

*Report on*  
*Fast Track capacity Building Programme*  
*Date – 20<sup>th</sup> to 25<sup>th</sup> September, 2010*

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## **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:** 2<sup>nd</sup> Round ,9<sup>th</sup> Batch
- 4. Venue:** Hotel Simran, Station Road Raipur
- 5. Date:** 20<sup>th</sup> to 25<sup>th</sup> September, 2010
- 6. Time:** 10:00am to 6:00pm.
- 7. Duration (in days):** 6 days
- 8. No. of persons trained:** 12 (from 6 district)
- 9. Profile of the Participants-** DHO, Block Medical officers, Medical officers and DPM.

## **Day-1**

### **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 described the importance of access to information, Nutrition, healthy Life style and Adolescent Friendly Health Services. She also talked about the need to address adolescent health in District action Plan and explained different strategy to improve adolescent health services.

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

**Resource Person: Mr. V.R. Raman**

#### **Contents:**

- Role of private sector in health and healthcare
- Types of private players
- Compulsion for 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** – Mr. Raman started with defining health care system and explained public and private health care expenditure and different types of private providers. He also explained compulsions for engaging

private sector and said gaps in Public Health Systems, presence and coverage of the private sector, protection of the poor from high costs of private care, Ensure access to some specialised services are the main reason for this compulsion.

He explained the true PPP and the principles of PPP in Health sector along with the various challenges and management while implementing this model. He detailed in depth about supply side and demand side financing by describing various successful model like Janani, Marrygold, Karuna Trust Model Chiranjeevi, and EMRI etc.

### **Session-3: Mainstreaming of AYUSH**

#### **Resource Person – Mr. V.R. Raman**

##### **Content –**

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

**Skill Transferred** – 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** – Mr. Raman started with explaining the availability of human resources of AYUSH in CG and said this is golden opportunity to use this resource while state is facing great scarcity of HR. He referred Bhore Committee Report, National Policy for ISM&H-1983, and National Policy for ISM&H-2002 to explain the importance of AYUSH in health care systems. He talked about NRHM and its various strategies like Strengthening the existing Infrastructural Facilities of AYUSH, Placing one AYUSH Man power in PHC and CHC as per IPHS, Co-location of AYUSH Centres to Allopathic Health Network, Capacity Building of AYUSH at all the levels for mainstreaming AYUSH.

Mr. Raman also narrated various innovations in Chhattisgarh 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.

## **Day-2**

### **Session I: Rational Drug Therapy**

#### **Resource Person: Dr. Ravi D'souza**

##### **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. Ravi started by defining Rational Drugs and Essential Drugs and the current status of use of Irrational drugs situation in India. He also said that decreased quality of treatment, increased cost to patients, increased side effects, delayed or sub-optimal therapeutic response and drug resistance are the common consequences of irrational use of drugs. He covered all the technical aspects of the rational drug therapy how one can practice the same.

Dr. Ravi also described about Standard textbooks, Essential Drug Lists (EDL), Drug Formularies, Drug Bulletins, Treatment Recommendations, Standard Treatment Guidelines and Patient Management Protocols and said these are important tools to practice Rational Drugs Therapy.

## Session-2 Workforce Management Issues

**Resource Persons: Dr. Kamlesh Jain**

**Contents of the session:**

- Workforce management issues like recruitment, posting, transfer, skill up gradation.
- 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 man power 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-3: Community Participation and Monitoring**

**Resources Person – Ms. Sulakshana Nandi**

**Content –**

Forms and Levels of Community Participation.

Why there is need of community monitoring

What is community monitoring?

How to do it and who will do it

**Skill transfer:** Data Triangulation and process of doing community monitoring

**Perspective/Value imparted:** Accountability of system for the community

**Remarks:** Ms. Nandi started by describing different forms and Levels of Community Participation. She explained various processes and tools for facilitating community monitoring and said that it can be monitored at village, PHC, Blocks, District and state level. She also described importance of community monitoring and explained how community is also one of the important stakeholder of the system. She also talked about data triangulation and how it can be help full for district health plan. Then she explained the community monitoring concepts in Chhattisgarh context and various initiative of the state.

## **Session-4: Group activity on Malaria Planning.**

**Resource Person: Ms. Sulakshana Nandi & 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 two 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: Population Stabilization.**

**Resource Person – Ms. Sulakshana Nandi**

**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-** Ms. Nandi started with decentralized district health planning & population Stabilization issues in India. She explained the Stages of Demographic Evolution & Population Momentum. Ms. Nandi explained and said that Poor Planning, Bureaucratic Inefficiency, Low education status of women, extreme Poverty and lack of Support are common the causes for poor result of population stabilization programme. She also addressed the Myths & realities about population growth & Challenges in India like Health and education, Food and water, Environmental damage, Expanding services, Informed Choices, Access to quality care etc

## **Session-2: 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 b 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.

## **Session 3: 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

## **Day-4**

### **Session 1 &2 - Quality Management Protocols in RCH and Improvement in Quality of Facility Level Services; Family Friendly Hospital Initiative**

**Resource Person – Dr. P. Padmanaban**

#### **Content -**

- Steps to improve Quality of care in the institutions
- Operationalise FRUs
- Family Friendly Hospital certification
- Supportive supervision of health facilities

#### **Skill Transfer -**

- Supportive supervision
- Developing family friendly facility

**Remark -** Dr. Padmanabhan started with explaining quality and why there is need to improve the quality of public health care facility. He talked about concept of family friendly hospital and how one can develop family friendly facility. To develop family friendly facility there are necessary to assess the services like Hospital / PHC infrastructure to provide care that meets the standards, clinical practices meeting performance standards, Interaction between clients and service providers, Management of stocks – supplies, and Record keeping.

He also explained about various quality protocols and Family friendly Hospital certification and said FFH is the first step for ISO/NABH certification and need more resources and time consuming. FFH hospitals can be certified for basic quality standards within 3 months. Unlike ISO/NABH certification, all the service providers actively participate in the gap analysis, prepare action plan and implement by themselves for FFH certification.



## **Session 3- Maternal death review (Facility and Community Based)**

**Resource Person – Dr. P. Padmanaban**

**Content –**

- Causes of maternal death,
- National Guideline of Maternal Death Review,
- Facility based review,
- Review at different levels
- Roles of District Nodal Officers

**Skill Transfer -** Conducting maternal death audit

**Remark –** Describing the Maternal death review Dr. Padmanaban explained some important causes for maternal death along with three delays (Decision, Reaching and care at the facility). He explained objectives and key point in operationalisation of National Guideline of Maternal Death Review. He also talked in detail about Facility Based and Community Based maternal death review process, roles of District Nodal Officers and the scope to improve the services. He also shared his experiences of maternal death review in Tamil Nadu.

**Day - 5**

**Session I: Rashtriya Swasthya Bima Yojana**

**Resource Person:** Dr. Madan Gopal

**Contents:**

- What is RSBY?
- Why RSBY?
- Benefits of RSBY
- Processes involved in Operationalization

**Skill transfer:**

**Remarks:** Dr Madan Started his session with explaining insurance and then talked about the objective of the scheme RSBY. He explained each aspect of its implementation. He also talked about roles of various stake holders and the health care provider in the scheme. Participants raised various operational issues like linkage of scheme with Jeevan deep samiti, and partnership with private providers.

**Session 2& 3- Epidemic Control and IDSP**

**Resource Person - Dr. Saurabh Jain**

**Content -**

1. Initiating surveillance
2. Function of surveillance unit
3. Initiating passive surveillance

### **Skill Transferred** - Analysis of data

**Remarks** - Dr. Jain started the session with explaining surveillance and basic framework of surveillance system and its general and specific objectives. He explained the importance of surveillance through various examples of out-break in West Bengal (India) and Bhutan and said only a lively surveillance system that collects, compiles, transmits and analyzes the data can lead to useful public health decisions. The better the system works, the better it will react.

He also talked about the phenomenon Infectious diseases, Environmental and occupational hazards, Risk factors of Infectious diseases that should include under surveillance and how to prioritised them (According to Impact of the disease (in terms of frequency and severity), Vulnerability of the problem, Epidemic potential, Internationally required, Target of a national programme.)

He also covered important technical aspects of IDSP and to control outbreak.

### **Session-4: 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-6

### 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:** Dr. Pravin started with trends of various indicators like IMR,MMR and breast feeding practices and current situation of this indicator in Chhattisgarh. He talked about the various intervention and innovation for improving the child health. He also explained principles of management at birth, various activities like developing new born corner in facility, how to develop referral linkages etc.

## Fast track training on district health planning and management

### Public Health Resource Network

#### Programme Schedule

| Time               | Monday<br>20-09-2010 | Tuesday<br>21-09-2010                                      | Wednesday<br>22-09-2010  | Thursday<br>23-09-2010   | Friday<br>24-09-2010   | Saturday<br>25-09-2010   |
|--------------------|----------------------|--|--|--|--|--|
| 10:00-<br>11:00 am | Registration         | <b>Rational Use of<br/>Drugs</b><br><br>Dr. Ravi D'souza   | <b>Population<br/>Stabilization-</b><br>Ms. Sulkashana<br>Nandi. | <b>Quality<br/>Management<br/>Protocols in RCH</b><br><br>Dr. Padmanaban | <b>Rastriya<br/>Swathya<br/>BimaYojna</b><br><br>Dr Madan<br>Gopal | <b>Child health issues<br/>in district health<br/>planning in<br/>context of<br/>SNCU/NICU</b><br>Dr. Pravin<br>Khobragade |
| <b>Tea Break</b>   |                      |  |  |  |  |  |
| 11:00 am           | Inaugural<br>Session | <b>Workforce<br/>Management Issues</b><br>Dr. Kamlesh Jain | <b>Understanding<br/>HMIS</b><br><br>Mr. C. C.Santosh            | <b>ISO<br/>requirements –<br/>District Hospital<br/>and PHCs</b>         | <b>Epidemic<br/>Control and<br/>IDSP</b><br>Dr. Saurabh            |  |

|                        |   |   |   |  |  |                            |
|------------------------|---|---|---|--|--|----------------------------|
| <b>11.45am-12.45pm</b> | <b>Adolescent Health Issues</b><br>Ms. Sulakshana Nandi |   |   | Dr. Padmanaban   | Jain   | <b>Valedictory session</b> |
| <b>Lunch Break</b>     |   |   |   |  |  |                            |
| <b>2pm-3-30pm</b>      | <b>Engaging Private Sector</b><br>Mr. V.R. Raman        | <b>Community Health Monitoring</b><br>Ms. Sulkashana Nandi. | <b>Janani Surksha Yojna &amp; Untied Fund</b><br>Dr Sonwani   | <b>Family Friendly Hospital Initiative</b><br>Dr. Padmanaban                   | <b>Epidemic Control and IDSP</b><br>Dr. Saurabh Jain | Feed back and              |
| <b>Tea Break</b>       |   |   |   |  |  |                            |
| <b>3.45pm-5pm</b>      | <b>Mainstreaming of AYUSH</b><br>Mr. V.R. Raman         | <b>Assignment : Introducing Malaria Planning</b>            | <b>Presentation: Assignment-Introducing Malaria Planning:</b> | <b>Maternal death review</b><br>(Facility & Community based)<br>Dr. Padmanaban | <b>School Health Programme</b><br>Dr. Antony         |                            |

**List of Resource Persons:-**

| Sr. No | Name Of the Resource Person | Designation               |
|--------|-----------------------------|---------------------------|
| 1      | MR. V.R. RAMAN              | CONSULTANT ICCHN          |
| 2      | MS. SULAKSHANA NANDI        | CONVENER, PHRN-CG         |
| 3      | DR. PRAVIN KHOBRADE         | HEALTH OFFICER UNICEF ,CG |
| 4      | DR. RAVI D'SOUZA            | JAN SWATHYA SAHYOG        |
| 5      | DR MADAN GOPAL              | CONSULTANT RSBY,GTZ       |
| 6      | DR. KAMLESH JAIN            | SHRC, CG                  |
| 7      | MR. C.C. SANTOSH            | CONSULTANT, NRHM-CG       |
| 8      | DR. ANTONY                  | DIRECTOR ,SHRC ,CG        |
| 9      | DR SONWANI                  | DEPUTY DIRECTOR NRHM ,CG  |
| 10     | DR. SAURABH JAIN            | CONSULTANT ,SHRC          |
| 11     | DR. PADMANABAN              | ADVISOR, NSHRC            |

**List of Participants:-**

| SI NO | NAME OF PARTICIPANTS       | DESIGNATION |
|-------|----------------------------|-------------|
| 1     | MR. SANDEEP TAMRAKAR       | DPM., NRHM  |
| 2     | DR. SUNIL BHARTI           | BMO         |
| 3     | DR. A.K.BASOD              | BMO         |
| 4     | DR. S.B. MANGRULKAR        | DHO         |
| 5     | MR. MANISH KUMAR MAIJORWAR | DPM         |

|    |                         |                  |
|----|-------------------------|------------------|
| 6  | ANUPAMA TIWARI          | DPM              |
| 7  | DR.P.R.GHRITLAHRE       | DLO              |
| 8  | MR. A.R. BAGHEL         | BETO             |
| 9  | DR. G.P. NAIDU          | EYE SPECIALIST   |
| 10 | MR. RAJIV RANJAN MISHRA | DPM              |
| 11 | DR. CHETAN DAHARIYA     | CHILD SPECIALIST |
| 12 | DR. ANIL PERSAI         | ASSISTANT SURGEN |

## PHOTOS:



**Dr. Madan Gopal during RSBY presentation**



**Dr. Madan Gopal during RSBY presentation**



**Participants welcomed Dr. Padmanaban with Saal and Coconut**





**Participants welcomed Dr. Padmanaban with Saal and Coconut**



**Dr Padmanaban during Presentation**



**Group work on Malaria Planning**



**Presentation by Group on Malaria Planning**



**Dr Antony on School Health Programme**