Report on
Fast Track capacity Building Programme
Date – 19\textsuperscript{th} to 24\textsuperscript{th} July, 2010
Training Report Format

1. **Name of Training:** Capacity Building Workshop on District Health Planning & Management

2. **Purpose of Training:** To build skills to develop district health action plan under NRHM

3. **Round & batch:** 2nd Round, 7th Batch

4. **Venue:** Hotel Simran, Station Road Raipur

5. **Date:** 19th to 24th July, 2010

6. **Time:** 10:00am to 6:00pm.

7. **Duration (in days):** 6 days

8. **No. of persons trained:** 23 (from 11 district)

9. **Profile of the Participants:** Block Medical officers, Medical officers and DPM
Government officials input:

On Fourth day Mission Director, NRHM Mr. Umesh Agarwal and SPM, Mr. Urya Nag NRHM marked his presence with formal introduction of all participants and got their feedback regarding Fast Track and progress made. Mr. Umesh Agarwal also noted difficulties encountered in formulating DHAP and implementation of their skills obtained through this Capacity building Programme. He expressed his wish to start the process of DHAP from September onwards and with involvement of all level of health department staffs.

On Fifth day Director, Health Services, Mr. P. Anbalgan delivered motivational speech to the participants for effective utilization of their knowledge and skills for improving the public health scenario of Chhattisgarh.
Day-1

Session-1: Workforce Management Issues

Resource Persons: Dr. Kamlesh Jain

Contents of the session:
- Workforce management issues like recruitment, posting, transfer, skill upgradation.
- Chhattisgarh Rural Medical Core
- Workforce motivation
- Supportive supervision

Skill transfer: Holding the meeting, supervision, rationalization of manpower,

Perspectives/values imparted: Gender, social discrimination, teamwork, parity of regular-contract employees

Remarks: The Session addressed both theoretical and operational issues related to the subject. Dr Jain talked about the current situation and challenges of the work force in the state. He spoke about the challenges like unavailability of skilled manpower and the lack of institution. Dr. Kamlesh also talked about the how one can manage the available manpower effectively. He also informs participants about the new innovation by the state like CRMC and RMA to address the issues of the Work Force.

Session-2: Mainstreaming of AYUSH

Resource Person – Dr. Sumi Jain

Content –
- Status of health care provider in Chhattisgarh
- National Health policy
- NRHM and its strategies for mainstreaming AYUSH (Including Innovation of the state)

Skill Transfered – Operationalisation of AYUSH institution and how to converge it with other national programme.

Perspective/Value imparted- Benefits of AYUSH system, Needs for strengthening and mainstreaming.

Remarks – The session stared with availability of human resources in CG. Dr Sumi referred Bhore Committee Report, National Policy for ISM&H-1983, and National Policy for ISM&H-2002 to explain the importance of various health care systems and conceptualization of the AYUSH. She talked about NRHM and its various strategies for mainstreaming AYUSH. She also narrated various innovation of the state like AYUSH Deep Samiti and Ayurved Gram.
Participants raised issues like role of each system and how can we converge this with various national programmes.

**Session-3: School Health Programme**

**Resource Person: Dr. Antony**

**Contents:**
- Objectives of School Health Programme
- Health problems of school child
- Components of School Health Programme
- Health education in Schools
- Content of health education in schools
- Incorporation of School health programme in district health planning and management

**Skill transfer:** Planning for School Health Programme, some skills on convergence

**Perspective/Value imparted:** The importance of SHP.

**Remarks:** The session gave an overview about the school health to participants and explained how it can be implemented well. In the session participants raised so many operational issues related to programme and role of Health and education department. Dr Antony shared some school health cards and other state innovations. He also shared this year’s school health plan under NRHM and how one can effectively implement the programme with available resources.

**Day-2**

**Session-1: Adolescent Health Issues**

**Resource Person: Ms. Sulakshana Nandi**

**Content -**
- Segmentations of adolescents
- Major Changes during adolescents
- Different issues and strategy to address adolescent problems.

**Skill Transfer** –Identify Adolescents issues.

**Perspective/Value imparted** - Sensitization towards adolescent issues.

**Remarks** – Ms. Sulakshana Nandi started the session with segmentations of adolescent and described the Adolescent Reproductive and sexual health (ARSH). She discussed common health
problems and major issues of this age group and said that there is need to increase access to information, Nutrition and Adolescent friendly Health services. She also talked about adolescent health in District action Plan and explained how to address to improve adolescent health services.

Session-2: Village Health Plan

Resource Person – Mr. Sameer Garg

Contents:
- Issues of decentralized planning.
- VHSC & untied fund.
- Trust Vs Mistrust

Skill transfer: Planning at village level.

Remarks: Mr. Sameer started with a question to participants that whether villagers can plan for their health? He discussed in detailed about the objectives of VHP in terms of awareness of community, capacity building, process and outcome & how does NRHM facilitate VHP.

Session-3: Group activity on Malaria Planning.

Resource Person: Tarang Mishra & Dr. Santosh Kumar

Contents: Malaria in DHAP

Skill transfer:
- Identify Information needs for planning
- Designing a BCC plan
- Constructing plan of action

Remarks: Worksheets containing GIS map of malaria, list of villages, sub center wise prevalence of malaria and Malaria Human Power were distributed to participants. Participants were divided in four groups and were asked to calculate the ABER, PF%, SPR and Death Rate. Then each group was asked to identify and present their finding of high focus villages, design BCC plan and make necessary modifications in district health action Plan.
**Day-3**

**Session-1: District Health Action Plan (DHAP)**

**Resource Person: Dr. Kamlesh Jain**

**Contents:**
- participatory planning,
- Objective of DHAP
- Steps in planning
- Components of District Action Plan

**Skill transfer:** How to formulate District Health Plan and its Importance

**Remarks** – Dr. Jain opened the session by describing the objectives of NRHM giving emphasis of participatory planning and said that participatory planning gives ownership and accountability to community and health functionaries. He also described evidence based and Bottom to Top approach planning process. Describing the steps of planning he discussed in detail of objectives of planning, situational analysis, programme analysis, budget and monitoring and evaluation process of a plan.

**Session-2: Engaging Private Sector in Health Care**

**Resource Person: Ms. Sulakshana Nandi**

**Contents:**
- Role of private sector in health and healthcare
- Types of private players
- Pros and cons of engaging private sector
- Principles of PPP
- Demand side financing- concepts and models
- Health sector partnerships- supply side partnerships, contractual arrangement and social marketing
- PPP- perspectives

**Skill transfer:** Skill on how should one enters into PPP.

**Perspective/Values imparted:** Developing a sensitivity of health sector workers towards poor and larger benefit of the community

**Remarks** – Ms. Nandi started with definition of health care system, public and private health care expenditure and different types of private providers. She explained supply side and demand side financing and various examples of PPP in India. She also talked about necessary enabling factors for successfully outcome of PPP.
Session-3: Understanding HMIS

Resource Person: Mr. C. C. Sontosh

Contents:
- Importance of HMIS
- Information Cycle
- How to put system in place
- Use of HMIS in District Health Planning.
- New HMIS introduced by the GoC
- New register for ANMs which would do away the multiplication of registers
- Importance of HMIS

Skill transfer: Use of HMIS

Remarks: Mr. Santosh started with what is HMIS then he explained about the information cycle. He explained about various problem of system how it can be addressed. He also spoke about how HMIS can be used for district health plan.
Mr. Santosh talked about various initiative of CG state to streamline HMIS and various other sources of data. He also explained various reporting formats & online accessing data of various districts from CG Blog-website.

Day-4

Session-1: Child Health

Resource Persons: Dr. Pravin Khobragade

Contents:
- IMR trends in Chhattisgarh and target of the mission
- Ways to ensure child survival

Skill transfer: Newborn care and certain child health interventions.

Perspectives/ values imparted: Universal coverage

Remarks: The presentation of the by Dr. Pravin started with trends of various indicators like IMR, MMR and breast feeding practices. He explained about the various intervention and innovation for improving the child health.
He try to explained principles of management at birth, various activities like developing new born corner in facility, how to develop referral linkages etc.
The session was followed by the group work in which the participants were provided with the hypothetical situation and they need develop some strategies improve the child health
Session-2: Epidemic Control and IDSP

Resource Person – Dr. Dinesh Jagtap

Content -
1. Initiating surveillance
2. Function of district surveillance unit
3. Initiating passive surveillance

Skill Transferred - Analysis of data

Remarks - Dr. Jagtap started with role of medical officer in epidemic outbreak and role of district surveillance unit. He talked about various reporting formats and how one can convert this data into information. He also talked about importance of feedback.

Session 3: DHAP- A Process & A Product

Resource Person: Mr. Rafay

Contents:
- Levels of planning
- Component of DHAP
- Content of District Plan
- Process and Product of DHAP

Skill transfer: How to come up with challenging situation in DHAP

Remarks: Mr. Rafay opened the session by describing the needs of DHAP and how can it contribute to better health services system. Describing the content of district plan he describe in detail of Goals, Objectives, Strategies, Processes/Activities and Inputs along with their Indicators for monitoring and evaluation of plan.
Sharing the experiences of Bihar in formulating the DHAP he described the initiative of NHSRC and PHRN and said that all 38 districts of Bihar have prepared and uploaded their DHAP in the year 2010-2011. He also said that there has increased the spending from 27% to more than 50% very soon Bihar would become the first state to have approved PHC level budget allocation from the state itself.
Day-5

Session-1: Population Stabilization.

Resource Person – Dr. Dinesh Jagtap
Contents –

- Decentralized district health planning & population Stabilization issues in India.
- Stages of Demographic Evolution.
- Population Momentum.
- Myths & realities about population growth.
- Challenges

Skill Transfer – Issues of Population Stabilization in DHAP.

Remarks- Dr. Jagtap started with decentralized district health planning & population Stabilization issues in India. She explained the Stages of Demographic Evolution & Population Momentum. He also addressed the Myths & realities about population growth & Challenges in India.

Session 2: JSY and untied funds

Resource Person: Dr. Sonwani

Contents:

- Objective of the scheme
- Issues and concern of the state
- Strategies to improve maternal health

Skill transfer: Stream line of regular reporting

Remarks: Dr Sonwani spoke about the objective of the scheme. The issues and the challenges of the state and how state can implement the scheme effectively. He also explained the current reporting format. Participants raised many operational issues related to scheme. He emphasised early registration of the ANC. He also shared some state specific data like trend of ANC registration, institutional delivery, Post Natal Care

Session 3: Assignment: RCH (Choice of Strategy) and planning skills
Resource Person: Dr. Dinesh Jagtap

Skill transfer:
- Plan Analysis
- Design of 30 – cluster Survey
- Développment of questionnaire for structure Survey
- Construction of dummy tables to understand data analysis
- Use of information to improve plans
- Converting plans into action – Note-sheet

Remarks: Dr. Jagtap explained the steps of 30 cluster surveys and other part of the assignment. Participants designed questionnaire for their assigned topic and followed by discussion.

Day-6

Session I: Rational Use of Drug

Resource Person: Dr. Sangeeta Sharma

Contents:
- Definition of rational drug, essential drugs and irrational drugs
- Situation in India
- Irrational drug use and its causes
- Consequences of irrational drug use
- Do’s and Don’ts of Rational Drug Therapy
- Education of patients
- Tools for RDT

Skill transfer: How to practice RDT

Perspective/Value imparted: Following the medical ethics and going by the call of market. Have a focus for the community at large. Use of drug formularies and Essential drug list while prescribing any drug.

Remarks: The session was very informative and rich in contents. Dr. Sharma covered all the technical aspects about the rational drug therapy how one can practice the same.
This session was followed by Valedictory Function & distribution of certificates to the participants by the hands of Ms. Shruti Sengupta, Consultant, NRHM.

**Fast track training on district health planning and management**

**Public Health Resource Network**

**Programme Schedule**

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<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<tr>
<td>9.30am-10.30am</td>
<td>Registration</td>
<td>Adolescent Health Issues Ms. Sulakshana Nandi</td>
<td>District Health Action Plan Dr. Kamlesh Jain</td>
<td>Child health issues in district health planning in context of SNCU/NICU Dr. Pravin Khopragade</td>
<td>RCH &amp; Improvement in Quality of Facility Level Service Dr. Dinesh Jagtap</td>
<td>Rational Use of Drugs Dr. Sangeeta Sharma</td>
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<td>10.45am-11.45pm</td>
<td>Inaugural Session Village Health Plan Mr. Samir Garg</td>
<td>Engaging Private Sector Ms. Sulakshana Nandi</td>
<td>Epidemic Control and IDSP Dr. Dinesh Jagtap</td>
<td>Janani Suracha Yojana and Untied Fund Dr. Sunwani (NRHM)</td>
<td>Evaluation (Post-training test) of training</td>
<td>Valedictory session</td>
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<td>11.45am-12.45pm</td>
<td>Workforce management Issues Dr. Kamlesh Jain</td>
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<td>District Health Action Plan: Experiences of Bihar Mr. Rafay</td>
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<td>2pm-3:30pm</td>
<td>Mainstreaming AYUSH</td>
<td>Dr. Sumi Jain</td>
<td>Assignment: Introducing Malaria Planning</td>
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<td>Understanding HMIS</td>
<td>Assignment: RCH (Choice of</td>
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<td>3.45pm-5pm</td>
<td>School Health Programme</td>
<td>Dr. K. R. Antony</td>
<td>Assignment</td>
<td>Assignment: RCH (Choice of</td>
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### List of Resource Persons:

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<th>Sr. No</th>
<th>Name Of the Resource Person</th>
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<tbody>
<tr>
<td>1</td>
<td>Dr Sumi Jain</td>
<td>Programme Coordinator(AYUSH Cell) SHRC</td>
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<tr>
<td>2</td>
<td>Ms. Sulakshana Nandi</td>
<td>Convener, PHRN-CG</td>
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<td>3</td>
<td>Dr. Pravin Khobragade</td>
<td>Health Officer Unicef, CG</td>
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<td>4</td>
<td>Mr. Rafay</td>
<td>Convener, PHRN- Bihar</td>
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<td>5</td>
<td>Mr. Sameer Garg</td>
<td>Programme Coordinator, SHRC CG</td>
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<td>6</td>
<td>Dr. Kamlesh Jain</td>
<td>SHRC CG</td>
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<td>7</td>
<td>Dr. Dinesh Jagtap</td>
<td>Consultant, NHSRC</td>
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<td>8</td>
<td>Dr. Sangeeta Sharma</td>
<td>Professor</td>
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<td>9</td>
<td>Mr. C.C. Santosh</td>
<td>Consultant, NRHM-CG</td>
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<td>10</td>
<td>Dr. Antony</td>
<td>Director SHRC CG</td>
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# List of Participants:

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<td>1</td>
<td>DR. NAREN德拉 PRASAD MISHRA</td>
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<td>DR. SANJEEV KUMAR TIGGA</td>
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<td>DR. GHANSHYAM SINGH THAKUR</td>
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<td>DR. JIBNUS EKKA</td>
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<td>DR. VIRENDRA THAKUR</td>
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<td>DR. YASHWANT KUMAR DHRUW</td>
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<td>DR. C. MAITRY</td>
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<td>DR. SUNIL KUMAR LAKRA</td>
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<td>DR. R.N. DUBEY</td>
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<td>DR. Smt. VINODINI BAKHLA</td>
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<td>DR. Smt. PRAMILA TOPPO</td>
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<td>DR. BASANT KUMAR SINGH</td>
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<td>DR. HEMANT KUMAR NAG</td>
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<td>14</td>
<td>MR. PRAVEEN KUMAR SHARMA</td>
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<td>DR. SANJAY MESHRAM</td>
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<td>MR. NEERAJ MUKERJI</td>
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<td>DR. ARJUN SINGH THAKUR</td>
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<td>DR. KAMAL KUMAR SONI</td>
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<td>DR. RAKESH KUMAR JOSHI</td>
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<td>DR. A.C. WADHAWA</td>
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<td>22</td>
<td>DR. SANJAY DAVE</td>
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<td>DR. D. BALRAM NAG</td>
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(L-R) Mr. Uriya Nag, Mr. Umesh Agarwal, and Ms Nandi

(L-R) Dr. Jagtap, Mr. P. Anbalgan, Ms Nandi
Session by Dr. Jagtap

Presentation of Group work
Mr. Rafay sharing experiences of Bihar on DHAP

Group work