

16<sup>th</sup> Professional Development  
Course in  
Management,  
Public Health and  
Health Sector Reforms  
for  
District Medical Officers  
26<sup>th</sup> March, 2012 to 2<sup>nd</sup> June, 2012  
**REPORT**

*Supported by*



Ministry of Health and Family Welfare,  
Government of India

*Organised by*



National Institute of Health and Family Welfare  
New Delhi-110 067

## **FOREWORD**

Professional Development Course (PDC) in Management, Public Health & Health Sector Reforms for DMOs was 10 weeks flagship course of MOHFW started way back in 2001 by NIHFW with the objective of enabling the Senior District Medical Officers to take on the leadership role for strengthening the district health system through effective management of various systems and sub-system under NRHM for effective delivery of health care. NIHFW is the Nodal Institute for this course in the country and as of now 2069 doctors have been trained in the country in collaboration with 17 training institutes. The Medical Officers have the key role in NRHM initiatives leading to fulfillment of decentralised NRHM targets and millennium development goals. The professional development of medical officers is crucial in order to upgrade and update their medical and managerial skills, so that they can focus facilitate optimisation of limited resources.

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

I am very happy to present the report of the 16<sup>th</sup> Professional Development Course (PDC) which was successfully conducted at NIHFW from 26<sup>th</sup> March 2012 to 2<sup>nd</sup> June, 2012 with seventeen participants from 3 states. This report provides an overview of the conduct of the course.

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

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

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

Director

## **ABBREVIATIONS**

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

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

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## Background

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

coordination and public private partnership, which are the mandate under NRHM.

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

The Government of India in consultation with the respective State Governments started implementing the reform process within the country in a phased manner and towards capacity building of district level officers and now also from the blocks as part of it. This was reinforced in a landmark national resolve, at the 8<sup>th</sup> conference of Central Council of Health and Family Welfare held in New Delhi (28<sup>th</sup>-29<sup>th</sup> August, 2003), where it was unanimously resolved that “the professional

training of medical officers in 12-16 years service bracket in Public Health, Management and Health Sector Reforms, should be made a pre-requisite for promotion to CMOs/Civil Surgeons/Hospital Superintendents to equip them to handle their responsibilities better”.

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

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

1. The course was highly appreciated by participants from all the states.
2. Almost every participant of the PDC was of the view that the course has influenced him or her very positively and they wish that such an opportunity should have been given to them earlier in their career, since DHOs have serious managerial responsibility to perform in terms of managing human, material

and infrastructure resources, and funds.

3. Some of the participants of the PDC believe that their newly acquired skills and knowledge have proven to be an irritant to their senior officers who have not had the benefit of the PDC training before assuming charge of the district and hence training all seniors at district level was essential.
4. The participants benefited from the programme both in terms of personal effectiveness as well as capacity building to contribute to the objectives of NRHM and National Health Policy.
5. The participants were very happy with the computer skills gained during the training.

Effectively the course has been rolled out to selected 17 regional training centers throughout the country and two more institutes (SIHFW-Rajasthan and SIHFW-Kerala) have also been identified as CTIs. In the coming years senior district/block level medical officers are expected to be trained to deliver services.

The NIHFW's Core Committee for PDC, had serial consultations with a view to bring in necessary changes/improvement in the forthcoming 16<sup>th</sup> course, based on the academic expertise available within the Institute as also the collective feedback received from the participants of last course and the evaluation report of ASCI.

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

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

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

### Course Content

The course covers five main areas:

#### 1. Management

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

#### 2. Communication

- Organization Communication
- Communication with Community
- PLA Techniques

#### 3. Public Health

- National Rural Health Mission (NRHM)

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

#### 4. Health Financing

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

#### 5. Health Sector Reform and Decentralization

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

#### Computer

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

### Aim of the Course

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



## Objectives

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

- Explain the existing status of policies, public health programmes and managerial practices in their district;
- Apply principles and techniques of health management and public health for effective delivery of health care under NRHM;
- Describe the components of health sector reforms and their implementation;
- Identify and implement the changes required in the district health system for instituting reforms as per NRHM;
- Prepare an Action Plan related to NRHM issues in their district; and
- Demonstrate adequate computer literacy required for day-to-day working and making presentations.

## Welcome and Ice-Breaking

The 16<sup>th</sup> PDC started with introduction of the participants and the coordinating team. As part of an on-going programme to assess the responsiveness of the participants Pre Course Evaluation was carried out. Participants were asked to write down their expectations, fears about the course. The expectations of the participants were, to know the existing status of different government policies and programmes, about Quality of Care, material, financial and human resource management, NRHM, Health sector Reforms, preparation of District Action Plans and computer skills. Expected fears of the participants

were, long sitting and being away from home for 10 weeks. Implementation of what participants' learned. The inaugural function was started with the welcome speech of Dr. M. Bhattacharya, Nodal officer of Professional Development course (PDC). She welcomed the participants and brief about the course details, elaborated on the role of PDC; need of PDC for mid level health managers/doctors to implement Public Health and National Health Programmes in health sector by taking new initiatives/options under the umbrella of NRHM. She emphasized on the unique design of the course to the trainees and thanked the sponsoring authorities for nominations. The audience comprised of 17 Senior District Level Medical Officers from States of Gujarat, Jammu & Kashmir and Haryana, and Faculty Members, Research Staff involved in this training course.

## Sessions on Management

The class-room sessions started with ground rules based on common consensus. The management sessions dealt with all related aspects of service delivery management under NRHM. Session on Over view of NRHM was taken by Prof. M. Bhattacharya (Nodal Officer Professional Development Course) (PDC) gave detailed over view about NRHM, why NRHM started, main objectives of NRHM, financial aspects of NRHM.

The sessions on general management aspects including human resource aspects was started with an Organizational Behavioural Laboratory for Developing Self-Understanding and Awareness which was

conducted for the one and half day using innovative and modern HRM techniques. In this session participants learnt about analysis of themselves, improve yourselves and set examples for others, who is good leader, how to deal with different peoples, Johari window. The associated faculty members impressed upon the participants of the course to keep their mind open throughout the 10 weeks tenure of the course in order to acquire knowledge and commensurate skills to handle the existing human resource pool available with them at their respective places of works, for maximizing the overall productivity. Subjects were covered as per schedule.

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

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

Main learnings of the session on Supportive supervision were types of leadership, role and effectiveness, E.Q, I.Q, types of management, Managerial functions, positive attitude to make change, value system, methods of team building, types of leadership, motivation

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

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

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

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

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

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



**Participant of PDC interacting with community during PLA/PRA field visit**

The outcome of the session of training and need assessment and training technology were methods for assessing training need and conducting trainings in health sector.

In the session on Result based management, participants learnt about the benefits of systematic planning, SWOT analysis, planning cycle, how to implement and manage any project or programme and Methods of retaining of learning.

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

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

Learnings of the subject on Managing Media were significance of managing media, methods for

managing media, difference between print media and visual Media .How to handle media in disaster situation.

In the session on Right to Information, participants learned about the rights of citizens, the process of RTI, exemption from RTI, penalty for defaulters, etc, rights and responsibilities of consumers. ways of consumer education, role of quality services in utilization of health services.

In the session on communication process, scope, and importance in health participants learned about the process of communication, scope of communication in health, importance of communication, methods of communication.

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

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

A field visit of PLA (Participatory Learning Appraisal)/PRA (Participatory Rapid Appraisal) was organized headed by Dr. A.M. Khan at Motilal Nehru camp Munirka, New Delhi where participant were divided into three groups, Ganga, Yamuna, Sarswati. Different works were allotted to

each group's i.e. body mapping, FGD, old age problems, immunization of children, family planning programmes, water sanitation and vector born diseases. After completion of task participants came back and prepared their presentation and presented it in front of faculty of NIHF. From this field visit participants learnt about importance of community participation.

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

In the session of Overview of Hospital Administration, participants learnt about challenges in hospital administration, Importance of up-gradation of infrastructure, consumables, non-consumables, procurement, storage, maintenance and distribution procedures, different aspects of hospital administration, concept of quality care as a central initiative, economical house keeping practices.

In the session on Equipment Management the main learnings of the participants were need-based realistic procurement of equipments for optimal use, how to plan for purchase of equipments, importance of maintenance and methods for condemning materials without delay. Participants learnt use of coefficient of instruments, specification of instruments, maintenance and repair of instruments, methods of condemnation without delay,

technical bids, financial bids, Constitution of maintenance committee and disposal procedures for unserviceable and damaged instruments.

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

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

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

A visit to Chacha Nehru Hospital was organized where the M.S. of the hospital brief about history of the hospital. Participants show different aspects of quality management in a hospital like client and provider friendly facilities, quality of infrastructure

& service, team-work, capacity building and work culture.

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

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

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

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

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

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

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

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

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

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

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

In the session on Surveillance in Public Health, participants learned about purpose, source, process, compilation, analysis of the data



and prompt dissemination to those who need to know for taking relevant action.

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

Session on overview of NRHM was taken by Prof. M. Bhattacharya Acting Director (NIHFW), in which he explained goals and strategies of NRHM i.e. (appointment of ASHA, Capacity building of PRI, Decentralized village and district level health plans, strengthening of Sub centers, PHC, and CHC, Intersectoral coordination, Data based planning, Monitoring and Evaluation) and approaches (Communication, Monitoring progress against standard, Flexible Financing, Improve management through capacity building, Innovation in Human Resource Management) to operationalise the mission goals and problems in implementation.

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

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

In the session on Training under NRHM with emphasis on ASHA participants learned about implementation of NRHM, the latest Government programmes and how the whole health system has been restructured for better efficiency and effectiveness of

delivery of health care. strategies of NRHM i.e. (appointment of ASHA), model used by ministry for training (Kasker)

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

In the session on Accounting and Auditing, participants learned about the different financial procedures, how to issue cheques/DDs and the importance of carefulness while dealing with financial matters.

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

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

Outcome of the session of Tobacco Initiatives was the framework convention on tobacco control, health economics and social burden of tobacco use, the initiatives taken by the government and the different programmes/policies for tobacco control, efforts to create awareness

in the community about the harmful effects of tobacco use.

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

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

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

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

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

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

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

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

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

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

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

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

In the session on Geriatric Care, participants learned about issues in geriatric care i.e. social security, emotional support, good health care system, economic support

and demographic transition. How to manage old age.

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

In the session on PNDT participants learned the various acts, problems in implementation and solutions.

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

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

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

## Field Visits

### 1<sup>st</sup> First field Visit to Himachal Pradesh (Shimla) 16<sup>th</sup> to 21<sup>st</sup> April, 2012

The first field visit to Himachal Pradesh was organized and led by Dr. Pushpanjali Swain. The team was briefed about the functioning

of the health system in the state. PDC participants were taken around the various facilities. The team closely observed the functioning of health system of Himachal Pradesh.

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



**Participant interacting with Medical officer at PHC Mashobra**

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



and is helping a lot to the health workers in absence of ASHA workers. Food storage facilities were in good conditions.



**A view of Anganwadi centre Baldaya district Shimla**

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



**Participants interacting with medical officer incharge at Civil Hospital Theog**

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



**View of Zonal hospital (Din Dayal Upadaya) Ripon Hospital Shimla**



**PDC team with CMO**

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

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



**Participants listening to an official from NGO Himachal Pradesh Voluntary Health Association (HPVHA) Shimla**

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

Team also visited Composite Testing Laboratory (CTL) Kandaghat. This laboratory has two sections (I) laboratory for testing drugs to know the equal concentration as same written on

the pack, whether the drugs contains the salt or not i.e. whether the ingredients are in the same concentration or not. (II) Laboratory for testing of foods for adulteration etc. and also to test the quality of alcohol which is available in the market.



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

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



**Inside View of 108 GVK Ambulance (Call Centre) Solan**

Power Point Presentation on the findings of the field was made at State Institute of Health and Family Welfare (SIHFW) Parimahal Shimla

## **2<sup>nd</sup> Field Visit to Rajasthan (Udaipur)**

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

Visit to PHC Dhabog which is 12 Km from Udaipur city having easy accessibility, good infrastructure, well maintained wards, labour rooms, dispensary, good Bio

Medical waste management (deep burial). Citizen charter were well displayed

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

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

PDC team visited J. Watumull Global Hospital and Research Centre Mount Abu. This was the best hospital visited during field visit of different states started in 1991. It is a charitable hospital and no consultant fee is charged here. It is a hundred bedded hospital but 80 beds are in use. It has three major OTs and one minor OT. It has one trauma centre and eye hospital which is located down the hill on Abu road. Eye hospital is 50 bedded; there are 300 employees out of which 50 are working as volunteers. There are 8 ICU beds with ventilators, referral centre in Ahmedabad (Gujarat). This hospital caters to five districts and sixty villages. Mr.J.Watumull gave the first donation to start this hospital i.e. why the hospital is named as J.Watumull Global Hospital.





**An official from J. Watumull Global Hospital and Research Centre Mount Abu briefing participants about the hospital.**

lecture on how to conduct meetings.

### **Valedictory Session**



**Director-NIHFw welcoming Mr. Manoj Jhalani, Joint Secretary (RCH), MOHFW**

Mr. Manoj Jhalani Joint Secretary. (RCH), and Dr. N.K Dhamija Deputy Commissioner from MOHFW, GOI and Dr. Jayanta K. Das, Director, NIHFw graced the concluding session of 16th PDC which was held on 1st June 2012 in the Teaching Block of NIHFw. Director NIHFw welcomed Mr. Jhalani, Dr. N.K. Dhamija and the participants. Director, NIHFw expressed his utmost happiness about the performance of the batch. He asked the participants to come out with suggestions on improving the programme and making it more effective.



**Mr. Manoj Jhalani addressing the audience during concluding session of 16<sup>th</sup> PDC**



**Participants observing functioning at J. Watumull Global Hospital and Research Centre Mount Abu**

Visit to Indian Institute of Health Management Research (Jaipur). Here Dr. P.R. Sodani briefed about the Institute which was started in 1984. The main aim of this Institute is teaching, training and research. IIHMR is an Institute dedicated to improvement in standards of health through better management of health care and related programmes.

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

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



**Director NIHFW addressing the audience**



**Participant of the training course receiving prize from Mr. Manoj Jhalani**

Mr. Manoj Jhalani and Professor Jayanta K. Das distributed the course completion certificates to the participants. Dr. Rukhshana from Jammu and Kashmir was awarded the 1<sup>st</sup> prize for Action Plan, Dr. Raja from Jammu and Kashmir, Dr. Rajiv Anjariya from Gujarat respectively received II prize for Action Plan. First Prize for Portfolio awarded to Dr. Zulfikar from Jammu and Kashmir. Dr. Munira Vohara, Dr. Gajraj from Haryana respectively received II<sup>nd</sup> prize for portfolio. They also received the cash prize.

## ANNEXURE-I

### 16<sup>th</sup> Professional Development Course in Management, Public Health & Health Sector Reforms for DMOs

#### PROGRAMME SCHEDULE

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 26-3-2012		1. Introduction, Expectations & Fears and Pre Course Evaluation Course Team	2,3,4. Organizational Behaviour Laboratory for Developing Self Understanding & Awareness L/D Dr. P.L. Trakroo		
Tuesday 27-3-2012		5,6,7,8. Organisational Behaviour Laboratory for Developing Self Understanding & Awareness L/D Dr. P.L. Trakroo			
Wednesday 28-3-2012		9,10. Overview of Management L/D Dr. A.K. Sood		11,12. Computer Class L/D Mr. P.D. Kulkarni	
Thursday 29-3-2012		13,14. Human Resource Management LD/ Exercises L/D Dr. A.K. Sood		15,16. District Communication Plan – Communication Strategy for BCC L/Exercises Dr. T. Mathiyazhagan	
Friday 30-3-2012		17,18. Communicating with Superiors & Subordinate L/D Dr. Swati Bute		19,20. Managing Media and Public Relations L/D Dr. T. Mathiyazhagan	
Saturday 31-3-2012		21,22,23,24. Computer Class L/D Mr. P.D. Kulkarni			

**Note: 5.30 p.m. to 6.30 p.m. Computer Practical Sessions everyday**



## 2<sup>ND</sup> WEEK

Day & Date	9:30 am to 10:00 am	10:00 am to 11:15 am	11:30 am to 1:00 pm	2:00 pm to 3:15 pm	3:30 pm to 5:00 pm
Monday 2-4-2012	Recap & experience sharing	25,26. Supervision & Motivation L/D Neera Dhar		27,28. Interpersonal Communication L/Games Dr. Rajni Bagga	
Tuesday 3-4-2012		29,30. Negotiation Skills & Management of Conflict L/D Dr. Neera Dhar		31. Management of Change L/D Dr.N.K.Sethi	32. Computer Class L/D Mr.Kulkarni
Wednesday 4-4-2012		33,34,35,36. Leadership and Team Building L/D Dr. Rajni Bagga			
Thursday 5-4-2012		37,38. Principals of PLA/PRA for Community Mobilization L/D Dr. A.M. Khan		39,40. Computer L/D Mr.P.D.Kulkarni	
Friday 6-4-2012		41,42,43,44 PLA/PRA L/D and Field visit Dr. Nanthini S.			
Saturday 7-4-2012		45,46 Visit to NDC  Mrs. Sashi Prabha Bhalla		47,48 Computer	

**Note: 5.30 p.m. to 6.30 p.m. Computer Practical Sessions everyday**



### 3<sup>RD</sup> WEEK

Day & Date	9:30 am to 10:00 am	10:00 am to 11:15 am	11:30 am to 1:00 pm	2:00 pm to 3:15 pm	3:30 pm to 5:00 pm
<b>Monday 9-4-2012</b>	Recap & experience sharing	49,50. Overview of Hospital Administration & Planning for Hospitals AND Hospital Materials Management & Inventory Control L/D Dr. J.K. Das		51,52. Quality of Care in Hospitals L/D & exercises Dr. M. Bhattacharya	
<b>Tuesday 10-4-2012</b>		53,54. Material Management  L/D Dr. J.K. Das		55,56. Consumer Rights and Responsibilities L/D  Dr. Sidharth Sathpathy	
<b>Wednesday 11-4-2012</b>		57. Equipment Management L/D Dr. A.K. Agarwal	58. Essential drugs & Supply L/D Dr. P.S. Ray	59. Injection Safety L/D Dr. Gayan Singh	60. ISO Certification of Hospital L/D Dr. K.K. Kalra
<b>Thursday 12-4-2012</b>		61. Need for Testing Sensitivity of Kits in Clinical Diagnostics L/D Dr. T.G. Shrivastav	62. Universal Precaution in Hospitals and Health Centres L/D Dr. Krishna Ray	63 & 64. Visit to St. Stephen Hospital Dr. Nanthini S. & Course Team	
<b>Friday 13-4-2013</b>		65. Systems Approach L/D to training Dr. U. Datta	66. Training Needs Assessment L/D Dr. Poonam Khattar	67,68. Visit to J.P.N. Apex Trauma Centre, AIIMS Course Team	
<b>Saturday 14-4-2012</b>		69,70. Exercises on Management Dr. A.K. Sood		71,72. Computer Class	

**Note: 5.30 p.m. to 6.30 p.m. Computer Practical Sessions everyday**



## 4<sup>TH</sup> WEEK

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

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



### 5<sup>TH</sup> WEEK

Day & Date	9:30 am to 10:00 am	10:00 am to 11:15 am	11:30 am to 1:00 pm	2:00 pm to 3:15 pm	3:30 pm to 5:00 pm
<b>Monday 23-4-2012</b>	Recap & experience sharing	81,82. Action Plan L/D Dr. N.K. Sethi		83,84. Sources of Data & use L/D Dr. M.Bhattacharya	
<b>Tuesday 24-4-2012</b>		85.Basis of Epidemiology Dr. M. Bhattacharya	86.HMIS L/D Dr. V.K. Tiwari	87,88. Epidemic Management L/D Exercise Dr. Sanjay Gupta	
<b>Wednesday 25-4-2012</b>		89.Strategy for Polio Free Status L/D Dr. Sunil Bahl & Course Team	90.IDSP L/D Dr. Gyan Singh	91,92. Nutrition Community aspect (Field visit) to NFI Dr. Nanthini S.	
<b>Thursday 26-4-2012</b>		93. Role of ICDS in Health Sector L/D Dr. Neelam Bhatia	94. FRU Functioning and Constraints L/D Dr. K. Kalaivani	95. Janani Suraksha Yojana L/D Dr. Renu Shahrawat	96.Trainings under NRHM with emphasis on ASHA L/D Dr.Navneet Dhamija
<b>Friday 27-4-2012</b>		97. Basic and Emergence Obstetric Care L/D Dr. Himanshu Bhusan	98. Family Planning Programmes L/D Dr. S.K. Sikdar	99. IMNCI Dr. S.V. Adhish	100. Computer Class  Mr. P.D. Kulkarni
<b>Saturday 28-4-2012</b>		101. Immunization & Microplaning L/D Dr. Renu Paruthi	102. Immunization & Management of Vaccines and Cold Chain L/D Dr. P. Deepak	103,104. Immunization & Management of Vaccines and Cold Chain Demonstration  Dr. P. Deepak	

**Note: 5.30 p.m. to 6.30 p.m. Computer Practical Sessions everyday**

### 6<sup>TH</sup> WEEK

Day & Date	9:30 am to 10:00 am	10:00 am to 11:15 am	11:30 am to 1:00 pm	2:00 pm to 3:15 pm	3:30 pm to 5:00 pm
<b>Monday 30-4-2012</b>	Recap, experience sharing & preparation of port folio	105,106. Visit to Youth/Adolescent Friendly Clinic Course Team		107,108. Infant & Young Child Feeding Visit to Kalawati Saran Hospital Course Team	
<b>Tuesday 1-5-2012</b>		109. HIV/AIDS Programme L/D Dr. Yujwal	110. RNTCP Programme Implementation Dr. M. Bhattacharya	111,112. Visit to NAZ Foundation for HIV Care (Demonstration)	
<b>Wednesday 2-5-2012</b>		113. Over view Non-Communicable Diseases L/D Dr. Sudhir Gupta	114. Leprosy Elimination Programme L/D Dr. M. Arif	115,116. Visit to STD Clinic at Safdarjang Course Team	
<b>Thursday 3-5-2013</b>		117. Training in Cancer and Diabetes L/D Dr. S. Gupta	118. Prevention of Cardiovascular Diseases L/D Dr. Rakesh Yadav	119. Mental Health Programme implementation L/D MOHFW	120. Computer Class L/D Mr. P.D. Kulkarni
<b>Friday 4-5-2012</b>		121. Malaria Control Programme Implementation L/D Dr. P.L. Joshi	122. National Tobacco Control Programme L/D Dr. Poonam Khattar	123,124. Census and SRS findings and implications L/D & Exercises Dr. Pushpanjali Swain	
<b>Saturday 5-5-2012</b>		125. Iodine Deficiency Disorders L/D Dr. Umesh Kapil	126. Vit 'A' Prophylaxis Programme L/D Dr. Umesh Kapil	127,128. Computer Practice	

**Note: 5.30 p.m. to 6.30 p.m. Computer Practical Sessions everyday**



### 7<sup>TH</sup> WEEK

Day & Date	9:30 am to 10:00 am	10:00 am to 11:15 am	11:30 am to 1:00 pm	2:00 pm to 3:15 pm	3:30 pm to 5:00 pm
<b>Monday 7-5-2012</b>	Recap, experience sharing & preparation of port folio	129.Health Sector Reforms Dr. T. Bir	130.Basics of logistics and Supply L/D Dr. J.K. Das	131.Role of AYUSH in NRHM	132.Computer Class L/D Mr. P.D. Kulkarni
<b>Tuesday 8-5-2012</b>		133,134. District Action Plan L/D Corse Team		135.DLHS IV L/D Dr. Rattan Chand	136.Compuetr Class
<b>Wednesday 9-5-2012</b>		137,138.Visit to NDMC for School Health & Birth & Death Registration Course Team		139.GFR, Tender and LPC L/D & Exercises Mr. Vinod Sharma	
<b>Thursday 10-5-2012</b>		140,141.Public Private partnership L/D Exercise Dr. Sanjay Gupta		142,143.Office Disciplinary Procedures Dr. S.K. Chaturvedi	
<b>Friday 11-5-2012</b>		144,145.Financial Management under NRHM LD/ Exercises MOHFW		146,147.Costing & Budgeting L/D Dr. K.S. Nair	
<b>Saturday 12-5-2012</b>		148,149.RSBY L/D Dr. K.S. Nair		150,151.Computer Practice	

**Note: 5.30 p.m. to 6.30 p.m. Computer Practical Sessions everyday**

## 8<sup>TH</sup> WEEK

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

<b>Tuesday 15-5-12</b>	Arriving Udaipur in morning of 15 <sup>th</sup> May, 2012 (Morning)
<b>Tuesday 15-5-12</b>	<ul style="list-style-type: none"> <li>➤ Visit to District hospital for innovative programme</li> <li>➤ Visit to DHO Office</li> <li>➤ Innovative programmes by programme officers               <ul style="list-style-type: none"> <li>a. Mother-child tracking system</li> </ul> </li> </ul>
<b>Wednesday 16-5-12</b>	<ul style="list-style-type: none"> <li>➤ Visit to VHND- at Anganwadi Centre</li> <li>➤ Visit to NGO (Targeted Intervention sites for HRG in HIV/AIDS programme)</li> </ul>
<b>Thursday 17-5-12</b>	<ul style="list-style-type: none"> <li>➤ Visit to 24X7 PHC, CHC, FRU</li> </ul>
<b>Friday 18-5-12</b>	<ul style="list-style-type: none"> <li>➤ Public-private-partnership at Mount Abu</li> </ul>
<b>Saturday 19-5-12</b>	<p style="text-align: center;"><b>LEAVE UDAIPUR AT NIGHT (18<sup>th</sup> May, 2012) FOR JAIPUR</b></p> <ul style="list-style-type: none"> <li>➤ 108 Services at SIHFW Jaipur</li> <li>➤ Training under NRHM (lecture) at SIHFW Jaipur</li> </ul>
<b>Sunday 20-5-12</b>	Departure for New Delhi by Shatabdi express at evening

## 9<sup>TH</sup> WEEK

Day & Date	9:30 am to 10:00 am	10:00 am to 11:15 am	11:30 am to 1:00 pm	2:00 pm to 3:15 pm	3:30 pm to 5:00 pm
Monday 21-5-2012	Recap, experience sharing & preparation of port folio	163,164. Geriatric Care And Service in India L/D Dr. A.M. Khan		165,166.PNDT & MTP Act Discussion Dr. Sher Singh Kashyotia	
Tuesday 22-5-2012		167,168. Overview of Disaster Management L/D Dr. S.V. Adhish		169,170.Visit to National Disaster Management Authority  Course Team	
Wednesday 23-5-2012		171.RTI L/D Dr. T. Mathiyazhagan	172.Evaluation of Programme  Dr. V.K. Tiwari	173.CPA & Medical Negligence Dr. M.C. Gupta	
Thursday 24-5-2012		175.Condemnation Procedures	176.Finalisation of Portfolio	177,178.HIMS Software and Data Management L/D Dr. V.K. Tiwari	
Friday 25-5-2012		179,180.Preparation of Port Folio and Action Plan Course Team		181,182.Finalization & submission of Portfolio	
Saturday 26-5-2012		183,184,185,186.Computer Practice Computer Centre			

**Note: 5.30 p.m. to 6.30 p.m. Computer Practical Sessions everyday**



### 10<sup>TH</sup> WEEK

Day & Date	9:30 am to 10:00 am	10:00 am to 11:15 am	11:30 am to 1:00 pm	2:00 pm to 3:15 pm	3:30 pm to 5:00 pm
<b>Monday 28-5-2012</b>	Recap, experience sharing & preparation of port folio	187,188,189.Practice on presentation of Action Plan L/D Dr. P.L. Joshi & Course Team			190.Computer Class Action Plan
<b>Tuesday 29-5-2012</b>		191,192,193,194.Practice PPT of Action Plan Course Team and Dr. P.L. Joshi			
<b>Wednesday 30-5-2012</b>		195,196,197,198.Presentation of Action Plan(Final) Dr. P.L. Joshi, Dr. Renu Shahrawat, Dr. S.K. Chaturvedi			
<b>Thursday 31-5-2012</b>		199,200. Presentation of Action Plan Dr. P.L. Joshi, Dr. S.K. Chaturvedi, Dr. Renu Shahrawat		201,202.Computer Practice	
<b>Friday 1-6-2012</b>		203,204. Computer Test Mr. P.D. Kulkarni,		205,206.Post Course Evaluation, Distribution of Certificate	
<b>Saturday 2-6-2012</b>		207,208. Distribution of Certificate & Wrap Up		209,210. Departure	

## ANNEXURE-II

### Sessional Objectives

#### 1. Pre Course Evaluation

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

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

#### 2-8 Organizational Behaviour Laboratory for Developing Self Understanding & Awareness

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

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

#### 9-10. Overview of Management

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

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

#### 13,14. Human Resource Management

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

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

#### 15,16. District communication Plan Communication Strategy for BCC

- (i) At the end of session the participants should be able to provides guidance in planning and implementation of strategies at the district level.

#### 17,18. Communication with Superior and Subordinate

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

- (i) Appreciate the importance of the communication.
- (ii) Understand the importance of communication with health team and community.

#### 19,20. Managing Media and Public Relations

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

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

#### 25,26 Supervision and Motivation

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

- (i) Explain the concept, functions and styles of supervision.
- (ii) Describe the supervisory practices within a district health system.
- (iii) Explain work motivation and the ways to motivate subordinates.
- (iv) How work motivation can be applied in a district health organization.



## **27, 28. Interpersonal Communication**

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

- (i) Explain the importance of Interpersonal Communication (IPC) in effective delivery of Public Health Services.
- (ii) Describe the process of interpersonal communication.
- (iii) List the skills of explaining.
- (iv) Enumerate the skills of active-listening
- (v) Discuss the skill of non-verbal communication
- (vi) List the barriers of effective Interpersonal Communication

## **29, 30. Negotiation Skills and Management of Conflict**

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

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

## **31. Management of Change**

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

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

## **33, 34, 35, 36. Leadership and Team Building**

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

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

## **37, 38, 41-44. Principles of PLA/ PRA for Community Mobilization and Field Visit**

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

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

## **49, 50. Overview of Hospital Administration & Planning for Hospitals**

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

- (i) Describe the planning process in hospitals
- (ii) Discuss the different aspects of Hospital Administration

## **51, 52. Quality of Care in Hospitals**

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

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

## **53, 54 Materials Management**

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

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

## **55, 56 Consumer Rights and Responsibilities**

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

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

## **57. Equipment Management**

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

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

## **58. Essential Drugs and Supply**

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

- (i) List the National lists of essential medicines
- (ii) Describe the concept of essential drugs and efficient management of the drug supply and rational use.

## **59. Injection Safety**

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

- (i) Describe the problems associated with Injection overuse.
- (ii) Explain the problems of unsafe Injection.
- (iii) Discuss the safe practices associated with different sites of injections.
- (iv) Explain the safe sharp waste management.

## **60. ISO Certification of Hospital**

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

- (i) Define the ISO certification and its importance's.
- (ii) Explain the steps need to be taken for getting ISO certification.
- (iii) Discuss the advantages and disadvantages of ISO certifications.

## **61. Need for testing Sensitivity of kits in clinical diagnostics**

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

- (i) Define the gold standards of diagnostic test.
- (ii) Explain its uses in program
- (iii) Explain the various diagnostic tests (specificity and sensitivity against gold standards).

## **62. Universal Precaution in hospital and Health Centres**

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

- (i) List the universal precaution procedures
- (ii) Discuss the implementation process in their own work place

## **63, 64. Visit to St. Stephen Hospital**

- (i) To describe the various functional areas in hospital
- (ii) To discuss the quality of services provided by St. Stephen hospital.
- (iii) To learn about the segregation of hospital wastes and its management.

### **65. System Approach to training**

- a. Describes a systematic method such as performance-based training (PBT), training system development (TSD)
- b. Describe the existing system and to determine its current capabilities and effectiveness assessment.

### **66. Training Need Assessment**

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

### **67,68. Visit to J.P.N. Apex Trauma Centre**

- (i) To see the high standards of trauma care to the patients in accordance with international standards.

### **69,70. Exercises on Management**

- (i) Skill building exercises.

### **81, 82. Action Plan**

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

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

### **83,84 Sources of Data and use**

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

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

### **85. Basis of Epidemiology**

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

- (i) Disease control and eradication strategies on the basis of epidemiological analysis.

### **86. HIMS**

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

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

### **87, 88. Epidemic Management**

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

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

### **89. Strategy for polio free Status**

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

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

## **90. IDSP**

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

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

## **91,92. Nutrition community aspect (Field Visit)**

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

- (i) To evaluate the impact of National programs through field visits, data collection and reports and interaction with community.

## **93. Role of ICDS in Health Sector**

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

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

## **94. FRU Functioning and Constraints**

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

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

## **95. Janani Suraksha Yojana**

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

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

## **96. Trainings under NRHM with Emphasis on ASHA**

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

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

## **97. Basic and Emergency Obstetric Care**

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

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

## **98 Family Planning Programmes**

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

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

## **99. IMNCI**

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

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

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

### **101. Immunization and Microplanning**

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

- (i) Micro plan for Hard to reach areas.
- (ii) Ensuring the Highest Quality of immunization activities and campaign implementation

### **102-104. Immunization & Management of Cold Chain for Vaccines**

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

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

### **105,106 Visit to Youth/ Adolescent Friendly Clinic**

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

### **107,108. Infant & young Child Feeding (Visit to Kalawati Saran Hospital)**

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

### **109. HIV/AIDS**

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

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

### **110. RNTCP**

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

- (i) Describe the programs of TB Control.

### **111, 112 Visit to NAZ Foundation for HIV Care**

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

### **113. Over View of Non Communicable Diseases**

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

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

### **114. Leprosy Elimination Programme**

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

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

### **115,116. Visit to STD Clinic**

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

### **117. Training in Cancer and Diabetes**

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

- (i) Explain how to use training modules
- (ii) Discuss the interventions to prevent and control cancer and diabetes

### **118. Prevention of Cardiovascular Diseases**

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

- (i) Discuss factors contributing to Cardiovascular Disease.
- (ii) Explain methods of prevention.
- (iii) Discuss health promotion methods for CVD prevention

### **119. Mental Health Programme Implementation**

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

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

### **121. Malaria Control Programme Implementation**

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

- a. Reduction of malaria morbidity
- b. Maintenance of the gains achieved so far by reducing transmission of malaria

### **122. National Tobacco Control Programme**

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

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

### **123,124. Census and SRS findings and implications**

- (i) To achieve a stable population by 2045

### **125. Iodine Deficiency**

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

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

### **126 Vit 'A' Prophylaxis**

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

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

### **129. Health Sector Reforms**

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

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

### **130. Basics of logistics and Supply**

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

- (i) Describe the strategies for controlling, and monitoring of supply.
- (ii) Describe the To understand the basics of logistics

### **131. Role of AYUSH in NRHM**

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

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

### **133,134. District Action Plan**

- (i) Process of Action plan

### **135. DLHS IV**

- (i) Describe the features of DLHS IV

### **137, 138. Visit to NDMC for School Health and Birth and Death registration.**

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

### **139. GFR Tender and LPC**

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

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

### **140,141. Public Private Partnership**

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

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

### **142,143. Office, Disciplinary, Procedures**

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

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

### **144,145. Financial Management under NRHM**

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

- (i) Describe the main financial procedure carried out at district levels.
- (ii) Describe how to control finances by forward planning

### **146,147. Costing and Budgeting**

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

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

### **163,164 Geriatric Care & Services in India**

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

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



**165,166. PNDT Act & MTP Acts**

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

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

**167,168. Overview of Disaster Management**

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

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

**169,170. Visit to National disaster Management Authority**

- a. To observe the functioning of National disaster Management authority.

**171. RTI**

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

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

**172.Evaluation programmes**

- (i) How to evaluate different programmes.

**173,174. CPA & Medical Negligence**

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

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

**175. Condemnation Procedures**

- (i) Describe the different condemnation programmes.

**176. Finalization of Portfolio****177,178. HIMS Software and Data Management**

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

**179-182. Preparation of Port Folio & Action Plan**

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

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

**187,200 Preparation and Presentation of Action Plans****201, 204 Computer practice and Computer test****205,206 Post Course Evaluation****207,208 Distribution of Certificates****209,210 Departure**



### ANNEXURE-III

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

Maximum Marks= 140

Mean Pre-test Score ( $X^1$ ) =19.36

Mean Post-test Score ( $X^2$ ) =53.06

Mean Gain =53.06-19.36=33.70

Standard Deviation (SD) =10.312

Standard Error = 2.501

At 10 degrees of freedom 5% significant limit of t is 2.50

The observed t value is 13.476 times the standard error

The training programme was highly effective as the mean gain in pre & post scores was highly significant ('t' =13.476,  $P<0.00$ ).

## ANNEXURE-IV

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

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

S. No.	Course Coordinators	Dates	Mobile
1	Dr. T.G. Shrivastav	26-3-12 to 14-4-12	(9873710664)
2	Dr. Nanthini S.	15-4-12 to 13-5-12	(9810334505)
3	Dr. P. Swain	14-5-12 to 02-06-12	(9891122681)

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

Secretarial Assistance	
1	Mr. Vikas Kanojia
2	Mrs. Radha

## ANNEXURE-V

### RESOURCE PERSONS (EXTERNAL)

S. No.	Contact Name	Address	Email & Phone
1.	Dr. P.L. Trakroo Professor	House No-939, Sector-21 C Housing Board Colony, Faridabad Haryana -121001	<a href="mailto:pltrakroo@gmail.com">pltrakroo@gmail.com</a>
2.	Dr. Sidharth Sathpathy Professor	Deptt. of Hospital Administration, All India Institute of Medical Sciences (AIIMS), New Delhi	9868397012 <b>+91-11-26594708</b>  26593219, 26594716 <a href="mailto:dr.sidharthasatpathy@gmail.com">dr.sidharthasatpathy@gmail.com</a>
3.	Dr. K.K. Kalra Medical Superintendent (Pediatrics)	Chacha Nehru Bal Chikitsalaya, Govt. of NCT of Delhi, Geeta Colony, Delhi -110031	Ph (O):- 011-22013373, 22013374  Fax:- 22042750  <a href="mailto:cnbc2003@yahoo.co.in">cnbc2003@yahoo.co.in</a>
4.	Dr. A.K. Agarwal Professor	Indira Gandhi National Open University, Maidan Garhi, New Delhi-110068	(O):- 011-29533078, 29535924-32  Fax:- 011-29534935  Mobile:- 9810423788
		<b>Residential:-</b> 290- Nilgiri Apartment, Alakhnanda, New Delhi-110019	<a href="mailto:akagarwal@ignou.ac.in">akagarwal@ignou.ac.in</a>
5.	Dr. Krishna Ray Professor	Sec C, Pkt. 2, 2240,Vasant Kunj, New Delhi 110070	<a href="mailto:drkray@yahoo.com">drkray@yahoo.com</a>  Res:- 011-26125080  Mobile: 9811553103
6.	Dr. Neelam Bhatia Consultant	National Institute of Public Cooperation & Child Development (NIPCCD), 5, Sirifort Institutional Area, Hauz Khas, New Delhi- 110016	Ph: 26964373, 26963382, 26865187, 26515579, 26963383, 26962447
7.	Dr. H. Bhushan Deputy Commissioner (Maternal Health)	Ministry of Health & Family Welfare, Room no-505, A Wing, Nirman Bhawan, New Delhi- 110011	<a href="mailto:dr_hbhushan@hotmail.com">dr_hbhushan@hotmail.com</a> <a href="mailto:bhimanshu@hub.nic.in">bhimanshu@hub.nic.in</a>  Ph(O):- 011- 23062930
8.	Dr. P. Yujwal Raj Senior Technical Officer (Surveillance)	National AIDS Control Organisation (NACO), Department of AIDS Control (DAC), Ministry of Health & Family Welfare, Government of India, Chanderlok Building, 36, Janpath, New Delhi-110001	<a href="mailto:pyraj@yahoo.com">pyraj@yahoo.com</a>  M: 9350566003  Ph(O): 43509925
9.	Dr. Renu Paruthi Routine Immunization Training Coordinator	National Polio Surveillance Project, R.K. Khanna Tennis Stadium, Afrika Avenue, Safdarjung Enclave, New Delhi- 110029	<a href="mailto:paruthire@npsuindia.org">paruthire@npsuindia.org</a> ,  Ph(O):- 011-26169727  Mob: 9810405852



S. No.	Contact Name	Address	Email & Phone
			Fax: 011-26191865
10.	Dr. Sudhir Gupta CMO (NCD)	Ministry of Health and Family Welfare, Room No-445, A-wing, Nirman Bhawan, New Delhi	<a href="mailto:cmomcd@nb.nic.in">cmomcd@nb.nic.in</a> Ph(O):- 23061980
11.	Dr. M.A. Arif Country Representative	Netherlands Leprosy Relief – India, B-38, Panchsheel Enclave, New Delhi – 110 017	Ph(O):- 26498546, 26497964, 26497965 Fax: 26498547 <a href="mailto:info@nlrindia.org">info@nlrindia.org</a> <a href="mailto:nlrindia@airtelbroadband.in">nlrindia@airtelbroadband.in</a> <a href="mailto:nlrindia@airtelmail.in">nlrindia@airtelmail.in</a> <a href="mailto:cr@nlrindia.org">cr@nlrindia.org</a>
12.	Dr. Rattan Chand Chief Director (Stat)	Ministry of Health and Family Welfare, Room No-243, 'A' Wing Nirman Bhawan, New Delhi	Ph(O):- 23062699
13.	Mr. Anoop Gupta Account Officer	A-2A/104, DDA Flats, Janak Puri New Delhi-110058	<a href="mailto:gupta_anoopkumar@yahoo.com">gupta_anoopkumar@yahoo.com</a> Mobile:- 9899179649
14.	Dr. Sher Singh Kashyotia Public Health Specialist	Emergency Medical Relief(EMR), Directorate General of Health Services, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi-110011	Ph(O):- 011-2306-2898 Mobile:- 9868-458 457 Fax:- 011-23061469, 23061457 <a href="mailto:doctorshersingh@gmail.com">doctorshersingh@gmail.com</a> <a href="mailto:doctorshersingh@yahoo.co.in">doctorshersingh@yahoo.co.in</a>
15.	Dr. M.C. Gupta Advocate (Supreme Court)	G-17/9, Malviya Nagar, New Delhi-110017	M: 9810893507, 9350237507 <a href="mailto:mcgupta44@gmail.com">mcgupta44@gmail.com</a>
16.	Dr. P.C. Samantaray Ex Consultant PDC		<a href="mailto:drpcsr@yahoo.co.uk">drpcsr@yahoo.co.uk</a>

## ANNEXURE-VI

### RESOURCE PERSONS (NIHFW)

1. Prof. J.K. Das, Director, National Institute of Health & Family Welfare (NIHFW), Email: director@nihfw.org
2. Dr. M. Bhattacharya, Prof. & Head, Department of Community Health Administration, Email: cha\_nihfw@yahoo.co.in,
3. Dr. N.K.Sethi, Prof. & Head, Department of Planning and Evaluation, Email: nk.sethi@nic.in
4. Dr. A.K. Sood, Prof. & Head, Department of Education and Training, Email: sood\_kumar\_ajay@yahoo.com
5. Dr. A.M. Khan, Prof. & Head, Department of Social Sciences  
Email: m\_khannihfw@yahoo.com
6. Dr. K. Kalaivani, Prof. & Head, Department of Reproductive Child Health, Email: kalaivanikrishnamurthy@gmail.com
7. Dr. V.K. Tiwari, Professor, Department of Planning & Evaluation,  
Email: vktiwari.nihfw@gmail.com
8. Dr. U. Datta, Prof. & ANO, RCH, Email: utsuk@rediffmail.com
9. Dr. Pushpanjali Swain, Acting Head, Department of Statistics and Demography, Email: drpswain@yahoo.co.in
10. Dr. S.V. Adhish, Prof. & Acting Head, Department of MCHA,  
Email: vivekadhish@gmail.com
11. Dr. Sanjay Gupta, Reader, Department of Community Health Administration, Email: sanjaygupta61@gmail.com, sanjaygupta61@hotmail.com
12. Dr. Neera Dhar, Professor, Department Education & Training  
Email: ndhar@nihfw.org, nabadhneera@yahoo.com
13. Dr. K.S. Nair, Lecturer, Department of Planning & Evaluation  
Email: k\_sreenair@yahoo.com
14. Dr. Poonam Khattar, Reader, Dept. of Education & Training  
Email: pkhattar@nihfw.org, poonamkhattar@gmail.com
15. Dr. T. Mathiyazhagan, Prof. & Head, Department of Communication,  
Email: tmathiyazhagan@nihfw.org, mathi\_53@yahoo.co.in
16. Dr. T. Bir, Professor, Department of Social Sciences, Email: tbir@nihfw.org
17. Dr. T.G. Shrivastav, Professor, Immunotechnology Laboratory, Department of RBM

18. Dr. Nanthini Subbiah, Reader, Department of Community Health Administration
19. Dr. Gyan Singh, CMO (NFSG), Clinic, Department of RBM, Email: g99singh@yahoo.co.uk
20. Dr. Renu Shahrawat, Senior Lecturer, Department of Reproductive Bio Medicine (RBM), Email: renushahrawat@hotmail.com
21. Dr. Swati Bute, Lecturer, Department of Communication
22. Mrs. Vandana Bhattacharya, RO, Department of Social Sciences, Email: vandanabhattacharya@rediffmail.com
23. Dr. Vinod Joon, ARO, Department of Community Health Administration
24. Mr. Subhash Chand, ARO, Department of Community Health Administration
25. Mr. P.D. Kulkarni, Programme, Computer Centre
26. Dr. P. Deepak, National Consultant (Immunization Trgs.), Department of Community Health Administration, Email: drpdeepak1@gmail.com
27. Dr. S.K. Chaturvedi, Part Time Faculty, Distance Learning Cell, Email: doctorskchaturvedi@yahoo.com
28. Dr. P.L Joshi, Part Time Faculty
29. Mr. D. Arya, PTF, Department of Community Health Administration

## ANNEXURE-VII

### List of Participants

SN o	District	State	Name of the participa nt	Desig natio n	Course Date	Year	Address (Office)	Address (Res)	Tel (R/O)	E-mail
1	Sabarkantha	Gujarat	Dr. Harshad Kumar K. Rathod	BHO	26-03-12 to 02-06- 12	2012- 2013	Block Health Office, Pranjit, District- Sabarkanth a, Gujarat	Sector 3 A New Plot No 94/1 Gandhi Nagar- 382006	98253 24145	dr_rathod@ yahoo.com
2	Banaskantha	Gujarat	Dr. Shailesh Kumar A. Anand	BHO	26-03-12 to 02-06- 12	2012- 2013	Block Health Officer, Thara (Kankarej), District- Banaskant ha, Gujarat	3/Soham Yogeshwar Society Out side of Mira Gate Son Bagh Palnpur - 385001	99984 93222	drshaileshp ln@gmail.c om
3	Bharuch	Gujarat	Dr. Charul J. Mehta	BHO	26-03-12 to 02-06- 12	2012- 2013	Block Health Office, Jhagadia, District- Bharuch	56/A, Arbuda Nagar, Link Road, Bharuch, Gujara- 392001	22131 0- 02645, 96625 97709, 97277 02173	jhagadia_b haruch@ya hoo.com
4	Kutch	Gujarat	Dr. R.A. Anjaria	BHO	26-03-12 to 02-06- 12	2012- 2013	Block Health Office, Anjar, District Kutch, Gujarat	Plot No-20- 21, Hari Kripa, Vardhman Nagar, Naya Anjar, Anjar, Kutch	02836- 24671 7, 99099 49313	dranjariara j@yahoo.co. in, bho_anjar@ yahoo.co.in
5	Ahmedabad	Gujarat	Dr. Munira G. Vohra	BHO	26-03-12 to 02-06- 12	2012- 2013	Block Health Officer Dholka, District- Ahmedabad	5th The Burhani Society, Near Railway Station, Dholka, District- Ahmedabad , Gujarat- 387810	02714- 22207 2, 90990 64452	bho.dholka @yahoo.co m
6	Dang	Gujarat	Dr. Dilip Kumar Sharma	Distri ct Qualit y Assur ance Medic al Office r	26-03-12 to 02-06- 12	2012- 2013	District Panchayat Office, Health Department , Ahwa, Dang	907, Block- A, Abhiseke Estate, At- PO, Vyara, District- Tapi, Gujarat	94279 22246	qamodang @yahoo.co m

SN o	District	State	Name of the participa nt	Desig natio n	Course Date	Year	Address (Office)	Address (Res)	Tel (R/O)	E-mail
7	Samba	J&K	Dr. Satpaul Pangotra	MO	26-03-12 to 02-06- 12	2012- 2013	PHC Mansar, District- Samba, J&K	C/o 334A, Sarwal Colony, Jammu- 180005, J&K	94191 93280	
8	Udhampur	J&K	Dr. Deepak Kumar	Dy. Med. Sptd	26-03-12 to 02-06- 12	2012- 2013	District Hospital Udhampur, Jammu & Kashmir	House No- 65, Exchange Road, Jammu- 180001	97964 47484,	drdeepak_2 000@rediff mail.com
9	Baramulla	Kashmi r	Dr. Zulfikar Nabi	BMO	26-03-12 to 02-06- 12	2012- 2013	Block Kunzer Baramulla	Hilal Abad Colony, Sector Ist, Qamarwari Srinagar, Kashmir- 190010	01954 25538 0, 99064 27962, 01942 49238 6	
10	Kupwara	Kashmi r	Dr. Mohd. Ashraf Mir	BMO	26-03-12 to 02-06- 12	2012- 2013	PHC Trehgam, Kupwara	Zirhama, PO- Zirhama, Teh+district -Kupwara, Kashmir- 193224, Zirhama	01955 24468 7, 97977 91576,	bmotrehga m@gmail.c om
11	Poonch	J&K	Dr. Shamim- Un-Nissa Bhatti	MO	26-03-12 to 02-06- 12	2012- 2013	Medical Officer SDH Mandi, Poonch, J&K	By Pass Channi Himmat Near Army Stadium Lane No-1, Jammu, J&K	09419 1- 86414	
12	Anantnag	Kashmi r	Dr. Rukhsana	BMO	26-03-12 to 02-06- 12	2012- 2013	PHC Verinag, District- Anantnag, Kashmir	Haiderpora, New Airport Road, Sri Naga, Near J&K Bank- 190014	98588 30796	rukhsana7 52@gmailco m
13	Srinagar	Kashmi r	Dr. Raja Amjad Ali		26-03-12 to 02-06- 12	2012- 2013	Nodal Office ISM, Mini Secretariat, J&K	Roja Mohalla, Inside Kotri Dorwaza, Rainqwari, Srinagar, J&K	98587 68633	dr-rajaamja dali@gmail. com, amujaank@ gmail.com
14	Kurukshetra	Haryan a	Dr. Shailendr a Khambra	MO	26-03-12 to 02-06- 12	2012- 2013	CHC Mathana, Kurukshetr a	Flat No- 1817FF, Sector-8, Kurukshetr a, Haryana	01744- 22446 5, 94162 54465	skhambra@ gmail.com



SN o	District	State	Name of the participa nt	Desig natio n	Course Date	Year	Address (Office)	Address (Res)	Tel (R/O)	E-mail
15	Panipat	Haryana	Dr. Pawan Kumar	MO	26-03-12 to 02-06- 12	2012- 2013	PHC Atta, District- Panipat	House No- D-7/63, Sector-15, Rohini, Delhi	92159 22900	pawan.k98 7@gmail.co m
16	Rewari	Haryana	Dr. Chitranja n	MO	26-03-12 to 02-06- 12	2012- 2013	SDH Kosli, District- Rewari, Haryana	SDH Kosli, District- Rewari, Haryana	94162 48144	chitranjan4 4@gmail.co m
17	Faridabad	Haryana	Dr. Gajraj Singh	MO	26-03-12 to 02-06- 12	2012- 2013	General Hospital Ballagarh, Faridabad, Haryana	1597, Sector-3, Faridabad- 121004	01292 24264 1, 01292 21020 0, 09891 64997 8	gajrajsingh @gmail.co m

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

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



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

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

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

A cluster of stylized flowers in white, pink, and orange colors is positioned in the top right corner of the slide.

## *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*