

**Report on**  
**Fast Track capacity Building Programme**  
**Date - 22-27<sup>th</sup> Feb 2010**

## **Content-**

**1. Basic information**

**2. Day today review**

**3. Annexure**

**1. Schedule of the programme**

**2. List of resource person**

**3. List of Participants**

## **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 ,6<sup>th</sup> Batch
4. **Venue:** Hotel Simran, Station Road Raipur
5. **Date:**22<sup>nd</sup> Feb-27<sup>th</sup> Feb 2010
6. **Time:**
7. **Duration (in days):** 6 days
8. **No. of persons trained:** 32 from (From 13 District)
9. **Profile of the Participants-** Block medical officers and Medical officers

# Day -1

## Session I: 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 II- Mainstreaming of AYUSH

**Resource Person – Dr Sumi Jain and Dr Nilesh 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 Transferred** – Operationalization of AYUSH institution and how to converge it with other national programme.

### Perspective/Value imparted-

**Remarks** – The session started 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 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 covered all the technical aspects about the rational drug therapy how one can practice the same.

### **Session II: School Health Programme**

**Resource Person:** Dr. Ravi D'souza, 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 tells 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 innovation. He also shared this year's school health plan under NRHM and how one can effectively implement the programme with available resources.

### **Session – III**

**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 various activity like developing new born corner in facility, how to develop referral linkages ect.

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

### **Day – 3**

#### **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 what is insurance and then explained 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 II - Community Health Monitoring**

**Resources Person – Dr. Dinesh Jagtap and Ms. Sulakshana Nandi**

**Content –**

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:** Dr. Jagtap started with why there need of community monitoring and how community is also one of the important stakeholder of the system. He explained various processes for facilitating community monitoring. Dr Jagtap also talked about data triangulation and how it can be help full for district health plan.

Ms. Nandi explained the community monitoring concepts in Chhattisgarh context and various initiative of the state.

## **Session II: Private Sector and 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 public and private health care expenditure, definition of health care system, types of private providers. She explained supply side and demand side financing and various example of PPP in India. She also talked about how the PPP model can be implemented successfully at various levels.

### **Session III: Understanding HMIS**

**Resource Person:** Dr. Dinesh Jagtap and 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:** Dr. Jagtap 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.

**Session IV: Assignment:** RCH (Choice of Strategy) and planning skills

**Resource Person:** Dr. Dinesh Jagtap



## **Contents:**

### **Skill transfer:**

- Plan Analysis
- Design of 30 – cluster Survey
- Développement 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 doing 30 cluster surveys and then other part of the assignment. Participants designed questionnaire for their assigned topic and followed by discussion.

## **Day -4**

### **Session I & II - Quality Management Protocols in RCH and & Improvement in Quality of Facility Level Services**

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

#### **Content -**

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

#### **Skill Transfer -**

Supportive supervision

Conducting maternal death audit

Developing family friendly facility

## **Perspective/Values imparted -**

**Remark -** Dr. Padmanabhan started with the some important indicator which gives an over view about state and strengths and challenges of the state He explained what is quality and why there in need to improve the quality of public health care facility. He also explained about various quality protocols and certification.

He talked about concept of family friendly hospital and how one can develop the facility in family friendly hospital. He also talked about maternal death audit and steps involved in this.

## **Day - 5**

### **Session I - Adolescent Health Issues**

Resource Person - Dr. Ramani

#### **Content -**

Who is adolescent?

Major issues to address in this age group

How one can address this issue.

**Skill Transfer -** Four rules to deal with Adolescents.

**Perspective/Value imparted -** sensitivity towards adolescents.

Remarks - Dr. Ramani started with who are adolescent and major issues of this age group. She talked about basic four rules of dealing adolescent and various activity like organising health camp, life skill education ect .

### **Session II - Epidemic Control and IDSP**

Resource Person - Dr. Surjeen

#### **Content -**

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

**Skill Transferred** - Analysis of data

**Remarks** - Dr. Surjeen 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 in to information. He also talked about importance of feed back. He used one example of Bhutan to explain the importance of data analysis .The session for followed by assignment about malaria.

## **Day -6**

### **Session I - 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.

**Fast track training on district health planning and management**  
**Public Health Resource Network**  
**Programme Schedule**  
 Venue: Hotel Simran, Station Road, Raipur

<b>Time</b>	Monday 22-02-2010	Tuesday 23-02-2010	Wednesday 24-02-2010	Thursday 25-02-2010	Friday 26-02-2010	Saturday 27-02-2010
<b>9.30am-10.30am</b>	Registration	<b>Rational Use of Drugs</b>  Dr. Ravi D'souza Panelist – Dr. Antony	<b>Rastriya Swathya BimaYojna</b>  Dr Madan Gopal	<b>Quality Management Protocols in RCH</b>  Dr. Padmanaban Panelist-Dr. Alka Gupta	<b>Adolescent Health Issues</b>  Dr.Ramani Panelist – Dr. Alka Gupta Dr. Antony	<b>Recap on District Health Planning</b>  Dinesh Jagtap
<b>Tea Break</b>						
<b>10.45am – 11.45 am</b>	Inaugural Session - Dr. Antony  - Mr. P. Anbalagam, DHS	<b>School Health Programme</b> Dr. Ravi D'souza Panelist – Dr. Antony	<b>Community Health Monitoring</b> Dinesh Jagtap Ms. Sulkashana Nandi	<b>RCH &amp; Improvement in Quality of Facility Level Services</b> Dr. Padmanaban Panelist- Dr. Alka Gupta	<b>Epidemic Control and IDSP</b> Dr. Suranjeen	<b>Workforce Management Issues</b> Dr. Kamlesh Jain Evaluation (Post-training test) of training
<b>11.45am-12.45pm</b>	<b>Janani SurkshaYojna &amp; Untied Fund</b> Dr Sonwani		<b>Understanding HMIS</b> Dinesh Jagtap Mr. C. C.Santosh	<b>Assignment: RCH (Choice of Strategy) and planning skills</b>		<b>Valedictory session</b> Dr. Jayshree Dave, Dr. Antony, Mr. Raman, Kamlesh Jain
<b>Lunch Break</b>						
<b>2pm-3-30pm</b>	<b>Mainstreaming of AYUSH</b>  Dr Sumi Jain	<b>Child health issues in district health planning in context of SNCU/NICU</b> Dr. Pravin	<b>Engaging Private Sector</b>  Ms. Sulkashana Nadi		<b>Assignment : Introducing Malaria Planning:</b> Dr. Suranjeen Panelist – Dr.Megha	<b>Introduction to Village Health Plan</b> Mr. V.R. Raman
<b>Tea Break</b>						
<b>3.45pm-5pm</b>	Assignment: Group work on FRU/24x7 PHC		Group work Issues in district health planning		<b>Discussion on malaria Assignment.</b>	Feed back and

### List of Resource Person

S. No	Name Of the Resource Person	Designation	Topic
1	Dr Sonwani	Deputy Director NRHM CG	JSY and Untied fund
2	Dr Sumi Jain	Programme Coordinator (AYUSH Cell) SHRC	Mainstreaming of AYUSH
3	Dr. Ravi D'souza	Jan Swathya Sahyog	Rational Use of Drugs
4	Dr. Pravin Khobragade	Health Officer Unicef CG	Child Health
5	Dr Madan Gopal	Consultant RSBY,GTZ	RSBY
6	Dr. Dinesh Jagtap	Consultant NHSRC	Community Monitoring, HMIS
7	Ms. Sulkashana Nadi	Satate Convener PHRN-CG	Community Monitoring, Engaging Private Sector
8	Dr. P. Padmanaban	NHSRC	Quality Management Protocols in RCH
9	Dr. Ramani	Jan Swathya Sahyog	Adolescent Health Issues
10	Dr. Suranjeen	PHRN Jarkhand	IDSP
11	Mr. V. R. Ramn		Village Health Plan

**List of Participants**

SI No.	District	Name of Participants	Contact No.	SI No.	District	Name of Participants	Contact No.
1	<b>Baster</b>			8	<b>KabirDham</b>		
		1 Devendra Krishan	9424287044			21 Dr.R.P.Nonhare	9425536657
		2 Dr. S.S. Tekam	9406226418			22 J.R.Chaturvedani	9425558758
		3 Dr. Lakhan Juri	9424292113	9	<b>Jashpur</b>		
		4 Mr. Pravin Nigam				23 Dr.C.R.Bhagat	9406271163
2	<b>Bilaspur</b>					24 Dr. Y. K. Toppo	
		5 Dr. A.S.Sendram	9424150782	10	<b>Korba</b>		
3	<b>Janjgir Champa</b>					25 Dr.V.K.Singh	9424144299
		6 Dr. G.L.Miri	9424753008			26 A.K.Thakur	9691411010
		7 Mahendra soni		11	<b>Mahasamund</b>		
4	<b>Dhamtari</b>					27 Dr.Smt.Tara Agrawal	9425213890
		8 Dr. S.R.Baghel	9893764731	12	<b>Korea</b>		
5	<b>Durg</b>					28 Dr.Rajiv Raman	9424248062
		9 Dr. L.L.Markande	9301779286	13	<b>Sarguja</b>		
		10 Dr. S.K.Mandal	9425236577			29 Mr. Rajesh Kumar	9827109669
		11 Dr. A.K.Jain	9893117424			30 Dr. R. S. Markam	9425584654
6	<b>Rajanandgaon</b>					31 Dr. G. R Kurrey	9424210710
		12 Dr. R.K.Pasi	9406012166			32 Dr B.P. Sonkar	9424260742
		13 Dr.B.L.Tulavi	9406327999				
		14 Dr. A. K. Verma					
		15 Dr.Ashish Sharma	9424105144				
		16 Dr.K.K.Ramteke	9424113255				

7	<b>Kanker</b>		
	17	Dr. Prashant Kumar Singh	
	18	Dr. Anil Pasine	9424275525
	19	Mr. Rjeev R. Singh	
	20	Dr. J. L. Uike	