

***FAST TRACK TRAINING PROGRAMME: PREPARATORY WORKSHOP***

***PUBLIC HEALTH RESOURCE NETWORK***

***17<sup>TH</sup> DECEMBER – 22<sup>ND</sup> DECEMBER 2007***

***SIHFW, JAIL ROAD, RAIPUR, CHHATTISGARH.***

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Minutes of PHRN Workshop held from 17<sup>th</sup> December 2007 to 22<sup>nd</sup> December 2007.

### **The Proceedings:**

#### **Day1: 17/12/2007**

The session began with the participants being registered then the inaugural session started.

Mr V.R. Raman shared the historic movement in NRHM where NRHM was looking at capacity and skills gap and PHRN a group of concerned citizens and officials was looking at the bottlenecks that would help in initiating the health mission through sharing success stories in India and abroad. With this introduction he welcomed the participants.

Dr Vandana drew an understanding of the workshop and the initiation of the movement in Chhattisgarh, which gave an opportunity to bridge health interventions and the scope given for this due to policy changes. PHRN is an effort to take this learning to various other states. She also expressed the need for district health personnel to have a good sectoral understanding of all health issues. She added that the PHRN book not only provides technical information but also give an idea of the stance of PHRN and a way to view policies.

Dr Sen (ex dir SIHFW, Chairperson PHRN advisory group) exhorted participants to be a member of the PHRN network and urge participants to work with a missionary zeal. Due to fast track mode of systemic transmission and the cascade model through which the workshop is being held he requested participants to go through the PHRN books to prevent dilution of message.

After a round of introduction and vote of thanks by Dr Kamlesh the session started: -

#### **Session-1 (Goals of Public Health) Dr. Vandana Prasad**

She talked on the following points-

- The documents that gives an idea about Public Health
- What is a Goal, its definition, the ultimate goal
- What are the reference points used in Public Health System- Bhor Committee, Alma Ata, NRHM – Discussion on Differences & Similarities in them, also on Positives & the Negatives in them
- What is Public Health- its Definition, Scope
- What does Public Health cover
- A small exercise on identifying the keywords in the Bhor Committee Report, Alma Ata was done by the participants. This was in order to develop a better understanding about these reports.

- What is Primary Health care – its Definition, Aims & Objectives, Planning, Implementation, and Scope
- What are Millennium Development Goals- how a much broader view has been incorporated in the Goals
- How to set up Goals and achieve them, how to develop a better understanding about them
- The present condition of the Expenditure on Health and identifying what is required in the current scenario (Increasing Public Health Expenditure to reduce Health Problems & inequity).
- A small discussion was held on the topic – How investment is being done and how allocation of the investment is actually done (Initiated by Mr. P. Ramesh Kumar, Secretary, Health, Govt. of CG). The outcome-
  - It was realized that Public Health Expenditure should increase, and these benefits should reach the common man.
  - Separate Monitoring System should be built.
  - Money should go to the right person.
- Plans should be made precisely by observing utmost practicality at the village level and the district level.
- Data at each Block-Panchayat level should be available and utilized properly.

### **Post Lunch Session:**

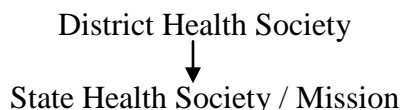
#### **Session - 2 (Goals of NRHM) Dr. Vandana Prasad**

She talked on the following points-

- NRHM – Introduction and Context]
- NRHM – The Components
- Expenditures – How to make effective use of the Budget – for which planning is essential.
- Why more budget for Health is required
- What are the drawbacks of Vertical Programmes
- The NRHM Paradigms – A brief review on all the points
- The need to increase Community Participation through improved management, capacity building, flexible financing etc.
- The criteria of Health – specified in NRHM
- NRHM – like an illustrative structure in the form of a pyramid
- 14 critical areas for concerned action (Pg 14 to 18, Book 1) were read & discussed
- 44 NRHM activities and funding norms focusing on school health were read & discussed
- The flow was identified which is ----

Block Level Health Team





- The need of convergence & Public Participation
- Examining key NRHM Strategies which include ASHA, Village & District Planning, Roji Kalyan Samiti etc.
- The need of capacity building for effective management
- Challenges of District Planning
- The discussion was summarized by realizing that NRHM looks good on paper, also in terms of money, but in practicality, efforts need to be made, to make it successful and realize its objective.

### **Session – 3 District Health Planning – Dr. Vandana Prasad**

She deliberated on the following points –

- What are the Goals & Objectives of District Health Planning
- What are the levels of planning
- Definition of Goals, Objectives, Strategies, Activities/Processes, Inputs, Outputs, Outcomes, Impact and Indicators.
- All of these should be rationalized and not made by oneself
- What are the various aspects of District Health Planning
- What are indicators? What do they measure
- What are the characteristics of Indicators – for instance, they should be valid and should give the same result at every region
- What should be the strategies

### **Session – 4 Group Work**

- The group work was on making a proper process plan for any of the topic given to them.
- 4 groups were made and these groups worked on the following topics:
  1. Reduction of water borne diseases
  2. Improving TB case Detection Rate
  3. Plan for social Marketing to improve contraceptive availability
  4. Plan for strengthening ASHA programme

From these group work certain keynotes came out, many basic mistakes, which were committed by participants, were also realized. All components must be linked together and then strategized.

The task of putting things/tasks in correct positions is difficult and should be learnt.

**Session -5 (IPHS Standards for PHCs and CHCs) Dr. Vandana**

She talked on the following points-

- The IPHS Standards
- The need of reducing Doctor dependency
- Discussion about possible solutions like –
  - Rotation of Doctors' postings
  - Assuring Doctors by providing good facilities/incentives to them
  - Rationalizing Non – Medical Staff – Issue of Training/Some Logistics
  - Other Solutions include partnership solutions – that includes partnership from NGOs & from the Private Sector
- What are 24 \* 7 PHCs/CHCs – Monitoring Issues & Key input indicators
- Institutional care for the severely malnourished child
- Set of CHC Services – Non RCH areas should also be covered
- Role of Jeevandeep Samiti – in making CHCs perform with quality – appropriate use of untied funds.

With these the sessions of the 1<sup>st</sup> day concluded.

**Day 2 18/12/2007: -****Session 1&2 – (Maternal Health in CG PIPs & District Planning for Improving Maternal Health) – Dr. Sundararaman**

He talked on the following points-

- Mortality- Exact Definition (Death within 42 days of life)
- A brief review on the causes of maternal deaths like hemorrhage, anemia, puerpal sepsis etc.
- Discussion on these causes
- What are the measures that can be taken to avoid these causes – for example – good antenatal care, good care at delivery
- The difficulty of calculating MMR at Block, District & State Levels
- What is the reason for this difficulty – Majorly- under-reporting
- What measures save Maternal Lives – like Skilled birth attendant, Emergency Obstetric Care, Referral System & Safe abortion care
- On Points that must be included in Maternal Health in District Plan
- On why institutional delivery is better than skilled birth delivery through a trained attendant
- Skilled Birth attendants – planning at district level
- The need to ensure that SBAs are trained properly

- On key issues of Sub centre and home deliveries
- What is the role of Trained Birth Attendants (TBAs)
- Understanding that there is no impact of training TBAs on Maternal Mortality, however, a useful community resource for- mobilizing skilled care & institutional deliveries & facilitating deliveries
- On emergency obstetric care
- What are the skills that SBAs must have – like use of partogram and use of Drugs like Antibiotics, anticonvulsants
- Understanding the hierarchy of skills --- Dai---Skilled Dai----ANM----TBA----SBA (which is the target)
- How 24 hr. deliveries can be made possible
- Briefing on some best practices in Promoting institutional delivery---for instance--
  - Incentivizing Institutional deliveries
  - Birth Companion Scheme
- What are the key issues of Referral Transport
- Briefing on some of the Best Practices in this arena (referral transport)- like public-private partnership with NGOs (Tamil Nadu)/Corporate Sector (Andhra Pradesh)
- On key issues of the services available on FRUs
- What are the key issues of RTIs/STIs
- How accountability can be enhanced for maternal deaths
- The need of making a Checklist for District Plans
- On writing skill of Note-sheets (The district plan should be put up in 2-3 note-sheets)
- The other points that must be included in the District Plan

### **Session -3 Group Work (On making of Note-sheets): -**

All the participants were divided into 4 groups & then asked to make note-sheets on different topics like –

Group 1: 100% Skilled Birth Attendants – making it possible – through training of Paramedical staff

Group 2: Quality assurance in the practice of SBA Training

Group 3: Referral Transport Planning

Group 4: Provision of Post-natal care & improving Ante Natal care

The session was very interesting and participants realized some of the basic mistakes that they committed during the making of a note-sheet. Also, some of the things that needs be incorporated in a note-sheet.

**Session – 4 Information For planning:- Dr. Sundararaman**

He deliberated on -

- The types of Data – Primary, Secondary, Qualitative, Quantitative
- Identifying the key data sources – like the Census (1<sup>st</sup> source)-
- Strengths & Limitations of Census, Sample Registration Sources (SRS)
- Disease Specific Data – like Central Bureau of Health Intelligence, Hospital Records, Disease Registers
- Other Data like National sample survey organization (NSSO), NHFS, UNICEF coverage evaluation survey – its relevance and importance
- Other data can also be used in mapping (for instance, Jansankhya Sthirta Kosh)
- The benefits of using the above data
- Epidemiology – distribution, frequency & determinants
- Incidence & prevalence
- The main steps required in an epidemiological survey
- The Different types of surveys – which is the most commonly used surveying method – Cluster Sampling
- The kind of Sample sizes required for different methods

**Session 5 – Qualitative Research Dr. Sundararaman**

He talked on –

- The broad approach to the study of Social Phenomenon
- The need of doing situational analysis
- The methods of qualitative study – Interviews & focus group discussions
- In-depth interviews----What are the key informants---semi structured & open ended
- The most commonly used tools--- FGDS: How group dynamics work? What is the need of incorporating synergism, snowballing, stimulation, security, spontaneity
- Participatory Rural Appraisal (PRA) --- What does it include---Like making of Venn diagrams, pictures etc.

**Session 6 – Group Work (To make a Qualitative Study)**

All the participants were divided again into 4 groups. They were given the following topics to work on:

- Determinants of early marriage
- Reasons for under-utilization of temporary family planning services
- Reasons for low case detection rate in district TB control Programmes.

**Day 3 19/12/2007: -****Session-1 Mainstreaming Women's Health Concerns- Ms. Sulakshana Nandi**

She talked on the following points:

- The difference between Sex and Gender
- The differences between Man & Woman – Active Discussion – Biological/Social/Cultural Differences
- Discrimination has always been happening, the cause behind these – Poverty, Work, Nutrition, Culture etc.
- The need for deep understanding women & gender concerns before making a gender plan
- The framework for gender analysis – addressing practical needs & strategic needs – differences between them
- On gender analysis – initial analysis, collecting baseline data, making of objectives & strategies
- The roles of men & women in society

**Session-2 Child Survival in CG PIP Dr. Praveen Khobragade**

He deliberated on –

- Participants (Dr. Rajesh Awasthi) presented the picture of child survival, as it is there in CG PIP – Active discussion on this topic
- Dr. Praveen presented the minute & background details in his presentation
- He presented slides on IMR & Under 5 Deaths
- When do majority of Deaths occur- Neonatal period (<28 Days) – 70% of deaths
- The issue of low birth weight babies and how they can be cured (By administering Iron + folic Acid)
- Briefing on Intermediate + Preventive therapy for pregnant women – like bed net for prevention of malaria – the need of incorporating things like these in the district health plan
- Some facts were presented like --- Exclusive breastfeeding is more than 80% in CG—which is the highest
- What can majorly save infant lives – Early initiation of breast feeding within 1 hour --- it can save around 3500 infant lives – 22 % reduction in IMR
- He stressed upon complementary feeding (At 6 months) should be present – as it can result in 7 % reduction in under 5 deaths
- What is IMNCI training – its importance
- What is NICU – Neonate Intensive care unit – its importance – the procedure of requisition – how to calculate the space & beds required – what are the funds available
- Briefing on calculation of ORS packets -- also zinc tablets



**Session-3 Strategies for child survival & health in the district plan: Dr. Praveen**

He talked upon the following points-

- Malnutrition – Food security issues
- The major causes of deaths in children
- On possible interventions – like Breastfeeding, Immunization, reduction of early marriages to reduce low birth weight babies
- On the south Asia enigma
- Intergenerational propagation of malnutrition
- 3 responsibility of women – reproductive/productive/care n nurture
- Briefing on the public health strategies for child survival
- Discussion on some of the best practices in neonatal care –for instance, the gadhchiroli (Intervention at the community level) & the purulia model (Intervention at the facility level), jamkhed project
- Gadhchiroli model --- requires Mitanin to be present at the time of birth/delivery & to administer injections
- Purulia model – caused the reduction of neonatal mortality(in hospitals) to 43.6%
- Jamkhed project --- at Ahmed nagar, Maharashtra – reduced dependency on DDD(Doctor, Drug, Dispensary) – reduced IMR from 160 to 50 – Health was improved because of social intervention rather than technical resources
- Guna-Shivpuri Model: Launched in 2002: Reference chapter 7 PHRN Book 3— Included Transportation to NRC (Nutrition Rehabilitation Centre) with family --- Also transport fee (Rs.100/-) was provided and follow up was done.
- On ICDS, Midday meals etc.
- Briefing by Dr. R.C. Ram – Sarguja Study – done by SHRC –to find out the difference between Ground realities & on paper – underused strategies
- Dr. Yogesh Jain form AIIMS (pediatrician) – shared his model –Ganiyari Model, started in 1999, based on the lines of PHCs, CHCs, Subcentre
- The main focus was on poor people health problems – to make everyone realize that poor people also require quality health care

**Session 4 – District Health Planning-II: Dr. Vandana**

- Logical Framework & Monitoring
- Discussion on building up of log Frame – finalizing Purpose/ outcomes, objectives, outputs etc. – these things should not be limited to the top level management
- Achieving 100% immunization – Methodology to be followed

**Session 5 – Group Work (On making of Log Frame)**

Again the participants were divided into 4 groups for a quick group exercise. The topics allotted were:

- 1) Mitanin/ ASHA Integration – initiation of neonatal care
- 2) Reduction in the outbreak of Water borne diseases

- 3) Goal, OVI, MOV Assumptions
- 4) Case Detection Rate under RNTCP

#### **DAY 4: 20/12/2007**

##### **Session 1: Understanding of Mitanin Programme – Shri V. R. Raman**

**Panelists: Dr. sahu (Nodal Officer) & Dr. Flora**

- Book 4 is supposed to be for National Orientation on the ASHA concept
- Issues to address in District health plan
- Why Community Participation is necessary
- Link worker Vs activist approach
- Definition of Community & Community Participation
- Discussion on case study given on page 5 book 4
- What are the levels of Community Participation – what is the ideal level of Participation—case study on page 9/10 of book 4
- Briefing on Forms of Community Participation
- How to enhance Community Participation – the challenges
- The need of analyzing the situation of Community Participation
- How is the Mitanin different – because of the process of Community facilitated selection
- What are the mandatory community measures
- What are the systemic interventions /outcomes that must be looked at
- Briefing on the ongoing Programme streams – 10<sup>th</sup> round of training ---Swasthya panchayat initiations

##### **Session 2: Swasthya Panchayat Yojana – Dr. Kamlesh Jain**

**Panelists: Rajiv Ranjan Mishra, Arun Shrivastava**

- Explaining the planning process
- Additional provisions & norms under NRHM-1
- What are the specific objectives of SPY
- Briefing on salient features of SPY
- Briefing on 32 indicators of Village Health Plan
- Explaining the process of panchayat planning
- Understanding the data entry software – presentation by Deepak mili

##### **Session 3: Village Health & Sanitation Committee Dr. Kamlesh Jain**

**Panelists: Manish Majorwar, Rajiv Ranjan Mishra, Arun Shrivastava**

He talked on-

- Understanding VHSC – why VHSC was formed

- The formation, functions and role
- Who will occupy with position in VHSC
- Transfer of funds
- The role of BMO
- The Govt. order passed
- The key aspects

**Session 4: Jeevandeep Samiti- Dr. P.D. Singh****Panelists: Manish Majorwar, Dr. Pambhoi**

She deliberated on -

- All the aspects of Jeevandeep Samiti—Developing a better understanding
- The types of checks that are done – Services – Primary/Auxiliary/Ancillary
- Subjective analysis
- What are the gaps that are present in addressing the data
- Facing the problems from both sides – Governance side & the managers side
- The challenges in the implementation of the programme
- Other things does this programme measure
- Ways to strengthen the hospital system

**Session 5: Understanding BCC – Samir Garg****Panelists: Mr. Arun Shrivastava**

He talked on the following points:

- What is the difference between IEC & BCC – explaining the transition
- What should BCC do --- empower individuals to take health related decisions based on information & analysis
- Understanding that BCC is not the solution to everything
- All problems for example of supply side cannot be solved by BCC
- What BCC should not do – Blame the victim for their ill health – transfer the responsibility of state & social flaws on to the individual/family's shoulders
- What BCC Cannot do
- Discussion on the implementation framework for BCC
- What are the basic concepts

**Session 6: Group work (BCC Planning)**

Participants were asked to divide into 4 groups and come up with a plan for BCC on the topic given to them.

The topics allotted were:

- 1) Target couple having 2 or more children
- 2) BCC Strategy for mothers denied food post delivery
- 3) BCC for acceptance of Male Sterilization
- 4) BCC-NSVT Promotion

**DAY 5: 21/12/2007****Session 1 – Understanding Malaria – Dr. Ashis Das****Panelists – Dr. R.M. Bhatt, Mr. Om Kataria**

He talked on the following points—

- What is the condition of south east Asia (India has the highest no. of malaria cases & Myanmar has highest no. of malaria deaths)
- Briefing on some of the facts about malaria- that it affects 40% of the world population – 300-500 million clinical cases
- 2<sup>nd</sup> highest deaths in India
- Paddy crop growing states – more cases of malaria
- Presentation of data in different states – like Orissa
- How does malaria originate & spread – brief review of the complete lifecycle of the malarial parasite – also the seasonal variation
- Which is the mosquito responsible – female anopheles
- What are the typical symptoms that arise in malaria – a brief review
- What are the severely affected organs – depends on the type of malarial parasite infiltrated
- What are the major strategies to combat malaria---they are 3 namely---
  - EDCT – Early Diagnosis Complete Treatment because drug resistance develops in case of incomplete treatment
  - IVC – Integrated Vector Control
  - BCC – Behaviour Change Communication
- Fogging – indoor and outdoor
- Helpful Tools – Rapid Diagnostic Kits (RDK) – test can be done within 72 hrs.
- What is presumptive treatment – what are the drugs used—primaquine & chloroquine
- Promoting use of simple & safe measures like—use of mosquito net
- Monitoring of malaria
- Urban Malaria scheme – Nagar Nigam Vs Health Department
- Discussion of malaria in the District Plan

**Session 2 – TB RNTCP – Dr. Ashis****Panelists – Dr. B.S. Sarva, Dr. Vijayshree, Dr. Saurabh Jain**

He talked on the following points-

- Briefing on some of the facts on TB
- Tb affects young adults most
- Childhood TB is mostly extra pulmonary
- Pediatric dose for TB introduced by India

- Briefing on details of TB – its mode of transmission, vulnerable population, common symptoms etc
- What was NTP—how it got changed to RNTCP
- The need of integrating RNTCP with other programmes---so that it is not treated as other vertical programmes
- What are the Goals and Objectives of RNTCP
- What are the drugs used—what is the availability of anti TB drugs
- What is DOTS – What is the correct method
- Structure of RNTCP at the state level
- What are Drug Boxes – Who is made available these boxes—demonstration of them to the participants (By STS)
- What are new evolving forms of TB—like MDR TB, XDR TB etc..
- Discussion on TB case detection rate
- Discussion on RNTCP & District Health Plan

Dr. Teeku Sinha presented his thesis – study undertaken was on compliance to therapy affect the outcome to therapy

### **Session 3- HIV/AIDS Dr. Ashis Das**

**Panelists- Dr. Majumdar, Dr. Nirmal Verma**

He talked on-

- Briefing some of the details of the HIV—the disease, the virus
- How does it spread
- What are the Gaps & Constraints
- Discussion on the way we estimate / sample sentinel sample surveillance
- What is High Risk Group – bridge –normal population
- MSM more prone because more injury / more traumas associated with their sexual practice
- Discussion On mainstreaming HIV control – ASHAs & Anganwadi workers, ANMs, MPWs
- Discussion of to incorporate all the measures in the District Plan
- What is ABCD- Abstinence/Be faithful/Condoms/Drugs

### **DAY 6: 22/12/2007**

#### **Session 1&2: Training Strategy & Training Institutions, Ensuring Training Outcomes– Dr. P.D. Singh**

**Panelists: Dr. D.K. Sen**

She talked on the following points-

- What exactly is training? How does it differ from a seminar/conference/meeting/capacity building?

- What is the situation in Training
- Often only some personnel receive trainings other receive none
- What majorly determines the choice of training – the funding available
- Quality of training is a matter of serious concern
- The need of follow – up – to ensure that training outcomes convert to service outcomes
- What are Institutional structures in training – like SIHFW, RHFW, District Training Centres etc.
- What is the situation of these structures in our state—what is the role given to each—what is the level of functionality
- Discussion on other categories of training – like ASHA training, Training AWWs in IMNCI, Dai training etc
- How to design a training programme
- What are the steps of the training design – assess training needs, define competencies, objectives, etc.
- The need of evaluation of training
- How to prevent transmission loss – use of cascade training
- The importance of Post training Follow-up
- The need of a refresher course

### **Session 3: Convergence – Mr. Haldhar Mahto**

#### **Panelists – Mr. Avinash Loomba, Dr. Mithilesh Choudhary**

He talked on the following points –

- What is convergence – coming together of programmes
- What are the levels of convergence
- What are the social determinants of health & convergence – like elimination of hunger & provision of food security, provision of safe drinking water etc
- Why convergence is needed – elaboration on its requirement
- What are the constraints in convergence
- What are the Mechanisms—Institutional framework, Activity framework, accountability framework etc
- What are the most important sites of convergence --- Gram Panchayat, Block level panchayat, district level panchayat and the district administration
- The need of reemphasizing Convergence for the district health action plan
- What are the support institutions required—like RSM, engineering units, Technical support units etc
- What are the gaps & the constraints present
- What are the synergies with NRHM

### **Session 4- Leprosy in India & CG – Dr. Saurabh Jain**

He deliberated on –

- Briefing on some of the statistical facts about leprosy
- Some of the Historical perspectives associated with the disease
- What is Leprosy—what does it cause
- What are its symptoms
- What is NLEP
- What were the milestones that were achieved during this programme
- Discussion on the Global, Regional & National Scenario of Leprosy—The leprosy case load, new case detection rate, leprosy prevalence in the world & in India
- What are the operational factors that affect the programme – prevalence & new case detection
- Why did India stand separate & special in the global scenario of leprosy – the main reason being operational factors
- Briefing on the diagnosis of leprosy
- Elaboration on differential diagnosis
- What are the multi-drug therapy packs available
- What is the scenario of leprosy in Chhattisgarh
- What are the gaps & the constraints present
- What does the future hold
- What will be the future priorities
- Which points are essential for the district action plan – like improvement of mitanins in suspect referral, Early diagnosis & treatment, management of complications etc

### **Session 5: Action Plans & Feedback**

Then after the session of leprosy, the next session was of action plans & feedbacks. Dr. Kamlesh Jain conducted this session. The post training assignments were distributed to all the participants.

### **Valedictory Session:**

This session was attended by Dr. B.S. Sarva (Joint Director, Health Services, Chhattisgarh). The session for the workshop came to a conclusion with much enlightenment and enthusiasm. All the participants expressed their wish to have more of such similar workshops in the days to come. Further, the participants suggested that if possible more interactive and group exercises should be integrated for such workshops so as to enable them to get an in-depth grasp and understanding on the topics being discussed and deliberated upon. All the participants expressed their gratitude for the well-

organized workshop. Then Certificates of participation was handed out to all the participants.

The participants were encouraged to implement, all that they have learnt during their workshop and to provide support for the PHRN networking initiatives as and when required. Also they were encouraged & instructed to get involved and give support in preparing the respective District Action Plans.

The overall workshop was a grand success serving its purpose well as anticipated.

**\* The panelists were picked out from amongst the participants as and when required for the specific topics of presentations.**



**Annexure 1: Feedbacks from the Participants**

Feedbacks from the Participants are as follows:

**Specific issues/topics, which needs to be incorporated in the training:**

- 1) Managerial issues like inventory and financial issues with special attention to state budget and funds allocation should be incorporated and discussed in the training
- 2) State specific health issues and problems to be discussed and find strategies to solving the problem.
- 3) Recap session of atleast half an hour of the previous day's session to ensure adequate grasp and understanding of the contents and issues discussed
- 4) Exposure/field visits to places and institutions implementing innovative activities/programmes to get first hand experience/knowledge of the same
- 5) The management of the programme and plan needs to be incorporated in such training
- 6) Sickle cell and IDSP needs to be incorporated
- 7) A component on District Health society also needs to be discussed
- 8) A detailed and elaborate session on the State PIP document needs to be included to throw light on how the issues are being accommodated at the state level
- 9) Main streaming AYUSH should have been incorporated
- 10) Adolescent and reproductive sexual health services and issues should have been discussed
- 11) Legal aspects of multiskilling training of Medical Officers could have been very helpful/informative
- 12) Intersectoral Coordination, especially ICDS and education on health by education department could have been very helpful
- 13) Information/updates on latest developments and advances in the field of Medicine and social medicine could have been very useful
- 14) Rational use of Drugs could have been very informative
- 15) A session on budgeting should have been very useful
- 16) Topics like investigation of an epidemic, disaster management and organizational behavior should be relevant and quite helpful in such trainings
- 17) Blindness control programme should be incorporated as this issue is very crucial to be discussed with the NGOs
- 18) A session on personality development should be very helpful as being trainers/resource persons this quality is very essential.

**General issues to be adhered to:**

- 1) Resource persons need to compliment the slides with case studies and rather than reading out the slides only. Need more real case scenarios, examples, group works, discussions wherever applicable.
- 2) Resource persons should have some kind of homework before presenting their sessions, at least going through the PHRN modules.
- 3) Wherever possible the venues should be arranged in such a way that it should also have the provision of accommodation and made compulsory for all participants to stay at the venue during the workshop.
- 4) Question paper/evaluation sheet for each session should be provided
- 5) Unnecessary discussions should be avoided so as to save time and utilize it to the maximum for the purpose of the workshop.