

# **REPORT**

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

**20<sup>th</sup> July to 26<sup>th</sup> September, 2009**

**Supported by**



Government of India

**Ministry of Health and Family Welfare, GOI**

**Organised by**



आरोग्यम् सुखसम्पदा

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

# **FOREWORD**

**Professional Development Course (PDC) in Management, Public Health & Health Sector Reforms for DMOs was 10 weeks flagship course of MOHFW started way back in 2001 by NIHFW 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 1129 doctors have been trained in the country in collaboration with 15 training institutes.**

**I am very happy to present the report of the 11<sup>th</sup> Professional Development Course (PDC) which was successfully conducted at NIHFW from 20<sup>th</sup> July to 26<sup>th</sup> September, 2009 with sixteen 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, Haryana and Uttarakhand for providing continuous support to the Institute for organizing this programme.**

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

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

**Director**

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## **Background**

Since independence in 1947, the pace of development in India has unequivocally registered commendable speed in a number of sectors including health. Efforts made by the Union and State Governments in response to the call "Health For All by 2000" emanating out of the historical Alma Ata conference in 1978, have resulted in considerable gains. A gross look at demographic and epidemiological features since then, distinctly reflect successes in vital indicators viz. life expectancy at birth, crude birth rate, crude death rate, maternal/infant mortality rates, etc. In addition, these decades have also witnessed achievements like eradication of smallpox, diphtheria, tetanus, 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 on 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 15 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 Eleventh PDC at NIHFV**

The NIHFV's Core Committee for PDC, had serial consultations with a view to bring in necessary changes/improvement in the forthcoming 11<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 11<sup>th</sup> PDC started with the ice breaking and Pre Course Evaluation of the participants. The inaugural function was graced by Dr. Dinesh Baswal, Assistant Commissioner, Ministry of Health and Family Welfare, Government of India. Prof. Deoki Nandan, Director NIHFW, welcomed all and Prof. M. Bhattacharya, HOD Department of CHA and Dean of Studies of the Institute and Nodal Coordinator PDC, appraised the participants about the course details and thanked the sponsoring authorities for nominations. The audience comprised of Senior District Level Medical Officers from States of Haryana, Delhi, Uttaranchal, and all Faculty Members, Research Staff involved in this training course.



Oration by Dr. Dinesh Baswal  
During Inaugural session of PDC

In his address, Dr. Baswal touched upon the very vital issues for implementing NRHM. He emphasized about the unique design of the course to the trainees. He 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.

### **Sessions on Management**

The class-room sessions started with ground rules based on common consensus. The management sessions dealt with all related aspects of service delivery management under NRHM. On day first the main proceedings of the course started with exercise on reviewing the expectation and fears about the course. Participants were asked to write down their expectation and fears about the course. The expectations of the participants were, to know the existing status of different government policies and programmes, about material, financial and human resource management, NRHM, Health sector Reforms, preparation of District Action Plans and computer skills. Expected fears of the participants were, long sitting and being away from home for 10 weeks. Session on overview of NRHM was taken by Prof. Deoki Nandan, Director (NIHFW), in which he explained goals and strategies of NRHM, approaches to operationalise the mission goals and problems in



implementation. The sessions on general management aspects including human resource aspects was flagged off with an Organizational Behavioural Laboratory for Developing Self-Understanding and Awareness which was conducted for the whole day with Dr. Rajni Bagga, using innovative and modern HRM techniques. 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 conducted by Dr. Rajni Bagga on Human Resource Management was instant perception on leadership and team building amongst participants.

Prof. Deoki Nandan, Director, NIHFV described some good management and managerial practices at Agra and how these could be replicated at their own work place.

The topics covered various aspects of management and emphasis was on problem identification and solutions.

Mr. Bejon Misra, Chairman, Consumer Rights Movement, described about the various aspects of Consumer Rights and their responsibilities alongwith consumer education.

Session on negotiation skills was taken by Dr. Venkat Raman, senior faculty from Delhi University comprised of exercise and role play. Dr. A.K. Sood spoke on concepts, processes and functions related to organizations diagnosis.

Dr. N.K. Sethi took up the subject of Management of Change in Health Sector and its need. He explained the mechanisms for implementing changes and barriers to change.

The session on Stress Management by Prof. Neera Dhar was related to various methods for reducing stress. In the session on Quality of Care, Prof. M. Bhattacharya described the concepts of quality, constraints in implementation of quality in health care and measures to improve them.

Dr. S.K. Chaturvedi on Office Disciplinary Procedures talked about the basic office procedures and disciplinary procedures, the types of vigilance and organizational structure. He suggested the names of books and publications for rules and regulations.

The session on HMIS under NRHM, was taken by Dr. Rattan Chand where the speaker described in detail the functioning of HMIS, progress, different evaluation methods, surveys and review missions.

The session was on the topic of Strategic Communication Design for Behaviour Change was taken by Prof. T. Mathiyazhagan. He spoke about the objectives of IEC, methods of communication, need for strategic communication to sensitize the community about their basic health needs and to raise level of awareness, knowledge and understanding.

Dr. Gita Bamezai described how messages of various health programmes under NRHM could be disseminated (IEC/BCC). Dr. Sanjeev Kumar took a session on Strategic Communication in Health; in which he explained the major components of strategic communication design .

One local field visit was organized for PLA/PRA techniques headed by Dr. Y.L. Tekhre to the Madanpur Khadar village. The main aim of the field visit was to get the participants to practice on PLA techniques and its uses and they did this with villagers in various topics like women and adolescent health needs.

During the first week participants were taken to the NDC to access literature in the library for their knowledge gain. In this slot, all sessions were devoted to management and the participants felt that this was the most important area as they had never been exposed to this. The management sessions were very important and interesting for the participants.

The computer classes started as usual with introduction to computer, MS Word, MS Excel, Power-Point, Internet, in regular sessions.



Computer Class in Progress

### **Session on Public Health Management**

The second slot of the programme was devoted to public health .

**In the session on Public Health, Professor Deoki Nandan spoke about the concept of public health, its different dimensions, initiatives to address public health problems. He stressed upon the need to update knowledge and issues from time to time. He explained the various components of preparedness and steps for investigation.**

**Overview of Hospital Administration was taken by Prof. J.K. Das, in which he covered every aspect of hospital administration, consumables, non-consumables, procurement, storage, maintenance and distribution procedure.**

**Dr. Neeraj took up the session on Biomedical Waste Management, he described different types of biomedical waste, categories of waste, their segregation and disposal.**

**Equipment Management was taken by Prof. A.K. Agarwal in which he stressed upon 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.**

**In the session on Materials Management, Prof. J.K. Das stressed on methods of inventory management, techniques of inventory controls like ABC, VED and FSN analysis. He also stressed upon the importance of following inventory management in the hospitals especially for medicines.**

**A session on Essential Drugs was also taken by Prof. J.K. Das in which he stressed upon different government Acts and Rules, important terminologies and schedules, points to remember and practice procedures to purchase and store drug and equipments. He also stressed that it is important to try to improve knowledge and create awareness, check the expiry date and storage of all drugs at proper place.**



**Panel Discussion on Quality Care in Hospitals**

**In the panel discussion on Quality Care in Hospitals, eminent doctors like Prof. M.C. Mishra, Dr. R. Yadav, Dr. Chandra Shekhar Yadav participated, moderator by Prof. M. Bhattacharya. Discussion centered around cost effective care based on evidence; need, preference of patients and population; personal values and beliefs; improve and maintain quality of**

**care through provision of services in a manner acceptable to the client; effective and efficient management and monitoring systems; efficient logistics and good referral system.**

**A visit to Holy Family Hospital an ISO certified, 300 bedded and average 800 OPD attendance hospital was organized to describe to the participants 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.**



In the Holy Family Hospital with Director of Holy Family

**Another important session covered during this slot was Preparation of Action plan taken by Prof. V.K. Tiwari where he described the need of the action plan, how to plan and write the same and what are the contents of an action plan.**

**In session on District Action Plan under NRHM, Dr. Tarun Seem talked about the details of NRHM programme and the roles of District Medical Officer in the implementation and success of the programme.**

**The session on the Project Formulation and Log-frame Approach was taken by Dr. M.A. Arif in which he explained details of Log-frame Approach, SWOT analysis and its uses in planning systematically, to implement and manage any project or programme.**

**One full day was dedicated to the Preparation of Action Plan in which a team of research officers explained how to choose a topic, rationale and the main contents of the Action Plan.**

**Dr. D. Katoch in his session on Role of AYUSH in NRHM described the existing infrastructure in AYUSH and stressed on AYUSH specific schemes which could be included in the District Action Plans.**

**In the session on Role of Panchayat in Health, Prof. T. Bir emphasized on role of Panchayati Raj under the Indian constitution and its function at different levels like mobilization of Panchayati-Raj for public health and sanitation programmes Village Health and Sanitation Committee was also covered during this session.**

**In the session on IMNCI, Prof. S.V. Adhish described the need for integrated approach in the care of neonates and infants and the importance of early detection, care and referral.**

**The structure and functions of FRUs were discussed by Prof. K. Kalaivani. She also stressed on Current Status of FRU, role of FRU, selection criteria and provision under NRHM.**

**A session on Population Stabilization was taken by Dr. Arvind Pandey where he described the components of the Population Policy 2000, its operationalization and population stabilization processes followed under NRHM.**

**Dr. Dinesh Baswal stressed on the need of ASHA at the community level and that she can provide better facilities at the community level than the lady health visitor, if sufficient training be given to her at the peripheral level.**

**Mr. Sanjay Prasad Director DC/IEC MOHFW took a session on Janani Suraksh Yojana. He explained the need of understanding the underlying causes of high MMR in India and listed remedial interventions to take care of the important causes of maternal mortality.**

**In the session on Child Health, Dr. Sangeeta Saxena explained about the NMR, IMR and the causes which affected the changes in the same. She explained the various initiatives for child health and discussed the barriers for its implementation.**

**A session on Adolescent Health was taken by Dr. S. Menon where she discussed about adolescent health, importance of interaction with the adolescent groups, policies and interventions for addressing the issue.**

**A half day visit was organized to CBHI to understand their working such as records keeping, providing ready information on National Health Profile of India covering various demographic, health care, morbidity and morbidity indicators as well as medical/paramedical education and infrastructure in the country. They also provided information on latest CBHI publications.**

**In the session on Basic Emergency Obstetric Care Dr. Himanshu Bhushan described the causes of MMR, different issues in Basic Emergency**

**Obstetric Care, efforts and interventions under NRHM and also provided details of EmOC training programme.**

**In the session on Monitoring and Evaluation, Mr. Gajender Singh described the process of data upload, on the portal available on the Ministry of Health and Family Welfare website.**

**Dr. S.K. Sikdar in the session on Family Planning Programme Updates explained 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.**

**Biostatistics and Indicator in Health was taken by Dr. Pushpanjali Swain who spoke about concept of biostatistics, types of variables, presentation of data tables and graphs, different types of graphs, central tendency, sampling and sampling methods, sampling techniques and sources of data. Dr. M.H. Meitei on Health Indicators spoke about the importance of indicators, how to set and measure indicators of all the programmes.**

**A session on Non-Communicable Diseases was taken by Dr. Sudhir Gupta where he described the status of non-communicable diseases in the country, major causes of non-communicable diseases, different non-communicable diseases programmes, strategies, how to create awareness about the preventable aspect of non-communicable diseases.**

**IDSP (Integrated Diseases Surveillance Project) was taken by Dr. Gyan Singh where he described about definition of surveillance, terminologies and components of surveillance activities. The other major topics covered in this session were on the disease under surveillance through PHCs and CHCs.**

**In the session on Community Needs Assessment and Resource Mapping in RCH, Dr. Bindoo described the importance of resource mapping and Community Need Assessment and how this simple method is useful in planning interventions in a specific area. She also explained the methods of Community Need Assessment and Resource Mapping.**

**The session on Immunization was taken by Dr. Renu Paruthi and Dr. P. Deepak where the speakers explained the immunization schedule, methods of immunization and cold chain maintenance, etc. They stressed upon the need to spread awareness about the importance of immunization.**

**Role of Nutrition in Public Health by Dr. Shiela Vir discussed 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. The stress was on**

**exclusive breast-feeding and complementary feeding. She also described the different types of malnutrition, implication of malnutrition and their solution.**

**Dr. Umesh Kapil took session on Iodine Deficiency Disorder and Vitamin A and talked about the magnitude of iodine deficiency and vitamin A deficiency in India and problems in implementation of iodine deficiency and control of nutritional blindness.**

**The session on Strategy for Polio Eradication was taken by Dr. Vidyut Sarkar. He spoke about the strategies and methods for polio eradication, but also on the role of surveillance in polio eradication programme. The problems in implementation of the polio eradication programme and monitoring were also discussed in detail.**

**In the session on the Mental Health Programme, Dr. Manju Mehta talked about the meaning of mental health and problems associated with mental health.**

**Dr. P.L. Joshi on the Leprosy Elimination Programme, described the current status of leprosy, the different initiatives for leprosy eradication and problems in implementation and guidelines for counseling the suspected patients.**

**A half day visit to NAZ foundation was organized to observe how the home-based care programme for HIV/AIDS children is run by the NGO with meager financial support by the Government.**



A Class in Progress

**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.**

**A panel discussion was held on TB and HIV/AIDS in which Dr. D.C.S. Reddy, Dr. Devashish Gupta, Dr. J.N. Banavaliker and Prof. M. Bhattacharya were the experts. The discussion was centered about the current status of TB in India, diagnostic**

procedures and treatment for sensitive and Multi Drug Resistant TB, problems with the current regimen, recommended treatment for sensitive cases and TB-HIV co-infection. Speakers put stress on the need of involving all types of care providers including NGOs and private practitioners.

In the session on Vector Borne Diseases, Dr. P.K. Srivastav talked about Malaria, Dengue, Chikunguniya, Japanese Encephalitis, Kala-azar, Filariasis, their causes and the strategies to control them. He also described the constraints in implementing the vector borne diseases programmes.

In the session on Quality of Care in Hospitals, Mr. Amit Paliwal described the different quality standards, certification, accreditations and licensing methods for hospitals. The speaker stressed on the need to maintain good quality care in the hospitals and the strategy to improve the quality. Mr. G. Subaramanian on Right to Information, provided complete information on RTI, the rights of citizens, the process of RTI, exemption from RTI, penalty for defaulters, etc.

### **First Field Visit to Lucknow, Uttar Pradesh from 17<sup>th</sup> to 22<sup>nd</sup> August, 2009**

#### **Objectives of Field Visit**

- 1. Study of structural, functional and financial components at the PHC, CHC, sub-centre and FRU;**
- 2. Study the impact of the current initiatives taken under National Disease Control Programme;**
- 3. Interact with different state level officers, programme managers; and**
- 4. On the spot observation of operational status of relevant nrhm initiative at different levels of health care from village and the role of panchayat and anganwadies.**

Prior to the field visit to Lucknow (UP), a structured programme was discussed with participants. The purpose of the visit was to study the strengths and weakness in the delivery of health services at all level i.e. Primary, Secondary and Tertiary levels through in-depth interviews with functionaries. A visit was made to a CHC, a PHC and a sub-centre to interact with functionaries to understand the working patterns and status of health programmes implemented in the periphery. An interaction with the community was also done. Participants met the CMO, district officers, and the state level programme officers at the Director of Family Welfare, Lucknow to understand the working at the district and State level. A feedback of the experiences in the field by the participants to the State level programme managers and officers of SIHFW.





Participants at CMO office, Lucknow, Uttar Pradesh

The faculty and the participants of the PDC spent a lot of time directly interacting with ASHAs and AWWs. It was felt that ANM should be updated in term of knowledge and skills for conducting Ante Natal Clinic and delivery at the sub-centre. The visit to the sub centre Thabrail offered an excellent opportunity to the participants to discuss all field operational aspects with ANM/AWW and ASHA and also interact with community to understand their perception of the service being provided by the Health Department.

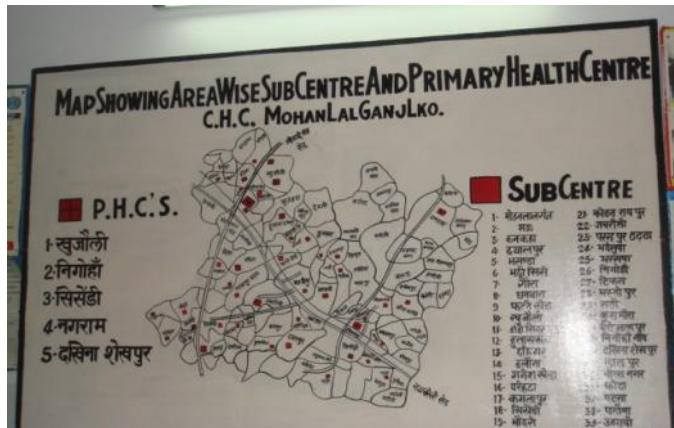


Interaction with Community Member at Lucknow, Uttar Pradesh

The team visited PHC Sisandi where they interacted with Medical Officer Incharge and other staff to understand the functioning of the block PHC and its interaction with other allied departments and PRI functionaries. Number of villages cover under the PHC, number of sub-centres, number of meeting conducted with PRI, status of village health committee,

functioning of village health committee. During the visit, the group studied the functioning of the HMIS, IDSP and across the table discussion with medical staff and PRI functionaries. The group visited the CHC Mohanlal Gunj to know the total OPD attended by the medical officers during the last month, average OPD per day, type of lab tests done at CHC level, number of indoor patients during last month, type of surgery took place their, number of deliveries conducted, and details of functioning of Rogi Kalyan Samiti.

Participants visited State Innovations in Family Planning Services Agency (SIFPSA) to know the progress of Family Welfare Programmes and voucher system for BPL families. The team also visited the IEC Division of SIFPSA and



Map of CHC Mohanlal Gunj, Lucknow, Uttar Pradesh

collected information regarding the training division. From the NRHM headquarters, the team was taken to the Family Welfare Directorate where they meet the senior officers of directorate to know the status of various family welfare programmes, problems in implementation of programmes, and any innovative interventions

A meeting was organized at Lucknow attended by all the senior health officials of state to discuss health programmes with the participants. The PDC participants exchanged their experiences observed in the field in the form of presentation.

The special feature of this field visit was that complete health care system was studied and participant directly interacted with the officials and the grassroot level health care functionaries viz. link worker ASHA, the Sarpanch, Anganwadi Centre, Sub-centre, Primary Health Centre, Community Health Centre, etc and also the community.

### Second Field Visit to Udaipur and Jaipur (Rajasthan) from 5<sup>th</sup> to 11<sup>th</sup> September, 2009

#### Objectives:

- ◆ To gain experience of various health sector reforms initiatives under NRHM;
- ◆ To study the innovative strategy adopted by state/district ; and
- ◆ To understand different types of public private partnerships in health sector.

The team visited district Udaipur in Rajasthan in the first phase of the field visit. The main aim of the trip was to see the public sector reforms and public private partnership in the district.

On the first day, the team went to see an urban dispensary under RCH centre in Picholi. This dispensary is an example of public private partnership.

The Centre is being run by an NGO-Chiktsa Jyoti trust. It caters to 25-30 patients daily. It only runs OPD services. The staff was being paid a salary by NRHM. Ante-natal care and immunization is being given here. Family planning methods like Copper T insertion is done. There was no awareness of biomedical waste management. This centre was not doing much for the public and this partnership does not show much advantage regarding MCH services. The team was of the opinion that such arrangements do not benefit much.



Participants Interacted with Patient and Staff at Narayan Sewa Sansthan, Udaipur

Thereafter, the team was taken to see the functioning of Narayan Seva Sanstha, an NGO in partnership with the Government of Rajasthan. This is an NGO which gives complete treatment to post-polio paralytic persons. The deformities are corrected and prosthesis given if required. The Government of Rajasthan gives a maximum of Rs. 3000/- per patient upto 800 patients/year. It is doing commendable job as perceived by the team through discussions with various functionaries in the Sanstha.

The team also visited the “School Child Health Care Programme” under Shaala Swasthya Programme in Udaipur itself. This provides comprehensive health care to government school children supported by Government of Rajasthan and Nandi initiative



Participants and Faculty at a Facility During Field Visit Udaipur

at Udaipur. Treatment is totally free for these registered government school children for all ailments. Facilities are there for lab investigation. For specialty/super-specialty, they have tied up with a private facility. The funding is in the ratio of 50 paise for child of which 25 paise from Nandi foundation and 25 paise by the Government of Rajasthan per day/child. Till date, there are 44000 beneficiaries in 222 schools.

Since the programme is doing well and children are benefitted by this, the programme may be rolled out all over Rajasthan and then may be to the whole of the country as suggested by the team.

A visit was made to understand health sector reforms initiative in district and the team visited the CMO Office at Udaipur. It caters to a population of 30 lakhs. The team was told about the Yasodha Scheme under NRHM funded by NIPI. Yasodha is placed in those CHCs where more than 150 deliveries per month were conducted. She is a link worker between mother and providers for PNC. Yasodha advises patients on post-natal care, immunization, breast feeding and family planning counseling. It is a new innovative initiative by the Government of Rajasthan and started in the recent past.

Other PPP was with the Marie Stopes International. It is a voluntary organization, which has been working in Udaipur for the past one year and conducts MTP and family welfare work. They are promoting male participation through vasectomy. The team was told about the Mobile Medical Unit under PPP model in NRHM. This was meant for outreach services to remote areas. It has a well equipped van run by an NGO. For the past 1 year, at least 15 camps in a month are conducted with prior information to the CMHO, BMHO and local SDO.

The team next visited Seva Mandir an NGO. Seva Mandir was established in 1973 by Government of Canada. Seva Mandir, an NGO works in 626 villages and 56 urban settlements in Udaipur and Rajsamand districts of Southern Rajasthan. It caters to maternal and child health, adolescent reproductive and sexual health, HIV and AIDS and general health. Other programmes that are conducted by this NGO are flour fortification to control anaemia and one kilogram dal for the child is given to encourage and popularize immunization.

The following day, the team visited Gitanjali Medicity in Udaipur. It is a private medical college with 350 bedded hospitals established in 2008. It is state of art quality, tertiary level care. Land was provided by PRI and UIT on concessional rate. The subsidized treatment is given to BPL patients. The team felt that monitoring is required to ensure compliance to the terms of mutual agreement and social obligations.

The team reached Jaipur on 10<sup>th</sup> September, 2009 and visited the Directorate of Health. Presentations were made by consultants under various programmes about innovative projects under NRHM in the State of Rajasthan. The participants were told about village health committees and ASHA Sahyogini Scheme. There is a convergence of ICDS and NRHM together as Sahyogini of ICDS recruited as ASHA in NRHM scheme. The motto of ASHA was to mobilize, escort and counsel. Social marketing of sanitary napkin is

being done by them. Other presentations were about AYUSH and NRHM. This is being done to revitalize local health traditions.

On the last day, a presentation was made by the participants at SIHFW, Jaipur about Udaipur field visit. Director of SIHFW and senior representatives of Directorate and faculty of SIHFW were present. A lot of discussion points were generated and it was a learning session for the participants.

### **Session on Health Sector Reforms**

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

In the session on Overview of Health Sector Reforms, Mr. J.P. Misra talked about different health sector reforms in India under NRHM, the major initiatives and challenges.

In the session on Community Health Insurance, Mr. G.S. Goswamy spoke about the need for community health insurance, the initiatives taken by the Government and the different centrally sponsored and state specific schemes.

In this session on Accounting and Auditing, Mr. Anoop Gupta talked about the different financial procedures, how to issue cheques/DDs and the importance of carefulness while dealing with financial matters.

Mrs. Gangamurthy on Overview of Financial Management, emphasized about different outlays of budget under NRHM, Central sector and centrally sponsored scheme and the outcome budget format.

A session on Costing and Budgeting was taken by Dr. K.S. Nair. He discussed the budget and why budget planning is necessary, steps of budget planning and costing of different activities.

In the session on Health Care Financing, Dr. Suparna S. Pachouri talked 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. Dr. N. Sachdeva in the session on Planning for Health Care Financing at District Level explained the various aspects at district level.

**Mrs. Reeta Dhingra on User Charges in Public Health spoke 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.**

**In the session on Systems Approach to Training, Dr. Neera Dhar talked about how to systematically plan training.**

**In the session on E-Governance, Mr. Rajendra Mahatma talked about the importance of e- governance, national E-Governance plans, and benefits of e-Governance.**

**Panel discussion on Gender Mainstreaming was conducted in which Dr. Kiran Sharma, Dr. Suneela Garg and Dr. Poonam Khattar explained the concept behind gender mainstreaming, its necessity and the principles of gender equality. There was a discussion on the problems faced by the women with HIV.**

**The session on Public Private Partnership was taken by Dr. Sanjay Gupta where he talked about importance of public private partnerships and the mechanisms to develop public private partnerships.**

**In the session on Tobacco Initiatives, Dr. P. Khattar, emphasized 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. She stressed on making all efforts to create awareness in the community about the harmful effects of tobacco use.**

**In the session on Geriatric Care, Prof. A.M. Khan spoke about issues in geriatric care i.e. social security, emotional support, good health care system, economic support and demographic transition.**

**Dr. M.C. Gupta speaking on CPA and Medical Negligence emphasized on medical negligence, consumer rights, different levels to settle disputes, where to make complains. In the session on Managing Medico Legal Cases, he spoke about the need of proper documentation and not tampering with documents and about medical ethics.**

**Dr. Gaur on PNDT explained the various acts, problems in implementation and solutions.**

**Programme for the Disabled and the Handicapped was taken by Dr. H.C. Goyal. He spoke about the various programmes run by the Government for the handicapped and their problems.**

Participants were given time and support to prepare their District Action Plans for presentation. One full day was devoted to the presentation of district action plans before the judges who included Dr. Dinesh Baswal, Dr. P. Deepak and faculty members. Post course evaluation also conducted during this period.

Computer training was started from 1<sup>st</sup> week and learnt MS Word, MS Power Point, MS Excel. Everyday computer training was imparted besides the class hours in the evening till 7:00 p.m. At the end of the course a half day Delhi visit was also organized. At the end a test was taken and certificates distributed.

### **Valedictory Session on 25<sup>th</sup> September, 2009**

The concluding session of 11<sup>th</sup> PDC was held on 25 September, 2009 afternoon in Teaching Block. Prof. Nandan welcomed all the participants on this occasion. He asked the participants to come out with suggestions on improving the programme and making it more effective.

Director, NIHFV expressed his utmost happiness about the performance of the batch. Professor M. Bhattacharya gave a brief detail about the course. In her address, she said PDC is a unique course and designed in such a way that doctors (managers) will be able to address various issues in the implementation of health and health related programmes and this can make them good managers and administrators. She asked each participant, to give their opinion about the sessions they liked the most and areas which can be improved in the future courses.

All the participants gave feedback about the course. The utility of the course was appreciated by all the participants. Professor Deoki Nandan distributed the course completion certificates to the participants. Dr. Rajesh Shah from Uttarakhand was awarded the First prize for Action Plan, Dr. Kapri from Uttarakhand and Dr. Shasi from Haryana respectively received II prize for Action Plan. First Prize for Portfolio awarded to Dr. Sulochana Bhatt from Delhi. Dr. Kapri from Uttarakhand and Dr. A.K. Chatterjee from Delhi respectively received the second prize. They also received cash awards. The valedictory session came to close with a hearty vote of thanks by Dr. K.S. Nair.

**ANNEXURE-I**

**11<sup>th</sup> Professional Development Course in Management, Public Health and Health Sector Reforms for DMOs  
(20<sup>th</sup> July to 26<sup>th</sup> September, 2009)**

<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 20-07-09</b>		<b>10:00 to 11:00 a.m. 1. Inauguration</b>	<b>11:00 to 11:30 a.m. 2. Ice Breaking and Pre Course Evaluation Prof. M. Bhattacharya and Team</b>	<b>3. Overview of NRHM Prof. Deoki Nandan</b>	<b>4 &amp; 5. Organisational Behaviour Laboratory for Developing Self-Understanding &amp; Awareness (Role Play, Games and Exercises) Dr. Rajni Bagga</b>
<b>Tuesday 21-07-09</b>	<b>Recap, Experience Sharing &amp; Preparation of Port Folio</b>	<b>6, 7, 8 &amp; 9. Organisational Behaviour Laboratory for Developing Self-Understanding &amp; Awareness L/D Dr. Rajni Bagga</b>			
<b>Wednesday 22-07-09</b>		<b>10 &amp; 11. Motivation, Job Satisfaction and Work Procedure L/D Dr. Rajni Bagga</b>	<b>12. Best Management Practices L/D Prof. Deoki Nandan</b>	<b>13. Human Resource Management L/D Dr. U. Datta</b>	
<b>Thursday 23-07-09</b>		<b>14 &amp; 15. Managerial Problem Analysis and Decision Making L/D and Group Work Dr. S. Gupta</b>	<b>16. Consumer Rights and Responsibilities Mr. Bejon Misra</b>	<b>17. Orientation to NDC Mr. Salek Chand</b>	
<b>Friday 24-07-09</b>		<b>18 &amp; 19. Negotiation Skills L/D Dr. Venkat Raman</b>	<b>20. GIS in Health L/D Mr. Parimal Parya</b>	<b>21. Computer Practice- MS Word Mr. P.D. Kulkarni</b>	
<b>Saturday 25-7-09</b>		<b>22 &amp; 23. Overview of Management in Health Sector: Process, Functions and Skills of Management L/D Dr. A.K. Sood</b>	<b>24 &amp; 25. Computer Class Mr. P.D. Kulkarni and Team</b>		

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



Day & Date	9:30 am to 10:00 am	10:00 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	
Monday 27-07-09	Recap, Experience Sharing & Preparation of Port Folio	26. Management of Change in the Health Sector L/D Dr. N.K. Sethi	27, 28 & 29. Leadership Styles & Supportive Supervision  Dr. Rajni Bagga		30. Team Building  Dr. Rajni Bagga	
Tuesday 28-07-09		31 & 32. IEC and BCC  Dr. Gita Bamezai		33 & 34. Strategic Communication in Health L/D Dr. Sanjeev Kumar		
Wednesday 29-07-09		35. Stress Management L/D Dr. Neera Dhar	36. Quality of Care L/D Dr. M. Bhattacharya	37. Data Collection by Participants at NDC	38. Janani Suraksha Yojana L/D Mr. Sanjay Prasad	
Thursday 30-07-09		39 & 40. PLA/PRA L/D Dr. Y.L. Tekhre		41 & 42. Field Visit- PLA/PRA NGO Paryatan Madanpur Khadar		
Friday 31-07-09		43 & 44. Management of Conflict L/D Dr. Rajni Bagga		45 & 46. Field Presentation (PLA/PRA)  Dr. Y.L. Tekhre		
Saturday 1-8-09		47, 48, 49(A) & 49(B). Computer Practice  Computer Centre				

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

Day & Date	9:30 am to 10:00 am	10:00 am to 11:15 am	11:30 am to 1:00 pm	2:00pm to 3:15 pm	3:30 pm to 5:00 pm	
Monday 3.08.09	Recap, Experience Sharing & Preparation of Port Folio	50 & 51. Overview of Hospital Administration L/D Dr. J.K. Das		52. Biomedical Waste Management Dr. Neeraj	53. Equipment Management L/D Dr. A.K. Agarwal	
Tuesday 4.08.09		54 & 55. Materials Management L/D Dr. J.K. Das		56 & 57. Quality of Care in Hospitals  Panel Discussion Dr. R. Yadav, Dr. M.C. Misra, Dr. Chandra Shekhar Yadav, Dr. Sudha Salhan  Moderator- Prof. Deoki Nandan, Prof. M. Bhattacharya		
Wednesday 5.08.09		58. Logistics and Supply under NRHM L/D Dr. J.K. Das	59. Essential Drugs L/D Dr. P.K. Jaggi	60 & 61. Visit to Holy Family Hospital  Mrs. Reeta Dhingra and Mr. D. Arya		
Thursday 6.08.09		62 & 63. Preparation of Action Plan L/D Dr. V.K. Tiwari		64 & 65. Project Formulation and Log-frame Approach L/D  Dr. M.A. Arif		
Friday 7.08.09		66, 67, 68 & 69. Preparation of Action Plan Contd..... Mrs. Reeta Dhingra, Mrs. Vandana Bhattacharya and Mr. Parimal Parya				
Saturday 8.08.09		70, 71, 72 & 73. Preparation of Action Plan--- contd...  Dr. V.K. Tiwari and Team				

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

Day & Date	9:30 am to 10:00 am	10:00 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
1 <sup>st</sup> Professional Development Course in Management, Public Health and Health Sector Reforms for DMOs					

<b>Monday 10.08.09</b>	<b>Recap, Experience Sharing &amp; Preparatio n of Port Folio</b>	<b>74. Role of AYUSH in NRHM L/D Dr. D. Katoch</b>	<b>75. Role of Panchayat in Health L/D Dr. T Bir</b>	<b>76. Computer Practice Computer Centre</b>	<b>77. Village Health and Sanitation Committee L/D Prof. M. Bhattacharya</b>	
<b>Tuesday 11.08.09</b>		<b>78. IMNCI L/D Dr. S.V. Adhish</b>	<b>79. FRU Functioning and Constraints L/D Prof. K. Kalaivani</b>	<b>80. IMNCI L/D Dr. S.V. Adhish</b>	<b>81. Population Stabilization L/D Dr. Arvind Pandey</b>	
<b>Wednesday 12.08.09 (AT NIRMAN BHAWAN)</b>		<b>82. Trainings under NRHM with Emphasis on ASHA L/D Dr. D. Baswal</b>	<b>83. Child Health L/D Dr. Sangeeta Saxena</b>	<b>84 &amp; 85. CBHI</b>		
<b>Thursday 13.08.09 (AT NIRMAN BHAWAN)</b>		<b>86. HMIS under NRHM L/D Dr. Rattan Chand</b>	<b>87. Basic and Emergency Obstetric Care L/D Dr. Himanshu Bhushan</b>	<b>88. Monitoring and Evaluation of Health Programmes L/D Mr. Gajender Singh</b>	<b>89. Family Planning Programme Updates L/D Dr. S.K. Sikdar</b>	
<b>Friday 14.08.09</b>		<b>HOLIDAY</b>				
<b>Saturday 15.08.09</b>		<b>HOLIDAY</b>				

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

## **FIRST FIELD VISIT (17<sup>th</sup> to 22<sup>nd</sup> August, 2009) at Lucknow, UP**

<b>Monday 17.08.09</b>	<b>Interview:- At the Village- PRI, AWW, ANM &amp; ASHA under NRHM and MPW (male), Visit to sub-centre</b>
<b>Tuesday 18.08.09</b>	<b>1. Visit to PHC- (24 X 7 Services) &amp; FRU 2. Visit to CHC, Offices of BPM, BDO, CDPO and NGO to study for Convergence of Welfare Schemes and for planning and implementation of programmes</b>
<b>Wednesday 19.08.09</b>	<b>Visit to the Distt.- NGO, CMO Office/Hospital, DPMU, RKS and SIFSA</b>
<b>Thursday 20.08.09</b>	<b>Visit to the State-Health Directorate and SPMU for status of NRHM coordination and implementation</b>
<b>Friday 21.08.09</b>	<b>1. Visit to SIHFW for details on trainings, and to Uttar Pradesh Health System Development Project office. 2. To prepare a report and present at state level.</b>
<b>Saturday 22.08.09</b>	<b>Visit to SGPGIMS, Uttar Pradesh</b>

<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 24.08.09</b>	<b>Recap, Experience Sharing &amp; Preparation of Port Folio</b>	<b>90. Biostatics &amp; Indicators in Health L/D &amp; Exercises Dr. Pushpanjali Swain</b>	<b>91. Health Indicators L/D Dr. M.H. Meitei</b>	<b>92 &amp; 93. Computer Class Mr. P.D. Kulkarni and Mr. J. Sharma</b>		
<b>Tuesday 25.08.09</b>		<b>94. Non-Communicable Diseases L/D Dr. Sudhir Gupta</b>	<b>95 &amp; 96. Preparation of Action Plan Mrs. Reeta Dhingra, Mrs. V. Bhattacharya</b>		<b>97. Computer Class</b>	
<b>Wednesday 26.08.09</b>		<b>98 &amp; 99. IDSP L/D &amp; Exercises Dr. G. Singh</b>		<b>100 &amp; 101. Community Needs Assessment and Resource Mapping in RCH Dr. Bindoo Sharma</b>		
<b>Thursday 27.08.09</b>		<b>102 &amp; 103. Immunization L/D &amp; Exercises Dr. Renu Paruthi &amp; Dr. P. Deepak</b>	<b>104. Role of Nutrition in Public Health L/D Dr. Sheila Vir</b>	<b>105. Computer Practice</b>		
<b>Friday 28.08.09</b>		<b>106. Strategy for Polio Eradication L/D Dr. Vidyut Sarkar</b>	<b>107. Iodine Deficiency Disorder and Vit 'A' L/D Dr. Umesh Kapil</b>	<b>108. Preparation of DAP Mrs. Reeta Dhingra</b>	<b>109. District Action Plan under NRHM L/D Dr. Tarun Seem</b>	
<b>Saturday 29.08.09</b>		<b>110, 111, 112 &amp; 113. Computer Practice Computer Centre</b>				

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

Day & Date	9:30 am to 10:00 am	10:00 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	
Monday 31.08.09	Recap, Experience Sharing & Preparation of Port Folio	114. Mental Health Programme L/D Dr. Manju Mehta	115. Leprosy Elimination Programme L/D Dr. P.L. Joshi	116 & 117. Epidemiology Concept and Uses L/D Prof. M. Bhattacharya		
Tuesday 1.09.09		118 & 119. TB & HIV/AIDS Panel Discussion  Dr. Reddy/ Dr. Devashish Gupta/ Dr. J.N. Banavaliker Moderator Prof. M. Bhattacharya	120. Vector Borne Disease Control Programme L/D Dr. P.K. Srivastav	121. Computer Class Mr. P.D. Kulkarni		
Wednesday 2.09.09		122 & 123. Quality of Care in Health Care L/D Mr. Amit Paliwal	124. Right to Information L/D Mr. G. Subaramanian	125. Computer Practice		
Thursday 3.09.09		126 & 127. Overview of Health Sector Reforms L/D Mr. J.P. Misra	128. E- Governance L/D Mr. Rajendra Mahatma	129. Overview of Financial Management under NRHM L/D Mrs. Gangamurthy		
Friday 4.09.09		130. Costing and Budgeting L/D Dr. K.S. Nair	131. Health Care Financing L/D Dr. Suparna S. Pachouri	132 & 133. Costing & Budgeting in a Project L/D & Exercises Dr. K.S. Nair & Mrs. Reeta Dhingra		
Saturday 5.09.09		134, 135, 136 & 137. Computer Practice Computer Centre				

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

## SECOND FIELD VISIT (5<sup>th</sup> to 11<sup>th</sup> September, 2009) at Udaipur, Jaipur (Rajasthan)

<b>Saturday 5-9-09 (Night)</b>	<b>Departure for Udaipur from Delhi by Mewar Express</b>
<b>Sunday 6-9-09</b>	<b>Arriving Udaipur in morning of 6<sup>th</sup> September, 2009</b>
<b>Monday 7-9-09 TO Wednesday 9-9-09</b>	<ul style="list-style-type: none"> <li style="margin-left: 40px;">➤ <b>Demonstration of various initiatives under NRHM</b> <ul style="list-style-type: none"> <li>➤ <b>State/Distt. NRHM Unit/SPMU</b></li> </ul> </li> <li>➤ <b>Financial Management–Fund Flow, PPP, Outsourcing, contracting/NGOs, Accredited Hospitals</b></li> <li>➤ <b>Health Insurance-Logistics &amp; Supply and Drugs Distribution, IPHS, HMIS</b></li> </ul> <p style="text-align: center;"><b>LEAVE UDAIPUR AT NIGHT FOR JAIPUR</b></p>
<b>Thursday 10-9-09</b>	<p><b>Visit to State Directorates of NRHM, AYUSH and Health</b></p> <ul style="list-style-type: none"> <li>→ <b>Discuss Innovative Schemes Launched and</b></li> <li>→ <b>Constraints</b></li> </ul>
<b>Friday 11-9-09</b>	<ul style="list-style-type: none"> <li style="margin-left: 40px;">➤ <b>Visit to SIHFW for trainings and other programmes.</b></li> <li>➤ <b>Presentations by participants on the visit observations and suggestions.</b></li> </ul>
	<b>Departure for New Delhi by Jaipur-Delhi Shatabdi at evening</b>

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	
Monday 14-9-09	<b>Recap, Experience Sharing &amp; Preparation of Port Folio</b>	134. Tobacco Initiatives L/D Dr. Poonam Khattar	135. User Charges in Public Health L/D Mrs. Reeta Dhingra	136. By Participants Preparation of Action Plan	137. Community Health Insurance L/D Mr. G.S. Goswamy	
Tuesday 15-9-09		138. Accounting & Auditing L/D & Exercises Mr. Anoop Gupta	139. Systems Approach to Training L/D Dr. Neera Dhar	140 & 141. Visit to NAZ Foundation		
Wednesday 16-9-09		142 & 143. Gender Mainstreaming Panel Discussion Dr. Kiran Sharma, Dr. Suneela Garg Moderator Dr. Poonam Khattar		144. Strategic Communication Design for Behaviour Change under NRHM L/D Dr. T. Mathiyazhagan	145. Office & Disciplinary Procedures L/D Dr. S.K. Chaturvedi	
Thursday 17-9-09		146. Public Private Partnership L/D Dr. Sanjay Gupta	147. Geriatric Care L/D Prof. A.M. Khan	148 & 149. CPA & Medical Negligence Dr. M.C. Gupta		
Friday 18-9-09		150. 9:00-10:00 a.m. Managing Medico Legal Cases L/D Dr. M.C. Gupta	151. 10:00-11:15 a.m. PNDT Act L/D Dr. Gaur	152. Planning for Health Care Financing at District Level L/D Dr. N. Sachdeva	153. Programme for Disabled and Handicapped L/D Dr. H.C. Goyal	154. Preparation of Action Plan
Saturday 19-9-09		155, 156, 157 & 158. Action Plan on Computer Computer Centre				

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



<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 21-9-09</b>	<b>Recap, Experience Sharing &amp; Preparation of Port Folio</b>	<b>HOLIDAY</b>			
<b>Tuesday 22-9-09</b>		<b>159. Adolescent Health L/D Dr. S. Menon</b>	<b>160. Public Health and Epidemic Preparedness and Response L/D Prof. Deoki Nandan</b>	<b>161 &amp; 162. Preparation of Action Plan Coordinating Team</b>	
<b>Wednesday 23-9-09</b>		<b>163, 164, 165 &amp; 166. Presentation on Action Plan Dr. Dinesh Baswal, Dr. P. Deepak, Dr. M. Bhattacharya and All Faculty</b>			
<b>Thursday 24-9-09</b>		<b>167. Post Course Evaluation Mrs. Reeta Dhingra, Mr. Y.K. Singhal and Mr. D.M. Arya</b>	<b>168. Computer Test Mr. P.D. Kulkarni</b>	<b>2:00-9:00 p.m. Delhi Visit</b>	
<b>Friday 25-9-09</b>		<b>169. Media Management L/D Dr. T. Mathiyazhagan</b>	<b>Valedictory Prof. Deoki Nandan, Prof. M. Bhattacharya</b>		
<b>Saturday 26-9-09</b>		<b>Distribution of Certificates &amp; Wrap Up</b>			

## **ANNEXURE-II**

### **Sessional Objectives**

#### **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 and their fears and 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.**

#### **4, 5, 6, 7, 8 & 9.**

**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.**

#### **10 & 11.**

**Motivation, Job Satisfaction and Work Procedure**

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

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

#### **12. Best Management Practices**

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

- (i) To describe the best managerial practices and how these could be replicated in their own work place.**

#### **13. Human Resource Management**

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

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

**14 & 15.**

**Managerial Problem Analysis and Decision Making**

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

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

**16. Consumer Rights and Responsibilities**

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

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

**17. Orientation to NDC**

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

- (i) Access literature in the library and on the net for knowledge gain.**

**18 & 19.**

**Negotiation Skills**

**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.**

**20. GIS in Health**

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

- (i) Discuss the use of GIS in health sector.**

**22 & 23.**

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

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

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

**26. Management of Change in the Health Sector**

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

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

**27, 28 & 29.**

**Leadership Styles and Supportive Supervision**

**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 concept, functions and styles of supervision.**
- (iv) Describe the supervisory practices within a district health system.**
- (v) Explain the ways of building a health team.**

**30. Team Building and**

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

- (i) Discuss the process of team building.**

**31 & 32.**

**IEC & BCC – Applied in Health Settings**

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

- (i) Discuss IEC & BCC in health sector.**
- (ii) Discuss the process of BCC.**

**33 & 34.**

**Strategic Communication in Health**

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

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

**35. Stress Management**

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

- (i) Identify the factors related to stress.**
- (ii) Discuss the various methods for reducing stress.**

**36. Quality of Care in Health Care**

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

- (i) Describe the concepts of quality.**
- (ii) Discuss constraints in implementation of Quality in Health care and measures to improve them.**

**38. 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.**

**39-42.**

**PLA/PRA Practice in the Field**

**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.**

**43 & 44.**

**Management of Conflict**

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

- (i) Discuss the process for identifying the causes of conflict.**

**50 & 51.**

**Overview of Hospital Administration**

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

- (i) Discuss the different aspects of hospital administration.**
- (ii) Describe the concept of quality care as a central initiative.**
- (iii) Describe the economical house keeping practices.**

**52. Biomedical Waste Management**

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

- (i) Describe the set-up for biomedical waste management.**
- (ii) Discuss the issues related to biomedical waste management in rural and urban areas.**

**53. 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 organisations and the required changes.**

**54 & 55.**

**Materials Management**

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

- (i) Describe the importance of the cycle of materials management.**
- (ii) Discuss the importance of using modern scientific method for materials management.**
- (iii) Discuss various techniques of materials management including inventory control techniques.**

**56 & 57.**

**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.**

**58. Logistics and Supply under NRHM**

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

- (i) Discuss the principles of logistics and supply.**
- (ii) Describe the procedures for implementation.**

**59. Essential Drugs**

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

- (i) Discuss the fundamentals of logistical practices.**
- (ii) Identify the essential drug lists in use.**
- (iii) Describe the rational use of drugs.**
- (iv) List steps in weeding out banned formulations from the market.**

**60 & 61.**

**Visit to Holy Family Hospital**

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

- (i) Describe the various functional areas in hospital.**
- (ii) Discuss the quality of services provided.**

**62 & 63, 66-69, 70-73, 95 & 96, 108 and 154.**

**Preparation of Action Plan**

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

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

**64 & 65.**

**Project Formulation and Log Frame Approach**

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

- (i) Explain the concept of log frame approach and need.**
- (ii) Identify a health problem in their own district and prepare a project using the log frame approach.**

**74. Role of AYUSH in NRHM**

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

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

- 75. Role of Panchayat in Health**  
At the end of the session, the participants should be able to: -
- (i) Describe the role of PRI in health.
  - (ii) Discuss the constraints in implementing health programmes.
- 77. Village Health and Sanitation Committee**  
At the end of the session, the participants should be able to: -
- (i) Describe the role of VHSC.
- 78 & 80. 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.
- 79. 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.
- 81. Steps in Population Stabilization**  
At the end of the session, the participants should be able to: -
- (i) Discuss the components of the Population Policy 2000 and operationalization.
  - (ii) Describe the population stabilization processes followed under NRHM.
- 82. 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.
- 83. Child Health**  
At the end of the session, the participants should be able to: -
- (i) Explain the various initiatives for child health.
  - (ii) Discuss the barriers to implementation.
- 84 & 85. Visit to CBHI**  
At the end of the session, the participants should be able to: -
- (i) Understand the structure and function of CBHI and use of health intelligence data.

- 86. HMIS under National Rural Health Mission**  
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. 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.
- 88. Monitoring and Evaluation of Health Programme**  
At the end of the session, the participants should be able to: -
- (i) Assess the progress of the health programme as per guidelines.
  - (ii) Ascertain if any time/cost over run.
  - (iii) Decide next course of action.
- 89. Family Planning Programme Updates**  
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.
- 90 & 91.**  
**Biostatistics and Indicators in Health**  
At the end of the session, the participants should be able to: -
- (i) Describe the concepts of bio statistics for use a DMO.
  - (ii) Discuss the various health indicators and the interpretation.
- 94. Non Communicable Disease and Control Programmes**  
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.
- 98 & 99.**  
**IDSP**  
At the end of the session, the participants should be able to: -
- (i) Discuss organization and functions of the Integrated Disease Surveillance Project.



**100 & 101.**

**Community Needs Assessment and Resource Mapping in RCH**

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

- (i) Describe the importance of CNA Approach.**
- (ii) Identify steps in CNA approach and resource mapping.**
- (iii) Discuss use of the data generated from CNA approach and resource mapping.**

**102 & 103.**

**Immunization**

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

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

**104. Role of Nutrition in Public Health**

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

- (i) Discuss the status of malnutrition in the country.**
- (ii) Describe the various nutritional programmes in the country.**

**106. Strategy for Polio Eradication**

**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.**

**107. Iodine Deficiency Disorder and Vit 'A'**

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

- (i) Discuss current situation of iodine deficiency disorders in India and causes.**
- (ii) Describe the magnitude of Vitamin 'A' deficiency disorder and nutritional blindness in India.**
- (iii) Enlist the doses and schedule for treatment of nutritional blindness and Vitamin 'A' prophylaxis.**
- (iv) Discuss challenges in implementation.**

**109. District Action Plan under NRHM**

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

- (i) Importance of District Action Plan under NRHM.**
- (ii) Steps to prepare and implement District Action Plan.**

**114. Mental Health Programme**

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

- (iii) Discuss the mental health programme in the country.**

**115. 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.**

**116 & 117.**

**Epidemiology Concept and Uses**

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

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

**118 & 119.**

**TB & HIV/AIDS**

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

- (i) Describe the programmes for TB and HIV/AIDS.**
- (ii) Discuss the link between the two diseases and areas of administrative convergence.**

**120. Integrated Vector Borne Disease Control Programme**

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

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

**122 & 123.**

**Quality of Care in Health Care**

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

- (i) Describe the concepts of quality.**
- (ii) Discuss constraints in implementation of quality in health care and measures to improve them.**

**124. Right to Information**

**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.**

**126 & 127.**

**Overview of Health Sector Reforms**

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

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

**128. E-Governance**

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

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

- 129. Overview of 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.
- 130, 132 & 133. Costing & Budgeting in a Project**  
At the end of the session, the participants should be able to: -
- (i) Describe the costing of various activities.
  - (ii) Describe different types of budgeting procedures.
  - (iii) Discuss performance based budgeting.
- 131. Health Care Financing**  
At the end of the session, the participants should be able to: -
- (i) Describe the concept of health care financing.
  - (ii) Describe alternative ways of financing in workplace.
  - (iii) List out the main thrust areas of these policies.
  - (iv) Discuss the status of implementation of these policies.
- 134. Tobacco Initiatives**  
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.
- 135. User Charges in Public Health Service**  
At the end of the session, the participants should be able to: -
- (i) Discuss the implementation and advantages of user charges .
  - (ii) The functioning of Rogi Kalyan Samiti for utilization of user charges.
- 137. Community Health Insurance**  
At the end of the session the participants should be able to: -
- (i) Appreciate the need for insurance cover to avoid indebtedness due to illness/treatments.
  - (ii) Explain concept of risk pooling.
- 138. Accounting & Auditing**  
At the end of the session, the participants should be able to: -
- (i) Describe the main financial procedures carried out at district levels.
  - (ii) Describe how to maintain accounts and to make UCs, SOEs etc.

**139. Systems Approach to Training**

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

- (i) Discuss the methods for assessing training need and conducting trainings in health sector.**

**140 & 141.**

**Visit to NAZ**

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

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

**142 & 143.**

**Gender Mainstreaming**

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

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

**144. Strategic Communication Design for Behaviour Change 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.**

**145. 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.**

**146. 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.**

**147. Geriatric Care**

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

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

**148 & 149.**

**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.**

**150. 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.**

**151. 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.**

**153. Programme for Disabled and Handicapped**

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

- (i) Describe the status of disability and handicap in the country.**
- (ii) Discuss the role of district officers in prevention and empowerment.**

**159. Adolescent Health**

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

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

**160. Public Health & Epidemic Preparedness and Response**

**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.**

**167. Post Course Evaluation**

**A structured format used.**

**168. Computer Test**

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

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

**169. Managing Media**

**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.**

**(21, 47-49(B) 76, 105, 110-113, 125, 134-137), (24 & 25, 92 & 93, 97, 121)**

**Computer Class and Practice**

**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.**

**62 & 63, 66-69, 70-73, 95 & 96,108, 136, 154, 155-158 and 162 & 162.**

**Preparation of Action Plan**

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

- (v) Identify the problem in their work place.**
- (vi) Diagnose the causes of the problem.**
- (vii) Frame goals, objectives and strategies.**
- (viii) Prepare an action plan.**

**Then Presentation of Action Plans**

### ANNEXURE-III

#### Statistical Analysis of Pre and Post Test Evaluation

**Maximum Marks= 140**

**Mean Pre-test Score ( $\bar{X}^1$ ) =310/16=19.38**

**Mean Post-test Score ( $\bar{X}^2$ ) =919/16=57.44**

**Mean Gain =57.44-19.38=38.06**

**Mean difference of  $\bar{X} = \frac{1}{n} \sum X = 609/16 =$**

**Standard Deviation (SD) =  $\sqrt{\frac{1}{n} \cdot \sum (X - \bar{X})^2} = 10.129$**

**Standard Error = SD  $\sqrt{\frac{1}{n}} = 10.129/4 = 2.53$**

**t<sub>16</sub> = X/SE = 38.06/2.53 = 15.043**

**At 10 degrees of freedom 5% significant limit of t is 2.23**

**The observed t value is 15.043 times the standard error**

**Hence, there is no doubt that the training programme produced hypotensive effect and was highly significant. (t' =15.043, P<0.001, highly significant**

**ANNEXURE-IV**

**Course Director  
Prof. Deoki Nandan**

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

<b>S. No.</b>	<b>Course Coordinators</b>	<b>Dates</b>
1	<b>Dr. Rajni Bagga</b>	<b>20/7/09 to 2/8/09</b>
2	<b>Dr. J.K. Das</b>	<b>3/8/09 to 16/8/09</b>
3	<b>Dr. Pushpanjali Swain</b>	<b>17/8/09 to 30/8/09</b>
4	<b>Dr. T. Bir</b>	<b>31/8/09 to 13/9/09</b>
5	<b>Dr. K.S. Nair</b>	<b>14/9/09 to 26/9/09</b>
<b>Course Co-coordinator</b>		
1	<b>Mrs. Reeta Dhingra</b>	<b>20/7/09 to 26/9/09</b>
<b>Course Associates</b>		
1	<b>Mr. Y.K. Singhal</b>	<b>20/7/09 to 26/9/09</b>
2	<b>Mr. Devmitra Arya</b>	<b>20/7/09 to 26/9/09</b>
<b>Computer Team</b>		
1	<b>Mr. P.D. Kulkarni</b>	
2	<b>Mr. Parimal Parya</b>	
3	<b>Mr. S.P. Singh</b>	
4	<b>Mr. Jagdish Sharma</b>	
5	<b>Mr. Sherin Raj T.P.</b>	
<b>Secretarial Assistance</b>		
1	<b>Miss Radha</b>	
2	<b>Mr. Vikas Kanojia</b>	



ANNEXURE-V

RESOURCE PERSONS  
(EXTERNAL)

- 1) **Dr. Sanjeev Kumar, Communication Consultant, Flat No - 6, Harsukh Apartment, Sector -7, Plot No-4, Dwarka, New Delhi-1100145, Phone: 25072843, M: 9810162474, Email: sanjeevbcc@yahoo.co.in**
- 2) **Prof. Neeraj Kumar Sethi, Senior Advisor (Health), Planning Commission, Yojana Bhawan, New Delhi - 110001, nk.sethi@nic.in, (O): 23096600.**
- 3) **Dr. M.A. Arif, Country Representative, Netherlands Leprosy Relief, India Branch, U-9, Green Park Extension, New Delhi- 110016, email: nlrindia@airtelbroadband.in, nlrindia@airtelmail.in, Tel:- 011-26107959, Fax:- 011-26107963.**
- 4) **Dr. D. Roy, Deputy Drug Controller, CDSCO, North Zone, MOHFW, GOI, CGO Building-1, K. N. Nagar, Ghaziabad, Uttar Pradesh-201002, M: 9811203186.**
- 5) **Dr. A.K. Agarwal, Professor, Indira Gandhi National Open University, Maidan Garhi, New Delhi-110068, (O):- 011-29533078, 29535924-32, Fax:- 011-29534935, Email:- akagarwal@ignou.ac.in, Residential Address- 290- Nilgiri Apartment, Alakhnanda, New Delhi-110019.**
- 6) **Mr. Bejon Misra, Executive Director, Consumer VOICE, 441, Jangpura, Bhogal, Mathura Road, New Delhi - 110014, INDIA, www.consumer-voice.org, Mobile:+91-9811044424 or 9311044424, Consumer Helpline 1800-11-4000, bejonmisra@hotmail.com, Phone- 011-24379078-80, Fax: 011-24379081.**
- 7) **Dr. T.K. Joshi, Director, (Projects), Centre for Occupational & Environmental Health - B.L. Taneja Block, LNJP Hospital, New Delhi-110002, Email: joshitk45@yahoo.co.in, joshitk@vsn1.com**
- 8) **Dr. Dinesh Paul, Additional Director, NIPCCD, 5, Sirifort Institutional Area, Hauz Khas, New Delhi-110016, Ph: 26963383 pauldinesh@vsnl.com**
- 9) **Dr. Dinesh Katoch, National Consultant, Tradition Medicine and Homeopathy, WHO, India Office, Sri Ram**

**Bhartia Kala Kendra, 3<sup>rd</sup> Floor, 1 Copernicus Marg, New Delhi-110001, Fax: 23382252 dckatoch@rediffmail.com, (M) 9968076668, Ph (O): 42595600 Ext-23288.**

- 10) **Shri Amarjeet Sinha, Joint Secretary (AS), National Rural Health Mission, GOI 242-A, Nirman Bhawan, Maulana Azad Marg, New Delhi, Ph: 011- 23062157, E-mail: amarjeet.sinha@nic.in, amarjeet\_sinha@hotmail.com, amarjeetsinha@gmail.com, amarjeet987@rediffmail.com**
- 11) **Dr. Himanshu Bhushan, Assistant Commissioner, Maternal Health Ministry of Health & Family Welfare, Room no-505, A Wing, Nirman Bhawan, New Delhi-110011, dr\_hbhushan@hotmail.com, bhimanshu@hub.nic.in , Tel: 011- 23062930.**
- 12) **Mr. P.K. Mukhopadhyay, Consultant, JSY, Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi, Phone: 23061450, (M): 9911215189.**
- 13) **Dr. Sangeeta Saxena, Assistant Commissioner (Child Health), Ministry of Health & Family Welfare, Room No-431-C, Nirman Bhawan, New Delhi-110011, Ph (O): 23061218, Email: sgsaxena@nic.in**
- 14) **Dr. Dinesh Baswal, Assistant Commissioner (Trg.), Department of Health & Family Welfare, Government of India, 201 'D' Wing, Nirman Bhawan, New Delhi-110011, Email: dinesh.baswal@nic.in, dinesh126@hotmail.com, Ph: 23062288.**
- 15) **Mr. Parveen Srivastava, Director (Statistics), Ministry of Health & Family Welfare, Room No-518-A, Nirman Bhawan, New Delhi-110011, dirstat-mohfw@nic.in, Ph(O): 23061238, (M): 9868965151.**
- 16) **Dr. Renu Paruthi, Routine Immunization Training Coordinator, National Polio, Surveillance Project, R.K. Khanna Tennis Stadium, Afrika Avenue, Safdarjung Enclave, New Delhi-110029, paruthire@npsuindia.org, Tele:+91 11 26169727, Mob: +91 9810405852, Fax:+91-11-26191865.**
- 17) **Dr. Sheila Vir, Director, Centre for Public Health Services, B-4/141, Safdurjang Enclave, New Delhi, Email: -sheila.vir@gmail.com, M: 9873680247.**

- 18) Dr. Sunil Bahl, Deputy Project Manger, National Polio Surveillance Project, R.K. Khanna Tennis Stadium, Afrika Avenue, Safdarjung Enclave, New Delhi 110029, Tele: +91 11 26169727, 26169889, Fax: 91-11-26191865, Email: bahls@npsuindia.org (M): 9810037538.
- 19) Dr. Arvind Pandey, Director, Institute for Research in Medical Statistics (IRMS), ICMR Campus, Ansari Nagar, New Delhi – 110029, Email: arvindpandey@vsnl.net
- 20) Dr. Sudhir Gupta, CMO (NCD), Ministry of Health & Family Welfare, Nirman Bhawan, Room No- 445-A, New Delhi, Email: cmoncd@nb.nic.in, cmoncd@nic.in, Phone (O) 91-11-23061980.
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Mr. S.P. Singh, Mr. Jagdish Sharma,  
Mr. Sherin Raj T.P.**



**ANNEXURE-VII**

**11<sup>th</sup> Professional Development Course in Management, Public Health and Health Sector Reforms for District Medical Officers from 20<sup>th</sup> July, 2009 to 26<sup>th</sup> September, 2009**

**LIST OF PARTICIPANTS**

<b>S. No</b>	<b>District</b>	<b>State</b>	<b>Name of the participant</b>	<b>Designation</b>	<b>Date of Joining</b>	<b>Year</b>	<b>Address (Office)</b>	<b>Address (Res)</b>	<b>Tel (R/O)</b>	<b>E-mail</b>	<b>Age</b>
1	Hisar	Haryana	Dr. Shashi Kumar	Senior Medical Officer	20th July to 26th September, 2009	2009	Civil Hospital, Hansi, District-Hisar, Haryana	C/o Mrs. Renuka Jassi, 314/2, Staff Quarters, Kendriya Vidyalaya, Hisar Cantt. Haryana	01663-254096, M:- 09416376255	shashikjassi@yahoo.com	51
2	Kurukshetra	Haryana	Dr. Surinder Kumar	Senior Medical Officer	20th July to 26th September, 2009	2009	LNJP Hospital, Kurukshetra, Haryana	H. No-415, Sector-7, Urban Estate, Kurukshetra, Haryana	01744-293580, M:- 09896083848	smrana@rediffmail.com	51
3	Panchkula	Haryana	Dr. Ramesh Kumar	Deputy Civil Surgeon	20th July to 26th September, 2009	2009	Civil Surgeon Office, Panchkula, Haryana	Village-Hassan Pur, P.O.- Lal Pur, Tehsil-Naraingarh, District-Ambala, Haryana	0172-2573907, Fax:- 0172-2582884, M:- 09466155511		48

S. No	District	State	Name of the participant	Designation	Date of Joining	Year	Address (Office)	Address (Res)	Tel (R/O)	E-mail	Age
4	Gurgaon	Haryana	Dr. (Mrs) Saryu Sharma	Deputy Civil Surgeon	20th July to 26th September, 2009	2009	Civil Surgeon Office, Gurgaon	32, National Media Centre, Gurgaon	0124-2220525, Fax:- 0124-2322412, M:- 9350600377	drsryu@rediffmail.com	48
5	Gurgaon	Haryana	Dr. Chandra Mohan	Deputy Civil Surgeon	20th July to 26th September, 2009	2009	O/o Civil Surgeon, Gurgaon, Haryana	House No-543, Sector-22A, Gurgaon, Haryana	0124-2322412, Fax:- 0124-2322412, M:- 9811672788		53
6	Jind	Haryana	Dr. Raj Kumar Singla	Senior Medical Officer	23rd July to 26th September, 2009	2009	Narwana, Jind, Haryana-126116		01684-241403, M-9416178722		52
7		New Delhi	Dr. Ashish Kumar Chatterjee	CMO (NFSG)	20th July to 26th September, 2009	2009	Office of the CDMO, West District, GNCT of Delhi, Flat No-202-04, DDA LSC. A-6 Block, Paschim Vihar, New Delhi-110006	121-A, Sunder Apartments, GH-10, Pashchim Vihar, New Delhi-110087	011-25255021, Fax:- 011-25281388, M:- 9810823284		53
8		New Delhi	Dr. (Mrs) Meenakshi Hembram	CMO (NFSG)	20th July to 26th September, 2009	2009	CDMO, NWZ (Delhi Govt.) Sector-13, Rohini, Delhi Govt. Dispensary Building, 1st Floor, Rohini, Delhi-110085	326 DDA SFS Flats, Sector-11, Rohini, Delhi-110085	011-27867278, M:- 9818715755	tusupriya_kisku@yahoo.co.in	45

S. No	District	State	Name of the participant	Designation	Date of Joining	Year	Address (Office)	Address (Res)	Tel (R/O)	E-mail	Age
9		New Delhi	Dr. Ashok Kumar Dang	Medical Superintendent	20th July to 26th September, 2009	2009	H/4-5 Pitampura, New Delhi-110034	C-302, Sai Baba Apartment, Sector-9, Rohini, Delhi	011-27033941, Fax:- 011-27033948, M:-9971500850	ashokdang2005@yahoo.co.in	57
10		New Delhi	Dr. Braj Bihari Prasad	Senior Medical Officer	20th July to 26th September, 2009	2009	RIRM Hospital, Govt. of NCT, Jaffarpur, New Delhi-110073	H.No-70, Vipin Garden, Near Kakraula Mode, New Delhi-110059	011-25352457, M:-9717196479	dbbp70@gmail.com	37
11		New Delhi	Dr. Suresh Kumar	Specialist (TB & Chest) and SMO I/c	20th July to 26th September, 2009	2009	Chest Clinic Karawal Nagar, Near Mukhiya Markt, Johri Pur Road, Karawal Nagar, Delhi	H-35A, Mata Krishna Marg, Shakar Pur, Delhi-110092	011-22935935, Fax:-011-22935935	dtokwl@gmail.com	43
12		New Delhi	Ms. Sulochana Bhat	Research Officer (Ayurveda)	20th July to 26th September, 2009	2009	CCRAS (Deptt. of AYUSH, Ministry of H&FW, GOI), 61-65 Institutional Area Opposite D-Block, Janakpuri, New Delhi	B-2, MS Flats, Pandara Park, New Delhi	(R):- 011-23073715, 011-28524457, 28525559, Fax:- 011-28525050, M:-9968053646	dr.sulochana@gmail.com	42

S. No	District	State	Name of the participant	Designation	Date of Joining	Year	Address (Office)	Address (Res)	Tel (R/O)	E-mail	Age
13	Nainital	Uttarakhand	Dr. Savitri Singh	Medical Superintendent	20th July to 26th September, 2009	2009	Govt. Female Hospital, Haldwani, District-Nainital, Uttarakhand	Saket Colony, Mulli Baunori, Haldwani District, Nainital, Uttarakhand	05946-255108, Fax:- 05946-255108, M:- 09412131707		54
14	Dehradun	Uttarakhand	Dr. Prakash Chandra Kapri	Senior Radiologist	20th July to 26th September, 2009	2009	Doon Hospital, Dehradun, Uttarakhand	85, Vasant Vihar, Phase-II, Dehradun-248006, Uttarakhand	0135-2711346, Fax:- 0135-2711346, M:- 09837153555	drprakash@rediffmail.com	56
15	Dehradun	Uttarakhand	Dr. Durga Prasad Joshi	Senior Paediatrician	20th July to 26th September, 2009	2009	Govt. Doon Hospital, Dehradun, Uttarakhand	97/5 Lane-4, Anand Vihar, Dharampur (Opposite LIC), Dehradun	0135-2675305, M:- 09837020379	drdpjoshi@hotmail.com	45
16	Nainital	Uttarakhand	Dr. Rajesh Shah	Senior Medical Officer	20th July to 26th September, 2009	2009	B.D. Pandey Hospital, Nainital	Q-3, Doctors Residence, BD Pandey Hospital, Nainital	05942-235012, 2352022, Fax:- 05942-235012, M:- 9837533120		50

**National Institute of Health & Family Welfare, New Delhi-67**  
**11<sup>th</sup> Professional Development Course in Management, Public Health & Health Sector Reforms for**  
**District Medical Officers (20<sup>th</sup> July to 26<sup>th</sup> September, 2009)**



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Standing 2<sup>nd</sup> Row:- Dr. Ramesh Kumar, Dr. Shashi Kumar, Dr. Raj Kumar Singla, Dr. Suresh Kumar, Dr. Ashish Kumar Chatterjee, Mr. D.M. Arya.

# Aim of the Course

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



आरोग्यम् सखसम्पदा