Communication Strategies under NRHM

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

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



## **18-26. 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.

### **Then Presentation on PLA/PRA**

## **27-32. 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.

## **33-34. 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.

## **35. 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.

## **37. System Approach to training**

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

- 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.

## **38. Training Need Assessment**

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

- (i) Develop an overall plan and training programs to meet specific user needs.

## **39-40. 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.



#### **41-42. Exercises on Management**

- (i) Skill building exercises.

#### **43-44. 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.

#### **45-46. Visit to NDC**

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

- (i) To access literature in the library and on the net for knowledge gain.

#### **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. Essential Drugs, Logistics and Supply**

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

1. List the National lists of essential medicines
2. Describe the concept of essential drugs and efficient management of the drug supply and rational use.
3. Describe the strategies for controlling, and monitoring of supply.
4. Describe the basics of logistics

#### **53. 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.

#### **54. Exercises on Material Management**

- (i) Skill building exercises.



### **55-56. 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 its management.

### **57-58. Equipment Management**

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

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

### **59-60. 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.

### **61. Quality assurance 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

### **63-68. 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

### **73-74. 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.



### **75-76. 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

### **77-78. 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.

### **81. 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.

### **82. 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.

### **83-84. 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.

### **85. 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.

### **86. 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.



### **87-88. 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.

### **89. 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.

### **90. 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

### **91. 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.

### **92. 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.

### **93. 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

### **94-96. 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.



### **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.

### **100. Census and SRS findings and implications**

- (i) To achieve a stable population by 2045

### **101-102. Infant & young Child Feeding (Visit to Kalawati Saran Hospital)**

- (i) To observe the functioning of hospital
- (ii) To learn about lactation management

### **103-104. 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.

### **105. HIV/AIDS**

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

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

### **106. RNTCP**

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

- (i) Describe the programs of TB Control.

### **107-108. Visit to Youth/ Adolescent Friendly Clinic**

- (i) To assess satisfaction among female patients of a youth-friendly clinic





### **109. Overview 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.

### **110. 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.

### **111-112. Visit to STD Clinic**

- (i) To observe the various functions of Clinic.

### **113. 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

### **114. 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

### **115. 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.

### **116. 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.

### **117. Iodine Deficiency Disorders**

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

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



### **118. Vit 'A' Prophylaxis**

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

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

### **121-122. 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

### **123. 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

### **125. 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

### **126. DLHS IV**

- (i) Describe the features of DLHS IV

### **127. District Action Plan**

- (i) Process of Action plan

### **129-130. Visit to NDMC for School Health and Birth and Death registration.**

- (i) Functioning the NDMC
- (ii) Innovative programmes of NDMC

### **131-132. 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)



### **133-134. Public Private Partnership (PPP)**

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

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

### **135-136. 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

### **137-138. 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

### **139-140. 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.

### **141-142. RSBY**

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

- (i) Describe different aspects of RSBY

### **145-146. 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.

### **147-148. 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.

### **149-150. 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.

### **151-152. Visit to National disaster Management Authority**

- (i) To observe the functioning of National disaster Management authority.



### **153. 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.

### **154. Managing Medico-Legal Cases**

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

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

### **155-156. CPA & Medical Negligence**

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

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

### **157. Condemnation Procedures**

- (i) Describe the different condemnation programmes.

### **158. HIMS Software and Data Management**

- (i) Describe the use of HMIS software at different health facilities.

### **159-160. Finalization of Portfolio**

### **161-164. 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.

### **169-182 Preparation and Presentation of Action Plans**

### **183-186 Computer practice and Computer test**

### **187-188 Post Course Evaluation**

### **4, 7-8, 9-10, 17, 36, 47-48, 69-72, 79-80, 119-120, 124, 128, 143-144**

### **Computer Classes and Preparation of Action Plan on Computer**

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

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



## ANNEXURE-III

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

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

<b>S. No.</b>	<b>Course Coordinators</b>	<b>Dates</b>	<b>Mobile</b>
1	Dr. T.G. Shrivastav	26-11-12 to 15-12-12	(9873710664)
2	Dr. Nanthini S.	16-12-12 to 13-01-13	(9810334505)
3	Dr. P. Swain	14-01-13 to 02-02-13	(9891122681)

**Course Co-coordinator**  
Mrs. Vandana Bhattacharya

**Course Associates**  
Mr. Devmitra Arya (9810753439)

**Secretarial Assistance**  
Mrs. Radha



## ANNEXURE-IV

### RESOURCE PERSONS (EXTERNAL)

S. No.	Contact Name	Address	Email & Phone
1.	Dr. P.L. Trakroo Professor	House No-939, Sector-21 C Housing Board Colony, Faridabad Haryana -121001	<a href="mailto:pltrakroo@gmail.com">pltrakroo@gmail.com</a>
2.	Dr. Neelam Bhatia Consultant	National Institute of Public Cooperation & Child Development (NIPCCD), 5, Sirifort Institutional Area, Hauz Khas, New Delhi- 110016	Ph: 26964373, 26963382, 26865187, 26515579, 26963383, 26962447
3.	Dr. H. Bhushan Deputy Commissioner (Maternal Health)	Ministry of Health & Family Welfare, Room no-505, A Wing, Nirman Bhawan, New Delhi- 110011	<a href="mailto:dr_hbhushan@hotmail.com">dr_hbhushan@hotmail.com</a> <a href="mailto:bhimanshu@hub.nic.in">bhimanshu@hub.nic.in</a>  Ph(O):- 011- 23062930
4.	Dr. P. Yujwal Raj Senior Technical Officer (Surveillance)	National AIDS Control Organisation (NACO), Department of AIDS Control (DAC), Ministry of Health & Family Welfare, Government of India, Chanderlok Building, 36, Janpath, New Delhi-110001	<a href="mailto:pyraj@yahoo.com">pyraj@yahoo.com</a>  M: 9350566003  Ph(O): 43509925
5.	Dr. Renu Paruthi Routine Immunization Training Coordinator	National Polio Surveillance Project, R.K. Khanna Tennis Stadium, Afrika Avenue, Safdarjung Enclave, New Delhi- 110029	<a href="mailto:paruthire@npsuindia.org">paruthire@npsuindia.org</a> ,  Ph(O):- 011-26169727  Mob: 9810405852  Fax: 011-26191865
6.	Dr. Sudhir Gupta CMO (NCD)	Ministry of Health and Family Welfare, Room No-445, A-wing, Nirman Bhawan, New Delhi	<a href="mailto:cmoncd@nb.nic.in">cmoncd@nb.nic.in</a>  Ph(O):- 23061980
7.	Dr. M.A. Arif Country Representative	Netherlands Leprosy Relief – India, B-38, Panchsheel Enclave, New Delhi – 110 017	Ph(O):- 26498546, 26497964, 26497965  Fax: 26498547  <a href="mailto:info@nlrindia.org">info@nlrindia.org</a> <a href="mailto:nlrindia@airtelbroadband.in">nlrindia@airtelbroadband.in</a> <a href="mailto:nlrindia@airtelmail.in">nlrindia@airtelmail.in</a> <a href="mailto:cr@nlrindia.org">cr@nlrindia.org</a>
8.	Dr. Sher Singh Kashyotia Public Health Specialist	Emergency Medical Relief(EMR), Directorate General of Health Services, Ministry of Health and Family Welfare, Nirman Bhavan, New Delhi-110011	Ph(O):- 011-2306-2898  Mobile:- 9868-458 457  Fax:- 011-23061469, 23061457  <a href="mailto:doctorshersingh@gmail.com">doctorshersingh@gmail.com</a> <a href="mailto:doctorshersingh@yahoo.co.in">doctorshersingh@yahoo.co.in</a> <a href="mailto:drpcsr@yahoo.co.uk">drpcsr@yahoo.co.uk</a>
9.	Dr. P.C. Samantaray Ex Consultant PDC		



<b>S. No.</b>	<b>Contact Name</b>	<b>Address</b>	<b>Email &amp; Phone</b>
10.	Mrs. Ratna Samantaray Advocate		
11.	Dr. Umesh Kapil, Professor (Public Health Nutrition), Old OT Block, All India Institute of Medical Sciences (AIIMS), New Delhi-110029, (O):- 26593383.		
12.	Dr. Rakesh Yadav, Cardiologist, All India Institute of Medical Sciences (AIIMS), Ansari Nagar, New Delhi-110029, (O):- 26593218		



## ANNEXURE-V

### RESOURCE PERSONS (NIHFW)

1. Prof. J.K. Das, Director, National Institute of Health & Family Welfare (NIHFW), Email: director@nihfw.org
2. Dr. M. Bhattacharya, Prof.& Head, Department of Community Health Administration, Email: cha\_nihfw@yahoo.co.in,
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Email: m\_khannihfw@yahoo.com
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9. Dr. Pushpanjali Swain, Acting Head, Department of Statistics and Demography, Email: drpswain@yahoo.co.in
10. Dr. S.V. Adhish, Prof. & Acting Head, Department of MCHA, Email: vivekadhish@gmail.com
11. Dr. Sanjay Gupta, Reader, Department of Community Health Administration, Email: sanjaygupta61@gmail.com, sanjaygupta61@hotmail.com
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13. Dr. K.S. Nair, Lecturer, Department of Planning & Evaluation  
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15. Dr. T. Mathiyazhagan, Prof. & Head, Department of Communication,  
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16. Dr. T. Bir, Professor, Department of Social Sciences, Email: tbir@nihfw.org
17. Dr. T.G. Shrivastav, Professor, Immunotechnology Laboratory, Department of RBM





18. Dr. Nanthini Subbiah, Reader, Department of Community Health Administration
19. Dr. Gyan Singh, CMO (NFSG), Clinic, Department of RBM, Email: [g99singh@yahoo.co.uk](mailto:g99singh@yahoo.co.uk)
20. Dr. Renu Shahrawat, Senior Lecturer, Department of Reproductive Bio Medicine (RBM), Email: [renushahrawat@hotmail.com](mailto:renushahrawat@hotmail.com)
21. Mrs. Vandana Bhattacharya, RO, Department of Social Sciences, Email: [vandanabhattacharya@rediffmail.com](mailto:vandanabhattacharya@rediffmail.com)
22. Mr. P.D. Kulkarni, Programme, Computer Centre
23. Dr. P. Deepak, National Consultant (Immunization Trgs.), Department of Community Health Administration, Email: [drpdeepak1@gmail.com](mailto:drpdeepak1@gmail.com)
24. Dr. S.K. Chaturvedi, Email: [doctorskchaturvedi@yahoo.com](mailto:doctorskchaturvedi@yahoo.com)
25. Dr. P.L Joshi, Part Time Faculty
26. Dr. A.K. Agarwal, Consultant (ITS)
27. Dr. S.C. Mathur, Consultant (ITS)
28. Dr. Kumkum Srivastava, Consultant (ITS)
29. Mrs. Nishu Chaudhary, Communication Specialist (ITS)
30. Mr. D. Arya, PTF, Department of Community Health Administration



## ANNEXURE-VI

### List of Participants

S.No	District	State	Name of the participant	Designation	Course Date		Address (Office)	Tel (R/O)	E-mail
					From	To			
1	Gurgaon	Haryana	Dr. Sudhir Kumar	SMO	26/11/2012	2/2/2013	CHC-Padaudi, Gurgaon, Haryana	9958561431	winsome2004@gmail.com
2	Rewari	Haryana	Dr. Raj Kumar	MO	26/11/2012	2/2/2013	CHC-Meerpur, Rewari, Haryana	9654500878	rajtobria@hotmail.com rajtobria10@gmail.com
3	Faridabad	Haryana	Dr. Geeta Palya	Dy. Civil Surgeon	26/11/2012	2/2/2013	O/o Civil Surgeon, Faridabad	9268571154	schoolhealthfbd@yahoo.com
4	Fatehabad	Haryana	Dr. Shakuntala	HMO, CHC Bhunna	26/11/2012	2/2/2013	District-Fatehabad, Haryana	9466730248	
5	Dehradun	Uttarakhand	Dr. C.S. Rawat	MO	26/11/2012	2/2/2013		9412076670	rawatdrcs@gmail.com
6	Udham Singh Nagar	Uttarakhand	Dr. Rajendra Kumar Pandey	Sr. DIO/JD	26/11/2012	2/2/2013	DTC Rudrapur, District-Udham Singh Nagar	9719284169	rajendrapandey438@yahoo.com
7	Amreli	Gujarat	Dr. Rajeev Kumar Sinha	THO	26/11/2012	2/2/2013	Taluka Health Office, Amreli, Gujarat	9727723308	drirksinha2@gmail.com
8	Sabarkantha	Gujarat	Dr. Harish R. Nayak	District Quality Assurance Medical Officer	26/11/2012	2/2/2013	Sabarkantha District Panchayat, Himatnagar, Gujarat	9687679011	drhrnayak@gmail.com
9	Patan	Gujarat	Dr. Divyesh B. Patel	MO, PHC Samoda	26/11/2012	2/2/2013	PHC-Samoda, Block-Sidhpur, District-Patan, Gujarat	09408609609 02766223701	drdivyesh1970@gmail.com
10	Anand	Gujarat	Dr. Siraj F. Vohra	BHO Ankkar	26/11/2012	2/2/2013	District-Anand, Gujarat-388510	02696-280066	siraj_ad@yahoo.co.in bhoanklav@yahoo.co.in
11	Bharuch	Gujarat	Dr. K.K. Singh	THO Jambusar	26/11/2012	2/2/2013	Referral Hospital, Jambusar, District-Bharuch, Gujarat	9426249816	drkksingh2005@yahoo.com

**National Institute of Health & Family Welfare, New Delhi**

**17<sup>th</sup> Professional Development Course in Management,  
Public Health and Health Sector Reforms for District  
Medical Officers**

***(26<sup>th</sup> November, 2012 – 2<sup>nd</sup> February, 2013)***



Sitting Row (R to L): Dr. Ankur Yadav, Dr. Nanthini Subbiah, Dr. M. Bhattacharya, Prof. Jayanta K. Das, Prof. A.K. Sood, Dr. T. Mathiyazhagan, Dr. T.G. Shrivastav

First Standing Row : Mrs. Vandana Bhattacharya, Dr. K.K. Singh, Dr. Harish R. Nayak, Dr. Divyesh B. Patel, (R to L) Dr. Shakuntala, Dr. GeetaPalya, Dr. C.S. Rawat

Second Standing Row: Dr. Rajeev Kumar Sinha, Dr. Siraj F. Vohra, Mr. Devmitra Arya, Dr. Sudhir Kumar, (R to L): Dr. Raj Kumar



## *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*