

REPORT

14th Professional Development Course (PDC) in Management, Public Health and Health Sector Reforms for District Medical Officers

21st March to 28th May, 2011

Supported by



Government of India

Ministry of Health and Family Welfare, GOI

Organised by



आरोग्यम् सुखसम्पदा

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

FOREWORD

Professional Development Course (PDC) in Management, Public Health & Health Sector Reforms for DMOs was 10 weeks flagship course of MOHFW started way back in 2001 by NIHFW. The objective was to enable the Senior District Medical Officers to handle the leadership role for strengthening the district health system through effective management of various systems and sub-systems under NRHM for effective delivery of health care. NIHFW is the Nodal Institute for this course in the country and as of now 1896 doctors have been trained in the country in collaboration with 17 training institutes. The Medical Officers have the key role in NRHM initiatives leading to fulfillment of decentralised NRHM targets and millennium development goals. The professional development of medical officers is crucial in order to upgrade and update their medical and managerial skills, so that they can facilitate optimisation of limited resources.

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

I am very happy to present the report of the 14th Professional Development Course (PDC) which was successfully conducted at NIHFW from 21st March to 28th May, 2011 with thirteen participants from 4 states. This report provides an overview of the conduct of the course.

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

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

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

Director

ABBREVIATIONS

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

| | | |
|-----|-------|--|
| 39. | BEmOC | Basic Emergency Obstetric Care |
| 40. | EmOC | Emergency Obstetric Care |
| 41. | IDSP | Integrated Diseases Surveillance Project |
| 42. | RCH | Reproductive Child Health |
| 43. | NGO | Non Government Organization |
| 44. | RTI | Right to Information |
| 45. | ICTC | Integrated Counseling and Testing Centre |
| 46. | CM&HO | Chief Medical & Health Officer |
| 47. | NIPI | Norway India Partnership Initiative |
| 48. | BPL | Below Poverty Line |
| 49. | ICDS | Integrated Child Development Services |
| 50. | CPA | Consumer Protection Act |
| 51. | PNDT | Pre-Natal Diagnostic Techniques |
| 52. | RKS | Rogi Kalyan Samiti |
| 53. | RSBY | Rashtriya Swasthya Bima Yojana |
| 54. | AHS | Annual Health Survey |

CONTENTS

| Sr. No. | Subject | Page No. |
|----------------|---|-----------------|
| 1. | Background | 1-3 |
| 2. | Course Content | 3-4 |
| 3. | Aim of the Course | 4 |
| 4. | Objectives | 4-5 |
| 5. | Welcome and Ice-Breaking | 5 |
| 6. | Session on Management | 5-8 |
| 7. | Session on Public Health Management | 8-13 |
| 8. | Session on Health Sector Reforms | 13-15 |
| 9. | 1 st Field Visit to Kangra, HP (11 th to 16 th April, 2011) | 15-19 |
| 10. | 2 nd Field Visit to Karnataka (9 th to 14 th May, 2011) | 19-22 |
| 11. | Reading Material | 23 |
| 12. | Valedictory Session | 23 |
| 13. | Annexures | 24-57 |
| | I Programme Schedule | 24-33 |
| | II Sessional Objectives | 34-45 |
| | III Pre & Post Test Evaluation | 46 |
| | IV Core Group | 47 |
| | V Resource Persons (External) | 48-51 |
| | VI Resource Persons (NIHFW) | 52-53 |
| | VII List of Participants | 54-56 |
| | VIII Group Photograph | 57 |

Background

Since independence in 1947, the pace of development in India has unequivocally registered commendable speed in a number of sectors including health. Efforts made by the Union and State Governments in response to the call “Health For All by 2000” emanating out of the historical Alma Ata conference in 1978, have resulted in considerable gains. A gross look at demographic and epidemiological features since then distinctly reflect successes in vital indicators viz. life expectancy at birth, crude birth rate, crude death rate, maternal/infant mortality rates, etc. In addition, these decades have also witnessed achievements like eradication of smallpox, diphtheria, tetanus, typhoid, cholera, and gastroenteritis, while prevalence and incidences of diseases like HIV, malaria, polio, and tuberculosis 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 mandates under NRHM.

At the Government Health Sector, operationally, the Chief Medical Officers at the district level is 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. This is 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 the 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 for 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 NIHF's Core Committee for PDC, had serial consultations with a view to bring in necessary changes/improvement in the forthcoming 15^h 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 Contents

The course covers six main areas:

1. Management

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

2. Communication

- Organization Communication
- Communication with Community
- PLA Techniques

3. Public Health

- National Rural Health Mission (NRHM)
- Health and Demographic Indicators
- Principles of Epidemiology
- Surveillance of Diseases

- Epidemic and Disaster Management
- National Health Programmes
- Population/Health Policies and Acts.

4. Health Financing

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

5. Health Sector Reform and Decentralization

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

6. 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 enabling them to handle 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 14th PDC started with the introduction of the participants and the coordinating team and Pre Course Evaluation of the participants. Participants were asked to write down their expectations, fears about the course. The expectations of the participants were to know the existing status of different government policies and programmes about quality of care, material, financial and human resource management, NRHM, health sector reforms, preparation of district action plans and computer skills. Expected fears of the participants were long sitting and being away from home for 10 weeks. The inaugural function was started with the welcome speech by Dr. J.K. Das, Dean of Studies, NIHFV. Prof. M. Bhattacharya, Nodal Coordinator, PDC & HOD, Department of CHA, welcomed the participants and briefed about the course details. She elaborated the role of PDC; need of PDC for mid-level health managers/doctors to implement Public Health and National Health Programmes in health sector by taking new initiatives/options under the umbrella of NRHM. She emphasized on the unique design of the course to the trainees and thanked the sponsoring authorities for nominations. The audience comprised of Senior District Level Medical Officers from States of Haryana, Delhi, Uttaranchal, and all Faculty Members, Research Staff involved in this training course.

Sessions on Management

The class-room sessions started with ground rules based on common consensus. The management sessions dealt with all related aspects of service delivery management under NRHM.

The sessions on general management aspects including human resource aspects was started with an Organizational Behavioural Laboratory for Developing Self-Understanding and Awareness which was conducted for the One and half day using innovative and modern HRM techniques. In this session, participants learnt about analysis of themselves, improve yourselves and set examples for others, who is a good leader, how to deal with different people. 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.

Session on overview of NRHM was taken by Prof. M. Bhattacharya, Nodal Officer PDC in which she explained the goals and strategies of NRHM i.e. (appointment of ASHA, capacity building of PRI, decentralized village and district level health plans, strengthening of Sub-Centers, PHC, and CHC, intersectoral coordination, data based Planning, Monitoring and Evaluation) and approaches (communication, monitoring progress against standard, flexible financing, improve management through capacity building, innovation in human resource management) to operationalise the mission goals and problems in implementation. She described some good management and managerial practices and how these could be replicated at their own work places. The topics covered various aspects of management and emphasis was on problem identification and solutions.

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

Main learnings of the session on Supportive Supervision were types of leadership, role and effectiveness, EQ, IQ, types of management, Managerial functions, positive attitude to make change, value system, methods of team building (Kash Model), types of leadership, motivation etc. How to take decision at work place, self assessment, how to create a congenial atmosphere.

The outcome of the session on Leadership and team building were importance of motivation, ability, action, competency and authority in the leadership.

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

The out come of the session of Human Recourse Development were meaning of HRD, mechanisms of HRD, work culture, how to manage human recourses, effective use of of HRD.

Main learnings of the session on motivation were work motivation (importance, flexibility, decision making and ways to motivate subordinates (Apathy, Empathy, Sympathy). How work motivation can be applied in a district health organization (management grid) and how to create good environment in organization

The outcome of the session on Communication for Change were need for communication and methods of communication. These included process of communication, elements of communication, attributes of effective communication, scope and importance of communication in health.

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

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

The outcome of the session on Strategic Communication Design for senior medical officers for delivering quality services were importance of strategic communication in health, team work, (SMCR) i.e. source, message, channel, receiver, situation analysis for effective communication. Meaning of IEC, BCC and difference between these. Importance of effective and communication, understanding of target population for the optimal utilization by the community.

Learnings of the subject on Managing Media were significance of managing media (importance of a press release), methods for managing media (how to prepare a press release), difference between print media & visual media and how to handle media in disaster situation. How to deal with print media, how to draft article for newspapers (precautions in writing), importance simple language, word limits in writing for newspapers.

The outcome of the session on District Communication Plan Communication Strategy for BCC was how messages of various health programmes under NRHM should be disseminated, major components of communication, process of BCC in health sector, how to do SWOT analysis and use it, elements of District Action plan.

Learnings of the subject poster making were how make posters for communication purpose

In the session on Communication Process, Scope, and Importance in Health, participants learned about the objectives, types and process of communication, scope of communication in health, importance of communication, methods of communication and element of communication, barriers

Learnings of the subject on Stress Management were methods, models, types, stages, principals and strategies for reducing stress (when to negotiate and how to deal with the stress in daily life).

In the session on principles of PLA/PRA, participants learnt about meaning, principles, methods and techniques of PLA/PRA, and use of PLA/PRA for enhancing community participation. How to conduct FGD, in-depth interview, transit walk and their importance in health care system were demonstrated in the field.

A field visit of PLA (Participatory Learning Approach)/PRA (Participatory Rapid Appraisal) was organized headed by Dr. Y.L. Takhre at Manch NGO Rajouri Garden, New Delhi where participants were divided into three groups, Ganga, Yamuna, and Saraswati. Different topics were allotted to each group i.e. adolescent girls, problems of ageing and matrix ranking with community people. After completion of task participants came back and prepared their presentation and presented in front of faculty of NIHFV.

Another important session covered was preparation of "Action Plan" in which main learning was to understand the need of the action plan, criteria for preparation of action plan (contents of an action plan), how to plan and write the same, the contents of an action plan and evaluation of action plan.

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

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

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

A local field visit to the Jai Prakash Narayan Apex Trauma Centre (AIIMS) was organized where participants interacted with faculty of Trauma centre. The team was briefed about the functioning of trauma centre. The participants were taken around the trauma centre. The team also observed the color coding system of trauma centre called (TRIAGE). A screen displayed the statistics of all admitted patients. Special provision for the management of children, well equipped diagnostic centre, investigations were free of cost and separate VIP ward, indicated a good centre.

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

A visit to Holy Family Hospital, an ISO certified, 300 bedded hospital with an average OPD attendance of 800 was organized. The Director of the hospital briefed about history of the hospital. Participants were taken round and explained about different aspects of quality management in a hospital like client & provider friendly facilities, quality of infrastructure & service, teamwork, capacity building and work culture. In the session on Need for Quality Management in clinical Dignostics, participants learned how to ensure quality in laboratories.

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

Strengthening of Routine Immunization, was a very useful session in which participants learned the latest changes in the immunization schedule, micro planning, vaccine and logistic management, monitoring and evaluation of immunization sessions, AEFI and its management and prevention, vaccine preventable diseases and community mobilization. In the session on Management of Cold Chain for Vaccines participants were told about vaccine sensitivity and need for cold chain system, maintenance of electrical and non electrical equipment, vaccine and logistic management, temperature

monitoring during storage and transportation of vaccines, vaccine flow and demand forecasting, preparation of contingency plans and plans for Alternate Vaccine Delivery System.

Biostatistics and Indicators in Health was held for participants with focus on sources of data, types of data, analysis of data, sampling methods, how to calculate mean, median, mode and mean-deviation, which are needed for analysing reported data.

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

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

Family Planning Programme, was briefed to participants regarding the updates, the current status and consequences of uncontrolled population in India, comparison with global status, different family planning methods, need of educating the community about the benefits of family planning and areas of family planning, and key issues of family planning programme.

In the session on IMNCI, participants learned about contents of IMNCI, contents, role of this programme in reducing infant and child mortality (importance of early detection, care, referral, planning for its integration in existing health care system).

In the session on IDSP participants learned about definition, major objectives of IDSP, terminology used in surveillance. Components of surveillance activities.

The outcome of the session on National STI/RTI control and prevention Programme under NACP were meaning of STI/RTI, control programme, components, strategies, target and working of Suraksh clinics, latest status of RTI/ STI.

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

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

Participants were taken to the NDC to access literature in the library for reference.

In the session on epidemiology concept and application, described the definition of epidemiology and its day to day use by doctors, the different terminologies and approaches used. These were also told about public health and main functions of public health.

In the session on Epidemic Management, participants learned about the importance of purchasing, keeping inventory and maintaining equipment at district level, condemnation procedure in their organizations and the required changes.

The outcomes of the session on Strategy of Polio Eradication were importance of surveillance and the strategy of polio eradication and updated about the latest situation of polio.

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

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

In the session on Training under NRHM with Emphasis on ASHA, participants learned about implementation of NRHM, the latest Government programmes and how the whole health system has been restructured for better efficiency and effectiveness of delivery of health care, strategies of NRHM i.e. (appointment of ASHA), model used by the ministry for training.

In the session on Public Health Nutrition in Women & Children, 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.

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

Important learnings from the session on Balanced Diet and Assessment of Nutrition were meaning of nutrition and diet, need of balanced diet for different age groups and methods of assessing nutritional status.

Most important outcomes of the session on Iodine Deficiency Disorder and Vit-'A' Prophylaxis 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 Right to Information, participants learned about the rights of citizens, the process of RTI, exemption from RTI, penalty for defaulters, etc, rights and responsibilities of consumers.

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

In the session on Prevention of Cardiovascular Diseases participants learned about how can life style diseases can be prevent by taking small care.

Outcomes of the session of National Tobacco Control Programme was the framework convention on tobacco control, health economics and social burden of tobacco use, the initiatives taken by the government and the different programmes/policies for tobacco control, efforts to create awareness in the community about the harmful effects of tobacco use.

In the session on the Mental Health Programme, participants learned about the need of increased mental health awareness which had been a neglected part so far.

In the session on Quality of Care in Health Facilities, 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.

A half-day visit to Kalawati Saran Hospital was organized where team interacted with Dr. Parveen Kumar he briefed about the functioning of the hospital, what are the facilities available. Participants also visited different departments of the hospital

The session on HIV/AIDS discussed the programmes for TB and HIV/AIDS, link between the two diseases and areas of administrative convergence. Function of NACO.

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

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 and what are the facilities available for HIV/AIDS patients at their centre.

In the session on Leprosy Elimination Programme, participants learned about the current status of leprosy in the country and strategy for elimination of leprosy. Indicators for leprosy elimination and problems in implementation.

In the session on JSY participants learnt about MMR, magnitude and cause, components and details of JSY, funds available under JSY scheme.

Outcomes of the session of Family Planning Programme were current status and consequences of uncontrolled population in India. Comparing with global status, different family planning methods, success and constrains in the implementation of different methods.

In the session on Biostatistics and indicators in health participants learned about concept of biostatistics, presentation of Data, tables and graphs, central tendency, sampling, mapping and sampling methods, what are the indicators, their importance and how to set them.

Outcomes of the session of Monitoring of Health Programmes were how to supervise, difference between supervision and monitoring, purpose of monitoring, process, approaches, values, frequency, monitoring under NRHM.

Outcomes of the session of E-Governance were importance of E-Governance, National E-Governance plans, and benefits of E-Governance, quality of services to be ensured and accountability be fixed.

Session on Health Sector Reforms

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

In the session on 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.

Various concepts and types of insurance schemes running in India were also included in this session.

In Budgeting, the session included various types of budgets, differences between them, how budgets are made in the health care industry, importance of district PIPs, action plans, etc. in budget process. In Costing, discussed about various costing techniques and various methods used in assigning the cost. Costing also includes various types like variable cost, marginal cost, direct and indirect cost, etc. The session explains each of them in detail.

In the session on Accounting and Auditing, participants learned about the different financial procedures, how to issue cheques/DDs and the importance of carefulness while dealing with financial matters. The participants also learned how to read various financial statements of the organization as well as programmes. Auditing techniques also told about how each voucher/ bill/ SOE plays an important role.

In the session on User Charges in Public Health Services, participants learned about the advantages of user charges and conditions for exemption from user charges. The session was further explained with the help of state level examples like RKS, APVVP & RMRS including their activities and functions and proper utilization of user charges as per the guidelines.

In the session on GFR Tender and LPC, participants were made acquainting with the general financing rules, budget allocation and financial sanction and administrative approvals for undertaking expenditures for various activities, procurement methods, procedure of tender, types of tenders, formulation of local purchase committee.

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

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

The session on Office Procedures covered conduct rules and disciplinary procedure with vigilance enquiry, how to write notesheets, types of letters, the names of books and publications for rules and regulations were suggested to them to read and refer.

The session on CPA and Medical Negligence covered 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.

The session on PNDT & MTP Act included various acts, problems in implementation and solutions.

The session on Geriatric Care covered issues in geriatric care i.e. social security, emotional support, good health care system, economic support and demographic transition, how to manage old age.

The session on Managing Medico Legal Cases included proper documentation and not tampering with documents, medical ethics and how to minimize litigation.

The session on Gender Mainstreaming covered concept of gender sensitivity and means for gender mainstreaming.

1st Field Visit to Kangra, Himachal Pradesh

1st field visit to Himachal Pradesh organized from 9th to 17th April, 2011. A total of 14 people including 13 participants and 1 recourse person from NIHFWS, New Delhi boarded Volvo A/C bus at Maharana Pratap Interstate Bus Terminus, Kashmiri Gate, Delhi at 8:30 PM on 9th April 2011. Around 10:00 PM.

On 10.04.2011, in the morning the team reached, Kangra at 8:30 AM and the team was received by Mr. Parashar, Health Educator in the Dept. of Community Medicine, Tanda Medical College and then landed at Raja Sansar Chand Guest House of the Medical College. All the participants were divided into three groups led by the group leaders to interview the Medical Officer In-charges of the Primary Health Center, Community Health Center and Sub centers respectively and record the observations.

VISIT TO PHC BAROH:

On Monday 11.04.2011, in the morning, soon after breakfast the team visited Primary Health Center, Baroh (Kangra) where team members met Dr. Vijay Singh Chandel. According to him the total population catered by PHC Baroh is 13000 and five Sub Centers are attached to this PHC. Though PHC is housed in an old building but it has good access to the Patients due to being on the road. Medical Officer and the staff working at the PHC seemed to be motivated and willing. The coordination among the staff members found to be good. Supervision was also of fair quality. Immunization Services were found satisfactory. PHC is having good biomedical waste management. The toilets and bathroom were found neat and clean. Overall the house keeping was observed to be good. The medicines to treat common ailments are also available in sufficient quantity. All the records are being maintained properly.

Some weaknesses were also observed such as inadequate water supply, lack of accommodation for the staff, shortage of doctors and staff, ill maintained building shortage of equipments for certain procedures. The staff has not received any training for a long time. Ambulance facility is lacking which is badly required due to being difficult hilly terrain and absence of indoor services due to shortage of staff. The sub centers under the PHC are grossly underused.

In the afternoon, the team was introduced to Dr. A.K. Bahrdwaj, Prof. & Head, dept. of Community Medicine, Dr. Rajender Prasad Medical College, Tanda. Dist. Kangra by Dr. Ankur Yadav, faculty from NIHFV and the purpose of the visit was explained. Dr. A.K. Bhardwaj. Prof. & Head, Dept. of Community Medicine, Dr. Rajender Prasad Medical College, Tanda, dist. Kangra welcomed the team and introduced himself the team and told about various activities being taken up by the Dept. of Community Medicine, Dr. Rajender Prasad Medical College, Tanda, dist. Kangra.

Visit to CHC Nagrota Bagwan:

Community Health Center Nagrota Bagwan (Kangra) was visited by the team on 11th April, 2011 and met Dr. Prem Bhardwaj who is Post-graduate in Surgery. According to him the total population catered by CHC Nagrota Bagwan (Kangra) is 110000. Five Sub Centers are attached to this PHC. Though PHC is housed in an old building but it has good access to the patients due to being on the road. Medical Officer and the staff working at the PHC seemed to be motivated and willing. The coordination among the staff members found to be good. Supervision was also good. Immunization Services were found satisfactory. CHC is having good biomedical waste management. The house keeping was observed to be good. The medicines to treat common ailments are also available in sufficient quantity. All the records are being maintained properly. Ambulance service is available. Adequate funds with Rogi Kalyan Samiti are available

Some of the weaknesses were observed at this CHC such as lack of accommodation for the staff. Ultrasound Machine was lying unused due to non availability of Radiologist. The Staff has not received any training for a long time. Indoor services are available but the wards are poorly ventilated. Lack of enough parking place is also seen and because of that entire outside space has become congested. The institutional deliveries are conducted very less in number because lady doctor does not seem to be very much interested in conducting deliveries. Lack of coordination with medical local medical college was also observed

It is also difficult hilly terrain, the population is sparse, and no enough transport facilities are existing. Mostly tribal population is in the area who

illiterate and unaware of the services and always there is risk of natural calamity creating problems in delivery and availing the services.

Visit to Sub-centre Rajiana:

This Health sub center was visited by P D C team on 15.04.2011. The Health worker (female) Mrs. Deepa Chhetri is working at this sub center. The population served by this sub center is 5148. This sub center covers 945 houses, 4 villages, 3 Panchayats and 13 Anganwadis. This sub center is having its own building, and easily accessible to the patients being very close to the road. There is adequate infrastructure.

The Health Worker (female) is very knowledgeable and committed to her work. There is good coordination among the staff. Supervision is also good as the sub center is attached to the Department of Community Medicine of Tanda Medical College. The Immunization and Sterilization services are good. Cold chain is well maintained. Almost all the medicines to treat the common illnesses are available, which are being provide by the Department of Community Medicine of Tanda Medical College.

Among the weaknesses observed at this sub center were non utilization of accommodation by the HW (F) due being her residence nearby, lack of supportive staff, lack of boundary wall, lack of equipments and irregular supply of logistics. Biomedical waste management practices are also lacking.

Interaction with Panchayat Raj Institutions:

On 15th April, 2011 PDC Participants visited a Panchayat Ghar which had enough space for at least 40 people to sit. A total of 3 Village Pradhans namely Mr. Kewal Chaudhary (Kholi Panchayat), Mrs. Kanta Pathania (Raziana Panchayat), Mr. Praveen (Sardarpur Panchayat) and Mr. Akash Bahaia (Block Development Committee) and 7 other Block Development Committee members participated in the meeting.

All the Village Pradhans were young. They seemed to be very motivated, energetic and had positive attitude to do a lot for the development of the villages. They were also willing to do the activities related to the health however they were not having any knowledge regarding what to do and what is the role of Village health and sanitation committee. Dr. Panna Lal then had an interactive session with them and make them familiar with various activities and the health problems which can be prevented and controlled at village level such as diarrhea, worm infestations and other water born and water related diseases e.g. malaria, dengue etc. Other PDC Participants also actively got

involved in the discussion and addressed their queries tried to remove their doubts and misconceptions.

The need to collaborate with by the Department of Community Medicine of Tanda Medical College was also emphasized. All the local participants were very happy to meet the PDC participants and found the meeting very encouraging, useful and providing direction to do for betterment of the health of the village people. The need to organize workshops from time to time to make them familiar with their health related duties, local health problems and to find out their solutions at local level was also suggested.

Zonal Hospital District Kangra:

The PDC group visited CMO Office Kangra on 13.04.2011 which located at Dharmshala in zonal hospital. Due to being holiday CMO was not available. Dr. (Mrs) H. Kaur, Ophthalmologist provided some details about the man power in the district.

The head quarter of district Kangra is Dharmshala. As per census 2001, the population of district Kangra is 13390320 consisting of 6612524 males and 6777724 females. The population density in the district is 233per sq. km. The urban population is 5.4% (72285) whereas the rural population is 94.6% (1266745) of the total population. The literacy rate is 80%. The Sex Ratio in the district is 1025. District Kangra has one Zonal hospital, 7 general hospitals, 14 community health centers, 77 Primary health centers, 2 civil dispensaries and 438 sub centers. There are 11 block Medical Officers in place of sanctioned 12 BMO posts, 171 MOs in place of 205 Mo posts sanctioned only 90 Pharmacists in place of 132 sanctioned and 50 SLTs in place of 78 sanctioned. Surprisingly more number of Staff Nurses (163) were working in place of the 123 sanctioned posts Among 171 MOs 37 were working under RKS and only 4 under GC.

The Maternal and Child Health Indicators in district Kangra are very close to the targets to be achieved in India e.g. TT Immunization (Pregnant women) 88.5% , BCG (101.5%), DPT(104.0%), OPV(104%), Measles (101.6%), Vitamin A 1st Dose (101.6%), DT-5 (68.2%), TT-10 (62.9%), TT-16 (73.9%). The number of mothers who were paid incentives for home delivery were 1423 and Institutional deliveries were 433.

Meeting with Dr. D.S. Chandel, CMO Hamirpur:

On 14th April, 2011, PDC Group visited CHC Jwalaji and had a presentation by Dr. D.S. Chandel, CMO Hamirpur. Dr. Chandel narrated his experiences regarding his establishing Rogi Kalyan Samiti. Initially He faced lot of problems in removing encroachments in the hospital Premises. However he

got success as he took the local MLA into confidence. Later on he also succeeded in getting donations from local businessmen and started renovating hospital and replacing the shortage of furniture. He made a beautiful presentation and emphasized the need of determination, hard work, facing challenges and positive attitude in life to achieve success in life. He completely overhauled the hospital and the work culture in the hospital for example He put cartoon in the children ward, paintings in the waiting hall, signage. He also constructed a small temple where he put idols of Hindu, Christian gods and picture of Mecca Madina to maintain the secular character of the hospital and to facilitate the worshipping to pacify the attendants in the hour of crisis.

2nd Field Visit to Karnataka

2nd Field visit to Karnataka started on 8th May, 2011 (Sunday) and boarded the Rajdhani express to Bangalore at 8:50 pm, reached Bangalore on 10th May, 2011 (Tuesday) at 6:45 am. From Bangalore railway station the team went to SIHFW and rested for sometime, 7:30 am we left for Mysore.

In Mysore team met District Health Medical Officer (Chief Medical Officer) Dr. B.S. Nagaraja Rao and his team of doctors who were delegated various duties for supervision of various national health care programmes. We were informed that District Mysore has one Medical College and Hospital attached with it with a capacity of 1000 beds, hence the district headquarter does not have a district hospital but have taluka hospitals (equivalent to sent district hospitals) further the district has 138 PHCs out of which 25 PHCs are functional 24X7, with all emergency facilities including labour room facility round the clock. The IMR of the district is 15.77 and maternal mortality rate is 46.05 which is much lower than state and national figure.

The important and praiseworthy thing being that the percentage of institutional deliveries is almost 100% (99.84%), private sector deliveries having upto 25%. There is readily available referral transport and is free of charges and presently one ambulance for one lakh population PPP services of 108.

They have organized and have been able to achieve such good percentage of institutional deliveries by various innovative and practical medicines like mobilization of health within in propagating message of national programme. Every driver (ambulance) has a monthly copy of expected mothers. Various incentives like free blankets are being provided to mothers in post natal period to encourage institutional deliveries. Then we were given brief detail about disease surveillance, immunization programme officer regarding coverage of immunization and the important thing which came to light is that during pure poster campaign there is almost 95% booth immunization because of

awareness absent the disease. Subsequently we were given power point presentation on other programmes running in the district.

Next PDC team went to Epidemic Disease Hospital (Metagallo Mysore)

There we were introduced to Dr. GM Wamade Incharge of the hospital (District Surgeon). They have three SMO and other paramedical staff including nurses etc. and nurses from Mysore Medical College are also posted there.

The hospital is an old structure but well maintained built in 1961, built over an area of 13 acres, initially built as a 30 bedded hospital and later on upgraded to 50 bedded hospital.

Presently 19 patients were admitted and they admit all communicable disease patients like cholera, AGE, malaria, dengue, tetanus, rabies etc. The facilities are free of cost for BPL patients and for rest there are nominal charges. But certain things like ventilator which is needed is not available and government has been informed regarding its need in the hospital. There are adequate number of staff quarters available which are meant for both medical and paramedical staff.

We were shown around by the Incharge and were shown various sections including wards/ laboratory/ isolation wards/ dispensary etc. The premises were very clean and well maintained.

Visit to ASHA KIRANA HOSPITAL (ring road Mysore)

It is a wonderful model of public private partnership and were briefed about its details by Guruswanj (trustee) regarding how the concept evolved and how they started from counselling centre for HIV positive patients to a ICTC centre to ART centre and an exclusive hospital for HIV positive patients where in starting from screening to counselling and treating and if needed admission is done.

We were shown around by Dr. Swammy (Incharge MO) and various sections including OPD, Lab, Xray Centre, wards and critical unit was shown. We were told it is only of its kind in India which has incorporated idea of PPP model for HIV positive patients.

Then we were given a power point presentation regarding functioning of hospital. In the end we were brief about the activities by Dr. S.V. Mothi (Pediatrician) that how they had started this centre. Presently the hospital has bed strength of about 25 beds and works with close coordination with NACO

and State AIDS Control Organization and some other NGOs for AIDS awareness and treatment.

On 11th May, 2011 (Wednesday) the team left for Sargur another tehsil of Mysore district at 8 am. We reached Swami Vivekananda Memorial Hospital Sargur at around 10:30 am. There is we were given initial briefed about various activities by Dr. Sudhir, Consultant, public health and I/C of the hospital about various activities being carried by the Swami Vivekananda Youth Movement which was started initially by some young doctors of Mysore medical college to given their services for the betterment of tribal people. In year 1984 they started this institution and by 1988 the hospital became functional. Initially it was 10 bedded hospital and with passage of time it has grown to 90 bedded hospital. Thereafter we met the faculty of the hospital. After which we were shown a documentary on the various activities which are being carried out by the SVYM. The hospital has in addition to main branches, facility of ICTC centre which has been an ascent to the hospital and has helped the local population in a great way.

The hospital has full fledged OPD and on an average about 250-300 patients are being examined in OPD with facility the surgical, medical, gynecology and ophthalmology being provided. In IPD sector separate wards have been created for male and females. Tribal people are being treated free of cost and rest have to pay nominal charges. In diagnostic section, they have X-ray, USG and lab. facility available. The hospital has a 24X7 emergency and theater facility available, full time orthopedician, gynecologist, physician and ophthalmologist is available. In rest of the specialties they have specialist coming twice in a week.

The hospital is equipped with ambulances which number of total three.

Further the hospital has a full fledged panchkarma centre and AYUSH OPD.

After visiting we had lunch in the hospital and left for Mysore where we went to Mysore where we went to Mysore palace and in the evening we left for Bangalore and reached Bangalore around 9:30 pm.

12th May, 2011

Morning started with breakfast at our place and then we moved to NRHM Directorate where we met Mission Director (NRHM), Director SIHFW.

Amongst many things we discussed and were informed about the most interesting and innovative initiatives taken by HMIS team of introducing TYAGICARD (Mother's Card) and MCTS (Mother & Child Teaching System). The MCTS has been introduced in Karnataka in year 2011 (January) and

introduction the TYAGICARD which goes in long way in implementing the RCH programme and strengthening it. In afternoon we went to a PHC (Urban) situated in Abbigere.

We met MO of PHC (Abbigere) and were shown around the hospital; its various sections and were give brief description about its functioning.

We were happy to hear that this PHC s 24X7 and is doing good work in RCH and other programmes. Total number of deliveries conducted was 14 in the month of April, 2011. Records were well maintained and the primary health centre was having both computer as well as internet facility.

In the evening around 7 PM we returned back to hotel and started preparing the power point presentation.

13th May, 2011

We started early morning at 8 PM and started our journey to Taluka Hospital (Anekar District Bangalore Urban) which is about 40 km from Bangalore city and is a FRU.

We were introduced with Dr. Shiv Kumar (Chief Administration Medical Officer) and his team and were told that it was previously a PHC and was upgraded to FRU and a Taluka Hospital since April, 2007.

We were told that the hospital caters to a vast area and has an OPD of 200-250/ day. There is proper procedure for waste management being done. The hospital has been upgraded to 100 beds into the staff strength has to be provided. Further the hospital conducts family planning camps and on an average conducts about 90 cases tubal ligation in a month. Institutional deliveries being 100/ April, 2011.

They have an aseptic and well managed labor room attached to which is a new born sterilization room. A fully functional OT.

Many facilities like USG, good lab back-up are not available. In the afternoon we went to sub-centre JANGALAPALAYA Block JIGANI (District Bangalore) we were taken around and shown various activities being undertaken by the ANM.

On 14th May, 2011 we left for Bangalore in Durranto Express and reach Delhi on 16th May, 2011 at 8 am.

Reading Material

All the participants were given a set of course packs or reading material pertaining to:

1. Health Management
2. National Health Policy (2002), National Population Policy (2000) and reading materials on National Health Programmes
3. Epidemiology
4. Health Services Management
5. Computer

In addition, relevant materials suggested by the faculty, handouts and a CD incorporating the PowerPoint presentation of all sessions and reading materials were distributed to the participants.

Valedictory

Dr. P.K. Nayak, Deputy Commissioner, MOHFW and Professor Deoki Nandan, Director, NIHFW graced the concluding session of 14 PDC which was held on 28th May 2011 Teaching Block. Prof. Nandan welcomed Dr. P.K. Nayak and the participants. Director, NIHFW expressed his utmost happiness about the performance of the batch. He asked the participants to come out with suggestions on improving the programme and making it more effective.

Professor M. Bhattacharya gave a brief detail about the course. 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 and Dr. P.K. Nayak distributed the course completion certificates to the participants. Dr. Pannalal from Delhi was awarded the First prize for Action Plan, Dr. Nagpal from J& K and Dr. Ruma Sarkar from Delhi respectively received II prize for Action Plan. First Prize for Portfolio awarded to Dr. Parul Goel from Uttaranchal. Dr. Misbha from J & K received the second prize for portfolio. They also received the cash awards.

ANNEXURE-I

14th Professional Development Course in Management, Public Health & Health Sector Reforms for DMOs at NIHF, New Delhi

Programme Schedule

1st WEEK

| Day & Date | 9:30 am to 10:00 am | 10:00 am to 11:15 am | 11:30 am to 1:00 pm | 2:00 pm to 3:15 pm | 3:30 pm to 5:00 pm | |
|--------------------------------|---|---|--|---|--|--|
| Monday 21-3-2011 | Recap, experience sharing & preparation of port folio | 1 & 2. Introduction, Expectations & Fears and Pre Course Evaluation | | 3 & 4. Organisational Behaviour Laboratory for Developing Self Understanding & Awareness L/D Dr. P.L. Trakroo | | |
| Tuesday 22-3-2011 | | 5, 6, 7 & 8. Organisational Behaviour Laboratory for Developing Self Understanding & Awareness L/D Dr. P.L. Trakroo | | | | |
| Wednesday 23-3-2011 | | 9 & 10. Overview of NRHM Dr. M. Bhattacharya | | 11 & 12. Supportive Supervision Dr. Rajni Bagga | | |
| Thursday 24-3-2011 | | 13. Human Resource Management LD/ Exercises Dr. U. Datta | 14, 15 & 16. Leadership and Team Building Dr. Rajni Bagga | | | |
| Friday 25-3-2011 | | 17, 18 & 19. Principals of PLA/PRA for community Mobilization Dr. Y.L. Tekhre | | | 20. Introduction to MS-Word Mr. P.D. Kulkarni | |
| Saturday 26-3-2011 | | 21, 22, 23 & 24. Computer Class | | | | |

Note: 5:30 p.m. to 6:30 p.m. Computer Practical Sessions everyday

2nd WEEK

| Day & Date | 9:30 am to 10:00 am | 10:00 am to 11:15 am | 11:30 am to 1:00 pm | 2:00 pm to 3:15 pm | 3:30 pm to 5:00 pm | |
|--------------------------------|---|--|---|---|---------------------------|--|
| Monday 28-3-2011 | Recap, experience sharing & preparation of port folio | 25 & 26. Motivation Dr. Neera Dhar | | 27 & 28. Interpersonal Communication Dr. Rajni Bagga | | |
| Tuesday 29-3-2011 | | 29 & 30. Negotiation Skills & Management of Conflict Dr. Neera Dhar | | 31. Communication Process: Scope and Importance in Health L/D Dr. Swati Bute | 32. Computer Class | |
| Wednesday 30-3-2011 | | 33. Strategic Communication Design for Senior Medical Officers for Delivering Quality Services Dr. T. Mathiyazhagan | 34. Communication for Change L/D Dr. Swati Bute | 35. Managing Media and Public Relations Dr. T. Mathiyazhagan | 36. Computer Class | |
| Thursday 31-3-2011 | | 37 & 38. District Communication Plan – Communication Strategy for BCC L/D Dr. T. Mathiyazhagan | | 39 & 40. How to write and design posters for IEC Mr. Ashok Choudhary | | |
| Friday 1-4-2011 | | 41, 42, 43 & 44. PLA/PRA L/D and Field visit Dr. Y.L. Tekhre | | | | |
| Saturday 2-4-2011 | | 45 & 46. Orientation to NDC Ms. Shashiprabha Bhalla | | | 47 & 48. Computer Class | |

Note: 5:30 p.m. to 6:30 p.m. Computer Practical Sessions everyday

3rd WEEK

| Day & Date | 9:30 am to 10:00 am | 10:00 am to 11:15 am | 11:30 am to 1:00 pm | 2:00 pm to 3:15 pm | 3:30 pm to 5:00 pm |
|-------------------------------|--|--|---|--|--|
| Monday 4-4-2011 | Recap, experience sharing & preparation of port folio | 49, 50 & 51. Overview of Hospital Administration & Planning for Hospitals AND Hospital Materials Management & Inventory Control L/D Dr. J.K. Das | | | 52. Role of AYUSH in NRHM L/D Dr. D. Katoch |
| Tuesday 5-4-2011 | | 53, 54 & 55. Preparation of Action Plan L/D Dr. V.K. Tiwari | | | 56. Consumer Rights and Responsibilities L/D Dr. Sidharth Sathpathy |
| Wednesday 6-4-2011 | | 57. Equipment Management L/D Dr. A.K. Agarwal | 58. Quality of Care in Hospitals Dr. M. Bhattacharya | 59. Accreditation Processes in Hospital Dr. K.K. Kalra | 60. Overview of Management in Health Sector: Process, Functions and Skills of Management L/D Dr. A.K. Sood |
| Thursday 7-4-2011 | | 61. Need for Quality Management in Clinical Diagnostics Dr. T.G. Shrivastav | 62. Universal Precaution in Hospitals and Health Centres Dr. Krishna Ray | 63 & 64. Visit to Holy Family Hospital Course Team Father Arthur Pinto | |
| Friday 8-4-2011 | | 65. Visit to NDC | 66. Human Resource Development L/D Dr. A.K. Sood | 67 & 68. Visit to J.P.N. Apex Trauma Centre, AIIMS Ms. Nirmal Thakur | |
| Saturday 9-4-2011 | | 69 & 70. Exercises on Management Dr. A.K. Sood | | 71 & 72. Computer Class | |

Note: 5:30 p.m. to 6:30 p.m. Computer Practical Sessions everyday

First Field Visit to Himachal Pradesh

(11-4-2011 to 16-4-2011)

4th WEEK

| | |
|------------------------------------|---|
| Sunday 10-4-11 | Arrival in the morning |
| Monday 11-4-11 | Visit to Sub-centre and Anganwari and PRIs. Practice PLA/PRA techniques to find out about the health services from the community. |
| Tuesday 12-4-11 | Visit to 24 X 7 PHC <ul style="list-style-type: none"> ✓ Organization & functioning and ✓ NGO |
| Wednesday 13-4-11 | Visit to CHC <ul style="list-style-type: none"> ✓ Organization & functioning with focus on JSY, HMIS, store/supply, financial management, disease control, DOTS/ICTC Functioning of RKS and any NGO Functions of BPM |
| Thursday 14-4-11 | Visit to CMO office Organization & functioning <ul style="list-style-type: none"> ✓ To assess quality of services ✓ Functions of DPM ✓ RKS ✓ Financial Management & ✓ Data Entry under HMIS |
| Friday 15-4-11 | <ul style="list-style-type: none"> • Visit to office of District Health Society for innovative programmes under NRHM • Visit to different innovative projects |
| Saturday 16-4-11 | PPT of the visit report to District Collector and District Health Officers |
| | Leave for New Delhi |

5th WEEK

| Day & Date | 9:30 am to 10:00 am | 10:00 am to 11:15 am | 11:30 am to 1:00 pm | 2:00 pm to 3:15 pm | 3:30 pm to 5:00 pm | |
|--------------------------------|---|--|---|---|--|--|
| Monday 18-4-2011 | Recap, experience sharing & preparation of port folio | 73. Leprosy Elimination Programme L/D Dr. M.A. Arif | 74. Epidemiology Concept and Application L/D & Exercises Prof. M. Bhattacharya | 75 & 76. Epidemic Management L/D & Exercises Dr. P.L. Joshi | | |
| Tuesday 19-4-2011 | | 77. IDSP L/D & Exercises Dr. Gyan Singh | 78. Strategy for Polio Eradication L/D Dr. Sunil Bahl & Course Team | 79. IDSP L/D & Exercises Dr. Gyan Singh | 80. Epidemiology Concept and Application L/D & Exercises Prof. M. Bhattacharya | |
| Wednesday 20-4-2011 | | 81. Role of ICDS in Health Sector L/D Dr. Neelam Bhatia | 82. FRU Functioning and Constraints L/D Dr. K. Kalavani | 83. Janani Suraksha Yojana L/D Dr. Renu Shahrawat | 84. Trainings under NRHM with emphasis on ASHA L/D Ms. Anamika | |
| Thursday 21-4-2011 | | 85. Basic and Emergency Obstetric Care L/D Dr. Himanshu Bhushan | 86. STD Programmes Dr. Sunil Khaparde | 87 & 88. Sources of Data and Uses Dr. M. Bhattacharya | | |
| Friday 22-4-2011 | | 89 & 90. Immunization & Management of Cold Chain For Vaccines Dr. P. Deepak | | 91. IMNCI Dr. S.V. Adhish | 92. RTI/STI Dr. Sudha Salhan | |
| Saturday 23-4-2011 | | 93, 94, 95 & 96. Computer Class | | | | |

Note: 5:30 p.m. to 6:30 p.m. Computer Practical Sessions everyday

6th WEEK

| Day & Date | 9:30 am to 10:00 am | 10:00 am to 11:15 am | 11:30 am to 1:00 pm | 2:00 pm to 3:15 pm | 3:30 pm to 5:00 pm |
|--------------------------------|---|---|---|--|---|
| Monday 25-4-2011 | Recap, experience sharing & preparation of port folio | 97. Microplanning for Immunization Dr. Renu Paruthi | 98. Health Financing in India Dr. K.S. Nair | 99 & 100. Infant & Young Child Feeding Visit to Kalawati Saran Hospital | |
| Tuesday 26-4-2011 | | 101. HIV/AIDS Dr. P. Yujwal | 102 & 103. Costing & Budgeting Dr. K.S. Nair | | 104. Computer Class |
| Wednesday 27-4-2011 | | 105. Non- Communicable Diseases L/D Dr. Sudhir Gupta | 106. User Charges Public Health Services Dr. K.S. Nair | 107 & 108. Visit to NAZ Foundation for HIV Care (Demonstration) | |
| Thursday 28-4-2011 | | 109. Mental Health Programme Dr. Suman Sinha | 110. Prevention of Cardiovascular Diseases L/D Dr. Rakesh Yadav | 111. Adolescent Health Programmes Dr. Gyan Singh | 112. Family Planning Programmes L/D Dr. S.K. Sikdar |
| Friday 29-4-2011 | | 113. Integrated Vector Borne Disease Control Programme Dr. P.L. Joshi | 114. National Tobacco Control Programme Dr. P. Khattar | 115 & 116. Use of Biostatistics in Health Sector Dr. Pushpanjali Swain | |
| Saturday 30-4-2011 | | 117. Iodine Deficiency Disorder L/D Dr. Umesh Kapil | 118. Vit 'A' Prophylaxis L/D Dr. Umesh Kapil | 119 & 120. Computer Practice | |

Note: 5:30 p.m. to 6:30 p.m. Computer Practical Sessions everyday

7th WEEK

| Day & Date | 9:30 am to 10:00 am | 10:00 am to 11:15 am | 11:30 am to 1:00 pm | 2:00 pm to 3:15 pm | 3:30 pm to 5:00 pm | |
|-------------------------------|---|---|---|--|---------------------------|--|
| Monday 2-5-2011 | Recap, experience sharing & preparation of port folio | 121. District Action Plan Dr. M. Bhattacharya | 122. HMIS System and Role of MOs under NRHM Sukhvinder Kaur | 123. Annual Health Survey L/D Dr. Rattan Chand | 124. Computer Class | |
| Tuesday 3-5-2011 | | 125. Management of Change in Health Sector Dr. N.K. Sethi | 126. District Action Plan Dr. M. Bhattacharya | 127 & 128. Public Health Nutrition in Women & Children L/D Dr. Sheila Vir | | |
| Wednesday 4-5-2011 | | 129 & 130. GFR, Tender and LPC L/D & Exercises Mr. Anoop Gupta | 131. Public Health in Metropolitan Cities L/D Dr. N.K. Yadav | 132. Computer Class | | |
| Thursday 5-5-2011 | | 133 & 134. Public Private Partnership Dr. Sanjay Gupta | 135 & 136. Financial Management under NRHM LD/ Exercises Mr. Anoop Gupta | | | |
| Friday 6-5-2011 | | 137 & 138. Gender Mainstreaming Dr. Renu Shahrawat | 139 & 140. Office Disciplinary Dr. S.K. Chaturvedi | | | |
| Saturday 7-5-2011 | | 141, 142, 143 & 144. Computer Practice | | | | |

Note: 5:30 p.m. to 6:30 p.m. Computer Practical Sessions everyday

**Second Field Visit to Karnataka, Bangalore
(9-05-2011 to 14-05-2011)**

8th WEEK

| DATE | TIME | ACTIVITY |
|-------------|---|---|
| | | Arrival Bangalore by Rajdhani express & leave for Mysore |
| 10-5-2011 | 11:00 am to 1:00 pm 1:00 pm to 2:00 pm Lunch Break 2:30 pm to 3:30 pm 3:30 pm to 5:00 pm | Visit to DHO Office, Mysore Interaction with DHO and Programme Officers Visit to E. D. Hospital, Mysore ASHA KIRANA, ART and CCC at Mysore. |
| 11-5-2011 | 10:00 am to 3:00 pm 4:30 pm | Visit to NGO, SVYM Hospital, Sargoor, Mysore District. Return to Bangalore |
| 12-5-2011 | 11:00 am to 11:30 am 11:30 am to 1:00 pm 1:00 pm to 2:30 pm Lunch Break 2:30 pm to 4:00 pm | 1. Interaction with MD, NRHM 2. Innovative programmes by Programme Officers: a) Madilu b) Prasuti Arai ke c) Tayi Bhagya and Tayi Bhagya Plus d) Mother Child Tracking System e) Suvarna Arogya Chaitanya and Bhagyalakshmi 3. Organogram of Health & FW, Karnataka 4. Visit to Chickballapur District Hospital |
| 13-5-2011 | 10:00 am to 4:00 pm | Visit to 24 x 7 PHC, T. Begur, FRU, Anekal, Bangalore Urban District. |
| 14-5-2011 | 10:00 am to 1:00 pm | Presentation by Participants to SIHFW Director & Faculty. Leave for Delhi by Duranto Express |

9th WEEK

| Day & Date | 9:30 am to 10:00 am | 10:00 am to 11:15 am | 11:30 am to 1:00 pm | 2:00 pm to 3:15 pm | 3:30 pm to 5:00 pm | |
|--------------------------------|---|--|---|---|---|--|
| Monday 16-5-2011 | Recap, experience sharing & preparation of port folio | 145. & 146. Preparation of Action Plan Participants & Course Team | | 147 & 148. PNDT & MTP Act Discussion Dr. Sher Singh Kashyotia | | |
| Tuesday 17-5-2011 | | 149 & 150. CPA & Medical Negligence Dr. M.C. Gupta | | 151. E- Governance L/D Dr. Tarun Seem | 152. Preparation of Action Plan & Port Folio (Collection of Data) Participants | |
| Wednesday 18-5-2011 | | 153. Computer Class | 154. Monitoring of Health Programmes Dr. V.K. Tiwari | | 155 & 156. Right to Information Act 2005 Dr. Rajesh Kumar | |
| Thursday 19-5-2011 | | 157 & 158. Geriatric Care & Services in India Dr. A.M. Khan | | 159 & 160. Computer Class | | |
| Friday 20-5-2011 | | 161. Mainstreaming of Health Promotions in National Health Programme Dr. J.S. Thakur | 162. Data Collection by the participants for Action Plan | | 163 & 164. Computer Practice | |
| Saturday 21-5-2011 | | 165, 166, 167 & 168. Computer Practice | | | | |

Note: 5:30 p.m. to 6:30 p.m. Computer Practical Sessions everyday

10th WEEK

| Day & Date | 9:30 am to 10:00 am | 10:00 am to 11:15 am | 11:30 am to 1:00 pm | 2:00 pm to 3:15 pm | 3:30 pm to 5:00 pm | |
|--------------------------------|---|---|--|---|---------------------------|--|
| Monday 23-5-2011 | Recap, experience sharing & preparation of port folio | 169. Preparation of Action Plan Dr. V.K. Tiwari | 170. Quality is Possible in Government Health Sector Prof. Deoki Nandan | 171 & 172. Preparation of Action Plan Dr. M. Bhattacharya | | |
| Tuesday 24-5-2011 | | 173, 174, 175 & 176. Presentation of Port Folio Dr. M. Bhattacharya, Dr. T.G. Shrivastav | | | | |
| Wednesday 25-5-2011 | | 177, 178, 179 & 180. Presentation of Action Plan | | | | |
| Thursday 26-5-2011 | | 181, 182, 183 & 184. Presentation of Action Plan | | | | |
| Friday 27-5-2011 | | Valedictory Function | | Computer Test | Post Course Evaluation | |
| Saturday 28-5-2011 | | Distribution of Certificates & Wrap Up | | | | |

ANNEXURE-II

Sessional Objectives

1 & 2.

Pre Course Evaluation

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

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

3 - 8.

Organizational Behaviour Laboratory for Developing Self Understanding & Awareness

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

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

9 & 10.

Overview of 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.

11 & 12.

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.

13. **Human Resource Management**

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

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

14 - 16.

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

17 - 19 & 41 - 44.

Principles of PLA/ PRA for Community Mobilization and Field Visit

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

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

25 & 26.

Motivation

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

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

27 & 28.

Interpersonal Communication

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

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

29 & 30.

Negotiation Skills and Management of Conflict

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

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

31. Communication Process: Scope and Importance in Health

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

- (i) Appreciate the importance of the communication in health.
- (ii) Understand the processes of communication

33. Strategic Communication Design for Senior Medical Officers for Delivering Quality Services

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.

34. Communication for Change

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

- (i) Explain the need for change
- (ii) Describe the methods of communicating for change.

35. Managing Media and Public Relations

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

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

37 & 38.

District Communication Plan- Communication Strategy for BCC

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

- (i) Discuss various strategies and methods of communication.
- (ii) Guidelines for preparation of district communication plan.

39 & 40.

How to write and design posters for IEC

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

- (i) Create awareness amongst the community.

45 & 46.

Orientation to NDC

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

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

49 & 50.

Overview of Hospital Administration & Planning for Hospitals

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

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

51. Hospital Materials Management & Inventory Control

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

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

52. 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.

53 - 55.

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.

56. Consumer Rights and Responsibilities

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

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

57. Equipment Management

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

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

58. Quality of Care in Hospitals

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

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

59. Accreditation Processes in Hospital

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

- (i) Describe the standards and accreditation processes to be adopted for getting accreditation for hospitals.

60. 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 & functions.
- (iii) Analyze issues related to management practices in context of health care delivery.

60. Need for Quality Management in Clinical Diagnostics

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

- (i) Describe the need of quality management in clinical diagnostics.
- (ii) Discuss the problem in maintaining the quality.

62. Universal Precaution in hospitals and health centres

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

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

63 & 64.

Visit to Holy Family Hospital

- (i) To describe the various functional areas in hospital
- (ii) To discuss the quality of services provided by Holy Family hospital.

65. Visit to NDC

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

66. Human Resource Development (HRD)

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

- (i) Difference between HRD and Personnel Management
- (ii) Explain HRD planning concept, scope of HRD
- (iii) Identified the different organizational needs

67 & 68.

Visit to JPN Apex Trauma Centre of AIIMS

- (i) Describe the various functional areas in hospital
- (ii) Discuss the quality of services provided by JPN Apex Trauma Centre.

69 & 70.

Exercises on Management

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

- (i) Discuss solutions to various management problems.

112. 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.

74 & 80.

Epidemiology Concept and Application

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.

75 & 76.

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.

77 & 79.

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.

78. 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.

81. Role of ICDS in Health Sector

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

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

82. 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.

83. 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.

84. 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.

85. 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.

86. STD Programmes

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

- (i) To discuss the content of the programme
- (ii) Analyse the constraints in the implementation of the programme

87 & 88.

Sources & Use of Data for 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.

89 & 90.

Immunization & Management of Cold Chain for Vaccines

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

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

91. 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.

92. RTI/STI

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.

97. Microplanning for Immunization

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

- (i) Describe the microplanning process for the immunization
- (ii) Discuss the problems and solutions for microplanning.

98. 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.

99 & 100.

Infant & Young Child Feeding (Visit to Kalawati Saran Hospital)

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

- (i) Describe infant and child feeding practices and nutrition supplementation for the infant and young child.

101. HIV/AIDS

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

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

102 & 103.

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.

105. Non Communicable Disease

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.

106. 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.
- (iii) Constraints in implementing user charges.

107 & 108.

Visit to NAZ Foundation for HIV Care

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

109. 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.

110. Prevention of Cardiovascular Diseases

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

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

111. Adolescent Health Programmes

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.

112. Family Planning Programmes

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

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

113. 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.

114. National Tobacco Control Programme

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

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

115 & 116.

Use of Biostatistics in Health Sector

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

- (i) Describe the concepts of bio statistics for use of DMO.
- (ii) Discuss the various health indicators and the interpretation.
- (iii) Discuss the statistical tools of health applicable to DMOs.

117. Iodine Deficiency Disorder

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

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

118. Vit 'A' Prophylaxis

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

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

121, 126, 145, 146, 152, 162, 169, 171-184.

Preparation of Port Folio & Action Plan

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

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

Then Presentation of Action Plans

122. HMIS System and Role of MOs under NRHM

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.

123. Annual Health Survey

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

- (i) Describe the method of Annual Health Survey.
- (ii) Discuss the constraints.

125. Management of Change in 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.

127 & 128.

Public Health Nutrition in Women & Children

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

- (i) Discuss the status of malnutrition in the county.
- (ii) Describe the various nutritional programs in the country for women & children.

129 & 130.

GFR, Tender and LPC

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

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

131. Public Health in Metropolitan Cities

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

- (i) Understand the health problems, prevention and remedies in context to metropolitan cities.
- (ii) Discuss the implementation of the various public health acts in cities.

133 & 134.

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.

135 & 136.

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.

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.

139 & 140.

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.

147 & 148.

PNDT Act & MTP Acts

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

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

149 & 150.

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.

151. E-Governance

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

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

154. Monitoring of Health Programmes

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

- (i) Understand the concept of monitoring.
- (ii) Describe the steps for monitoring.
- (iii) Discuss the problems in monitoring.

155 & 156.

Right to Information Act

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

- (i) Explain the various provisions under the RTI Act.

- (ii) Discuss the procedure to be followed for implementation of the Act.

157 & 158.

Geriatric Care & Services in India

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

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

161. Mainstreaming Health Promotions in National Health Programmes

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

- (i) Understanding the concept of health promotion and its importance in health promotion.

170. Quality is possible in Government Health Sector

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

- (i) Discuss the steps participants can take in their own work place to improve the quality of services.

Computer Test

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

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

Post Course Evaluation

A structured format used and participants attempt it.

20, 21, 22, 23 & 24, 32, 36, 47, 48, 71, 72, 93, 94, 95 & 96, 104, 119, 120, 124, 132, 141, 142, 143 & 144, 153, 159, 160, 163, 164, 165, 166, 167 & 168

Computer Classes and Preparation of Action Plan on Computer

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

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

ANNEXURE-III

Statistical Analysis of Pre and Post Test Evaluation

Maximum Marks= 140

Mean Pre-test Score (\bar{X}^1) =9.38

Mean Post-test Score (\bar{X}^2) =50.23

Mean Gain =50.23-9.38=40.85

Standard Deviation (SD) =10.026

Standard Error = 2.781

At 10 degrees of freedom 5% significant limit of t is 2.78

The observed t value is 14.92 times the standard error

The training programme was highly effective as the mean gain in pre & post scores was highly significant ($t' =14.92$, $P<0.00$).

ANNEXURE-IV

Course Director

Prof. Deoki Nandan

Nodal Coordinator

Prof. (Mrs.) M. Bhattacharya

| S. No. | Course Coordinators | Dates |
|---------------|----------------------------|----------------------|
| 1 | Dr. T.G. Shrivastav | 21-03-11 to 09-04-11 |
| 2 | Dr. Ankur Yadav | 10-04-11 to 30-04-11 |
| 3 | Dr. Rajesh Kumar | 01-05-11 to 14-05-11 |
| 4 | Dr. Pushpanjali Swain | 15-05-11 to 28-05-11 |

Course Associates

| | | |
|---|-------------------|----------------------|
| 1 | Mr. Subhash Chand | |
| 2 | Mrs. Vinod Joon | |
| 3 | Mr. Devmitra Arya | 21-03-11 to 28-05-11 |

Secretarial Assistance

| | |
|---|-------------------|
| 1 | Mr. Vikas Kanojia |
| 2 | Ms. Radha |

ANNEXURE-V

RESOURCE PERSONS (EXTERNAL)

| S. No. | Contact Name | Address | Email & Phone |
|--------|--|---|--|
| 1. | Dr. P.L. Trakroo Professor | House No-939, Sector-21 C Housing Board Colony, Faridabad Haryana -121001 | pltrakroo@gmail.com |
| 2. | Dr. Sidharth Sathpathy Professor | Deptt. of Hospital Administration, All India Institute of Medical Sciences (AIIMS), New Delhi | |
| 3. | Dr. K.K. Kalra Medical Superintendent (Pediatrics) | Chacha Nehru Bal Chikitsalaya, Govt. of NCT of Delhi, Geeta Colony, Delhi -110031 | Ph (O):- 011-22013373, 22013374 Fax:- 22042750 cnbc2003@yahoo.co.in |
| 4. | Dr. A.K. Agarwal Professor | Indira Gandhi National Open University, Maidan Garhi, New Delhi-110068 | (O):- 011-29533078, 29535924-32 Fax:- 011-29534935 Mobile:- 9810423788 |
| | | Residential:- 290- Nilgiri Apartment, Alakhnanda, New Delhi-110019 | akagarwal@ignou.ac.in |
| 5. | Dr. Krishna Ray Professor | Sec C, Pkt. 2, 2240, Vasant Kunj, New Delhi 110070 | drkray@yahoo.com Res:- 011-26125080 Mobile: 9811553103 |
| 6. | Ms. Nirmal Thakur | Jai Prakash Naraina (JPN) Apex Trauma Centre, All India Institute of Medical Sciences, Raj Nagar, Ringh Road, New Delhi-110029 | Ph (O):- 011-26594776, 26731153, 26731150 Fax: 011-26588663, 26588641, 26106826 |
| 7. | Dr. Neelam Bhatia Consultant | National Institute of Public Cooperation & Child Development (NIPCCD), 5, Sirifort Institutional Area, Hauz Khas, New Delhi- 110016 | Ph: 26964373, 26963382, 26865187, 26515579, 26963383, 26962447 |
| 8. | Dr. Suman Sinha Assistant Professor | Lady Hardinge Medical College (LHMC), C- 604, Shivaji Stadium Bus Terminal Co. Place, Shaheed Bhagat Singh Marg, New Delhi - 110001 | 011 - 23363728 |
| 9. | Dr. Sunil Bahl Senior Technical Advisor to the Project Manager | National Polio Surveillance Project, R.K. Khanna Tennis Stadium, Afrika Avenue, Safdarjung Enclave, New Delhi 110029 | Ph(O) :- 011-26169727, 26169889 Fax: 011-26191865, 26191879, 26169726 |

| S. No. | Contact Name | Address | Email & Phone |
|---------------|--|---|--|
| | | | bahls@npsuindia.org (M): 9810037538 |
| 10. | Ms. Anamika Consultant (Trg. Div) | Ministry of Health & Family Welfare, Government of India, Room No- 404, Nirman Bhawan, New Delhi-110011 | |
| 11. | Dr. P.K. Nayak Deputy Commissioner (Trg.) | Ministry of Health & Family Welfare, Government of India, Room No- 404, Nirman Bhawan, New Delhi-110011 | pknayak55@gmail.com Ph(O):- 23062091 |
| 12. | Dr. H. Bhushan Assistant Commissioner (Maternal Health) | Ministry of Health & Family Welfare, Room no-505, A Wing, Nirman Bhawan, New Delhi-110011 | dr_hbhushan@hotmail.com bhimanshu@hub.nic.in Ph(O):- 011- 23062930 |
| 13. | Dr. Sunil Khaparde DDG, STD Programme | National AIDS Control Organisation 6th & 9th Floor, Chanderlok Building 36, Janpath New Delhi-110001 | sunildkharprde@gmail.com, sdkharprde.naco@gmail.com, sunildkharprde@gmail.com |
| 14. | Dr. S.K. Sikdar Assistant Commissioner (RSS) | Ministry of Health & Family Welfare, Room No-452, A-Wing, Nirman Bhawan, New Delhi-110011 | sk.sikdar@nic.in, sikdarsk@rediffmail.com, (M) - 9911422499 |
| 15. | Dr. Sheila Vir Director | Centre for Public Health Services, B-4/141, Safdurjang Enclave, New Delhi | sheila.vir@gmail.com Mobile: 9873680247 |
| 16. | Dr. Umesh Kapil Professor (Public Health Nutrition) | Old OT Block, All India Institute of Medical Sciences (AIIMS), New Delhi-110029, | umeshkapil@yahoo.com Ph(O):- 26593383 |
| 17. | Dr. Sudha Salhan Consultant & Head | Deptt. of Gynaecology & Obstetrics, Safdarjung Hospital, New Delhi-110029 | Fax: 26198108 |
| 18. | Dr. P. Yujwal Raj Senior Technical Officer (Surveillance) | National AIDS Control Organisation (NACO), Department of AIDS Control (DAC), Ministry of Health & Family Welfare, Government of India, Chanderlok Building, 36, Janpath, New Delhi-110001 | pyraj@yahoo.com M: 9350566003 Ph(O): 43509925 |
| 19. | 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, Ph(O):- 011-26169727 Mob: 9810405852 Fax: 011-26191865 |
| 20. | Dr. Sudhir Gupta CMO (NCD) | Ministry of Health and Family Welfare, Room No-445, A-wing, Nirman Bhawan, New Delhi | cmoncd@nb.nic.in Ph(O):- 23061980 |

| S. No. | Contact Name | Address | Email & Phone |
|---------------|---|---|--|
| 21. | Ms. Sukhvinder Kaur Consultant (Statistics) | Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi | |
| 22. | Dr. Rakesh Yadav Cardiologist | All India Institute of Medical Sciences (AIIMS), Ansari Nagar, New Delhi-110029 | 26593218 |
| 23. | Dr. M.A. Arif Country Representative | Netherlands Leprosy Relief – India, B-38, Panchsheel Enclave, New Delhi – 110 017 | Ph(O):- 26498546, 26497964, 26497965 Fax: 26498547 info@nlrindia.org nlrindia@airtelbroadband.in nlrindia@airtelmail.in cr@nlrindia.org |
| 24. | Dr. D. Katoch National Consultant (Traditional Medicine & Homeopathy) | WHO-India Office, 3rd Floor, Shriram Bharatiye Kala Kendra, 1, Copernicus Marg, New Delhi-110 001 | Ph(O):- 011 - 42595600 Extn. 23288 Mobile: 9968076668, Fax: 011 – 23382252 katochdc@searo.who.int dckatoch@rediffmail.com |
| 25. | Dr. Rattan Chand Chief Director (Stat) | Ministry of Health and Family Welfare, Room No-243, 'A' Wing Nirman Bhawan, New Delhi | Ph(O):- 23062699 |
| 26. | Dr. N.K. Yadav MHO (Health Department) | Municipal Corporation of Delhi 18 th Floor, Civic Centre, Jawahar Lal Nehru Marg, Minto Road, New Delhi | |
| 27. | Mr. Anoop Gupta Account Officer | A-2A/104, DDA Flats, Janak Puri New Delhi-110058 | gupta_anoopkumar@yahoo.com Mobile:- 9899179649 |
| 28. | Dr. Tarun Seem Head, Health System Support Unit | Public Health Foundation of India, Institute for Studies in Industrial Development (ISID) Campus, 4, Institutional Area, Vasant Kunj (Near the Grand Hotel), New Delhi – 110070 | tarunseem@hotmail.com |
| 29. | Dr. J.S. Thakur Consultant | World Health Organization India Office, 537, A-Wing, Nirman Bhawan, Maulana Azad Road, New Delhi -110 011 | Phone: 91-11-47594800, 23061955, 23063632, 23061993; Fax: 91-11-23062450 thakurj@searo.who.int |
| 30. | Dr. Sher Singh Kashyotia Public Health Specialist | Emergency Medical Relief(EMR), Directorate General of Health Services, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi-110011 | Ph(O):- 011-2306-2898 Mobile:- 9868-458 457 Fax:- 011-23061469, |

| S. No. | Contact Name | Address | Email & Phone |
|-------------------|--|--|--|
| | | | 23061457 doctorshersingh@gmail.com doctorshersingh@yahoo.co.in |
| 31. | Dr. M.C. Gupta Advocate (Supreme Court) | G-17/9, Malviya Nagar, New Delhi-110017 | M: 9810893507, 9350237507 mcgupta44@gmail.com |

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 Bio Medicine,
Email: kalaivanikrishnamurthy@gmail.com
5. Dr. N.K. Sethi, Professor & Head, Department of Planning & Evaluation,
Email: nk.sethi@nic.in
6. Dr. T. Mathiyazhagan, Prof. & Head, Department of Communication
Email: tmathiyazhagan@nihfw.org, mathi_53@yahoo.co.in
7. Dr. Rajni Bagga, Prof. & Acting Head, Department of Management
Sciences, Email: rajnibagga@hotmail.com
8. Dr. V.K. Tiwari, Professor, Department of Planning & Evaluation & Acting
Deputy Director (Admn), Email: vktiwari.nihfw@gmail.com
9. Dr. J.K. Das, Prof. & Head Department of Epidemiology
Email: jkdas_19@rediffmail.com
10. Dr A.K. Sood, Prof. & Head Department of Education & Training Email:
sood_kumar_ajay@yahoo.com
11. Dr. U. Datta, Prof. & ANO, Department of Reproductive Child Health,
Email: utsuk@rediffmail.com, utsukdatta@gmail.com
12. Dr. Neera Dhar, Professor, Department Education & Training Email:
ndhar@nihfw.org, nabadhneera@yahoo.com
13. Dr. Pushpanjali Swain, Acting Head, Department of Statistics and
Demography, Email: drpswain@yahoo.co.in
14. Dr. S.V. Adhish, Prof. & Head, Department of Medical Care Hospital
Administration, Email: vivekadhish@gmail.com
15. Dr. Y.L. Tekhre, Professor, Department of Social Sciences, Email:
yade_lal@yahoo.co.in
16. Dr. Sanjay Gupta, Reader, Department of Community Health
Administration, Email: sanjaygupta61@gmail.com,
sanjaygupta61@hotmail.com
17. Dr. K.S. Nair – Lecturer, Department of Planning & Evaluation
Email: k_sreenair@yahoo.com

18. Dr. Poonam Khattar, Reader, Department of Education & Training Email: pkhattar@nihfw.org, poonamkhattar@gmail.com
19. Dr. T.G. Shrivastav, Professor, Immunotechnology Laboratory, Department of RBM
20. Dr. Rajesh Kumar, Lecturer, Department of Reproductive Bio Medicine (RBM), Email: dr.rajesh@nihfw.org, rajeshk@nihfw.org,
21. Dr. Ankur Yadav, Lecturer, Department of Communication, Email: ankuryadav41@yahoo.co.in
22. Dr. Swati Bute, Lecturer, Department of Communication
23. Dr. Gyan Singh, CMO (NFSG), Department of Reproductive Bio Medicine-Clinic, Email: g99singh@yahoo.co.uk
24. Dr. Renu Shahrawat, Senior Lecturer, Department of Reproductive Bio Medicine (RBM), Email: renushahrawat@hotmail.com
25. Dr. P. Deepak, National Consultant (Immunization Trgs.), Department of Community Health Administration, Email: drpdeepak1@gmail.com
26. Dr. S.K. Chaturvedi, Part Time Faculty, Distance Learning Cell, Email: doctorskchaturvedi@yahoo.com
27. Dr. P.L. Joshi, Consultant
28. Ms. Shashiprabha Bhalla, SDO, National Documentation Centre
29. Mr. P.D. Kulkarni, Programme, Computer Centre
30. Mr. Ashok Choudhary, Senior Artist, Public Health Museum
31. Mr. D. Arya, PTF, Department of Community Health Administration

Computer Team: - Mr. P.D. Kulkarni Mr. Parimal Parya
 Mr. Subhash Chand Mr. Sherin Raj T.P.
 Mr. Jagdish C. Sharma

ANNEXURE-VII

List of Participants

| S.No | District | State | Name of the participant | Designation | Address (Office) | Address (Residence) | Tel (R/O) | Email | M/F |
|------|-----------|-------|-------------------------|---------------------------|---|---|---|--------------------------|-----|
| 1 | Doda | J&K | Dr. Rakesh Kumar Shan | Incharge ADMO, Doda (ISM) | Near Noor Masjid Bhart Road, Doda, J&K | C/o House No-126 Upper Gujjar Nagar, Jammu-180001 | Telefax (O):- 01996-233159 Phone (R):- 94192-84807 | drrakeshshan@gmail.com | M |
| 2 | Baramulla | J&K | Dr Farooq Ahmed Wani, | I/C ADMO, Baramulla (ISM) | ADMO Office, Mini Secretariate, Baramulla | Delina Baramulla, Kashmir | Fax (O):- 01952-237944, Phone (R):- 9419875553 | | M |
| 3 | Samba | J&K | Dr. Sanjay K. Sharma | MO I/C | PHC Rathanpur, District-Samba | H. No-430-A, Gandhi Nagar, Jammu | Phone (R):- 0191-2452876, Mobile:- 09419318463 | ksanjay96.ss96@gmail.com | M |
| 4 | Kulgam | J&K | Dr. Zahoor Ahmed | BMO | BMO Office, Qazi Ganj | Kund Qazi Ganj, Kulgam, Kashmir | 9419090218 | | M |
| 5 | Budgam | J&K | Dr. Misbah Samad | MO | District Hospital, Budgam | Sanat Nagar Bye Pass (Srinagar) | 1942439823, 9419092262 | misbah_kmr@hotmail.com | M |
| 6 | Udhampur | J&K | Dr. Neeraj Nagpal | Asstt. Surgeon MO I/C | PHC Chanunta Block, Ramnagar, District-Udhampur | Adarsh Vihar, Opposite Shourya Motors Workshop, Deeli, Channi Himmat, J&K | Phone (R):- 0191-2463770, Mobile:- 09419234675 | nrjngpl@gmail.com | M |

| S.No | District | State | Name of the participant | Designation | Address (Office) | Address (Residence) | Tel (R/O) | Email | M/F |
|------|-------------------|-------------|-------------------------|--|--|--|---------------------|------------------------------|-----|
| 7 | Gurgaon | Haryana | Dr. Maneesh Rathee | Deputy Medical Superintendent | General Hospital Gurgaon | House No-201, Sector-17A, Gurgaon, Haryana | Mobile:- 9968529868 | maneeshrathee@gmail.com | M |
| 8 | Mewat | Haryana | Dr. Vikram Singh | Dental Surgeon, Incharge PHC Nagina, Mewat | PHC Nagina, Mewat | 1484, Sector-10A, Gurgaon, Haryana | Mobile:- 9868981567 | drvikram.phcnagina@gmail.com | M |
| 9 | Udham Singh Nagar | Uttarakhand | Dr. Basant | DLO | Office of Chief Medical Officer, Udham Singh Nagar | Village-Mohd Pur Mandawali, District-Bijnor, UP | 9837326451 | doctor.basant2011@gmail.com | M |
| 10 | Udham Singh Nagar | Uttarakhand | Dr. Parul Goel | LMO | Jawahar Lal Nehru Hospital, Rudrapur, Udham Singh Nagar | Jawahar Lal Nehru District Hospital Nainital Road. Rudrapur, US Nagar, Uttarakhand | 9897839994 | pgoel15@yahoo.com | F |
| 11 | Delhi | Delhi | Dr. Ruma Sarkar | CMO (NFSG) MO I/C | DAD Saboli, O/O CDMO, North East Zone, Dilshad Garden, Delhi | B-35, Gharoda Appartment, Sreshtha Vihar, Delhi | 9868989269 | | F |

| S.No | District | State | Name of the participant | Designation | Address (Office) | Address (Residence) | Tel (R/O) | Email | M/F |
|------|----------|-------|-------------------------|-------------|---|--|--------------------------------------|------------------|-----|
| 12 | Delhi | Delhi | Dr. Panna Lal | Professor | Deptt. of Community Medicine, Maulana Azad Medical College, Bahadur Shah Zafar Marg, New Delhi-110002 | 249-A, Surender Colony, Jharoda, Burari, Delhi-110084 | 9968604247 | dr.plal@yahoo.in | M |
| 13 | Delhi | Delhi | Dr. Sudhir Prasad | CMO (NFSG) | LBS Hospital, Mayur Vihar-II, Delhi-110091 | 91-SF, Ashiana Greends (Near CISF), Indirapuram Ghaziabad, Uttar Pradesh | 9582500320, Phone (O):- 011-22774145 | | M |

ANNEXURE-VIII

14th Professional Development Course in Management, Public Health and Health Sector Reforms for District Medical Officers (21st March – 28th May, 2011) at NIHFV, New Delhi



Sitting (L to R):- Dr. Sudhir Prasad, Dr. Ankur Yadav, Dr. Rajesh Kumar, Dr. T.G. Shrivastav, Prof. Deoki Nandan, Prof. M. Bhattacharya, Dr. Panna Lal, Dr. Ruma Sarkar, Dr. Parul Goel

Standing 1st Row:- Dr. Vikram Singh, Dr. Neeraj Nagpal, Dr. Sanjay K. Sharma, Dr. Basant, Dr. Maneesh Rathee, Dr. Misbah Samad, Dr. Rakesh Kumar Shan, Dr. Farooq Ahmed Wani, Dr. Zahoor Ahmed, Mr. D.M. Arya.

Aim of the Course

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



आरोग्यम् सुखसम्पदा