

















# 25<sup>th</sup> INTERNATIONAL PUBLIC **HEALTH MANAGEMENT DEVELOPMENT PROGRAM**

6<sup>th</sup> FEBRUARY - 15<sup>th</sup> FEBRUARY, 2024



#### Organized by:

Department of Community Medicine and School of Public Health, Post Graduate Institute of Medical Education and Research, Chandigarh (India)

Sponsored by:

Indian Technical & Economic Cooperation Programme (ITEC) Ministry of External Affairs, Govt. of India



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# स्नातकोत्तर चिकित्सा शिक्षा एवं अनुसंधान संस्थान, चंण्डीगढ़ - 160012 (भारत) Postgraduate Institute of Medical Education & Research, Chandigarh-160012 (INDIA)

Prof. (Dr.) Sonu Goel

M.D., PhD PGDHRM, FIPHA FIAPSM, MNAMS, FIMSA ADJUNCT ASSOCIATE CLINICAL PROFESSOR. UNIVERSITY OF LIMERICK, IRELAND HONORARY PROFESSOR, SWANSEA UNIVERSITY, UK





प्राध्यापक(डॉ) सोन् गोयल एम.डी. पीएच.डी., पी.जी.डी.एच.आर.एम. एफ.आई.पी.एच.ए., एफ.आई.ए.पी.एस.एम. एम.एन.एएम.एस., एफ.आई.एम.एस.ए



Dr. Sonu Goel Program Director (IPHMDP)

"Despite our individual capacities within our respective spheres, individual efforts prove insufficient. It is imperative that we come together in true collaboration to tackle global public health challenges proactively".

# From Program Director's Desk

The inception of the International Public Health Management Development Program (IPHMDP) occurred in 2016, in partnership with the Department of Community Medicine and the School of Public Health, collaborating with the International Union against TB and Lung Diseases and Chitkara University. This pioneering program is dedicated to enhancing the skills of middle and senior-level program managers and academics, with the goal of addressing public health challenges and strengthening organizational efficiency in resourcelimited settings. It is unprecedented in its nonprofit nature, marking a first-of-its-kind initiative in the country, conducted within a government framework to enhance the management capabilities of program managers for improved organizational performance and productivity.

The current program, the 25th in the series, is fully funded by the Ministry of External Affairs, Government of India, under the Indian Technical and Economic Cooperation (ITEC) Scheme. Building on the success of the previous 24 programs held from May 2016 to September 2023, this endeavor aims to enhance the capacities of public health managers in planning, implementing, monitoring, and evaluating program/project operations in their respective settings and nations. The emphasis remains on fostering

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critical thinking and problem-solving abilities among global delegates, encouraging their application in their home countries to effectively address existing and emerging public health challenges, thereby strengthening healthcare systems. Personally, I advocate for the development of multidimensional management and leadership skills in cross-cultural settings, encompassing economic, social, institutional, and physical elements of development through this program. The program's vision is fully aligned with the ITEC program's goal of establishing mutual concern and interdependence based on shared ideals and aspirations while fostering robust economic foundations.

Similar to previous programs, the current one is designed to provide a unique platform for advancing academic expertise, facilitating the exchange of ideas, and offering various opportunities for academics and program managers, both from government and private sectors, to develop exemplary management capabilities. The program employs a diverse learning approach, including traditional formal methods such as lectures, presentations, and group discussions, as well as informal techniques like case studies, exercises, videos, real-life scenarios, and field visits. It integrates application-centered learning, where participants develop action plans during the program for implementation within three months of completion, experience-based teaching by a distinguished panel of experts and senior academics, peer learning through the sharing of best practices from different countries by program participants, and cross-cultural integration featuring yoga sessions, local cuisine, field trips, and a cultural event with a gala dinner. I sincerely hope that participants will translate the program's learning into real-world practice in their respective country contexts.

I extend my heartfelt gratitude to the Ministry of External Affairs, Government of India, for sponsoring this crucial program under the ITEC Scheme, contributing to the dissemination of knowledge and skills to countries in the global south through south-south cooperation, embodying the ancient Indian philosophy 'Vasudeva Kutumbakam,' which means 'the world is one family.' I also express my appreciation to my entire team, Dr. Kritika Upadhyay and Dr. Nandita Bhatnagar, for their unwavering commitment to providing exceptional hospitality, cuisine, entertainment, and an academically enriching experience throughout the ten-day intensive scientific program. Special thanks to all the participants for their active engagement in all sessions, serving as motivation to sustain the flame of knowledge for future programs."

Dr. Sonu Goel

Program Director (IPHMDP)

#### **EXECUTIVE SUMMARY\_**

o achieve universal health coverage by 2030, it is essential to position competent and skilled public health professionals, particularly from developing countries like India and others, who can effectively strategize, implement, and oversee national health programs and public health initiatives to enhance the performance of healthcare delivery systems. It is welldocumented that the Sustainable Development Goals (SDGs) cannot be attained without addressing the availability and distribution of trained public health management personnel. Existing literature highlights that health initiatives in developing nations often falter due to a lack of managerial proficiency rather than a mere shortage of technical expertise.

In response to this challenge, the International Public Health Management Development Program (IPHMDP) was conceptualized in 2016 by the Department of Community Medicine and the School of Public Health. This program aims to enhance the skills and capabilities of middle and seniorlevel program managers over the past seven years. With over 1,300 participants from more than 87 countries, the program has witnessed growing enthusiasm among global participants.

The current program, hosted by the Department of Community Medicine & School of Public Health, PGIMER, accommodated 37 delegates from 19 countries. It stands out as a unique public health management program in the country, striving to enhance the skills and competencies of program managers to address local public health challenges and enhance organizational effectiveness. The program modules covered various aspects, including strengthening healthcare systems through insights from India, management and leadership strategies in healthcare settings, communication and advocacy, strategic and operational planning, monitoring and evaluation of programs, and the application of artificial intelligence in healthcare.

To ensure the practical application of learning, each participant was required to submit an 'Action Plan' post-program completion, prioritizing areas from the program to implement in their respective organizations. These participants will be followed up for three months to submit their action plan implementation reports, with the best report receiving a 'Certificate of Appreciation' from the organizers.

The program's highlights included a well-balanced design incorporating traditional formal learning methods such as lectures and presentations, alongside informal methods like role-plays, exercises, and management games. The program also featured facilitation by esteemed experts and facilitators from leading academic and management institutes of the country. Participants had the opportunity to interact with leaders in the field of Public Health, further enriching their learning experience.

The program also featured 'IPHMDP Contests,' recognizing participants for various activities such as best-dressed participant, most active participant, and best action plan. Participants with exceptional leadership abilities were honored with special titles, fostering a culture of recognition and motivation.

#### **EXECUTIVE SUMMARY**

Beyond academic sessions, the program facilitated cross-cultural learning through the sharing of best practices and cultural exchanges, fostering peer learning and networking for future collaborations. Daily yoga and bhangra sessions added an enjoyable aspect to the program, showcasing Indian culture and energizing participants. Participants appreciated the program's quality of training, including the insightful field tour, which provided exposure to the Indian Health System and its best practices. They found the program well-planned, organized, and knowledge-packed, expressing their readiness to implement the learnings in their respective organizations and countries.

Overall, the program received extensive coverage through audio-visual and social media platforms, reflecting its success in disseminating knowledge and fostering international collaboration in public health management.

#### **KEY HIGHLIGHTS OF THE PROGRAM**



#### **APPROPRIATE BLEND OF PARTICIPANTS**

- Senior clinicians and academicians
- Medical and public health professionals
- Gender and age distribution

#### **ELITE PANEL OF EXPERTS AND FACILITATORS**

Academicians, Experts from the field





#### **MIX OF TEACHING METHODS**

Formal: Lectures, Power point presentations, Case studies, Exercises Out of the box: Management games, Videos, Role Plays and Field Visits

#### **LEARNING MANAGEMENT WITH FUN**

Games, energisers, role plays etc. were embedded within formal teaching





#### **APPLICATION CENTRED LEARNING**

Field visits to showcase best practices and innovations

#### **USE OF E-TECHNOLOGY**

Facebook page, Twitter, e- mail account and Whats- app group for ease of communication





#### **ENVIRONMENTAL FRIENDLY**

Individualized steel bottles for water consumption No plastic disposable cups for tea/ coffee consumption

#### **CROSS-CULTURAL LEARNING**

Yoga and bhangra sessions Sharing of best practices by participants Presented books on management and leadership Hosting a cultural event with gala dinner.



#### **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 International Public Health Management Development Program are theoretical, extensively elaborative, incomprehensive and are unable to provide all the necessary skills. In order to improve effectiveness and efficiency of health care delivery system, there is a need to devise programs to impart skills required to manage the existing and emerging challenges and in-turn leading to capacity building of the public health.

#### GOAL

Enhance the skills and competencies of middle and senior level program managers with respect to leadership, team building, planning, monitoring, evaluation, project management, resource allocation, budgeting, financial reporting, and public health communication to address public health challenges as well as strengthen efficiency of organizations in resource limited settings

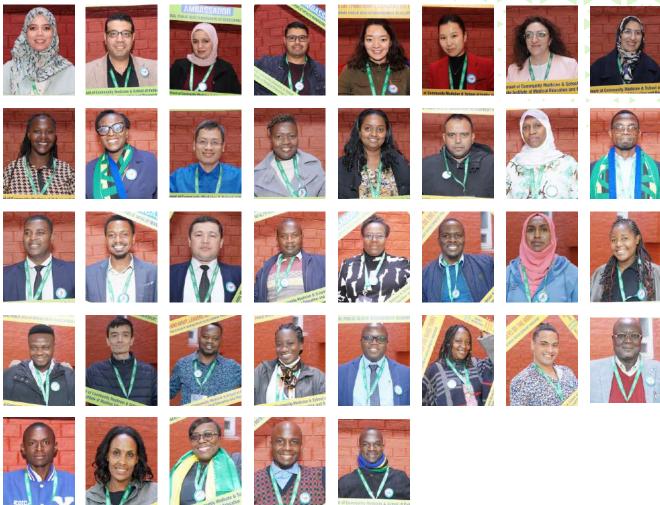
# PROGRAM OBJECTIVES

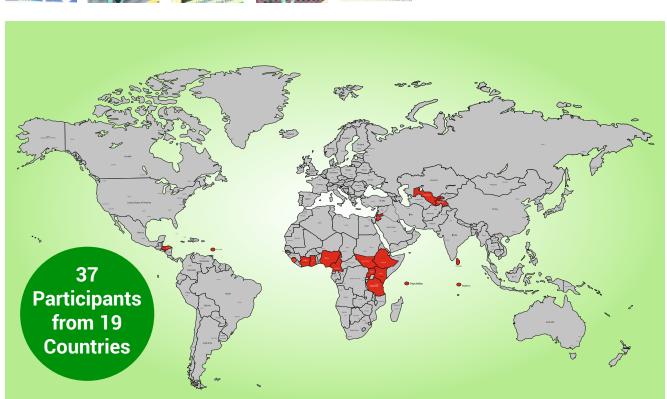
- 1. To enable participants understand the concepts and principles of health management
- To build capacity of middle/senior level managers in designing, implementing, monitoring and evaluating context-specific program and project operations.
- To illustrate with relevant case studies, how the managerial functions can be leveraged to improve the overall competitiveness within the organization.
- 4. To equip participants on identifying gaps in current scenario and envision future trends in health care management for effective decision making in diverse settings.

# 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 37 participants from 19 different countries participated to enhance their skills in public health management.

## **PROGRAM DELEGATES**





# Organizing Committee



# Program Duration and Venue =

Duration: The duration of program was ten days from 6th-15th February 2024 Venue: Party Hall, Hotel Park View, Sector 24, Chandigarh, 160024, India





# Program Benefits

# **Participants**

At the end of program, the participants shall be able to

At the end of program, the participants are expected to

- 1. Create innovative strategies within the organisation for improving its efficiency.
- 2. Design and use program budget, manage financial reporting systems to apply to organizations.
- 3. Learn application of various techniques for planning and successfully managing projects.
- 4. Develop performance indicators, analyse data and quality reporting.
- 5. Enhance performance by building and strengthening leadership.
- 6. Develop in-depth understanding of effective communication and change management **Strategies**

# **Organization**

Enhanced decision making in routine and crisis situations faced by organizations.

- 1. Health care managers can be effectively designated to senior leadership positions.
- 2. Improved managerial capabilities for dealing with public health management challenges.
- 3. Enhanced decision making in routine and crisis situations faced by organizations.
- 4. Overall increased performance and productivity of organizations in attaining top ranked position.

# **Program Contents**

Lecture 1: Management and Leadership in Public Health

Lecture 2: Reflection of ancient Indian Wisdom for management and Leadership

Lecture 3: Effective communication in Public Health

Lecture 4: Management and Leadership in Health System Strengthening (Online

Session)

Are we on the path of achieving UHC: Measuring Health System Performance Lecture 5:

(Online session)

Lecture 6: Motivation and Team building: important pillars for improving health care

programs

Lecture 7: Artificial intelligence and Digital Health

Lecture 8: Tools of Planning

Lecture 9: Budgeting and Costing in health care

Lecture 10: Monitoring and Evaluation Lecture 11: Inventory Control techniques

Lecture 12: Quality Assurance and Improvement in health

# LECTURE (POWER-POINT PRESENTATIONS)





# Management Games





#### MANAGEMENT EXERCISES





ROLE PLAYS





# CASE STUDY





# FIELD VISIT





# GROUP WORK





# International Public Health Management Development Program (IPHMDP Under Indian Technical & Economic cooperation (ITEC), MEA, India (6th -15th February 2024)

Day & Date	Time	Topic of Presentation	Resource Persons
Day 1	09:00-09:30 AM	REGISTRATION	
	09:30-10:00 AM	PRE TEST	
06.02.24	10:00-11:00 AM	INAUGURAL SESSION	
(Tuesday)	11:00-11:30 AM	Tea Break	
	11:30-01:00 PM	Management and Leadership in Public Health	Dr. Sonu Goel Professor, PGIMER, Chandigarh
	01:00-02:00 PM	Lunch Break	
	02:00-02:30 PM	Energiser and signing of document	ts
	02:30-04:30 PM	Reflection of ancient Indian	Dr. Kritika Upadhyay, Program
		Wisdom for management and Leadership	Coordinator, IPHMDP, PGIMER
	04:30-05:00 PM	Discussion and Feedback	Participants
Day 2	09:00-09:30 AM	Recap Session	Participants
07.02.24	09:30-11:30 AM	Effective communication in Public Health	Dr. S K Chadha, Former Director, UBS, Panjab University, Chandigarh
(Wednesday)	11:30-12:00 AM	Tea Break	
	12:00-01:00 PM	Participant Forum	Participants
	01:00-02:00 PM	Lunch Break	
	02:00-02:30 PM	Game/ energiser	Participants
	02:30-04:30 PM	Management and Leadership in Health System Strengthening (Online Session)	Dr. Sanjiv Kumar, Chairman,3 domain leadership Foundation, New Delhi
	04:30-05:00 PM	Discussion and Feedback	Participants
Day 3	07:15 -08:00 AM	Bhangra and Laughter Yoga	
08.02.24	09:00-09:30 AM	Recap Session	Participants
(Thursday)	09:30-11:30 AM	Are we on the path of achieving UHC: Measuring Health System Performance (Online session)	Dr. Sanjiv Kumar, Chairman,3 domain leadership Foundation, New Delhi
	11:30-12:00 AM	Tea Break	
	12:00-01:00 PM	Participant Forum	Participants
	01:00-02:00 PM	Lunch Break	
	02:00-02:30 PM	Game/ energiser	Participants
	02:30-04:30 PM	Motivation and Team building: important pillars for improving health care programs	Mr. Vivek Atray, Former IAS
	04:30-05:00 PM	Discussion and Feedback	Participants
Day 4	09:00-09:30 AM	Recap Session	Participants
09.02.24 (Friday)	09:30-11:30 AM	Artificial intelligence and Digital Health	Dr. S N Panda and Dr. Keerti Pradhan, Professors, Chitkara University
	11:30-12:00 AM	Tea Break	
	12:00-01:00 PM	Participant Forum	Participants
	01:00-02:00 PM	Lunch Break	
	02:00-02:30 PM	Game/ energiser	Participants
	02:30-04:30 PM	Field Visit to PGIMER	

Day & Date	Time	Topic of Presentation	Resource Persons
Day 5	09:00-09:30 AM	Recap Session	Participants
10.02.24 (Saturday)	09:30-11:30 AM	Tools of Planning	Dr. Madhu Gupta Professor, PGIMER, Chandigarh
(**************************************	11:30-12:00 AM	Tea Break	
	12:00-01:00 PM	Participant Forum	Participants
	01:00-02:00 PM	Lunch Break	
	02:00-02:30 PM	Game/ energiser	Participants
	02:30-04:30 PM	Budgeting and Costing in health care	Dr. Tanvi Kiran, Assistant Professor, PGIMER
	04:30-05:00 PM	Discussion and Feedback	Participants
Day 6	09:00-09:30 AM	Recap Session	Participants
11.02.24 (Sunday)	09:30-11:30 AM	Monitoring and Evaluation	Dr. Tarundeep Singh Additional Professor, PGIMER, Chandigarh
	11:30-12:00 AM	Tea Break	
	12:00-01:00 PM	Gamification	PGIMER team
	01:00-02:00 PM	Lunch Break	
	02:00-06:00 PM	STUDY TOUR	
Day 7	09:30-04:00 PM	STUDY TOUR	
12.02.24	07:00-10:00 PM	CULTURAL NIGHT	
(Monday)			
Day 8	09:30-01:00 PM	STUDY TOUR	
13.02.24 (Tuesday)	2:00 -06:00 PM	BACK TO CHANDIGARH (TRAVEL)	
Day 9	09:00-09:30 AM	Recap Session	Participants
,	09:30-11:30 AM	Training Need Assessment	Dr. Preethi John, Professor,
14.02.24		(online session)	University College London
(Wednesday)	11:30-12:00 AM	Tea Break	
	12:00-01:00 PM	Press meet/logo making	Participants
	01:00-02:00 PM	Lunch Break	
	02:00-02:30 PM	Game/ energiser	Participants
	02:30-04:30 PM	Inventory Control techniques	Dr. Manjushri Sharma, Assistant Professor, Punjab University
	04:30-05:00 PM	Discussion and Feedback	Participants
Day 10	09:00-09:30 AM	Recap Session	Participants
	09:30-11:00 AM	Quality Assurance and	Dr. Praveen Kumar, Professor,
15.02.24		Improvement in health	PGIMER
(Thursday)	11:00-11:30 AM	Tea Break	
	11:30-12:00 PM	POST TEST	
	12:00-12:45 PM	Action plan Preparation	Participants
	12:45-01:00 PM	Letter to embassy	Participants
	01:00-02:00 PM	Lunch Break	
	02:00-02:30 PM	Game/ energiser	Participants
	02:30-04:00 PM	VALEDICTORY CEREMONY	

# STUDY TOUR TO PGIMER, CHANDIGARH FOR DEMONSTRATION OF BEST PUBLIC HEALTH PRACTICES

Organised by:

International Public Health Management Development Program (IPHMDP),DCM and SPH, PGIMER, Chandigarh Sponsored by:

Indian Technical & Economic cooperation (ITEC) Scheme, Ministry of External Affairs, GOI

Date: 9th February 2024

02:00-02:15 PM	Travel time				
02:15-03:00 PM	Demonstration: ROTTO	Dr. (Prof.) Vipin Koushal Medical Superintendent, PGIMER			
03:00-03:15 PM	Green Hospital Concept-brief introduction	Dr. (Prof.) Vipin Koushal Medical Superintendent, PGIMER			
03:15-04:00 PM	Round tour to Green Hospital				
04:00-04:15 PM	Travel Time				
04:15-04:45 PM	Demonstration: Tele Evidence centre	Dr. (Prof.) Vipin Koushal Medical Superintendent, PGIMER			
	Demonstration: Telemedicine centre	Dr. Amit Aggarwal Assistant Professor Telemedicine centre Department of Telemedicine, PGIMER			
04:45-04:55 PM	Travel time				
04:55-05:00 PM	A group photo at Community Medicine and School of Public Health, PGIMER				

#### STUDY TOUR TO SHIMLA FOR DEMONSTRATION OF BEST PUBLIC HEALTH **PRACTICES**

# International Public Health Management Development Program (IPHMDP)

Organised by Post Graduate Institute of Medical Education and Research (PGIMER), ChandigarhSponsored by Indian Technical & Economic Cooperation (ITEC) Scheme, Ministry of External Affairs, GOI

> Participants: Senior and Middle level officials from ITEC countriesDate: 12.02.24- 13.02.24 (Monday and Tuesday)

Day 1: 2.02.2024				
09:30-10:00 AM	Travel time			
10:00-11:00 AM	Visit to Parimahal – Health and Familywelfare Training centre • Demonstration of Skill Lab			
11:00-11:45 AM	Experience sharing: An innovationtoward rabies free Himachal Pradesh	Dr. Omesh Kumar BhartiState Epidemiologist, SIHFW, Department of Health & Family Welfare, HP		
11:45-12:00 PM	TEA BREAK			
12:00-12:45 PM	Experience sharing: TB freeHimachal Pradesh	Dr Ashok Bhardwaj, NTF Chairman/ Dr. Ravinder KumarConsultant at RNTCP TechnicalSupport Network, HP		
12:45-01:30 PM 01:30-02:30 PM	Demonstration of integrated approach and digital surveillance of NCD     Tobacco free village concept	Dr. Gopal Chauhan State Program Officer, NTCP, HP		
01:30-02:30 PM				
09:00-11:00 AM	Travel time			
11:00-01:30 PM	Central Research Institute, Kasauli, Main Campus			
01:30-02:30 PM	Lunch			
02:00-04:00 PM	Local Tour			

#### Day 1 (6th February, Tuesday)

#### Registration (8:30 AM-9:00 AM)



Delegates from 19 countries, including physicians, pharmacists, nurses, public health managers, police officers and administrators from their respective health ministries, were greeted with a traditional tilak ceremony at the registration desk. They were all welcomed with a warm smile and a beautiful rose by the organizers. A welcome note was given to each participant and the members of organizing



team badged delegates with the program logo. It was followed by official registration of the participants and distribution of program kits which included a comprehensive module of the



program; ID Card; Information Booklet, Notepad and Brochure, Pen and Pen Drive, book entitled 'Six thinking Hats, 'Seven Habits of Highly Effective People' and 'Hospital Administration-A problem solving approach'. All the materials in the kit were individualized with the names of participant written on them.

After completing the registration process, the delegates were seated in 6 groups- Movers, Shakers, Rockers, Shooters, Boomers and Hoppers. The participants were asked to locate their country flag on the tables and seat themselves. Everday there was shuffling of flags and the participants were made to sit at different tables with different participants each day to maximize peer learning.

#### Inaugural session (09:30 AM - 10:00 AM)

The coordinator and anchor for the program, Dr. Kritika Upadhyay welcomed the delegates and introduced the program objective. Following that, Dr. Sonu Goel, Program Director, and delegates were invited for the lamp lighting ceremony with a background note of Saraswati Vandana. The audience were briefed that the lamp symbolizes the life, light of divinity, wisdom, intellect and good



work. Thus, this light would bring a hope of protection against ignorance and brings positive thoughts amongst us to fight negativity in our lives and bring wisdom by learning new

things.

Then, a video describing the birth of the International Public Health Management Development Program, showing the need for such programs, as Health initiatives in a developing country always fail not due to technical competency but due to a managerial incompetency, was played. The video showed a glimpse of the journey of the International Public Health and Management Program (IPHMDP), held over last 8 years, and the numerous courses being organized under the umbrella of IPHMDP such as public health Policy and Management Program, Executive Leadership Program and online courses on various domians of Public Health.

Dr. Sonu Goel, Program Director cum Professor, Department of Community Medicine, and School of Public Health, PGIMER, Chandigarh extended a very warm welcome to distinguished guests and participants who had travelled from various countries to attend the coveted IPHMDP program. He stated that the program would provide the participants with a platform for learning and networking. He emphasized public health management's role in such a scenario, especially in developing

countries with limited resource settings and in achieving universal health coverage. Dr. Goel provided the participants with a clear overview of the host institution and the program's aims and objectives. All the participants were excited to learn the new aspects discussed in the program overview. Dr. Sonu mentioned that the program helps develop strategies for implementation in their home countries, expand professional networks, and, in doing so,



make new friends and create everlasting memories. In the end, he wished good luck to participants and hoped that the participants enjoy the city beautiful as well during the program.

Then, the host gave the participants instructions and an online poll for best-dressed participants was shared. The participants were briefed about the "IPHMDP Contest" and about various activities/ contests in the program viz. participatory participant, best-dressed participant, best selfie, best logo and tagline, best cultural performer, out of the box thinking, and e-IPHMDP. Afterwards, participants cleared their doubts and shared their difficulties with the organizers. The organizers clarified their doubts and put their minds at ease.

The inaugural session was followed by a group

#### Introduction of Participants & Pre-test (10:00 AM - 10:30 AM)



The participants introduced themselves to the group, passing the ball to each other. Each participant was asked to introduce themselves and their designation, family, and hobby. They showed great enthusiasm for the coming program in getting to know their fellow participants from different countries. Thereafter, a pe test questionnaire was shared with the delegates using Google forms for assessing the baseline knowledge about public health management and their responses were recorded.



#### Management and Leadership Task (10:30 AM- 11:00 AM)

The participants were allocated various tasks during the course, which would help them in developing various leadership and management skills. The participants were explained the tasks in detail and instructed to choose any task. Subsequently, the coordinators for cultural night and field visit were selected. The cultural directors were responsible for conducting and managing the cultural night, motivating fellow colleagues to show their culture on 12th February. The participants enthusiastically selected their tasks for the course. After that, participants went for tea and a group photograph.

#### Tea break (11:00 AM- 11:30 AM)

The participants enjoyed the tasty snacks and hot tea served during the program. Attendees clicked pictures with selfie boards and posted their pictures on social media.



#### Energizer (11:30-11:35 AM)

In an effort to invigorate the delegates, the organizers orchestrated an engaging energizer"Head, Shoulders, Knees, and Toes." Led by the host, Dr. Kritika, participants enthusiastically immersed themselves in the playful activity, responding eagerly to each body part called out. This interactive energizer not only elicited laughter and camaraderie but also served as a valuable lesson in the importance of incorporating brief yet effective breaks to reinvigorate and refocus the mind. By seamlessly integrating fun and movement into the proceedings, attendees were able to



momentarily step away from the technical content, recharging their energy levels and enhancing their receptivity to subsequent sessions. This simple yet impactful activity highlighted the significance of incorporating interactive elements, fostering a dynamic and engaging atmosphere conducive to learning and collaboration.

#### Session 1: Management and Leadership in Public Health (11:35 AM- 01:00 PM)

#### Speaker: Dr. Sonu Goel Professor, PGIMER, Chandigarh



Dr. Sonu Goel initiated the session with a roleplaying, highlighting the importance of activities such as planning, execution, monitoring, and assessment in attaining predefined goals. Furthermore, he highlighted the significance of public health management in executing essential functions, devising strategic plans, managing finances, appraising performance, and making prudent resource allocations. Additionally, Dr. Goel discussed Henri Fayol's 14 management principles, particularly emphasizing elements like division of labor, authority, unity of command, and



fairness.

Dr. Goel also briefed about various leadership styles, as outlined by Goleman, which encompass coercive, authoritative, affiliative, democratic, pace-setting, and coaching approaches. He provided insights into



autocratic, bureaucratic, democratic, and laissez-faire leadership styles, elucidating their characteristics and effectiveness across different scenarios. Subsequently, the discussion extended to the importance of honing skills conducive to advancing public health initiatives, encompassing listening, advocacy, networking, and emotional competencies. Dr. Goel underscored the significance of emotional intelligence, adept networking in both virtual and face-to-face environments, and navigating challenging interpersonal dynamics. Furthermore, he stressed the pivotal roles of managers and



leaders within organizations, highlighting their paramount importance.

#### **Management exercise**

The session was followed by an interesting exercise entitled "What Effective General Managers Really Do" aimed at dissecting the intricacies of managerial roles. Led by Dr. Goel, the exercise aimed to illuminate the essential skills and fundamental challenges, encountered in managerial positions. Drawing from real-world scenarios and insights,

participants gained valuable insights into the nature of managerial roles. During the exercise, Dr. Goel skillfully elucidated the qualities and key skills imperative for effective management. This exercise not only provided a theoretical framework but also offered practical examples and actionable strategies, empowering



participants to navigate managerial roles with confidence and proficiency.

In the end, participants displayed their feedback

#### Lunch (1:00 PM-2:00PM)

The participants enjoyed the lunch arranged by the organizers. Participants tried the different Indian cuisine and appreciated the variety of Indian flavors organized.

#### Leadership Game (02:00 PM- 02-30 PM)



To enhance participant engagement and foster teamwork, the organizers divided the participants into three distinct teams. One team came to the stage while the others observed eagerly, awaiting their turn. As the chosen team wore their blindfolds and the other delegates ensured they were securely fastened. With a sense of purpose, the blindfolded participants were then presented with a length of rope.

Thereafter, the deleagtes were told to form ageometric shapes, from rectangles to triangles, within a specified timeframe. Amidst the excitement, the competition unfolded, with each team striving to form the shape with the rope with precision and efficiency. Ultimately,



as the winner was declared based on the formation of shapes, the participants not only celebrated their achievement but also learned invaluable lessons in leadership dynamics. Through firsthand experience, they honed essential skills such as effective communication, strategic coordination, and cohesive teamwork, laying the groundwork for continued growth and development in their personal and professional endeavors. This immersive exercise served as a catalyst for self-discovery and collective empowerment, underscoring the transformative potential of experiential learning in nurturing effective leadership qualities.

# Session 1: Reflection of Ancient Indian Wisdom for Management and Leadership (02:30-04:30 PM)

## Speaker: Dr. Kritika Upadhyay, Program Coordinator, International Public Health Management Development Program.



Dr. Kritika Upadhyay began her session by delving into the origins of human civilization 5000 years ago, emphasizing the ancient yet evolving nature of India's history and culture. She provided an overview of India's rich cultural tapestry, highlighting its position as the seventh-largest nation globally, characterized by a diverse cultural and religious panorama, encompassing 12 major faiths and 22 languages.

Dr. Upadhyay then explored the Indus Valley Civilization, renowned as the Harappan Civilization, tracing its lineage through the Vedic era, synonymous with the dawn of Hinduism, the era of Buddhism, and the rise of Islam. She spotlighted the legendary tales of the Ramayana and Mahabharata, alongside Buddhism's significant contributions,

particularly its philosophical insights into suffering and its cessation during the Mauryan Empire. Drawing parallels, she elucidated connections between ancient Indian philosophical tenets found in scriptures and contemporary principles of modern management and leadership.

Further enriching the discourse, Dr. Upadhyay



shared a narrative featuring Chanakya, an ancient Indian scholar and philosopher, to exemplify leadership and managerial acumen. She then mentioned the significance of Chanakya's seminal work, the 'Arthashastra', hailed as the oldest treatise on management, meticulously expounding management concepts, and offering guidance to contemporary managers. Additionally, she expounded upon various excerpts from ancient Indian texts such as the Panchtantra,



Mahabharata, and Ramayana, illustrating crucial managerial skills like decision-making, conflict resolution, and leadership qualities.

Concluding her session, Dr. Upadhyay invoked a quote from the eminent scientist Albert Einstein, acknowledging Indians for their foundational contributions to mathematics, particularly their expertise in counting, a fundamental skill indispensable for significant scientific breakthroughs.

#### **Management Exercise**

After the lecture, an exercise was given to the participants to enhance their understanding about the topic. The participants were asked to reflect upon the management and leadership learnings of ancient scriptures of their countries and religion. As they immersed themselves in this intellectual exercise, a vibrant exchange of ideas occured, with participants enthusiastically sharing their interpretations and insights gleaned from the scriptures. The session proved to be a stimulating fusion of cultural heritage and modern management theory, fostering a sense



of appreciation for the relevance of ancient wisdom. Amidst this atmosphere of mutual learning and cultural exchange, participants emerged enriched with a deeper understanding of leadership dynamics and management principles, reaffirming the value of tapping into diverse sources of knowledge for personal and professional growth.

In the end, participants displayed their feedback for the session through green smiley boards

#### Discussion and Feedback (04:30 PM-05:00 PM)

At the end of the day, feedback from participants was taken for entire day. The



feedback from participants was collected using Google forms. After the feedback session, the best dressed and most active participant for the day were announced Bakhtiyor Khamroev and Tarek Abdelhamid Abdellatif Mohamed Numair respectively were honored by Dr. Kritika and Dr. Nandita with the sashes and congratulated them for receiving it. Thereafter, doubts of the participants were addressed by Dr. Kritika, and important announcements were made for the next day.

#### Day 2 (7th February, Wednesday)

#### Reflection of Previous Day (09:00 AM - 9:15 AM)



ball at the delegate and asked them to answer the question, if they did not know the answer they could pass the ball to some other delegate and in this manner recapitulated the learnings of next half of day 1. One participant from each of the six groups volunteered to be the group leader for day 2, who was then asked to coordinate the activities within his/her group throughout the day. The organizers made the necessary announcements related to the day.

The day began with the feedback from the participants about the previous day's sessions. Ms. Atugonza Koku Lutazamba presented an interactive recap of the first half of day 1 though a quiz. Each table was given one question and all the delegates sitting on that, had to answer the question. Mr. Tarek Abdelhamid Abdellatif Mohamed Numair made delegates play a pass the question pass the ball game. He threw the



#### Best Practice Presentation (09:15 AM - 09:30 AM)

Aneega Ibrahim, Director, Infectious Disease Management Center/Hulhumale Hospital from Maldives presented on the Covid-19 response of Maldives, as to what problems they faced and how the island nation managed the unknown pandemic.



#### Session 1: Effective Communication in Public Health (09:30 Am-11:30 AM)

#### Speaker: Dr. S.K Chadha, Former Director, UBS, Panjab University, Chandigarh

The session began with a important social message advocating the importance of giving back to society. Dr. Chadha mentioned the core values in healthcare, organizational ethos, and essential leadership qualities. He elucidated

that a leader's primary role encompasses motivating subordinates, understanding the contemporary needs, and adeptly managing conflicts.

Dr. Chadha then encapsulated the



quintessential qualities of a healthcare leader as possessing 'Jyoti' (vision), 'nirman' (innovation), 'disha' (roadmap), 'chintan' (speculation), and 'chetna' (capability to solicit feedback from patients, peers, subordinates,



and superiors). He further elaborated on fostering innovation through environmental observation and engaged delegates in a discussion on different communication styles via a questionnaire.

Subsequently, he brifed the delegates about the



habits of highly effective individuals, guiding participants through introspective selfassessment. Concluding the session, he administered a captivating personality test questionnaire, encouraging attendees to identify their leadership styles, strengths, and



areas for development.

Dr. Chadha concluded the session with a lighthearted activity, prompting participants to retrieve physical photographs of their loved ones, highliting the significance of family in nurturing personal growth and fostering



individual development.

Dr. Kritika, Program Coordinator, PGIMER asked the participants for feedback for his session, which was depicted by showing green colour smiley boards which meant that the session was excellent. The felicitation of Dr. Chadha followed this with a token of gratitude, which

#### Tea Break & Selfie Time (11:30 AM-12:00 PM)



A short tea break was organized for the participants before the next session. The participants enjoyed taking selfies with the placards which the organizers arranged to break the monotony between the sessions.

#### Participant Forum (12:00 PM-01:00 PM)

A special session of creativity time was introduced to the delegates to foster their out of box thinking capacity. The delegates were shown the social media platforms and asked to share their experiences with unique captions for social media posts. Thereafter, the delegates shared various posts highlighting their journey of IPHMDP. The delegates were also taught how to use platform of social media for advocacy. Delegates came up with interesting captions and appreciated the organizers for the fun-filled session.



#### Participant Interview & Lunch (01:00 PM-02:00 PM)

Dr. Kritika, the host of the program, asked few of the participants to volunteer to share their expectations and the experiences of the program. Innocent Yandemye from Burundi, Tigist Kassa Gebre from Ethiopia, Melka Geleta Diro from Ethiopia, Helen Gebregiorgis from



Ethiopia, Gyanendra Prasad from Fiji, Shalomina Akua Adoma Asante Agyei from Ghana, Jacob Mensah Mesuh from Ghana and Abeduah Cecilia From Ghana volunteered and appreciated the use of adult teaching pedagogy for the course. They expressed their desire to conduct similar programs in their country. Concluding the interview, Dr. Upadhayay hoped that all the delegates definitely take back home some learning from the program and implement it back in their country.

The participants enjoyed the lunch arranged by the organizers and appreciated the flavors of Indian food.

#### Leadership Game: Rings and Straw (02:00 PM-02:30 PM)

All the participants in the program were divided into three teams. Each team was given few rings and one straw for each participant. All the team members were asked to stand in a queue. Members had to pass the rings, one by one, from one end of the queue to another end via the straw while

holding it in their mouths and without touching by hand. In this way, they had to transfer the ring till the last team member has dropped that ring into the bowl over the table. Team transferring the maximum number of rings in least time was declared as winner. The participants learnt coordination, teamwork, and communication and were infused with energy for the day.





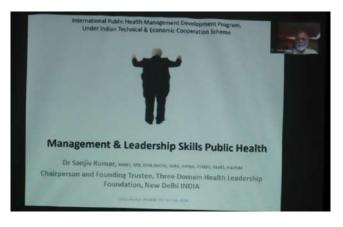




Session 2: Management and Leadership in Health System Strengthening Management and Leadership in Health System Strengthening

Speaker: Dr. Sanjiv Kumar, Chairman, 3 domain leadership Foundation, New Delhi

Dr. Sanjiv Kumar began the online session by first introducing the WHO Health System Framework, emphasizing its six building blocks: financing, health workforce, medical products and technologies, service delivery, leadership and governance, and health information systems. He highlighted the inter connectedness of these components in influencing population health. He covered various leadership models, such as Kurt Lewin's Three Styles, Tannenbaum & Schmidt's Leadership Continuum, House's Path-Goal



model, Blake and Mouton's Managerial Grid, Hersey & Blanchard's Situational Leadership,

Bolman and Deal's Four Frame model, and Daniel Goleman's Six Styles of Leadership. Dr. Kumar also discussed the importance of leadership in determining the health of a population and then mentioned the three Domains of Leadership Model, emphasizing external environment, team and organizational domain, and self-domain.



He then introduced the Five Levels of Leadership in Public Health to delegates, outlining different levels from a competent public health professional to a visionary public health leader. He concluded with a Continuous Leadership Learning Model, emphasizing the importance of reflection, action, review, learning about leadership skills and the understanding

that leadership development is a lifelong process involving continuous learning and self-assessment.

#### Management Exercise:

An assignment was given to the delegates, as a Director of Health Services in their country, they have been asked to measure performance of health system to achieve UHC by WHO. The delegates were then supposed to create a plan for how they will proceed, list the resources they will need, and timeline for their meeting with WHO Regional Advisor, Health Systems. Participants then discussed their assignments.

In the end, participants displayed their feedback for the session through green smiley boards denoting excellence.



#### Discussion and Feedback (04:30-05:00 PM)

At the end of the day, the delegates were given the guidelines for case study submission during the participant forum. Thereafter, the feedback from participants was taken for every session using Google forms. After the feedback session, the results of the online poll for best dressed and most participatory participant contest were displayed Edson Jeremiah Rwamugata won the best dressed award, and Atugonza Koku Lutazamba won the most active participant award. They were honored by and the previous day's winners. After that, the organisers addressed the participants' doubts



and important announcements were made for the next day.

## Day 3 (8th February, Thursday)

# Laughter Yoga & Bhangra (07:15-08:00 AM)

The day started with a really fun and healthy mix of laughing and doing yoga. Dr. Nidhi Jaswal, Director Monitoring and Evaluation, Arogya World, led the lively session for the program's attendees. Participants were introduced to the ancient traditions of yoga and meditation. Then, she explained why laughing is good for everyone and then everyone did breathing exercises while laughing. It was a lot of fun and made delegates feel more energetic for the entire day.















#### Reflection of previous day (9:00 AM - 9:15 AM)

The day began with the general announcements for the day by the host, Dr. Kritika. Ms. Fatima Zahra Chafoui refreshed the memory of delegates regarding the teachings of first half of day 2. Ms. Irene Rusticus Haule recapped the learning through an interesting game. Thereafter announcements were made for the day and two delegates were instructed to be the field tour leaders.











#### **Best Practice Presentation (9:15 AM - 9:30 AM)**



Kennedy Nicholaus Kyauke from Tanzania, Yamiko Mdikanguyi Mhone from Malawai and Tevita Kaufusi Faiva from Tonga presented the best practices from their organizations. The organizers then gave feedback on the presentations and helped the speakers refine their case studies





Session 1: Are we on the path of achieving UHC: Measuring Health System Performance (09:30-11:30 AM)

Speaker: Dr. Sanjiv Kumar, Chairman, 3 Domain Leadership Foundation, New Delhi



Through an online platform on Zoom, Dr. Sanjiv Kumar began the session by describing the crucial aspects of Universal Health Coverage (UHC) and the measurement of health system performance. He highlighted the significance of UHC and explained its key dimensions,

particularly focussing on equity, financial protection, and effectiveness. Dr. Kumar then provided insights into the historical context of Universal Health Coverage, tracing its evolution from the Alma Ata Declaration to present-day initiatives.





Subsequently, Dr. Kumar highlighted the importance of measuring health system performance to monitor progress, identify obstacles, and address challenges effectively. He emphasized that Primary Healthcare has emerged as a pivotal strategy, encompassing governance, financing, workforce, medical products, and service delivery.



Dr. Kumar outlined the various components involved in measuring health system performance, including leadership, financing, workforce, and service delivery. He concluded by stressing the importance of ongoing evaluations and rankings, acknowledging the complexity inherent in assessing global health systems.

#### Management Exercise:

An assignment was given to the delegates, as a Director of Health Services in their country, they have been asked to measure performance of health system to achieve UHC by WHO. The delegates were then supposed to create a plan for how they will proceed, list the resources they will need, and timeline for their meeting with WHO Regional Advisor, Health Systems.



Participants then discussed their assignments with Dr. Sonu.

In the end, participants displayed their feedback for the session through green smiley boards denoting excellence.



## Tea Break & Selfie Time (11:30 AM-12:00 PM)

Delegates enjoyed the flavours of indian food before heading to the next field visit ceremony was initiated by the host of the program Dr. Kritika, by welcoming the chief guest of the ceremony, Prof. Vivek Lal, Director, PGIMER Chandigarh. Dr. Sonu Goel welcomed him with a token of appreciation comprising of handmade goods.





#### Participant Forum (12:00 PM - 1:00 PM)

Particpants were given half an hour to work on their social media contests. Therafter, participants were brifed about concept of gamification. The art of learning through games was explained to the delegates and then Delegates then worked upon their case studies, during which the organisers helped them and clarified their doubts.



#### Lunch & Participant Reflection (1:00 PM - 2:00 PM)

Dr. Kritika interviewed Asraoui Abdelghani from Morocco, Fatima Zahra Chafoui from Morocco, Aneega Ibrahim from Maldives, Burenjargal Tsogjavkhlan from Mongolia, Tergelsaran Batamgalan from Mongolia shared their program experiences and discussed the key lessons they intend to bring back to their respective home countries. Additionally, they expressed their gratitude to the organizers for efficiently conducting this valuable program.

The attendees then went on to enjoy the lunch break which was filled with delicious food organized by the IPHMDP team.

#### Leadership Game: AD-Mad (02:00-02:30 PM)



To boost the participants, creativity and their advertisement skills, they were introduced to AD-Mad game. The participants were divided into 6 teams. Three teams were supposed to sell the product and three teams were supposed to do negative advertising to stop the sale of the product. They were given a set of objects to choose from. The teams performed very well,





and players from each team displayed great marketing skills both positive and negative. This game helped them develop innovation, creativity, coordination, and teamwork. It also depicted that better leaders are the ones who can communicate better.



# Session 1: Motivation and Team building: important pillars for improving health care programs (02:30-04:30 PM)

#### Speaker: Mr. Vivek Atray, Former IAS, TedEx Speaker



Mr. Vivek Atray initiated the session on maintaining personal and professional motivation and morale. He highlighted the importance of handling stress effectively by maintaining a calm demeanor and choosing cheerfulness over irritability. He encouraged finding happiness in life's simple joys, living in the present moment, prioritizing family and loved ones, creating happy memories, and spreading positivity. Additionally, he emphasized the joy of giving to the less

privileged and connecting with individuals at all levels, such as peons, drivers, gardeners, and waiters. He inspired the participants to adopt a cheerful life, live in the present moment, give priority to family and loved ones, create happy memories with them and spread sunshine. positive, and multi-dimensional approach of leadership. A leader is a shock absorber, be able to recognize 'silent' as well as 'siren' type of workers and delegate the work rather than





assigning it. Besides it, patience and perseverance are salient features of a leader, along with integrity.

For key motivating lessons, he told numerous



inspiring stories of famous persons like Arthur Ashe and Barack Obama. One of the stories being of lecture, the great scientist Albert Einstein and his driver to explain the quality of calmness, presence of mind and emotional intelligence. Thereafter, he discussed that it is the little joys of life, mindfulness, living the present moment, spending time with loved ones, and spreading happiness which matters

in life. He then asked the delegates to meditate for a minute before moving ahead with the lecture for mind relaxation. He concluded the session by telling the participants to be an 'encourager for themselves and others'. He said that the world needs more positive people so that it can be a better place to live in.



In the end, participants gave their feedback of the session by raising green smiley boards depicting excellence. Dr. Kritika then honoured him with a token of gratitude, which had handmade products.



#### Discussion and feedback (4:30 PM-5:00 PM)

The day ended with sharing of digital feedback form through a web link. The winner of best dressed and Most active participant of the day were announced as Irene Rusticus Haule and Yamiko Mdikanguyi Mhone respectively. After that, doubts of the participants were addressed by the organizers and instructions for the next day were announced.



# Day 4 (9th February, Friday)

# Reflection Of Previous Day (9:00 AM - 9:30 AM)



The day began with the participants recapitulating the sessions from the previous day. The recap was presented by Ms. Irene Rusticus Haule who highlighted the key points about the learnings of day 3 and Ms. Liliya Tadevosyan made an interesting to recap to summarize the learnings of next half of the day.

Announcements that were required for the day were made by the organizers. This made sure that everyone there was completely informed of the agenda and in case of any doubts they could be clarified. The beginning of the session was interesting and instructive, and it provided a good foundation for the rest of the day's activities.



# Session 1: Artificial Intelligence (09:30-11:30 AM)

Speaker: Dr. S. N Panda, Professor and Director,
Research and Innovation Network, Chitkara university



Professor (Dr.) S.N. Panda initiated the session by providing an overview of Artificial Intelligence (AI) to the delegates. He introduced key terms such as algorithms, machine learning, neural networks, data mining, and cloud technologies. Prof. Panda then discussed various applications of AI across different sectors, highlighting its presence in healthcare through robot-assisted surgery and diabetic retinopathy screening. He mentioned that AI has been showcased in the healthcare sector in robot-assisted surgery, with applications like diabetic retinopathy screening discussed.

The delegates then question him whether the presence of AI decrease their employability. To which Dr. Panda answered that the AI makes the work effective and easier and would further increase their employability if they learn the necessary skills of AI. He further said that AI is the new future and life is in collaboration with





AI.

He then outlined the role of AI in public health, covering disease surveillance, epidemic prediction, screening, and water treatment. He then briefed the delegates about the challenges such as computing power, trust deficit, limited knowledge, human-level understanding, data privacy and security, bias issues, and data scarcity, which are acknowledged. In the end he,



discussed the future of AI with revenue projections indicating sustained growth in the Al market and concluded the session with glimpses of innovative projects, including a portable intensive care unit, patient lifting system, diesel engine tuning device, E-Deweeder, smart cap surveillance, amyloid deposition human simulator, wearable navigation device for the blind, wireless sensors for vital signs, video laryngoscope, automatic sanitize system, and Sani Wrist.In the end, he

showed a video of the digital innovations being done at his organization and encouraged the delegates on collaborations in future over digital innovations.

#### **Exercise**

Dr. Panda instructed the participants to identify a problem suitable for resolution through artificial intelligence in their respective fields. Subsequently, he engaged in discussions with



them, exploring virtual approaches to patient handling and specific healthcare tasks. The participants then mentioned on computeraided services for optimizing patient workload. The participants expressed their feedback using green smiley boards, symbolizing excellence. Dr. Kritika Upadhyay, Program Coordinator at IPHMDP, honoured Dr. S.N.



#### Tea Break & Selfie Time (11:30 AM-12:00 PM)

A short tea break was organized for the participants before the next technical session. The participants enjoyed taking selfies with the faculty and placards arranged by the organizers to break the monotony between the sessions.



# Participant forum (12:00 PM-1:00 PM)



During the forum, the participants presented their case studies. Melka Geleta Diro from Tanzania, Mr. Tarek Abdelhamid Abdellatif Mohamed Numair from Egypt and Mr. Brian Muro from Tanzania presented the best practices. All the participants then shared their doubts and worked on their case studies. Thereafter, the organisers addressed the delegates' doubts and important announcements were made for the field visit.





## Lunch (1:00 PM-2:00 PM)



Thereafter, the participants enjoyed the Indian food and appreciated the variety of cuisines being served.

#### **Visit to PGIMER (02.30 PM-05:00 PM)**

During the afternoon session at PGIMER, Chandigarh, a planned on-site demonstration showcasing best practices in patient care environments took place. The delegates were directed to PGIMER's Nehru Block, where they received a briefing on one of India's largest organ donation facilities, the Regional Organ and Tissue Transplant Organization (ROTTO), by Ms. Saryu, a consultant at ROTTO. She provided detailed information about ROTTO's involvement in liver, heart, kidney, bone marrow, and corneal transplant programs, as well as their extensive organ donation awareness



campaigns. Ms. Saryu also discussed the organizational system responsible for the notable increase in organ donations over the years, concluding by sharing how challenges encountered while strengthening ROTTO were



successfully transformed into opportunities.

After the informative session, delegates were introduced to the concept of green building by Dr. Navneet, the Joint Medical Superintendent for Nehru Hospital Extension. She provided an overview of the hospital's eco-friendly design, which earned the Nehru Extension building a prestigious Platinum Award. Dr. Navneet also shared insights into the construction challenges encountered and highlighted the unique features of the building. She further



elaborated on specific fixtures implemented to reduce water wastage, as well as the use of thick bricks and strategically placed windows to ensure efficient ventilation, ultimately resulting in lower energy costs. Concluding her session, Dr. Navneet emphasized the



importance of sustainable living, advocating for the responsible use of resources without compromising the needs of future generations.

Subsequently, the delegates were escorted to the telemedicine facility in the Nehru Block for demonstrations. The participants visited the telemedicine unit, where Dr. Amit elucidated the infrastructure required to establish a



telemedicine centre and its applications in consultations and education. The telemedicine unit was praised for their cost-saving benefits and the convenience they offered to patients, who receive top-quality care from senior doctors at PGIMER, Chandigarh. Therafter, the delagtes visited the tele-evidence facility. After that, the delegates were given a tour of the green hospital, Nehru Extension Block. The



participants witnessed the fire curtains, rain water harvesting and automatic power machines. The day concluded with a group photo, leaving everyone with happy faces and a wealth of new knowledge.

# Day 5 (10th February, Saturay)

#### Reflection Of Previous Day 09:00-9:15 A.M.

The day 5 of the session started with the recapitulating the sessions of previous day. The delaegates were quizzed about the sessions and field visit. After the usual recap practice, the organizers gave instructions for the day.





#### **Best Practice Presentation (09:15-10:00 AM)**



The day 5 of the session started with the recapitulating the sessions of previous day. The

delaegates were quizzed about the sessions and field visit. After the usual recap practice, the organizers gave instructions for the day.



# Session 1: Tools of Planning (09:30 AM -11:30 AM)

#### Speaker: Dr. Madhu Gupta, Professor, PGIMER, Chandigarh

Dr. Madhu Gupta started the session by mentioning that Logical Framework Approach (LFA) is a crucial tool for rational planning in public health management. She then explained the session's objectives, including making delegates proficient in LFA and undertaking rational planning through its application. She went ahead and described LFA as an analytical tool for enhancing



program/project quality by employing objective-oriented planning and management. She further mentioned that it provides a systematic planning procedure for the complete project cycle, incorporating a problem-solving approach that considers the perspectives of all stakeholders. Outlining the history of LFA he, attributed its development to address poor planning and monitoring of development projects. She then explained the main steps of LFA: Stakeholder Analysis, SWOT Analysis, Problem Tree Analysis, Objective Tree Analysis, Strategy Analysis, Logical Framework



Matrix creation, and Monitoring and Evaluation. She then briefed the delegates about the Stakeholder Analysis to identify the needs, interests, potential risks, and opportunities of stakeholders. With an illustrative example related to improving the Institutional Delivery Rate, she explained the SWOT Analysis is used to assesses internal strengths and weaknesses, as well as external opportunities and threats. She then explained that the Problem Tree Analysis is used to identify the major problems and their causal relationships, leading to the development of the Objective



Tree Analysis, where problems are transformed into positive statements. She further emphasized that the Logical Framework Matrix is presented as the main output of LFA, which is comprised of key components such as Objectives & Activities, Purpose/Outcome, Goal/Impact, Outputs, Activities Means, Indicators, Means of Verification, and Assumptions. In the end, she concluded the



session by mentioning the benefits of Log frames and asking the delegates to utilizing LFA for effective public health management



planning.

#### **Exercise**

Thereafter, the delegates were given an assignment in which a Log frame matrix was given, with few of its components were blank, they had to fill the missing components. Then

Dr. Madhu discussed the assignments with the delegates and suggested how to improve the log frame matrix further for a better planning.

In the end, attendess gave their feedback by raising green smiley boards depicting the excellent session. Dr. Sonu Goel honored Dr.



# **Faculty Interview**

# Dr. Madhu Gupta, Professor, PGIMER, Chandigarh Moderator: Dr. Kritika Upadhyay, Program Coordinator, IPHMDP

Dr. Goel thanked Dr. Madhu for joining the program. When asked about the good aspects of the program, Dr. Madhu said that this program is unique as cross learning is felicitated through this program Adding to this, she praised the organizing team as they get the best people for a respective subject from the country. Also, she appreciated the enthusiasm shown by the participants in the program. In continuation to this, Dr. Goel asked that if this type of leadership and management courses are relevant for countries, to which Dr. Madhu replied that when we have participants from a different



country then you get an opportunity to learn new things and promote cross cultural learning. Such type of courses are beneficial for all.

## Tea break (11:30 AM to 12:00 PM)

A short tea break was organized for the participants. The participants enjoyed the tea served with Indian snacks between the sessions.

#### Participant Forum: 12:00 PM- 01:30 PM

A unique session was planned by the organizers for the delegates, where Dr. Goyal instilled the leadership qualities though the help of interesting games. Delegates were first made to play pipes and marble, where they were divided into four groups. At one time two groups lined up and with the help of pipes they had to pass the marble and place it in the glass jar placed at the end of the ground. The other two teams distracted them with noise and reactions. In this manner, the delegates learned that they had to tackle every challenge in life and keep moving ahead.

Thereafter, the delegates played the game of Get 20. In this game the delegates were told to arrange 20 things within 15 minutes, the things



ranged from simple items such as pen to complex items such as tyre of car. The game taught the delegates the skill of negotiation and the art of resource mobilization. The delegates were full of energy and joy when the session ended.

# Lunch (01:30-2:30 PM)

The participants enjoyed the lunch arranged by the organizers.

# Session 1: Budgeting and Costing in health care (02:30 PM -04:30 PM)

#### Speaker: Dr. Tanvi Kiran, Assistant Professor, PGIMER



Dr. Tanvi Kiran started the session by asking the delegates what budgeting means. She then gave the example of budgeting in daily lives and then explained the significance of calculating the costs incurred in service provision from patient, health system, and societal

perspectives. Dr. Kiran reiterated the fact that costing is necessary in order to obtain the benefit with the least resources, and understand the crucial aspect of cost behaviour at all levels of healthcare She then introduced the delegates to various types of costs, such as





direct, indirect, capital, recurrent, tangible, and intangible costs. She continued by clarifying the different cost types with giving real life examples. She explained two main costing methods: macro costing (top-down) and micro



costing (bottom-up). She then emphasized the importance of strategic, data-driven budgeting, and explained the various types of budgeting

such as incremental, zero-based, and performance-based budgeting. She then gave three budget exercises which the delegates did along with Dr. Kiran. In the she concluded the session by highlighting the essential role of cost analysis and effective budgeting in achieving financial sustainability and maintaining healthcare quality.

#### **Exercise**

To further infuse the concepts, she gave the participants a practical exercise of listing the line items for blood donation camp in a tertiary care facility and calculating costs. The delegates then gave different line items and with the help of Dr. Tanvi identified budget line items. In the end, delegates gave feedback for the session by raising green smiley board depicting excellence. Dr. Kritika honoured Dr. Kiran with a token of handmade gifts.



# Discussion and Feedback (4:30 PM-5:00 PM)



Participants were asked to give the feedback for the technical session through google form. Feedback was followed by honouring the winners of best dress and most active participant for the day, Mr. Innocent Yandemye and Ms. Tergelsaran Batamgalan were honoured with sash by the winners of previous day respectively.

# Day 6 (11th February, Saturay)

The delegates were given first half to work on their case studies. The delegates worked on their case studies before leaving for Shimla. The organizers then reviewed the submitted case studies and gave individual feedbacks for the case study.

Therafter, the participants hoped onto the buses to Shimla and enjoyed the wonderful scenic journey thorugh the mountains.





# Day 7 & 8 (12th February, Sunday)

#### STUDY TOUR TO SHIMLA

After the insightful session on Monitoring and evaluation and Gamification the participants left for the study tour to Shimla at around 2:30 PM. Shimla is the capital of a north Indian state - Himachal Pradesh lying in the Himalayan foothills. Once the summer capital of British India, it remains the terminus of the narrow-gauge Kalka Shimla Railway, completed in 1903. The participants along with the organising team and Dr. Sonu (Program Director) left from Chandigarh in small buses booked by program organizers. On the way, Program Director briefed the participants about the purpose of study tour. He also told the participants about the cultural variations in the neighbouring states to Chandigarh such as Haryana, Punjab and Himachal Pradesh and cognizance to the Indian culture and heritage. Around 4:00 PM a halt for a short coffee break was made, participants were excited and busy capturing the beautiful scenic views. Thus, four hours journey passed within no time and finally the programme group reached Snow Valley Resorts, Shimla at around 6 pm. The accommodation was arranged in a four star hotel with a panoramic views of the Shimla city. Participants were asked to get fresh and join around 8:30 PM for dinner. The participants had lavish dinner at their place of

#### Visit to State Institute Training Centre, Parimahal, Shimla

On the next day morning (12th February) everybody met at the breakfast table at around 8:00 AM. Dr. Goel briefed the participants about the planned activities for the day, which focused on sharing of best practices of the state and demonstration of the state of art Skill lab. At 9:30 am, the participants left for State training Institute, Parimahal. On reaching Parimahal, the participants were divided into groups, each group visited four different stations in skill lab where they were informed about the functioning skills for LaQSHAY and various vocational trainings offered by the institute. Then the participants moved to the lecture theature in the State Training Institute, for technical sessions on sharing of Best practices.

# Session 1: Experience of one health strategy in Himachal Pradesh (Online)

Speaker: Dr. Omesh Kumar Bharti, State Epidemiologist and Principal, SIHFW, Department of Health & Family Welfare, HP.



Padam Shri Dr. Omesh Bharti, started his session by sharing the demographics of

Himachal Pradesh followed by the statistics of rabies cases in the state. He shared his journey on how he worked to overcome the barrier of launching a low cost intradermal anti rabies vaccine in India. He illustrated many case representations where the delivery of intradermal ARV was a success in saving the life of patients with rabies. He shared the pooling technique of Himachal by pooling patient and vaccine vials, which reduced the cost of vaccine, and making it reach to larger patients at free of cost, thus reducing the death

rate by rabies. He put some light on rabies prophylaxis for other animals. Lastly, he threw some light on his published research including the Local infiltration of rabies immunoglobulins an alternative cost effective approach for passive immunization against rabies, and injecting rabies immunoglobulin (RIG) in wounds saves lives and costs less than a dollar per patient by "pooling strategy". The session ended with interesting queries and discussion.



# Session 1: Experience sharing of best practices from National Tuberculosis **Elimination Program**

#### Speaker: Dr. Ravinder, Regional Consultant, World Health Organization



Dr. Ravinder shared his experience of working with the World Health Organization in the field of tuberculosis from last few years. According to him, there are roughly 90 countries with a high prevalence of tuberculosis, and 10 million new cases and 1.5 million deaths are reported annually, which is a significant burden. India contributes almost one fourth of total cases and similar proportion of deaths. He told ways to improve presumptive TB testing including increased screening, capacity building, highly sensitive molecular test etc. He share Himachal Pradesh is doing three time more testing than the national average for increasing notification. He also discussed various management techniques adopted in the state for dealing with TB and HIV cases. Later, he discussed the cutting-edge technique of using drones to deliver medications to remote locations and for collecting sputum samples. He mentioned how the drones' ability to travel 60 km in 30 minutes and carry 5 kg of weight has been very useful in areas with hilly terrain. He also mentioned another cutting-edge methodology technology of pocket hand-held X-ray that produces an image in less than five minutes along with artificial intelligence used in highlighting the lesion along-with highly sensitive diagnosis. He shared the action points to improve case notification such as X-ray facilities at district level, decentralization of molecular testing, vulnerability mapping, line listing, screening, capacity building etc. Further the management strategy for DR TB and Universal DST was shared with the audience. He put some light on the paradigm shift in management of drug resistant TB-PMDT which is now made injection free since 2021 and also about current TB preventive treatment plan. He shared the private





sector engagement for TB notification and giving incentives (and dis-incentives for not informing) to private providers. He also shared cutting-edge



strategies being implemented in the state like Nikshay Poshan Yojana (free food for TB

patients), Nikshay Mitra (one friend can adopt a TB patient), involving medical colleges, coordination with other national programs ( NOCDCS, RBSK, National AIDS control, National Tobacco control program etc), and with Ayushman Bharat HWC Primary Health care, multi-sectoral engagement, PM End TB India campaign with the intention of making the state Tuberculosis Free by the year 2024 (one year before national timelines). Session ended with sharing challenges for ending TB. Participants took part in in discussion and congratulated the speakers for getting laurels for state of Himachal



Session 1: Integrated digital approaches for prevention and control of NCDs and Tobacco free villages

Speaker: Dr. Gopal Chauhan, State Program Officer, NCD and PIP, NHM, Himachal Pradesh.



Dr. Chauhan started his session by briefly introducing the state and its demographics. He mentioned that Himachal Pradesh is undertaking various programs and has a good health statistics, which is normally ranked high

in India. He shared the life cycle approach in NCDs where the health workers go home to home for screening the patients for NCDs, which was followed by their referral and prompt treatment. The Mukhyamantri Nirog Yojana in HP was stated where risk assessment by ASHA is being undertaken for every individual in the state for early detection for NCD screening. He highlighted the risk reduction approach through early detection, risk assessment and screening all population. It was shared that around 28 lakh people out of 45 lakhs (over 18 years of age) have been screened for risk assessment so far and will screen the remaining within the target time

period by the year 2024. Thereafter, he shared that even though the terrain is hilly, 64 percent of people aged 18 years and above have at-least one risk factor (majority was unhealthy diet). Then Dr. Chauhan shed some light on the health promotion activities, which include the IEC material for tobacco control like tobacco free school and villages. The state of Himachal Pradesh shall be the first state in the country to adopt health promotion policy at state level. Dr. Chauhan shared the success of digitalization of NCD through E health card application in the state and its use over the entire state. He emphasized that a stringent health policy and inter-sectoral coordination has to be implemented to have healthy schools, healthy villages, and healthy population. He emphasized the concept of tobacco free panchayat in the state, which is a new concept for strengthening

tobacco control at lowest administrative facility. It was told that two gram panchayat has already been nominated for tobacco free panchayat award and the model will be replicated in all 67 blocks in the state. Lastly, he ended the session by reiterating various good-practices like digitalization of Nirog clinics, strong screening mechanism for NCDs, and strengthening lowest cadre of health care workforce. The session ended with interesting questions from the



# Cultural Night (7:00 – 10:00 PM)

The eventful day came to an end with a lively cultural gathering at Snow Valley Resorts, running from 7:30 PM until midnight. Participants took the stage to showcase performances representing their countries, demonstrating their leadership and management skills as they directed and hosted the entire show. Mr. Yamiko played the role of the show's host, initiating the proceedings with a brief opening ceremony that outlined the objectives of the cultural night. The national anthem of India was played, and all delegates wore traditional attire from their respective countries.

The program kicked off with a fashion parade explaining the significance of the diverse attires. The first performance featured a dynamic dance by Ms. Helen from Ghana and Ms. Tegist from Ethiopia, captivating the audience with their energy. The Moroccan team, consisting of Ms. Fathima and Ms. Hanane, followed with a dance to the beats of a Moroccan song. Participants from Malawi then performed a dance to local music that got everyone moving. The host introduced another lively song from Ghana, and Mr. Tevita from Tonga presented a beautiful and poised dance. The host engaged the crowd with a game of "let's guess," distributing slips to participants for impromptu acting, earning applause from the delighted audience.

After a brief intermission, the Tanzanian group showcased their talents with performances on local songs. Ms. Noor from Algeria delivered a stunning dance performance to the well-known song "la la a," bringing smiles and energy to the audience. Mr. Trong from Vietnam recited beautiful lines, followed by an energetic performance from a participant from Egypt. Similarly, other countries such as Armenia and Burundi presented dances and songs from their culture. A collective song led by Tajikistan and Uzbekistan had everyone in the audience up and dancing. Throughout the event, organizers and participants exchanged beautiful souvenirs from their respective countries.

Prof. Dr. Sonu Goel and Dr. Kritika Upadhyay concluded the event with remarks, and a group photo marked the closure of the cultural extravaganza.

# Glimpse of Cultural Night



















# Glimpse of Cultural Night















# Glimpse of Cultural Night













# Day 8 (13th February, Monday)

# Visit to Central Research Institute, Kasauli

Brief History of the Institute Activities of CRI, Kasauli, Human Resource Management Dr. Santosh Kutty, CMO(SAG), Central Research Institute, GOI

Dr. Kutty extended a warm welcome to the delegates at CRI and commenced by narrating the institute's history, tracing its origins back to 1905 when it functioned as a pasteur institute engaged in antiserum production. With the escalating burden of diseases, CRI was subsequently established to address these challenges. Dr. Kutty highlighted that the Central Research Institute (CRI) stands as a global pioneer in vaccine research, not only within India but on a global scale. Originally mandated for medical and public health research, vaccine and antisera manufacturing, human resource development, and serving as a national referral center for public health issues, CRI has expanded its offerings. The institute now provides various academic and skill development courses too he stated.

Dr. Kutty further emphasized CRI's involvement is in large-scale production of Bacterial and Viral Vaccines & Sera, Research and Development in

immunology and vaccinology, Teaching and training, and Quality Control of vaccines and sera. He further shared that CRI plays a crucial role as the National Salmonella and Escherichia Centre, Rabies Research Centre, Vaccination Centre, National Polio Surveillance Project, National Influenza Surveillance Centre, Treatment Centre, clinical laboratory, and animal facility. Additionally, he highlighted the central drug laboratory and adherence to good manufacturing practices (cGMP). The session concluded with a quick round of discussions.



#### Dr. Sanjay T Chavan, Assistant Director, CRI, Kasauli

# cGMP in Manufacturing of Vaccines and Antisera **Data Management and quality Assurance**



Dr. Chavan began by elucidating the entire manufacturing process, starting from the production of raw materials to the distribution of the final product. He informed the audience that good manufacturing practices (GMP) adhere to schedule M under the Drug and Cosmetic Act and rules. Methodically, he delved into the application of GMP in various aspects such as building, equipment, materials, qualification, production, risk analysis, documentation, internal audit, and training.

He detailed the training regimen of the institute, commencing with induction training, followed by GMP training and internal audit sessions. Emphasizing the importance of compliance with GMP, he mentioned that both central and state licensing authorities conduct joint inspections of manufacturing facilities. He highlighted the institute's production of DPT and TB vaccines under GMP guidelines, contributing to the national immunization program. Additionally, the institute manufactures antisera products, including anti-rabies serum, diphtheria antitoxin, anti-

snake venom, and normal horse serum. The session concluded with an engaging question and answer segment.













# Day 9 (10th February, Saturay)

# Reflection of Previous Day (09:00 AM - 09:30 AM)



The day began with participants providing input on the previous day's sessions. Mzabi Hanane from Morocco and Helen Gebregiorgis from Ethiopia recapitulated the learnings of Day 5 and enumerated important lessons. Nguyen Trong Tien and Mkama Julius gave the recap of their learning from their visit to Shimla. They

recapitulated the learnings by distributing slips, with questions from the sessions, each table picked one slip and answered the questions.



One participant from each of the six groups volunteered to be the group leader for day 9 and was asked to coordinate the activities within his/her group throughout the day. The organizers made important announcements for the day.





# Session 1: Monitoring and Evaluation (09:30-11:30 AM)

Speaker: Dr. Tarundeep Singh, Additional Professor, PGIMER, Chandigarh



Dr. Tarundeep Singh initiated the session by elucidating key topics, encompassing the definitions of monitoring and evaluation, elements pertinent to health program monitoring, differentiation between goals and objectives, and the significance of indicators. He underscored that monitoring constitutes a continuous, routine process aimed at tracking program activities and identifying deviations, while evaluation stands as a singular, specialized assessment indicating the extent of goal attainment and suggesting strategic modifications. Subsequently, he explored various components of health programs, including goals, objectives, inputs, processes, outputs, and outcomes. Furthermore, Dr. Singh elucidated the concepts of data and information, encompassing qualitative and quantitative data types, along with the transformation of data into meaningful information through the utilization of indicators. Expanding on this, he delved into the importance of indicators, delineating types



such as rates, ratios, simple, and comprehensive, while elucidating the steps involved in their development and interpretation. Drawing from his extensive experience, he highlighted the adaptive nature of monitoring and evaluation frameworks, emphasizing the need for flexibility in response to evolving healthcare landscapes and changing community needs. He stressed the significance of fostering partnerships and building consensus to ensure the effectiveness and sustainability of monitoring and evaluation initiatives. Engaging the participants, he solicited examples of indicators from their respective countries. Concluding the session, he summarized the insights gleaned and provided an overview of fundamental aspects concerning the monitoring and evaluation of



health programs.

#### **Exercise**

The delegates were given exercise to create a framework for monitoring activities in a National Health Program, urging participants to consider their involvement in a specific district-level health program. The delegates had to frame program's goals and objectives, inputs (workforce, budget, materials), activities and processes, outputs (services), and outcomes (expected effects on morbidity and mortality). Each type of indicator required specifying the numerator and denominator, identifying the data source, determining a critical value that triggers managerial action, and assessing the importance for activities. The delegates then discussed their assignments with Dr. Singh.

In the end, participants gave feedback through green smiley boards depicting excellence. Thereafter, Dr. Kritika presented Dr. Singh with a



# **Faculty Interview**

Dr. Tarundeep Singh, Additional Professor, PGIMER, Chandigarh Moderator: Dr. Kritika Upadhyay, Program Coordinator, IPHMDP

Dr. Kritika extended a warm welcome to Dr. Tarundeep Singh and inquired about his impressions of the current cohort. Dr. Tarundeep expressed that the 25th IPHMDP cohort stood out as particularly dynamic, with active participation from each table representing diverse experiences across various countries. He further mentioned the enriching nature of this experience, and said that it was learning experience from his as well. Moving to the next question, Dr. Kritika highlighted the multidisciplinary composition of the cohort, including doctors, nurses, pharmacists, and public health professionals, and then asked Dr. Singh to discuss the significance of leadership and management in these professions. He replied that the unique demand within the health sector for individuals skilled in both management and technical aspects necessitates the need for training



every healthcare in management and leadership too. Concluding the conversation, Dr. Kritika sought a final message for the participants from Dr. Singh, who emphasized the importance of knowledge sharing among peers and cross-country learning, urging participants to implement newfound insights upon their return to their respective settings.

#### Tea Break & Selfie Time (11:30 AM-12:00 PM)

After the technical session, the attendees were given a brief tea break. In order to break up the boredom between the sessions, the organizers set up a few placards, which the attendees loved using for selfies

# **Energizer (11:30 AM-11:35 AM)**



Following a refreshing tea break, the session resumed with an invigorating energizer activity. All participants were invited to stand up and

groove to the music curated by the organizers, infusing the atmosphere with enthusiasm and vitality. Moments later, the music abruptly ceased, prompting everyone to freeze in their current positions, adding an element of fun and spontaneity to the gathering. This lively interlude continued for a brief yet exhilarating two minutes, injecting a burst of energy and fostering a sense of camaraderie among the attendees. This interactive break not only

rejuvenated the participants but also served as a catalyst for enhanced engagement and collaboration in the subsequent discussions.

#### Participant Forum (12:05-01:00 PM)



Participants engaged in an interactive exercise where they crafted captivating captions for a picture gallery, promoting creativity and fostering a sense of camaraderie. The delegates shared hearty laughs as they enjoyed the unique captions, fondly reminiscing about the moments captured in the photographs, thus enriching the learning experience with warmth and amusement.

#### Lunch (01:00 PM-02:00 PM)

The lunch provided by the organizers was well received by the participants, who relished the Indian cuisine.



#### Leadership Game (02:00 PM-02:30 PM)



The participants were split into three groups and provided with bundles of newspapers and cello tape. Each team's challenge was to construct a stable, free-standing tower within 15 minutes using the newspaper sheets. The team that built the tallest, stable tower within the time frame emerged as the victor. This

engaging activity not only encouraged teamwork but also prompted collaborative action planning and execution, coordination, critical thinking, and problem-solving skills among the participants, offering valuable lessons in effective group dynamics and resourceful problem-solving.



# Session 1: Inventory Control techniques (02:30 PM-04:30 PM)

Speaker: Dr. Manjushri Sharma, Assistant Professor, Punjab University



The professor described the importance of inventory, and how it helps in decreasing the finances of hospital administration. She explained the concept of inventory management, through three questions; how much to order, when to order and the purpose of inventory control. She further explained the



ways to map a supply chain, via purchasing, operations, integration, and distribution. She further explained the Wilson Formula for perpetual inventory control technique with underlying assumptions. She described Always Better Control Technique (ABC) in detail and



said that this technique of inventory control is an analytical method of control which aims at concentrating efforts on those areas where attention is needed most. Thus, it propagates the principle of selective control. She further elaborated on the steps of ABC categorization



and made it more clear by discussing an example of ABC classification with the participants. Different underlying assumptions such as cost and purchase price being constant, known rate of demand and whole batch being delivered at once were discussed by help of routine scenarios in hospital settings of different countries. By means of case studies, she mentioned role of correctly projecting drugs/ equipment's in hospitals to avoid stock outs and improve drug supplies to deliver drugs timely to patients. She concluded her lecture with a short assignment.

#### **Management Exercise**

Assignments were given to participants that included a scenario of a business that used to supply hospitals with hypodermic needles. The activity described the scenario in which the company wants to lower the cost of its inventory. The ideal number of hypodermic needles to obtain per order, the quantity of orders, the demand each day, the reorder point, and the combined annual ordering and holding cost had to be determined by the participants. The participants found Dr. Sharma's step-by step explanation of each section to be extremely helpful. Dr. Kritika, Program coordinator, PGIMER asked the participants to for feedback for her session which was expressed by showing green color smiley boards depicting that the session was excellent. This was followed by felicitation of speaker with the handmade gifts and



# Faculty Interview

# Dr. Manjushri Sharma, Assistant Professor, Punjab University Moderator: Dr. Goel and Ms. Helen Gebregiorgis

Ms. Helen asked Dr. Manjushri about her experience with the 25th cohort of IPHMDP, to which Dr. Manjushri mentioned that the cohort is the most energetic cohort she ahs ever seen in IPHMDP, as she could see the energy during the session, even though it was after lunch session. Thereafter. Ms. Helen asked Dr. Manjushri what is her motivation of going on over all these years, to which she replied that never giving up and learning every stage of her life. She then went ahead and mentioned that she was once a student of IPHMDP and now has been faculty with IPHMDP, citing her own example



she urged the delegates to aim higher and keep working towards their goals. In the end, Dr. Goel thanked Dr. Manjushri for her support as faculty over the years and taking out time for taking these sessions.

# Leadership Game (02:00 PM-02:30 PM)

The participants were split into three groups and provided with bundles of newspapers and cello tape. Each team's challenge was to construct a stable, free-standing tower within 15 minutes using the newspaper sheets. The team that built the tallest, stable tower within the time frame emerged as the victor. This engaging activity not



# Day 10 (10th February, Saturay)

# Reflection of Previous Day (9:00 AM - 9:30 AM)



The day 9 of the session started with the summarisation of previous day lectures by Gyanendra Bimal Prasad from Fiji and Bakhtiyor Khamroev from Tajikistan. Gyanendra Bimal Prasad though an innovative use of online platform menti.com gave a quiz to the delegates, After the usual practice of recap, the organizers gave instructions for the valedictory ceremony and their departure. The candidates were full of mixed emotions, of excitement of the valedictory ceremony and of sadness as the course was coming to an end.



# Session 1: Quality Assurance and Improvement in Health (09:30-11:30 AM)

Speaker: Dr. Praveen Kumar, Professor & Head of Division of Neonatology, PGIMER Chandigarh



The session initiated with the Pofessor Praveen Kumar inviting participants to share their perspectives on quality issues in healthcare they have experienced in their lives. Delegates then shared a variety of responses related to quality from extended waiting times, to misguided prescriptions, lack of information desk, prompting the professor to delve into the

dimensions of quality assurance and improvement within the healthcare sector.Dr. Kumar then discussed about the simple solutions that could be used to solve problems like lack of information through May I help you desk. Stressing the necessity for high standards in healthcare facilities, the professor highlighted the importance of bridging the gap between knowledge and implementation to





enhance quality. He elaborated on techniques for identifying flaws and strategies for elevating quality, shedding light on the rationale behind quality improvement approaches. The professor guided participants through the process of conducting a quality assessment



and introduced them to the PDSA cycle. Addressing participant queries thoroughly, the professor concluded the session by prompting reflections on their roles as quality managers and urging them to implement quality

enhancements in their healthcare settings. To aid comprehension, participants were presented with questions focused on "Improving the quality of care."

#### **Exercise**

Participants were grouped to discuss a medical scenario involving a girl seeking care for pains and aches. They reflected upon the questions about potential quality gaps, envisioning an ideal scenario, and proposed solutions for identified issues. Thereafter, delegates identified improvement opportunities in their organization, described their vision for successful change, and outlined next steps. In the end, delegates gave feedback by raising green smiley boards depicting excellence and Dr. Sonu honoured Dr. Praveen with a certificate and a token of handmade gifts.



# **Faculty Interview**

Dr. Praveen Kumar Professor & Head of Division of Neonatology, PGIMER Chandigarh

Moderator: Dr. Sonu Goel, Professor, PGIMER, Chandigarh

Dr. Goel introduced the 25th International Public Health Management Development Program, which was sponsored by the Indian International Technical Economy Corporation, Ministry of External Affairs, Government of India. He welcomed Dr. Praveen Kumar, a distinguished neonatologist renowned for his contributions to various aspects of quality. Dr. Praveen Kumar had been instrumental in integrating quality-related and leadership

trainings at PGI, Chandigarh. The program was tailored for mid-level and senior-level professionals, mentioned Dr. Goel and then asked Dr. Praveen about his perception of its significance.

Dr. Praveen expressed his belief that the program has been of utmost importance. He had closely followed its development since its inception and has been actively involved in its

early stages. He found it fascinating to observe the evolution of the course. Traditionally, the emphasis on quality had largely come from public health and quality managers, with frontline clinicians and nurses often showing resistance or lack of appreciation. Over the past decade in India, efforts had been made to prioritize equipping clinicians with quality improvement skills. They possessed an unparalleled understanding of their challenges, and empowering them with the necessary skills had put them in the best position to address those challenges effectively. Dr. Praveen believed that courses like this, where experts came together to exchange knowledge, are invaluable.

Dr. Goel, began by acknowledging the significance of leadership and management training for clinicians, highlighting the common challenges of time constraints and resource limitations that often hinder such endeavors. He sought Dr. Praveen's insights on the importance of such training amidst the demanding schedules of clinical settings. To which, Dr. Praveen responded by referring to a famous cartoon illustrating the perpetual busyness of individuals, which often blinds them to simple yet effective solutions. He agreed with Dr. Goel's assessment, acknowledging the initial reluctance clinicians have towards quality improvement initiatives due to time constraints and perceived resource scarcity. However, he emphasized that the transformative potential of investing time in learning these skills, citing examples of how efficiency gains can lead to better outcomes.



Dr. Goel then suggested a pragmatic approach, that training initiatives could be framed around addressing specific challenges such as overcrowding and time constraints, rather than solely focusing on abstract concepts like leadership and management. Dr. Praveen supported this idea, emphasizing the importance of problem-solving and practical application in clinical settings. Dr. Goel then asked Dr. Praveen to mention an example in clinical setting where motivation and effective communication imporved the outcome. Dr.Kumar then mentioned an example of his own department where a white baord flowchart improved the communication between nurses and reduced the transfer time of babies to Neonatal intensive care unit. Concluding the interview, Dr. Goel asked Dr. Kumar's opinion on how these trainings like IPHMDP are helpful to participants when they go back. Dr. Kumar then mentioned that training these help professionals from different streams learn to work together. Dr. Goel then finished the interview by stating the importance of interdisciplinary collaboration and effective communication in achieving common goals within healthcare settings. He praised Dr. Praveen's approach of integrating clinicians and nurses in training initiatives, emphasizing

#### Tea Break & Selfie Time (11:30 AM-12:00 PM)

A short tea break was organized for the participants. The participants enjoyed the tea served with Indian snacks between the sessions.

# Participant Forum (12:00 PM-12.40 PM)

The participants worked on their action plan and submitted the remaining tasks. The organizers were amazed at the action plan made by the participants. The participants in this cohort will be tracked for three months to submit a report on the implementation of their action plan. The organizers will award the best report with a "Certificate of Appreciation." The participants after submitting the action plan through google form, filled the leadership questionnaire, where in they mentioned their perception of leadership skills and the management skills.

# Post Test (12:40 PM-01.00 PM)



Thereafter, the participants were given posttest though an online link. The participants filed the post-test and put their knowledge gained during the course to test. After the submission of post-test, the participants were asked to submit the overall feedback for the course along with their suggestions for the system.

#### Lunch (01:00 PM-02:00 PM)

The participants enjoyed the lunch arranged by the organizers.

#### Game: Reflections (02:00 PM-02:30 PM)

Following lunch, an engaging activity of individual reflections was organized. The organizing team affixed a plain paper onto the back of each participant, as well as the organizers themselves. Equipped with colored pens, everyone was instructed to write down one positive quality they observed about each other person during the program on the paper. Subsequently, participants removed the papers from their backs and read what others had written about them. This exercise provided a welcome opportunity for individuals to gain

insight into how they were perceived by others. The session was thoroughly enjoyed by all, and participants took the feedback sheets home as a valuable memento of the experience.







#### Valedictory Ceremony: 02:30-4:00 PM



Dr. Kritika, host of the program gave warm welcome to Chief guest of the ceremony Mr. Ummed Mathur, Registrar, PGIMER, Chandigarh and Prof. Surya Bali, AIIMS Bhopal. Dr. Sonu Goel, Program director gave a token of gratitude to the Chief guest, thereafter Dr. Kritika gave an

overview of the program. Then a glimpse of the program consisting of the pictures and video of the activities of each day of the program was displayed. The video was made by the participant Allali Nour Elhouda from Algeria. The participants enjoyed the video showing their journey over the last 10 days.



# Address by Chief Guest Sh. Ummed Mathur, Registrar, PGIMER, Chandigarh (2.45-2.55 PM)

Mr. Mathur welcomed the delegates from 19 countries. He then thanked Dr. Sonu for giving him a chance to interact with the delegates. He then mentioned that the they are luck to learn about management from India as from the ancient times, Indians have followed sustainable management techniques. Referring to the diverse topics covered in the program, he mentioned the use of artificial intelligence, as an important tool for future. He then stated that coming from engineering background, he understands the use of artificial intelligence, but in the technical aspects it has been introduced to



health professionals yet. He then expressed his gratitude to the organizers for inviting him and for conducting the course in a manner where energy is never missing. In the end, he wished all the best to the delegates for their future.

# He thanked the ogranizers for inviting Felicitation of the Participants & Organizers: (02:55- 03:40 PM)

The Felicitation ceremony was organized to felicitate the participants. The host invited Dr. Sonu Goel Program Director and quests to confer the certificates to the participants & organizing team members. The Participants were presented with a 'Glimpse' of the program along with the certificate.

The certificate distribution for various contests was also held, where the winners of: e-IPHMDP was Yamiko Mdikanguyi Mhone, e-IPHMDP was Motlalepula Salani, Most Active Participants were Irene Rusticus Haule and Yamiko Mdikanguyi Mhone, Best dressed (Male) was Bakhtiyor Khamroev, Best dressed (Female) was Tergelsaran Bat- Amgalan, award for being a Humble leader was won by Mzabi Hanane, award for being a Team Player went to Antidius Paul Rwehumbiza, Emerging leader were

given to Edson Jeremiah Rwamugata, The Most Voracious reader was Yamiko Mdikanguyi Mhone, award for Best cultural performance went to Cecilia Abeduah Bilson, Emmanuel Malish Pilip Wani and Tevita Kaufusi Faiva, Out of box thinking was Liliya Tadevosyan, Irene Rusticus Haule, Tarek Abdelhamid Abdellatif Mohamed Numair Yamiko Mdikanguyi Mhone, Gloria Rose Phiri and Mkama Julius. The Best Innovative recap award was given to Gyanendra Bimal Prasad, Best case study was won by



Yamiko Mdikanguyi Mhone and Mukhammadali Komilov, the **Leadership and Management award** was given to **Allali Nour Elhouda**.

# Program Feedback (3:40-3:50 PM)

The Participants were asked to describe the program and their feelings about it in one single word. Some of the words used by the participants to describe the program were, "commitment, dynamic, integration, professional,best, well organized,useful, outstanding, amazing, extremely powerful, excellent, holistic, engrossing, unique, well organized, innovative, superb, marvelous, challenging, insightful, knowledge enriching, incredible, informative, remarkable, smart, marvelous and engaging. Participants highly appreciated the program organizers for conducting a very useful, innovative, informative, knowledgeable and interesting program which they can replicate in their settings.

#### Vote of Thanks (03:50-04:00 PM)

Dr. Goel, Program Director, presented the vote of thanks.

Dr. Goel first thanked the participants for coming from so far and completing this course with full energy. Then, he mentioned that because of participant's enthusiasm, program has been hgoing for eight years and have trained more than 1300 individuals. Dr. Goel then explained the beginings of the program and how it has evolved over the years. He then mentioned that this program is unique in a manner, where the organizers connect with the participants. He then thanked all program facilitators who have spared time for disseminating learnings from their immense experience. He extended his thanks to ITEC, the Ministry of External Affairs, and the government of India for their generous support during the initiative and expressed optimism for the continuation of such programs to accommodate the substantial number of applicants. In closing, he extended his thanks to



the entire program team for their diligent efforts and infectious enthusiasm, both of which were instrumental in the program's remarkable success. He truly believed that the participants would serve as ambassadors for the program, potentially leading similar initiatives in their



**Tergelsaran Bat- Amgalan** 

**Best Dressed (Female)** 



**Bakhtiyor Khamroev** 

**Best Dressed (Male)** 



Yamiko Mdikanguyi Mhone

**Best Participatory (Male)** 



**Irene Rusticus Haule** 

**Best Participatory (Female)** 



Yamiko Mdikanguyi Mhone & Motlalepula Salani

e-IPHMDP



Yamiko Mdikanguyi Mhone

**Best case study** 

# **CONTEST WINNER**



Yamiko Mdikanguyi Mhone The Most Voracious Reader

**Antidius Paul Rwehumbiza** 

**Team Player** 



Mzabi Hanane

**Humble leader** 



**Allali Nour Elhouda** 

**Leadership and Management award** 



**Edson Jeremiah Rwamugata** 

**Emerging leader** 



Cecilia Abeduah Bilson, Emmanuel Malish Pilip Wani and Tevita Kaufusi Faiva

**Best Cultural Performance** 



Liliya Tadevosyan, Irene Rusticus Haule, Tarek Abdelhamid Abdellatif Mohamed Numair Yamiko Mdikanguyi Mhone, Gloria Rose Phiri and Mkama Julius.

Out of box thinking

# 25TH INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (6th-15th February 2024)

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Asraoui Abdelghani **Designation:** Head of department of statistics

Name of the organization: Ministry of Health and Social Protection

Country: Morocco

Email: abdelghani.asraoui@uit.ac.ma

We need Capacity Building; Implementation; Implementation; Conducting similar ITEC Program in your country in the context of health vigilance.

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Tarek Abdelhamid Abdellatif Mohamed Numair **Designation:** General Manager - Environmental Health Department

Name of the organization: Ministry of Health and Population

Country: Egypt

Email: t\_numair@hotmail.com

#### 1 - Identifying future leaders:

I will prepare for a team contest to elaborate the future leaders in my team and support their application for international course to support their future career

#### 2- setting targets for department change:

with the help of the identified future leaders, we will develop a set of targets and steps to implement the change for better performance

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Yamiko Mhone **Designation:** District Program Officer

Name of the organization: Partners in Hope

Country: Malawi

Email: kajalangako@gmail.com

I will be writing a request through the embassy of India in my country for a imilar ITEC Program to train top and middle level managers in my organization on the IPHMDP

# 25TH INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (6th-15th February 2024)

# Your Commitment to taking the Idea to Implementation

Name of the participant: Motlalepula Salani

**Designation:** Health officer

Name of the organization: Ministry Of Local Government and Rural Development

Country: Botswana

Email: motlalepulasalami@gmail.com

- 1. Implementation of some of the skills I learnt here to our existing structure and work ethics. Propose to the management to recommendations were change can make a difference from all the leadership and management skills are acquired.
- Capacity building, that is conduct short trainings or information sharing meetings to the 2. Environmental health officers at local level to equipment them with this skills thorough support visits to the respective councils.
- 3. Change how I have been doing things and make use of the skills I learnt to maximize and improve my work also build more strength and increase my comfort zone.

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Burenjargal TS

**Designation:** National Health Quality Inspector

Name of the organization: Health department of Ulaanbaatar

**Country:** Mongolia

Email: tsogjavkhlanburenjargal@gmail.com

- 1. I will do organize workshop on sharing experiences about the program with co-workers, training managers.
- Conduct training sessions on quality improvement with Health department of 2. Ulaanbaatar and Secondary level hospitals in Ulaanbaatar city.

## 25<sup>TH</sup> INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (6th-15th February 2024)

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Tevita Faiva

**Designation:** Senior Public Health Assistant **Name of the organization:** Ministry of Health

Country: Tonga

Email: re400443@gmail.com

- 1. Capacity building- in service training for my colleagues and to share knowledge I've learnt from this program.
- 2. Implement leadership skills through conducting activities and gamification

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Gyanendra Prasad

**Designation:** Program Manager

Name of the organization: Fiji Program Support Facility

Country: Fiji

Email: gyan\_prasad@yahoo.com

- Conducting similar ITEC Program in your country (writing letter through embassy of India in your country and follow up)
- Implementation of management and leadership topics taught in the program (through gamification/lectures/case study of fellow participants etc.) in your routine settings
- Capacity Building (e.g. Conducting training / workshop or inculcating in teaching program or orientation to higher officials etc.)

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Liliya Tadevosyan

**Designation: MD** 

Name of the organization: Qanager Zeytun Maternity Hospital

Country: Armenia

Email: liliatadevosyan88@gmail.com

- This program taught me crisis management, which is very important in critical medical situations. I'll conduct regular trainings with my department nurses.
- I will kindly request the Indian Embassy in Armenia to organize similar courses locally and give the opportunity to participants of previous programs to attend again.

## 25<sup>™</sup> INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (6th-15th February 2024)

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Mukhammadali

**Designation:** General dentist

Name of the organization: "Al-aziz" dental clinic

Country: Uzbekistan

Email: muhammadali96komilov@mail.ru

1) I wish to conduct training for my colleagues about management and leadership

2) Implement telemedicine in dental practice

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Gloria Rose phiri

**Designation:** Nurse midwife

Name of the organization: Kamuzu central hospital

**Country:** Malawi

Email: glorialungu5@gmail.com

- Orientation to both first line managers and higher officials on the public health management development program learned hear
- Case study implementation
- Tobacco control to be implemented

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Atugonza lutazamba

**Designation:** Registered Nurse

Name of the organization: Good samaritan cancer hospital

**Country:** Tanzania

Email: Koku768@gmail.com

- Regarding on implementation of management and leadership i will try to initiate some of the methodologies used such as gamifications so as to coach my fellow leaders
- And also i will iniate a training center programme particulary for mentoring of new staff and upgrading a new guidelines,

### 25TH INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (6th-15th February 2024)

#### Your Commitment to taking the Idea to Implementation

Name of the participant: ALLALI NOUR ELHOUDA

**Designation:** Pharmasict

Name of the organization: CENTRAL HOSPITAL UNIVERSITY

Country: Algeria

Email: allalihouda9@gmail.com

- Upon returning to my country, I would implement several actions to contribute to the development of the pharmaceutical sector within the framework of international public health management. Some potential actions could include: Enhancing Access to Medicines: Implementing policies to improve access to essential medicines, especially in rural and underserved areas.
- Regulatory Strengthening: Strengthening regulatory frameworks to ensure the quality, safety, and efficacy of pharmaceutical products.
- Capacity Building: Investing in training and capacity building programs for healthcare professionals and regulatory staff.

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Jacob Mensah Mesuh

**Designation:** Optometry Doctor

Name of the organization: Ghana health service

Country: Ghana

Email: jacobmesuh@hotmail.com

- Propose an initiative of to have state /regional based health care professional training center in Ethiopia to as well with networking and coordination of academician
- Capacity bulging of part of the MOH staff
- Collect capture more relevant best practices and case studies from various parts and plan for implementation of in our country - like telemedicine. Proposed on 6month -1 year duration

### 25<sup>TH</sup> INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (6th-15th February 2024)

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Tigist

**Designation:** Ethiopia

Name of the organization: Ministry of Health

**Country:** Ethiopia

Email: kasatigist@ymail.com

- 1. Propose an initiative of to have state /regional based health care professional training center in Ethiopia to as well with networking and coordination of academician
- 2. Capacity bulging of part of the MOH staff
- Collect capture more relevant best practices and case studies from various parts and 3. plan for implementation of in our country - like telemedicine. Proposed on 6month -1 year duration

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Emmanuel Malish Pilip Wani

**Designation:** Anesthetist officer Name of the organization: HNTPO

Country: South Sudan

Email: emalish777@gmail.com

- Training of clinical officers and Anesthetists in Juba October 2024 throught state ministry of health.
- Public health Management leadership and other topics as I received

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Shalomina Akua Adoma Asante-Agyei

**Designation:** Midwifery Officer

Name of the organization: Ho Teaching Hospital

**Country:** Ghana

Email: shalomina81@gmail.com

Conducting training and using gamification techniques to teach leadership and management skills

### 25TH INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (6th-15th February 2024)

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Antidius Paul Rwehumbiza

**Designation:** Medical Doctor

Name of the organization: Ministry of health at Songea Regional Referral Hospital

**Country:** Tanzania

Email: rwehumbizaantidius@gmail.com

- Incorporation of teaching methodology in training Songea RRH health worker and other governmental institution in various topics of NCD and communicable diseases on the next 3 months
- Taking the initiative of conducting two operational research papers on Blood donation and utilisation and one the prevalence of Helicobacter pylori at my facility in the next 3 months.

#### Your Commitment to taking the Idea to Implementation

Name of the participant: MIDWIFE **Designation:** Anesthetist officer

Name of the organization: GHANA HEALTH SERVICES

**Country: GHANA** 

Email: abedusce@gmail.com

- 1. Training of officials on leadership and management skills
- 2. In service training for all officials on Quality improvement care

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Innocent Yandemye

**Designation:** Health Policy adviser

Name of the organization: General directorate of healthcare provision

Country: Burundi

Email: yandemyeinnocent1989@gmail.com

- Organize training to health facility managers on quality assurance and quality improvement
- Organize the assessment of the Burundi health system
- Elaborate the strategic quality strategic plan

### 25TH INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (6th-15th February 2024)

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Irene Rusticus Haule

**Designation:** Principal Medical Officer Quality Improvement service Coordinator Name of the organization: President's Office Regional Administration and Local

Government, Tanzania Country: Tanzania

Email: irenehrusticus@gmail.com

- 1. Orientation to director and other officials in the Health department in the ministry on Leadership and Management
- 2. Implementation of leadership and management skills gained during the program
- Organizing with Health director in the ministry to conduct similar training by the help of 3. IPHMDP to other officials from Primary Health Care facilities in our country (Tanzania)

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Brian Abraham Muro

**Designation:** Gynecologist/Lecturer

Name of the organization: MUHAS (Muhimbili University of Health and Allied and Sciences)

**Country:** Tanzania

Email: bamuro85@gmail.com

Teach my final year Master's of Medicine in OBGYN Residents (potential leaders) on 1. effective Communication in Public Health.

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Melka Geleta Diro

**Designation:** Project management Name of the organization: MoH

Country: Ethiopia

Email: melka.geleta@moh.gov.et

- Conducting similar ITEC Program in my country on leadership and management for 1. effective health policy development
- Health Financing and resources mobilisation for finance head of hospital 2.
- Motivation and team building for health workers in hospital 3.

### 25<sup>™</sup> INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (6th-15th February 2024)

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Onneetse Chifani **Designation:** Principal Registered Nurse

Name of the organization: Ministry of Health (SSKIA emergency clinic)

Government, Tanzania Country: Botswana

Email: chifanionneetse8@gmail.com

Capacity building

- I will orient higher officials (Nursing management in greater Gaborone DHMT). They is need to close the gap and empower our managers with leadership skill, as leadership is a learned skill that needs continuous re-learning.
- Implementation of Idea/initiative from the field visit
- I am to find more data on the case based web based surveillance for TB. To find out more information about the software and apps used and all the logistics involved. The aim is to improve the surveillance system in Botswana in terms of data accessibility and sharing. Already made contact to Dr Ravinder for possible collaborations and insightful guidance.

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Delia Mabedi

**Designation:** Anaesthesiologist and Head of Departments

Name of the organization: Zomba Central Hospital

Country: Malawi

Email: dcmabedi@gmail.com

- 1. Capacity building: Briefing for my fellow hospital managers, other level managers on the high lights of this course
- 2. Implementation of management skills: Inventory, Inventory management for drugs and hospital supplies

Quality improvement in my department

3. Request Indian Embassy to support similar training for hospital managers

### 25TH INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (6th-15th February 2024)

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Khamroev Bakhtiyor Murodulloevich **Designation:** Assistant of the Department of general surgery №1

Name of the organization: ATSMU of Tajikistan, city Dushanbe Government, Tanzania

Country: Tajikistan

Email: khamroev-2015@mail.ru

- 1. Tell to my colleges how to build a team to achieve any goal in healthcare.
- How to make good presentation of case study. 2.
- Information about Telemedicine in India. 3.
- 4. Suggest to my colleges to use the opportunity from ITEC.

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Edson Jeremiah Rwamugata

**Designation:** Senior Quality Assurance Officer

Name of the organization: National Health Insurance Fund

Country: Tanzania

Email: erwamugata1464@gmail.com

- 1. Monitoring Health Certification Aging trend and sensitive appropriate intervention to enhance timely Certification completion within 90 days.
- Emphasizing Artificial Intelligence in Claims Processing for timely reimbursement 2. (within 60days) as we strive for Universal Health Insurance Coverage

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Tergelsaran Bat-Amgalan

**Designation:** Ispector

Name of the organization: health depertment of Ulaanbaatar

Country: Mongolia

Email: Tergelsaran3476@gmail.com

Co-workers, training managers, reveiw action plan and activities, monitoring and evaluation managers of hospitals in Ulaanbaatar city.

## 25<sup>TH</sup> INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (6th-15th February 2024)

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Nguyen Trong Tien **Designation:** Health promotion communicator

Name of the organization: National Center for Health Communication and Education

Country: Viet Nam

Email: Harryjinsept23@gmail.com

Conducting the workshop and implementing what I have learnt from the course to my working

daily activities

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Aneega Ibrahim

**Designation:** Director

Name of the organization: Infectious Disease Management Center, Hulhumale Hospital,

Maldives

**Country:** Maldives

Email: aneega110@gmail.com

- 1. Capacity building, e.g. to conduct a training program on inventory management and monitoring and evaluation to the relevant staff of the hospital.
- 2. Explore the idea of starting telemedicine and Tele-evidence and find the possibilities of the implementation at the hospital level and at the country level.
- 3. Organising the iphmdp program to the senior management staff of the hospital in Maldives.

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Helen GebreGiorgis **Designation:** Lecturer and project officer

Name of the organization: Debre Berhan Univey

Country: Ethiopia

Email: helenlibanos789@gmail.com

Implementation of the management ideas and cooperation among the different departments.

### 25TH INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (6th-15th February 2024)

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Kennedy Kyauke **Designation:** Disease Surveillance Officer Name of the organization: RAS RUKWA

**Country:** Tanzania

Email: kyaukke@yahoo.com

- I will conduct capacity building to Disease Surveillance Officer at District on Managerial 1. and Leadership skills to improve their Surveillance performance especially on timely submission of weekly reports.
- 2. Orientation of Vaccine and Immunization Officers in 4 District in Rukwa Region on the **GMP**

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Zuwena

**Designation:** Nurse

Name of the organization: Ministry of health Zanzibar enamohd82@gmail.com

**Country:** Tanzania

Email: enamohd82@gmail.com

- When I come back to my country would like to conduct project and leadership to health care providers
- On Field visited different area to learn and solve our desese
- I write a letter to embassy on my country about conduct athe itec

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Adorat Renatus Mpollo

**Designation:** Medical officer

Name of the organization: Maswa District Council

**Country:** Tanzania

Email: adoratmpollo85@gmail.com

- 1. I will first make feedback to the high authorities being the my district executive director, my DMO, The Indian embasy in Tanzania
- Conduct capacity building to my collegues Doctors, nurses and co workers on 2. leadership and management skills during CME sessions.

## 25<sup>TH</sup> INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (6th-15th February 2024)

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Mkama Julius

**Designation:** Health Secretary

Name of the organization: Tumbi Regional Referral Hospital

**Country:** Tanzania

Email: mkamajulius1@gmail.com

#### **Capacity Building:**

1. I will conduct a series of training workshops for healthcare professionals working at Tumbi Regional referral Hospital focusing on the key topics of management and leadership covered during the IPHMDP.

#### **Implementation**

- 1. I will Utilise gamification techniques to engage participants in applying management and leadership concepts learned during the IPHMDP.
- 2. I will incorporate case studies of my fellow participants who have successfully implemented management and leadership strategies in their respective settings into my routine meetings or training sessions.

#### Implementation of the Idea

- 1. I will Initiate projects inspired by field visits such as telemedicine services, teleevidence platforms, Regional Organ and Tissue Transplant Organization (ROTTO), insurance schemes targeting vulnerable populations, or tobacco control programs.
- 2. I will form interdisciplinary teams within your organization to develop and implement these initiatives, ensuring collaboration across departments and stakeholders.
- 3. I will establish monitoring and evaluation mechanisms to track the progress and impact of initiatives, making adjustments as necessary to optimize outcomes.

#### **Conducting similar ITEC Program in Tanzania:**

- I will draft a letter addressed to the embassy of India in your Tanzania expressing interest in hosting similar capacity-building programs in public health management and leadership.
- 2. I will make a follow up with the embassy to inquire about the process for partnership and support in organizing the program, including funding opportunities and logistical assistance.
  - Collaborate with relevant government agencies, academic institutions, and healthcare organizations to coordinate efforts and maximize the impact of the ITEC program in your country.
- 3. I will develop a comprehensive plan for the program, including curriculum development to ensure widespread participation and engagement.

### 25TH INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (6th-15th February 2024)

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Hanane mzabi

**Designation:** Midwife

Name of the organization: Ministry of health and social protection

Country: Morroco

Email: Hananemzabi@yahoo.fr

#### **Capacity Building:**

I am going to suggest to my top management to organise training sessions and adapt methodology.

We are going to draw inspiration from the approach you 've adopted and from your best practices

#### Your Commitment to taking the Idea to Implementation

Name of the participant: Oliva mgalilwa

**Designation:** Registered Nurse

Name of the organization: Mbeya zonal referral hospital

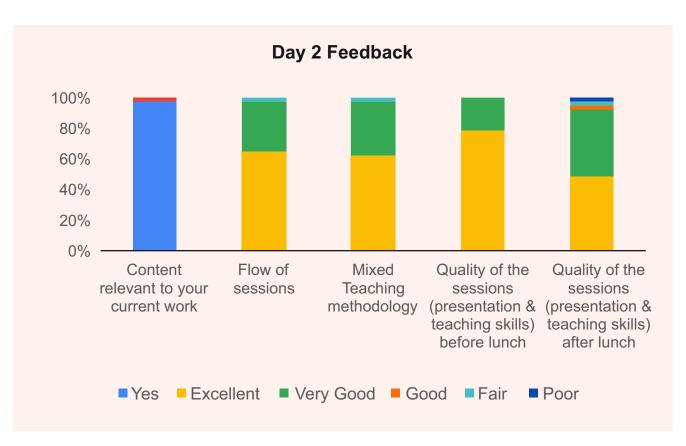
**Country:** Tanzania

Email: mgalilwaoliva09@gmail.com

- 1.In capacity of building. I will give feedback to the institutions what I have learned
- 2.lam going to suggest to my top management to organize training sessions and adapt methodology.
- Implementation: we are going to draw inspiration from the approach we've adopted and transform

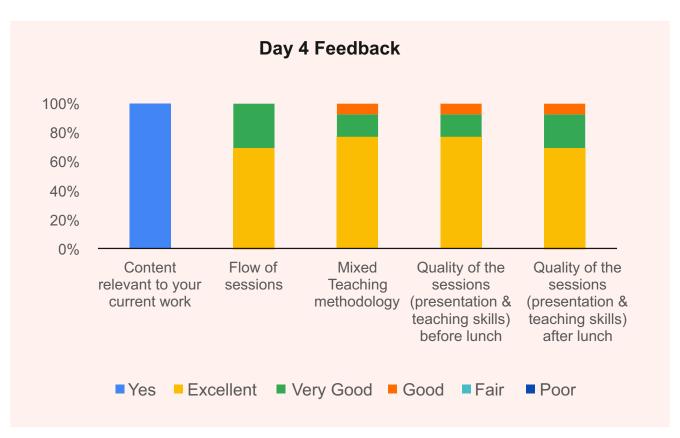
### Day wise Quantitative Feedback Analysis





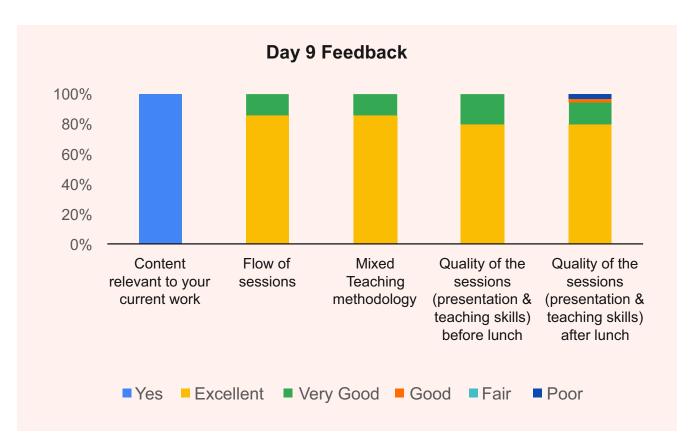
### Day wise Quantitative Feedback Analysis

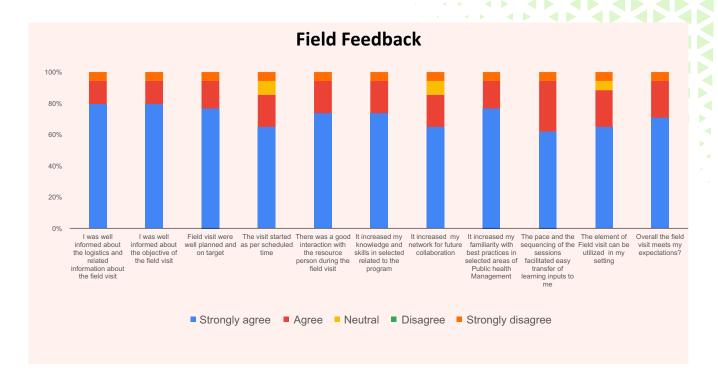




### Day wise Quantitative Feedback Analysis





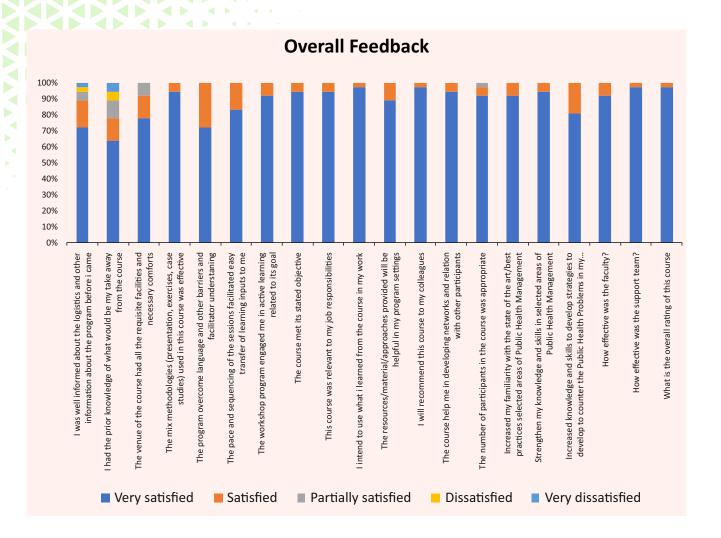


#### What are the two things you really like about this visit?

- Enjoyed visiting Shimla and the State Institute of Health
- Liked exploring Shimla's beautiful views and diverse culture.
- Found the sessions at the State Institute of Health on topics like Rabies management and Good Manufacturing Practices (GMP) productive.
- Found the organization of the field visit and the quality of presenters fantastic and beneficial for career growth.
- 4. Appreciated the opportunity to witness best practices in facilities like vaccine manufacturing centers.
- 5. The humble and qualified nature of presenters and their willingness to share knowledge.
- 6. Interested in advancements in technology and AI in public health.
- 7. Appreciated the dedication and motivation observed during the visit.
- The functioning of the CRI Kasauli center and the organization of the State Institute of Health for capacity building in healthcare.
- 9. The accommodation and meals provided.
- 10. Enjoyed lectures on topics like scabies, NCD, TB, and vaccine manufacturing in India.
- 11. Cultural night.

#### Suggestions for future visits include:

- 1. Consider extending the duration of the visit, particularly in the mountains.
- Extend the stay at Shimla to enjoy the environment and food.
- 3. Increase the number of days for field visits to allow for more exploration.
- 4. Ensure availability of necessary services and consider providing Indian SIM cards for internet access.
- 5. Allow for more time in fieldwork and extend the duration of the program.
- 6. Include visits to other institutions like ASHA and pharmaceutical companies.
- 7. Some participants suggested extending the duration of the field trip to three days.
- 8. Consider extending the field trip to other places.
- 9. Continue the good work and maintain the quality of the program.
- 10. Some participants expressed their desire for more time in Shimla and suggested extending the visit for additional days.
- 11. Overall, participants appreciated the trip and encouraged the organizers to continue similar initiatives.

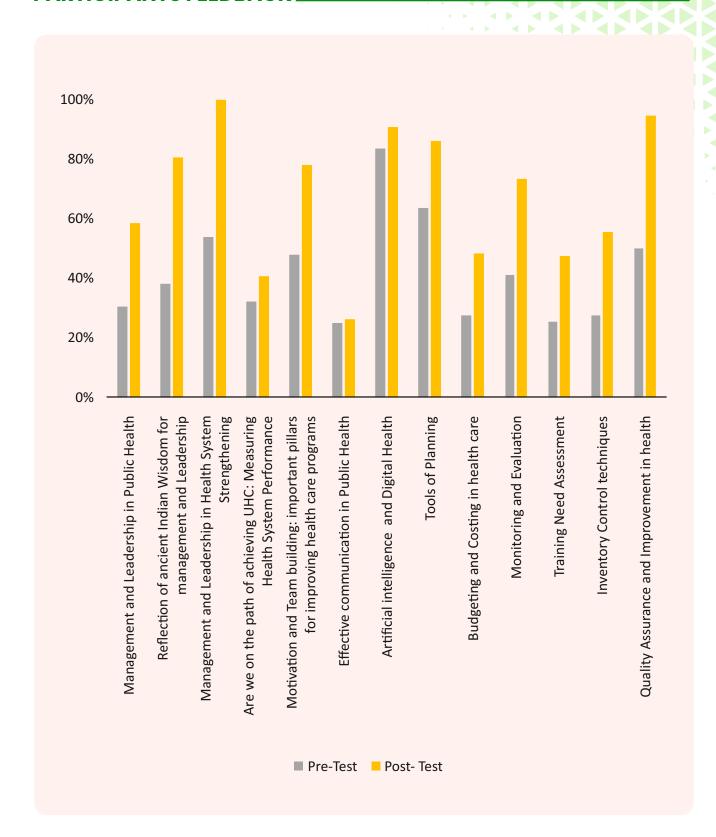


#### What are the three things you really like about this program?

- Use of Gamification lead to the fun and stimulating aspects of games to encourage participation in tasks or learning.
- Workshop leveraged a variety of teaching modalities to cater to diverse learning styles and enhance engagement.
- Workshop facilitated discussions between participants and the resource person to encourage questions and deeper understanding.
- Field enhanced learning and retention of the material.
- International teams in workshops brought together diverse perspectives. This fostered creativity and lead to richer solutions.

#### Any suggestions you would like to offer for future programs.

- Extending the workshop duration could be beneficial. This would allow for a deeper exploration of the material and provide more time for participants to ask questions and solidify their understanding.
- Incorporating more field visits into workshops can be really beneficial. By visiting a variety of relevant locations, participants gain a broader perspective and solidify their understanding of the workshop topic through real-world application.
- For a more productive workshop experience, consider upgrading the food, accommodation, and internet.



Despite the widespread recognition of importance of leadership and management skills for improved quality of services in health care organisations, there are certain barriers in this context. These include role conflict, poor level of communication, leadership preparation and interdisciplinary relationships. This program emphasized upon the nurturing leadership and management skills in order to address public health challenges and strengthen the existing health system.

The major recommendations for the program were to give due consideration towards strengthening of current public health management program for graduate and postgraduate education; its integration in general health services for attainment of senior management positions; scaling up of the program at national and international level; need-based changes in the current program for addressing local challenges; increasing reach of program by providing online platform; and collaboration with various stakeholders-nationally and internationally for increasing visibility and strengthening health systems across the globe.

- Strengthening of public health management program at graduate and post graduate public health education: Public health education of a country must amalgamate adequate content and approaches of public health management (PHM) at graduate and post-graduate level in context of their country settings. The curriculum of PHM should be designed in consultation with various stakeholders and approved by medical council and other statutory bodies. The facilitators should be trained in PHM on teaching methods, which should include lecture accompanied with role plays, video lessons, management games, quiz etc.
- 2. Integration of PHM in general health services for attainment of senior management positions: Training of senior medical officers of different states on PHM should be mandatory for attaining post of civil surgeons and other senior positions. The trainings should be conducted at few designated institutes of a country, preferably Institutes of National Excellence, for a fixed period (15 days to one month) using a standard methodology.
- 3. Scaling up of the program at state, national and international level: Considering the usefulness and need of PHM programs in current scenario, along with growing interest among health professionals (as shown by increasing nominations of participants from different states and country in last 22 International Public Health Management Development Programs-IPHMDP conducted by PGIMER, Chandigarh in last seven years), there is a need to scale up such programs. At state level, National Health Missions (NHM) or Public Health Service Commissions can fund the program for senior program managers of their states / countries for a period ranging from 3-5 years. At national level, NHMs can sponsor the senior administrators and program managers

#### RECOMMENDATIONS

(Director and Deputy Directors) from the states or direct NHMs of different states to send the nominations for IPHMDP at PGIMER, Chandigarh. At international level, organisations which wish to pursue north-south and south-south partnerships can collaborate with PGIMER, Chandigarh for scaling up PHM program globally.

- 4. Need-based changes in the current program for addressing local challenges: The content of current IPHMDP program should be tailored based upon the context and need of participants, organisation and country's public health situations. The approaches should not only be didactic lectures but should be supplemented with discussions, role plays, group work, case studies, demonstrations etc. The case studies and examples should focus on current public health challenges of the participating countries.
- 5. Increasing reach of program by promoting online platform: The promotion of online program (e-IPHMDP) can facilitate participation of more candidates who are unable to attend because of time and resource constraints.
- 6. Collaboration with various stakeholders nationally and internationally. There is a need for increasing participation of various stakeholders (Ministries of Health Ministry of External Affairs, WHO, developmental partners, management and research institutes etc.) in IPHMDP for increasing visibility and robustness to the program.

The partners may provide financial or/and technical support to IPHMDP for its sustenance and strengthening health systems across the globe. Further, exchange programs between various participatory countries and PGIMER can also be facilitated by Ministry of External Affairs, Govt.

# Picture Gallery



# Pieture Gallery



# Pieture Gallery



# Picture Gallery



# Pieture Gallery



# Pieture Gallery



#### SUSTAINABILITY OF THE PROGRAM

- There has been a growing interest in the program which is being depicted by ever increasing nominations of participants from different states and countries since initiation of IPHMDP in May 2016.
- The content and approaches used during the program has received appreciation from facilitators and participants. Moreover, the program has been cited as very well managed and organized. The time management and teamwork has been exemplary.
- The resource persons for the program are leading personalities in the respective areas of public health management. As per the feedback of participants, they were very interactive, effective in engaging all the participants in group discussions and used innovative teaching methodologies.
- The hospitality displayed by the program organizers was beyond appreciation. The accommodation, local travel and food were above par as per participants.
- Pre-read material (circulated every day from 10 days prior to the program) and reading materials during the program was informative and user friendly. They were so nicely arranged and contextually placed that they can be replicated in other settings as well.
- The diversity of participants in program from different organization ensured peer learning. Many good practices were shared amongst participants which is expected that the delegates will replicate in their settings.
- The program acted as a platform to forge new connections and extend network across the globe. It gave participants the drive to ensure a good health management system in their work setups.
- The action plan submitted by participants at the end of program based upon their local work-place settings guaranteed that the program will bring a significant change in the public health management practices across the world.

#### 25th public health leadership and management training kickstarted at PGI Chandigarh

Two weeks leadership pro

Two weeks leadership program hosted by PGIMER Chandigarh with senior poli-icy makers from 19 countries inaugurated "Embracing the transforma-tive power of gamification and cross-cultural learning, through the fusion of play and education, and the exchange of diverse perspectives, IPHof diverse perspectives, IPH-MDP has paved the way for innovative solutions and global collaboration in ad-vancing public health across the globe, "said Dr. Prof. Sonu Goel, PG iMER. Chandigarh and Program Director dur-ing inaugural ceremony of 10-Day International Public Health Management Devel-opment Program, which is attended by program man-agers and policy makers of 19 countries. The program. 25th in the series since 2016, has been organized by Deglobal collaboration in adhas been organized by De-partment of Community Medicine and School of Pub Medicine and School of Public Health, PGIMER, Chandi-garh. While hosting high tea for 37 senior delegates of 19 countries namely Tanzania, Malawi, Ethiopia, Egypt, Al-geria, Ghana, Fiji, Mongolia, St.Kitts & Nevis, Tajikistan, South Sudan, Maldives, Bo-



tswana, Morocco, Uzbekistan, Tonga, Vietnam, Armenia and Burundi, Dr Goel reaffirmed that the current leadership program is a perfect program which will help delership program is a perfect program which will help del-egates in inculcating effective management and leadership techniques for betterment of the countries, besides build-ing inter country and inter institutional collaborations. He said that the participants will learn skills like commuwill learn skills like communication, team building, mo-tivation, and other soft skills which will help in finetuning the health policies of their countries for achievement countries for achievement of Sustainable Development Goals (SDG's). More than 1300 senior delegates from 87 countries had already enhanced their skills through this flagship program of Indian Technical Economic Cooperation (ITEC), Ministry of

External Affairs, Government of India over the past 8 years he said. In the current era of COVID 19 and other emerging pandemics, the program has also galvanized SouthSouth development cooperation with 161 ITEC countries in Asia, Africa, East Europe,
Latin America, the Caribbean and Pacific and Small Island countries under the ancient Indian philosophy Vasudeva Kutumbakam'ie, world isone family, said Dr. Sonu Goel
During the program, the experts taught the delegates through formal and informal training techniques like ing pandemics, the program through formal and informal training techniques like group thinking, inciting novice ideas, critical analysis, problem-solving exercises, case studies, management games and introduced them to Public Health Management through ancient wisdom of Indian sub-continent.

#### 19 देशों के वरिष्ठ प्रतिनिधियों ने किया पीजीआई चंडीगढ का फील्ड दौरा

दर्पण न्यूज सर्विस ਚੋਣੀਗੜ

सावजानक स्वास्थ्य म सप्याता की कुंजी नवाचार और उनके कार्यान्ययन में निहत है, डॉ. नवनीत धालीवाल, एसोसिस्ट प्रोफेसर सह सं संयुक्त

एसासएट प्राफसर सह संयुक्त हिकित्सा अधीक्षक, पीजीआईएमईआर, चंडीगढ़ ने 25वें अंतर्राष्ट्रीय सार्वजनिक स्वास्थ्य प्रबंधन के क्षेत्र दौरे के दौरान प्रतिनिधियों को हरित अस्पताल की अवधारणापर जानकारीदेते हुएकहा। पीजीआईएमईआर, चंडीगढ़ द्वारा आयोजित विकास कार्यक्रम भारतीय तकनीकी और आर्थिक सहयोग (आईटीईसी), विदेश मंत्रालय, भारत सरकार द्वारा समर्थित है। पीजीआईएमईआर ने दौरे के दौरान साझा की गई ग्रीन हॉस्पिटल बिल्डिंग के लिए प्रतिष्ठित प्लेटिनम रेटिंग पुरस्कार जीता है। पीजीआईएमईआर



के क्षेत्रीय दौरे प्रतिनिधियों ने अल्याधुनिक प्रथाओं को भी देखा; फ्डळ्ळड केंद्र (क्षेत्रीय अंग कतक प्रत्यारोपण संगठन), टेली-साध्य और टेलीमेडिसिन केंद्र। 19 विभिन्न देशों के 37 अंतर्राष्ट्रीय प्रतिनिधियों ने अंगदान के नेक काम के प्रतितिधियों ने अंगदान के नेक काम के लिए अपनी प्रतिबद्धता दोहराई। रोटो पीजीआईएमईआर 2015-16 में अपनी स्थापना के बाद से लगातार प्रशंसा जीत रहा है और हाल ही में अस्पताल प्रशासन चिनाग, पीजीआईएमईआर, चंडीगढ़ के संकाय द्वारा सबसे अधिक मृत अंग दाताओं के साथ यूटी के लिए राष्ट्रीय पुरस्कार से सम्मानित किया गया है।

# The Daily Guardian

#### INNOVATIVE HEALTHCARE PRACTICES TAKE CENTRE STAGE AT PGIMER, CHANDIGARH

The key to success in public health lies in innovation and its implementation," said Dr. Navneet Dhaliwal. Associate Professor cum Joint Medical Superintendent at PGIMER, Chan-

by PGIMER, Chandigarh, supported by Indian Technical and Economic Cooperation (ITEC), Ministry of External Affairs, Government of India.

PGIMER has won the prestigious Platinum rating cause of organ donation. award for the green hosdigarh, while briefing the pital building, she shared delegates on the concept of a green hospital during During the field visit to

TO Centre (Regional Organ & Tissue Transplant Organisation), Tele-Evidence, and Telemedicine Centre. Thirty-seven international delegates from 19 different countries reiterated their

visited the Tele-Evidence, the first in the country commitment to the noble ROTTO PGIMER has through video conferenc-consistently been winning ing, rather than their physlaurels since its inception ical presence in the court. in 2015-16 and has recently This facility has saved 1.92 the field visit of the 25th In-FGIMER Chandigarh, delbeen awarded the national crores over a period of 2 for the digital mission, said ternational Public Health egates also witnessed state-award for the UT with the years, said Consultant Tele-Dr. Sonu Goel, Program ternational Public Health egates also witnessed state-award for the UT with the Management Develop-of-the-art practices: ROT-highest number of deceased by indexed the state of the state o

faculty of the Department of Hospital Administration, The innovative practice of Telemedicine was also PGIMER, Chandigarh. demonstrated, which is The senior delegates also connected to the neighboring states and SAARC countries for providing i.e., testimony of doctors ized care. PGIMER has

excelled in providing state of-the-art digital health to the citizens of the country and has been a torchbearer

### Public Health Best Practices of PGIMER Chandigarh showcased to senior delegates from 19 countries







## bright Junjab Express

#### Public health best practices of PGIMER showcased to senior delegates from 19 countries

PUNJAB EXPRESS BUREAU Chandigarh, February 9

The key to success in public health lies in innovation and their implementation, said Dr. Navneet Dhaliwal, Associate Professor cum Joint Medical Superintendent, PGIMER, Chandigarh while briefing the delegates on the concept of green hospital during the field visit of 25th International public health management development program organized by PGIMER, Chandigarh supported by Indian Technical and Economic coop-eration (ITEC), Ministry of External Affairs, Government of India.

PGIMER has won the prestigious Platinum rating award for the green hospital building she shared during the tour. During the field visit to PGIMER Chandigarh, delegates also witnessed state-of-art practices; ROTTO centre (Regional Organ & Tissue Transplant Organisation), Tele- Evidence and Telemedicine centre. 37 International Delegates from 19 differ-



ent countries reiterated their commitment for the noble cause of Organ Donation, ROTTO PGIMER has consistently been winning laurels since its incep-tion in 2015-16 and and has recently been awarded the national award for the UT with highest number of deceased organ donors, shared by the faculty of Department of Hospital Administration, PGIMER, Chandigarh.

The senior delegates also visited the Tele evidence, the first in the country to initiate Tele evidence i:e testimony of doctors through video conferencing, rather than their physical presence in the court. This facility has saved 1.92 crores over a period of 2 years said Consultant Teleevidence, besides saving 30000 hours of doctors.

The innovative practice of Tele-medicine was also demonstrated, which is connected to the neighbouring states and SAARC countries for providing basic and highly specialised care. PGIMER has excelled it-self in providing state of art digital health to the citizens of the country and has been a torchbearer for the digital mission said Dr. Sonu Goel, Programme Director.

25th Public Health Leadership and Management Training for Senior Program Managers of 19 countries kickstarted at PGI Chandigarh











25th Public Health Leadership and Management Training for Senior Program Managers of 19 countries kickstarted at PGI Chandigarh

February 07: 2024 02:57 PM



25th Public Health Leadership and Management Training for Senior Program Managers of 19 countries kickstarted at PGI Chandigarh CHANDIGARH, 07.02.24-Two weeks leadership program hosted by PGIMER Chandigarh with senior policy makers from 19 countries inaugurated "Embracing the transformative power of gamification and cross-cultural learning, through the fusion of play and education, and the exchange of diverse perspectives, IPHMDP has paved the way for innovative solutions and global collaboration in advancing public health across the globe." said Dr. Prof. Sonu

Goel, PGIMER, Chandigarh and Program Director during

# The Daily Guardian

25th public health leadership and management training kickstarted at PGI Chandigarh

RAMESH GOYAT

Two weeks leadership pro-gram hosted by PGIMER Chandigarh with senior policy makers from 19 countries naugurated Embracing the transforma

tive power of gamification and cross-cultural learning, through the fusion of play and education, and the exchang caucation, and the exchange of diverse perspectives. IPH-MDP has paved the way for innovative solutions and global collaboration in advancing public health across the globe." said Dr. Prof. Sonu Goel, FGIMER. Chandigarh and Program Director during inaugureal ceremony of ing inaugural ceremony of 10-Day International Public Health Management Devel opment Program; which is



Tonga, Vietnam, Armenia and Burundi, Dr Goel reaffirmed that the current lead-ership program is a perfect program which will help del-egates in inculcating effective management and leadership techniques for betterment of the countries, besides build-ing inter country and inter-institutional collaborations. firmed that the current lead

COVID 19 and other er

# पडागढ सव

## पीजीआई में शुरू हुआ 19 देशों के प्रतिनिधियों के लिए सार्वजनिक स्वास्थ्य नेतृत्व और प्रबंधन प्रशिक्षण

87 देशों के 1300 से अधिक वरिष्ठ प्रतिनिधियों ने पिछले 8 वर्षों में अपने कौशल को बढ़ाया है



पीजीआई में 19 देशों के वरिष्ट कार्यक्रम प्रबंधकों के लिए २५वां सार्वजनिक स्वास्थ्य पशिक्षण हुआ

दर्पण न्यूज सर्विस वंडीजद

आर स आयाजत दा सप्ताह के हैं नेतृत्व कार्यक्रम की शुरूकात हुई। इस अवसर पर 10-दिवसीय अंतर्राष्ट्रीय सार्वजनिक स्वास्थ्य प्रबंधन विकास कार्यक्रम के उद्घाटन समारोह के दौरान कार्यक्रम निदेशक प्रेफेसर सोनू गोयल ने सभी लोगों का स्वागत किया। यह कार्बक्रम, 2016 के बाद से बुंबला में 25वां है। सामुदाधिक चिंकला कियान वार्वकर व्यक्तिस्था विभाग और स्कूल ऑफ पब्लिक किया गया। तंजानिया, मलावी, इंक्योपिया, मामा अर्थाकरी किया गया। तंजानिया, मलावी, इंक्योपिया, मामा अर्थाकरी किया गया। तंजानिया, मलावी, इंक्योपिया, मामा अर्थ किद्रस और नेविस्त ताजिकिस्तान, पंदिण सुझान, माललीव, बोलस्थाना, मोरक्की, उञ्जीकरतान, देशेंग, विध्वताना, आर्मीमिया और वुरुंडी जैसे 19 देशों के 37 बरिष्ठ प्रतिनिधियों ने इसमें भाग ने सभी लोगों का स्वागत किया। यह



लिया। डॉ. गाँयल ने पृष्टिकों कि वर्तमान नेतृत्व कार्यक्रम एक आदर्श कार्यक्रम है जो प्रतिनिधियों को देशों को बेहतरी के लिए प्रभावी प्रकंपन और नेतृत्व तकनीकों को बिकसित करने में मदद तकनाका का ।वकाशत करन म मदद करेगा। उन्होंने कात कि प्रतिभागी संचार, टीम निर्माण, प्रेरणा और अन्य सांभ्द्र स्किल जैसे कौशल सोखींग जो सतत विकास लक्ष्मों (एसडीजी) की उपलोक्ष के लिए अपने देशों की स्वास्थ्य नीतियों को बेहतर बनाने में मदद करेंगे। उन्होंने कात, 8.7 देशों के 1300 से अधिक सर्वेष्ठ पहिलोक्क्षियों अधिक स्वास्थ्य 1300 से अधिक वरिष्ठ प्रतिनिधियों ने पिछले 8 वर्षों में भारत सरकार के विदेश मंत्रालय के भारतीय तकनीकी अधिक सहयोग ( आईटीईसी ) के इस प्रमुख कार्यक्रम के माध्यम से अपने कौशल में सुधार किया है।

#### Officials from 19 nations learn health mgmt planning

Chandigarh: The silver jubilee management and leadership programme concluded at PGI. Chandigarh on Thursday. As many as 37 senior officials from 19 countries developed an action plan on specific public health challenges for their countries.

"Embrace the challenges of tomorrow with the wisdom gained today for progressing healthcare in your country," said (Immed Mathur, registrar, PGI. Chandigarh, while conferring certificates to participants during the closing ceremony of the 25th cohort of the International Public Health Management Development Programme.

velopment Programme.
Thanking Indian Technical Economic Coope

Thanking Indian Technical Economic Cooperation, ministry of external affairs, government of India for its faith in PGI for last eight years, he congratulated department of community medicine and School of Public Health for sustaining the Tirst of its kind' programme in the country.

The delegates from 19 countries - Tanzanis, Malawi, Ethiopia, Egypt, Algeria, Ghana, Fiji, Mongolia, St Kitts and Nevis, Tajikistan, South Sudan, Maldives, Botswana, Morocco, Uzbekistan, Tonga, Vietnam, Armenia and Burundi — learnt not only essential public health management planning, but also soft skills like motivation and team building. Two

## जग मार्ग

#### पीजीआई में 19 देशों के वरिष्ठ कार्यक्रम प्रबंधकों के लिए २५वां सार्वजनिक स्वास्थ्य प्रशिक्षण हुआ

बंद्रीयक्। 19 देते के चरेच नीत निर्माण में के पहल पी लेकड़े की और में अपेटिश से माता के नेपूरत कार्यक्रम की सुरुआत हुई। इस अपना सर्वार्थनक स्थानम् प्रयंत्रन विस्तास कार्यक्रम के उद्घारन सम्प्रोत के कैंगन धार्वक्रम निर्देशक क्रीकेसर म्हेन् केवल ने सभी लोगें का महत्तन किया। यह कार्यक्रम्, 2016 के बाद से कृत्यात में 25वां है। समुद्रविक विकास

विचा और सूल ऑह पीनक हेन्द्र, पीरीओई इस इसे आंपीता क्रिया गया। तंत्रानिया मानवी इंपचेरिया मिस् अन्तरीया पान. चित्री, मोर्गिता, मेर विद्या और वेषम्, तार्विषम्तन्, तीरण मृहरः यातरीयः, धोलावानः, योगक्यो militares sin ferrom 37 व्हिंस प्रतिविधयों ने इसमें भाग



शिक्षा हूं. गोवल ने पुरेर की कि वर्तवन नेताब कार्यक्रम एक अस्त्री को बेलाते के दिला प्रकारी प्रकार और नेतृत्व तकनीकों को विकस्तित

करने में मदद करेगा। उनोरे बता कि प्रतियारी संबर, टीम निर्माण, फ्रेंग्स और अन्य संघट विकास किये को उससे मोर्गिक को प्रसार जर्माण के लिए अपने देखें की स्थास्य नीतियं को बेहता बनने में सदद करेंगे। उसने कहा, 87 देखें के 1300 में ऑग्रह चॉल वॉर्स्सवंबे । गिछते ३ वर्षे में चात सम्बन के

विदेश मंत्रालय के भारतीय तकनीकी

ने प्रचीन चालीत दर्शन के तरत अमेरिका केर्रिकाम और प्रशंत और संदे क्षेत्र देखें के 161 अवंदियं देते व साथ द्विप-द्वित विकास मार्चेत को भी बहुब दिय है वार्यक्रम के देशन, विशेषातें प्रतिनिधारें को समूह स्रोप, नर् विचार, महत्त्वपूर्ण विस्तेषण, समस्य-प्रसंपन रोज रीवी औपन्तरिक औ अनेपर्याक प्रतिप्रा तक्तीको के मध्यम से जिल्हान और उन्हें बातीन प्रचीन हान के माध्यम से सार्वजनिक महास्त्र प्रकंपन से परिचेत करका

## The Daily Guardian

#### PGIMER's international public health programme concludes with global insights

tomorrow with the window tomorrow with the window to bealth case in your contarty, and Mr. Ummed Mathur, Registran, PGIMER. Characteristics of the desired with the control of the desired window of 28th cohort of the Management Development Pregram, While thanking Cooperation, Ministry of Eschemal Affairs, Government of India for coloring faith in the control of the desired with the comparation. Ministry of Eschemal Affairs, Government of India for coloring faith in the control of the comparation with the comparation with the control of the c



teaching, contextual case studies of participating these of participating through archives working exercises and real case securation and field based learning con and field based learning conflictle. Over 1500 people from 67 controls based battle fields. Over 1500 people from 67 controls based battle fields. The delegates from 10 count of the fields of the field fields. The delegates from 10 count of the fields of the

Ing. Inventory management alifficher also soft shifts flux motivation, effective communication, team building and many more. They were also introduced leadership through ancient windoms of the first shifts to PGMER for India's premise ROTTO (Regional Organ & Tissue Transplant Organization) centre, telemedicine and general shifts of the first shifts sh

37 senior officials from 19 countries develop action plan for their countries on specific public health challenges in 10-day IPHMDP

PUNIAB EXPRESS DIREAU Chandgarh, February 15

"Embrace the challenges of temperary with the wisching gained today for progressing control of the chandgarh of the chandgarh of the chandgarh will awarding certification to partial pa



cucing gamificatori, use of games in teaching, contextual case studies of participating countries, group thinking through problem-solving except and field based learning for best public health practices of India. Over 1300 people from 87 countries have built heir capacity through similar syears, Dr Goel sald.

The delegates from 19 countries—Tanzania, Marwit Richard, Phil. Mongolia, St. Kittue & Needs, Tajkistan, St. Kittue & Needs, Tajkistan,

## 25वें अंतर्राष्ट्रीय सार्वजनिक स्वास्थ्य प्रबंधन विकास कार्यक्रम का समापन

 19 देशों के 37 रिष्ठ अधिकरियों ने 10 दिवसीय अर्थ्यीणवणमरीवी मे तिस भग

 पीजीआई वंडीगढ में रजत जयंती प्रदंधन एवं नेतृत कार्वक्रम संपन

रमेश गांवत



होटल पार्क ज्यू, पंतीराह में 25वें आंपीएपाएमधिप के समयन समर्रात में प्रशंसा प्रमाण का के साथ प्रतिनिधि।

स्तम्भ प्रभाविका है १ वेदानुह स्तार एको के जिल्लाको अस्ति है होने कहा है सम्बन्ध से स्तुत के को भार भी संपन्न) के उनिर्वादीन की हीत के अपना पा प्रीयाणि है के स्वयन स्वयंद के दिन्त होना असिक सर्वेद हिंदा काला, बात 161 अर्दियों देतों के बीद्ध सर्वेदन सर्वाव काओं अस्तात अववारण के लिए सर्वेदनिक स्वयन पूर्वी और स्वृत कर कु बंदीय में प्रीयपिन को साथा को बनवद दें हुए तूनी- मानंत्रीक स्थाप मोदन औ मीं के तिन का अपनि शिक्ष छैं. विकेशहें एवंका के को उर्चण के सिद्धी के अपने मा प्रथम पर प्रदन करते. हुए देश में डामनी तत के वालेड़ निमात डार्पिमिकेशनड़ सहित हैं।- येकाने का कि 57 देशों के 1500 आप वालीव रामनंदिर के सामे मानंदिर मानंदिर सामित हैं पीडीआहें पूर्वी छूं के बार्वक्रम को बन्दर एनो के लिए पार्टीक शिवा विकार के मध्यम से हैं अपने तमें में सामित के सामित हैं में सामित के सामित हैं किया है सामित हैं के अपने सामित के सामित हैं किया है सामित हैं किया है सामित हैं किया है सामित हैं किया है किया है सामित हैं किया है सामित हैं किया है सामित हैं किया है सामित हैं किया है सामित है किया है सामित है किया है सामित है 

पुनींगचे वो स्वीका को मिले ८ आग्रीएप्पमारीय के कार्यक्रम का अध्यक्त समयन अध्यक्त तार्यक्रम, साथी, प्रधानिक, निमा, तार्यक रुपुल सर्वक्रम तबहु मुख कार्यन्यन निमार प्रपुत की जाएं।

मेर किएम एंड पेंडम स्तिविधाना मक्कों हो देख जिसके निर योगको, उद्वर्शकाना, टोग, हानित को प्रॉर्डिपेमो ने कसेते में विवास, अर्थिता औ कुरों के विवासित केंद्री अनुस्थन सम्बन प्रॉर्डियेकों ने सेखा। में केवल का में देंग किया वार्ट उन्होंने टोको ज्ञासक वार्वजनिक बदम्ब (कंप्स और मीर के विश्वास को देखा: इसके बोडन, निगमी और मुख्येकर बडार अधिन्त, एक संस्कृतिक गरित, और लाग, इनेहें इन्पन कीशत अहितेन स्त्री की और पंचाइ की बीक प्रेरा, प्रमाने संबर टीम विशेषा बात एवं नेटावेंडेन कार्यक्रम नियंत्र और वहाँ अन्य देने सीम: आवंदित क्रिय पर दिसमें बार तेने कीयत थे। उने भाग के प्रमुख जाने देशों की संस्कृतिक विदास्त का खेडीगढ़। अंडाडीच मार्वरीनक वर्षे में पीर्वाओपर्युओं में विकास निरोक और पीर्वाओपर्युओं में और वार्तविक समते पीरत्ये के (वेदिव को की उत्तर प्रायोग्य प्रदर्शन किया कार्यक्र के पार्टी

#### 19 देशों के अधिकारियों ने कम्युनिटी हेल्थ चुनौतियों पर बनाई कार्य योजना



पंडीमहा। पीजीआई के डिपार्टमेंट ऑफ कम्युनिटी मेडिसिन एंड स्कूल ऑफ पांडलक हेल्थ की और से आयोजित कम्युनिटी हेल्थ की और से आयोजित हैल्य की और से अपित हैं के उन्हें के अपने देश के सिक्सीय ट्रेनिंग कार्यक्रम वीरकार को संपन्न हो स्था। इस दौरान इन्नोंने अपने देश के लिए कम्युनिटी हेल्थ मैनेजमेंट डेवलपर्मेट कार्यक्रम विकस्तित किया। इस दौरान पोजीआई के रॉजस्ट्रार उम्मेर माधुर ने उन्हें सर्टिफिकेट सीप। माधुर ने कहा कि देश

में स्वास्थ्य देखमाल की प्रगति के लिए आज प्राप्त के लिए आज प्राप्त ज्ञान के साथ करन की चुनीतियों को स्वीकार करें। पिछले 8 वर्षों से पीजीआई में यह कार्यक्रम चल रहा है। प्रोग्राम हायरेक्टर प्रो. सोनू गोयल ने कहा कि इसमें तंजानिया, मालाबी, इश्रीपिया, इंजिए, अल्मीरया, पाना, प्रोजी, टेखभाल तजाकिस्तान, साउथ स्डान, मालदीव्स, बोट्सवाना, माराक्तो, ०० मोरक्को, ०० चेंगा, वियतनाम, र उजलेकिस्तान, अभिनया और बुरंडी के 37 अधिकारियों ने हिस्सा लिया।

## पीजीआई में रजत जयंती प्रबंधन एवं नेतृत्व कार्यक्रम का हुआ समापन



के द्वार प्रति करिया के प्रति करिया करिया करिया के प्रति करिया के प्रति करिया करिया करिया करिया करिया करिया के प्रति करिया के प्रति करिया करिया





wife 250-21 16.02.2024



माई सिटी रिपोर्टर



उन्होंने पिछले आठ वर्षों से भारतीय तकनीकी आर्थिक सहयोग, विदेश मंत्रालय, भारत सरकार को धन्यवाद देते हुए अपनी तरह के पहले कार्यक्रम को बनाए रखने के



पीजीआई स्टाप्क के साथ प्रतिनिधि । ब्रोत : पीजीआई

लिए सामुदायिक चिकित्सा विभाग और िए समुदायक चिक्तत्व विभाग और स्कूल और पंक्तक हैस्य को क्याई दी। आरोपएसपप्रधीप के तत्वाद्यमन में आयोजित इस क्राय्क्रम में 19 देश के 37 शिष्ठ ऑपकारियों ने शिक्तार सर्वजानक स्वास्थ्य मुनीतियों पर हैंग के हिए। कार्य योजन बनाई। आरोपिसप्रसंत्री में क्याय्क्रम निदेशक और पीजीआई में प्रोप्क्रम डॉ. सीनू

गोयल ने बताय कि 161 आईटीईसी देशों के वरित सर्वजनिक स्वस्थ्य पेशेवर डेर नीति निर्माता इस कार्यक्रम में है स्सा ले चुंबे हैं। डॉ. गोयल ने कहा कि 87 देशों के 1300 से अधिक लोगों ने पिछले 8 वर्षों में पीजी आईएमईआर में इसी तरह के कार्यक्रम के माध्यम से अपनी क्षमता का निर्मण किया है। वहीं, 19 देशों में तंजानिया, मलावी, इथियोपिया, मिस्र, अल्जीरिया, धाना, फिजी, मंगीलिया, मेंट किट्स एंड नेविस, ताजिकस्तान, दक्षिण स्डान, मालदीव, बंत्सवान, मंरक्को, उर्जिकस्तान, टॉग, वियतनाम, आर्मेनिय और बुहंडी के प्रतिनिधियों ने पीजीआई में सर्वजनिक

International Public Health Management Development Program was ...

Published by Iphmdp Pgimer 🕢 - 15 February at 16:04 - 🔾

Celebrationsss Ministry of External Affairs, Government of India Indian Technical and Economic Cooperation - ITEC



Heavenlyt A Mg is with Sonu Goel and Kritika Upadhyay. 14 February at 12:03: 🗞

t's my birthday, happy to be and celebrate withinternational Public Health Management



Delia Munthali 9 February at 09:34 - 3

Let's recap in universal health coverage! We had such an insightful discussion yesterday



Yamiko Mdika Mhone

During the IPHMDP training my motto was "Accept the Challenge, God will Guide" This was my secondary school motto, Phwezi Boys Secondary School. Little did i know that after so many years it will make so much sense.

As an ambassador for Iphmdp Pgimer I will always rise to the occasion on matters of public health affecting my community.





International Public Health Management Development Program was ...

Published by Kritika Upadhyay 🚳 - 15 February at 15:25 - 🔾

Vote of Thanks during valedictory ceremony of 25th IPHMDP Ministry of External Affairs, Government of India Indian Technical and Economic Cooperation - ITEC Sonu Goel



Motialepula Mtie Motiale Salani is (a) feeling excited.

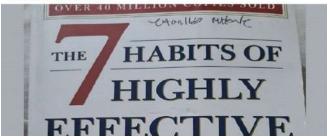
# LIL BETTER TEMPERATURES BUT FUN LESSONS. At this point i dnt mind dancing with a gorilla



Yamiko Mdika Mhone

Books are the keys that unlock the doors of our minds. Through reading, we explore new worlds, gain wisdom, and connect with the thoughts of countless generations."

Thank you Iphmdp Pgimer



Antidius Paul Rwehumbiza

The package and awards. This was not just a training rather life long mentorship program Sonu Goel Iphmdp Pgimer India in Tanzania (High Commission of India, Dar es Salaam) Indian Technical and Economic Cooperation - ITEC Kritika Upadhyay





History was made, being the 25th session of the IPHMDP and on the silver jubilee. Watch yours truly scoop one award after another.

Now this is history in the making.... See more





It's a great honor to be a part of this course!

India in Uzbekistan (Embassy of India, Tashkent) Iphmdp Pgimer Indian Technical and Economic Cooperation - ITEC Kritika Upadhyay Sonu Goel









Ladies and Gentlemen,

Feeling incredibly grateful and honored today! 📒 Just completed the International Public Health Management Development Program (IPHMDP) in Chandigarh, supported by the Ministry of Foreign Affairs, Govt of India, and facilitated by the amazing folks at PGIMER. This journey has been one of immense learning and growth, surrounded by inspiring peers and mentors.

I'm beyond thrilled to share that I received awards in five categories: Best Case Study a, Out ... See more





Grateful for this opportunity Iphmdp Pgimer India in Malawi (High Commission of India, Lilongwe) Indian Technical and Economic Cooperation - ITEC





amazing moment! Participating in international Public Heath Development



+ Follo



**◀** ▶

Motlalepula Salani • 3rd+ Health officer at Ministry of Local Government

+ Follow

The 25th IPHMDP cohort culture day





Monitoring and evaluation are the compass and map in the journey towards progress. Dr. Tarundeep sheds light on their crucial role ... see more





Sonu Goel (MD, PhD) + 1st Professor ar PGIMER, Chandigarh -India, Adjunct Associate Clinical P... 1w • Edited • 🕥

Silver Jubilee #IPHMDP- Elated to lead 25th IPHMDP having 19 countries across globe-The journey, filled with opportunities and challenges, started with a modest national course in 2016 which got international p...see more



IPHMDP @iphmdp · Feb 15 Demonstration of best practices At Shimla and Kasuali @ITECnetwork @MEAIndia @JS\_ITEC @dpa\_mea



IPHMDP @iphmdp · Feb 15

Dr. Praveen Kumar briefing the delegates on a crucial issue of Quality improvement in healthcare @ITECnetwork @JS\_ITEC @MEAIndia



IPHMDP @iphmdp · Feb 15 Dr. Tarundeep Singh enlightening the delegates of 25th IPHMDP on monitoring and evaluation @ITECnetwork @dpa\_mea @MEAIndia



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- Temporary Advisor to the WHO SEARO (HTA) and member of the Government of India's Task Force on Costing of Health Care Services
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#### **PROGRAM ASSOCIATE**



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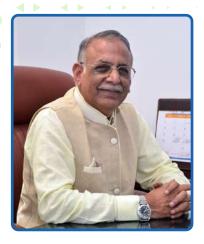
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He was former Executive Director, National Health system Resource Centre and International Institute of Health Management and Research in New Delhi. He was an Adjunct Professor (Leadership, Global Health & Strategic Management) at INCLEN Institute of Global Health &Executive Director at National Health Systems Resource Centre, Delhi. He did his MBBS and MD from AIIMS, New Delhi, DNB in MCH and MBA in Strategic Management. He has 41 years of experience in public health across 29 countries. He led a team of 120 staff to provide technical support to Ministry of Health and Family Welfare and 36 state and UTs governments in India. He has published more than 100 papers in scientific and popular magazines and chapters in books. He has received many international and national awards in recognition of his contribution to public health in India and abroad.





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Mr. Vivek Atray has worked as an Indian civil servant for 25 years. He is the author of two books, titled "Move on Bunny!" and "Dubey Ji Bounces Back"., He is a motivational speaker too and he addressed via TEDx talks, namely "Being Indian in a Global Era", "Life and its real goals". He is the founder of SUVICHAR Think Tank, Visiting Professor at Shoolini University, member of the CSR Advisory Board of ACTION AID. He is also a founder of the Vibrant Networking Forum, Playwrite Foundation, Chandigarh Literary Society and Co-Convenor of INTACH Chandigarh. He addresses audiences from Industry, Academia, Government, et al, on the Nuances of Leadership, Good Governance, Emotional Intelligence, Life Skills, People Skills, Public Speaking Skills, Meditation, Calmness, Entrepreneurship, Education & Sports Management. He has inspired thousands of youngsters to adopt a cheerful, positive and multi-dimensional approach to their lives. He has over 6 million (60 Lakh) views on YouTube videos







### Dr. Keerti Pradhan

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Dr. Keerti Pradhan is Professor at Chitkara University, Punjab. He has 25 years of experience in healthcare sector as a management professional. With his length and breadth of experiences in public health management and hospital management areas he is a consultant, trainer and teacher mentoring and grooming public health initiatives and public health professionals in Asian and African countries. His areas of interest include strategic innovation and management in healthcare, Healthcare quality, health management, health care delivery, health outcomes, evaluation of health care quality.





# "

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Professor and Director Research, Chitkara University, Punjab. He is Principal Investigator /Co-Principal Investigator of Six major projects funded by Ministry of Science and Technology Govt of India worth Rupees 3.5 Crore Plus. He has more then 29 years of Teaching/ Administration and Research experience. 13 Ph.D. (Computer Science) scholars, 20 M.Phil and M.Tech Scholars awarded under his guidance. He traveled USA, Australia, New Zealand, Malaysia, Thailand with highlevel delegation and Visiting Professor in many foreign Universities. He is now working towards developing innovative technologies and products based on the Internet of things, Cloud Computing Technology, and Artificial Intelligence. He is the founder Director of Centre of Excellence "IOT and Cloud Computing Lab" in Chitkara University, Punjab. He is expertized in Cyber security, AdvancedComputer Network, Algorithm Design, and Operating systems. He has filed 76 patents, 26 patents published/granted, 150+ plus International publications, and edited 5 books in the relevant area like Healthcare, Agriculture and Rural Develoment etc. He got Millennium Alliance Award from FICCI and the Ministry of Science and Technology, Govt. of India in 2017.







### Dr. S K Chadha

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Professor & Ex. Chairman, University Business School, Panjab University. Dr. S K Chadha has been actively involved in research since 1986 has experience of 38 years as a teaching professional. He has published 70 Research Papers and Articles in Leading National & International Journals and has a doctoral research Guiding Experience. He is associated with select Management Development Programs, Consultancy and Research Projects. His areas of interest include Marketing, International Business, Marketing, CRM, Logistics and Supply Chain Management



### Dr. Preethi John

Associate Professor University College London.

Associate Professor (Teaching) and Chair of the board of examiners at global business school for health (GBSH.). she is also the Deputy Director (MBA Health), University College London. Dr Preethi John, with 25 years experience holds a Post Graduation from TISS, Mumbai, and a PhD from IIT Madras. She is currently a Haward LEAD fellow. Her areas of expertise include consulting, research, and teaching, including healthcare institution building and capacity building of human resources for health. She has experience & expertise of teaching, training, mentoring and coaching health management and leadership professionals and has been actively involved in design and implementation various courses. This includes working with leadership teams to set up healthcare training facilities not only in India but also in Africa & other Southeast Asian & African countries. She was recently listed in the top 50 global women healthcare leaders.



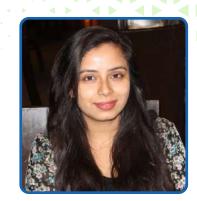


### Dr. Kritika Upadhyay

Program Coordinator, IPHMDP Email: kritikau0@gmail.com

Program Coordinator, IPHMDP. She is dental surgeon with masters in Public Health. Earlier to this she has worked Demonstrator of Health Management in Department of Community Medicine & School of Public Health, PGIMER Chandigarh. During her tenure she took teaching, research and service activities and worked extensively at grass root level in our rural field practice area of Shahzadpur Block of Haryana and showed umpteen interest to serve underprivileged and vulnerable population and strengthening various national health programs including maternal and child health. Later she joined a research Project by GHAI-an US based advocacy organisation for strengthening of Hypertension services in the state of Punjab on the post of associate project Coordinator cum technical Officer (M&E).

She had also worked in National vector Borne Disease control Program (NVBDCP) and IDSP, Chandigarh Administration. I also hold an honorary position of Program Coordinator for 2 flagship International Programs of Ministry of External Affairs, Government of India (viz. International Public Health Management Development Program and Public Health Policy and Management) since year 2017 and coordinated 19 programs.





### Dr. Tanvi Kiran

Assistant Professor, Department of Community Medicine & School of Public Health PGIMER, Chandigarh. tanvikiran3@yahoo.com

Assistant Professor of Health Economics in Department of Community Medicine and School of Public Health, PGIMER, Chandigarh, India. Dr. Tanvi Kiran has more than 6 years of teaching and 9 years of research experience in the field of applied economics. She has been honored by "Role Model Award" by Swami Vivekananda Study Circle, India. Her area of expertise lies in application of basic and advanced econometric tools in the areas of Health Economics. Many of hers research papers have been published by reputed National and International publication houses. Her area of expertise include He.alth economics, basic and advanced econometric tools



#### Dr. Madhu Gupta Professor, Department of Community Medicine & School of Public Health PGIMER, Chandigarh madhugupta21@gmail.com

She holds an MBBS, MD, from Himachal Pradesh University and a PhD in Health Medicine Life Sciences from Maastricht University, the Netherlands. She has more than 20 years of experience in the field of public health. With expertise in Vaccinology, Reproductive Health, Maternal Health, Child Health, and more, Dr. Gupta has led 62 research projects, including 16 vaccine trials, and collaborated with esteemed organizations like the World Health Organization, UNFPA, and UNICEF. She's an active member of professional bodies, has received numerous awards, and currently serves as Vice President of the Indian Association of Preventive and Social Medicine, North Zone, showcasing her dedication to healthcare advancement and research leadership.















### Dr. Manjushri Sharma

Assistant Professor, Panjab University Email: manjushriuiams@gmail.com

Assistant Professor, Hospital Managementfor the last six years, in Panjab University did her MBBS from Government Medical College Patiala and her Masters in Hospital Management from Osmania University Hyderabad with distinction. Her areas of expertise include Communication skills, Health Economics and Operations Management in Healthcare. She has worked for Haryana State Medical Services for thirteen years as a Medical Officer before moving on to working in corporate hospitals at Ahmedabad and Panchkula at various senior management positions.





### Dr. Praveen Kumar

Professor and Head of Division of Neonatology, PGIMER, Chandigarh

Email: drpkumarpgi@gmail.com

Professor and Head of Division of Neonatology at PGIMER, Chandigarh. He has been extensively involved in teaching and training of neonatologists and nurses in India, Nepal, Bangladesh, Sri Lanka, Iran, Mauritius and Indonesia. He has published over 170 peer-reviewed papers, authored 45 book chapters and was instrumental in producing and publishing the first ever evidence based clinical practice guidelines for newborn care in India on behalf of NNF. His current areas of interest include quality improvement, neonatal hyperbilirubinemia and prevention of healthcare associated







#### **Dr. Tarundeep Singh**

Additional Professor of Community Medicine Department of Community Medicine School of Public Health, PGIMER, Chandigarh

Email Id: tarundeep.singh@gmail.com

Medical Doctor with M.D in Community Medicine. Immense teaching experience of thirteen years in PGIMER, Chandigarh. Area of Interest Geriatrics Hospital Administration Health System Management and Family Medicines.





Liliya Tadevosyan PhD in Biology Diploma Armenia



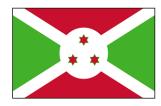


**Lusine Boryan** Specialty of Medical Prevention Armenia





**Innocent Yandemye** Master Degree in Global Health Policy and Financing Burundi





**Onneetse Chifani** Bachelor of Public Health Botswana





Motlalepula Salani Bachelor of Science Environmental Health Botswana





**Allali Nour Elhouda** Centre Hospitalo Universitaire Tlemcen Algeria





**Tarek Abdelhamid Abdellatif Moahmed** Numair Ministry of Health and Population Egypt





**Tigist Kassa Gebre** Masters of Public Health





Ethiopia Melka Geleta Diro MSc in Clinical Trial Ethiopia





**Helen Gebregiorgis** Master of Public Health Ethiopia





**Gyanendra Prasad MBBS** Fiji





Shalomina Akua Adoma Asante Agyei **Bachelor of Midwifery** Ghana





**Jacob Mensah Mesuh Doctor of Optometry** Ghana





**Abeduah Cecilia BSc Midwifery** Ghana





**Gracious James** Bachelor of Science Pharmacy Degree St. Kitts & Nevis





Hanane Mzabi Specialite En Sante Publique Et En Management De Sante





Morocco Asraoui Abdelghani PhD In Epidemiology and Biostatistics Morocco





Fatima Zahra Chafoui Bachelor Degree in Mental Health Morocco





Aneega Ibrahim Ibrahim MBA in Strategic Management Maldives





Tergelsaran Batamgalan Traditional Medical Doctor and Bachelor Mongolia





Burenjargal Tsogjavkhlan National Health Quality Inspector Mongolia





**Enkhmaa Tsamba Emergency Assistance** Mongolia





Delia Mabedi Master of Medicine in Anaesthesia and **Intensive Care** Malawi





Yamiko Mhone Certificate In Epidemiology the Basic Science of Public Health





Malawi **Gloria Rose Phiri** Diploma In Nursing and Midwifery Malawi





**Emmanuel Malish Pilip Wani** Anaesthetist South Sudan





**Bakhtiyor Khamroev** PhD Degree for General Surgery Tajikistan





**Tevita Faiva** Bachelor of Public Health Tonga





**Mkama Julius** Masters of Public Health Tanzania





**Antidius Paul Rwehumbiza Doctor Of Medicine** Tanzania





**Abeduah Cecilia BSc Midwifery** Ghana





**Edson Rwamugata** Master of Science Degree in Global Health and Development





Tanzania **Adorat Mpollo** Bachelor In Medicine and Bachelor in Surgery Tanzania





**Zuwena Mohamed Makame** Bachelor of Science in Nursing Tanzania





**Kennedy Nicholaus Kyauke** Master of Public Health - MPH Tanzania





Atugonza Lutazamba Diploma in Nursing and Midwife Tanzania





Oliva Mgalilwa Bachelor of Science in Nursing Tanzania





**Brian Muro** Masters of Medicine in Obstetrics And Gynaecology Tanzania





Mukhamadali Komilov Diploma Uzbekistan





**Trong Tien Nguyen** Master of Journalism Vietnam



### **Feedback Form**

### **Module wise Feedback Form**

This feedback is to assess whether the learning objectives of the module were achieved. Kindly reflect carefully. Tick  $(\checkmark)$  mark on the scale of 1 (poor) to 5 (excellent)

Particulars	18	2	3	4	5©
Content relevant to your current work					
Flow of the module					
Mixed teaching methodology					
Interaction with the participants					
Quality of session (presentation & teaching skills)					
Write two points you really liked about today's sessi	on?	1	I	I	I
1.	2.				

### **Field visit Feedback Form**

This feedback is to assess whether the learning objectives of the field visit was achieved. Kindly reflect carefully. Tick( $\checkmark$ ) mark on the scale of 1 (poor) to 5 (excellent)

S.No	Particulars	18	2	3	4	5©
	Prior to the visit				•	
1	I was well informed about the logistics and related information about the field visit					
2	I was well informed about the objective of the field visit					
3	Field visit were well planned and on target					
	During the visit	II.				
4	The visit started as per scheduled time					
5	There was a good interaction with the resource person during the field visit					
6	It increased my knowledge and skills in selected related to the program					
7	It increased my network for future collaboration					
8	It increased my familiarity with states best practices in selected areas of Public health Management					
	Post field visit	I		1		.1
9	The pace and the sequencing of the sessions facilitated easy transfer of learning inputs to me					
10	Field visit was relevant to my current work					
11	The element of Field visit can be utilized in my setting					
12	Overall the field visit meets my expectations?					

<ol> <li>What are the two things you really like about this v</li> </ol>	∕ISIt?
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1. 2.

14. Any suggestions you would like to offer for future visits

Thank you very much for the thoughtful feedback

### **Feedback Form**

### **Overall Feedback Form**

This feedback is to assess whether the learning objectives of the program were achieved. Kindly reflect carefully. Tick (✓) mark on the scale of 1 (poor) to 5 (excellent)

S.No	Particulars	18	2	3	4	5©
1	I was well informed about the logistics and other information about the program before I came					
2	I had the prior knowledge of what would be my "take -away" from the course					
3	The venue of the course had all the requisite facilities and necessary comforts					
4	Presentations were well prepared and on target					
5	The mix of methodologies (presentation, exercisescase studies) used in this course was effective					
6	The program overcome language & other barrier & facilitator understanding					
7	The pace and the sequencing of the sessions facilitated easy transfer of learning inputs to me					
8	The workshop program engaged me in active learning related to its goal					
9	The course met its stated objectives					
10	This course was relevant to my job responsibilities					
11	I intend to use what I learned from the course in my work					
12	The resources/material/approaches provided will be helpful in my program settings					
13	I would recommend this course to my colleagues					
14	The course help me in developing networks & relation with other participants					
15	The number of participants in the course was appropriate					
16	Increased my familiarity with state of the art/best practices selected areas of Public Health Management					
17	Strengthened my knowledge and skills in selected area of Public Health Management					
18	Increased my knowledge and skills to develop strategies to develop to counter the Public Health problems in my country					
19	How effective was the Faculty?					
20	How effective was the Support Team?					
21	What is your overall rating of this course?					

- 22. What are the three things you really like about this program?
- 23. Any suggestions you would like to offer for future programs

#### Session1: Management and Leadership in Public Health

- Managers are assumed to be \_\_\_\_\_;
   they make consistent, value-maximizing choices within specified constraints.
- a) Rational
- b) Leaders
- c) Organized
- d) Satisfiers

- 2) Which is not a function of manager
- a) Organising
- b) controlling
- c) Leading
- d) Reasoning
- 3) Which is not a Fayol Principle of Management
- a) Division of labor
- b) Authority and Responsibility
- c) Unity in diversity
- d) Centralization

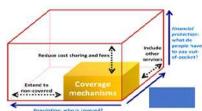
#### Session2: Reflection of ancient Indian Wisdom for management and Leadership

- 1) Earliest civilization in the history of ancient India
- a) Indus valley
- b) Buddhist
- c) Vedic
- d) Maurya

- 2) "I have immense potential. I can make the impossible possible" this quote inculcate what type of skill
- a) Managerial
- b) Motivational
- c) Spiritual
- d) Leadership

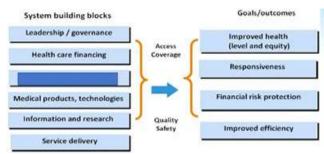
#### Session3: Management and Leadership in Health System Strengthening

#### 1) Identify the missing



- a. Health system strengthening
- b. Infrastructure
- c. Services
- d. Population
- 2) How many Health system building blocks are their
- a. 5
- b. 7
- c. 10
- d. 6

3) Identify the missing in health systems framework



- a) Financial protection
- b) Health workforce
- c) Health insurance
- d) International Collaboration

#### Session4: Are we on the path of achieving UHC: Measuring Health System Performance

- All are rules based indicators except 1)
- a) Facility survey
- b) Decentralization
- c) Stakeholder participation
- Contextual factors d)
- 2) Facility surveys, Public expenditure reviews and Client assessments are what type of Indicator
- Outcome based indicators a.
- Rules based indicator b.
- Input indicators c.
- **Process indicators** d.

- 3) Universal health coverage day theme 2022
- Build the world we want: A healthy future for a.
- b. Leave No One's Health Behind: Invest in health systems for all.
- Health for All Everyone, Everywhere c.
- Invest in health, build a safer future d.

#### Session 5: Motivation and Team building: important pillars for improving health care programs

- For Team Development, choose the correct 1) statement
- a. Forming> Storming > Norming> Performing> Dissolving or Reorienting
- b. Forming> Performing>Storming > Norming> Dissolving or Reorienting
- Performing> Forming> Storming > Norming> c. Dissolving or Reorienting
- d. Forming> Performing> Norming > Storming > Dissolving or Reorienting

- In Maslow's Need Hierarchy Theory, which of 2) the following is at the uppermost level?
- Basic needs a.
- Self actualisation Needs b.
- c. Physiological needs
- d. Self Esteem
- 3) Which of the following is not an internal motivator?
- Feedback a.
- **Attitudes** h.
- Goals c.
- Needs d.

#### Session6: Effective communication in Public Health

- 1) Which is the most important component of communication?
- a) Source
- Feedback b)
- c) Message
- d) Channel

- 2) Which is true for BCC & IEC for the two statements provided below?
- 1 Promotes positive behaviour
- 2 Promotes enabling environment
- Both 1 & 2 are true for both a)
- b) Only 1 is true for BCC & both 1 & 2 are true for IEC
- Only 1 is true for IEC & both 1 & 2 are true for BCC c)
- Only 2 is true for IEC & only 1 is true for BCC d)

3)

#### Session 7: Artificial intelligence and Digital Health

41		D 1 11 C	• • • • • • • • • • • • • • •
1)	Fast diagnosis.	Kopotic Surger	y is an example of

- a. Al in healthcare
- b. Al in finance
- c. Al in computer vision
- d. Al in security
- 2) What are the advantages of emerging technologies like Big Data, Al and Machine learning in public health sector?
- a. Increased community reach
- b. Unbiased data collection
- c. Timely care to remote areas
- d. All of the above

#### HIM stands for

- a. Health informatics manager
- b. Health information management
- c. Human information management
- d. Health infrastructure management

#### Session 9: Tools of planning

- 1) In Logical Framework Analysis (LFA), what is the primary purpose of the "Problem Tree" or "Issue Analysis"?
- a) To identify potential project stakeholders.
- b) To define the project's budget and funding sources
- c) To visualize and analyze the causes and effects of a problem
- To outline the project's timeline and milestones.

- 2) In the Logical Framework Analysis (LFA), what does the term "SMART" stand for when defining project indicators?
- a) Specific, Measurable, Achievable, Relevant, Time-bound.
- b) Specific, Measurable, Actionable, Resourceful, Time-bound.
- c) Simple, Modifiable, Accurate, Relevant, Timely.
- d) Strategic, Manageable, Allocable, Realistic, Traceable.
- 3) In LFA matrix OVI stands for
- a) Objectively Verification Instructions
- b) Opportunity Verifiable Indicators
- c) Objectively Verifiable Instructions
- d) Objectively Verifiable Indicators

#### Session 10: Budgeting and Costing in health care

- 1) All are types of budget except
- a) Incremental
- b) Activity-Based
- c) Value Addition
- d) Zero-Based
- The classification of cost by input doesn't include
- a) Marginal cost
- b)Capital cost
- c) Incremental cost
- d) Variable cost

- 3) The costing technique when we compare both inputs and outputs in monetary terms and we compare 2 or more alternatives. This is a:
- a) Cost Minimization Analysis
- b) Cost Benefit Analysis
- c) Cost Utility Analysis
  - Cost Effectiveness Analysis

#### **Session 11: Monitoring and Evaluation**

- Which of the following is NOT a common 1) component of a Monitoring and Evaluation (M&E) plan?
- Data collection methods and tools. a)
- b) Budget allocation for the project.
- Indicators and targets for measurement. c)
- Frequency and responsibility for data d) collection.
- 2) What is the purpose of a "Logical Framework Matrix" (Logframe) in the context of Monitoring and Evaluation (M&E)?
- To summarize the project's objectives and a) activities.
- b) To create a timeline for project implementation.
- c) To allocate funds to different project components.
- d) To measure the project's social impact.
- 3) Which M&E tool is often used to visually represent the flow of activities and their timing in a project?
- a) Gantt chart
- b) Pareto analysis.
- SWOT analysis. c)
- d) Frequency distribution

#### **Session 12: Training Need Assessment**

- 1) In KSBA, A stands for
- a) Attitude
- b)Analytics
- Abilities c)
- d)Actions

- 2) All are data gathering methods for training need assessment except
- Observation a)
- b) Questionnaire
- Focus Groups c)
- d) Personal judgement

#### Session 13: Inventory control techniques

- 1) Which of the following inventory control techniques focuses on maintaining a continuous flow of materials through the production process to avoid excess inventory?
- **ABC** Analysis a)
- b) Economic Order Quantity (EOQ)
- c) Just-In-Time (JIT)
- Safety Stock Management d)

- 2) What is the primary goal of the Economic Order Quantity (EOQ) inventory control technique?
- Minimizing holding costs a)
- b) Maximizing order frequency
- c) Minimizing ordering costs
- d) Maximizing safety stock levels
- 3) In ABC Analysis, which category typically includes high-value items that represent a smaller percentage of the total inventory?
- Class A a)
- b) Class B
- c) Class C
- d) Class D

#### Session 14: Quality Assurance and Improvement in health

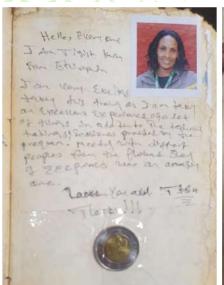
1) The diagram given relates to:



a) **SWOT** 

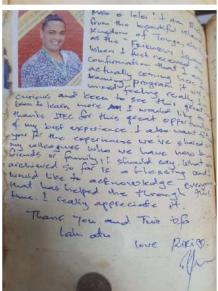
- b)Fish bone
- diagram
- Total quality Management d)Top down c)

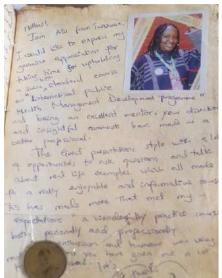
- 2) PDSA cycle means?
- a) Prepare do see act
- b) Plan do study act
- c) Plan draw select act
- d) Prepare do select act



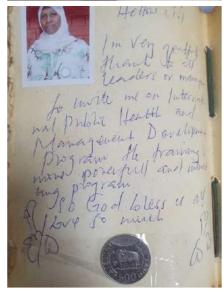








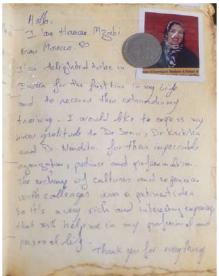


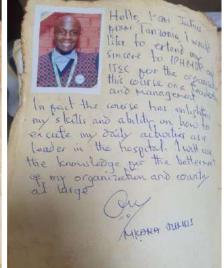






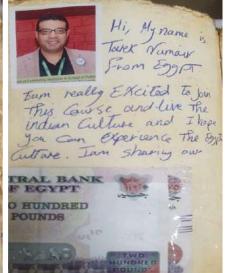


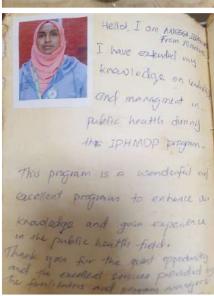


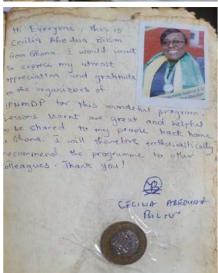






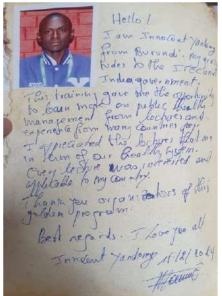










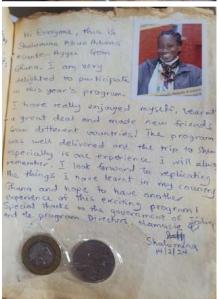






















#### Post Graduate Institute of Medical Education & Research, Chandigarh

#### 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), Bachelors in Public Health (BPH) along with various short-term courses in areas of epidemiology, health management, health promotion, communicable and non-communicable diseases.





Department of Community Medicine and School of Public Health, Post Graduate Institute of Medical Education and Research, Chandigarh (India)



