Report

19th International Public Health Management Development Program

Management and Leadership in Public Health

12th -16th December, 2022

ITEC

SUPPORTED BY
**INDIAN TECHNICAL AND ECONOMIC COOPERATION,
MINISTRY OF EXTERNAL AFFAIRS, GOVERNMENT OF INDIA**

ORGANISED BY
**DEPARTMENT OF COMMUNITY MEDICINE AND SCHOOL OF PUBLIC HEALTH,
POST GRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH, CHANDIGARH**

Program Description

Preamble

"Health initiatives in developing countries often fail not because of lack of scientific knowledge but because of lack of managerial competence".

The aim of good management is to provide health services to the community in an appropriate, efficient, equitable, and sustainable manner. The skills and ideas that healthcare managers bring to the table provide a fresh approach to tackle various situations with significant patient benefits. A considerable portion of management generally involves skills and competencies such as motivating staff, communicating and negotiating with stakeholders, and maintaining attitudes and behaviours maximizing discipline and performance. Managers also need to understand the basic technical aspects of the services delivered. There are very few formal management trainings in government and private health organizations. Most of the existing courses on Public Health Management are theoretical, extensively elaborative, and incomprehensive and are unable to provide all the necessary skills.

Management and leadership in public health play an important role in achieving the larger public health goals. Management is defined as all the activities and tasks undertaken for archiving goals by continuous activities like; planning, organizing, leading and controlling where as Leadership skills in a public health professional (PHP) are of importance and relevance to make the best use of scarce resources. The course will help in building future leaders in organizations who are not only competent in effectively managing but also demonstrating appropriate leadership style in their personal and work settings.

Goal

The main goal of this course is to help you improve the management and leadership skills and its application in personal and professional life.

Objectives

1.   To build capacity of public health professionals with in management and leadership

2.   To illustrate with relevant context-specific case studies, how management and leadership skills can improve the overall competiveness within and outside the organizations.

3.   To equip participants with appropriate skills and styles of leadership for effective decision making.

Program Audience

This program is designed for managers and organizational leaders working in the domain of public health, hospital administrators, faculty of medical colleges and management institutions who are responsible for effective and efficient formulation and implementation of healthcare program or projects. In the current program, a total of 28 participants from 13 countries across the globe participated to enhance their skills in public health communication

PARTICIPANTS OF 19th IPHMDP ACROSS THE GLOBE

Program Benefits

At Participants level

1. Develop management and leadership skills

2. Learn application of management functions for successfully managing the projects and strengthening the organization.

3. Enhance performance by building communication strategy

4. Develop in-depth understanding of leadership types and skills for effective decision making

At Organizational level

1. Improved managerial capabilities for dealing with public health management challenges.

2. Overall increased performance and productivity of organizations in attaining top ranked position.

Program Contents

· Module 1- Management, Leadership and Administration- are these analogous terms?

· Module 2- Leadership Models in healthcare

· Module 3- Public Health Leadership in challenging times

· Module 4- Deciphering skills for leadership in Public Health research in LMIC

· Module 5- Development of a 'leadership case'

Program Duration and Venue

Duration: The duration of program was five days from 12th -16th December 2022

Venue: Online on Zoom platform

PROGRAM DESCRIPTION

Program Schedule

<table>
<tr><td colspan="4"><div align="center">PROGRAM SCHEDULE
Management and Leadership in Public Health
E-INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM
12th -16th December 2022</div></td></tr>
</table>

Day & Date	Time	Topic of Presentation	Resource Persons
Day 1 **12.12.22** **Mon**	01:30- 01:33 PM	Welcoming the Delegates	
	01:33- 01:35 PM	Lamp lighting Ceremony (virtual)	
	01:35-01:45 PM	Introduction to E- IPHMDP	
	01:45-02:00 PM	Pre test	
		Lecture 1	
	02:00-02:45 PM	Management, Leadership and Administration- are these analogous terms?	Dr. Sonu Goel, Professor, PGIMER, Chandigarh
	02:45-03:00 PM	MCQ	
	03:00-03:15 PM	Social media break	
	03:15-04:00 PM	e-Assignment	
	04:00-04:30 PM	Discussion	
	04:30-04:45 PM	Attendance and Feedback	
Day 2 **13.12.22** **Tue**		**Lecture 2**	
	02:00-02:45 PM	Leadership Models in healthcare	Dr. Sanjiv Kumar, Chairman. Three Domain leadership foundation, New Delhi
	02:45-03:00 PM	MCQ	
	03:00-03:15 PM	Social media break	
	03:15-04:00 PM	e-Assignment	
	04:00-04:30 PM	Discussion	
	04:30-04:45 PM	Attendance and Feedback	
Day 3 **14.12.22** **Wed**		**Lecture 3**	
	02:00-02:45 PM	Public Health Leadership in challenging times	Dr. Suneela Garg, Dir.Professor & Head Community Medicine, MAMC, New Delhi
	02:45-03:00 PM	MCQ	
	03:00-03:15 PM	Social media break	
	03:15-04:00 PM	e-Assignment	
	04:00-04:30 PM	Discussion	
	04:30-04:45 PM	Attendance and Feedback	
Day 4 **15.12.22** **Thur**		**Lecture 4**	
	02:00-02:45 PM	Deciphering skills for leadership in Public Health research in LMIC	Dr. Archisman Mohapatra, Executive Director, GRID council
	02:45-03:00 PM	MCQ	
	03:00-03:15 PM	Social media break	
	03:15-04:00 PM	e-Assignment	
	04:00-04:30 PM	Discussion	
	04:30-04:45 PM	Attendance and Feedback	
Day 5 **16.12.22** **Friday**		**Lecture 5**	
	02:00-03.00 PM	Development of a 'leadership case'	Participants
	03:00-03:15 PM	Social media break	
	03:15-04:00 PM	Presentation	
	04:00-04:30 PM	Discussion	
	04:30-04:45 PM	Attendance and Feedback	

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PROGRAM PROCEEDINGS

## Day 1 (12th December 2022, Monday)

Inaugural of Course

On behalf of Post Graduate Institute of Medical Education & Research, in support of Indian Technical and Economic Cooperation Programme under Ministry of External Affairs, GOI, Dr. Kritika Upadhyay, host of the program cum Program Coordinator welcomed all dignitaries, eminent speakers, and participants across the globe to the 19th International Public Health Management and Development Program specifically targeting Management and Leadership in Public Health

Program Overview-Dr. Kritika Upadhyay, Program Coordinator, PGIMER , Chandigarh

Dr. Sonu Goel, Program Director (IPHMDP) provided a brief overview of the program while providing a glimpse of the journey of IPHMDP which was conceptualized in the year 2016. He highlighted the needs, objectives and the journey of the program to the audience. In continuation to this, the program outcomes at the organizational as well as participant level were enumerated. It was told that during the program the participants shall understand the best practices of leadership and management, proper application of public health leadership models and to undertake informed decision in routine & crisis situation whereas the organizations shall be benefited in terms of increased networking, overall performance and productivity. Dr. Kritika concluded her session by calling attention to the outreach of IPHMDP that has trained 1000+ participants from 80+ countries till date. Lastly, he welcomed the torch bearers of 19th International Public Health Management Development Program from 9 countries.

Group photo

All participants of the program were asked to switch on their cameras for a group photograph and were asked to introduce themselves in the chat box
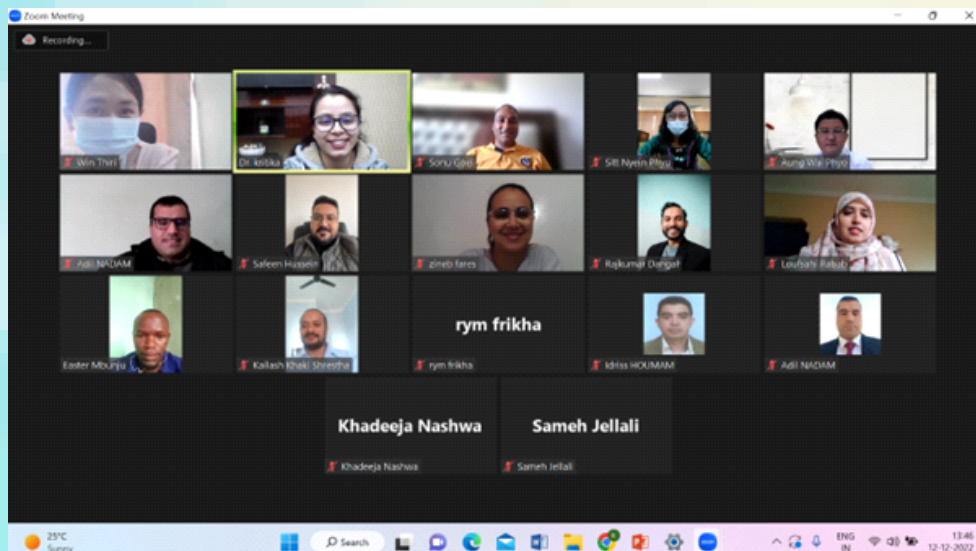
PROGRAM PROCEEDINGS

Pre-Test

An online test consisting of 20 questions was set forth as a google form to the participants by sharing the link in the chat box of Zoom platform and through a mail. Participants were given 20 minutes to complete and submit the test.

Session 1: Manager, administrator and leader: are they analogous terms?

Dr. Sonu Goel, Professor, Department of Community Medicine and School of Public health, PGIMER, Chandigarh

Dr. Sonu Goel began his presentation with a quick energiser in which he displayed a few images and asked the audience to guess whether three skills belonged to manager, leader, or administrator. Then he shared his experiences with the participants, stating that we need managerial, administrative, and leadership skills in a variety of situations. He cited challenges faced by a medical doctor as an example, such as overburdening, poor team management, filing system, violence and how using these skills, these can be overcome. In addition, Dr. Sonu used an image to explain the difference between a boss and a leader. He also used various examples to explain a very informative distinction between administration, manager, and leader.

Session Feedback

Participants provided their feedback of each session on three parameters (Excellent, Good, Average) by drawing an emoticon on the piece of paper and showing on the camera which depicted their experience of the particular session.

Quiz Session

A short quiz session consisting of ten question viz. Fill the Gap, a MCQ and a fill in the blank was conducted after the session to assess the knowledge gained by the participants.

Social media time

Participants were provided with a short media break where the organizing team demonstrated steps for creating social media post on Facebook, LinkedIn and twitter handle of IPHMDP. This was followed by a 2 minute mobility break

PROGRAM PROCEEDINGS

E-Assignment

The participants were given four different scenarios and asked to choose one of them while duly explaining how they intend to complete it. During the assignment, they were asked to list the skills (management, leadership, administration) demonstrated in the assignment. The discussion also led to list of additional skills needed to overcome the challenges given in the assignment.
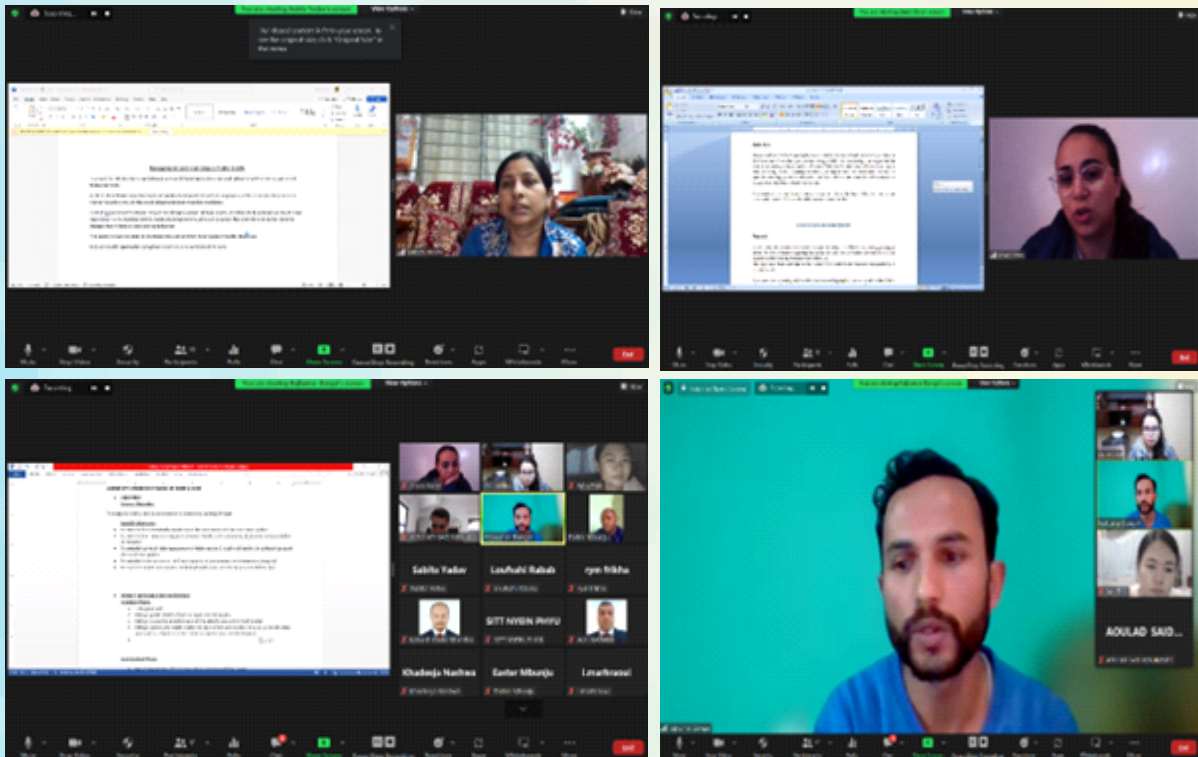

Attendance and feedback

Lastly, the day ended with the instructions for second day and sharing the attendance and feedback link in the chat box.

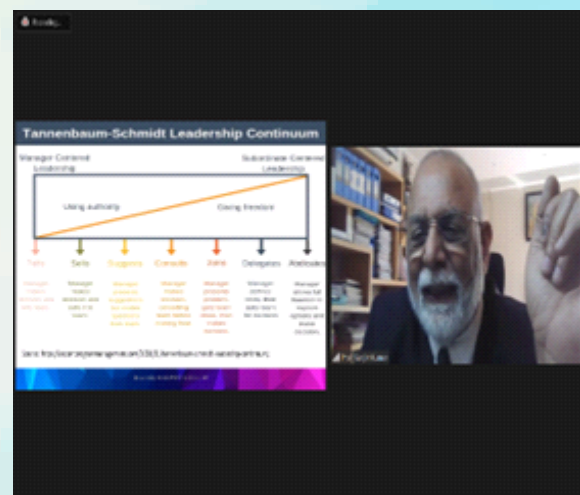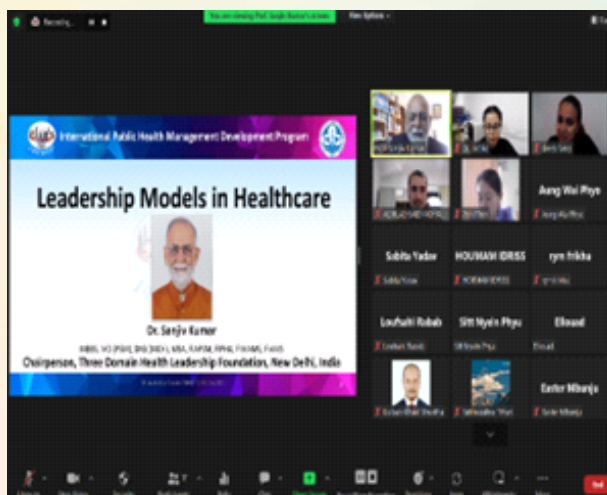# PROGRAM PROCEEDINGS

Day 2 (13rd December 2022, Tuesday)

The second day began by a brief recap of the previous days learning by Ms. Zineb and Mr.Aoulad from Morocco. Dr. Kritika, Program Coordinator then announced the winner of day 1 quiz and congratulated them. This was followed by the technical session.
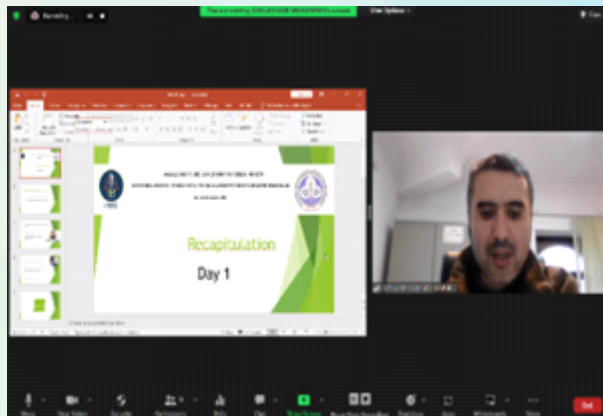
Session 2: Leadership models in Healthcare

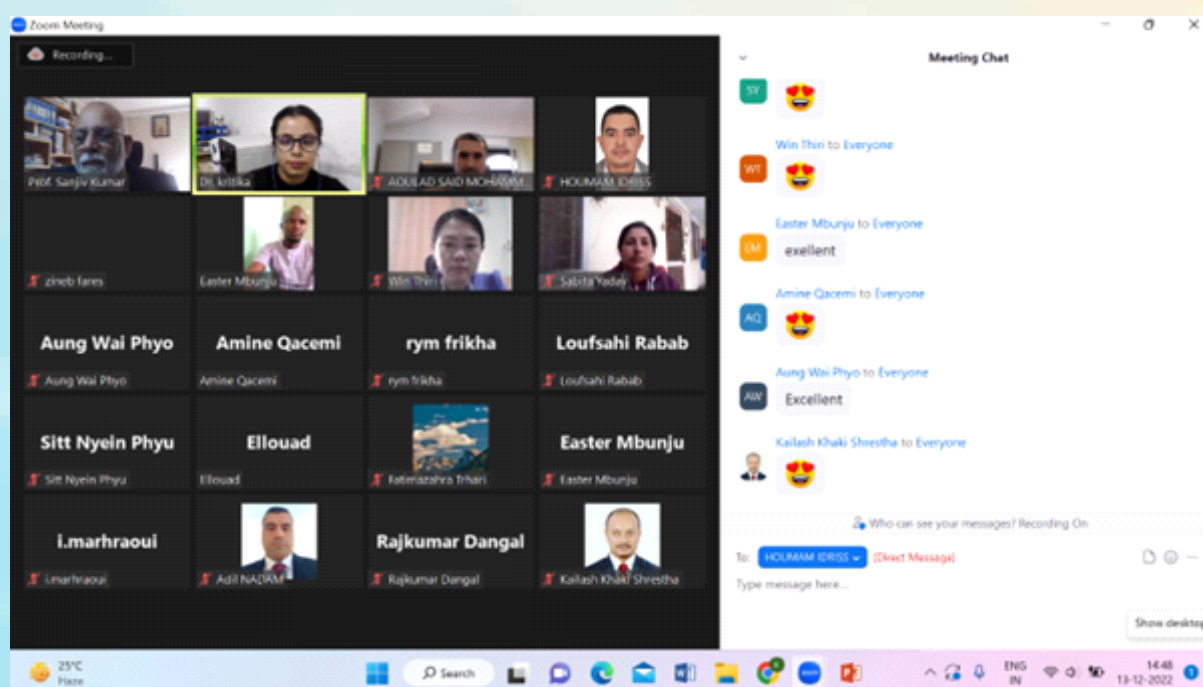**Dr. Sanjiv Kumar, Chairperson, Three Domain Health Leadership Foundation, New Delhi, India**

The technical session of the day began with the evolution of leadership. The speaker focused on the leadership theories including the great man theory which states leaders are born not made. He further explained the trait theory, focused on identifying the traits of successful leaders. Thereafter he shifted to various leadership models. He explained the Kurt Lewin leadership style, Tannenbaum Schmidt Leadership Continuum, House path Goal Model, Fiedler's contingency model, Blake and Mounton's Managerial grid Model and Hersey & Blanchard's Situational Leadership model, and Bolman and Deal's four frame model through simple contextual examples. He also highlighted 6 styles of leadership by Daniel Goleman. Lastly he threw light on Jim Collins five level leadership in sufficient detail.

PROGRAM PROCEEDINGS

Session Feedback

Participants provided their feedback of each session on three parameters (Excellent, Good, Average) by drawing an emoticon on the piece of paper and showing on the camera which depicted their experience of the particular session.


Quiz Session

A short quiz session consisting of ten question viz. Fill the Gap, a MCQ and a fill in the blank was conducted after the session to assess the knowledge gained by the participants.

Social media time

Participants were provided with a short media break where the organizing team demonstrated steps for creating social media post on Facebook, LinkedIn and twitter handle of IPHMDP. This was followed by a 2 minute mobility break

E-Assignment

After the technical session, the participants were given a case study in which a health worker complained to the Medical officer (MO) in charge of the PHC that he had been beaten up by a drunken nephew of the village's sarpanch (elected head of village self-government) the night before. The story of how the medical officer handled the situation was told in the case. After reading the case, participants were asked to respond to a few questions about how team building and leadership qualities are presented in the case, as well as how sociocultural practices helped in resolving issues and providing better leadership qualities. The assignment was well received by the participants and sparked lively debate.
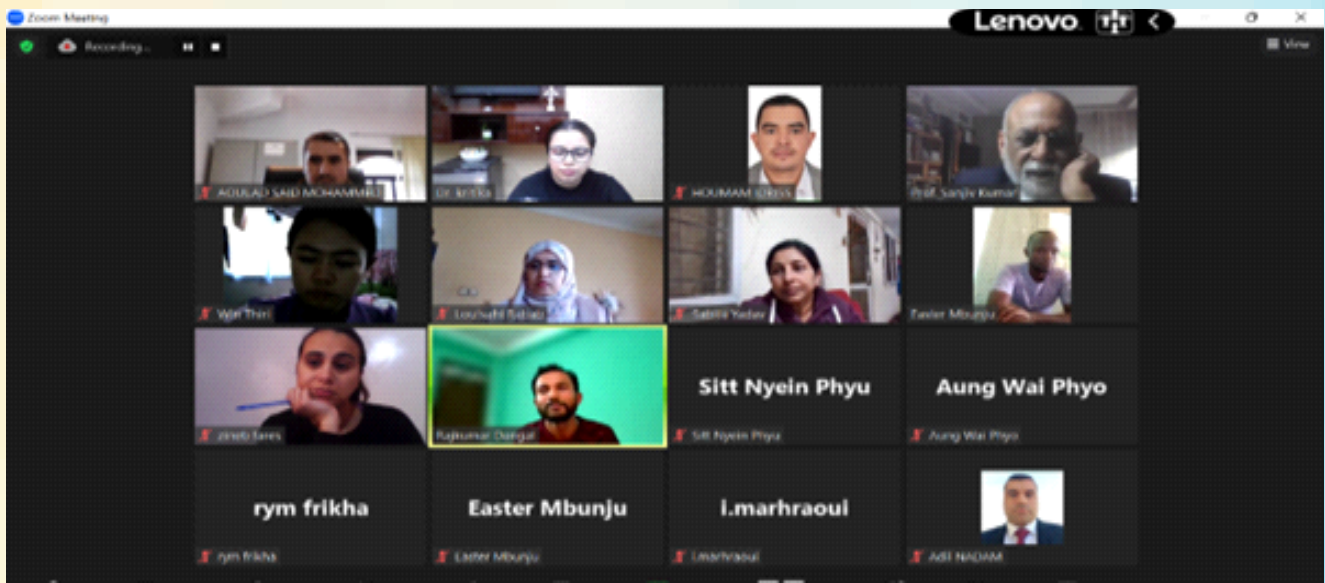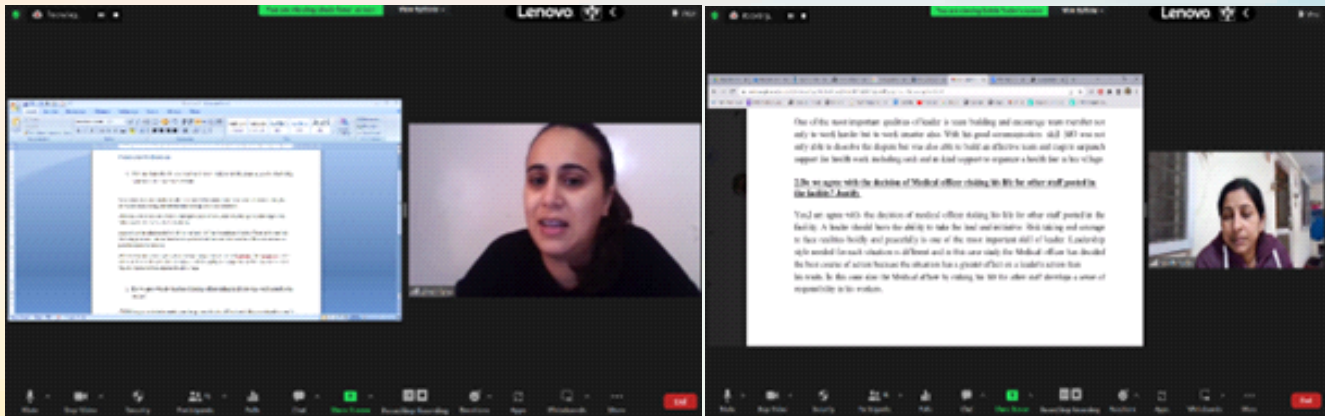
Feedback of the day and Attendance

The day ended with feedback for the session and attendance.

PROGRAM PROCEEDINGS

Day 3 (14th December 2022, Wednesday)

Dr. Kritika, Program Coordinator welcomed the delegates to the third day of the program. The day began by a brief recap of the previous days learning by Ms. Loufsahi Rabab and Mr. Idriss Houman from Morocco. Dr. Kritika, Program Coordinator then announced the winner of day 2 quiz and congratulated them. This was followed by the technical session.
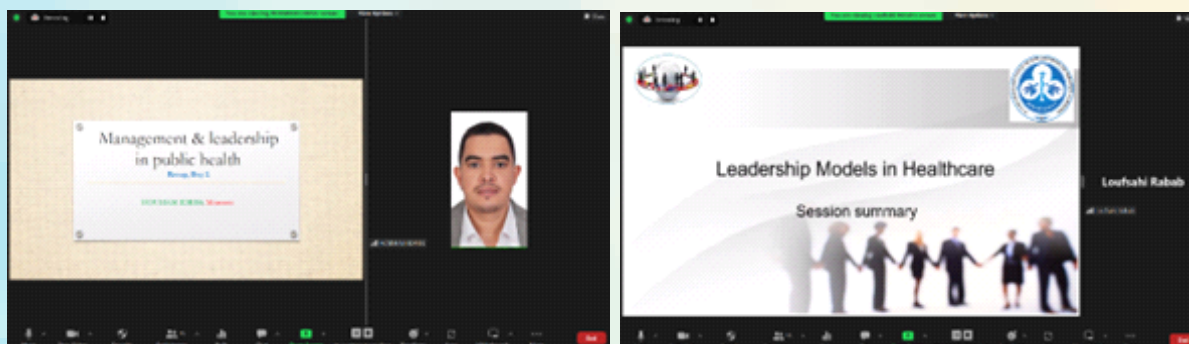
Session 3: Public Health Leadership in challenging times

Dr. Suneela Garg, Sub Dean, Maulana Azad Medical College & Associated hospitals, New Delhi

The day's technical session began by defining leadership and public health challenges. The speaker focused on the special nature of a public health problems and importance of leadership in healthcare organizations in tacking them. She then concentrated her remarks on the more recent concept of 'system leadership' and its six dimensions. She went on to describe the characteristics of an effective leader as well as the role of a public health leader. She then moved on to leadership requirements such as communication, partnership and trust, managing fear, and other aspects. She broke down the leadership competency framework into four categories: core transformational, political, trans organizational, and team building. Finally, she shed light on how challenges can be transformed into opportunities.

Session Feedback

Participants provided their feedback of each session on three parameters (Excellent, Good, Average) by drawing an emoticon on the piece of paper and showing on the camera which depicted their experience of the particular session.
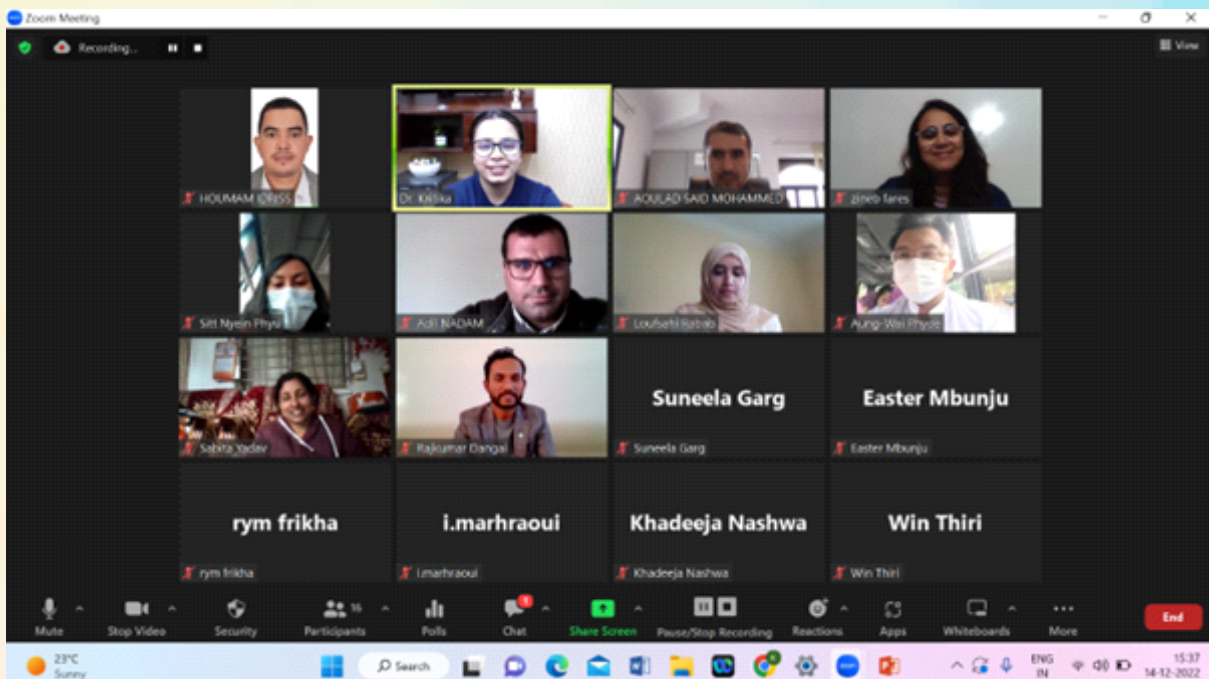

Quiz Session

A short quiz session consisting of ten question viz. Fill the Gap, a MCQ and a fill in the blank was conducted after the session to assess the knowledge gained by the participants.

Social media time

Participants were provided with a short media break where the organizing team demonstrated steps for creating social media post on Facebook, LinkedIn and twitter handle of IPHMDP. This was followed by a 2 minute mobility break

PROGRAM PROCEEDINGS

E-Assignment

After the break participants were asked to undertake assignment in two parts. The first part was to explain the difficulties or challenges encountered during the COVID 19 Pandemic, as well as the actions required to contain them in their respective countries. The second part was to describe how leadership can help combat future pandemics. All of the participants worked on the assignment and shared their perspectives with the group, which resulted in a lot of interesting discussion and facts about leadership strategies to be adjusted in their countries.
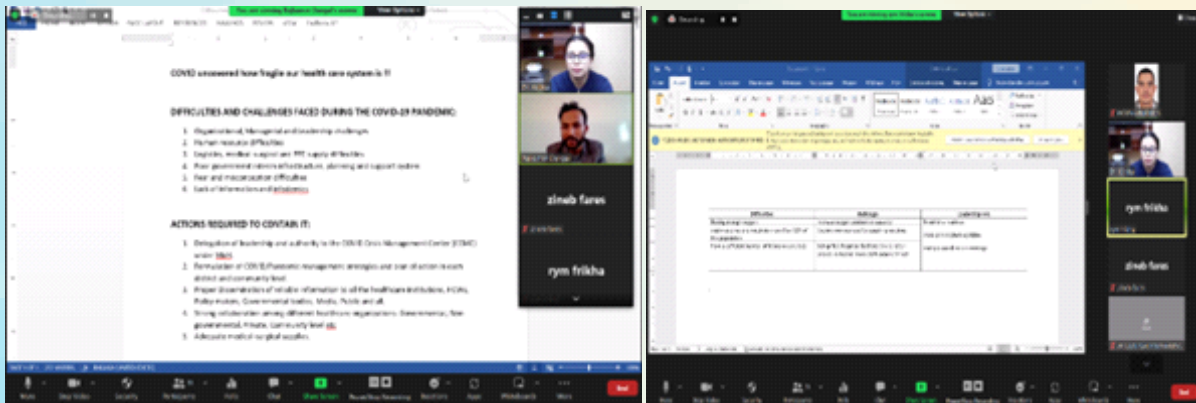
Feedback of the day and Attendance

The day ended with feedback for the session and attendance for the day through a google form.
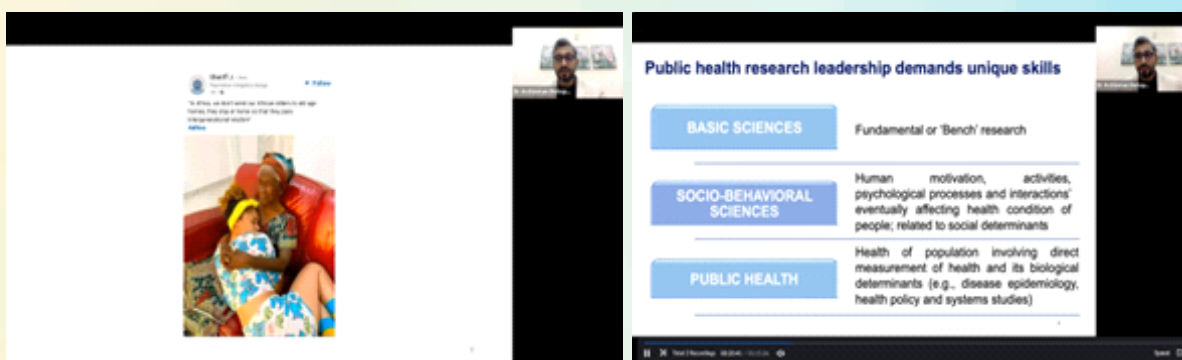
PROGRAM PROCEEDINGS

Dr. Munmie Das welcomed the delegates to the second last day of the program. The day began with brief instructions and recap of the previous days learning by Ms. Sitt Nyein Phyu from Myanmar and Mr. Adil Nadam from Morocco. After that she then announced the winner of day 3 quiz and congratulated them.

Session 4: Deciphering skills for leadership in Public Health Research in LMIC contexts

Dr Archisman Mohapatra, Executive Director, GRID Council

Dr. Archisman began the session by explaining how public health research leadership necessitates specialised knowledge in basic science, socio-behavioral science, and public health. The speaker then differentiated between a trait, soft skills, and hard skills. In between sessions, he conducted an interesting poll on a public health researcher. He then focused his remarks on the influencing factors required in funding research, the challenges encountered, and the strategies used to influence policy. He then shed some light on the fact that using the inductively derived contextual framework, very few researchers become leaders He then went on to make recommendations on how to prioritise public health research among medical professionals in India, using the COVID 19 Pandemic as an example. He concluded his presentation by showing a slide about how to support future leaders.

Session Feedback

Participants provided excellent feedback of his session and send emoticon on the chat box.
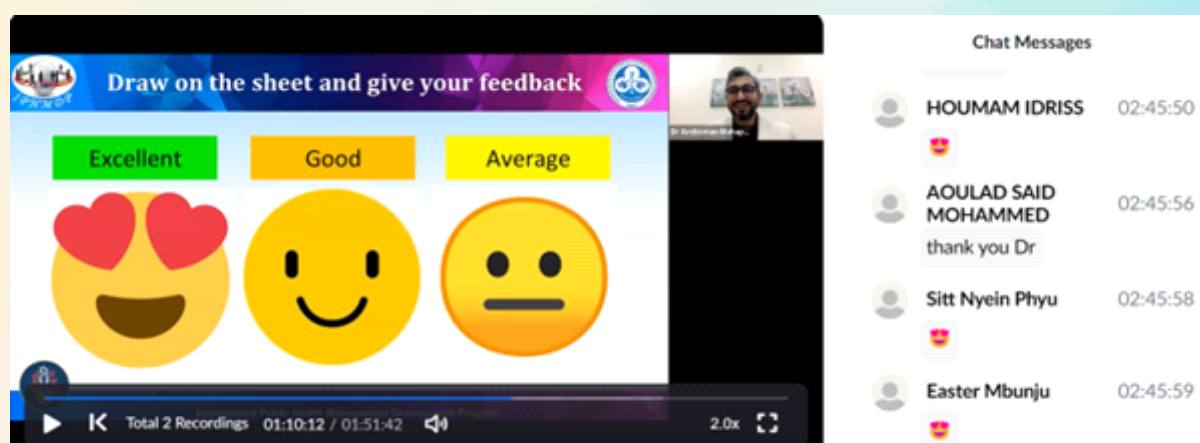
PROGRAM PROCEEDINGS

Quiz Session

A short quiz session consisting of ten question viz. Fill the Gap, a MCQ and a fill in the blank was conducted after the session to assess the knowledge gained by the participants.

Social media time

A short quiz session consisting of ten question viz. Fill the Gap, a MCQ and a fill in the blank was conducted after the session to assess the knowledge gained by the participants.

Social media time

Participants were provided with a short media break where the organizing team demonstrated steps for creating social media post on Facebook, LinkedIn and twitter handle of IPHMDP. This was followed by a 2 minute mobility break

E-Assignment

Participants were placed in the shoes of a high-profile university that aspires to be known as the "new age thought leader" in public health, particularly for the Global South! After understanding the scenario, all participants must identify what skills they will need to excel in the new role mentioned in the case, what challenges/risks they will face and anticipate, and develop a plan to position the University as a thought leader over the next two years (short-term) and five years (medium-term). Few participants were given the opportunity to present their responses, which were then discussed.

Feedback of the day and Attendance

The day ended with feedback for the session and attendance for the day through a google form.

PROGRAM PROCEEDINGS

Dr. Munmie Das welcomed the delegates on the final day of the program. The day began with brief instructions and recap of the previous days learning by Mr. Kailash Khakhi from Nepal. After that she then announced the winner of day 4 quiz and congratulated them.
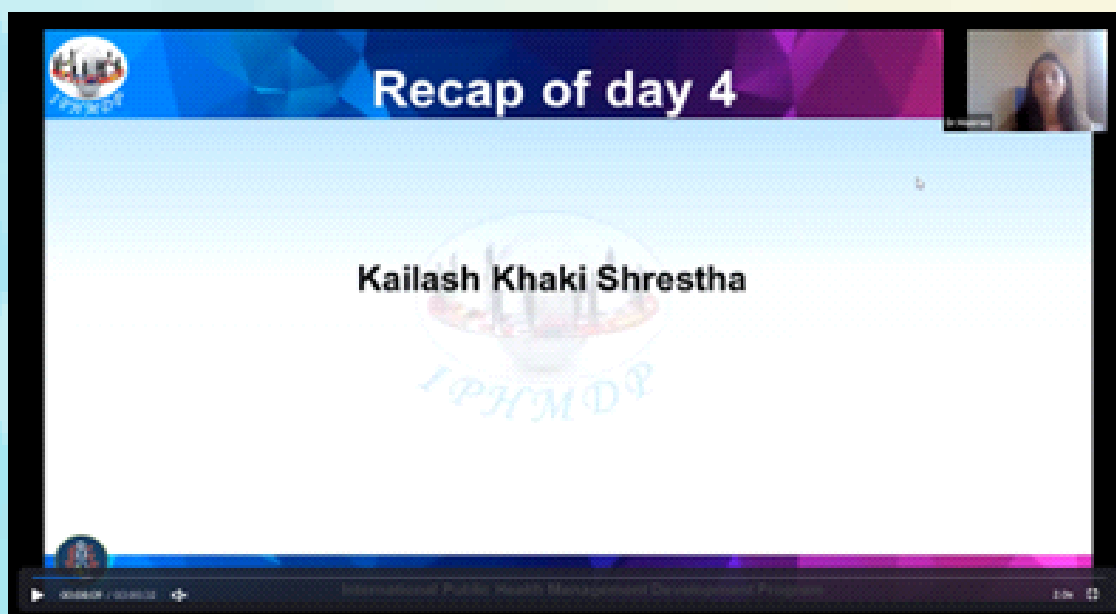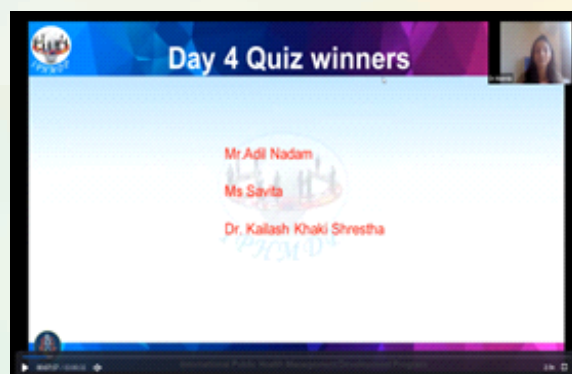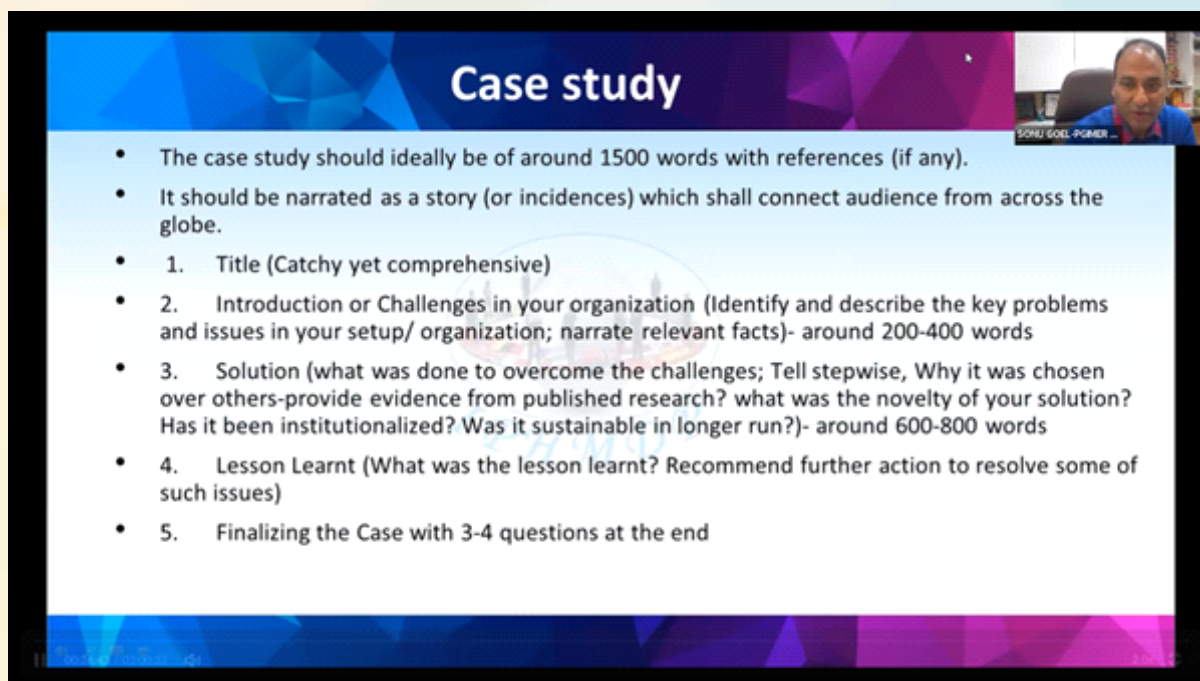
Session 5: Developing a leadership case

Dr. Sonu Goel, Professor, Department of Community Medicine and School of Public health, PGIMER, Chandigarh

Dr. Munmie shared the case scenarios on which the assignment will be based with the participants prior to the start of the session. In addition, the participants were given a template guideline to aid in their development. Dr. Sonu Goel provided participants with an overview of the development of the leadership case by using a few instances. lastly, each participant was given one hour to develop their case.

Presentation by the participants

The participants rejoined the meeting and were asked to volunteer for presenting the case Dr. Kailask Shrestha of Nepal first presented his case, in which he shared his own experience as an Academic Director and leading the organisation in the design, planning, implementation, and evaluation of academic activities. He talked about his problems and offered some solutions for their management. Then, Ms. Rym Frikha presented her case, "Get Involved and Involve Others," which focused on the strengthening of ANC services. In her case, she highlighted various models and shared the group's challenges and solutions. Then Ms. Zenib presented her case on the tiled "How to face an emergency". She described how COVID 19 spread and how her department managed and mitigated it.

Post test

Following the technical session, participants were asked to complete a post-test consisting of 20 questions to be answered in 15 minutes. It was kept to assess the participants' knowledge after the course was completed.

PROGRAM PROCEEDINGS

Valedictory ceremony

The valedictory ceremony started after the technical session. The session strated with briefing everyone about the learning gained in the five days course. Then Dr. Munmie invited Prof. Sonu Goel, Program Director to announce the winners of the contests held during the program and distribute the course completion certificates to all the participants Dr.Sonu Goel congratulated all participants on successful completion of the course and invited participants to share their experiences. Then, he urged the participants to reach out to their respective embassies in order to organize similar courses in their countries.
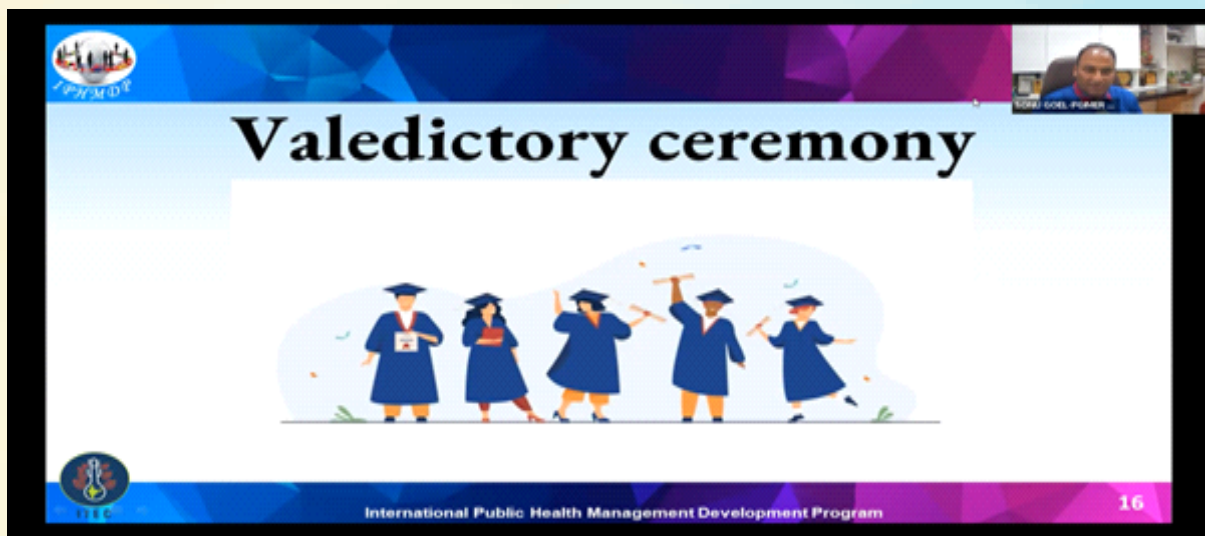
PROGRAM PROCEEDINGS

Feedback by participants

The day ended with feedback by the participants on the chat box and all the participants were asked to fill the overall feedback form. Participants stated that they were generally pleased with the quality of all sessions, the teaching methodology, and the content's relevance to their work when providing feedback. The course received "excellent" ratings across the board from the participants.

Program Feedback

DAY – 01 Feedback (N=15)
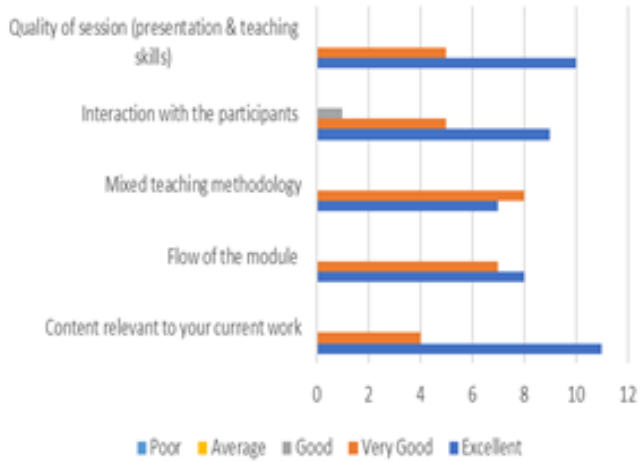
DAY – 02 Feedback (N=18)
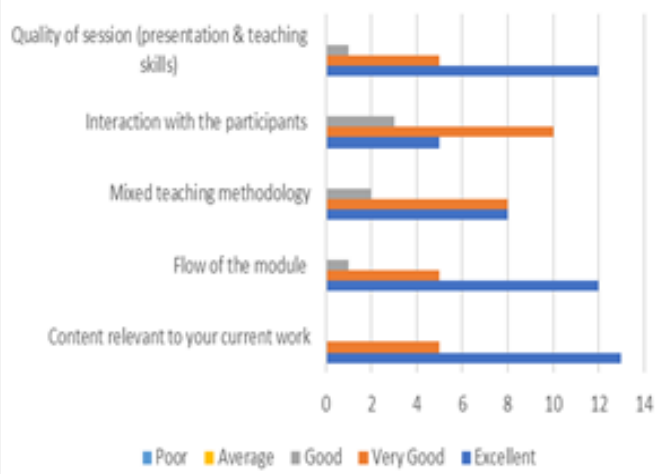
DAY – 03 Feedback (N=16)
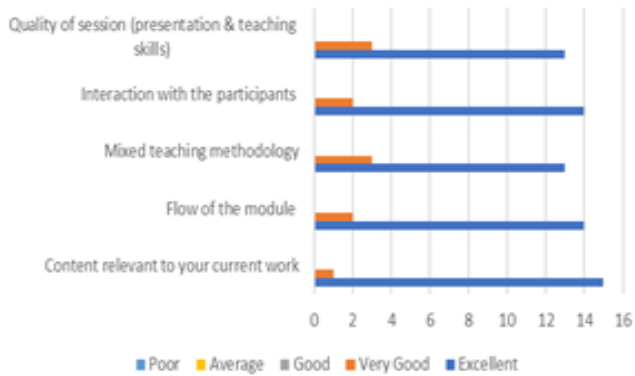
DAY – 04 Feedback (N=16)

DAY – 05 Feedback (N=17)
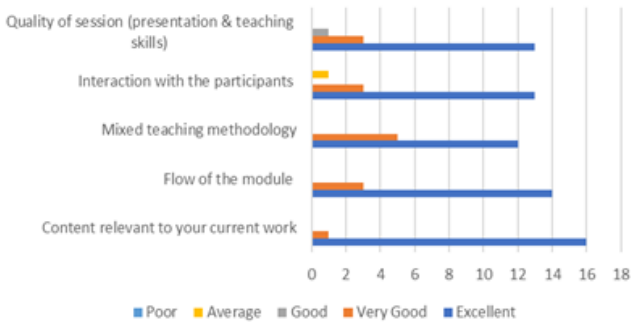
OVERALL ASSESMENT (N=18)
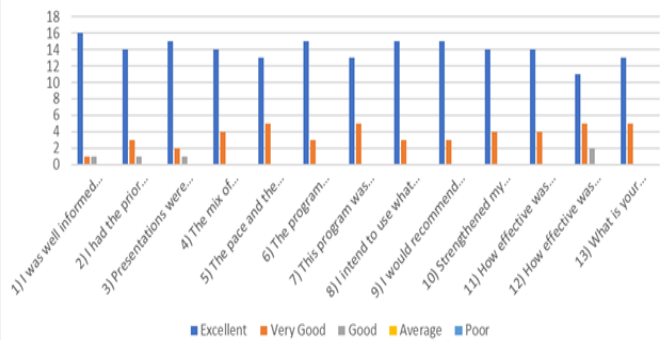
Pre and post test

The pre and post test judged the participants learning before taking the course and after the completion of the course. Majority of the participants improved their test scores after completion of the course.

Certificate of completion

Annexure: Development of a leadership case

Name : Dr. Raj Kumar Dangal

Country: Nepal

Scenario-4: Research Project on elderly care

1. **OBJECTIVE:**

   General Objective:

To design an elderly care bundle/model in community setting of Nepal

   Specific Objectives:

   - To identify the total elderly population in the community of one rural-municipality.
   - To identify their need with regard to General Health, Co-morbidities, disabilities and availability of caregiver.
   - To establish point of initial assessment of their need health clinics/health posts of the rural municipality in collaboration with local government.
   - To establish elderly care unit in a secondary level community hospital.
   - To train the health care workers of clinics/health posts and the hospital on elderly care

2. **SWOT Analysis**

   Strengths

   - Good networking with the local health clinics.
   - Own secondary level community hospital.
   - We have experienced people working in geriatric care for training other HCPs.

   Weaknesses:

   - Lack of multispecialty team in geriatric care at hospital.
   - Lack of Health insurance in the population

   Opportunities:

   - There are no such project or programs running in elderly care.
   - Government is promoting and investing significant budget on elderly care, and asking for collaboration with the health care institutions.

   Threats/Challenges:

   - We don't have reliable data on total population of elderly stratified by family structure, co-morbidities and disabilities.
   - Community is diverse with different cultural tabbos and misbeliefs regarding health care at health facility.
   - Government bodies and other local stakeholders have poor health literacy on elderly care.

3. **REQUIRED SKILLS FOR THE TEAM:**

   - Compassion for elderly.
   - Nurses experience in elderly care at hospital.

- Community Health workers with experience in community health works in the locality.
- Team with good communication skill with local stakeholders.
- Team lead with motivation and empowerment skill.

4. **PROJECT IMPLEMENTATION PROCESS:**

   Initiation Phase: Formation of the team and Budgeting
   - 1 Program lead
   - Hiring 2 public health officers to supervise the project.
   - Hiring 3 nurses for establishment of the elderly care unit in the hospital.
   - Hiring 1 community health worker for each of the community clinics (Total=5 CHWs) to collect the data and make assessment of their needs using the assessment template.
   - Detailed Budgeting for staffing, logistics, equipments, training sessions, meetings etc
   - Continuation Phase: Deliverables
   - Collaboration development and meeting with local stakeholders including local government.
   - Report generation of total population mapping and their needs.
   - To establish elderly need assessment and initial point of care unit in each of 5 rural health clinics/health posts.
   - Establishing 5 bed Geriatric care unit in the community hospital.
   - Running 2 sessions of Trainings, each for community health workers and hospital nurses.

5. **Timeline**
   - Project proposal draft- 1 month
   - Staff hiring- 1 month
   - Logistics and equipments procurement-1 month
   - Meetings: 1 month
   - Trainings: 15 days:
   - Data collection: 1 month
   - Establishment of elderly care unit in local health clinics: 2months
   - Establishment of Geriatric care Unit in the hospital: 1 month

6. **Budget: 50 Lakhs**

Name: Mohammed Aoulad Said
Administrator - Ministry of public health and social protection, Morocco

CASE STUDY:

Strengthening the management of the provincial pharmacy
to support the improvement of HIV drugs and supplies

The number of people living with HIV (PLHIV) in Morocco is estimated at 20,000, including 8,000 women (40%). The number of children under 15 years of age is less than 1,000. However, the epidemic is concentrated among the most vulnerable populations.

Antiretroviral treatments (ARVs) have produced an ontological shift: HIV/AIDS, a disease of certain death after a few dozen months, has become a chronic disease among others. However, people living with HIV (PLHIV) are still subject to stigmatization and discrimination, especially since they are destitute, which has a negative impact on the effects of medical and psychosocial care. Their adherence and compliance to treatment are often weaker, making their bodies more fragile. The discovery of the infection can plunge the individual into a state of depression, accelerating their social marginalization and accentuating their precariousness. From then on, the socio-economic condition can become an aggravating factor, leading PLWHIV to break off treatment (reduced compliance) or to develop risky behaviors (denial and refusal to adhere). However, access to ARV treatment makes it possible to think about a possible life with HIV, which should be complemented by specific economic care to ensure greater adherence and compliance with treatment.

At the level of our province, this case concerns the role played by the provincial delegation officials (I was among the team) in supporting the implementation of system changes to improve the availability of HIV drugs and supplies in health facilities. Provincial pharmacy management systems are an important focus for HIV programs because of their leadership role with facilities in their area of intervention, which enables these facilities and health workers to continuously improve HIV services.

The health delegation initiated a health management performance improvement intervention in our province. The intervention aimed to strengthen the capacity of Health Management Teams to more effectively manage and support health care quality improvement in five management functions, including drug supply management.

Setting the Direction:

The intervention began with a rapid situation analysis, which identified the following challenges to optimal HIV drug supply:

1)   Quantification, forecasting, and ordering of drugs and reagents,

2)   Disposal of expired drugs,

3)   Managing stock imbalances between facilities.

To produce results, leaders formed improvement teams and defined team members' responsibilities for tasks in the improvement process. Using the data from the situation analysis, the teams decided that the primary focus of their improvement activity was to improve the timely receipt and processing of supply orders.

They held a series of learning sessions for the improvement teams, in which they were oriented on how to plan and test process or practice changes that could improve performance. In addition, during the learning session, the provincial health management teams (HMTs) jointly developed the following indicators to use to track their progress in improving supply management:

1) Percentage of facilities that submitted an order for supplies on time to the provincial pharmacy

2) Percentage of supply orders processed to standard.

To implement effective ordering and quantification systems, the HMTs understood that facility staff needed to be trained in forecasting, ordering, and inventory management, particularly for antiretroviral drugs. Stocking practices needed to reinforce first-in/first-out supply management to ensure that older supplies were used first. They felt that this could be achieved through coaching and mentoring of provincial delegation supervisors and pharmacy staff, through appropriate use of records to minimize the risk of accumulating expiring drugs, and through establishing processes for facilities to report expiring drugs.

The HMTs recommended that the process of destroying expired medicines be decentralized to the provincial level, assuming that if the delegations have the authority to destroy these medicines, the process will be faster than the current one.

To improve the availability of drugs and supplies in health facilities, the provincial delegation management teams focused on the following changes:

1. Increase the percentage of timely requests for supply orders by providing refresher training on how to complete the request and reporting forms;

2. Assigning one staff member the responsibility of collecting all reports and orders;

3. Calling facilities approximately one week prior to the submission date to remind them of the upcoming deadline and offer assistance if there are any problems in preparing the documents.

Service Delivery:

The provincial Health Management Team leader agreed to compile all data in an Excel database, while the HMTs agreed to meet at least once a month to review their management improvement work; evaluate as a group the changes they implemented; confirming the roles and responsibilities of each HMT member in implementing the changes, reviewing the results, and planning next actions. In addition, the HMTs began to guide and mentor health facilities on how to form their own facility-level quality improvement teams (QITs). They introduced health centers to the QIT documentation log to record improvement goals, tested changes, and tracked progress. The HMTs helped facility QITs develop core improvement competencies and apply improvement approaches to management functions that directly impact health facility performance in delivering quality health services. This type of collaborative work between HMTs leaders and health facilities created a mentoring relationship between supervisors and facility staff, improved their working relationships, and gave them a better understanding of their roles and responsibilities when initiating QI activities.

Results showed that facilities were able to place their supply orders in a timely manner. More important than timely submission, the other area that improved was ordering the correct supplies.

As a result, stigma and discrimination against PLHIV and key populations is reduced in health care settings and they benefit from human rights remedies and protection services.

Conclusions

Quality is everyone's responsibility, but leadership support for improvement at all levels is essential to improving health services in all technical areas, including HIV, maternal and child health, malaria, tuberculosis, and others. The extent to which leadership influences the success or otherwise of improvement interventions, can be scaled up, institutionalized, and sustained depends on multiple characteristics of leadership and the ability of leaders to implement these characteristics in their daily work. An improvement leader must be able to define and present his or her vision for service improvement, lead and support teams to drive improvement and results, and provide mentoring to guide teams, their staff, and potential new leaders to make those improvements. How leaders behave and communicate is a key determinant not only of success, but also of a culture of improvement. When leaders take the time to understand and improve their leadership skills, they become increasingly effective at setting direction, delivering quality health services, and creating a quality "culture" for improvement teams and stakeholders to feel valued, engaged, and empowered.

Name : Marhraoui Imane

Country : Morocco

Title of the case : Rersistance of change	
Case study	The scanner unit is a medico -technical unit that provides its patients with support for scanner examination. Within the last few years, lots of changes have occurred on a healthcare system that is also changing much of the familiar procedures, rules, and norms that the unit staff has been accustomed to several years. Some of these changes include re organization of job responsibilities, performance plans to increase staff competencies and skills in new areas. In this context, the unit scanner decided to improve it performance in cordination, with our quality departement, by implementing quality managment system Therefore, While implementing quality system we observe that this décision created two type of groups : **Group.1 :** the no-participation group, and **Groups.2 :** the total -participation groups.
Challenges	Our challenge was to face staffresistance. In fact, the staff of the group.1 think that they will lose their status and job security, they have fear of the unknown, they have to come out of their comfort zone, fear of failure is also one of the reasons that staff resist the change, peer pressure, and organizational politics is also one of the factors that make this group resist the change.
Solution	Our solution was to make them **participate** in that change and to be part of that change by adapting quality system in coordination with thie r needs. So we made our own efforts more effective at meetings of staff and operating groups where change is being discussed. We did this by shifting their attention from the facts of schedules, technical details, work assignments, and so forth, to what th e discussion of these items indicates in regard to developing resistance and receptiveness to change.
Lesson learnt	Whenever there is a resistance to change, the manager should nerver gave up on his projet/ change. Otherwise, the manager should persiste a nd try diffirent ways to convince staff of the importance and the impact of the change that need to make
Question	Participation was the determining factor, however, is Participation Enough to face resistance to change in all cases ?

Name: Houmam Idriss
Country : Morocco
Your department has been running an ANC clinic. However, in the monthly meeting it has emerged that according to the population, the clinic is not getting the desired number of antenatal cases with potential implications on maternal and child health in the catchment area. You have been called upon to strengthen the ANC service utilization from the clinic.

1. **TITLE:**
   Utilization of ANC service in the rural health center
2. **CHALLENGES:**
a. Honing Effectiveness.
b. Inspiring Others.
c. Developing Employees.
d. Leading a Team.
e. Guiding Change.
f. Managing Stakeholders
3. **Solutions:**
Firstly, increase the number of Midwives to 3 quantities.
Secondly, the ANC service is served only during office hours because of insufficient health forces.
Thirdly, Doing weekly monitoring of ANC visits
4. **Lesson:**
We need to have a leadership team
We should have enough human resources
We need to coordinate and collaborate with other departments and organizations
5. **Question :**
How to improve the efficiency of a team?
Name: Kailash Khaki Shrestha
Country: Nepal
I am working in a reputed college of eastern part of Nepal as an Academic Director. I am leading in the designing, planning, implementing and evaluation of the academic activities and also extra activities. I believe in team work for the betterment of the organization and the team. This college has the opportunity of the bachelor and master programs.
Some of the issues in this organization which felt as the challenges,
• Team work
• Financial transparency
• Roles and responsibility
• Coordination
• Clear vision
• Communication
• Technological
• Workforce
Developed a team with the new workforce and given them responsibility. Training were provided to the work force and stated clearly their role and responsibility.
We are working in a team with maintaining hierarchy of the organization. They communicate each other as their role and responsibility and their hierarchy.
Some of the problem in financial transparency were overcome with the use of technology (financial software).
Lesson learnt:
Highly motivated team with good communication and coordination skill can use new technology and work for the betterment
Some questions:
1. What are the challenges in your organization? And how you overcome those challenges?
2. How do you develop the motivated team?

Name: Easter Titus

Country: Tanzania

STREGNTHENING ANC SERVICES UTILIZATION

Statement

Your department has been running an ANC clinic. However, in the monthly meeting it has emerged that according to the population, the clinic is not getting the desired number of antenatal cases with potential implications on maternal and child health in the catchment area. You have been called upon to strengthen the ANC service utilization from the clinic.

Points to consider:

1.   Think broad

2.   Think through your and your organization's strengths, weaknesses, opportunities and challenges, and what out-of-the-box solutions you could propose.

3.   List down the skills and link them to the activities you have envisaged for task completion

QUESTION.

How would you accomplish your role and responsibilities as a team leader? Discuss the skills you would need for this.

1.   To conduct SWOT analysis in order to know the strength, weakness, opportunity and challenges that will help me to come up with new action plan/strategy that will help to improve the utilization of ANC services

i.   STRENGTH

a)   Availability of Health facility. I based on this scenario, health facility were available so we need to consider other factors that will enable health facilities to be conducive for provision of ANC clinics

b)   Availability of health care personnel. Because ANC services have been offered but there are some challenges that lead poor ANC services to the community. So in this case the available health care personnel needs to be trained, and for some facility needs to increase other staffs for the ANC services to be strengthened.

c)   Availability of medicine and medical equipment's. For previous days medicine and medical equipment's were available the enable ANC to be provided to the community but not enough. I this case we need to add more budget for medicine, medical equipment's and medical supplies in order to strengthen ANC services provision

ii.   WEAKNES

a)   Lack of commitment. Lack of commitments it lead the ANC services performance to be law because health facility staffs were not committed to their assigned tasks

b)   Law community awareness on ANC services. ANC services to be improve it need the community to be aware of that services because ANC services is for the people from the community so community must be aware in order to know the importance of using health facilities for getting ANC services

c)   Lack of coordination. Also in improvement of ANC services we need to strengthen coordination among health facility workers so that can work together as a team and get good results through improvement o ANC services

d)   In adequate knowledge. Also in improvement of ANC services we need to conduct refresher training to health facility workers on ANC services in order to enable them to

perform well their duties

iii. **OPPORTUNITY**

a) Stakeholders

b) Community engagement

c) Influential people from the community

iv. **THREAT/CHALLENGES**

a) Traditional believes that hinder implementation of ANC services

b) Law budget for running ANC activities properly

c) In adequate transport

2. **SOLUTIONS NEEDED**

I. We have already have objective "TO IMPROVE ANC SERVICES TO OUR HEALTH FACILITIES"

II. We need To develop activities that will be implemented to improve ANC services based on the weakens and challenges above and other activities based on the opportunity above

a) To conduct refresher training on ANC services for all clinics

b) To conduct weekly monitoring and coaching for health staffs for all clinics

c) To conduct monthly supportive supervision for all clinics in order to give assistance on improving ANC services

d) Since ANC services needs to involve community, so we will conduct community outreach services in order to give them education on the importance of using health facilities because other community believes in traditional delivery system

e) To provide education to influential leaders that will help to insist the community on the improvement utilization of ANC services.

f) To allocate more funds for buying medicine and medical equipment for all clinics.

g) To conduct health meetings in Wards and villagers in order to engage community on health issues

3. **SKILLS NEEDED AND WHY**

a) Technical skills – This was needed because in improving ANC services we need more staffs who have enough skills on ANC services like knowledge about how pregnant women supposed to get in order to be safe all time before and after delivery

b) Interpersonal skills – This type of skills was needed because, we need to strengthen communication among staffs, management and stakeholders, management and influential people from the community, health facility staffs and community.

c) Conceptual skills – This type of skills was needed because we need to have ability to analyses critical utilization of ANC services and come up with the strategy, solutions and way forward and also to solve emerged problems during provision of ANC services

d) Motivation skills – This type of was needed because, people always needs motivation for the to perform well their task like appreciation letter, rewards, provide the certificate etc

Name of the Participant: Adil Nadam

Country: Morocco

You are in March 2020. A meeting has been called by Secretary Health to which your Head of the Department has asked you to attend along with him. In the meeting, it emerges that the state is witnessing a large number of cases of SARS-CoV-2 infection and there is an urgent need of testing, treating, tracking for which your department is the focal point. Consequent upon the meeting, you are nominated as the Nodal Officer and assured of all the necessary support from the District Health Authorities.

How would you accomplish your role and responsibilities as the Nodal Officer in a timely and sustainable manner?

Spread of the Coronavirus epidemic in Morocco

On March 11, 2020, the WHO qualified the Covid-19 epidemic as a "pandemic". Belonging to the coronavirus family, SARS-CoV-2 is a new contagious virus, which is characterized by respiratory tract damage that can range from the common cold to severe acute respiratory syndromes.

So far, most serious cases have been reported in people who are elderly or have other health problems. In order to curb this unusual and unexpected health problem, the World Health Organization (WHO) encourages countries to strengthen preparedness to deal with a possible spread of this new virus across the planet.

In Morocco since the beginning of this epidemic, the Department of Epidemiology and Disease Control (DELM) has raised the level of activation of the National Center for Public Health Emergency Operations (CNOUSP) from the green level to the orange. The CNOUSP follows the evolution of this event in real time and updates the risk assessment for our country daily.

The National Center for Public Health Emergency Operations of the Ministry of Health (CNOUSP) considers that the risk of a case of disease, linked to 2019-nCoV, being imported into the national territory is high,

The health crisis that we have been experiencing since the end of 2019 is in many ways an exceptional situation.

This crisis has challenged our health system, both in terms of meeting the health care needs of patients – especially the most seriously affected – and in terms of the solidity of our social body. For us, it is a question of dealing with questions related to the institutional organization and the articulation between health operators in the responses to this crisis. Characteristics of the healthcare offer, and its more or less pronounced shortcomings: lack of trained personnel, segmentation of the population, or excessive pre-eminence of technical platforms in the healthcare system.

As nodal officer in the health district, to deal with these challenges, i must organize meetings with the work team, representatives of local authorities, and representatives of NGOs working in health, to discuss and develop a district response plan against the corona epidemic virus, to strengthen health establishments in terms of personnel, equipment, means of information and communication....

This provincial plan aims to:

- Detect cases early and contain the spread;

- Organize a provincial response adapted to the health system;

- Reinforce infection prevention and control measures in healthcare settings.

The Provincial plan revolves around the following axes:

- Reinforcement of monitoring and surveillance activities, with a view to early detection of cases;

- Preparation of an infection management and control device;

- Governance and coordination;

- Information and communication.

I need to use my leadership skills to motivate staff, encouraging risk-taking and innovation, ability to balance hard truths with optimism, stimulate the spirit of initiative in order to activate communities to engage in health actions, and also mobilize stakeholders, to raise public awareness and take community action in the face of the pandemic.

I have to empathize with the staff and let them know that we are aware of the myriad difficulties they are currently facing, which sometimes seem insurmountable.

During the COVID-19 pandemic, I must also favor speed over finesse: taking decisive action, with courage, based on imperfect information, knowing that speed is essential. "The need to make crucial decisions under conditions of extreme uncertainty". I need to foster the courageous conversations that are proving even more essential today to support staff. They allow us to deliver authentic messages and real-time feedback in the midst of a crisis. This can not only help us formulate more informed decisions, but it is an essential element to support the organization.

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Name: Loufsahi Rabab

Country: Morocco

Us against the pandemic

You are in March 2020. A meeting has been called by Secretary Health to which your Head of the Department has asked you to attend along with him. In the meeting, it emerges that the state is witnessing a large number of cases of SARS-CoV-2 infection and there is an urgent need of testing, treating, tracking for which your department is the focal point. Consequent upon the meeting, you are nominated as the Nodal Officer and assured of all the necessary support from the District Health Authorities.

QUESTION

How would you accomplish your role and responsibilities as the Nodal Officer in a timely and sustainable manner? Discuss the skills you would need for this.

SOLUTIONS

Due to the urgent epidemiological situation in Morocco in March 2020; a meeting has been established to deal with matter increasing number of cases of SARS-CoV-2 infection. Good management of this epidemiological situation will spare our nation the specter of the worst scenarios in terms of the number of infections, intensive care admissions, and deaths.

We must face the health crisis caused by Covid-19 with courage, audacity, and proactivity, by adopting preventive measures, guaranteeing the necessary hospital infrastructures, and working to alleviate the socio-economic repercussions of the pandemic. Since the start of this epidemic, the Department of Epidemiology and Disease Control(DELM) raised the level of activation of the National Center for Public Health Emergency Operations(CNOUSP) from green to orange.

In this situation, the national Focal Point, coordinates all prevention and response activities, epidemiological monitoring, and notification of cases and/or epidemic outbreaks to WHO and triggers the alert at the national level.

A SWOT analysis is realized to identify internal and external strengths; weaknesses; opportunities and challenges.

STRENGTH

- The Kingdom had a pre-established response plan.
- Inner experience with (SARS in 2002-2003, Ebola, H1N1 flu).

WEAKNES

- insufficient health facilities.
- inadequate budget
- Insufficient and Exhausted Human Resources
- Lack of medicine and medical equipment's
- The health system does not have a suitable digital platform

OPPORTUNITY

- Stakeholders
- Moroccan laboratory company
- Community solidarity and engagement NGO
- Coordination with other ministries.

CHALLENGES

- Morocco is the gateway to Africa
- The importance of tourism for the Moroccan economy
- Non-attractivity of the health sector.
- Poverty .
- Segmentation of the population.
- lack of trained and long terms studies of Covid-19.

A plan of action is established to combat the COVID-19 pandemic around the axes of health, economy, and social order. In each of these areas, cooperation between public, private, and civil society organizations will allow for damage control and pandemic control.

The plan Objectives

This plan aims to:

1. Prevent the introduction into the national territory of 2019-Covid;
2. Detect cases early and contain the spread;
3. Organize a national response adapted to the health system;
4. Reinforce infection prevention and control measures in healthcare settings.
5. Governance and coordination between the minister and other sectors
6. Information and communication.

Areas of intervention

Coordination with all ministries

1. Coordination of the Ministry of the Interior.
2. Deployment of material/human resources... of military medicine to strengthen civilian medical structures.
3. The Social Services of the FAR and the Royal Gendarmerie were also mobilized.
4. The national education sector opts for distance education (using all the necessary educational means on the technical level/digital content).
5. The justice sector (remote hearings).

Restrictive measures.

1. A mandatory general lockdown: (closing borders, banning gatherings, and closing schools).
2. Restrictions on sporting and cultural events (closing of stadiums to the public).

3.   Local shops were no longer allowed to remain open after 6 p.m.

Sanitary Measures

These measures concern the increase and reorganization of hospital capacities

1.   The establishment of "Coronavirus Command Posts" throughout the territory to ensure monitoring and coordination with the health services.

2.   Improve the patient reception conditions (We must reduce the stress and burden of disease on our patients while assuring them that they will receive the best treatment possible).

3.   Military field hospitals will be deployed in cities or on their outskirts to reinforce the civilian health system with beds and intensive care equipment.

4.   Lots of medical and health equipment will be deployed in health establishments.

5.   The drug stock will be reviewed, the required supplies will be included and received, and a new drug stock will be created to cover all areas.

6.   Also, we will coordinate and require assistance from the private sector to:

7.   Readjust their tools and production processes to produce ventilators and protective masks.

8.   Produce chloroquine by a pharmaceutical group based in Morocco.

9.   Moroccan companies specializing in the manufacture of medical equipment (ex: ventilators) will be also been requested to accelerate procedures.

10.   The territorial coverage of tests and analyzes will be expanded and extended to university hospitals in various regional cities and military hospitals.

11.   Ensured free access to care (testing, screening, and treatment in hospital); and even payment for quarantine in hotels where people had to be isolated.

12.   Provide training on covid-19 for health workers, and Standardize care protocols.

13.   Maintain the normal activity of health structures by raising awareness and organizing vaccination sessions; consult remotely…

14.   Meetings are scheduled weekly to transmit new information and to review the occurrence situation, and how we could gain from the experience of other nations.

15.   Upgrade the health system e-learning and digital platform.

16.   Providing food and accommodation, as well as taking care of the mental health, of our medical staff, who have been deployed on the front lines to combat the epidemic.

17.   Encourage NGO participation and trained volunteers to reduce the shortage of human resources.

18.   A daily press briefing on the situation linked to the epidemic will be broadcasted live through national public television channels. Multiple awareness-raising spots on preventive measures will be produced

Socio-economic measures

In order to support the populations most affected by the crisis, some measures must be

focused on:

1.   Creation of a fund reserved, on the one hand, to support the expenses of upgrading the medical device in terms of infrastructure, on the other hand, to support the national economy.

2.   Assess and anticipate the direct and indirect economic repercussions of Covid-19 on the population (setting up an economic watch committee (CVE)).

3.   Support financially the social class affected by the crisis (preservation of jobs).

THE REQUIRED SKILLS

Problem Solving: Turn the challenges into opportunities / be innovative, This skill includes critical thinking, decision-making, and the willingness to ask questions and explore new ideas.

• Discuss a problem calmly and objectively with a team

• Examine how a problem affects different constituents

• Come up with possible solutions and evaluate each idea

• Make a plan to carry out the solution.

Managerial and Administrative Skills, including:

• Negotiating skills (win/win strategy) provide equipment and logistical.

• Organizing the budget and

• Adaptation rapidly to constantly changing and complex circumstances.

• Project management plan and monitoring.

Motivational / Team Building competencies :

• Must have compassion for the team

• Communicate with the team: try to figure out if there is any problem or misunderstanding from my side and deal with that with compassion and Emotional intelligence, give them the right to express their ideas,(in meetings I try to hear everyone's idea before giving decision/Participative direction).

• Trust/ Develop the team roles: I must trust my co-workers, and give them tasks to succeed in them, in order to increase their self-esteem and foster a sense of responsibility and initiative in them. Additionally, collaborate with the leading facility to Guarantee an excellent online-Training for my team.

Honor the community / build stronger relationships between the people and health system, change the community behaviors and raise public awareness by incorporating them and getting their consent for my plans/Allow NGO to offer help).

Crisis communication / transparency : (Collaborate with a team)Communication between hospitals, health center structure, and DELM, and also report to the people by the media to ensure theme and give them information;

And I will ask everyone involved in health care, to contribute to the fight against the epidemic with a strong sense of patriotism and sacrifice, demonstrating how authentic we are in the process. By doing this, we'll have a good chance of avoiding disaster and joining the pack of

great nations.

CONCLUTION

In conclusion, we can say that the leader in times of crisis is not the one who sits at the top of the decision-making pyramid, concentrating all powers in his hands, far from that! He surrounds himself with experts from multiple backgrounds, offering diverse perspectives to gain clear direction, without debates or conflicts.

Next, the leader must make and coordinate decisions; then; he must elaborate on the meaning; Optimal vision without being unrealistic. In other words, he must formulate a compelling narrative, manipulate the symbols, etc... It's a delicate balance to find: he must tell the truth, but knowing that he can't necessarily say everything. not only does he have to inspire confidence; shows empathy and compassion in the face of other people's suffering. He must also rely on good listening skills to various opinions, which will help him translate his decisions into concrete actions.

A leader must also surround himself with a team that provides facts and evidence, even when he has to make difficult decisions, which gives him strong credibility; enhances support, and helps him build a logical and coherent speech. in addition; expressing his gratitude and pride for his team, and emphasizing the efforts they made, will help him build the inspiring personality of a leader.

FINAL QUESTION

Has the Moroccan health organization been able to strengthen its vulnerabilities as a result of confronting the Covid-19 pandemic, and is it equipped to address any potential threats in the future?

Name: Rym Frikha

Country: Tunisia

"Get involved and involve others"

Introduction:

As having to run an ANC clinic, last month, it was noticed that our clinic is not getting the desired number of antenatal cases with potential implications on maternal and child health in the catchment area. We have been called upon to strengthen the ANC service utilization from the clinic.

This is why we do brainstorm session to address issues and identify the key problems, and we were inspired by Ishikawa tool:

1- Manpower: Personnel

there are two skilled nurses but having different ways of dispatching roles, there is some conflict and each one of them want to apply her method. The other nurses are confused…

2- Methods:

The procedures are not distributed to personnel reception, so sometimes they spend more time in referring patients or misdirect them,

3- Machinery/

We are lack of some equipment, so we have often to refer patients to others centers

4- Materiel (consumables/information):

It was noticed by making contact with the population, that many of people didn't know about our new ANC and they're going to those further,

5- Management

There's a lack of survey from personnel, patients and of communication. The problems are not raised on time.

Solution:

To overcome these challenges, we prepare a project plan, in democratic leadership style:

1- for the two nurses:

We adopt some conflict resolution strategies, so the two nurses have been called to talk.

The discussion was oriented towards a win-win approach.

We define also the tasks to be done for each one of them. So the first one was in charge of the way of taking care patients and the other one had to coordinate between personnel and give the weekly program.

2- for the procedures:

We bet on training the personnel of reception about procedures and flowchart to refer patient, after that, there were evaluated through different scripts,

3- for the equipment,

We decide to meet some funders to contribute on purchasing of some specific materials that allow us to do all requested checks.

For that we prepare our arguments to convince some of them like sharing their logos in

our flyers, how their action will contribute on their CSR,

4-   Material,

We made flyers for promoting our ANC clinic, its location, their services, the team was presented,

We also do awareness session to show mothers how important are these checks for babies

5-   management and leader skills

We decide to do periodic meetings to monitor ANC activity, give feedback forms to patients.

As a leader, it was observed that some skills are missed and have to be developed.

In fact, at the start of the project it was thought that the ANC will automatically be attractive since it was the only center in the district so there wasn't any vision approach or creativity. It works in administrative way.

After the first evaluation, conducting this project in a leadership way becomes an imperative:

- Putting in mind indicators as a scope to reach and share this target with the team,
- Define a vision to reach this goal,
- Imply the team by assigning and specifying the tasks, the roles and the responsibilities of each,
- Involve them in decision making and move progressively in delegation and abdication,
- Collaborate with others centers to share experience and knowledge,
- It is also important to work on the quality of care given to the patient because we should establish partnerships and build trust with people. So, we focus on:
- The way of receiving and speaking with mothers, explain to them the importance of checking,
- Checking the demand of patients and their expectations: understand them.
- For that, we program interactive sessions weekly in the center, where we present a video for the mothers, we bring animators to do some games and give messages through them.
- **Lessons learnt:**
- Not to be in "laisser faire" attitudes,
- Monitor our activity frequently,
- Act like a leader.
- **Questions:**
- Are these solutions sufficient? Use the Fact Reflect Act Review tool,
- Shall we fix high score for indicators?
- Must we introduce a challenge concept between clinic centers (sort of competition)

Name: Sitt Nyein Phyu
Country: Myanmar
Your department has got a research project on elderly care. The funder is, however, very insistent on the timelines and deliverables. The project will initially piloted and then scaled up, if the funder is convinced with the pilot experience. You have been selected to lead the project. How would you go about the project and what skills would you need for success?

Proposal – Elderly care service at elderly care center

SWOT analysis

Strength

At elderly care center, so we can get more elderly persons to cooperate with us and themselves. We can need little time to do some mobility exercises or some performance to care for their everyday activities. They can motivate by doing some activities with other elderly persons.

Weakness

We can be less emphasizing on some elderly persons who are needed to be more care because we have many persons to care at the center. Another one can be less caregivers for all elderly at the center.

Opportunities

Elderly persons at the center can manage their problems like health or social by themselves and they may be active persons and so they may be actively participated in the project.

Threats

- Problems with Mobility and everyday tasks
- Their health problems
- Cooperation
- To assess -
  o Building the team
  o the balance and composition of the team
  o Developing team roles
- To manage-
  o directs how the task or tasks are to be done
  o controls information
  o establishes and uses channels of communication
  o allocates roles and responsibilities of the members of the project
  o supervises all aspects of team activity and interactivity
1. **How to manage the research work to finish within less time?**
2. **How to manage the funding for this research work?**

Name: Win Thiri
Country: Myanmar

Child Labour Law Enforcement

The government has established institutional mechanisms for the enforcement of laws and regulations on child labour. However. Gaps in labour law and criminal law enforcement remain and some enforcement information is not available. This is the main weakness in this situation. In order to address these issues, I would like to find the solutions.

Action:
1. Firstly I have to investigate the facts around this issues.
2. In our country we only have the 1951 factories Act in Myanmar. Under the law children under 13 are not allowed to work. And children above 13 can work only for limited hours. Moreover they might need medical officer's recommendation to do certain kind of jobs. There are many cause leading to child labour, especially financial hardship and

lack of job opportunities and school at rural areas.

3. This is also health related problems. They don't have physical strong and hardworking is effected to their health and long life.

4. To solve this problem we have to advocate with the stakeholders. This is not only for law enforcement but also reflect to health issues for our generations. I will engage community leaders, people and organizations by meeting with them.

5. I will explain the issues how affected to our human resources and productivity, the future of our children.

6. I will be meeting with my team to discuss and receive feedback on these ideas.

7. In my opinions, to success my goal I need communication with stakeholders.

8. Collaboration is also needed to connect with the community leaders and other stakeholders.

Actions

1. Increasing employment programs for their parents
2. Arrangement job opportunities and open vocational training
3. Township plan (collect data unemployment parents)
4. Discussing with the policy makers
5. If we got agreement and implementing plan we must be monitoring and evaluation on the process from start to end. We have to concerned and analyses all of our steps during this process.

Challenges

1. Data collection system (IT capabilities and infrastructure)
2. Conflict between members
3. Lack of resource and capacity
4. Funding

Name: Zenib Fares

Country: Morocco

How to face an emergency?

Proposal:

March 2020, the situation is critical, an urgent meeting is held by the regional departement of the Ministry of Health regarding the spread of SARS-CoV-2 infection and that there is an urgent need for testing, treatment and follow-up.

The region is a focal point due to the number of inhabitants and the economic specificity. It is a metropolis.

Now cases are increasing and the infection is spreading rapidly, we are called to identify this phenomenon and limit the damage by putting in place a strategy, devices, procedures necessary to make tests, treatments and monitoring to the population of this area.

Back to our department, a meeting is scheduled as a matter of urgency in order to transmit the new information to all stakeholders of our organization internally and externally.

For this purpose an action plan is envisaged.

This plan aims to:

- Prevent the introduction of new cases 2019-nCoV into the regional territory;

- Detect cases early and contain the spread;

- Organize an appropriate regional and district health system response;

- Strengthen prevention and infection control measures in health care settings.

1.   Areas of intervention:

The plan is based on the following axes:

Strengthening of surveillance and monitoring activities for early detection of cases:

consist to Surveillance of the new virus 2019-nCoV, through Assessing the risk of introducing 2019-nCoVs into the territory on an ongoing basis; Early detection of cases; Investigate cases and follow up with contacts; Describe the regional epidemiological situation on an ongoing basis;

Preparation of an infection management and control system:

This area include Safe transport of possible cases, Confirmation of diagnosis, Case management, Infection control measures (Personal protective measures, Environmental and technical measures, Disinfection of patients' environment, Waste disposal,...)

Governance and coordination:

Management bodies by level (Intersectoral Coordination, Health System Response Steering Committee, Provincial Rapid Response Teams,...)

Information and communication:

Commit to transparent communication;

Implement a communication plan that accompanies the interventions implemented within

the disease management system.

After implementing our work plan, a conflict within the working group begins to emerge.

One member feels left out and less involved than his colleagues. And given the urgency and the state of health does not leave time for such problems within the group, we need a tight-knit group, which coordinates well, communicates well, and is all looking in the same direction towards the same goal.

So I decided to go and see this member and talk about the problem that was bothering him, I gave him the necessary time to talk and express himself in order to understand his problem.

It turned out that our teammate feels underestimated in the team and that his voice is not listened to by the others which makes him less involved and becomes more and more aggressive and angry.

My proposal for him, is that my office would be open for him at any time he needs to talk or has a particular idea that he wants to pass on. i delegated him a task to do and if he succeeds, and i am sure he will succeed because he has the skills for it. Therefore i proposed daily meetings for two weeks giving him the floor to express himself and express his ideas and expectations.

the only advice i gave him was that everyone here is on equal footing and everyone has the right to speak and participate, i encouraged him to have confidence in himself and not to be afraid of the looks of others or the criticism of others. I also explained to the rest of the group that we are here for a cause, before it is political, national or sanitary, it is humanitarian and that the situation could at any moment get out of hand and it would become catastrophic. Repeating all the time the famous slogan "all for one and one for all".

Reminding them that our strength lies in our union until the end of this pandemic. THEN that we must remain vigilant in our reactions to other teammates because the situation requires a certain ability to manage our stress, our emotions and our conflicts.

after several attempts to calm the work climate, and with the tension rising because of the pandemic, the situation did not improve within the team and each time i felt conflicts arise within the team. my analysis of the situation shows me that communication alone is not enough.

So I thought of setting up a room within the structure with all the possible means to relax, comfortable armchairs, game consoles, a small library for the reading fan, coffee and juice dispenser, quiet background music or according to the taste of each one, buffets at will for small snacks. by allowing times of pause each time the situation allows it.

I can tell you that this initiative changed the work flow and calmed down the climate in the group, "the wonderful room" as I called it was a great plus for the progress of the project and for the union of our team.

The room was a great place to relax, to play a playstation tournament or to chat over a coffee. This room made us travel to another universe to forget the stress of work and to recharge our batteries.

The fruit of this moving experience, reminds us of the multidisciplinary and versatile aspect that a leader must have, while keeping that vision and innovative spirit, which make him the exceptional man who defied all difficult circumstances, making him a magic lantern within the organization.

In conclusion, by valuing human resources and giving them the necessary means and resources, and by believing in their competence, you gain their respect, their love and their loyalty, and there is no better way than this three components to make a welded team that is on the same wavelength and that works in team spirit

A leader who values his team, values himself.

This is how questions arise to open the doors for new avenues of research:

The success of an institution or organization depends on having the right leader at the helm. So how do we build new leaders in public health?

How can we sustain their actions and how can we introduce this leadership culture in our health institutions without touching the basis of a good health system?

ABOUT US

Post Graduate Institute of Medical Education & Research, Chandigarh

Who We Are

The Postgraduate Institute of Medical Education and Research (PGIMER) is based in Chandigarh (city beautiful in North India) and was established in 1962 by then Prime Minister of India, Pt. Jawaharlal Nehru. It was declared as an Institute of National Importance by an Act of Parliament of India on 1st April 1967 and is currently an autonomous body functioning directly under the Ministry of Health and Family Welfare, Government of India. PGIMER has almost all specialties and super-specialties departments. The Department of Community Medicine was instituted in 1977 with the purpose of developing effective models of health service delivery for rural communities and for providing community health orientation to public health professionals. To address emerging challenges in public health education and research, the Depaittnent of Community Medicine was upgraded to School of Public Health (SPH) in the Tenth Five Year Plan of India (200206).

What We Do

Department of Community Medicine and School of Public Health conduct post-graduate teaching programmes and short-term training courses on various public health issues. Besides, we are also involved in several research projects in collaboration with national and international organizations (like DBT, ICMR, WHO, UNICEF, UNFPA, DFID, MOH & FW, and MOE&F etc.) and state governments. We also provide consultancy services to state and central health services on public health matters and national programs/projects. Each year nearly 45 training programs are conducted with an average attendance of 30 participants per course. We also deliver population based health services to approximately 80,000 population in rural, urban and slum communities of Haryana, Punjab and Chandigarh. SPH has developed various public health models which have been successfully scaled and replicated across country.

What We Offer

We offer regular Doctor of Philosophy (PhD), Doctor in Medicine (MD), Post Graduate Diploma in Public Health Management (PGDPHM), and Masters of Public Health (MPH) along with various short-term courses in areas of epidemiology, health management, health promotion, communicable and non-communicable diseases.
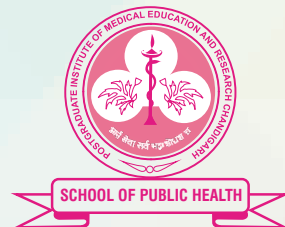
SCHOOL OF PUBLIC HEALTH

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