

REPORT

12th Professional Development Course in Management, Public Health and Health Sector Reforms for District Medical Officers

29th March to 5th June, 2010

Supported by



Government of India

Ministry of Health and Family Welfare, GOI

Organized 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 District Medical Officers was 10 weeks flagship course of Ministry of Health and Family Welfare (MOHFW) started way back in 2001 by National Institute of Health & Family Welfare (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 National Rural Health Mission (NRHM) for effective delivery of health care. NIHFW is the Nodal Institute for this course in the country and as of now 1624 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 decentralized 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 optimization 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 12th PDC which was successfully conducted at NIHFW from 29th March to 5th June, 2010 with twenty-three participants from 3 states. This report provides an overview of the conduct of the course.

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

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

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

Director

ABBREVIATIONS

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

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

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

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

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

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

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

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

The Twelve 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 12th 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
- 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 12th PDC started with introduction of the participants and the coordinating team 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, Head, 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.

In his address, Dr. Baswal outlined the vital issues for implementing NRHM, the latest Government programmes and how the whole health system has been restructured for better efficiency and effectiveness of delivery of health care. 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 (reduction of IMR and MMR, universal access to public health services, prevention and control of communicable and non-communicable diseases, population stabilization) 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, Innovation in Human Resource Management) to operationalise the mission goals and problems in implementation. The sessions on general management aspects including human resource aspects was started with an Organizational Behavioural Laboratory for Developing Self-Understanding and Awareness which was conducted for the whole day using innovative and modern HRM techniques. 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 Human Resource Management was 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 role effectiveness, leadership, Managerial functions, methods of team building. Participants learnt through exercise and role play.

Outcomes of the session on Motivation and Management of conflict were positive attitude to make change, how to deal with conflict within the organization, how to manage the different types of conflicts, consequences of conflict, effects of conflict and causes of conflicts.

Prof. Deoki Nandan, Director, NIHFWD 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.

In the session on Consumer Rights Movement, the main learnings of the participants were the various aspects of Consumer Rights and their responsibilities alongwith consumer education.

In the session on negotiation skills, 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.

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.

Dr. A.K. Sood spoke on concepts, processes and functions related to organizations diagnosis.

Learnings of the subject on Management of Change in Health Sector and its need were mechanisms for implementing changes and barriers to change.

The session on Stress Management 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.

During the session on Office Disciplinary Procedures, the participants learned about the basic office procedures and disciplinary procedures, the types of vigilance and organizational structure. The names of books and publications for rules and regulations were suggested to them to read and refer.

In the session on Health Management Information System participants learned the functioning of HMIS, progress, different evaluation methods, surveys and review missions.

In the session on Strategic Communication Design for Behaviour Change participants learnt about the 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.

In the session (IEC/BCC) speaker described how messages of various health programmes under NRHM should be disseminated. In the session on Strategic Communication in Health; the major components of strategic communication design were explained.

A local field visit was organized for PLA/PRA techniques headed by Dr. Y.L. Tekhre to the NGO called Manch in Raja Garden, New Delhi. Participants were divided into three groups i.e. Akash, Agni, Prithavi. 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 on various topics like women and adolescent health needs.

During the first week participants were taken to the NDC to access literature in the library to refer.

In this slot of the first three weeks, all sessions were devoted to management. 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 with introduction to computer, MS Word, MS Excel, Power-Point, Internet, in regular sessions.

Session on Public Health Management

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

In the session on Public Health, Professor Deoki Nandan spoke about the concepts of public health, its different dimensions, and initiatives to address public health problems. He stressed upon the need to update knowledge and issues from time to time.

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.

In the session on Biomedical Waste Management, different types of biomedical waste, categories of waste, their segregation and disposal were taught.

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. 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.

In the session on Essential Drugs, participants learnt about the different government Acts and Rules, important terminologies and schedules, points to remember and practice procedures to purchase and store drug and equipments, the need to improve knowledge and create awareness, check the expiry date and storage of all drugs at proper place.

In the panel discussion on Quality Care in Hospitals, most important outcome of the discussion was cost effective care based on evidence; need and

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 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.

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 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.

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.

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

In the session on Role of Panchayat in Health, participants learned about the 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.

The outcome of the session on IMNCI was that the participants understood the need for integrated approach in the care of neonates and infants and the importance of early detection, care and referral.

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.

The session on Population Stabilization covered the topics on the National Population Policy 2000, its operationalization and population stabilization processes followed under NRHM.

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.

Important out come of the session on Janani Suraksh Yojana were 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 participants learned about the MMR, IMR and the causes which affected the changes in the same. Various initiatives for child health and discussed the barriers for its implementation.

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

Out come of the session of Basic Emergency Obstetric Care were causes of MMR, different issues in Basic Emergency Obstetric Care, efforts and interventions under NRHM and also details of EmOC training programme.

In the session on Monitoring and Evaluation, participants learned about the process of data upload, on the portal available on the Ministry of Health and Family Welfare website.

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.

Out come of the session on Biostatistics and Indicator in Health were 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. In the session on Health Indicators, participants learned about the importance of indicators, how to set and measure indicators of all the programmes.

Main learnings of the session on Non-Communicable Diseases were 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.

In the session on IDSP (Integrated Diseases Surveillance Project) participants learned about definition of surveillance, terminologies and

components of surveillance activities, disease under surveillance through PHCs and CHCs.

Outcomes of the session on Community Needs Assessment and Resource Mapping in RCH were importance of resource mapping and Community Need Assessment and how this simple method is useful in planning interventions in a specific area and Methods of Community Need Assessment and Resource Mapping.

Main learning of session on Immunization was immunization schedule, methods of immunization and cold chain maintenance, etc need to spread awareness about the importance of immunization.

In the session on Role of Nutrition in Public Health 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.

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 Strategy for Polio Eradication, participants learnt about the strategies and methods for polio eradication, the role of surveillance in polio eradication programme, the problems in implementation of the polio eradication programme and monitoring of the same.

In the session on the Mental Health Programme, main learning was about the meaning of mental health and problems associated with mental health.

In the session on the Leprosy Elimination Programme, Participants learned about 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.

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 participants learned 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. Need of involving all types of care providers including NGOs and private practitioners was stressed.

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

First Field Visit to Himachal Pradesh

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 Himachal Pradesh a structured programme was discussed with participants. Twenty three participants with two faculty reached at Tanda Medical College on 23rd April, 2010 in district Kangra. Team stayed at Sansar Chand Guest House of Medical College. The purpose of the visit was to study the strengths and weaknesses in the delivery of health services at all levels 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.

On 24th April, 2010 the team visited the medical college. Dr. Bhardwaj, Head, Department of SPM briefed about the health activities of Himachal Pradesh Government and Medical College and initiatives under NRHM.

The team visited Nagrota CHC, which is now converted into FRU where the participants interacted with Medical Officer, Incharge FRU. He provided information of infrastructure and basic facilities available in FRU. Participants

also visited the lab of CHC to understand the investigation facilities available in the lab.

The team visited sub centre Chamunda, where Dr. Sneh Sood, Medical Officer Incharge briefed about the services provided, facilities available at the Chamunda CHC-Nagrota, in district Kangra. This sub centre covers a population of 2300 people. The sub centre is running in a Panchayat Building.

During the visit to the village Pathiyar, participants were divided into three groups. Each group interacted with sub centre ANM, Anganwadi Workers and PRI Members. The faculty and the participants of the PDC spent a lot of time directly interacting with ASHAs and AWWs during the visit. It was felt that ANMs should be updated in terms of knowledge and skills for conducting Ante Natal Clinic and delivery at the sub-centre.

Participants visited Kaya-Kalp Ayurvedic Centre, which is providing services with the help of hydrotherapy, Ayurved and acupressure techniques. Team also visited to the Palampur Horticulture University where they saw different variety of crops and medicinal plants.

The team visited CORD (Chinmay Organization of Rural Development). The organization is working for social and economic development of rural people. They are also developing the low cost toilets for sanitation. The team then visited District Hospital at Dharmshala, where the Deputy CMO provided basic information about the district hospital. They also interacted with Obstetric Gyneacologist, who informed them that she is doing Cesarean Section in the hospital. The team also visited ICTC centre in the hospital. The team visited the Rajender Prashad Government Hospital and observed the functioning.

On the last day of the visit participants presented their findings on what they had seen during the field visit. The presentation session was chaired by Dr. Bhardwaj and attended by other faculty members and consultants of the Medical College.

The special feature of this field visit was that complete health care system was studied and participants directly interacted with the officials of health department as well as the grassroot level workers. There was frequent interaction with the Community Link Workers (ASHA), Sarpanches, Anganwadi Workers, and the community.

Second Field Visit to Udaipur and Jaipur (Rajasthan)

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

The team reached Udaipur on 17th May 24, 2010 at 5 a.m. by Volvo bus. The team was welcomed by Dr. Ramesh Sharma & Dr Dinesh Karadi and escorted to hotel Ambay Palace. The team then visited CM & HO office after breakfast. In the office the participants first had a round of all the units situated in the premises like

- Health wing /Malaria, Dengue, drug Inspector
- District Leprosy Unit
- IDSP unit
- Regional Vaccine store.
- Walk in Chiller
- NRHM Wing
- AYUSH Wing

The team then had interaction with the officials of the CM & HO office. The District programme manager Mr. Kumaril Agrawal then talked about the district action plan in details. He then talked about the innovations in Janani Suraksha Yojana like

1. 1.5 kg ghee on first institutional delivery
2. 500 Rs. in 3rd trimester to pregnant lady.

Dr. P.S. Yadav (District Programme Officer) talked about NACP – phase III. Dr. Poonam Boswal, District Surveillance Officer talked about the status of IDSP project in the district. Dr. Radhalal, District AYUSH Co-ordinator elaborated about the status of AYUSH in the district.

There team were told about a new component Yasodha Scheme under NRHM, funded by NIPI. Yasodha is placed in those CHC, where deliveries were conducted more than 150 per month. She is a link worker between mother and providers for PNC.

In the afternoon the team visited Rajasthan Health Development Project. Dr. Rajesh Baradia gave overview of the objectives and projects undertaken by them.

The team visited the sub-centre Daava under Bhinder block. The ANM Bhawana Nagda escorted the team to the location. Dr Rajesh Jain, Medical Officer incharge welcomed the guests. He informed that there are 9 villages under this sub-centre and same number of Anganwaris. The nearest CHC is Vallabh Nagar. The building was government with labour room, stored water supply. The post of male health worker was vacant. The ANM resides in the

quarters. The OPD patient load was 426. In spite of the infrastructure the records were not maintained properly and labour room was not utilized.

The team then proceeded to PHC Menar. The building was located on the Highway. It was a donated building. Infrastructure was adequate with residence facility. Cleanliness was maintained. The PHC profile map was displayed. There was 24 Hours Electric & Water Supply and adequate sitting space with clean toilet facility. AYUSH was posted with medicines. RKS or RMRS (Rajasthan Medical Relief Society) was fully functional with adequate funds available.

The team visited CHC Vallabhnagar after lunch. The CHC covered the population of 38000 thousand with 7 subcentres and 38 anganwaris under it. Dr. Arvind Bhagora, Senior Medical Officer Incharge took participants to all the departments and explained the work carried out.



SMO Incharge welcoming Dr. T. Bir

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



Dr. Prashant Aggarwal (Trustee & Organizing Secretary) interacting with the participants

The following day the team visited Gitanjali Medical college 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 Urban Improvement Trust 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.



Dr S. Dad Principal Gettanjali Medical College addressing Participants

The team also visited Swargiya Khemraj Katara satellite hospital at Hiranmagri. Dr K.C. Panwar Medical Officer gave overview of the main objective of starting this hospital was to decrease work overload at tertiary level.

The team reached Jaipur on 20th May, 10 in morning. The team visited Rukminidevi Beniprasad Jaipuria Hospital after breakfast. Dr. D.S. Malik, senior specialist was incharge of the hospital. It was 100 bedded hospitals started in 2005 with the help of donation by private person having land area 7.5 acres.

The same day they went to the Directorate of Health in Jaipur. Presentations were made by programme officers under various programme about innovative projects under NRHM in the state of Rajasthan. Dr M.L. Jain, Dr. Anuradha Boswal, Dr. R.S. Rathore and Dr. Indra Gupta interacted with the participants. They were told about village health committees and ASHA Sayagoni Scheme. Dr. Anuradha told that there is a convergence of ICDS and NRHM together as Sayagoni of ICDS recruited as ASHA in NRHM scheme.

On 21st May, 2010 Dr. Akhilesh Bhargava, Director, SIHFW Jaipur, Overviewed the various health sector reforms in the state and gave detail presentation on the functioning of SIHFW.

On 22nd May, 2010 the presentation by the team was done at SIHFW, Jaipur about Udaipur field visit. Director of SIHFW ,faculty of SIHFW and Dr. Bir were present. Five groups presented the various departments visited during the period. Lot of discussion points were generated and it was a learning session for the participants.

Team Co-ordinators

Dr. T. Bir
Ms Vaishali Jaiswal

PRESENTATION GROUPS

Group I

- Dr. P L Verma
- Dr. Anup Kumar
- Dr. Ashwani Ahuja
- Dr. Kamal Kumar

Group II

- Dr. B.K. Rajora
- Dr. L.M. Joshi
- Dr. V.P.S. Dahiya
- Dr. Harish Garg

Group III

- Dr. Neeraj Yadav
- Dr. Ratna Bharti
- Dr. Suneel Kumar

- Dr. Sachin Garg
- Dr. Karmvir

Group IV

- Dr. Neelam Bharti
- Dr. Meenakshi
- Dr. Geeta Saha
- Dr. Pawan Kumar

Group V

- Dr. H.S.Chandi
- Dr. Ramprakash
- Dr. Dharmendra

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 such as 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, participants learned about different health sector reforms in India under NRHM, the major initiatives and challenges.

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.

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

In the session on Overview of Financial Management, participants learned about different components of budget under NRHM, Central sector and centrally sponsored scheme and the outcome budget format.

The most important learnings of the session on Costing and Budgeting were types of budget and why budget planning is necessary, steps of budget planning and costing of different activities.

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

In the session on Systems Approach to Training, participants learned about how to systematically plan training.

Outcome of the session of E-Governance, were importance of E- Governance, national E-Governance plans, and benefits of E-Governance.

In the session on Gender Mainstreaming important learning's were 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.

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

Outcome of the session of Tobacco Initiatives was the framework convention on tobacco control, economic 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 Geriatric Care, participants learned about issues in geriatric care i.e. social security, emotional support, good health care system, economic support and demographic transition.

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.

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

Outcome of the session of Programme for the Disabled and the Handicapped was 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. P.L. Joshi, Dr. P. Deepak and faculty members.

Computer training was started from 1st 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 post course evaluation was conducted and certificates distributed.

Valedictory Session

The concluding session of 12th PDC was held on 5th June, 2010 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, NIHFW 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. Neelam Bharti was awarded the First prize for Action Plan, Dr. Rajendra Prashad from Haryana received II prize for Action Plan. First Prize for Portfolio awarded to Dr. Rajora from Haryana. Dr. Neeraj Yadav from Haryana received the second prize. They also received cash awards. The valedictory session came to close with a hearty vote of thanks by Professor T. Bir.

ANNEXURE-I

12th Professional Development Course in Management, Public Health & Health Sector Reforms for DMOs (29th March to 5th June, 2010)

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 29-03-10	Recap, experience sharing & preparation of port folio	1. Introduction, Expectations & Fears and Pre Course Evaluation Course Team	2. Overview of NRHM Prof. Deoki Nandan	3 & 4. Organisational Behaviour Laboratory for Developing Self Understanding & Awareness L/D Dr. P.L. Trakroo		
Tuesday 30-03-10		5, 6, 7 & 8. Organisational Behaviour Laboratory for Developing Self Understanding & Awareness L/D Dr. P.L. Trakroo				
Wednesday 31-03-10		9. Best Management Practices in a hospital L/D Prof. Deoki Nandan	10. Mentoring Dr. Poonam Khattar	11 & 12. Computer Practice		
Thursday 1-04-10		13 & 14. Human Resource Management L/D Prof. U. Datta			15 & 16. Supportive Supervision L/D Dr. V.K. Arora	
Friday 2-04-10		17, 18, 19 & 20. Leadership and Team building L/D and Games Dr. V.K. Arora				
Saturday 3-04-10		21. Overview of Management in Health Sector: Process, Functions and Skills of Management L/D Dr. A.K. Sood	22, 23 & 24. Computer Practice- MS Word			

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

Day & Date	9:00 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 5-04-10	Recap, experience sharing & preparation of port folio	25, 26, & 27 Motivation and Management of Conflict L/D Dr. Rajni Bagga			28. Orientation to NDC and procurement of district data (DLHS III) by each participant for their own
Tuesday 6-04-10		29 & 30. Negotiation Skills L/D Dr. Venkat Raman		31 & 32. Data for Evidence Based Planning L/D & exercise Prof. M. Bhattacharya	
Wednesday 7-04-10		33. Management of Change in the Health Sector L/D Prof. N.K. Sethi	34 & 35. Managerial Problem Identification and Prioritization Dr. S. Gupta		36. Computer Mr. P.D. Kulkarni
Thursday 8-04-10		37. IEC in NRHM L/D Mr. Sanjay Prasad	38. IEC Dr. T. Mathiyazhagan	39 & 40. BCC Dr. H.S. Chauhan	
Friday 9-04-10		41 & 42. IEC & BCC- Applied in Health Settings Field Visit Dr. T. Mathiyazhagan & team		43 & 44. Strategic Communication in Health L/D Dr. Gita Bamezai	
Saturday 10-04-10		45, 46, 47 & 48. PLA/PRA L/D and Field visit Dr. Y.L. Tekhre			

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 12-04-10	Recap, experience sharing & preparation of port folio	49 & 50. IPC Dr. P.L. Trakroo		51 & 52. Computer Mr. P.D. Kulkarni	
Tuesday 13-04-10		53. Overview of Hospital Administration L/D Dr. J.K. Das	54. Essential Drugs L/D Dr. D. Roy	55 & 56. Materials Management L/D exercise Dr. J.K. Das	
Wednesday 14-04-10		57. Equipment Management L/D Dr. A.K. Agarwal	58. Biomedical Waste Management Dr. T.K. Joshi	59 & 60. Visit to Holy Family Hospital Mrs. Reeta Dhingra and Mr. D. Arya	
Thursday 15-04-10		61. Logistics and Supply under NRHM L/D Dr. J.K. Das	62. Consumer Rights and Responsibilities Mr. Bejon Misra	63 & 64. Project Formulation and Log-frame Approach L/D Dr. M.A. Arif	
Friday 16-04-10		65 & 66. Preparation of Action Plan L/D Dr. V.K. Tiwari		67 & 68. Quality of Care in Hospitals Panel Discussion Dr. R. Yadav, Dr. M.C. Misra, Dr. Chandra Shekhar Yadav, Dr. Sudha Salhan Moderator- Prof. M. Bhattacharya	
Saturday 17-04-10		69, 70, 71 & 72. 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	2:00pm to 3:15 pm	3:30 pm to 5:00 pm
Monday 19-04-10	Recap, experience sharing & preparation of port folio	73. Overview of Public Health L/D Prof. D. Nandan	74. Role of AYUSH in NRHM L/D Dr. D. Katoch	75. Role of Panchayat in Health L/D Dr. T. Bir	76. Village Health and Sanitation Committee L/D Prof. M. Bhattacharya
Tuesday 20-04-10		77. ICDS and Convergence in NRHM L/D Dr. Dinesh Paul	78. FRU Functioning and Constraints L/D Prof. K. Kalaivani	79. Janani Suraksha Yojana L/D Mr. Sanjay Prasad	80. Trainings under NRHM with emphasis on ASHA L/D Dr. D. Baswal
Wednesday 21-04-10		81. HMIS contents and interpretation. Dr. Rattan Chand	82. Basic and Emergency Obstetric Care L/D Dr. Himanshu Bhushan	83. Family Planning programmes L/D Dr. S.K. Sikdar	84. Child Health L/D Dr. S. Saxena
Thursday 22-04-10		85. District Action Plan under NRHM L/D Dr. Tarun Seem	86. Monitoring and Evaluation of Health Programmes Mr. Pravin Srivastava	87. Population Stabilization L/D Dr. Arvind Pandey	88. Convergence under NRHM Dr. Prema Ramachandran

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

First Field Visit in a average performing state (23-04-10 to 29-04-10)

<p>Friday 23-04-10</p>	<p>At the Village- PRI, AWW, ANM & ASHA under NRHM and MPW (male) Visit to sub-centre</p> <p>At the PHC- (24 X 7 Services) & FRU</p> <p>Visit to CHC- BDO, BPM, NGO CDPO, Convergence, welfare schemes, Immunization, resource mapping in health for planning, implementation of programmes</p> <p>Visit to the Distt.- DPMO, Public Health Laboratory, RKS</p> <p>Visit to the state - NRHM coordination & implementation, SPMU and Programme Officers</p>
<p>Thursday 29-04-10</p>	<p>(to prepare a report and present at state level)</p>

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	
Friday 30-4-10	Recap, experience sharing & preparation of port folio	89. Managing Media L/D Dr. T. Mathiyazhagan	90. Visit to J S K Course team	91 & 92 Preparation of objectives for the District Action Plan and computer centre		
Saturday 1-5-10		93, 94, 95 & 96. Computer Preparation of District Action Plan				
Monday 3-05-10		97 & 98. Biostatics & Indicators in Health L/D & Exercises Dr. Pushpanjali Swain & Dr. M.H. Meitei			99 & 100. Epidemic Management L/D & Exercises Dr. Jagvir Singh	
Tuesday 4-05-10		101. IMNCI L/D Dr. S.V. Adhish	102. Strategy for Polio Eradication L/D & Exercises Dr. Sunil Bahl	103 & 104 Epidemiology Concept & Use L/D & Exercises Prof. M. Bhattacharya		
Wednesday 5-05-10		105 & 106. IDSP L/D & Exercises Dr. G. Singh			107 & 108. Community Needs Assessment and Resource Mapping in RCH Dr. Bindoo Sharma	
Thursday 6-05-10		109 & 110. Strengthening Routine Immunization L/D & Exercises Dr. Renu Paruthi & Prof. M. Bhattacharya			111 & 112. Public Health Nutrition and Nutrition in Women & Children L/D Dr. Sheila Vir	
Friday 7-05-10		113. Assessment of Nutrition Dr. M. Bhattacharya	114. Iodine Deficiency Disorder and Vit ‘A’ prophylaxis L/D Dr. Umesh Kapil	115 & 116. Stress Management L/D Dr. Neera Dhar		
Saturday 8-05-10		117, 118, 119 & 120. 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	2:00 pm to 3:15 pm	3:30 pm to 5:00 pm
Monday 10-05-10	Recap, experience sharing & preparation of port folio	121. Non-Communicable Diseases L/D Dr. Sudhir Gupta	122. Leprosy Elimination Programme L/D Dr. G.P.S. Dhillon	123. Mental Health Programme L/D Dr. Manju Mehta/ MOHFW	124. Managing Avian Flu L/D Dr. Randeep Guleria
Tuesday 11-05-10		125 & 126. TB & HIV/AIDS Panel Discussion Dr. L.S. Chauhan Dr. S. Venkatesh/ Dr. J.N. Banavaliker Moderator Prof. M. Bhattacharya		127. Vector Borne Disease Control Programme Dr. P.K. Srivastava	128. RTI/STIs Programme Dr. Manju Bala
Wednesday 12-05-10		129 & 130. Quality in Health Care Panel Discussion UNFPA / CMO/ Prof. Deoki Nandan/ Moderator Dr. M. Bhattacharya		131 & 132. Visit to NAZ Foundation Course Team	
Thursday 13-05-10		133 & 134. Overview of Health Sector Reforms L/D Mr. J.P. Misra		135. E- Governance L/D Mr. Rajendra Mahatma	136. Overview of Financial management under NRHM L/D MOHFW
Friday 14-05-10		137 & 138. Health Care Financing L/D and Discussion Dr. Suparna S. Pachouri		139 & 140. Costing & Budgeting in a Project L/D & Exercises Dr. K.S. Nair & Mrs. Reeta Dhingra	
Saturday 15-05-10		141, 142, 143 & 144. Computer Class Computer Centre			

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

Second Field Visit from 16-05-10 to 22-05-10

Sunday 16-05-10	Departure for Gujarat/ Tamil Nadu
Monday 17-05-10	Demonstration of various Innovative initiatives under NRHM
Tuesday 18-05-10	State/ Distt. NRHM Unit/ SPMU
Wednesday 19-05-10	Financial –Fund Flow, PPP, Outsourcing, contracting/ NGOs, Accredited Hospitals
Thursday 20-05-10	Health Insurance- Logistics & Supply and Drugs Distribution, IPHS
Friday 21-05-10	HMIS
Saturday 22-05-10	Return

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 24-05-10	Recap, experience sharing & preparation of port folio	145. User Charges in Public Health Services L/D Dr. K.S. Nair	146. Community Health Insurance L/D GOI	147 & 148. Public Private Partnership L/D Dr. Sanjay Gupta		
Tuesday 25-05-10		149. Accounting & Auditing L/D & Exercises Mr. Anoop Gupta	150. UC and SOE s Mrs. Lekha Nair	151. Disaster Preparedness & Management L/D Dr. A.K. Shrivastava	152. Computer	
Wednesday 26-05-10		153 & 154. Gender Mainstreaming Panel Discussion Dr. Neena Raina, Dr. Suneela Garg Dr. Rajesh Mehta Moderator Dr. Poonam Khattar		155 & 156. Systems Approach to Training L/D Dr. U. Datta		
Thursday 27-05-10		HOLIDAY (BUDH PURNIMA)				
Friday 28-05-10		157. Office & Disciplinary Procedures L/D Dr. S.K. Chaturvedi	158. Managing Medico Legal Cases L/D Prof. S.K. Verma	159 & 160. CPA & Medical Negligence Panel Discussion Dr. M.C. Gupta		
Saturday 29-05-10		161, 162, 163 & 164. Computer Class Computer Centre				

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 31-05-10	Recap, experience sharing & preparation of port folio	165 & 166. PNDT & MTP Act Panel Discussion & MOHFW Moderator Dr. U. Datta		167. Programme for Disabled and Handicapped L/D Dr. H.C. Goyal	168. Geriatric Care L/D Prof. A.M. Khan	
Tuesday 1-06-10		169. Adolescent Health Programmes L/D Dr. S. Menon	170. Tobacco Initiatives L/D Dr. Poonam Khattar	171. Preparation of finalization of Action Plan Coordinating Teams		
Wednesday 2-06-10		172, 173, 174 & 175. Preparation of Action Plan Course Team				
Thursday 3-06-10		176, 177, 178 & 179. Presentation on Action Plan Faculty & Judges from CTIs				
Friday 4-06-10		180 & 181. Presentation on Action Plan Faculty & Judges from CTIs			182 & 183. Computer Test	
Saturday 5-06-10		184 & 185. Post Course Evaluation			Distribution of Certificates & Wrap Up	

ANNEXURE-II

Sessional Objectives

1. **Expectations & Fears and 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. **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.

3, 4 5, 6, 7 & 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. **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.

10. **Mentoring**

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

- (i) Change the concept of mentoring and discuss the steps in maintaining it.

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 organisation.
- (ii) Discuss the difference between role and job and how to increase their role effectiveness.

15 & 16.

Supportive Supervision

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

- (i) Explain the concept, functions and styles of supervision.
- (ii) Describe the supervisory practices within a district health system.

17, 18, 19 & 20.

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

21. 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.

25 - 27.

Motivation and Management of Conflict

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

28. Orientation to NDC and procurement of District Data (DLHS-III)

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

- (i) To access literature in the library and on the net for knowledge gain.
- (ii) Gather DLHS data of their own districts to identify problems.

29 & 30.

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.

31 & 32.

Data for Evidence Based Planning

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

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

33. Management of Change in the Health Sector

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

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

34 & 35.

Managerial Problem Identification and Prioritization

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

- (i) Describe the concept of managerial problem identification.
- (ii) Discuss the steps in managerial problem identification.
- (iii) To discuss the prioritization of problem

37. IEC in NRHM

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

- (i) Describe need for IEC.
- (ii) Discuss the various IEC packages available under NRHM and the strengths and weaknesses.

38. IEC

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

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

39 & 40.

BCC

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

- (i) Discuss BCC in health sector.
- (ii) Discuss the process of BCC and use in health.

41 & 42.

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.

43 & 44.

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.

45-48.

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.

49 & 50.

Interpersonal Communication (IPC)

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
- (vii) Discuss the role of emotional and spiritual intelligence effective in Interpersonal communication.

53. 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.

54. 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 market.

55 & 56.

Materials Management

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

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

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 organisations and the required changes.

58. 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 & urban areas.

59 & 60.

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.

61. 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.

62. Consumer Rights and Responsibilities

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

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

63 & 64.

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.

65 & 66 and 69-72.

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.

67 & 68.

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.

73. Overview of Public Health

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

- (i) Discuss the comparative dimensions of personal health vis-à-vis community health.
- (ii) Discuss the various public health activities.

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.

76. Village Health and Sanitation Committee

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

- (i) Describe the role of VHSC.

77. ICDS and Convergence in NRHM

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

- (i) Identify the role of sectors for convergence.
- (ii) Explain the mechanism for coordination and convergence.
- (iii) Describe the coordinate activities under NRHM.

78. 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.

79. 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.

80. 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.

81. HMIS Contents and Interpretation

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.

82. 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.

83. 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.

84. 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.

85. 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.

86. Monitoring & 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.

87. 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.

88. Convergence under NRHM

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

- (i) Explain the mechanism for coordination and convergence.
- (ii) Describe the coordinate activities under NRHM.

89. 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.

90. Visit to JSK Population Control

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

- (i) To understand the policies and strategies for population control.

91-96.

Computer 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.

Then Presentation of Action Plans

97 & 98.

Biostatics and Indicators in Health

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

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

97 & 98.

Epidemic Management

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

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

101. 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.

102. 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.

103 & 104.

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.

105 & 106.

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.

107 & 108.

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 & resource mapping.
- (iii) Discuss use of the data generated from CNA approach & resource mapping.

109 & 110.

Strengthening Routine Immunization

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

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

111 & 112.**Public Health Nutrition and Nutrition in Women & Children**

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 programs in the country.

113. Assessment of Nutrition

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

- (i) Discuss the need for assessment.
- (ii) Explain the methods and interpretation of assessment data for diagnosing malnutrition.

114. 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 & schedule for treatment of nutritional blindness and Vitamin 'A' prophylaxis.
- (iv) Discuss challenges in implementation.

115 & 116.**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.

121. Non Communicable Disease & 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.

122. 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.

123. Mental Health Programme

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

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

124. Managing Avian Flu

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

- (i) Describe the Epidemiology of bird flu and chikunguniya.
- (ii) Discuss the measures for control.

125 & 126.**TB & HIV/AIDS**

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

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

127. Integrated Vector Borne Disease Control Programme

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

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

128. RTI/STI Programme

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

- (i) Describe the various RTI/STIs.
- (ii) Discuss the programme and constraints in the implementation.

129 & 130.**Quality 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.

131 & 132.**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.

133 & 134.**Overview of Health Sector Reforms**

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

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

135. E-Governance

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

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

136. 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.

137 & 138.

Health Care Financing

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

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

139 & 140.

Costing & Budgeting in a Project

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

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

145. User Charges in Public Health Services

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

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

146. 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.

147 & 148.

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.

149. 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.

150. UC and SOEs

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

- (i) Describe how to maintain accounts and to make UCs, SOEs etc.

151. Disaster Preparedness & Management

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

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

153 & 154.**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.

155 & 156.**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.

157. 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.

158. 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.

159 & 160.**CPA & Medical Negligence**

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

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

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. 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.

168. Geriatric Care

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

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

169. Adolescent Health Programme

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.

170. 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.

171-181.

Preparation and Presentation of Action Plan

184 & 185.

Post Course Evaluation

A structured format used and participants attempt it.

182 & 183.

Computer Test

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

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

11, 12, 22-24, 36, 117-120, 128, 141-144, 52, 161-164

Computer Classes

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

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

ANNEXURE-III

Statistical Analysis of Pre and Post Test Evaluation

Maximum Marks= 140

Mean Pre-test Score (\bar{X}^1) = $536/23=23.30$

Mean Post-test Score (\bar{X}^2) = $2364/23=102.78$

Mean Gain = $102.78-23.30=79.48$

Mean difference of $\bar{X} = \frac{1}{n} \sum X = 1828/23 = 79.47$

Standard Deviation (SD) = $\sqrt{\frac{1}{n} - 1 \sum (X - \bar{X})^2} = 12.87$

Standard Error = 2.683

$T_{23} = X/SE = 79.47/2.683 = 29.62$

At 10 degrees of freedom 5% significant limit of t is 2.683

The observed t value is 29.62 times the standard error

The training programme was highly effective as the mean gain in pre & post scores was highly significant ($t' = 29.62$, $P < 0.001$).

ANNEXURE-IV

Course Director
Prof. Deoki Nandan

Nodal Coordinator
Prof. (Mrs.) M. Bhattacharya

S. No.	Course Coordinators	Dates
1	Dr. Pushpanjali Swain	29/3/10 to 11/4/10
2	Prof. J.K. Das	12/4/10 to 18/4/10
3	Dr. Ankur Yadav	19/4/10 to 2/5/10
4	Dr. K.S. Nair	3/5/10 to 16/5/10
5	Prof. T. Bir	17/5/10 to 5/6/10

Course Co-coordinator

1	Mrs. Reeta Dhingra	29/3/10 to 5/6/10
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Course Associates

1	Mrs. Vinod Joon
2	Mr. Subhash Chand
3	Mr. Devmitra Arya

Computer Team

1	Mr. Parimal Parya
2	Mr. Subhash Chand
3	Mr. S.P. Singh
4	Mr. Jagdish Sharma
5	Mr. Sherin Raj T.P.

Secretarial Assistance

1	Mr. Vikas Kanojia
2	Mrs. Radha

ANNEXURE-V

RESOURCE PERSONS (EXTERNAL)

- 1) Dr. P.L. Trakroo, Email: pltrakroo@gmail.com, House No-939, Sec-21 C, Housing Board Colony, Faridabad, Haryana, Pin-121001, M:- 9811616741.
- 2) Dr. V.K. Arora, Management Consultant, 8/240, Housing Board, Malviya Nagar, Jaipur-302017, 0141-2553728(R), Email: vinodarora_jpr@yahoo.com, vinodjpr@yahoo.com M:- 9829194696
- 3) Dr. A.K. Sood, Executive Director, National Board of Examination (NBE), Sector-9, PSP Area, Dwarka, New Delhi, Fax-45593009, Email: sood_kumar_ajay@yahoo.com
- 4) Dr. A. Venkat Raman, Faculty of Management Studies, University of Delhi, South campus, New Delhi-110021, Email: avr_fms@yahoo.co.in, venkatfms@yahoo.com, M:- 9871355062
- 5) Prof. Neeraj Kumar Sethi, Senior Advisor (Health), Planning Commission, Yojana Bhawan, New Delhi-110001, nk.sethi@nic.in, (O): 23096600.
- 6) Mr. Sanjay Prasad, Director (DC/IEC), Room No- 303-D, Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi- 110011, Tel:- 23062352, Email: sanjay.prasad@nic.in, sanjayp66@yahoo.com
- 7) Dr. H.S. Chauhan, PDC Coordinator, State Institute of Health & Family Welfare, Near Civil Hospital, Phase-VI, Mohali, Punjab, chohanhs@rediffmail.com, sihfw_pb@rediffmail.com, Phone: 0172-2262938, 2263938, 2268938, 2266931, Fax: 0172-2266936-38
- 8) Dr. Gita Bamezai, Head, Department of Communication Research, Indian Institute of Mass Communication, Aruna Asaf Ali Marg, JNU Campus, New Delhi-110067 Email:- gitabamezai@gmail.com
- 9) Dr. Y.L. Tekhre, Director (Research), National Human Rights Commission, Faridkot House, Copernicus Marg, New Delhi-110001, Office: 011-23386581 Fax 011-23384863 Mobile: 09868182696, Email: yade_lal@yahoo.co.in, dirres-nhrc@nic.in

- 10) Dr. D. Roy, Deputy Drug Controller, CDSCO, North Zone, MOHFW, GOI, CGO Building-1, K. N. Nagar, Ghaziabad, Uttar Pradesh-201002, M: 9811203186.
- 11) 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.
- 12) Mr. Bejon Misra, Consumer Expert & Chairman, CCEA D 14 (FF) Greater Kailash Enclave II, New Delhi 110048. www.bejonmisra.com & www.bijlidost.org, bejonmisra@hotmail.com, Mobile:+91-9311044424 or 9811044424
- 13) 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, kantjoshi@gmail.com
- 14) 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.
- 15) Dr. Rakesh Yadav, Cardiologist, All India Institute of Medical Sciences (AIIMS), Ansari Nagar, New Delhi-110029, (O):- 26593218.
- 16) Dr. M.C. Misra, HOD Surgeon, All India Institute of Medical Sciences (AIIMS), Ansari Nagar, New Delhi-110029, (O):- 26594776.
- 17) Dr. Chandra Shekhar Yadav, Hip & Knee Joint Replacement Surgeon, Associate Professor, Department of Orthopaedics, All India Institute of Medical Sciences, New Delhi-110029, (O):- 26593316, Email:csyadavortho@gmail.com
- 18) Dr. Sudha Salhan, HOD, Gynecology, Safdarjung Hospital, New Delhi, (O):- 26707240, Fax: 26198108, M-9871151098 email: gynaesjh@gmail.com .
- 19) Dr. D.C. Katoch, National Consultant (Traditional Medicine & Homeopathy), WHO-India Office, 3rd Floor, Shriram Bharatiye Kala Kendra, 1, Copernicus Marg, New Delhi-110 001, Phone:

(+91) - (011) - 42595600 Extn. 23288, Mobile: 9968076668,
Fax: (+91) - (011) - 23382252, Email:
katochdc@searo.who.int

- 20) Dr. Dinesh Paul, Additional Director, NIPCCD, 5, Sirifort Institutional Area, Hauz Khas, New Delhi-110016, Ph: 26963383 pauldinesh@vsnl.com, 26964373 (PA) Mr. Jagdeep Khurana
- 21) 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
- 22) Dr. Dinesh Baswal, Assistant Commissioner (Trg.), Ministry 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, M:- 9868214888.
- 23) Dr. Rattan Chand, Chief Director (Stat), Ministry of Health and Family Welfare, Room No- 243-A, Nirman Bhawan, New Delhi, (O):- 23062699, Email: cdstat@nb.nic.in
- 24) Dr. Himanshu Bhushan, Assistant Commissioner, Maternal Health Ministry of Health & Family Welfare, Room no-505, A Wing, Nirman Bhawan, Maulana Azad Road, New Delhi-110022, dr_hbhushan@hotmail.com, bhimanshu@hub.nic.in , Tel: 011- 23062930.
- 25) Dr. S.K. Sikdar, Assistant Commissioner (RSS), Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi-110011, Email: sk.sikdar@nic.in, sikdarsk@rediffmail.com, (M) - 9911422499.
- 26) Dr. Tarun Seem, Director (NRHM), Ministry of Health and Family Welfare, Room No- 210-D, Nirman Bhawan, New Delhi, (O):- 23061360, Email: tarun.seem@nic.in
- 27) Mr. Pravin Srivastava, Dy. Director General (Statistics), Ministry of Health & Family Welfare, Room No-518-A, Nirman Bhawan, New Delhi-110011, Telefax: 23061238, (M): 9868965151.
- 28) Prof. Arvind Pandey, Director, National Institute of Medical Statistics, ICMR, Ansari Nagar, New Delhi 110029, Tel. 91-11-2658 8803, FAX: +91-11-2658 9635 Email: Arvind Pandey <arvindp.nims@gmail.com>, arvind pandey

<arvindpandey@vsnl.net>, arvind
 <arvindpandey55@yahoo.co.in>, Arvind Pandey
 <directornims@rediffmail.com>,

- 29) Dr. Prema Ramachandran, Director, Nutrition Foundation of India, C-13 Qutub Institutional Area, New Delhi-16, premaramachandran@gmail.com, nutritionfoundationofindia@gmail.com Tel- 26962615, Fax- 26857814, premaramachandran@gmail.com
- 30) Dr. Sunil Bahl, Senior Technical Advisor to the Project Manger, National Polio Surveillance Project, R.K. Khanna Tennis Stadium, Afrika Avenue, Safdarjung Enclave, New Delhi 110029, Tele: +91 11 26169727, 26191879, 26169726 26169889, Fax: 91-11-26191865, Email: bahls@npsuindia.org (M): 9810037538.
- 31) Dr. Jagvir Singh, Joint Director, Directorate of National Vector Borne Disease Control Programme, 22 Sham Nath Marg, Delhi 110054, Tel:- 011-23967745, 23967780, Ext.111, Email:- jagvirsingh1971@yahoo.co.in
- 32) 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.
- 33) Dr. Sheila Vir, Director, Centre for Public Health Services, B-4/141, Safdurjang Enclave, New Delhi, Email:- sheila.vir@gmail.com, M: 9873680247.
- 34) Dr. Sunil Bahl, Senior Technical Advisor, 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.
- 35) Dr. Umesh Kapil, Professor (Public Health Nutrition), Old OT Block, All India Institute of Medical Sciences (AIIMS), New Delhi-110029, (O):- 26593383.
- 36) Dr. Sudhir Gupta, CMO (NCD), Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi, Email: cmoncd@nb.nic.in, Phone (O) 91-11-23061980, M:- 9868541089

- 37) Dr. GPS Dhillon, DDG, Deptt. of Leprosy, Ministry of Health & Family Welfare, Nirman Bhawan, Room No-342-A, New Delhi, ddg@nb.nic.in, Phone (O) 91-11-23062401.
- 38) Dr. Manju Mehta, Professor, Department of Psychiatry, All India Institute of Medical Sciences (AIIMS), Ansari Nagar, New Delhi-110029, Email: drmanjum@yahoo.com, M: 9810516883.
- 39) Dr. Randeep Guleria, Professor, Department of Medicine, All India Institute of Medical Sciences (AIIMS), New Delhi-110029, Email: randeepguleria2002@yahoo.com, randeep@hotmail.com
- 40) Dr. L. S. Chauhan, Dy. Director General, National T.B. Control Programme, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi – 110 011, Email: ddgtb@rntcp.org, Phone: 23063226.
- 41) Dr. S. Venkatesh, Deputy Director General, National AIDS Control Organization (NACO), 9th Floor, Chanderlok Building, 36, Janpath, New Delhi – 110001, Phone: 23325337, Fax: 011-23731746, Email: addlpdnaco@gmail.com
- 42) Prof. Dr. J. N. Banavaliker, HOD T.B. & Resp. Disease & Medical Superintendent, Rajan Babu T.B. Hospital, Kings Way Camp, New Delhi-110009, Fax: 27218673, Ph: 27213146, M: 9810721234, Email: jnbanavaliker@yahoo.com
- 43) Dr. P.K. Srivastava, Joint Director, Directorate of National Vector Borne Disease Control Programme, 22 Sham Nath Marg, Delhi 110054, Tel:- 23955510, Email:- pkmalaria@yahoo.co.in
- 44) Dr. Manju Bala, Deptt. of Microbiology, 5th Floor New OPD Complex, Safdarjung Hospital, New Delhi-110029, Phone: 26196740, Email: manjubabu@hotmail.com, manjubala@hotmail.com
- 45) Mr. J.P. Misra, Principal Specialist, GTZ (Health) Sector Support), B-5/1, Safdarjung Enclave, 3rd Floor, New Delhi-110 029, Tel: 011-4603 6693, Fax: 011-4603 6688, Email: jp.misra@gtz.de
- 46) Mr. Rajendra Mahatma, Senior Consultant (CSC), Programme Management Unit, National E-Governance Plan (PMU-NeGP), Department of Information Technology, Ministry of C & IT,

Govt. of India, 6 CGO Complex, New Delhi- 110003, M:- 9868069896, Email: rm_swm@yahoo.com

- 47) Dr. Suparna S. Pachouri, Deputy Secretary, Ministry of HRD, Deptt. of School Education and Literacy, Shashtri Bahwan, Room No-406 C Wing, New Delhi, M- 9873480039, 23070837, Email: mimisuper@sify.com
- 48) Mr. Anoop Gupta, Account Officer, A-2A/104, DDA Flats, Janak Puri, New Delhi-110058, M:- 9899179649.
- 49) Dr. Abhay Kumar Shrivastava, Associate Professor (Disaster Management), Haryana Institute of Public Administration (HIPA) Room No- 222, 2nd floor, 76, HIPA Complex, Sector-18, Gurgaon-122001, Haryana, Email: aks0121@rediffmail.com, Phone No. 95124-2399240, 95124-2340690, 691 Fax :95124-2348452, M: 9873289737.
- 50) Dr. Neena Raina, Regional Advisor, Child and Adolescent Health, WHO-SEARO, ITO, New Delhi, (O) 23370804, 23370809-11- Ext 26361/ 26315, Email:- rainan@whosea.org
- 51) Professor Suneela Garg, Dept. of Community Medicine, Maulana Azad Medical College, Bahadur Shah Zafar Marg, New Delhi-110002, (O) 011- 23239271 to 23239280, Direct 23233707 -Ext 220, Email:- gargs@ndb.vsnl.net.in.
- 52) Dr. Rajesh Mehta, Cluster Coordinator, Family and Community Health, WHO-India, Room No 536, 'A' Wing, Nirman Bhawan, Maulana Azad Road, New Delhi.
- 53) Prof S. K. Verma, Department of Forensic Medicine, University College of Medical Sciences, Dilshad Garden, Shahdara, New Delhi-110095, (O): 011- 22582972-74, Email: vermasatish2003@gmail.com
- 54) Dr. M.C. Gupta, Advocate Supreme Court, G-17/9, Malviya Nagar, New Delhi-110017, M: 9810893507, 9350237507, email: mcgupta44@gmail.com
- 55) Dr. H.C. Goyal, Additional Director General, Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi, Email: goyalharishchander@hotmail.com, phone (O): 23062251.

ANNEXURE-VI
RESOURCE PERSONS
(NIHFW)

1. Prof. Deoki Nandan, Director, National Institute of Health & Family Welfare (NIHFW), Email: dnandan51@yahoo.com, director@nihfw.org
2. Dr. M. Bhattacharya, Prof.& Head, Department of Community Health Administration, Email: cha_nihfw@yahoo.co.in,
3. Dr. A.M. Khan, Prof. & Head, Department of Social Sciences
Email: m_khannihfw@yahoo.com
4. Dr. K. Kalaivani, Prof. & Head, Department of Reproductive Child Health, Email: kalaivanikrishnamurthy@gmail.com
5. Dr. T. Mathiyazhagan, Prof. & Head, Department of Communication
Email: tmathiyazhagan@nihfw.org, mathi_53@yahoo.co.in
6. Dr. S.K. Chaturvedi, Part Time Faculty, Distance Learning Cell,
Email: doctorskchaturvedi@yahoo.com
7. Dr. Rajni Bagga, Prof. & Acting Head, Department of Management Sciences, Email: rajnibagga@hotmail.com
8. Dr. V.K. Tiwari, Prof. & Acting Head, Department of Planning & Evaluation, Email: vktiware.nihfw@gmail.com
9. Dr. J.K. Das, Prof. & Head Department of Epidemiology
Email: jkdas_19@rediffmail.com
10. Dr. U. Datta, Prof. & Acting Head Department of Education & Training, Email: utsuk@rediffmail.com
11. Dr. Pushpanjali Swain, Acting Head, Department of Statistics and Demography, Email: drpswain@yahoo.co.in
12. Dr. S.V. Adhish, Prof. & Acting Head, Department of Medical Care Hospital Administration, Email: vivekadhish@gmail.com
13. Dr. S. Menon, Professor, Department of Reproductive Biomedicine
Email: smenon30@gmail.com
14. Dr. Sanjay Gupta, Reader, Department of Community Health Administration, Email: sanjaygupta61@gmail.com, sanjaygupta61@hotmail.com
15. Dr. Neera Dhar, Professor, Department Education & Training
Email: ndhar@nihfw.org, nabadhneera@yahoo.com
16. Dr. K.S. Nair – Lecturer, Department of Planning & Evaluation
Email: k_sreenair@yahoo.com
17. Dr. Poonam Khattar, Reader- Department of Education & Training
Email: pkhattar@nihfw.org, poonamkhattar@gmail.com

18. Dr. T. Bir, Professor, Department of Social Sciences, Email: tbir@nihfw.org
19. Dr. M.H. Meitei, Lecturer, Department of Statistics and Demography
Email: mhmeitei@nihfw.org
20. Dr. Gyan Singh, CMO (NFSG), Clinic, Department of RBM, Email: g99singh@yahoo.co.uk
21. Dr. Ankur Yadav, Lecturer, Department of Communication, Email: ankuryadav41@yahoo.co.in
22. Mrs. Reeta Dhingra, R.O., Department of Planning & Evaluation,
Email: reetadhingra@yahoo.com
23. Dr. Bindoo Sharma, Consultant, RCH, Email: abvy90@yahoo.co.in,
m:- 9810262967
24. Mr. P.D. Kulkarni, Programmer, Computer Centre
25. Mr. D. Arya, PTF, Department of Community Health Administration

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

ANNEXURE-VII

**12th Professional Development Course in Management, Public Health and
Health Sector Reforms for District Medical Officers from
29th March, to 5th June, 2010**

LIST OF PARTICIPANTS

S. No	District	State	Name of the participant	Designation	Course Date	Year	Address (Office)	Address (Res)	Tel (R/O)	E-mail	Male/ Female
1	Rohtak	Haryana	Dr. Hardev Singh Chandi	SMO	29-3-2010	2009 - 2010	CHC Kalanaur, Rohtak		9416243776	chandihs@gmail.com	Male
2	Mewat	Haryana	Dr. Ashwani Kumar	Dy. Civil Surgeon, Mewat	29-3-2010	2009 - 2010	O/o C.S. Mewat at Mandi Kherda		9466708412		Male
3	Sirsa	Haryana	Dr. P L Verma	Dy. Civil Surgeon	29-3-2010	2009 - 2010	O/o Civil Surgeon, Sirsa	274, Khanna Colony, Sirsa	9896026667	drplverma1956@rediffmail.com	Male
4	Mahendragarh	Haryana	Dr. Sachin Garg	MO	29-3-2010	2009 - 2010	O/o PHC Sehlong, Narnaul	VPO-Jhujhu Kalan, Ch-Dadri, Bhiwani	9050984500, 9711403204	drsachingarg2010@gmail.com	Male
5	Faridabad	Haryana	Dr. Anup Kumar	Dy. Civil Surgeon	29-3-2010	2009 - 2010	O/o Civil Surgeon Officer, Faridabad		9268571146, 9999455641	minbhal.anup@gmail.com	Male

S. No	District	State	Name of the participant	Designation	Course Date	Year	Address (Office)	Address (Res)	Tel (R/O)	E-mail	Male/ Female
6	Hisar	Haryana	Dr. Ratna Bharti	SMO	29-3-2010	2009 - 2010	O/o CHC, V&PO- Mangali, Distt-Hisar, Haryana		9812131717 (M) 01662-293373 (O), 09818322760	ratna_bharti@rediffmail.com, smomangali@rediffmail.com, ratnabhrt@gmail.com, ratnabhrt5@gmail.com	Female
7	Sonepat	Haryana	Dr. Karamvir	MO	29-3-2010	2009 - 2010	CHC Gannaur, Sonepat, Haryana		9416285550		Male
8	Sonepat	Haryana	Dr. Neeraj Yadav	MO	29-3-2010	2009 - 2010	PHC Jakholi, Sonepat		9729227341	drtarun77@gmail.com	Female
9	Rohtak	Haryana	Dr. Rajendra Prashad	Dy. Civil Surgeon	29-3-2010	2009 - 2010	o/o Civil Surgeon Rohtak-124001, Haryana		9416350669	rajendra60@gmail.com	Male
10	Gurgaon	Haryana	Dr. Bal Krishan Rajora	SMO	29-3-2010	2009 - 2010	O/o PMO. GH Gurgaon, Haryana	H.No-923, Sector-47, Gurgaon, Haryana	9873243874		Male
11	Sonepat	Haryana	Dr. Meenakshi Sharma	MO	29-3-2010	2009 - 2010	CHC Firozpur Banger, Sonepat, Haryana		9899019908	pankmeen@yahoo.com, meenakshi0204@gmail.com	Female

S. No	District	State	Name of the participant	Designation	Course Date	Year	Address (Office)	Address (Res)	Tel (R/O)	E-mail	Male/Female
12	Rewari	Haryana	Dr. Pawan Kumar	MO	29-3-2010	2009 - 2010	PHC Sangwari, Rewari		9896589250	dr.pawan@hotmail.com, dr.pawan@live.com	Male
13	Jhajjar	Haryana	Dr. Rajender Kumar	MO	29-3-2010	2009 - 2010	O/o PHC-Badli, Civil Surgeon, Jhajjar, Haryana		9711476344	drajender_199kumar@yahoo.in	Male
14	Mahendragarh	Haryana	Dr. Harish Garg	MO	29-3-2010	2009 - 2010	CHC Dochana Narnaul*		9896605740, 9878861499*	harishgarg07@yahoo.co.in	Male
15	Fatehabad	Haryana	Dr. Dharmender Sandhir	MO	29-3-2010	2009 - 2010	PHC Badopal Fatehabad, Haryana	VPO-Badopal	9467694207		Male
16	Panipat	Haryana	Dr. Suneel Kumar	MO	29-3-2010	2009 - 2010	PHC Mandi, Panipat, Haryana	H. No-228/17 Ram Gali, Gonana, Sonapat	9813354111	drsuneelrohila@yahoo.co.in	Male
17	Karnal	Haryana	Dr. V.P.S. Dahiya	MO	29-3-2010	2009 - 2010	General Hospital, Karnal	5-B. Medical Enclave, G.H. Karnal	9355083575, 9729145530	drvpsdahiya@gmail.com	Male
18	Ambala	Haryana	Dr. Ram Prakash	MO	29-3-2010	2009 - 2010	PHC, Ambala		9416753631		Male
19	West Delhi	Delhi	Dr. Neelam Bharati	CMO, NFSG West District	29-3-2010	2009 - 2010	DGD, Paschim Vihar, 63, DHS (WD), New Delhi-63	GH-9/581, Paschim Vihar, New Delhi-87	9968186393, (O) 011-25269261	attrisunil@yahoo.com	Female

S. No	District	State	Name of the participant	Designation	Course Date	Year	Address (Office)	Address (Res)	Tel (R/O)	E-mail	Male/ Female
20	NE Delhi	Delhi	Dr. Gita Saha	SMO SG	29-3-2010	2009 - 2010	CDMO Office North East District, DHS Delhi		9968692645, 9868432645	preagit82@yahoo.com, gsaha19@gmail.com	Female
21	South Delhi	Delhi	Dr. (Mrs) Shailja Saxena	SMO	29-3-2010	2009 - 2010	CGHS, Andrews Ganj Dispensary , New Delhi		9868475025, 9717858011	shailjaq@gmail.com, saxenashailja@yahoo.co.in	Female
22	NW Delhi	Delhi	Dr. Kamal Kumar	MO	29-3-2010	2009 - 2010	CDMO North West District Delhi		9868421132	drkamal_k@yahoo.com, drkamal_k@yahoo.co.in	Male
23	Pithoragarh	Uttarakhand	Dr. L.M. Joshi	SMO	29-3-2010	2009 - 2010	District Femal Hospital, Pithoragarh		05964-226612	joshiren24@gmail.com, 9897937837	Male

NATIONAL INSTITUTE OF HEALTH & FAMILY WELFARE, NEW DELHI-67
12th Professional Development Course in Management, Public Health and Health Sector Reforms for District
Medical Officers (29th March – 5th June, 2010)



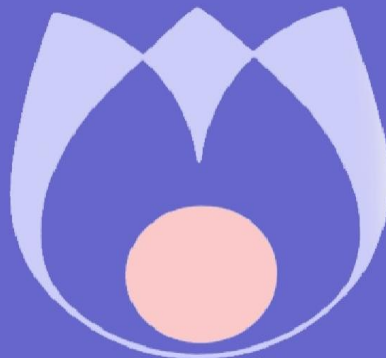
Sitting Row (L to R):- Dr. Ankur Yadav, Mrs. Reeta Dhingra, Prof. T. Bir, Prof. Neera Dhar, Prof. M. Bhattacharya, Prof. Deoki Nandan, Prof. J.K. Das, Prof. V.K. Tiwari, Prof. Rajni Bagga, Dr. Sanjay Gupta, Dr. Poonam Khattar.

Standing First Row (L to R):- Dr. Ram Prakash, Dr. Suneel Kumar, Dr. Bal Krishan Rajora, Dr. L.M. Joshi, Dr. Neelam Bharati, Dr. Gita Saha, Dr. Shailja Saxena, Dr. Ratna Bharti, Dr. Meenakshi Sharma, Dr. Neeraj Yadav, Dr. Hardev Singh Chandi

Standing Second Row (L to R):- Mr. D.M. Arya, Dr. Ashwani Kumar, Dr. V.P.S. Dahiya, Dr. Karamvir, Dr. Rajendra Prashad, Dr. Rajender Kumar, Dr. Harish Garg, Dr. Sachin Garg, Dr. Anup Kumar, Dr. Kamal Kumar, Dr. Dharmender Sandhir, Dr. P.L. Verma

Aim of the Course

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



आरोग्यम् सुखसम्पदा