REPORT

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

29th March to 5th June, 2010
Supported by

Ministry of Health and Family Welfare, GOI

Organized by

National Institute of Health and Family Welfare
New Delhi-110067
Professional Development Course (PDC) in Management, Public Health & Health Sector Reforms for District Medical Officers was a 10-week flagship course of the Ministry of Health and Family Welfare (MOHFW) started way back in 2001 by the National Institute of Health & Family Welfare (NIHFW) with the objective of enabling the Senior District Medical Officers to take on the leadership role for strengthening the district health system through effective management of various systems and sub-system under National Rural Health Mission (NRHM) for effective delivery of health care. NIHFW is the Nodal Institute for this course in the country and as of now 1624 doctors have been trained in the country in collaboration with 17 training institutes. The Medical Officers have the key role in NRHM initiatives leading to fulfillment of decentralized NRHM targets and millennium development goals. The professional development of medical officers is crucial in order to upgrade and update their medical and managerial skills, so that they can focus facilitate optimization of limited resources.

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

I am very happy to present the report of the 12th PDC which was successfully conducted at NIHFW from 29th March to 5th June, 2010 with twenty-three participants from 3 states. This report provides an overview of the conduct of the course.

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

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

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

Director
# ABBREVIATIONS

<table>
<thead>
<tr>
<th></th>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>1.</td>
<td>PDC</td>
<td>Professional Development Course</td>
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<td>2.</td>
<td>MOHFW</td>
<td>Ministry of Health and Family Welfare</td>
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<td>3.</td>
<td>NIHFW</td>
<td>National Institute of Health &amp; Family Welfare</td>
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<td>4.</td>
<td>NRHM</td>
<td>National Rural Health Mission</td>
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<td>5.</td>
<td>GOI</td>
<td>Government of India</td>
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<td>6.</td>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>7.</td>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>8.</td>
<td>PHC</td>
<td>Primary Health Centre</td>
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<td>9.</td>
<td>CHC</td>
<td>Community Health Centre</td>
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<td>10.</td>
<td>ICPD</td>
<td>International Conference on Population and Development</td>
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<td>11.</td>
<td>IPHS</td>
<td>Indian Public Health Standards</td>
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<td>12.</td>
<td>CMO</td>
<td>Chief Medical Officer</td>
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<td>13.</td>
<td>PLA/PRA</td>
<td>Participatory Learning Action/ Participatory Rural Appraisal</td>
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<td>14.</td>
<td>FGD</td>
<td>Focus Group Discussion</td>
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<td>15.</td>
<td>ECTA</td>
<td>European Commission Technical Assistance</td>
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<td>16.</td>
<td>ASCI</td>
<td>Administrative Staff College of India</td>
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<td>17.</td>
<td>DHO</td>
<td>District Health Officer</td>
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<td>18.</td>
<td>SIHFW</td>
<td>State Institute of Health &amp; Family Welfare</td>
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<td>19.</td>
<td>CTI</td>
<td>Collaborating Training Institute</td>
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<td>20.</td>
<td>CHA</td>
<td>Community Health Administration</td>
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<td>21.</td>
<td>IMR</td>
<td>Infant Mortality Rate</td>
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<td>22.</td>
<td>MMR</td>
<td>Maternal Mortality Rate</td>
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<td>23.</td>
<td>ASHA</td>
<td>Accredited Social Health Activist</td>
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<td>24.</td>
<td>ANM</td>
<td>Auxiliary Nurse Midwife</td>
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<td>25.</td>
<td>AWW</td>
<td>Anganwadi Worker</td>
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<td>26.</td>
<td>PRI</td>
<td>Panchayati Raj Institution</td>
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<td>27.</td>
<td>HMIS</td>
<td>Health Management Information System</td>
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<td>28.</td>
<td>IEC/BCC</td>
<td>Information, Education, and Communication/ Behaviour Change Communication</td>
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<td>29.</td>
<td>HRM</td>
<td>Human Resource Management</td>
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<td>30.</td>
<td>NDC</td>
<td>National Documentation Centre</td>
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<td>31.</td>
<td>VED Analysis</td>
<td>Vital, Essential and Desirable Analysis</td>
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<td>32.</td>
<td>ABC Analysis</td>
<td>Activity-Based Costing Analysis</td>
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<td>33.</td>
<td>FSN Analysis</td>
<td>Fast, Slow and Non-moving Analysis</td>
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<td>34.</td>
<td>ISO</td>
<td>International Organization for Standardization</td>
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<td>35.</td>
<td>SWOT</td>
<td>Strengths, Weaknesses, Opportunities, and Threats</td>
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<td>36.</td>
<td>AYUSH</td>
<td>Ayurveda, Yoga &amp; Naturopathy, Unani, Siddha and Homoeopathy</td>
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<td>37.</td>
<td>IMNCl</td>
<td>Integrated Management of Neonatal and Childhood Illnesses</td>
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<td>38.</td>
<td>FRU</td>
<td>First Referral Unit</td>
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<td>39.</td>
<td>BEmOC</td>
<td>Basic Emergency Obstetric Care</td>
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<td>40.</td>
<td>EmOC</td>
<td>Emergency Obstetric Care</td>
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<td>41.</td>
<td>IDSP</td>
<td>Integrated Diseases Surveillance Project</td>
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<td>42.</td>
<td>RCH</td>
<td>Reproductive Child Health</td>
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<td>43.</td>
<td>NGO</td>
<td>Non Government Organization</td>
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<td>44.</td>
<td>RTI</td>
<td>Right to Information</td>
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<td>45.</td>
<td>ICTC</td>
<td>Integrated Counseling and Testing Centre</td>
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<td>46.</td>
<td>CM&amp;HO</td>
<td>Chief Medical &amp; Health Officer</td>
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<td>47.</td>
<td>NIP</td>
<td>Norway India Partnership Initiative</td>
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<td>48.</td>
<td>BPL</td>
<td>Below Poverty Line</td>
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<td>49.</td>
<td>ICDS</td>
<td>Integrated Child Development Services</td>
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<td>50.</td>
<td>CPA</td>
<td>Consumer Protection Act</td>
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<td>51.</td>
<td>PNDT</td>
<td>Pre-Natal Diagnostic Techniques</td>
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<td>52.</td>
<td>PNT</td>
<td>Post Natal Entry</td>
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<td>53.</td>
<td>RKS</td>
<td>Rogi Kalyan Samiti</td>
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12th Professional Development Course in Management, Public Health & Health Sector Reforms for DMOs
Background

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

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

The Government of India in consultation with the respective State Governments started implementing the reform process within the country in a phased manner and towards capacity building of district level officers and now
also from the blocks as part of it. This was reinforced in a landmark national resolve, at the 8th conference of Central Council of Health and Family Welfare held in New Delhi (28th-29th August, 2003), where it was unanimously resolved that “the professional training of medical officers in 12-16 years service bracket in Public Health, Management and Health Sector Reforms, should be made a pre-requisite for promotion to CMOs/Civil Surgeons/Hospital Superintendents to equip them to handle their responsibilities better”.

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

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

1. The course was highly appreciated by participants from all the states.

2. Almost every participant of the PDC was of the view that the course has influenced him or her very positively and they wish that such an opportunity should have been given to them earlier in their career, since DHOs have serious managerial responsibility to perform in terms of managing human, material and infrastructure resources, and funds.

3. Some of the participants of the PDC believe that their newly acquired skills and knowledge have proven to be an irritant to their senior officers who have not had the benefit of the PDC training before assuming charge of the district and hence training all seniors at district level was essential.

4. The participants benefited from the programme both in terms of personal effectiveness as well as capacity building to contribute to the objectives of NRHM and National Health Policy.

5. The participants were very happy with the computer skills gained during the training.

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

**The Twelve PDC at NIHFW**

The NIHFW’s Core Committee for PDC, had serial consultations with a view to bring in necessary changes/improvement in the forthcoming 12th course, based on the academic expertise available within the Institute as also the collective feedback received from the participants of last course and the evaluation report of ASCI.

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

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

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

**Course Content**

The course covers five main areas:

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

2. **Communication**
   - Organization Communication
   - Communication with Community
   - PLA Techniques

3. **Public Health**
   - National Rural Health Mission
   - Health and Demographic Indicators
Principles of Epidemiology
Surveillance of Diseases
Epidemic and Disaster Management
National Health Programmes

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

5. **Health Sector Reform and Decentralization**
- Rationale, implications, types and forms of decentralization
- Panchayati Raj
- India’s Policy with Regard to Decentralization
- Dealing with Change
- Role of District Nodal Officers of NRHM

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

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

**Objectives**
At the end of the course, the participants should be able to:
- Explain the existing status of policies, public health programmes and managerial practices in their district;
- Apply principles and techniques of health management and public health for effective delivery of health care under NRHM;
- Describe the components of health sector reforms and their implementation;
- Identify and implement the changes required in the district health system for instituting reforms as per NRHM;
Welcome and Ice-Breaking

The 12th PDC started with introduction of the participants and the coordinating team and Pre Course Evaluation of the participants. The inaugural function was graced by Dr. Dinesh Baswal, Assistant Commissioner, Ministry of Health and Family Welfare, Government of India. Prof. Deoki Nandan, Director NIHFW, welcomed all and Prof. M. Bhattacharya, Head, Department of CHA and Dean of Studies of the Institute and Nodal Coordinator PDC, appraised the participants about the course details and thanked the sponsoring authorities for nominations. The audience comprised of Senior District Level Medical Officers from States of Haryana, Delhi, Uttaranchal, and all Faculty Members, Research Staff involved in this training course.

In his address, Dr. Baswal outlined the vital issues for implementing NRHM, the latest Government programmes and how the whole health system has been restructured for better efficiency and effectiveness of delivery of health care. He emphasized about the unique design of the course to the trainees. He elaborated on the role of PDC; need of PDC for mid level health managers/doctors to implement Public Health and National Health Programmes in health sector by taking new initiatives/options under the umbrella of NRHM.

Sessions on Management

The class-room sessions started with ground rules based on common consensus. The management sessions dealt with all related aspects of service delivery management under NRHM. On day first the main proceedings of the course started with, exercise on reviewing the expectation and fears about the course. Participants were asked to write down their expectation and fears about the course. The expectations of the participants were, to know the existing status of different government policies and programmes, about material, financial and human resource management, NRHM, Health sector Reforms, preparation of District Action Plans and computer skills. Expected fears of the participants were, long sitting and being away from home for 10 weeks. Session on overview of NRHM was taken by Prof. Deoki Nandan, Director (NIHFW), in which he explained goals (reduction of IMR and MMR, universal access to public health services, prevention and control of communicable and non-communicable diseases, population stabilization) and strategies of NRHM i.e. (appointment of ASHA, Capacity building of PRI, Decentralized village and district level health plans, strengthening of Sub
centers, PHC, and CHC, Intersectoral coordination, Data based planning, Monitoring and Evaluation) and approaches (Communication, Monitoring progress against standard, Flexible Financing, Improve management through capacity, Innovation in Human Resource Management) to operationalise the mission goals and problems in implementation. The sessions on general management aspects including human resource aspects was started with an Organizational Behavioural Laboratory for Developing Self-Understanding and Awareness which was conducted for the whole day using innovative and modern HRM techniques. The associated faculty members impressed upon the participants of the course to keep their mind open throughout the 10 weeks tenure of the course in order to acquire knowledge and commensurate skills to handle the existing human resource pool available with them at their respective places of works, for maximizing the overall productivity. Subjects were covered as per schedule.

The most important outcome of the sessions on Human Resource Management was to develop the competency level of the staff for performing tasks and effective use of human resources.

Main learnings of the session on Supportive supervision were role effectiveness, leadership, Managerial functions, methods of team building. Participants learnt through exercise and role play.

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

Prof. Deoki Nandan, Director, NIHFW described some good management and managerial practices at Agra and how these could be replicated at their own work place. The topics covered various aspects of management and emphasis was on problem identification and solutions.

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

In the session on negotiation skills, participants learned the need of negotiation, stages of negotiation, when to negotiate, how to negotiate, precondition of negotiation and conditions to carry out the negotiation.

The outcome of the session of Problem Solving was to understand the differences between the present situation and the expected situation. Recognizing the problem and the steps for solving the problem were taught.
Dr. A.K. Sood spoke on concepts, processes and functions related to organizations diagnosis.

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

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

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

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

In the session on Strategic Communication Design for Behaviour Change participants learnt about the methods of communication, need for strategic communication to sensitize the community about their basic health needs and to raise level of awareness, knowledge and understanding.

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

A local field visit was organized for PLA/PRA techniques headed by Dr. Y.L. Tekhre to the NGO called Manch in Raja Garden, New Delhi. Participants were divided into three groups i.e. Akash, Agni, Prithavi. The main aim of the field visit was to get the participants to practice on PLA techniques and its uses and they did this with villagers on various topics like women and adolescent health needs.

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

In this slot of the first three weeks, all sessions were devoted to management. The participants felt that this was the most important area as they had never been exposed to this. The management sessions were very important and interesting for the participants.
The computer classes started with introduction to computer, MS Word, MS Excel, Power-Point, Internet, in regular sessions.

**Session on Public Health Management**

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

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

In the session of Overview of Hospital Administration, participants learnt about challenges in hospital administration, Importance of up-gradation of infrastructure, consumables, non-consumables, procurement, storage, maintenance and distribution procedures.

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

Equipment Management was taken by Prof. A.K. Agarwal in which he stressed upon need-based realistic procurement of equipments for optimal use, how to plan for purchase of equipments, importance of maintenance and methods for condemning materials without delay. Participants learnt use of coefficient of instruments, specification of instruments, maintenance and repair of instruments, methods of condemnation without delay, technical bids, financial bids, Constitution of maintenance committee and disposal procedures for unserviceable and damaged instruments.

In the session on Materials Management, participants learnt about the methods of inventory management, techniques of inventory controls like ABC, VED and FSN analysis, Importance of inventory management in the hospitals especially for medicines and Challenges of inventory management.

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

In the panel discussion on Quality Care in Hospitals, most important outcome of the discussion was cost effective care based on evidence; need and
preference of patients and population; personal values and beliefs; improve and maintain quality of care through provision of services in a manner acceptable to the client; effective and efficient management and monitoring systems; efficient logistics and good referral system.

A visit to Holy Family Hospital an ISO certified, 300 bedded and average 800 OPD attendance hospital was organized to show different aspects of quality management in a hospital like client and provider friendly facilities, quality of infrastructure & service, team-work, capacity building and work culture.

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

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

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

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

In the session on Role of Panchayat in Health, participants learned about the role of Panchayati Raj under the Indian constitution and its function at different levels like mobilization of Panchayati Raj for public health and sanitation programmes Village Health and Sanitation Committee.

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

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

The session on Population Stabilization covered the topics on the National Population Policy 2000, its operationalization and population stabilization processes followed under NRHM.
The need of ASHA at the community level and that she can provide better facilities at the community level than the lady health visitor, if sufficient training be given to her at the peripheral level.

Important out come of the session on Janani Suraksh Yojana were the need of understanding the underlying causes of high MMR in India and listed remedial interventions to take care of the important causes of maternal mortality.

In the session on Child Health participants learned about the MMR, IMR and the causes which affected the changes in the same. Various initiatives for child health and discussed the barriers for its implementation.

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

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

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

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

Out come of the session on Biostatistics and Indicator in Health were concept of biostatistics, types of variables, presentation of data tables and graphs, different types of graphs, central tendency, sampling and sampling methods, sampling techniques and sources of data. In the session on Health Indicators, participants learned about the importance of indicators, how to set and measure indicators of all the programmes.

Main learnings of the session on Non-Communicable Diseases were the status of non-communicable diseases in the country, major causes of non-communicable diseases, different non-communicable diseases programmes, strategies, how to create awareness about the preventable aspect of non-communicable diseases.

In the session on IDSP (Integrated Diseases Surveillance Project) participants learned about definition of surveillance, terminologies and
components of surveillance activities, disease under surveillance through PHCs and CHCs.

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

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

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

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

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

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

In the session on the Leprosy Elimination Programme, Participants learned about the current status of leprosy, the different initiatives for leprosy eradication and problems in implementation and guidelines for counseling the suspected patients.

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

In the session on Epidemiology Concept and Uses, Prof. M. Bhattacharya described the definition of epidemiology and its day to day use by doctors, the different terminologies and approaches used. She also talked about public health and main functions of public health.
A panel discussion was held on TB and HIV/AIDS in which participants learned about the current status of TB in India, diagnostic procedures and treatment for sensitive and Multi Drug Resistant TB, problems with the current regimen, recommended treatment for sensitive cases and TB-HIV co-infection. Need of involving all types of care providers including NGOs and private practitioners was stressed.

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

**First Field Visit to Himachal Pradesh**

**Objectives of Field Visit**

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

Prior to the field visit to Himachal Pradesh a structured programme was discussed with participants. Twenty three participants with two faculty reached at Tanda Medical College on 23rd April, 2010 in district Kangra. Team stayed at Sansar Chand Guest House of Medical College. The purpose of the visit was to study the strengths and weaknesses in the delivery of health services at all levels i.e. Primary, Secondary and Tertiary levels through in-depth interviews with functionaries. A visit was made to a CHC, a PHC and a sub-centre to interact with functionaries to understand the working patterns and status of health programmes implemented in the periphery. An interaction with the community was also done.

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

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

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

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

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

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

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

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

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

The team reached Udaipur on 17th May 24, 2010 at 5 a.m. by Volvo bus. The team was welcomed by Dr. Ramesh Sharma & Dr Dinesh Karadi and escorted to hotel Ambay Palace. The team then visited CM & HO office after breakfast. In the office the participants first had a round of all the units situated in the premises like
  o Health wing /Malaria, Dengue, drug Inspector
  o District Leprosy Unit
  o IDSP unit
  o Regional Vaccine store.
  o Walk in Chiller
  o NRHM Wing
  o AYUSH Wing

The team then had interaction with the officials of the CM & HO office. The District programme manager Mr. Kumaril Agrawal then talked about the district action plan in details. He then talked about the innovations in Janani Suraksha Yojana like
  1. 1.5 kg ghee on first institutional delivery
  2. 500 Rs. in 3rd trimester to pregnant lady.

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

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

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

The team visited the sub-centre Daava under Bhinder block. The ANM Bhawana Nagda escorted the team to the location. Dr Rajesh Jain, Medical Officer incharge welcomed the guests. He informed that there are 9 villages under this sub-centre and same number of Anganwaris. The nearest CHC is Vallabhnagar. The building was government with labour room, stored water supply. The post of male health worker was vacant. The ANM resides in the
quarters. The OPD patient load was 426. Inspite of the infrastructure the records were not maintained properly and labour room was not utilized.

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

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

The team was taken to see the functioning of Narayan Seva Sanstha. This is an NGO with partnership with the Government of Rajasthan. This is an NGO which gives complete treatment to post polio paralytic persons. The deformity is corrected and prosthesis is given if required. The Government of Rajasthan gives a maximum of Rs.3000/- per patient upto 800 patients/year. It is doing commendable job as perceived by team through discussion with various functionaries in the Sanstha.
The following day the team visited Gitanjali Medical college in Udaipur. It is a private medical college with 350 bedded hospitals established in 2008. It is state of art quality, tertiary level care. Land was provided by PRI and Urban Improvement Trust on concessional rate. The subsidized treatment is given to BPL patients. The team felt that monitoring is required to ensure compliance to the terms of mutual agreement and social obligations.

The team also visited Swargiya Khemraj Katara satellite hospital at Hiranmagri. Dr K.C. Panwar Medical Officer gave overview of the main objective of starting this hospital was to decrease work overload at tertiary level.
The team reached Jaipur on 20th May, 10 in morning. The team visited Rukminidevi Beniprasad Jaupuria Hospital after breakfast. Dr. D.S. Malik, senior specialist was incharge of the hospital. It was 100 bedded hospitals started in 2005 with the help of donation by private person having land area 7.5 acres.

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

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

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

Team Co-ordinators

Dr. T. Bir
Ms Vaishali Jaiswal

PRESENTATION GROUPS

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

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

Group III
- Dr. Neeraj Yadav
- Dr. Ratna Bharti
- Dr. Suneel Kumar
Session on Health Sector Reforms

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

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

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

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

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

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

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

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

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

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

In the session on Gender Mainstreaming important learning’s were the concept behind gender mainstreaming, its necessity and the principles of gender equality. There was a discussion on the problems faced by the women with HIV.

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

Outcome of the session of Tobacco Initiatives was the framework convention on tobacco control, economic and social burden of tobacco use, the initiatives taken by the government and the different programmes/policies for tobacco control, efforts to create awareness in the community about the harmful effects of tobacco use.

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

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

In the session on PNDT participants learned the various acts, problems in implementation and solutions.
Outcome of the session of Programme for the Disabled and the Handicapped was the various programmes run by the Government for the handicapped and their problems.

Participants were given time and support to prepare their District Action Plans for presentation. One full day was devoted to the presentation of district action plans before the judges who included Dr. P.L. Joshi, Dr. P. Deepak and faculty members.

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

**Valedictory Session**

The concluding session of 12th PDC was held on 5th June, 2010 afternoon in Teaching Block. Prof. Nandan welcomed all the participants on this occasion. He asked the participants to come out with suggestions on improving the programme and making it more effective.

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

All the participants gave feedback about the course. The utility of the course was appreciated by all the participants. Professor Deoki Nandan distributed the course completion certificates to the participants. Dr. Neelam Bharti was awarded the First prize for Action Plan, Dr. Rajendra Prashad from Haryana received II prize for Action Plan. First Prize for Portfolio awarded to Dr. Rajora from Haryana. Dr. Neeraj Yadav from Haryana received the second prize. They also received cash awards. The valedictory session came to close with a hearty vote of thanks by Professor T. Bir.
### ANNEXURE-I

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

<table>
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<th>Day &amp; Date</th>
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<td><strong>Monday</strong></td>
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<td>29-03-10</td>
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| Recap, experience sharing & preparation of portfolio | 1. Introduction, Expectations & Fears and Pre Course Evaluation 
Course Team | 2. Overview of NRHM 
Prof. Deoki Nandan | 3 & 4. Organisational Behaviour Laboratory for Developing Self Understanding & Awareness 
L/D 
Dr. P.L. Trakroo |  
| **Tuesday**   |                      |                      |                     |                   |                  |
| 30-03-10      |                      |                      |                     |                   |                  |
| 5, 6, 7 & 8. Organisational Behaviour Laboratory for Developing Self Understanding & Awareness 
L/D 
L/D 
Prof. Deoki Nandan | 10. Mentoring 
Dr. Poonam Khattar | 11 & 12. Computer Practice |  
| **Wednesday** |                      |                      |                     |                   |                  |
L/D 
Prof. Deoki Nandan | 10. Mentoring 
Dr. Poonam Khattar | 11 & 12. Computer Practice |  
| **Thursday**  |                      |                      |                     |                   |                  |
| 1-04-10       |                      |                      |                     |                   |                  |
L/D 
Prof. U. Datta | 15 & 16. Supportive Supervision 
L/D 
Dr. V.K. Arora | 17, 18, 19 & 20. Leadership and Team building 
L/D and Games 
Dr. V.K. Arora |  22, 23 & 24. Computer Practice- MS Word |  
| **Friday**    |                      |                      |                     |                   |                  |
| 2-04-10       |                      |                      |                     |                   |                  |
L/D 
Dr. A.K. Sood | 22, 23 & 24. Computer Practice- MS Word |  

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

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12th Professional Development Course in Management, Public Health & Health Sector Reforms for DMOs
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<td><strong>Monday 5-04-10</strong></td>
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<tr>
<td>Recap, experience sharing &amp; preparation of portfolio</td>
<td>25, 26, &amp; 27 Motivation and Management of Conflict L/D</td>
<td>Dr. Rajni Bagga</td>
<td>28. Orientation to NDC and procurement of district data (DLHS III) by each participant for their own</td>
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<tr>
<td><strong>Tuesday 6-04-10</strong></td>
<td>29 &amp; 30. Negotiation Skills L/D Dr. Venkat Raman</td>
<td>31 &amp; 32. Data for Evidence Based Planning L/D &amp; exercise Prof. M. Bhattacharya</td>
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<td><strong>Wednesday 7-04-10</strong></td>
<td>33. Management of Change in the Health Sector L/D Prof. N.K. Sethi</td>
<td>34 &amp; 35. Managerial Problem Identification and Prioritization Dr. S. Gupta</td>
<td>36. Computer Mr. P.D. Kulkarni</td>
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<tr>
<td><strong>Thursday 8-04-10</strong></td>
<td>37. IEC in NRHM L/D Mr. Sanjay Prasad</td>
<td>38. IEC Dr. T. Mathiyazhagan</td>
<td>39 &amp; 40. BCC Dr. H.S. Chauhan</td>
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<td><strong>Friday 9-04-10</strong></td>
<td>41 &amp; 42. IEC &amp; BCC- Applied in Health Settings Field Visit Dr. T. Mathiyazhagan &amp; team</td>
<td>43 &amp; 44. Strategic Communication in Health L/D Dr. Gita Bamezai</td>
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<td><strong>Saturday 10-04-10</strong></td>
<td>45, 46, 47 &amp; 48. PLA/PRA L/D and Field visit Dr. Y.L. Tekhre</td>
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*Note: 5.30 p.m. to 7.00 p.m. Computer Practical Sessions everyday*
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<td></td>
<td>49 &amp; 50. IPC</td>
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<td>51 &amp; 52. Computer</td>
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<td></td>
<td>Dr. P.L. Trakroo</td>
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<td>Mr. P.D. Kulkarni</td>
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<td><strong>Tuesday</strong> 13-04-10</td>
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<td>Hospital Administration</td>
<td>Drugs</td>
<td>Management L/D</td>
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<td>exercise</td>
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<td>Dr. J.K. Das</td>
<td>Dr. D. Roy</td>
<td>Dr. J.K. Das</td>
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<tr>
<td><strong>Wednesday</strong> 14-04-10</td>
<td>Recap, experience sharing &amp; preparation of portfolio</td>
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<td></td>
<td>57. Equipment</td>
<td>58. Biomedical</td>
<td>59 &amp; 60. Visit to</td>
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<td>Management L/D</td>
<td>Waste Management</td>
<td>Holy Family Hospital</td>
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<td>Dr. A.K. Agarwal</td>
<td>Dr. T.K. Joshi</td>
<td>Mrs. Reeta Dhingra and Mr. D. Arya</td>
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<td>Supply under NRHM</td>
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<td>Approach L/D</td>
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<td>Dr. J.K. Das</td>
<td>Dr. J.K. Das</td>
<td>Mr. Bejon Misra</td>
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<tr>
<td><strong>Friday</strong> 16-04-10</td>
<td>65 &amp; 66. Preparation of Action Plan L/D</td>
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<td>67 &amp; 68. Quality of Care in Hospitals</td>
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<td></td>
<td>Dr. V.K. Tiwari</td>
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<td>Panel Discussion</td>
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<td>Dr. R. Yadav, Dr. M.C. Misra, Dr. Chandra Shekhar Yadav, Dr. Sudha Salhan</td>
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<tr>
<td><strong>Saturday</strong> 17-04-10</td>
<td>69, 70, 71 &amp; 72. Preparation of Action Plan Contd.....</td>
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<td>Moderator- Prof. M. Bhattacharya</td>
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<td>Dr. V. K. Tiwari and team</td>
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**Note:** 5.30 p.m. to 7.00 p.m. Computer Practical Sessions everyday
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<tr>
<td><strong>Monday 19-04-10</strong></td>
<td>Recap, experience sharing &amp; preparation of port folio</td>
<td>73. Overview of Public Health L/D Prof. D. Nandan</td>
<td>74. Role of AYUSH in NRHM L/D Dr. D. Katoch</td>
<td>75. Role of Panchayat in Health L/D Dr. T. Bir</td>
<td>76. Village Health and Sanitation Committee L/D Prof. M. Bhattacharya</td>
</tr>
<tr>
<td><strong>Tuesday 20-04-10</strong></td>
<td>77. ICDS and Convergence in NRHM L/D Dr. Dinesh Paul</td>
<td>78. FRU Functioning and Constraints L/D Prof. K. Kalaivani</td>
<td>79. Janani Suraksha Yojana L/D Mr. Sanjay Prasad</td>
<td>80. Trainings under NRHM with emphasis on ASHA L/D Dr. D. Baswal</td>
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<tr>
<td><strong>Wednesday 21-04-10</strong></td>
<td>81. HMIS contents and interpretation. L/D Dr. Rattan Chand</td>
<td>82. Basic and Emergency Obstetric Care L/D Dr. Himanshu Bhushan</td>
<td>83. Family Planning programmes L/D Dr. S.K. Sikdar</td>
<td>84. Child Health L/D Dr. S. Saxena</td>
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**Note:** 5:30 p.m. to 7:00 p.m. Computer Practical Sessions everyday
**First Field Visit in an average performing state (23-04-10 to 29-04-10)**

<table>
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<tr>
<th>Day</th>
<th>Activities</th>
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<tr>
<td><strong>Friday 23-04-10</strong></td>
<td>At the Village- PRI, AWW, ANM &amp; ASHA under NRHM and MPW (male)</td>
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<td>Visit to sub-centre</td>
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<td>At the PHC- (24 X 7 Services) &amp; FRU</td>
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<td>Visit to CHC- BDO, BPM, NGO CDPO, Convergence, welfare schemes, Immunization,</td>
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<td>resource mapping in health for planning, implementation of programmes</td>
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<td>Visit to the Distt.- DPMO, Public Health Laboratory, RKS</td>
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<td><strong>Thursday 29-04-10</strong></td>
<td>Visit to the state - NRHM coordination &amp; implementation, SPMU and Programme</td>
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<td>Officers</td>
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<td>(to prepare a report and present at state level)</td>
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<td><strong>Friday</strong></td>
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<td><strong>30-4-10</strong></td>
<td>89. Managing Media</td>
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<td>Dr. T. Mathiyazhagan</td>
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<td><strong>3-05-10</strong></td>
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<tr>
<td><strong>Tuesday</strong></td>
<td>97 &amp; 98. Biostatics &amp; Indicators in Health</td>
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<td><strong>4-05-10</strong></td>
<td>Recapt, experience sharing &amp; preparation of port folio</td>
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<td>Dr. Pushpanjali Swain &amp; Dr. M.H. Meitei</td>
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<td><strong>5-05-10</strong></td>
<td>Dr. S.V. Adhish</td>
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<td><strong>6-05-10</strong></td>
<td>Dr. Renu Paruthi &amp; Prof. M. Bhattacharya</td>
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<tr>
<td><strong>Friday</strong></td>
<td>113. Assessment of Nutrition Dr. M. Bhattacharya</td>
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<td><strong>7-05-10</strong></td>
<td>Dr. M. Bhattacharya</td>
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<tr>
<td><strong>Saturday</strong></td>
<td>117, 118, 119 &amp; 120. Computer Practice Computer Centre</td>
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<td><strong>8-05-10</strong></td>
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**Note:** 5:30 p.m. to 7:00 p.m. Computer Practical Sessions everyday
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<th>Day &amp; Date</th>
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<td></td>
<td>Dr. Sudhir Gupta</td>
<td>Dr. G.P.S. Dhillon</td>
<td>Dr. Manju Mehta/ MOHFW</td>
<td>Dr. Randeep Guleria</td>
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<tr>
<td><strong>Tuesday 11-05-10</strong></td>
<td>Recapt sharing &amp; preparation of port fo</td>
<td>125 &amp; 126. TB &amp; HIV/AIDS Panel Discussion Dr. L.S. Chauhan Dr. S. Venkatesh/ Dr. J.N. Banavilker Moderator Prof. M. Bhattacharya</td>
<td>127. Vector Borne Disease Control Programme Dr. P.K. Srivastava</td>
<td>128. RTI/STIs Programme Dr. Manju Bala</td>
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<tr>
<td><strong>Wednesday 12-05-10</strong></td>
<td>Recap, experience sharing &amp; preparation of port folio</td>
<td>129 &amp; 130. Quality in Health Care Panel Discussion UNFPA / CMO/ Prof. Deoki Nandan/ Moderator Dr. M. Bhattacharya</td>
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<td>131 &amp; 132. Visit to NAZ Foundation Course Team</td>
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<tr>
<td><strong>Friday 14-05-10</strong></td>
<td>137 &amp; 138. Health Care Financing L/D and Discussion Dr. Suparna S. Pachouri</td>
<td>139 &amp; 140. Costing &amp; Budgeting in a Project L/D &amp; Exercises Dr. K.S. Nair &amp; Mrs. Reeta Dhingra</td>
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<td><strong>Saturday 15-05-10</strong></td>
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<td>141, 142, 143 &amp; 144. Computer Class Computer Centre</td>
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**Note:** 5:30 p.m. to 7:00 p.m. Computer Practical Sessions everyday
## Second Field Visit from 16-05-10 to 22-05-10

<table>
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<tr>
<th>Date</th>
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<tr>
<td><strong>Sunday</strong></td>
<td>Departure for Gujarat/ Tamil Nadu</td>
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<tr>
<td><strong>16-05-10</strong></td>
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<tr>
<td><strong>Monday</strong></td>
<td>Demonstration of various Innovative initiatives under NRHM</td>
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<td><strong>17-05-10</strong></td>
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<tr>
<td><strong>Tuesday</strong></td>
<td>State/ Distt. NRHM Unit/ SPMU</td>
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<td><strong>18-05-10</strong></td>
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<tr>
<td><strong>Wednesday</strong></td>
<td>Financial –Fund Flow, PPP, Outsourcing, contracting/ NGOs, Accredited Hospitals</td>
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<td><strong>19-05-10</strong></td>
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<tr>
<td><strong>Thursday</strong></td>
<td>Health Insurance- Logistics &amp; Supply and Drugs Distribution, IPHS</td>
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<td><strong>20-05-10</strong></td>
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<td><strong>Friday</strong></td>
<td>HMIS</td>
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<td><strong>21-05-10</strong></td>
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<td><strong>Saturday</strong></td>
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<td><strong>22-05-10</strong></td>
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Note: 5.30 p.m. to 7.00 p.m. Computer Practical Sessions everyday

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<tr>
<td><strong>Monday 24-05-10</strong></td>
<td>145. User Charges in Public Health Services L/D Dr. K.S. Nair</td>
<td>146. Community Health Insurance L/D GOI</td>
<td>147 &amp; 148. Public Private Partnership L/D Dr. Sanjay Gupta</td>
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<tr>
<td><strong>Tuesday 25-05-10</strong></td>
<td>Recap, experience sharing &amp; preparation of portfolio 149. Accounting &amp; Auditing L/D &amp; Exercises Mr. Anoop Gupta</td>
<td>150. UC and SOE's Mrs. Lekha Nair</td>
<td>151. Disaster Preparedness &amp; Management L/D Dr. A.K. Shrivastava</td>
<td>152. Computer</td>
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<tr>
<td><strong>Wednesday 26-05-10</strong></td>
<td>153 &amp; 154. Gender Mainstreaming Panel Discussion Dr. Neena Raina, Dr. Suneela Garg Dr. Rajesh Mehta Moderator Dr. Poonam Khattar</td>
<td>155 &amp; 156. Systems Approach to Training L/D Dr. U. Datta</td>
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<tr>
<td><strong>Thursday 27-05-10</strong></td>
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<td>HOLIDAY (BUDH PURNIMA)</td>
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<td><strong>Saturday 29-05-10</strong></td>
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<td>161, 162, 163 &amp; 164. Computer Class Computer Centre</td>
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<tr>
<td><strong>Monday</strong> 31-05-10</td>
<td>Recap, experience sharing &amp; preparation of portfolio</td>
<td>165 &amp; 166. PNDT &amp; MTP Act Panel Discussion &amp; MOHFW</td>
<td>Moderator Dr. U. Datta</td>
<td>167. Programme for Disabled and Handicapped L/D Dr. H.C. Goyal</td>
<td>168. Geriatric Care L/D Prof. A.M. Khan</td>
</tr>
<tr>
<td><strong>Tuesday</strong> 1-06-10</td>
<td>Recap, experience sharing &amp; preparation of portfolio</td>
<td>169. Adolescent Health Programmes L/D Dr. S. Menon</td>
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<td>171. Preparation of finalization of Action Plan Coordinating Teams</td>
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<tr>
<td><strong>Wednesday</strong> 2-06-10</td>
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<td>172, 173, 174 &amp; 175. Preparation of Action Plan Course Team</td>
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<tr>
<td><strong>Thursday</strong> 3-06-10</td>
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<td>176, 177, 178 &amp; 179. Presentation on Action Plan Faculty &amp; Judges from CTIs</td>
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<tr>
<td><strong>Friday</strong> 4-06-10</td>
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<td>180 &amp; 181. Presentation on Action Plan Faculty &amp; Judges from CTIs</td>
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<td>182 &amp; 183. Computer Test</td>
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<tr>
<td><strong>Saturday</strong> 5-06-10</td>
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<td>184 &amp; 185. Post Course Evaluation</td>
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<td>Distribution of Certificates &amp; Wrap Up</td>
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ANNEXURE-II

Sessional Objectives

1. **Expectations & Fears and Pre Course Evaluation**
   At the end of the session, the participants should be able to:
   (i) List the expected learning from the course vis-à-vis their role in the field & their fears & expectations.

2. **Overview of NRHM**
   At the end of the session, the participants should be able to:
   (i) List the goals and strategy of NRHM.
   (ii) Identify approaches to operationalise the mission goals.
   (iii) Discuss problems in implementation.

3, 4, 5, 6, 7 & 8.
**Organizational Behaviour Laboratory for Developing Self Understanding & Awareness**
At the end of the session, the participants should be able to:
   (i) List steps for self-improvement.
   (ii) Discuss the groups/individual behaviour dynamics.

9. **Best Management Practices**
   At the end of the session, the participants should be able to:
   (i) To describe the best managerial practices and how these could be replicated in their own work place.

10. **Mentoring**
    At the end of the session, the participants should be able to:
    (i) Change the concept of mentoring and discuss the steps in maintaining it.

13 & 14.
**Human Resource Management**
At the end of the session, the participants should be able to:
   (i) Describe the importance of human resource as being central to an organisation.
   (ii) Discuss the difference between role and job and how to increase their role effectiveness.

15 & 16.
**Supportive Supervision**
At the end of the session, the participants should be able to:
   (i) Explain the concept, functions and styles of supervision.
   (ii) Describe the supervisory practices within a district health system.
17, 18, 19 & 20.
Leadership and Team Building
At the end of the session, the participants should be able to:-
(i) Describe the various styles of leadership.
(ii) Analyze their own leadership style.
(iii) Explain the ways of building a health team

At the end of the session, the participants should be able to:-
(i) Describe the basic concepts of management.
(ii) Describe the management, process and functions.
(iii) Analyze issues related to management practices in the context of health care delivery.

25 - 27.
Motivation and Management of Conflict
At the end of the session, the participants should be able to:-
(i) Explain work motivation and the ways to motivate subordinates.
(ii) Describe how work motivation can be applied in a district health organization.
(iii) Discuss the process for identifying the causes of conflict.

28. Orientation to NDC and procurement of District Data (DLHS-III)
At the end of the session, the participants should be able to:-
(i) To access literature in the library and on the net for knowledge gain.
(ii) Gather DLHS data of their own districts to identify problems.

29 & 30.
Negotiation Skills
At the end of the session, the participants should be able to:-
(i) Describe how to set up a negotiation process to avoid conflict.
(ii) Describe how to use arbitration in the negotiation process.

31 & 32.
Data for Evidence Based Planning
At the end of the session, the participants should be able to:-
(i) Describe the sources of data.
(ii) Discuss the methods of data interpretation.
33. Management of Change in the Health Sector
At the end of the session, the participants should be able to:
(i) Discuss the need for a change in an organisation.
(ii) Explain the mechanisms for implementing changes effectively.
(iii) Discuss barriers to change.

34 & 35. Managerial Problem Identification and Prioritization
At the end of the session, the participants should be able to:
(i) Describe the concept of managerial problem identification.
(ii) Discuss the steps in managerial problem identification.
(iii) To discuss the prioritization of problem

37. IEC in NRHM
At the end of the session, the participants should be able to:
(i) Describe need for IEC.
(ii) Discuss the various IEC packages available under NRHM and the strengths and weaknesses.

38. IEC
At the end of the session, the participants should be able to:
(i) Discuss IEC in health sector.
(ii) Discuss the process of IEC.

39 & 40. BCC
At the end of the session, the participants should be able to:
(i) Discuss BCC in health sector.
(ii) Discuss the process of BCC and use in health.

41 & 42. IEC & BCC – Applied in Health Settings
At the end of the session, the participants should be able to:
(i) Discuss IEC & BCC in health sector.
(ii) Discuss the process of BCC.

43 & 44. Strategic Communication in Health
At the end of the session, the participants should be able to:
(i) Describe the strategic communication in NRHM.
(ii) Discuss the various methods of communication suited for different stakeholders.
45-48. **PLA/ PRA Practice in the Field**
At the end of the session, the participants should be able to:-
(i) Explain the concept of PLA/PRA.
(ii) Describe the various methods of PLA/PRA.
(iii) Discuss the use of PLA/PRA for enhancing community participation.

49 & 50. **Interpersonal Communication (IPC)**
At the end of the session, the participants should be able to:-
(i) Explain the importance of Interpersonal Communication (IPC) in effective delivery of Public Health Services.
(ii) Describe the process of interpersonal communication.
(iii) List the skills of explaining.
(iv) Enumerate the skills of active-listening
(v) Discuss the skill of non-verbal communication
(vi) List the barriers of effective Interpersonal Communication
(vii) Discuss the role of emotional and spiritual intelligence effective in Interpersonal communication.

53. **Overview of Hospital Administration**
At the end of the session, the participants should be able to:-
(i) Discuss the different aspects of Hospital Administration.
(ii) Describe the concept of Quality care as a central initiative.
(iii) Describe the Economical House keeping practices.

54. **Essential Drugs**
At the end of the session, the participants should be able to:-
(i) Discuss the Fundamentals of Logistical practices.
(ii) Identify the Essential drug lists in use.
(iii) Describe the Rational use of drugs.
(iv) List steps in weeding out banned formulations from market.

55 & 56. **Materials Management**
At the end of the session, the participants should be able to:-
(i) Describe the importance of the cycle of material management.
(ii) Discuss the importance of using modern scientific method for materials management.
(iii) Discuss various techniques of materials management including Inventory Control techniques.
57. **Equipment Management**  
At the end of the session, the participants should be able to:-  
(i) Describe the importance of purchasing, keeping inventory and maintaining equipment at district level.  
(ii) Discuss the importance of condemnation procedure in their organisations and the required changes.

58. **Biomedical waste management**  
At the end of the session, the participants should be able to:-  
(i) Describe the set-up for Biomedical Waste Management.  
(ii) Discuss the issues related to Biomedical Waste Management in rural & urban areas.

59 & 60.  
**Visit to Holy Family Hospital**  
At the end of the session, the participants should be able to:-  
(i) Describe the various functional areas in hospital.  
(ii) Discuss the quality of services provided.

61. **Logistics and Supply under NRHM**  
At the end of the session, the participants should be able to:-  
(i) Discuss the principles of logistics and supply.  
(ii) Describe the procedures for implementation.

62. **Consumer Rights and Responsibilities**  
At the end of the session, the participants should be able to:-  
(i) Discuss the rights & responsibilities of consumers.  
(ii) Explain ways of consumer education.  
(iii) Describe role of quality services in utilization of health services.

63 & 64.  
**Project Formulation and Log Frame Approach**  
At the end of the session, the participants should be able to:-  
(i) Explain the concept of Log Frame Approach and need.  
(ii) Identify a health problem in their own district and prepare a project using the Log Frame Approach.

65 & 66 and 69-72.  
**Preparation of Action Plan**  
At the end of the session, the participants should be able to:-  
(i) Identify the problem in their work place.  
(ii) Diagnose the causes of the problem.  
(iii) Frame goals, objectives and strategies.  
(iv) Prepare an action plan.

67 & 68.
Quality of Care in Hospitals
At the end of the session, the participants should be able to:
(i) Discuss the concept of quality.
(ii) Describe the various processes for ensuring quality in hospitals.

73. Overview of Public Health
At the end of the session, the participants should be able to:
(i) Discuss the comparative dimensions of personal health vis-à-vis community health.
(ii) Discuss the various public health activities.

74. Role of AYUSH in NRHM
At the end of the session, the participants should be able to:
(i) Discuss the role of AYUSH under NRHM.
(ii) Describe the current status.

75. Role of Panchayat in Health
At the end of the session, the participants should be able to:
(i) Describe the role of PRI in health.
(ii) Discuss the constraints in implementing health programmes.

76. Village Health and Sanitation Committee
At the end of the session, the participants should be able to:
(i) Describe the role of VHSC.

77. ICDS and Convergence in NRHM
At the end of the session, the participants should be able to:
(i) Identify the role of sectors for convergence.
(ii) Explain the mechanism for coordination and convergence.
(iii) Describe the coordinate activities under NRHM.

78. FRU Functioning and Constraints
At the end of the session, the participants should be able to:
(i) Discuss the current status of FRUs.
(ii) Describe the processes for improvement.

79. Janani Suraksha Yojana
At the end of the session, the participants should be able to:
(i) Explain the concept of JSY.
(ii) Describe the implementation of JSY.
(iii) Discuss the problems in implementation.
80. **Trainings under NRHM with Emphasis on ASHA**
At the end of the session, the participants should be able to:-
(i) Enumerate the kind of training under NRHM.
(ii) Discuss the National Training Strategy.
(iii) Discuss the training components of ASHA.

81. **HMIS Contents and Interpretation**
At the end of the session, the participants should be able to:-
(i) Describe the sources of data and current HMIS.
(ii) Discuss problems in implementation and strategies for improvement.

82. **Basic and Emergency Obstetric Care**
At the end of the session, the participants should be able to:-
(i) Understanding the underlying causes of high MMR in India.
(ii) Appreciating the efforts being made under NRHM to address the important causes of high maternal mortality.
(iii) The list of remedial interventions to take care of the important causes of maternal mortality.

83. **Family Planning Programme Updates**
At the end of the session, the participants should be able to:-
(i) Discuss the various Family Welfare methods.
(ii) Describe the constraints in success of Family Planning Programme.

84. **Child Health**
At the end of the session, the participants should be able to:-
(i) Explain the various initiatives for child health.
(ii) Discuss the barriers to implementation.

85. **District Action Plan under NRHM**
At the end of the session, the participants should be able to:-
(i) Importance of District Action Plan under NRHM.
(ii) Steps to prepare and implement District Action Plan.

86. **Monitoring & Evaluation of Health Programme**
At the end of the session, the participants should be able to:-
(i) Assess the progress of the health programme as per guidelines.
(ii) Ascertain if any time/cost over run.
(iii) Decide next course of action.
87. **Population Stabilization**
   At the end of the session, the participants should be able to:
   (i) Discuss the components of the Population policy 2000 and operationalization.
   (ii) Describe the population stabilization processes followed under NRHM.

88. **Convergence under NRHM**
   At the end of the session, the participants should be able to:
   (i) Explain the mechanism for coordination and convergence.
   (ii) Describe the coordinate activities under NRHM.

89. **Managing Media**
   At the end of the session, the participants should be able to:
   (i) Explain the significance of managing media.
   (ii) Describe the methods for managing media.

90. **Visit to JSK Population Control**
   At the end of the session, the participants should be able to:
   (i) To understand the policies and strategies for population control.

91-96.
   **Computer Preparation of Action Plan**
   At the end of the session, the participants should be able to:
   (i) Identify the problem in their work place.
   (ii) Diagnose the causes of the problem.
   (iii) Frame goals, objectives and strategies.
   (iv) Prepare an action plan.
   **Then Presentation of Action Plans**

97 & 98. **Biostatics and Indicators in Health**
   At the end of the session, the participants should be able to:
   (i) Describe the concepts of bio statistics for use a DMO.
   (ii) Discuss the various health indicators and the interpretation.

97 & 98. **Epidemic Management**
   At the end of the session, the participants should be able to:
   (i) Enumerate the steps for epidemic management.
   (ii) Explain the responses for controlling epidemics of communicable diseases.
101. **IMNCI**
   At the end of the session, the participants should be able to:
   (i) Describe the contents of IMNCI.
   (ii) Recognise the role of this programme in reducing infant and child mortality.
   (iii) Plan for its integration in existing Health Care system.

102. **Strategy for Polio Eradication**
   At the end of the session, the participants should be able to:
   (i) Describe the methods and significance of surveillance in Polio Eradication Programme.
   (ii) Discuss the problems in implementation and process of monitoring.

103 & 104. **Epidemiology Concept and Uses**
   At the end of the session, the participants should be able to:
   (i) Explain the concept of epidemiology and its use in management.
   (ii) Describe the various types of epidemiological approaches for identifying health/disease problems.

105 & 106. **IDSP**
   At the end of the session, the participants should be able to:
   (i) Discuss organization and functions of the Integrated Disease Surveillance Project.
   (ii) Describe constraints in implementation.

107 & 108. **Community Needs Assessment and Resource Mapping in RCH**
   At the end of the session, the participants should be able to:
   (i) Describe the importance of CNA Approach.
   (ii) Identify steps in CNA approach & resource mapping.
   (iii) Discuss use of the data generated from CNA approach & resource mapping.

109 & 110. **Strengthening Routine Immunization**
   At the end of the session, the participants should be able to:
   (i) Describe the status and the strengths and weakness in the programme.
   (ii) Discuss the recent changes in strategy and how to implement.
111 & 112.  
**Public Health Nutrition and Nutrition in Women & Children**  
At the end of the session, the participants should be able to:-  
(i) Discuss the status of malnutrition in the county.  
(ii) Describe the various nutritional programs in the country.

113. **Assessment of Nutrition**  
At the end of the session, the participants will be able to:-  
(i) Discuss the need for assessment.  
(ii) Explain the methods and interpretation of assessment data for diagnosing malnutrition.

114. **Iodine Deficiency Disorder and Vit ‘A’**  
At the end of the session, the participants should be able to:-  
(i) Discuss current situation of iodine deficiency disorders in India and causes.  
(ii) Describe the magnitude of Vitamin ‘A’ deficiency disorder and nutritional blindness in India.  
(iii) Enlist the doses & schedule for treatment of nutritional blindness and Vitamin ‘A’ prophylaxis.  
(iv) Discuss challenges in implementation.

115 & 116. **Stress Management**  
At the end of the session, the participants should be able to:-  
(i) Identify the factors related to stress.  
(ii) Discuss the various methods for reducing stress.

121. **Non Communicable Disease & Control Programmes**  
At the end of the session, the participants should be able to:-  
(i) Describe the status of NCD in the country.  
(ii) Discuss the Non Communicable Diseases control strategies and progress.

122. **Leprosy Elimination Programme**  
At the end of the session, the participants should be able to:-  
(i) Describe current status of leprosy.  
(ii) Discuss the strategy for elimination of leprosy.

123. **Mental Health Programme**  
At the end of the session, the participants should be able to:-  
(i) Discuss the magnitude of mental diseases in the country.  
(ii) Discuss the mental health programme in the country.
124. Managing Avian Flu
At the end of the session, the participants should be able to:-
(i) Describe the Epidemiology of bird flu and chikunguniya.
(ii) Discuss the measures for control.

125 & 126. TB & HIV/AIDS
At the end of the session, the participants should be able to:-
(i) Describe the programs for TB and HIV/AIDS.
(ii) Discuss the link between the two diseases and areas of administrative convergence.

127. Integrated Vector Borne Disease Control Programme
At the end of the session, the participants should be able to:-
(i) Discuss the activities being undertaken under IVBDCP and the strengths and weakness in the programme.

128. RTI/STI Programme
At the end of the session, the participants should be able to:-
(i) Describe the various RTI/STIs.
(ii) Discuss the programme and constraints in the implementation.

129 & 130. Quality in Health Care
At the end of the session, the participants should be able to:-
(i) Describe the concepts of quality.
(ii) Discuss constraints in implementation of Quality in Health care and measures to improve them.

131 & 132. Visit to NAZ
At the end of the session, the participants should be able to:-
(i) Describe the role of NGOs in care and support of ill persons.
(ii) Discuss the services available for HIV/AIDS patients.

133 & 134. Overview of Health Sector Reforms
At the end of the session, the participants should be able to:-
(i) List the major health sector reforms.
(ii) Discuss the various Health Sector Reforms and their implementation status.

135. E-Governance
At the end of the session, the participants should be able to:-
(i) Discuss the importance and methods of E-Governance.
136. Overview of Financial Management under NRHM
At the end of the session, the participants should be able to:-
(i) Describe the main financial procedure carried out at district levels.
(ii) Describe how to control finances by forward planning.

137 & 138. Health Care Financing
At the end of the session, the participants should be able to:-
(i) Describe the concept of health care financing.
(ii) Describe alternative ways of financing in workplace.
(iii) List out the main thrust areas of these policies.
(iv) Discuss the status of implementation of these policies.

139 & 140. Costing & Budgeting in a Project
At the end of the session, the participants should be able to:-
(i) Describe the costing of various activities.
(ii) Describe different types of budgeting procedures.
(iii) Discuss performance based budgeting.

145. User Charges in Public Health Services
At the end of the session, the participants should be able to:-
(i) Discuss the implementation and advantages of user charges.
(ii) The functioning of Rogi Kalyan Samiti for utilization of user charges.

146. Community Health Insurance
At the end of the session the participants should be able to:-
(i) Appreciate the need for insurance cover to avoid indebtedness due to illness/treatments.
(ii) Explain concept of risk pooling.

147 & 148. Public-Private-Partnership
At the end of the session, the participants should be able to:-
(i) Describe importance of public – private partnerships.
(ii) Describe mechanisms to develop public private partnerships.

149. Accounting & Auditing
At the end of the session, the participants should be able to:-
(i) Describe the main financial procedures carried out at district levels.
(ii) Describe how to maintain accounts and to make UCs, SOEs etc.
150. **UC and SOEs**
   At the end of the session, the participants should be able to:-
   (i) Describe how to maintain accounts and to make UCs, SOEs etc.

151. **Disaster Preparedness & Management**
   At the end of the session, the participants should be able to:-
   (i) List the various events and disasters, which require preparedness.
   (ii) Describe the contingency plans for managing them.

153 & 154. **Gender Mainstreaming**
   At the end of the session, the participants should be able to:-
   (i) Describe the concept of gender sensitivity.
   (ii) Discuss the means for mainstreaming.

155 & 156. **Systems Approach to Training**
   At the end of the session, the participants should be able to:-
   (i) Discuss the methods for assessing training need and conducting trainings in health sector.

157. **Office & Disciplinary Procedures**
   At the end of the session, the participants should be able to:-
   (i) Describe the shortcomings in functioning of an office.
   (ii) Describe the steps in implementing disciplinary procedures.
   (iii) Describe various vigilance procedures.

158. **Managing Medico-Legal Cases**
   At the end of the session, the participants should be able to:-
   (i) Describe the need for knowledge on medico-legal issues.
   (ii) Discuss the various medico-legal issues of relevance.

159 & 160. **CPA & Medical Negligence**
   At the end of the session, the participants should be able to:-
   (i) Describe the important aspects of CPA & and other examples of medical negligence.
   (ii) Discuss the operationalization of these acts in their districts.

165 & 166. **PNDT Act & MTP Acts**
   At the end of the session, the participants should be able to:-
   (i) Describe the various acts, problems in implementation and solutions.

167. **Programme for Disabled and Handicapped**
At the end of the session, the participants should be able to:-
(i) Describe the status of disability and handicap in the country.
(ii) Discuss the role of district officers in prevention and empowerment.

168. Geriatric Care
At the end of the session, the participants should be able to:-
(i) Describe the status of geriatric care in India and role of Govt. & NGOs.

169. Adolescent Health Programme
At the end of the session, the participants should be able to:-
(i) Discuss the status of Adolescent health in the country.
(ii) State the need for services for adolescents.
(iii) Describe the existing policy/services in the country.

170. Tobacco Initiatives
At the end of the session, the participants should be able to:-
(i) Describe the initiatives taken by Government.
(ii) Discuss the tobacco related legislations.
(iii) Explain the steps to initiate programmes in their workplace.

171-181.
Preparation and Presentation of Action Plan

184 & 185.
Post Course Evaluation
A structured format used and participants attempt it.

182 & 183.
Computer Test
At the end of the session, the participants should be able to:-
(i) Test the skills/knowledge of the participants.

11, 12, 22-24, 36, 117-120, 128, 141-144, 52, 161-164
Computer Classes
At the end of the session, the participants should be able to:-
(i) Describe the MS Word, MS Excel & Power Point, internet and their use.
(ii) Demonstrate the skills to work on them and prepare Action Plan on Power point.
Statistical Analysis of Pre and Post Test Evaluation

Maximum Marks= 140  
Mean Pre-test Score \( (\bar{X}_1) = \frac{536}{23} = 23.30 \)  
Mean Post-test Score \( (\bar{X}_2) = \frac{2364}{23} = 102.78 \)  
Mean Gain = 102.78 - 23.30 = 79.48  
Mean difference of \( \bar{X} = \frac{1}{n} \sum X = \frac{1828}{23} = 79.47 \)  

Standard Deviation (SD) \( = \sqrt{\frac{1}{n} \sum (X - \bar{X})^2} = 12.87 \)  
Standard Error = 2.683  
T23 = X/SE = 79.47/2.683 = 29.62  
At 10 degrees of freedom 5% significant limit of t is 2.683  
The observed t value is 29.62 times the standard error  
The training programme was highly effective as the mean gain in pre & post scores was highly significant (\( t' = 29.62, P<0.001 \)).
ANNEXURE-IV

Course Director
Prof. Deoki Nandan

Nodal Coordinator
Prof. (Mrs.) M. Bhattacharya

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

Course Co-coordinator
1 Mrs. Reeta Dhingra 29/3/10 to 5/6/10

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

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

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Mr. S.P. Singh, Mr. Jagdish Sharma,
Mr. Sherin Raj T.P.
## LIST OF PARTICIPANTS

<table>
<thead>
<tr>
<th>S. No</th>
<th>District</th>
<th>State</th>
<th>Name of the participant</th>
<th>Designation</th>
<th>Course Date</th>
<th>Year</th>
<th>Address (Office)</th>
<th>Address (Res)</th>
<th>Tel (R/O)</th>
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<tr>
<td>1</td>
<td>Rohtak</td>
<td>Haryana</td>
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<td>SMO</td>
<td>29-3-2010</td>
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<td>2</td>
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<td>3</td>
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<td>Dr. Anup Kumar</td>
<td>Dy. Civil Surgeon</td>
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</table>
Sitting Row (L to R): - Dr. Ankur Yadav, Mrs. Reeta Dhingra, Prof. T. Bir, Prof. Neera Dhar, Prof. M. Bhattacharya, Prof. Deoki Nandan, Prof. J.K. Das, Prof. V.K. Tiwari, Prof. Rajni Bagga, Dr. Sanjay Gupta, Dr. Poonam Khattar.

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

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

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