

# INTRODUCTION

## The Vision

*“A developed India by 2020, or even earlier, is not a dream. It need not even be a mere vision in the minds of many Indians. It is a mission we can all take up – and succeed.”*

- APJ Abdul Kalam

The Prime Minister of India, Dr. Manmohan Singh launched the National Rural Health Mission (NRHM) on 12<sup>th</sup> April, 2005, at Vigyan Bhawan, New Delhi. There can not be any doubt that it is a welcome initiative and as our Prime Minister is fond of saying “an idea whose time has come.” Rural health care is in a state of disarray and requires major inputs to restore it to a modicum of respectability. While there is reasonable consensus on the diagnosis, opinion on treatment modalities are varied, a not surprising finding among doctors!

Strengthening of primary health care, improvement of medical education and disease surveillance were the three priority areas identified for health sector in India by a panel of public health specialists in 2001. In tune with this, NRHM rightly attempts to put its own house in order and envisages strengthening of the public health system right down till primary health care level.

## Components of National Rural Health Mission

Some of the key features of NRHM include decentralized village and district level health planning and management creation of over 2,50,000 trained village level Accredited Social Health Activists (ASHA), improved management capacity to organize health systems and services in public health improving public health facilities till sub centre and PHC level in terms of quality of care by introducing Indian Public Health Standards for different levels, integrating vertical programmes, promoting health insurance, increasing public spending on health through the budget from the current level of 0.9% to at least 2-3% of GDP over the next five years and mainstreaming of Ayurveda Yoga Unani Siddha Homeopathy (AYUSH) and convergence with nutrition, safe water supply and sanitation. NRHM is basically a strategy for integrating ongoing different health programmes like Integrated Disease Surveillance Programme (IDSP) and Reproductive & Child Health (RCH-II) etc into one umbrella. It also includes experiments with health care delivery models. These are in terms of Health Insurance packages and creation of additional cadres of para-health professionals.

Since independence in 1947, the pace of development in India has unequivocally registered commendable speed in a number of sectors including

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

health. Honest efforts made by the Union & 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 two global achievements viz. eradication of smallpox and dracontiasis while prevalence and incidences of killer diseases like Malaria, Polio, Cholera & 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, Yaws, Kalazar and elimination of Leprosy 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. 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 & devolution, performance linked funding support, sustainability of infrastructure/ workforce, already in place, community need based planning, client centered health care delivery, inter sectoral coordination and public private partnership

Some states have since achieved commendable success in public health indices because of:

- Effective programme management practices at all level of health care
- Judicious Management of existing health care personnel
- Maximum/need based/ timely utilization of funds available under various Public Health programmes/schemes
- Better supply of drugs & allied products
- Improved Health Management Information System
- High degree of motivation amongst health care personnel
- Committed community participation

The issues relating to the Health & Family Welfare of one billion plus population in India are too many. However, those relating to the primary health care including care for mothers & children and population stabilization have social as well as administrative dimensions. The multitude of tasks in this sector cannot be performed by the providers alone. Participation of communities in comprehensive health care business through interrelated sectors other than medical and public health is essential for attainment of the cherished goals indicated in the National Population Policy 2000 and National Health Policy 2002 as well as for the implementation of the Common Minimum Programme of the Government of India. The leadership and involvement of General District Administration is equally important as that of Medical and Public Health functionaries. Meanwhile, recently, the **National Rural Health Mission (NRHM)**

has since received the approval of the Union Cabinet and is being pursued vigorously. Beginning the 2<sup>nd</sup> year of the 7 years tennure of the NRHM the PDC curriculum has been suitably amplified by including subjects like **running peripheral health facilities, planning for FRU's, village Health Days, Linkage with ASHA, equity/gender issues, Rogi Kalyan Samiti, integration of health schemes at grassroot level, reporting under NRHM, Financial aspects Public Health Facility Management etc.**

As far as the Government Sector is concerned, operationally, the Chief Medical Officers at district level enjoy the nodal status in respect of Health care delivery services supported by Deputy CMOs and respective Programme Officers. Within a few years after induction into service, the prospective incumbents usually get promotion to higher berths, but more often than not find themselves amidst administrative indecision, because of considerable lack of proficiency, related to management aspects of health care services like General Management, Human Resource Management, Financial Management, Materials Management, Disciplinary /Vigilance matters and more importantly the management of on-going projects related to health, which are not taught in the medical colleges. Besides skills like objective measurements of unmet needs in the communities through techniques like PLA, FGD and computer aided solutions for problems are also needed, so that the over all return on investment in health sector is commensurate with inputs. These shortcomings have also been pointed out in the National Health Policy 2002.

Since 1997, the year that saw the beginning of Sector Investment initiatives in Health & Family Welfare in India, it is being realized that the professional development of all the CMOs/DHOs at Distt level, needs to be undertaken seriously, so as to ensure expected returns within stipulated time frame with limited resources available. Unless this happens, the willingness of funding agencies to support various National Programmes is bound to suffer. Hence, the health care hereafter will have to be operationally feasible and cost effective, without adding additional input like personnel, new buildings, costly equipments etc. The health sector is all set to receive additional funds to the extent of 2-3% of GDP.

In response to the expressed desire of the Govt. of India (DoFW), the European Commission (EC) extended a grant of 200 million Euros through the joint financing agreement signed between the E.C. and Govt. of India in September 1997 for the Sector Investment Programme (SIP) to assist the implementation of the policy reforms spelt-out in the landmark document "Paradigm Shift", in which decentralization within the H&FW Departments and sharing responsibility with the elected local self-governed entities like the Panchayati Raj Institutions (PRIs), had been accepted as national policy. The DoFW had initially attempted to approve and monitor District Action Plans (DAPs) directly. However, the states have now been given this task with the hope that

this step would ensure greater ownership by the states. However, for effective planning & management at the district level competence needs to be build up. Besides, there is additional need for the district officers to initiate decentralized planning in health, adopt community needs assessment approach, enable community participation and ensure quantity & quality in health care together with active involvement of non-health sectors for effective delivery of services, to meet the changing health scenario & the evolving health sector reforms.

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

NIHFW started the programme on 10<sup>th</sup> September 2001 and by now around 135 District Medical Officers have been trained in Public Health, Management & Health Sector Reforms through seven Professional Development Courses in NIHFW. Going by the performance of the participants and based on the pre and post course evaluation undertaken by the experts from NIHFW; the events certainly reflected anticipated success. Frank and unbiased opinion from the participants favoured continuing this course in future to involve all target DMOs throughout the country, until at least 2 – 3 District level Medical Officers are trained in each district.

During the pilot stages, 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, Govt. of India vindicated the usefulness of the course while recommending certain marginal changes, which have been done.

The course has been rolled out to selected 13 regional training centers throughout the country since January 2005. In the coming years senior district level medical officers are expected to be trained on similar lines during their service period between 12-16 years for higher level administrative posts.

The following chronological events contributed to a conducive environment within the country, to realise the cherished goals in conformity with the National Population Policy, National Health Policy and the National Rural Health Mission. These were the: -

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- (a) 73rd and 74th Constitutional amendments
- (b) Common Minimum Programme of GOI, which inter-alia hints at enhancement in spending on health to the tune of 2-3% of GDP over next 5 years with focus on primary health care.
- (c) Resolve of Union & State Governments to make PDC prerequisite for promotion to managerial posts (CC of H&FW Conference 28-29 August, 2003)
- (d) Continued support from GOI/EC, to States for:
  - Policy,
  - Technical,
  - Funding (performance based),
  - Operational autonomy through DH & FW Society
- (e) Announcement of the National Rural Health Mission to be in place for the target states by April, 2005.

The NRHM components In respect of the goal are, decentralization & devolution, performance linked funding, sustainability of infrastructure/workforce, community participation, user-friendly care and public – private partnership.

Health care personnel therefore have to now act as “**Agents of Change**” to ensure availability/accessibility/affordability of products & services, offered as integral part of on-going Health & Family Welfare reform programmes in general and the NRHM in particular are met.

**Some Observations on the Professional Development Course have been as under:**

*“Professional Development of District Level Medical Officers is essential to inculcate comprehensive health management expertise in them, who by and large come from clinical disciplines”*

**A. R. Nanda**  
Former Secretary FW, GOI

*“PDC has emerged as one of the most successful and commendable activity at NIHFW, if we consider all other activities of this institute, since its inception in 1977”*

**J. V. R. Prasada Rao**  
Erstwhile Secretary FW & Currently Secretary Health, GOI

*“H & FW - the most difficult sector to manage. Tasks are enormous but responsibilities are much less defined. Financial considerations are almost non-existent. Hence, financial/monetary accountability is absolutely indispensable to ensure expected outcome. Financial flowchart is must, that tells us what activity,*

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

*at what point of time, where and for how many clients. All this constitute efficient programme management, leading to maximization of output within existing constraints”*

*“Best brains enter Medical Schools but lack level of competence as managers.”*

**P. K. Hota**

Secretary FW, GOI

*“PDC developed by NIHFWS has been one of the real achievements of the EC supported SIP so far”*

**Team Leader ECTA, India**

### **MESSAGE FROM HONORABLE PRIME MINISTER – Dr. MANMOHAN SINGH (2005)**

“The launching of the National Rural Health Mission earlier this year fulfilled one of the most important commitments of the UPA Government. It is a landmark in our quest for providing accessible and affordable health care to all citizens living in the rural areas particularly to the poorer and weaker sections. Even before our independence, Mahatma Gandhi had prepared a constructive people centric programme giving a prominent place to health and hygiene. The National Rural Health Mission also focuses on popular and community based participation. It lays stress on strengthening primary health centers, effective delivery of health services. Above all, it aims to become a people’s movement for fighting disease, malnutrition and a host of social problems such as gender imbalance. Apart from improving health services by reaching out to the community, the Mission underlines the importance of educating the people about the crucial role of social and preventive medicine in safeguarding public health and promoting our welfare and well-being. While our Government under the Common Minimum Programme reiterates the commitment to raise national health spending from 0.9% of GDP at present to 2% in course of next few years, we are pledged to accelerate our efforts for improving our health services through decentralization of authority so that the country could have healthy and quality human resources to face the challenges of the future.”

### **MESSAGE FROM HONORABLE MINISTER (H&FW), GOI – Dr. ANBUMANI RAMADOSS**

“Launched by the Honorable Prime Minister on 12<sup>th</sup> April this year, the Mission is to cover all States and Union Territories in the country with special focus on 18 States with weaker health infrastructure and demographic indicators. It lays stress on reducing Maternal and Infant Mortality, universal access to public health services, prevention and control of communicable and non-communicable

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

diseases, ensuring population stabilization, maintaining gender balance, revitalization of local and health traditions and promotion of healthy lifestyles. The Government is committed to increasing the outlay in the health sector from 0.9% to 2% of the GDP in the next few years. It is also proposed to have a woman Accredited Social Health Activist (ASHA) in each village across the high focus States. ASHA would act as a link between Auxiliary Nurse Midwife (ANM) and the village and be accountable to the Panchayat.

Under the overall umbrella of the NRHM, a number of programmes, especially the Reproductive & Child Health Programme (RCH-II), Immunization Programme, Janani Suraksha Yojana (JSY) and Diseases Control Programme have been included. The areas of health, poverty, population and development are those on which the Government and the civil society need to work together. Maternal Mortality and the Infant Mortality are areas of serious concern. The goal of stabilization of the population alongwith empowerment of women is one of the important challenges before us. The National Rural Health Mission seeks to address these problems with the help and support of the civil society. The Mission is expected to bring about a paradigm shift in the health delivery system in the country.”

**THE UNION SECRETARY (H&FW), SHRI NARESH DAYAL, IN A SPECIAL NOTE DATED 16<sup>TH</sup> MARCH, 2007 OBSERVED AS UNDER:-**

“In order to effectively handle our country’s health challenges, the MOHFW/ GOI, have been making tremendous efforts through various centrally sponsored and aided health programmes. The NRHM from April, 2005 has further prioritized the national commitment of strengthening the health infrastructure and quality services while ensuring their reach upto the most peripheral areas along with their optimal utilization by the community. All the States/ UTs of India have been making sincere efforts and reforms in the health care delivery system, however, a lot of this goes unnoticed and is thus not documented.”

Launched by the Honorable Prime Minister, the National Rural Health Mission (NRHM) has since assumed considerable momentum in tune with the mandate of the Union Government under the Common Minimum Programme. In order to ensure hassle free start as also sustainable operations, substantial budgetary provisions have also been made. The core objective is to address the specific health needs of the poor and needy rural population especially women & children, who remain somewhat deprived, despite impressive investments in the health sector, since independence.

Health care initiatives in India so far have been investment intensive and rural people still remain considerably neglected. The health related issues including Reproductive and Child health care and population stabilization, are

dependent on social and administrative mobilization. This task cannot be performed by the medical personnel alone. The leadership and involvement of administrators is extremely important, coupled with convergent approach from all related sectors. One area that emerges as priority is to enable our health care professionals to acquire modern managerial techniques (including handling finances and human resources) to ensure quick response to health problems so that, most of these are managed at Primary Health Care level. Along the same lines, a new centrally planned "Outreach enhancement Scheme" christened ASHA (Accredited Social Health Activist) under NRHM is already underway.

Meanwhile, a Professional Development Course in Management, Public Health and Health Sector Reforms developed by Ministry of Health and Family Welfare in close consultation with eminent experts addresses the core requirement of preparing the middle level in-service Medical Officers for the role of Lead-Manager. The course has assumed nation-wide popular proportions and has also been adopted by the Central Council for Health & Family Welfare, as a pre-requisite for medical personnel for taking up managerial positions at the district level. It is now going to be conducted by selected 13 institutions all over India, to cater to the entire nation.

Following successful completion of eight Professional Development Courses, NIHFWS Core Committee for PDC, had serial consultations with a view to bring in necessary changes/ improvement in the forthcoming 9<sup>th</sup> course, based on the academic expertise available within the Institute as also the collective feed-back received from the participants of these courses and the internal and external core committees. Special sessions on specific activities undertaken as per NRHM mission document, have also been included in the programme schedule for the 9<sup>th</sup> course

The following improvements were listed: -

- a). The course duration to remain 10 weeks.
- b). Time for some of the subjects has been increased e.g. sessions on human resource management, finance and programme management.
- c). Concentrated efforts have been made for building skills in formulation of Action Plans related to NHRM at levels of districts/ taluks/ PHCs.
- d). Meticulously structured, multi-dimensional evaluation forms for the relevant features of the course has been developed by NIHFWS experts.

In Chapter 10 Dealing with Training (Page 121-126) of the Annual Report 2006-07 of Ministry of Health & Family Welfare, Government of India clearly mentions about the course as under:-

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

“Professional Development Course in Management, Public Health and Health Sector Reforms for District Medical Officer is supported by European Commission and it has been made re-requisite for their promotion to CMO/ Civil Surgeon. Realizing the relevance and importance, the course now is being rolled out in the entire country with the help of 13 identified training institutions (besides NIHFW) to train with the span of 2-3 years nearly 1800 district level medical officers, who are in the service bracket of 12-16 years. The NIHFW has been designated as the National Nodal Training Institute by the Ministry of Health and Family Welfare. During the year 2006, 166 District level Medical Officers have been trained and total of 613 persons were trained till 31<sup>st</sup> October 2006”

List of institutes selected for rolling out of the courses are as under:-

Sl. No.	Name & Address
1.	National Institute of Health & Family Welfare (NIHFW), Munirka, New Delhi
2.	State Institute of Health & Family Welfare, Bhubneshwar
3.	Shree Chitra Tirunal Institute of Medial Science & Technology Medical College, Thiruvananthapuram, Kerala
4.	Public Health Institute, Poonamallee, Tamil Nadu
5.	Indian Institute of Public Administration, New Delhi
6.	Indian Institute of Health Management & Research, Jaipur
7.	All India Institute of Hygiene & Public Health, Kolkata
8.	State Institute of Health & Family Welfare, Shimla
9.	IIHFW, Hyderabad, Andhra Pradesh
10.	Sanjay Gandhi P.G.I.M.S, Lucknow.
11.	State Institute Health & Family Welfare, Ahmedabad
12.	Public Health Institute, Nagpur
13.	RHFWTC, Indore, MP
14.	State Institute of Health & Family Welfare, Panchkula, Punjab

The Indian Public Health Standards (IPHS) Draft Guidelines incorporating the Recommendations of Task Group headed by Dr. S.P. Agarwal, DGHS, GOI, mentions about the public health programme manager’s profile (in page no-6) as under:-

- Diploma and MD seats for post graduation in Public Health to be increased across the country. However, care should be taken to only include institutions with assured quality and able to provide adequate field and community-based training.
- Persons with DNB degrees in Family Medicine, Hospital Administration, Public Health, Maternal and Child Health are to be recognized for the post.
- Persons who have completed the Professional Development Course of three months with nine months field training in recognized training institute may also be eligible for the same. This may also be seen as a career

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

advancement avenue for Medical Officers serving in PHCs who may be eligible for the post after a stint of 3-4 years in PHC and completion of this course.

## **COURSE CONTENT**

The course will cover five main areas:

### **1. Management**

- Basic Management concepts - Functions & principles
- Planning, Monitoring & Evaluation
- Human resource management
- Materials management
- Office procedures & disciplinary procedures
- Health Management Information System

### **2. Communication**

- Organization communication
- Communication with community
- PLA Techniques

### **3. Public Health**

- National Rural Health Mission (NRHM)
- Health & demographic indicators
- Principles of Epidemiology
- Surveillance of diseases
- Epidemic and disaster management
- National Health Programmes
- Population / Health Policies and Acts.

### **4. Health Financing**

- Basics of health economics
- Financial management
- Alternative financing schemes
- Public-private partnership
- Health insurance
- User fee systems

### **5. Health Sector Reform and Decentralization**

- Rationale, implications, types and forms of decentralization
- Panchayati Raj
- India's policy with regard to decentralization
- Dealing with change
- Role of District Nodal Officers of NRHM.

## **Computer**

- Basic Operations of computers.
- Use of MS Word, MS Excel, Power Point & 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 & 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 the implementation.
- Identify the changes required in the District health system for instituting reforms.
- Prepare an Action Plan related to NRHM in their district.
- Acquire adequate computer literacy required for day to day working and making presentations

**9<sup>th</sup> Professional Development Course in Management, Public Health & Health Sector  
Reforms for DMOs (16<sup>th</sup> July to 22<sup>nd</sup> September 2007)**

Day & Date	9:30 am to 10:00 am	10:00 am to 11:15 am	11:30 am to 1:00 pm	2:00 pm to 3:15 pm		3:30 pm to 5:00 pm
<b>Monday 16-07-07</b>	Recap, experience sharing & preparation of port folio	1. Inauguration	2. Welcome Meet (Ice-Breaking) & Expectations Course Team	3. Overview of NRHM L/D Dr. Amarjeet Sinha		4. Overview of Public Health L/D Dr. D. Nandan
<b>Tuesday 17-07-07</b>		5. Training under NRHM with focus on ASHA L/D Dr. N Namshum	6. Implementation of ASHA L/D Dr. D. Baswal	(2-3 p.m.) 7.PMU str & func: L/D Dr. M. Bhattacharya	(3-4 p.m.) 7A. Public Health Management L/D Dr D Mavlankar	8. Service Delivery at PHC- Mainstreaming of AYUSH L/D Dr. D. Katoch
<b>Wednesday 18-07-07</b>		9. Monitoring of programme outcomes under NRHM L/D Mr. P. Chattopadhyay	10. Financial management under NRHM L/D Mr. P.K. Aggarwal	11. H & FW based PPP under NRHM. L/D Ms. Archana Verma		12. Outsourcing & contracting in hospitals L/D Prof. Shakti Gupta
<b>Thursday 19-07-07</b>		13 & 14. Implementation of IPHS L/D & exercises  Dr. S.K. Satpathy		15. Intersectoral Convergence under NRHM L/D Dr. Tarun Seem		16. Role of Drinking Water and Total Sanitation Campaign under NRHM L/D
<b>Friday 20-07-07</b>		17. Community Participation L/D  Dr. D. Nandan	18. NGO coordination under NRHM L/D  Dr. P.C. Das	19. Managing VHC and Village Health Day L/D  Mr. R.S. Meenakalki		20. Introduction to Computer M.S. Word  Computer Centre
<b>Saturday 21-07-07</b>		21 & 22. Introduction to NDC & information on websites for data.		23 & 24. Computer Practice		

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

Day & Date	9:00 am to 10:00 am	10:00 am to 11:15 am	11:30 am to 1:00 pm	2:00 pm to 3:15 pm	3:30 pm to 5:00 pm
<b>Monday 23.07.07</b>	Recap, experience sharing & preparation of port folio	25, 26, 27 & 28. Organisational Behaviour Laboratory for Developing Self Understanding & Awareness L/D Dr. Raini Bagga			
<b>Tuesday 24.07.07</b>		29 & 30. Steps for Action Plan Formulation, Identification of Topics, Objective setting for Action Plan L/D Dr. V.K.Tiwari	31. Project formulation & log frame approach L/D Dr U. Dutta	32. Finalization of topics & objectives  Dr. M. Bhattacharya, Dr. V.K. Tiwari, Dr. R. Bagga, Dr. P.C. Samantaray & Dr. S. Gupta	
<b>Wednesday 25.07.07</b>		33 & 34. Overview of Management in Health Sector: Process, Functions and Skills of Management L/D Dr. A. K. Sood	35 & 36. Inter Personal Communication Skills Dr. Rajni Bagga		
<b>Thursday 26.07.07</b>		37 & 38. Counselling Skills Role play & Case Study Dr. Rajni Bagga	39 & 40. Work Motivation Exercise & Games Dr. Rajesh Singh		
<b>Friday 27.07.07</b>		41, 42, 43 & 44. Leadership & Team building L/D & Games Dr. V.K. Arora			
<b>Saturday 28.07.07</b>		45 & 46. Supportive Supervision L/D Dr. V.K. Arora	35 & 36. Computer Practice Computer Centre		

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

### First Field Visit

<b>Sunday 29.07.07</b>	<b>Departure for field visit to Rishikesh from NIHFW Hostel at 5.00 AM Reaching to Rishikesh and briefing the participants on field work</b>	
<b>Monday 30.07.07</b>	Holistic Medicine & Management of Stress (Yoga) At HIHT	Orientation to PLA/PRA Techniques (Exercise & Group work)  Dr. Rajni Bagga
<b>Tuesday 31.08.07</b>	Field visit to practice PLA and gain experience of rural health programmes, Presentation & feedback of PLA Field Work at HIHT and visit to HIHT Hospital  Dr. Rajni Bagga & Team	
<b>Wednesday 01.08.07</b>	Visit to Mother NGO/ PMU/ Practice of IPC and Motivation Skills  Dr. Rajni Bagga & Team	
<b>Thursday 02.08.07</b>	Administrative Reforms and Best Management Practices at Mussoorie Visit to Lal Bhahdur Shastri Academy of Administration Course Team	
<b>Friday 03.08.07</b>	Reforms under NRHM/ Financial Management & SPMU Health Directorate of Government of Uttarakhand, Dehradun	Return to NIHFW

Day & Date	9:30 am to 10:00 am	10:00 am to 11:15 am	11:30 am to 1:00 pm	2:00pm to 3:15 pm	3:30 pm to 5:00 pm
<b>Monday 06.08.07</b>	Recap, experience sharing & preparatio n of port folio	49. Overview of Hospital Administration L/D Prof. J. K. Das	50 & 51. Logistics & Supply Management including Essential Drugs L/D & exercises Dr. P. C. Samantaray		52. Exercises on Logistic Management under NRHM L/D Dr. S. Gupta
<b>Tuesday 07.08.07</b>		53. Equipment Management L/D Maj. Gen. Asim Charkraborty	54 & 55. Materials management and Inventory Control L/D Dr. J. K. Das		56. Computer Practice
<b>Wednesd ay 08.08.07</b>		57 & 58. Visit to Fortis Hospital Mr. Daljit Singh		59. Overview of Financial Management L/D From Govt. of Haryana	60. Funding Based on Benchmarking & e-finance L/D Mr. Rajesh Kumar
<b>Thursday 09.08.07</b>		61. Financial Procedure & managing budget, cash etc. L/D Ms. Lekha Nair	62. User Charges in Public Health Services/ RKS L/D Dr. K.S. Nair	63 & 64. Conflict Management & Negotiation Skills L/D Dr. Venkat Raman	
<b>Friday 10.08.07</b>		65. Management of Change in the Health Sector L/D Dr. N.K. Sethi	66. Best Management Practices L/D Dr. Deoki Nandan	67. Managerial Problem Analysis L/D Dr. S. Gupta	68. Cost Benefit & Cost effectiveness of Health Care Programme L/D & Exercise Mrs. Reeta Dhingra
<b>Saturday 11.08.07</b>		69 & 70. National, Health Population & Nutrition Policy Group Work & Presentations Dr. M. Bhattacharya, Dr. S.V. Adhish & Dr. S. Gupta		71 & 72. Computer Practice Computer Centre	

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

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

Day & Date	9:30 am to 10:00 am	10:00 am to 11:15 am	11:30 am to 1:00 pm	2:00 pm to 3:15 pm	3:30 pm to 5:00 pm
<b>Monday 13-8-07</b>		73. Good Practices in Health Care L/D  Dr. Padmanaban	74. Steps for population Stabilization L/D  Mrs. Sailja Chandra	75 & 76. Biostatistics concepts and indicators L/D  Dr. C.M. Pandey	
<b>Tuesday 14-8-07</b>		77. Family Planning Programme Updates L/D  Dr. Jayalakshmi	78. Improving Institutional Delivery (JSY) L/D  Mr. K.D. Maiti	79 & 80. Monitoring & Evaluation of programme L/D and Exercises  Dr. S. Gupta	
<b>Wednesday 15-8-07 (GOI, Holiday)</b>					
<b>Thursday 16-8-07</b>	Recap, experience sharing & preparation of port folio	81. Epidemiology Concept & Use L/D  Dr. M. Bhattacharya	82. Surveillance for diseases L/D  Dr. S.V. Adhish	83 & 84. Evidence based data interpretation for planning Exercises  Dr. M. Bhattacharya	
<b>Friday 17-8-07</b>		85 & 86. Visit to NICD for Integrated Disease Surveillance Programme Course Team		87 & 88. Visit to Integrated Vector Borne Disease Control Programme  Course Team	
<b>Saturday 18-8-07</b>		89. Non-Communicable Diseases L/D  Dr. Sudhir Gupta	90. Epidemic Management & response L/D  Dr. D.C. Jain	91& 92. Immunization L/D  Dr. Renu Paruthi	

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

**Second Field Visit from 20-8-07 to 25-8-07**

<b>Monday 20-8-07</b>	PRI, AWW, ANM & ASHA under NRHM Visit to sub-centre
	Visit to a PHC (24 X 7 Services)
	Convergence, welfare schemes, Immunization, resource mapping for planning, implementation of programmes- visit to CHC
	At the Distt.- Collection of various samples for testing- Polio vaccine, samples of water stool, food & milk
	National Disease Control Programmes
	Visits to VCTC, DOTs & Birth & Death Registration Centers
<b>Saturday 25-8-07</b>	HMIS appraisal & comments on records
	At the State- NRHM coordination & implementation

Day & Date	9:30 am to 10:00 am	10:00 am to 11:15 am	11:30 am to 1:00 pm	2:00 pm to 3:15 pm	3:30 pm to 5:00 pm
<b>Monday 27-8-07</b>	Recap, experience sharing & preparation of port folio	93. IMNCI L/D	94. Strategy for Polio Eradication L/D	95 & 96. Basic and emergency obstetric care	
<b>Tuesday 28-8-07</b>		Dr. S.V. Adhish	Dr. Biswal	Dr. Himanshu Bhushan	
<b>Wednesday 29-8-07</b>		97. Nutrition Programmes L/D	98. Programme for Control of Blindness L/D	99 & 100. TB & HIV/AIDS Panel Discussion	
<b>Thursday 30-8-07</b>		Dr. K. Kalaivani	Dr. Jose	Dr. L.S. Chauhan/ Dr. Jotna Sokhey/ Dr. J.N. Banawalekar	
<b>Friday 31-8-07</b>		101. Managing Bird Flu & Chikunguniya L/D	102. Mental Health Programme L/D	103 & 104. Action Plan on Computer	
<b>Saturday 1-9-07</b>		Dr. Naresh Arora	Dr. Manju		
		105 & 106. Quality of Care L/ Exercises		107 & 108. Disaster Preparation & Management	
		Dr. M. Bhattacharya		Dr. A.K. Srivastava	
		109 & 110. HMIS in NRHM L/D		111 & 112. IEC/ BCC Methods Dr. Mathiazhagan	
		Dr. V. K. Tiwari			
	113 & 114. MLRC practice of presentation skills L/D		115 & 116. Computer Practice & preparation of Action Plan on computer		
	Dr. Neera Dhar/ Mrs. Arti Mamtani		Computer Centre		

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

Day & Date	9:30 am to 10:00 am	10:00 am to 11:15 am	11:30 am to 1:00 pm	2:00 pm to 3:15 pm	3:30 pm to 5:00 pm	
<b>Monday 3-9-07</b>	Recap, experience sharing & preparation of port folio	117. Overview of Health Sector Reforms L/D Mr. J.P. Misra	118. Evidence based Public Health Interventions L/D Dr. Ashok Kumar	119 & 120. Action plan on Computer Computer Team		
<b>Tuesday 4-9-07</b>		121 & 122. Programme Implementation Plan  G. W. & Presentation		123 & 124. Systems approach to training L/D Dr. Poonam Khattar		
<b>Wednesday 5-9-07</b>		125. Community Health Insurance L/D Dr. Indrani Gupta	126. Public Private Partnership L/D Dr. Manoj Aggarwal	127 & 128. Computer Practice		
<b>Thursday 6-9-07</b>		129 & 130. Strategic Communication in Health L/D Mr. Sanjeev Kumar		131. Social Marketing in Health Care  L/D Official from Hindustan Latex	132. Action Plan on Computer	
<b>Friday 7-9-07</b>		133. Office & Disciplinary Procedures L/D Sh. J.A. Vaidyanathan		134. Managing Medico Legal Cases L/D Prof. S.C. Verma	135 & 136. CPA & Medical Negligence Panel discussion  Dr. M.C. Gupta/ Dr. U. Dutta/ Mrs. S. Ratna	
<b>Saturday 8-9-07</b>		137. National disability profile & welfare schemes L/D Dr. H.C. Goyal		138. Briefing for field visit  Coordinator	139. Urban Health L/D Dr. Siddharth Agarwal & MOHFW	
<b>Monday 10-9-07</b>		140, 141 & 142. Computer & preparation of action plan and portfolio			143. Leave for field visit	

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

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

**Third Field Visit from 11-9-07 to 15-9-07**

<b>Tuesday 11-9-07</b>	Health Sector Reforms/ RCH-II State/ Distt. NRHM Unit/ SPMU
	Financial Management –Fund Flow
<b>Saturday 15-9-07</b>	Kharad- Hospital/ District Health Society / PMU
	Initiatives like PPP, Outsourcing contracting/ NGOs
	Practice on rapid appraisal methods for monitoring & HMIS

Day & Date	9:30 am to 10:00 am	10:00 am to 11:15 am	11:30 am to 1:00 pm	2:00 pm to 3:15 pm	3:30 pm to 5:00 pm	
<b>Monday 17-9-07</b>	Recap, experience sharing & preparation of port folio	144. Geriatric Care Dr. A.M. Khan	145, 146 & 147. Preparation of Action Plan All Faculty & Computer Team			
<b>Tuesday 18-9-07</b>		148, 149, 150 & 151. Presentation of Action Plan by Participants All Faculty				
<b>Wednesday 19-9-07</b>		152 & 153. Biomedical Waste Management Visit to LNJP Hospital	154. Visit to Voluntary Health Association of India Course Team	155. Assessment of Computer Proficiency  Computer Centre		
<b>Thursday 20-9-07</b>		156 & 157. PNDT & MTP Act Panel Discussion		158. Adolescent Health Programmes L/D Dr. S. Menon	159. Gender Mainstreaming L/D Dr. G. Bamezai	
<b>Friday 21-9-07</b>		160. Managing Media for Advocacy	161. Post Course evaluation L./D  Dr. P. Khattar	162. VALEDICTORY		
<b>Saturday 22-9-07</b>		Wrap Up.				

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

## **Sessional Objectives**

### **3. Over view 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.

### **4. Overview of Public Health**

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

- i) An insight into the comparative dimensions of personal health vis-à-vis community health.
- ii) Understanding the efforts of the Union Government to mainstream/ health activities.

### **5. Training Under NRHM with focus on ASHA**

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

- i) Enlist the personnel who will undergo training under NRHM
- ii) Enumerate the kind of training, which will be given to different personnel
- iii) Discuss the training components of ASHA

### **6. Implementation of ASHA Scheme.**

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

- i) Describe the concept and objectives of this scheme
- ii) Discuss the mechanism and implementation of this scheme.

### **7. PMU Structure & function at district level & downward.**

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

- i) Describe the objectives of PMU
- ii) Discuss the Operationalization of PMU's

### **7A. Public Health Management for NRHM**

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

- i) Discuss the importance of Public Health Management in NRHM.
- ii) List issues related to Public Health Management.

### **8. Service delivery at PHC- Mainstreaming of AYUSH.**

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

- i) Describe the various functions, which would be delivered at PHC by AYUSH
- ii) Describe the mechanism of delivery of AYUSH at PHC

### **9. 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.

- 10. Monitoring evaluation of programme outcomes under NRHM**  
At the end of the session, the participants should be able to:-  
i) Describe how the various components under NRHM to be monitored.  
ii) Describe the how the reporting will be done under NRHM
- 11. H&FW based PPP under NRHM.**  
At the end of the session, the participants should be able to:-  
i) Getting acquainted with the concept, necessity and practice in respect of public private participation.  
ii) Scope of enhancing programme productivity through PPP.  
iii) Benefits and limitations of PPP.
- 12. Outsourcing & Contracting in Hospitals**  
At the end of the session, the participants should be able to:-  
i) Understand the requirement of additional manpower in clinical support service activities.  
ii) Assessing the potential working capacity of existing staff and identifying requirement of supplementation.  
iii) Outsourcing for relevant activities.
- 13 & 14. Implementation of IPHS**  
At the end of the session, the participants should be able to:-  
i) Discuss the need for standardization at various levels of health care through out the country.  
ii) Describe the standards laid down for PHC/ CHC etc.  
iii) Identifying the constraints in implementation.
- 15. Intersectoral Convergence under NRHM**  
At the end of the session, the participants should be able to:-  
i) Understanding the inter dependability of activities under different sectors connected with health care.  
ii) The concept of convergence.  
iii) Institutional arrangements to ensure convergence under NRHM.
- 16. Role of Drinking Water and Total Sanitation Campaign under NRHM**  
At the end of the session, the participants should be able to :-  
i) Describe the role of PRI & ASHA in drinking water & total sanitation campaign in the village  
ii) Describe the various components of TSI and provision of safe drinking water in villages.

**17. Community Participation**

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

- i) Understand the reasons for success / failure of various community health plans.
- ii) List factors to facilitate service delivery.

**18. NGO coordination under NRHM**

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

- i) Discuss the mechanism of coordination
- ii) Describe the constraints in coordination

**19. Managing Village Health Committee and Village Health Day**

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

- i) Describe the constitution of village health committee.
- ii) Describe the functions and operational aspects.
- iii) Make a plan for organizing.

**21& 22**

**Introduction to NDC & Information on websites for data.**

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.

**25, 26, 27 & 28.**

**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.

**29 & 30.**

**Steps for Action Plan Formulation and Identification of Topics for Action Plan**

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

- i) Understand the plethora of health problems.
- ii) Understand prioritization of existing problems.
- iii) Identifying the problem needing urgent attentions.

**31. 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

**32. Finalization of topics & objectives**

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

- i) Identify and finalize the problem for study.
- ii) Write down the objectives for the study problem.

**33 & 34**

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

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

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

**35 & 36.**

**Interpersonal Communication Skills & Counselling Skills**

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

- i) Describe the concept & barriers of interpersonal communication.
- ii) Discuss the skills of IPC as relevant in an organisation.
- iii) Describe the different types of counseling and steps of counseling

**37 & 38.**

**Counseling Skills Role play & Case Study**

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

- i) Demonstrate the method of counseling.

**39 & 40.**

**Motivation**

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

**41, 42, 43 & 44**

**Leadership, 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

**45 & 46.**

**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.
- iii) Explain the ways of building a health team.

**49. 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

**50 & 51**

**Logistics & Supply Management including 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 of formulations from market

**52. Exercises on Logistic Management under NRHM**

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

- i) Demonstrate skills in management of logistics in the field under NRHM.

**53. Equipment Management**

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

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

**54 & 55.**

**Materials Management and Inventory Control**

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.

**59. Overview of Financial Management**

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

- i) Describe the concept and principles of financial management in Health Sector
- ii) Describe the concept and different types of budget & fund flow.
- iii) Describe the steps for the preparation of budget

**60. Funding Based on Benchmarking & e-finance**

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

- i) Discuss the District Expenditure based on benchmarking/ performance

- 61. Financial Procedure & Managing Budget, cash etc.**  
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.
- 62. User Charges in Public Health Service/ Rogi Kalyan Samiti**  
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
- 63 & 64**  
**Conflict Management & Negotiations Skills**  
At the end of the session, the participants should be able to:-  
i) Describe how to set up a negotiation process  
ii) Describe how to use arbitration in the negotiation process
- 65. 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.
- 66. 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.
- 67. Managerial Problem Analysis**  
At the end of the session, the participants should be able to:-  
i) Describe the concept of managerial problem analysis  
ii) Discuss the steps in managerial problem analysis.
- 68. Costing, Cost benefit & Cost Effectiveness of health care programmes**  
At the end of the session, the participants should be able to:-  
i) Describe the concept of cost effectiveness and cost benefit analysis.  
ii) Discuss the steps for working out the cost effectiveness of a health programme.
- 69 & 70**  
**National Health, Population and Nutrition Policy**  
At the end of the session, the participants should be able to:-  
i) List out the main thrust areas of these policies.  
ii) Discuss the status of implementation of these policies.

**73. Good Practices in Health**

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

- i) Appreciate the processes of implementation.
- ii) Explain how to overcome constraints.

**74. Steps for 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.

**75 & 76.**

**Biostatics concepts and indicators**

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.

**77. 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.

**78. Improving Institutional Delivery (JSY)**

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

- i) Discuss the concept of JSY
- ii) Describe the purpose of implementation of JSY

**79 & 80.**

**Monitoring & Evaluation of Programme**

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

- i) Assess the progress of the programme as per guidelines
- ii) Ascertain if any time/cost over run
- iii) Decide next course of action

**81. 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.

**82. Surveillance for Diseases**

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

- i) Describe the concept of surveillance and its use in control of diseases.

**83 & 84.**

**Evidence based data interpretation for planning exercises**

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

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

**85&86. Visit to NICD for IDSP**

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

- i) Discuss organization and functions of the Integrated Disease Surveillance Project.

**87 & 88.**

**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.

**89. Non Communicable Disease & Control Programmes**

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

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

**90. 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.

**91 & 92.**

**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.

**93. 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
- ii) Plan for its integration in existing Health Care system

94.

**Strategy for polio eradication**

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

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

95 & 96.

**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.

97. **Nutrition programmes**

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.

98. **Programme for Control of Blindness**

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

- i) Describe the important components of the programme
- ii) List out the new NGOs that are required their own districts
- iii) Describe the coordination process with NGOs

99 & 100.

**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

101. **Managing Bird Flu & Chikunguniya**

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.

102. **Mental Health Programme**

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

- i) Discuss the mental health programme in the country.

**105 & 106.**

**Quality of 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 Health care and measures to improve them.

**107 & 108.**

**Disaster Preparation & 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

**109 & 100**

**HMIS in National Rural Health Mission**

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

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

**111 & 112**

**IEC/ BCC Methods**

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

- i) Describe the various types of IEC present under NRHM
- ii) Describe how the messages of various health programmes under NRHM would be disseminated.

**113 & 114**

**MLRC practice of presentation skills**

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

- i) Demonstrate presentation skills

**117. 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

**118. Evidence based public health interventions**

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

- i) Describe the database HSS PROD for good practices.
- ii) Discuss how to replicate them in their status.

**121 & 122.**

**Programme Implementation Plan**

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

- i) Describe the steps for preparing PIP.

**123 & 124.**

**Systems approach to training**

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

- i) Practice in microteaching session with an aim to improve their own technique

**125. 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

**126. 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.

**129 & 130**

**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 categories of people

**131. Social marketing in health care**

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

- i) Explain the concept of social marketing.
- ii) Discuss the use of social marketing in health care.

**133. 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.

**134. 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.

**135 & 136.**

**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.

**137. National Disability Profile & Welfare Scheme**

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.

**139. Urban Health**

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

- i) Discuss the differences in delivery of primary Health care in urban slums and rural areas
- ii) Explain the provisions for urban health under NRHM/RCH-II
- iii) Describe Health Care delivery in urban slums

**144. 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.

**152 & 153.**

**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.

**154. Visit to Voluntary Health Association of India.**

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

- i) Discuss role of NGOs in Health Care Delivery.

**156 & 157.**

**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.

**158. Adolescent Health**

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

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

**159. 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.

**160. Managing Media for Advocacy**

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.

**20,23,24,35,36,56,71,72,103,104,115,116,119,120,127,128,132,140,141,142,145,149,150,151,155**

**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

**Methodology**

The programme is need-based, participatory, practical and involving extensive use of exercises, management tools, case studies, group-work & presentation, field demonstration and ‘hands on’ training in the field. The course coordinators are aware that as many of the district doctors already have considerable experience of the subjects, they will be encouraged to share experiences using resources provided by the trainers.

As a part of the training district doctors will be expected to produce an “Action Plan” related to NRHM for their own district during the course of the training. Each participant would also have to work on given assignments, which would form the Portfolio.

**Nature of Participants**

Participants will be senior medical officers preferably from districts, which are already implementing health sector reforms with the service experience of 12 - 16years and faculty from the Department of Community Medicine.

**Background Material**

Material has been developed on majority of the topics for and for reference.

## **Evaluation of Course**

The evaluation of the course will be carried out as

- Pre course evaluation of participants.
- Sessional assessment by the District doctors.
- Post course evaluation of participants.
- Assessment of District Action Plans.
- Assessment of portfolios.

## **Course outcome**

To develop effective public health managers for the delivery of quality health care under current health sector reforms at the district level in tune with NHRM.

## **Award of prizes and certificate**

- A certificate will be given to each participant for undergoing the training.
- The Best Action Plan will be awarded a prize.
- A prize would also be awarded for the best portfolio.

## **Funding**

Funded by Ministry of Health & Family Welfare.

**RESOURCE PERSONS  
(EXTERNAL)**

1. Dr. Amarjeet Sinha, J.S., NRHM, GOI
2. Dr. N. Namshum, Dy. Commissioner, Training, MOHFW
3. Dr. D. Baswal, Asst. Comm. Training, MOHFW
4. Ms. Archana Verma, Dy. Secretary, NRHM (PPP), GOI
5. Dr. S.K. Satpathy, Director, CHIB, GOI
6. Dr. N.K. Sharma, DGHS, Haryana
7. Dr. A.K. Sood, Executive Director, National Board of Examinations
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