A. Objectives:
• To sensitize the participants about the concept of participatory peoples planning
• To know about the process and the tools for the district health action plan
• To form teams to work out the plan and fix specific responsibilities
• Preparing work calendar and road map according to set deadline by the state

B. Outcomes:
• Formation of Core Team in the district
  1. Drafting Team
  2. Technical Support Team
  3. Quality Assurance Team
• Fixing dates of Block Level Consultation Workshop, Participants list, Person responsible for the activity
• The whole process has to be owned by the district team

C. Participants: Civil Surgeon, ACMO, All Programme Officers, DPO-ICDS, Executive Engineer – PHED, DSE, DWO, DPM, All District Health Society members, District Hospital Management Society members, MOIC’s / MO’s, State Trainer Team (Sahiyya), CHF- PHRN and NGO Representatives (Development Partners).

D. State Resource Team for Gumla- Gurjeet Singh, Haldhar Mahto, Dr. Ranjan Panda, Pooja, Enem Prawin

E. Tentative Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Name of the Session</th>
<th>Method</th>
<th>Resource Person</th>
<th>Material Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30 AM-10:45 AM</td>
<td>Welcome Speech by Civil Surgeon</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>10:45 AM-11:00 AM</td>
<td>Inaugural Speech by Chairman of District Health Society</td>
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<tr>
<td>11:00 AM To 11:30 AM</td>
<td>District Health Action Planning: what</td>
<td>Power Point</td>
<td>DPM</td>
<td>LCD Projector, Laptop</td>
</tr>
<tr>
<td>11:30 to 11:45</td>
<td>Tea Break</td>
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<td></td>
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</tr>
<tr>
<td>11:45 AM To 12:30 PM</td>
<td>District Health Action Planning: why and how</td>
<td>Power Point</td>
<td>State Resource Team -Gurjeetji/Dr. Ranjan</td>
<td></td>
</tr>
<tr>
<td>12:30 PM To 1:15 PM</td>
<td>District Health Action Planning: Presentation by DPM on District Health Scenario – Concern and Challenges</td>
<td>Power Point</td>
<td>DPM with support of Programme Officers</td>
<td>LCD Projector, Laptop</td>
</tr>
<tr>
<td>1:15 PM To 2:00 PM</td>
<td>Sharing of templates and tools for DHAP</td>
<td>Group Discussion</td>
<td>State Resource Team -Dr. Ranjan</td>
<td>Copy of Templates</td>
</tr>
<tr>
<td>2:00 PM to 2:30 PM</td>
<td>Lunch</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2:30 PM to 3:15 PM</td>
<td>Priority Issues</td>
<td>Group Discussion</td>
<td>State Resource Team - Gurjeetji/Enem/Dr. Suranjeen</td>
<td></td>
</tr>
<tr>
<td>3:15 PM – 3:30 PM</td>
<td>Block level Process- What , How, When, by whom</td>
<td></td>
<td></td>
<td>District Core Team</td>
</tr>
<tr>
<td>3:30 PM – 3:45 PM</td>
<td>Finalization of block calendar</td>
<td>Open discussion</td>
<td>MOIC of different blocks</td>
<td></td>
</tr>
<tr>
<td>3:45 PM – 4:00 PM</td>
<td>Resource Envelope for district and the financial implications, Distribution of formats and vote of thanks</td>
<td></td>
<td></td>
<td>DPM &amp; DPMU</td>
</tr>
</tbody>
</table>
Priority Issues for Discussion

- Situational Analysis – How to do, who will do, Dead lines
- Block-wise disease (Morbidity/Mortality) Mapping to know the burden of disease
- Need assessment and planning for district hospital
- Strategy for insurgent area/conflict areas/hard to reach areas
- RCH, adolescent health, immunisation, mental health, tribal health, urban health, NRHM initiatives, disease surveillance, National Disease Control Programmes - Structured PIP discussions, health service priorities
- Occupational health issues-Assessment and planning / Planning for Trauma Care –Planning for Accidental prone areas
- Community Participation / Social Mobilization
- Convergence – Nutrition, Sanitation, Education, Welfare
- NRHM Part B- HR / Infrastructure

DHAP Preparation Process

1. District level consultation
2. Block level consultation - Accomplishment of situation analysis
3. District Team Gap Analysis
4. Identification of available resources and sanctions
5. Strategy planning
6. Budget Estimation and Resource Envelope
7. Preparation of the first draft
8. District Level Workshop – Sharing of first draft and feedback
9. Preparation of Final Draft Based on the feedback
10. Final Draft DHAP sent to the State Quality Assurance Team