

**Report on**  
**Fast Track capacity Building Programme**  
**Date – April-26, 2010 to May-1, 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 ,7<sup>th</sup> Batch
- 4. Venue:** Hotel Simran, Station Road Raipur
- 5. Date:**April-26 to May-1, 2010
- 6. Time:** 10:00am to 6:00pm.
- 7. Duration (in days):** 6 days
- 8. No. of persons trained:** 32 from (From 13 District)
- 9. Profile of the Participants-** Block medical officers, Medical officers & BADA.

## **Day-1**

### **Session-1: 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
- 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 – Mr. Raman 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-2: Community Participation, Health Monitoring & Accountability.**

**Resources Person – Mr. V.R Raman**

#### **Content –**

Community participation & 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:** Mr.Raman started with Community participation & Levels of Community Participation, 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. He also talked about data triangulation and how it can be help full for district health plan. Then he explained the community monitoring concepts in Chhattisgarh context and various initiative of the state. A brief discussion on AGCA (Auditory Group for Community Action) was done.

### **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-3**

#### **Session-1: Rashtriya Swasthya Bima Yojana**

**Resource Person: Dr. Madan Gopal**

**Contents:**

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

**Skill transfer:** Issues related to Operationalization of RSBY.

**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-2: 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-3:- 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.

This session was followed by Group work on Malaria. Block wise list of population & no. cases of malaria was provided to the participants. Participants calculated the indices like API, ABER, SPR etc & prepared a Block specific Action Plan for the control of Malaria.

### **Day-3**

#### **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-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 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.

### **Session-3: Village Health Plan**

#### **Resource Person – Mr. Sameer Garg**

##### **Contents:**

- Issues of decentralized planning.
- Planning at village level.
- VHSC & untied fund.
- Trust Vs Mistrust

**Skill transfer:** Method of Planning at village level.

**Remarks:** Mr. Sameer started with a question to participants that whether villagers can plan for their health? He discussed how they can prepare their plan & how NRHM facilitate VHP.

### **Day-4**

#### **Session-1: 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 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 Bhole 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.

## **Session-2: Group activity on DHAP & 30-cluster survey.**

**Resource Person:** Tarang Mishra & Dr. Manoj Patil

**Contents:** 30- cluster survey method.

### **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:** Participants were explained the steps of doing 30 cluster surveys and then other part of the assignment. Participants designed questionnaire for their assigned topic which was followed by discussion.

## **Day-5**

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

**Resource Person – Mr. Prasanth.**

#### **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** – Mr. Prasanth 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.

### **Session-3:- Adolescent Health Issues**

#### **Resource Person - Dr. Vandana Prasad**

##### **Content -**

Who is adolescent?

Major issues to address in this age group.

Changes during adolescence.

How one can address this issue.

**Skill Transfer** -Rules to deal with Adolescents.

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

Remarks - Dr.Vandana 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 organizing health camp, life skill education etc .

### **Day-6**

#### **Session-1: Population Stabilization.**

##### **Resource Person – Dr. Vandana Prasad**

##### **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. Vandana started with decentralized district health planning & population Stabilization issues in India. She explained the Stages of Demographic Evolution & Population Momentum. She also addressed the Myths & realities about population growth & Challenges in India.

**This session was followed by Valedictory Function & distribution of certificates to the participants by the hands of Mr. P. Anbalgan, Director, Health Services, Chhattisgarh.**

## Fast track training on district health planning and management

### Public Health Resource Network

#### Programme Schedule

Time	Monday 26/04/2010	Tuesday 27-04-2010	Wednesday 28-04-2010	Thursday 29-04-2010	Friday 30-04-2010	Saturday 01-05-2010
9.30am-10.30am	Registration	Rastriya Swathya BimaYojna  Dr Madan Gopal	Rational Use of Drugs  Dr. Ravi D'souza	Mainstreaming of AYUSH  Dr Sumi Jain	RCH & Improvement in Quality of Facility Level Service  Mr. Prashan	Population Stabilization  Dr. Vandana Prasad
<b>Tea Break</b>						
10.45am – 11.45 am	Inaugural Session	Child health issues in district health planning in context of SNCU/NICU  Dr. Pravin	Understanding HMIS  Mr. C. C.Santosh	Issues in District Health Planning  Mr. V. R. Raman	Quality Management Protocols in RCH  Mr. Prashant	Evaluation (Post-training test) of training
11.45am-12.45pm	Engaging Private Sector  Mr. V. R. Raman					Valedictory session
<b>Tea Break</b>						
2pm-3-30pm	Community Monitoring & Accountability  Mr. V. R. Raman	Workforce Management Issues  Dr. Kamlesh Jain	Village Health Plan  Mr. Samir Garg	Assignment: RCH (Choice of Strategy) and planning skills	Adolescent Health Issues  Dr. Vandana Prasad	Feed back and Valedictory

Tea Break						
3.45pm-5pm	School Health Programme  Dr. K. R. Antony	Assignment : Introducing Malaria Planning	Presentation of group work	Assignment: RCH (Choice of Strategy) and planning skills	Presentati on of Group work	

### List of Resource Persons:-

Sr. No	Name Of the Resource Person	Designation	Topic
1	Dr Sumi Jain	Programme Coordinator (AYUSH Cell) SHRC	Mainstreaming of AYUSH
2	Dr. Ravi D'souza	Jan Swathya Sahyog	Rational Use of Drugs
3	Dr. Pravin Khobragade	Health Officer Unicef CG	Child Health
4	Dr Madan Gopal	Consultant RSBY,GTZ	RSBY
5	Mr. Sameer Garg	Consultant SHRC CG	Village Health Plan.
6	Dr. Kamlesh Jain	SHRC CG	Workforce Management
7	Mr. Prasanth		Quality Management Protocols in RCH
8	Dr. Vandana Prasad	National Convener, PHRN.	Adolescent Health Issues Population Stabilization.
9	Mr. C.C. Santosh		HMIS
10	Dr. Antony	Director SHRC CG	School Health.
11	Mr. V. R. Raman	Consultant ICCHN	Community Monitoring, Engaging Private Sector

## List of Participants:-

Sr. No	District	Name
1	Rajnanadgoan	Dr.V. K. Lohiya
2		Dr. S. R. Mandavi
3	Kawrdha	Dr. Narendra Golen
4		Dr. Sanjoy Kharshan
5	Korba	Dr. Dipak Raj
6		Dr. R. Dhaire
7		Dr. Kamlesh Porte
8	Bilaspur	Dr. A. S. Shanyal
9		Dr. Devesh Pradhan
10		Mr. Arivind Soni
11	Mahasamund	Dr. L. L. Dhankar
12		Dr. L.S. Prashad
13		Dr. B. R. Malik
14	Kanker	Dr. S. N. S . Momin
15		Dr. D. S. Vinod
16		Dr. A. K.Tikaria
17		Dr. Sachin Virkhende
18		Mr. S. L. Jain
19	Dhamtari	Vikas Ku. Sahu
20		Shambhu Rajak
21	Dantewada	Vishvash Tripathi
22	Janjgir	Dr. K.K.Dahire
23		Dr. A. D. Azad
24	Korea	Dr G. S. Thakur (CMHO)
25	Jashpur	Dr. K. Kujur
26		Dr. Anuranjan Kujur
27		Dr. C. K. Sai