



The Union  
 International Union Against  
 Tuberculosis and Lung Disease  
*Health solutions for the poor*

# 3<sup>rd</sup> International Public Health Management Development Program

*“Health initiative in developing countries often fail not because of lack of Scientific knowledge but because of lack of managerial competence”*

**20<sup>th</sup> to 25<sup>th</sup> March, 2017**



**Indian Technical & Economic Cooperation Programme**  
 Ministry of External Affairs,  
 Govt. of India





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**निदेशक**

प्राचार्य एवं अध्यक्ष  
नेत्र रोग विभाग

संख्या / No. P.G.I.-4/17/374

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**FOREWORD**

It gives me a sense of pride in bringing out the report of the 3<sup>rd</sup> International Public Health Management Development Program (IPHMDP) conducted by School of Public Health, PGIMER, Chandigarh, from 20-25<sup>th</sup> March 2017 fully sponsored by Ministry of External Affairs, Government of India through Indian Technical Economic Cooperation (ITEC) scheme.

Management and leadership are important for the delivery of good health services. Management is not taught but one learns management skills throughout lifetime. For a developing nation like India, it calls for capacity building of manpower on major requisite skills of public health management to face public health challenges. The management aptitude is an absolutely indispensable element for a good manager to enhance the performance and productivity of any organisation.

I am pleased with the staggering response of huge number of participants across the globe who applied for this program and out of which 33 participants from 21 countries were selected through a rigorous selection procedure. I had an opportunity to see the contents of the program along with reading materials which were exquisite and updated.

This is the 3<sup>rd</sup> program in its series and enthused by the response of participants, the next program is scheduled in the Month of December 2017.

I hope that the program was able to meet its pre - set objectives and this has been evident with the overwhelming positive feedback received from the participants.

I would like to congratulate the entire team of School of Public Health for the grand success of the program.

(Jagat Ram)



## Preface

Management skills in public health are required to improve and sustain advances in health care delivery for the benefit of patients and community. These skills are essential for a good manager for enhancing the efficiency and effectiveness of organizations and tackling the public health challenges faced by the developing countries. Thus, positioning of qualified and skilled public health professionals, who can plan, execute and monitor national health programs and public health initiatives, is necessary to improve performance and productivity of health care delivery system.



In this context, School of Public Health, PGIMER, Chandigarh, India conceptualized International Public Health Management Development Program in collaboration with International Union against TB and Lung Diseases in year 2016. This program aims to enhance the skills and competencies of middle and senior level program managers and academicians for addressing public health challenges and strengthening efficiency of organizations in limited resource settings. Around hundreds of participants across globe apply for this program, from which we normally shortlist between 30-35 participants after detailed deliberations. The current program held between 20-25th March 2017 is the third program of its series and enthused by the response of participants, we have announced 4th IPHMDP in month of December 2017. In this way, we could accommodate more participants in future programs to build nations capacity on public health management.

The current six day 3<sup>rd</sup> International Public Health Management Development Program is fully sponsored by Ministry of External Affairs, Government of India through Indian Technical Economic Cooperation (ITEC) scheme. I am pleased with the overwhelming response of huge number of participants across the world who showed their keen interest and registered for this program. After rigorous selection criteria and detailed discussions, the organizing committee shortlisted the thirty three participants from 21 countries. The program is designed to provide a unique platform for advancing academic expertise, knowledge transfer, idea exchange and variety of opportunities for academicians, program managers both from government and private setups to develop good quality management capabilities and solving management related complex public health issues. I take this opportunity to thank Dr. Harleen Kaur, Dr. Pushkar, Dr. Garima Bhatt, Dr. Sham Sunder, Dr. Risha, Mr. Arshdeep Singh and my entire team who had made no stone unturned in providing best of hospitality, cuisine, entertainment and also an academically rewarding time to share and exchange ideas over the six-day intensive scientific program. I am extremely thankful to Ministry of External Affairs, Government of India for sponsoring this program which not only helped in enhancing the managerial capacity of public health professionals across the globe, but also in advancing better management practices and inculcate leadership within organizations. I must also thank all the participants for their proactive participation in all the sessions which helped us in achieving our goal of strengthening health system by application of principles of public health management. I am sure that this program will go a long way in instilling managerial skills required to achieve Millennium Development Goals.

A handwritten signature in blue ink, appearing to read 'S. Goel'.

**(Dr. Sonu Goel)**

Program Director (IPHMDP)

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## *Executive Summary*

The public health challenges faced by the developing countries and continents (India and other developing nations alike) call for positioning qualified and skilled professionals, who can plan, execute and monitor national health programmes and public health initiatives in order to improve effectiveness and efficiency of health care delivery system. Further, it is a known fact that health initiatives in developing countries often fail not because of lack of scientific knowledge but because of lack of managerial competence. Thus, there is a need for staffing trained and competent public health professionals, who can plan, implement and monitor national health programs and public health initiatives in order to improve effectiveness and efficiency of health care organizations. To address these challenges, a six day **3<sup>rd</sup> International Public Health Management Development Program (IPHMDP)** was organized by School of Public Health, PGIMER, Chandigarh from 20-25<sup>th</sup> March 2017 in collaboration Ministry of External Affairs, Government of India through Indian Technical Economic Cooperation (ITEC) scheme and technical support from International Union against Tuberculosis and Lung Disease (The Union). This program aims to enhance the skills and competencies of middle and senior level program managers for addressing public health challenges and strengthening efficiency of organizations in limited resource settings. A total of 33 senior participants from 21 countries participated in the program. The current program is **first of its kind public health management program in the country and aims to enhance the skills and competencies of middle and senior level program managers for addressing public health challenges and strengthening efficiency of organizations in limited resource settings.** The modules covered during the program were Management Principles, Leadership, Human Resources Management, Project/Program Planning and Management, Monitoring and Evaluation, Supply Chain and Logistics Management, Financial Management and Budgeting, Public Health Communication and Report Writing, Total Quality Management and Change Management.

The key highlights of the program were; its design which focused on learning through a mix of traditional formal learning methods (lecture, power point presentations, case studies) and informal learning methods (role plays, exercises, real case scenarios, management games, videos); its concept wherein focus was on application based learning in which the participants prepared an action plan during the program for their organization (to be implemented within 6 months); and facilitation by an elite panel of experts and facilitators from lead academic and management institutes of the country. Another highlight was its inaugural session where a panel discussion was held on the topic “Management and leadership in health organizations: Challenges and Opportunities.” moderated by top administrators and directors of institutes of excellence.



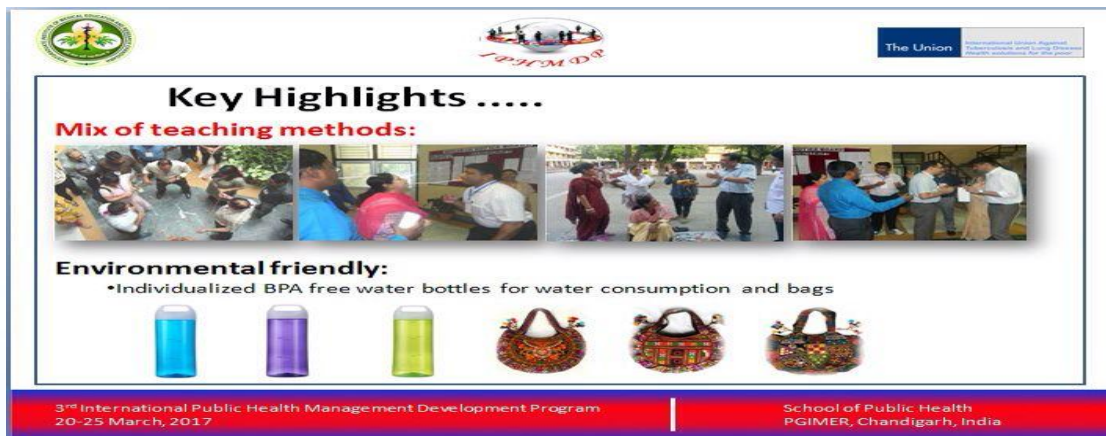
IPHMDP contest was also organized during the program wherein, various awards pertaining to different activities viz. best poem, slogan, logo, jingle, case study, participatory participant, personality, performer during cultural events were honoured during valedictory session of the program. The active participation of participants was ensured by the presentation of the reflection of key concepts/ teaching of previous day, presentation of case studies of different countries, participation in IPHMDP contest, management games during lunch and evening sessions, and delegating responsibility to them for organizing cultural event at gala dinner.

At the end of the program the participants felt that it was a wonderful experience with a blend of learning, through various teaching methods which they can apply in their organization. They expressed that the program was well planned, organized, managed and full of knowledge which can be truly implemented in field settings and across different organizations. They express their willingness to scale up the program in their respective organizations and countries. The general proceedings and events were widely covered by the audio-visual media.



## Key Highlights of the Program

- **Appropriate Blend:**
  - Senior and junior academicians
  - Program managers both from governmental and private sector
    - Participation from 21 countries across the world
- **Elite panel of experts and facilitators**
- **Mix of teaching methods:**
  - Formal: Lectures, Power point presentations, Case studies, Exercises
  - Out of the box: Management games, videos, mobile applications and role plays
- **Learning Management with fun:**
  - Games, videos, role plays etc. were embedded within formal teaching
- **Environmental friendly:**
  - Individualized BPA free bottles for water consumption
  - No plastic disposable cups for tea/ coffee consumption



The graphic features logos for the organizing institutions at the top: the PGIMER logo on the left, the IPHMDP logo in the center, and 'The Union' logo on the right. The main title is 'Key Highlights .....'. Below it, the first section is 'Mix of teaching methods:', followed by four small photographs showing participants engaged in various activities. The second section is 'Environmental friendly:', with a sub-point 'Individualized BPA free water bottles for water consumption and bags'. This is illustrated with images of three water bottles (blue, purple, green) and three reusable mesh bags. At the bottom, a red banner contains the text: '3<sup>rd</sup> International Public Health Management Development Program 20-25 March, 2017' on the left and 'School of Public Health PGIMER, Chandigarh, India' on the right.

## Participants and Facilitators of the 3<sup>rd</sup> IPHMDP, 20-25<sup>th</sup> March 2017





## Program Description

### Preamble

*“Health initiatives in developing countries often fail not because of lack of scientific knowledge but because of lack of managerial competence”*

The aim of good management is to provide 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 with significant patient benefits. A significant portion of management involves skills and competencies such as motivating staff, communicating and negotiating with stakeholders, and maintaining certain attitudes and behaviours that maximize staff 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 before taking up senior management positions. Most of the existing courses on Public Health Management are theoretical, extensively elaborative and does not comprehensively cover various aspects in a single program and are often not sufficient 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 which will impart the skills required to effectively manage the existing and emerging public health challenges and in-turn enhance the capacity of the public health managerial workforce.

### Goal

Enhance the skills and competencies of middle and senior level program managers in leadership, team building, planning, monitoring, evaluation, project management, resource allocation, budgeting, financial reporting, total quality management and public health communication for addressing public health challenges and strengthening efficiency of organizations in resource limited settings.

### Program Objectives

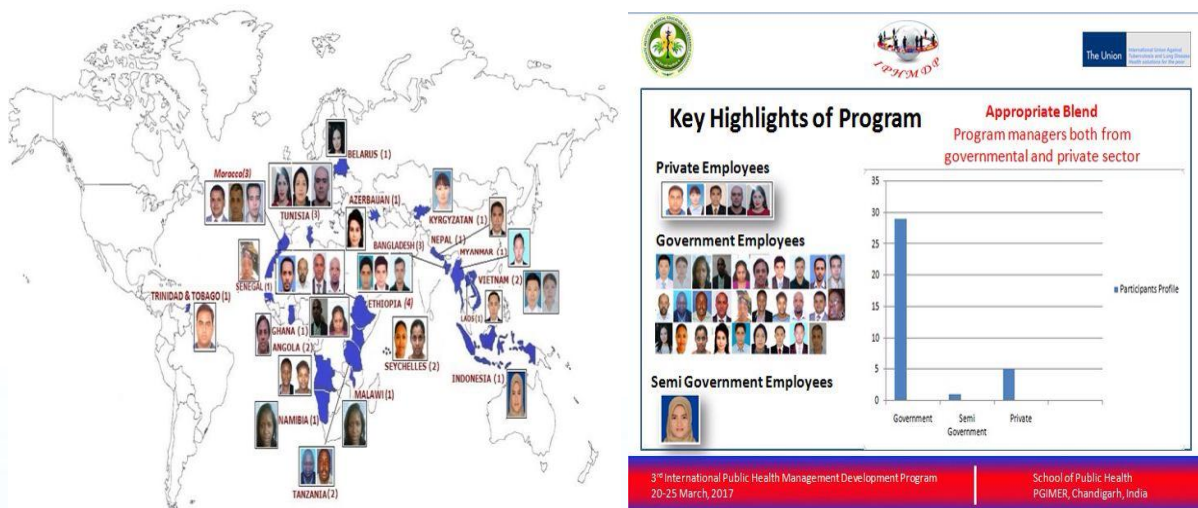
1. To enable participants understand the concepts and principles of health management.
2. To build capacity of middle/senior level managers in designing, implementing, monitoring and evaluating program and project operations.
3. To illustrate with relevant case studies, how the managerial functions can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



## Program Audience

This program is designed for middle and senior level healthcare managers, organizational leaders, hospital administrators, faculty of medical colleges and management institutes who are working in Public Health and responsible for effective and efficient delivery of healthcare program and projects through formulation and implementation of organizational strategies.

In the current program, a total of 33 participants from 21 countries across globe participated to enhance their skills in public health management. An appropriate blend of program managers from government and private sector amalgamated in the program.



## Program Benefits

### Participants

1. To create innovative strategies that provides a framework for future action.
2. To enhance performance by building leadership competencies and strengthening leadership qualities.
3. To develop performance indicators, analyze data and quality reporting.
4. To design and use program budget, manage financial reporting systems to apply to organizations.
5. To learn application of various techniques for planning and successfully managing projects.
6. To develop in-depth understanding of effective communication, change management strategies for public health advocacy and dissemination of health education messages.

## Organization

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

- MODULE:1-Management Principles
- MODULE:2- Leadership in Public Health
- MODULE:3-Change Management
- MODULE:4-Project/Program Planning
- MODULE:5 -Human Resource Management
- MODULE:6-Supply Chain and Logistics Management
- MODULE:7- Budgeting & Financial Management
- MODULE:8- Public Health Communication and Advocacy
- MODULE:9 -Total Quality Management
- MODULE:10 -Monitoring and Evaluation

## Program Duration and Venue

**Duration:** The duration of program was six days from 20th to 25th March, 2017.

**Venue:** Hotel Shivalik view Sector 17 Chandigarh, India (four star government enterprise)





## Session Flow

From **9:00-9.30 am** oral feedback (reflection) was taken from the participants about the previous day's sessions. The day was divided into four sessions. The broad schedule of the day was as follows:

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### Reflection of the previous day- 09:00-9.30 am

<b>Morning Session</b>	Session I (Presentation and Case study)	09:30 – 11:00 am
	Tea Break Morning – 11:00 – 11:30 am	
	Videos-(Related to the Module/ Topic)	
	Session II (Presentation and Case study)	11:30 – 1:00 pm

### Lunch & Management Games –1:00 - 2:00pm

<b>Afternoon Session</b>	Session III(Presentation and Case study)	2:00 – 3:30 pm
	Tea Break Evening – 3:30 – 3:45 pm	
	Videos-(Related to the Module/ Topic)	
	Session IV (Presentation and Case study)	3:30 – 5:00 pm

### Outdoor Management Activities – 6:30- 7:30 pm

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## Teaching Methodology

The various teaching methods used for this training program were:

### 1. Lecture (Power Point Presentation)



### 2. Management Exercise



### 3. Management Game



### 4. Management Quiz



### 5. Group work



### 6. Case study



### 7. Role plays



### 8. Video lessons





## Program Schedule



### PROGRAM SCHEDULE AT A GLANCE

Days	09:30 AM TO 11:00 AM	11:30 AM TO 01:00 PM	02:00 PM TO 03:30 PM	03:30 PM TO 5:00 PM
<b>MONDAY 20<sup>TH</sup> MARCH</b>	<b>MANAGEMENT PRINCIPLES</b> Dr. Rana J Singh (The Union) -Introduction to Public Health Management: Principles, Skills, Levels & Roles -Application of Management Principles in Health System Strengthening for overall achievement of SDG	<b>LEADERSHIP IN PUBLIC HEALTH</b> Dr. Vivek Adhish (NIHFW) - Leadership Concept and Theories; Levels and Styles -Application of leadership principles/theories in Public Health	<b>CHANGE MANAGEMENT</b> Prof. Preethi Pradhan (Chitkara University) -Theories of Change Management with its application in Public Health Management	<b>PLENARY SESSION</b>  <b>Inaugural Session and Panel Discussion (Experts)</b>
<b>TUESDAY 21<sup>ST</sup> MARCH</b>	<b>PROJECT/ PROGRAM PLANNING HUMAN RESOURCE MANAGEMENT</b> Dr. Sonu Goel (PGIMER) -Project and Program Management Concepts -Planning Tools(LFA)	<b>PROF. PREETHI PRADHAN (Chitkara University)</b> -HR Planning and Job Analysis -Training need Assessment -Performance Appraisal	<b>SUPPLY CHAIN AND LOGISTICS MANAGEMENT</b> Dr. Manjushree (Panjab University) -Material Planning and Forecasting -Inventory management techniques -Condemnation	Prof. Arun Kumar Aggarwal (PGIMER) -Purchase and Procurement procedures/rules
<b>WEDNESDAY 22<sup>ND</sup> MARCH</b>	<b>FINANCIAL MANAGEMENT</b> Dr. Shankar Prinja (PGIMER) -Undertaking Cost Analysis for Program and Projects	<b>BUDGETING</b> Mr Sunil Kumar (The Union) -Framing effective Budget for a Project/Program -Building effective financial reporting system	<b>PUBLIC HEALTH COMMUNICATION AND ADVOCACY</b> Prof. Amarjeet Singh (PGIMER) -Principles of effective communication	Prof. Sanjay Gupta (NIHFW) -Planning and evaluation of communication strategy for Public Health Program -Public Health Advocacy
<b>THURSDAY 23<sup>RD</sup> MARCH</b>	<b>TOTAL QUALITY MANAGEMENT</b> Dr. Jeetu Lal Meena (Govt. of Gujarat) -Quality Concepts and developing/monitoring Quality Management system in Hospitals -Accreditation of Health care Facilities	<b>MONITORING AND EVALUATION DEVELOPING ACTION PLAN</b> Dr. A.K.Sood (NIHFW) -Designing effective M&E system for Program/Projects -Theories of Change for M&E	All participants (Moderator Dr. Sonu Goel) -Development of Action Plan by IPHMDP participants	
<b>FRIDAY 24<sup>TH</sup> MARCH</b>	<b>STUDY TOUR</b> <b>STUDY TOUR TO SHIMLA FIELD VISIT TO VARIOUS HEALTH FACILITIES, SHIMLA</b>			
<b>SATURDAY 25<sup>TH</sup> MARCH</b>	Study Tour (Contd.)	Action Plan Presentation	Valedictory Ceremony	Local Cultural Tour
<b>BETWEEN THE LINES: MANAGEMENT IS FUN</b>				
<b>DAYS</b>	<b>Tea Break</b> 11.00 am to 11.30 am (चाय पे चर्चा) <b>Video Lesson</b>	<b>Lunch</b> 1.00 pm to 2.00 pm (जागो मोहन प्यारे) <b>Management Games</b>	<b>Tea Break</b> 3.30 pm to 3.45 pm (चाय पे चर्चा) <b>Video Lesson</b>	
<b>MONDAY 20<sup>TH</sup> MARCH</b>	<b>Function of Manager Leadership V/s Manager</b>	<b>Make a Logo</b>	<b>Everybody's Doing Overcome Resistance to Change The Turtle &amp; the Rabbit Redefine Innovation in the Logistics</b>	
<b>TUESDAY 21<sup>ST</sup> MARCH</b>	<b>HR the Useless Department</b>	<b>Game of Change</b>		
<b>WEDNESDAY 22<sup>ND</sup> MARCH</b>	<b>Do Your Budget in Enough</b>	<b>The Perfect Square</b>	<b>Good V/s Bad Communications</b>	
<b>THURSDAY 23<sup>RD</sup> MARCH</b>	<b>TQM Real Time</b>	<b>Game of Possibilities</b>	<b>Medical Monitoring &amp; Evaluation Visits - Nigeria</b>	
<b>SATURDAY 25<sup>TH</sup> MARCH</b>		<b>Name a Skill</b>		

## Program Proceedings

Day 1 (20<sup>th</sup> March, 2017 Monday)

### Welcome address (03.30PM to 04.00PM)

The welcome address was given by Dr. Rajesh Kumar, Prof. & Head, School of Public Health, PGIMER, Chandigarh. He briefed the audience about PGIMER Chandigarh, its administration, patients load and about various departments. He extended a very warm welcome to distinguished



guests and participants who had travelled from different parts of the globe to attend this IPHMDP program. He explained to the participants that how the health of the people is directly related to effective health systems and how it takes skilled management to effectively deliver services to the public to maximise potential of public health program. Later, he enlisted key points as how to make a health organisation effective and efficient.

### Inaugural Session (04:00 PM to 04:15PM)



The inauguration of program was done by the guests of honours viz. Shri S.K. Dudeja, Indian Technical Economic Cooperation, Ministry of External Affairs, Government of India; Dr KLN Rao, Director PGIMER, Chandigarh; Prof. Rajesh Kumar, Prof & Head, School of Public Health, PGIMER, Chandigarh; Dr H.S. Bali, DGHS

Punjab and Dr. Rana J Singh, Deputy Regional Director, South East Asia, International Union Against Tuberculosis and Lung Disease.



## Panel Discussion (04:15 PM to 05:00 PM)

There was a panel discussion on **How Management and leadership in health organizations: Challenges and Opportunities.** Shri S.K.

Dudeja appraised about the mission of ITEC program and how the programme would be helpful in increasing management capacity of senior programme managers in the country. He told that ITEC may think



of conducting such programme in the future in collaboration with PGIMER, Chandigarh. Dr H.S. Bali told the tips of enhancing leadership skills from his vast career which helped him in taking the team forward for achieving positive health indicators in the state of Punjab. He also discussed about best health practices in the state of Punjab. Dr. KLN Rao told that management is part of day-to-day life and we should learn its principles by facing situations and interacting with people. He emphasized the importance of keen observation and understanding the behaviour of persons working with you to get things done for effective leadership within organization. Dr Rana enlisted principles and importance of advocacy to the participants which



helped him in convincing the senior bureaucrats in taking decisions. He emphasized that knowing the consumer and their needs is important in designing strategies for better advocacy. The role of presenting the true picture in comprehensive fashion through facts and figures is important for any advocacy with senior beaurocrats.

While consistency, hard work and persistency pay in advocacy, one should be brief and clear during the presentation. Dr. Rajesh Kumar enlisted key points as to how to make a health organization effective and efficient. He emphasized the importance of collaboration, team work, communication in increasing the efficiency and effectiveness of organizations. He told that one should gel the individual goals with organizational goals. The organization is successful when it can work even in the absence of its leader. He also emphasized that one should do small things gradually, but think “big” towards the goal.



## Registration (08:00 AM to 09:00 AM)



## Overview of the Program (09:00 AM to 09:15 AM)

Dr Sonu Goel, Additional Professor at School of Public Health, PGIMER, Chandigarh and Program Director, gave an overview of the program in which he told the importance of Public Health Management in achieving Universal Health Coverage and in addressing public health challenges in resource limited settings.



## Self-introduction of Participants (09:15AM to 09.30AM)



The participants, faculty members and organisers introduced themselves to the group in a unique and memorable manner. A power-point presentation had been prepared by organisers which highlighted the details of the participants, their name, designation, hospital/institute name, representing nation and their photo which enabled them to introduce

better. The participants were distributed into 6 groups: movers, shakers, rockers, takers, choppers and hoppers. The random mixing of participants was ensured each day resulting in optimal interaction among the participants throughout the program.



## Leadership in Public Health -Dr. Vivek Adhish (09.30 AM to 11.00AM)

Dr Vivek Adhish, Professor & Dean NIHFWS, New Delhi took a session on Leadership in Public Health. He discussed various leadership styles taking day to day examples. He discussed key leadership principles and important foundation skills like listening skills, advocacy, networking, emotional competencies which a leader must have to perform in an organization. He said that one type of leadership style may not be fit for all types of organisations and situations. He explained about 'Management Grid and Leadership Cycle Theory.' He stressed that most of the programs



suffer during the implementation phase due to lack of leadership qualities in health managers. A leader should help his employees in developing skills and maturity. One should encourage his employees to be independent and let them grow keeping in mind your organization goals. He stressed on continuing educational needs for Health Managers. Further he added that there is a striking difference between working in health sector and other work areas. Therefore, training a



person working in the field of health for a health manager post is a better option since he/she knows the nitty gritty of the health care sector quite well. In this module two short role plays were enacted. The first role play depicted a scenario showing importance of trust and empathy during medical treatment of a sick child. Additionally, the importance of effective communication skills was

also elicited. The second role play demonstrated how good behaviour of a leader can affect the work of his/ her subordinates. The scene consisted of a senior doctor who talks rudely to his two junior counsellors which in turn affects the way the counsellor deals with her patient who actually needed help and counselling. While concluding the role play Dr. Vivek Adhish said that the potential of people should be encouraged to grow because people get demotivated when they are not empowered and are not allocated tasks independently. Concluding the session, he told that leaders should focus on the tasks what their subordinates can't do for themselves. An efficient leader should endeavour to bring out the best in his/her people.



## Video Lesson- Leadership Vs. Manager

The video spoke about role of a 'manager' and a 'leader'. It explained how we become a leader out of a boss. It spoke about how does leadership link up with management and it exemplifies how a public health manager should imbibe leadership qualities and turn out to be an efficient manager with leadership skills. In leadership the interaction is quality focussed and brings out the best in self and others, for achieving specific targets. Leaders focus on developing organization, creating right environment and goes beyond results, whereas a manager focuses on running organisation to achieve results. A leader's style is transformational, whereas a managers' style is transactional.

## Role of Public Health Management and Leadership in Attaining Health Related Goals of SDG -Dr. Rana J Singh (11.30 AM to 01:00PM)

Dr. Rana J Singh, Deputy Regional Director, International Union against Tuberculosis and Lung Disease, began the session by telling the participants that merely 7 (18%) participants of current group are trained in public health because the concept of public health management is quite novel and its significance has not been realised particularly in LMIC countries. He emphasized on the



importance of tackling the public health diseases with public health approach. He discussed the domains of public health approach viz. Prevention of disease, promoting population health,



prolonging life, besides curative services. He provided an overview of how India has moved towards Sustainable Development goals (SDG) from Millennium Development Goals (MDG) and the related Vision 2030. He elaborated on the progress made towards achieving MDG in different countries. Further he mentioned limitations in achieving MDGs which are addressed in SDGs. Emphasizing on Health Related Goal of SDG and its targets, Dr. Rana told that progress in health is linked to other non-health goals. Later he discussed role of public health management and leadership in a program for effectively reaching SDG.



### **Video Lesson - Functions of Manager**

This video demonstrated functions of a manager. Management is essential to any organization that wishes to be efficient and achieve its aims. Without someone in a position of authority there would be organizational anarchy with no structure and very little focus, if any. The video exhibits that the management has four basic functions – planning, organizing, leading and controlling. Without these principles of management, an organization would have trouble achieving its aims, or even coming up with the aims in the first place. All these functions if executed properly will help in achieving organizational goals.

### **Management game – Make a Logo (01.00PM to 02:00 PM)**

All the participants were grouped into 6 teams and were asked to design the logo and slogan befitting the current health management program displaying various dimensions of healthcare management. After this the group leader discussed key features of logo that led to its development. This activity elicited group awareness about the health management concept and program and fostered creativity.



### **Change Management- Dr. Preethi Pradhan (02:00PM to 03:30 PM)**

Dr Preethi Pradhan, Dean, Chitkara School of Health Sciences Chitkara University, Punjab deliberated on Change management. Session started with Kurt Lewin model which has 3 steps viz Unfreezing, Implementation of change and Refreezing. She gave an example of diabetes and explained that behaviour modification is an important step to prevent the disease or its complication. She spoke about driving and restoring forces that help in process of behaviour change. Next discussion moved to





Kotter's model where Kotter studied failure in bringing a change. With examples of health programs, use of toilets, etc., she gave an in depth understanding of the steps of model which included establishing sense of urgency, forming guiding coalition, developing the vision and strategy, communicating change vision,



empowering broad based actions, creating short-term wins, not declaring victory too soon and need to anchor changes in the organizational culture. Thereafter, the William Bridges change model was discussed which included endings, neutral zone and beginnings with dimensions of time and importance. With examples from day to day life such as life cycle of a person she explained metamorphosis or transition. The change curve was also discussed by taking an example of people reaction when a change process is initiated, implemented and absorbed into the system. It was followed by case study “Ensure physicians practice good hand hygiene” wherein, each team was asked to use different models in a hospital to ensure hand hygiene of physicians. It helped participants to understand about the process of change management.

#### *Video lesson- Overcoming Resistance to Change*

This video spoke about resistance to change. People resist change because of fear that change is not good enough and change is like climbing a mountain which requires too much effort, too much time and higher risk. The individuals resist change because they feel that they are comfortable in their present situation. In the latter part of the video benefits of change and its implications on management structure had been exemplified. It illustrates that change is an ongoing process to achieve organisation goal. So, it is of utmost importance to understand the significance of changing environment and adopt ourselves accordingly so that our professional skill matches with organizational requirement and thus leading to achieving of organizational objectives.



## Day 2 (21<sup>th</sup> March, 2017 Tuesday)

### Reflections of the previous day (09.00AM to 9.30AM)

Day began with feedback from the participants about the previous day's technical sessions followed by necessary announcements and declaration of winners of 'best dressed' (orange cap) and 'active participant' (purple cap). One participant from each group volunteered to be the group leader for that day and would coordinate the daily activities within his/her group.



### Project and Program Management- Dr Sonu Goel (09.30 AM to 11.00 AM)



Dr Sonu Goel, Additional Professor, School of Public Health, PGIMER, Chandigarh started his session by explaining terms like inputs, process, outputs, outcome, impact, objective and goal. He used examples from various national health programmes to explain these terms. Then he stated the importance of planning in health

care setting and elaborated about the difference between “Project” and “Programme”. Thereafter he explained about Operational and Strategic planning, programme goal and type of indicators like Impact, Coverage and Activity Indicators with various lucid examples. He deliberated on Centralised and Decentralised planning and significance of “bottom up approach” in health care settings. He described the steps of planning cycle with examples and consequences of unplanned





programme/project. Later the participants discussed about various systems of planning that is used in their country. He explained the relevance of planning, organizing, monitoring and controlling in effectively managing projects/ program in an organization. He explained about “Gantt Chart” as a planning and monitoring tool, in which a series of horizontal lines showing the amount of work planned/done in relation to time. Subsequently he deliberated on “Logical framework Analysis matrix” and illustrated the important concepts like SWOT analysis, Problem tree and Objective tree. Later, a case study in the form of an exercise on LFA was discussed with the participants.

### ***Video lesson-The turtle and the Rabbit redefined***

The video speaks about strategies that were employed by the turtle and the rabbit to win. In today’s world it is good to be slow and steady but it’s better to be fast and reliable. It is important to identify our core competency and then change the playing field to suit ours core competency. It’s good to be individually brilliant and to have strength but unless we are able to work in a team and harness each other capabilities we will always perform below par because there will always be situations at which we will perform poorly and someone else will do well. Team work is mainly about situational leadership, letting the person with relevant core competency for a situation take leadership. This video also emphasizes importance of unity and teamwork to achieve organisation goal.

### **Human Resource Management- Prof Preethi Pradhan (11.30 AM to 01.00 PM)**

Dr. Preethi Pradhan, Dean, Chitkara School of Health Sciences Chitkara University, Punjab took a session on Human Resource Management (HRM). She told that Human Resource Management consisted of activities used to attract & retain employees and ensure they perform at a high level in meeting organizational goals. These activities are recruitment & selection, training and development, performance appraisal and feedback, pay and benefits and labour relations. Further she described job analysis, types and sources of job analysis information and types of data collected through it. Later she described HR planning as a process of systematically reviewing HR requirements in order to ensure that the required number of employees with the required skills is available, when needed. Further she described HR planning process and HR forecasting techniques. Under recruitment and selection she discussed external and internal recruitment, outsourcing, selection tools and





process. Later she took a session on training need assessment and skill development. In this she described importance of training, difference between training, education and development and how to develop an appropriate training plan through a group exercise. Dr. Pradhan described the 4 main human resource management functions through caselets. The first case study brought out how to bring the situational analysis from a HR perspective. The second focused on strengthening the capacity of staff by need based training. The third case study focused on identifying the appropriate motivational strategies from the life cycle of the employee in the career, both from a doctor and other cadre of staff perspective. The final case study sought to review a performance report from the point of HR availability, capacity and productivity perspective. The session helped participants in applying principles of human resource management like recruitment and selection, performance appraisal in their respective health care settings. This practical approach of learning by doing has helped the participants to imbibe the concept of human resource management and training need assessment.



### **Video lesson- HR the Useless Department**

This video discussed as to how management can be effective in handling human resource. This is a vital aspect of HRM because the performance of an individual in an organisation is largely driven by the work atmosphere or work culture that prevails at the workplace. A good working condition is one of the benefits that the employees expect from an efficient human resource team. A human resource department is a critical component of employee well-being in any business, no matter how small. HR responsibilities include payroll, benefits, hiring, firing, and keeping up to date with the prevailing tax laws. Essentially, the purpose of HRM is to maximize the productivity of an organization by optimizing the effectiveness of its employees.

### **Management game- Game of Change (01.00 PM to 02.00 PM)**

The participants were asked to form a line. The person at one end of the line was asked to say “1” aloud. Thereafter the next person said “2” and so on until everyone had said a number in continuum. Each participant had to remember the number of all the participants. If the participants failed to raise hand he /she were dropped out of the game (Participants were not supposed to announce his/her own number). If the participants responded by raising his/her hand spontaneously, then they had to announce a number from the existing group. In case, the



participant, announced a number who had been already dropped out of the game, then he /she was also dropped out. This sequence was followed till the last participant was left, who was declared winner of the game. This exercise helped the participants to understand the importance of changing environment and its adaptation. Further participants ingrained concentration and cognitive skills by this game.

### **Supply Chain and Logistics Management-Dr.Manjushree (02.00PM to 03:30 PM)**

Dr. Manjushree Sharma, Faculty of Punjab University deliberated on Inventory Control Techniques in Healthcare Organizations. She discussed that the purpose of inventory management is to know when items should be ordered and how large an order should be, after considering three key aspects- lead time, safety stock and reorder Level.

Two types of inventory control system, continuous and periodic review were explained. Later various techniques of inventory management viz. ABC, VED, Economic Order Quantity, Reorder Point, Safety stock and Buffer Stock, and Service Level were explained in detail with different examples in health care. By



means of case studies, she mentioned role of correctly projecting drugs/ equipment's in hospitals to avoid stock outs and improve drug supplies, so that all patients get drugs timely. Later, participants were given two group exercises on Economic Order Quantity and ABC analysis. In first, they are asked to calculate the optimal number of units per order, the number of orders, the expected time between orders, demand per day, the reorder point and to determine the



combined annual ordering and holding cost. In second, they have to perform ABC analysis on a list of drugs. With this participants felt confident in applying Inventory management techniques in their respective organization. She concluded her session with condemnation policy of equipment in hospitals. Here she discussed

reasons for condemnation, categories of items to be condemned, and steps of condemnation and functions of condemnation committee.



### Management Quiz (03.30 PM to 03.45 PM)

Participants were shown pictures of famous management personalities/ leaders (followed by hints) and were asked to guess their names.



### Supply chain and logistics management- Prof. Arun Kumar Aggarwal (03.45 PM to 05.00 PM)

Prof. Arun Aggarwal, School of Public Health PGIMER, Chandigarh deliberated on Material Planning, Purchase and Procurement. He started his session with purchase cycle which includes purchase & procurement, inspection & quality control, storage, inventory control, issue procedure, maintenance & repairs, Condemnations and Need/ Demand. He briefed audience about material planning and discussed forecasting techniques. Further he talked in detail about purchase and procurement procedures and various committees. He described that all steps followed in purchase and procurement should be expedited for optimal functioning of hospitals and better patient care. He discussed stages of procurement citing examples from hospital viz. Requirement/ Demand, Prioritization of plan grant equipment, Budget, Indent, Technical specification, Tender/NIQ/Repeat Order/Rate Contract, Technical bid evaluation, Approval by CTC, Opening of price bid, Evaluation of price bid, Approval of CTC, Accounts clearance,



Approval by IPC/SPC, Financial sanction of minutes, Supply order, Opening of L/C (Letter of Credit), Delivery, installation and commissioning of equipment, Balance payment and AMC/CMC (Annual Maintenance Contract/ Comprehensive Maintenance Contract). Later he asked the participants about the models being

used in their respective institutes, about supply chain and logistics management. Moving further



he explained the components of chain one by one with examples from PGIMER and other healthcare settings. Participants understood the stages of procurement before supply order, steps in purchase of equipment before and at time of supply order and about the issues to be dealt after the issue of supply order for purchase of the equipment.

### ***Video lesson: Innovations in the logistic***

This video explains the importance of innovation in logistics management. The video shows a device named as Stock box which uses automated Kanban system of inventory management. Through this, one of the important component of supply chain system such as correct projecting drugs/ equipments in hospitals to avoid stock outs and improve drug supplies has been illustrated.

### **Evening management game- Selfie Fun Find quick and click (06:00 PM to 7:30 PM)**

The participants were asked to assemble near the musical fountain sector-17 market. They were divided into three teams. Each team was given a list of stores/shops through some rhyme/hint/logo. Teams had to identify the logo/hints and search for the given stores/shops in sector-17 and click selfie in front of



the store with at least three participants of the team present. The team which found all the stores first or maximum stores in given time was declared winner. This activity fostered group cohesiveness and team work among the participants.



## DAY -3 (22<sup>nd</sup> March, 2017 Wednesday)

### Reflections from previous day (09:00AM to 09:30AM)

Day began with feedback from the participants about the previous day's technical sessions followed by necessary announcements and declaration of winners of 'best dressed' and 'active participant' who were crowned by the previous day winners. One participant from each group volunteered to be the group leader for that day and coordinate the daily activities within his/her group participants.

### Budgeting in Healthcare- Mr. Sunil Kumar (9:30 AM to 11:00 AM)

Mr. Sunil, Head- Grants Division, from International Union against Tuberculosis and Lung Disease, New Delhi started the session with a role play through which he emphasized the importance of the need for adequate and succinct budgeting. Thereafter he introduced the concept of budget which is the financial reflection of project plan with a time limit and includes log frame analysis, human resource and support expenditure (administrative and overhead). He briefed about the budget lines or cost components of a budget taking the example of budgeting of Global fund Against TB AIDS and Malaria (GFATM). He reiterated the concept through group exercises on budgeting. Later, he also explained about the other factors of budget like inflation rate ratio analysis. He also introduced the concept of fixed, variable and



semi variable costs and also 3 components: effectiveness, efficiency and economy. He deliberated upon few special scenarios in budgeting like what to do when budget is not sufficient for remaining project period under no cost extension cases. In the later part of the session he explained about an effective financial reporting system in which he told about proper documentation, compliance and efficient management. He also briefed about budget/expenditure, variance analysis and special cases requiring approvals. He concluded the session with exercises on variance analysis and reviewing different sections of a model budget.



### **Video lesson-Do you budget enough**

This video spoke about budgeting and its importance in an organisation. A budget is a quantitative expression of a financial plan for a defined period of time. It may include planned sales volumes and revenues, resource quantities, costs and expenses, assets, liabilities and cash flows. It expresses strategic plans of business units, organizations, activities or events in measurable terms. The purpose of budgeting is to provide a forecast of revenues and expenditures, that is, construct a model of how a business might perform financially if certain strategies, events and plans are carried out systematically. It also helps in establishing the cost constraint for a project, program, or operation.

### **Costing in Healthcare services- Dr Shankar Prinja (11:30 AM to 1:00 PM)**

Dr Shankar Prinja, Associate Professor of Health Economics, School of Public Health, PGIMER, Chandigarh started the session with the concept of costing and type of cost involved in a program/budget. He explained the difference between cost and price. He emphasized on the “opportunity costing” and introduced the concept of “capital cost”,



“recurrent cost”, “incremental costs” and “marginal cost” with various lucid examples. He further



bring in the direct and indirect costs and significance of indirect cost in the setting of non - communicable diseases, HIV/AIDS and alcohol control. Later on he explained about various factors involved during calculation of costing in health care settings. Costing in health sectors may have different perspective like ‘patient perspective’, ‘health system

perspective, and ‘social perspective’. He highlighted the steps of cost accounting and the concepts of ‘Discounting’ and ‘annualization’ with an exercise emphasizing the importance of ‘time preference for money’. Lastly, he explained the concept of joint/shared costs and various cost centres in health care via an exercise on immunization services.



### **Management game- The Perfect Square (01:00PM to 02:00PM)**

All the participants were grouped into 4 teams. Each member of the team was blindfolded and the group was given a rope. Then the participants were instructed to take a walk around the rope. Thereafter the group was asked to hold the rope and make a shape (square, triangle, rectangle, circle etc.) without removing the blindfolds as per the instructions given. This exercise elicited and fostered effective communication, coordination and leadership skills.

### **Public Health Communication – Dr Amarjeet Singh (02:00PM to 03:30 PM)**

Dr. Amarjeet Singh, Professor, School of Public Health, PGIMER deliberated on the topic of Public Health Communication by means of role plays to demonstrate different aspects of communication, types of communication, communication styles, barriers in communication and its implication in public health. Almost all participants were given



one or the other role in various role plays during his session. One of the role plays was to demonstrate barriers during communication process. Here two patients approached a doctor and told their problems in their local terms, which the doctor could not understand. By this participants learned that doctor should be aware of common terms used in the community for understanding their problems and effective treatment. He also emphasized on being culturally



sensitive. In other role play a message was supposed to be communicated from one person to other but it passed through many other persons (Chinese whispers). Through this participants learned that message or any other communication should be directly conveyed and it should be comprehensive, clear, short and

simple. One role play was about a blind folded person who was to be helped by the second



person to reach the third person. With this exercise the participant understood how one should communicate to the other person so that target can be achieved in given time. This session was thoroughly enjoyed by all participants and they were actively involved in this session. This practical approach of learning by doing has helped the participants to imbibe the concept of effective communication.

#### **Video lesson- Good vs Bad Communication (3:30 PM to 4 PM)**

This visual was about effect of communication in a workplace environment and emphasizes on the need of good communication skills in healthcare settings. Communication is the heart of every organisation. Everything that we do in the workplace results from communication. Therefore good reading, writing, speaking and listening skills are essential to achieve organisation goals. Effective communication is communication that is clearly and successfully delivered, received and well understood. Learning the skills of effective communication can help people to resolve differences while building trust and respect. It further enhances success, understanding, trust, respect, teamwork, decision-making and problem solving in personal and professional relationships.

#### **Public Health Communication and Advocacy–Prof Sanjay Gupta (04:00 PM to 5:00 PM)**

Prof Sanjay Gupta, Dean from National Institute of Health and family Welfare (NIHFW), New Delhi started the session by explaining different types of communication (verbal, non-verbal). He emphasized that all types of communication should change the behaviour of the target population. Thereafter he elaborated on methods in public health communication like



‘mass approach’, ‘group approach’ and ‘individual approach’. He deliberated on the steps of strategic communication. He further explained about the importance of material development during the process of preparation of ‘message’ of communication. He showed National Health Portal of Government of India to illustrate the importance of digital media in communication process. He mentioned that for successful strategic planning ‘SWOT analysis’ is very important step for designing of a successful IEC campaign. All communication processes should identify target population. He emphasized the importance of clarity of message through a group exercise.



Then he explained how to write an effective slogan. He quoted examples of few innovative methods for IEC and BCC like involvement of leaders during pulse polio programme. Thereafter, he explained about activities and types of advocacy and its importance for public health professionals. Lastly, he explained about major barriers in communication and conducted a role play on 'elevator speech' (delivering message effectively to decision maker in 2 minutes) which exemplified the importance of simple and clear message.

### **Management quiz – Dr Risha (05:00PM to 05:15PM)**

A recapitulating management quiz was conducted at the end of day using pictures showing different models & diagrams used in public health management. The participants actively participated in the quiz which reflected their understanding of concepts taught during the program.



### **DAY-4 (23<sup>rd</sup> March, 2017 Thursday)**

#### **Reflections from previous day (09:00AM to 09:30AM)**

Day began with feedback from the participants about the previous day's technical sessions followed by necessary announcements and declaration of winners of 'best dressed' and 'active participant' who were crowned by the previous day winners. One participant from each group volunteered to be the group leader for that day and coordinate the daily activities within his/her group participants. They were also briefed about the next day's field tour to Himachal Pradesh.

#### **Total Quality Management- Dr Jeetu Lal Meena (9:30 AM to 11: 00 AM)**



Dr Meena, Quality Assurance Officer, Govt. of Gujarat started the session with introduction of concept of quality and standards of quality care in health care services. He spoke about self -assessment to improve quality care through SWOT analysis.



He discussed the importance of quality care through a case study.

He stressed on the importance of ‘truth in improvement of quality care’. He deliberated on factors that hamper quality care in hospitals through a video and case study. Through this the participants got an insight of critical factors like importance of sanitation and cleanliness, house-keeping services, poor monitoring etc. that may hinder provision of ‘quality care in hospital’.



He deliberated on how to achieve excellence in health through ‘Quality improvement cycle’ and 5’S’ (sort, set in order, shine, sustain and standardisation). Later on, he explained about activities for quality improvement programme through “Kayakalp” method that is being followed in Gujarat. Further he explained the 3P model of ‘Kaizen’ through a group exercise. He also displayed a video to introduce the concept of ‘infection control /audit for a hospital’ in order to improve quality services in a hospital. He explained the importance of maintenance of motivational level of health workers to improve health quality care. He introduced assessment methods like ‘observation’, ‘staff interview’, ‘record review’ and ‘patient review’ methods for assessing quality care. He deliberated on compliance and scoring rules that is to be followed during quality care assessment of a health institution. Later, he elaborated on methodology adopted for quality improvement and quality care.

***Video lesson- TQM Real time (11:00 AM to 11:30 AM)***

This visual talked about TQM and its principle. Total Quality Management (TQM) is a comprehensive and structured approach to organizational management that seeks to improve the quality of products and services through ongoing refinements in response to continuous feedback. This video portrayed TQM principles in improving work performance. It further discussed about the importance of quality management like how it leads to higher productivity, enhanced market image, higher profitability, improved customer focus and satisfaction, increased customer loyalty and retention and improved employee morale.



## Accreditation of Health Care Facilities- Dr. Jeetu Lal Meena (11:30 AM to 1:00 PM)

Dr Meena began the session with a video on the concept of “accreditation and medical error.” followed by interactive session .He then introduced the concept of ‘Accreditation of health care facilities’ and stressed on the difference between Regulation and Accreditation. He explained about International Society for Quality in Health Care (ISQUA) and “4 year cycle’. Thereafter he explained about accreditation process and various standards of accreditation like of US (JCI) and Australia (ACHS) and of other countries. He then explained about accreditation agencies in India like NABH and NABL. He also stressed about the importance of accreditation and its role for improvement of quality care. He also emphasized on importance of having Standard Operating Procedures (SOP) for fire safety, biomedical waste management etc. for any hospital. He concluded his session by enumerating the benefits of accreditation for patients, to staff, to hospital, to government and to the community.



## Management game- Name a skill (1:00PM to 2:00PM)



All the participants were given a good quality paper and pen with reverse tape which was tagged on their back by their fellow colleague. Each participant was asked to clearly write down one skill he/she thinks is possessed by the other participant. Each person could write maximum for 3 persons and the participant was allowed to write one skill/quality per person. At the end, the participants

then read their own skills as attributed by their colleagues. This activity elicited knowing about self, networking, skill assessment and group cohesiveness.



### **Monitoring and Evaluation- Dr A.K. Sood (2:00PM to 3:30 PM)**

Prof. A.K. Sood from National Institute of Health and Family Welfare (NIHFW), New Delhi started the session with a video on the concept of 'Monitoring & Evaluation'. Through the video he explained the importance of monitoring and difference between 'monitoring' and 'evaluation'. He stressed on the need for existence of



a monitoring mechanism for national health programmes. Later, he deliberated on development of monitoring indicators and the factors to be monitored in any national health programme. He gave exercises and case studies on different types of monitoring indicators (input, process, output and Impact) to all the groups. He emphasized that monitoring and evaluation guides the key decisions such as informational needs, methodological approaches, capacity building and allocation of resources. At last, he explained the steps involved in M & E.

### **Video Lesson-Medical Monitoring and Evaluation Visit-Nigeria (03:30PM to 04:00PM)**

This video helped in understanding the concept of monitoring and evaluation in the context of health programme implementation. Monitoring and evaluation (M&E) is a process that helps to improve performance and to achieve results. Its goal is to improve current and future management of outputs, outcomes and impact. It further helps in identifying the most valuable and efficient use of resources.

### **Development of Action Plan (04:00PM to 05:00 PM)**

Dr Sonu Goel, Additional Professor, School of Public Health, PGIMER and Program Director moderated this session in which he explained about the development of action plan to each participant. He deliberated on different priority areas they can feature in action plan under the heads- teaching and training, program implementation in health care settings and research. He



asked the participants to develop their own action plan as per their settings after discussion with their immediate supervisors and submit within 10 days of program completion. They should submit the action plan implementation report after a period of 6 months in terms of priority areas, milestones, strategies and success indicators. A format of Action Plan was also shared with the participants. The participants prepared brief Action Plan with their supervisor and submitted to organisers.



### **Management quiz – Dr. Risha**

A reiterating management quiz was conducted at the end of day using pictures and acronyms showing different personalities in field of public health management.





## *Field Tour*

### **Brief about field tour by the Program**

#### **Director:**

Dr. Sonu Goel, Program Director briefed the participants about the field tour to Shimla, Himachal Pradesh.



The group started from the Hotel at 6 AM. In between they had a halt for short coffee break.

During this break they had an incidental interaction with media on key public health issues. Dr. Goel briefed about the program and the objective of current field visit to Shimla, Himachal Pradesh. The participants narrated the health management practices of their country and praised about the

present health management program being run by PGIMER, Chandigarh. They assured to replicate the practices learnt in the program in their respective country.

### **Meeting with Honourable Health Minister:**

The participants visited Indira Gandhi Medical College, Shimla and met Honourable health minister Mr. Kaul Singh Thakur which was followed by an interaction session between them. The Health Minister welcomed all the participants and laid emphasis on the need of active public health management in today's scenario.





He also congratulated Dr. Goel, Program Director of IPHMDP for successful conduct of the program. He also laid stress on the fact that public health management is a very important aspect in health care, and promised to inculcate best management practices in his state.



The participants presented their best practices to the Health Minister, Director Health Services, Director Medical Education, Director Principal Medical College and other senior faculty members. Around 1000 members were present in the hall.

**Field Visit to Various Health Facilities:** A field visit for the program participants was scheduled at various health facilities at Shimla. They were briefed about the human resources, functionality and services offered at the health facilities. Visit was also made to the tertiary care centre i.e., Indira Gandhi Medical College (IGMC) and the participants were apprised with the different running departments and facilities offered. The participants were told about the record keeping system & maintenance and how they are achieving good health indicators in resource constraint settings. The participants were amazed by the hard work of the health workers and appreciated their efforts.







**HMIS training:** The participants were given hands on training on Health Management Information System (HMIS) at State Institute of Health and Family Welfare Parimahal. They were also told about the data management and retrieval using information system and how it is being utilized for better management of various

services in health care system.

**Conduct of rally on the eve of World TB Day:** A rally was flagged off on the eve of World Tuberculosis Day by Honourable health minister Mr.Kaul Singh Thakur and other dignitaries of the medical college. All the participants of 3<sup>rd</sup> IPHMDP programme participated in the rally in north Indian hill town of Shimla along with their country flag with a message on Theme of World TB Day 2017 in their native country's language. The Health Minister said the state would eradicate Tuberculosis (TB) from the state by 2021- much before the centre's deadline (2025). He said that the programme would get impetus with launch of Mukhyamantri TB eradication scheme announced in the budget by the chief minister from 2017-18.



He further added that the entire state had been covered in January, 2002 under this programme. Claiming that the health indicators in Himachal Pradesh are better than that at National level, he



said IMR (Infant Mortality Rate) was 28 as against 37 at national level while child mortality rate was 33 as compared to 43 at the national level. Minister appealed the foreign delegates to join hand with the international community to end the Tuberculosis. Coordinator of the programme Dr. Sonu Goel, said that these delegates have come here from 21 countries to

learn the management skills in public health management. One of the participant from Kyrgyzstan, Nagira Umetalieva sharing her experience said that "It is a pleasing coincidence that



she is here to join the TB Day awareness. Here we have learnt many things including the management skills in public health like how to coordinate the laboratory technicians and doctors as it is important for them to understand each other. It would help in diagnostic and treatment part. We all have come here together to stop TB." Another participant from Indonesia said that the community participation is important and in Indonesia the Islamic leaders are joining hand to eradicate the disease.

**Cultural Event:** The eventful day was followed by vivacious cultural event in which the participants had prepared their native cultural performances on the basis of their talent and willingness. Three of the participants took the responsibility and organized the program which was tremendously entertaining and stress relieving. The participants learnt to organize, manage and implement any activity within existing resources. It also explored the hidden talent among the participants. The stay was at Koti Resorts, Shimla.



**Return to Chandigarh:** The next morning i.e., Saturday the group travelled back to Chandigarh and reached the city at around 12 noon.



## *Local Cultural Tour*

After the completion of program, the participants had a local cultural tour of the city in a fully furnished double decker Hop on-Hop off. During the tour, they visited various famous places, including Rock Garden, Sukhna Lake, Rose Garden, Sector-17 PLAZA, and World Heritage Open Hand Monument.



The Rock Garden of Chandigarh is a unique sculpture garden built out of discarded industrial items and home waste (bottles, glasses, bangles, tiles, ceramic pots, sinks, electrical waste, broken pipes, etc). The garden is epitome of creativity and was really inspiring for participants it teaches them a lesson that any waste material can be used productively. The tourists have to pass through numerous artistic splendors like lanes, archways, doorways and vestibule.



Sukhna Lake is a beautiful lake that lies in the foothills of Shivalik range. The unique thing about Sukhna is that it is a manmade lake. Sukhna Lake serves as a great picnic spot and an apt place for pursuing water sport activities like boating, yachting and water skiing etc. The atmosphere over here is very serene and thus apt for meditating. Participants felt rejuvenated and forgot all their worries.



Participants felt so relaxed and enjoyed a lot there.

Rose garden of Chandigarh, India is the largest of its kind in Asia. Named after India's former President, Zakir Hussain, Rose garden contains over 17,000 plants. There are nearly 1,600 varieties of roses. Rose garden serves as the venue for hosting the annual festival of gardens, a major cultural event of the city.

Sector 17 Plaza of Chandigarh is also considered as pedestrian's paradise. It is the ultimate destination for fun lovers, party animals and shopaholics. It is dotted with beautiful fountains, charming sculptures and tree groves. Beautiful lights along with the fountains adorn the whole sector and turns the place into big open air club.





## Valedictory Session

The program ended with a valedictory session where Ms. Vini Mahajan, Additional Chief Secretary (Health), Govt. of Punjab spoke about the importance of public health management in improving the effectiveness and efficiency of various national health programs. By providing examples of planning, resource allocation, leadership, motivation, supply chain management, monitoring and evaluation from her experience, she told as to how she improved the health indicators of various health programs in the state of Punjab.



She congratulated School of Public Health PGIMER, Chandigarh and specially program director in hosting a very important public health management program for senior dignitaries across the globe.



The participants of the program had prepared an action plan which they are likely to implement in their settings. Few participants presented the action plan which was highly appreciated by Hon. Additional Chief Secretary. The points discussed by various participants in their action plan ranged from increasing awareness on TQM model, revising existing plan on logic model, updating of data recording instruments, selection of health units, sensitization of senior program managers. The participants also showed their immense desire and eagerness to implement the action plan within the allocated time frame.



The participants also appreciated the program organizers for conducting a very useful, innovative, informative, knowledgeable and interesting program which they can replicate in their settings.



Thereafter, she conferred the program completion certificates and winners of various contests held during the program. She congratulated the entire team for the grand success of the program.

Dr. Goel, Program Director presented the vote of thanks in which he appreciated the efforts of participants of program for their intensive hard work and keenness to learn during this program. He also thanked Ministry of External Affairs, Government of India for kind support during the endeavour and hope that such programs shall be conducted in future too to accommodate the long list of participants who had applied for the program. He thanked the entire team of the program for their hard work and enthusiasm, which had led to grand success of program. He also hope that participants shall be the brand ambassadors of the program and shall conduct similar programs in their settings.





# Contest Winners

## 1. Best Cultural Performer- Mrs. Ghaya Rebaa



## 2. Best Group Poster – Team movers of Day -1



## 3. Voracious Reader - Dr. Arifah Nur Shadrina



## 4 Best Participatory participant – Mr. Geoffrey Misati Kebaki and Mrs.Nagira Umetalieva





**5. Best Case Study - Ms. Myra Ernesta and Mrs. Monia Course**



**6. IPHMDP Selfie –Dr. Sengtavanh Keokenchanh and Dr. Arifah Nur Shadrina**



**7. IPHMDP Quiz- Dr. Md Noor Ashad Uz Zaman**



**8. Best Dressed- Ms. Liydmila Kalinova**





## *Best Case Practices by Participants*

### **Health Systems Factors Influencing Referral Practices in Primary Public Health Facilities Uasin Gishu County, Kenya**

**Geoffrey Misati Kebaki (Department of Health Systems Management, School of Medicine and Medical Education, Kenya Methodist University)**

Functioning of a referral system is a critical part of an appropriate health care delivery system.

Putting in place a comprehensive referral system require all tiers of the health system to have linkages across levels of care to ensure continuity of care. The effectiveness of referral is anchored on the foundation of the entire process as laid in the primary health facilities. Weaknesses were identified in the service delivery pillar which is often used as a parameter of measuring the efficiency and



responsiveness of the health system .This study endeavours to establish patient factors influence on referral practices, to establish health worker factors influence on referral practices and to establish the institutional factors influencing referral practices in Uasin Gishu County. A descriptive cross-sectional study utilizing quantitative and qualitative techniques was carried out and data was collected by use of questionnaires, interviewer schedule and key informant interviews. The researcher adopted a census sampling technique and included all the 32 in-charges of public primary health facilities in the study. Stratified random sampling technique was used where the health worker cadres were the strata and 133 health workers sampled that included clinicians, nurses and medical officers who refer patients. Included in the sample were 266 patients arriving with referral notes in public health facilities. Ethical considerations in receiving consent from respondents and approval by University Ethics Committee was obtained. Data sets were analyzed using inferential and descriptive statistics. Patient factors effect on referral practices were socio-economic as income influenced decision of health facility preferred by the patients. Patient's knowledge and the severity of illness influenced decision to comply with referral advice. Perceived cost of treatment in the facility patient is referred to have an effect of preferred facility of choice as often patients chose public facility as opposed to private or faith based facilities. Health worker factors effect on referral practices were training and experience that determined appropriateness of the referrals. Patient's knowledge and the severity of illness influence decision to comply with referral advice. There was a significant positive



association ( $p < 0.006$ ) between appropriate referral and knowledge of the referral guidelines. The condition of referral is influenced significantly ( $p < 0.04$ ) by the level of training of the health workers. Institutional factors affecting referral practices were procedures and guidelines on appropriate referral. Lack of diagnostic services and drugs contributed to inappropriate referrals. The County Health Services need to integrate advocacy for patients and sensitize communities in appropriate use in their tiered services. The health workforce need to be trained on adherence to referral guidelines and continuity of care for appropriate referral of patients. The County Health services need to ensure adequate medical officers and specialists in the Sub-County hospitals for early detection of diseases and provide medical commodities and technology in all tiers for better health outcomes.



## **Generasi, Improving Health through Community Empowerment**

**Dr. Arifah Nur Shadrina (Founder of Indonesia Cerdas Foundation, Indonesia)**

Indonesia, with more than 16,000 islands, is one of the strongest economy in Asia. The country continues to register strong growth and it is forecasted to be the world's fourth largest economy in 2050. Not only in economic sector, but Indonesia also has made significant progress in health sector. Child and maternal mortality rate have fallen substantively and life expectancy also increases since the previous two decades. Despite the progress that has been made, Indonesia's health still faces challenges especially in sanitation and hygiene.



Decentralization policy that has been implemented since 2001 has led to greater role of district health system in developing and managing various health programs. Despite the importance of financial support for health sector, there is evidence that management and leadership capacity is one of the most important factor to service delivery. To be effective in this dynamic environment, health leaders in all levels must have the right combination of competence, creativity, and managerial skills to plan and direct health service delivery.

One of the important managerial skills is evaluating outcome or progress of the program. Most of the time, health leaders do not evaluate thoroughly their actions, thus it leads to less innovative program. The program that do not change in spite of changing environment will eventually not give any impact to the community.

At many times community empowerment is neglected even though it is very critical to improve and sustain the health status of the community. We should reform this mind set and move from the grass root to improve the health of the community through community participation and empowerment.

In Indonesia, health literacy is still one of the biggest challenge. Health literacy goes beyond a narrow concept of health education and individual behaviour-oriented communication. It moves people from knowing, understanding, until doing actions, thus it is said to be critical for community empowerment. Furthermore, primary health care has not been implemented comprehensively. Most of the district health system in Indonesia still put more focus on curative



and rehabilitative action instead of preventive and promotive action. Child and adolescent health is in danger because of this.

Health improvement needs every part of the community to contribute in solving the health problems. Government, private sector, and community have to work hand in hand. As non-governmental organization, we choose to take initiative in improving the lives of Indonesian children in under privilege area. Since 2016, we have been conducting project named *Generasi (Gerakan Sekolah Cerdas Sanitasi)* to more than 1,000 school-age children in Indonesia and we expect to reach more than 2,000 school-age children in the end of this year.

*Generasi* is community empowerment program that integrates education, health, and economic empowerment. It becomes the pilot project in Indonesia. *Generasi* implements reformation in the health leadership and management where we identify specific goals in limited-resource setting with the spirit of creativity, research, and volunteerism. After setting program target, we identify key person from community to help in the process. Involving key person is highly effective in grass root movement. We also use quantitative research to evaluate impact of the project and advocate it to the government. As a result of multiple and synergistic interventions, *Generasi* has been statistically significant in reducing the prevalence of infectious disease (i.e. upper respiratory tract infection, skin infection, and diarrhea) in the target community.

We agree with what Mahatma Gandhi said, “Sanitation is more important than independence.” We believe that school plays pivotal role to the community betterment as well as a child to its family. Children are potential agent of change that will spread the knowledge and skill to their families. *Generasi* will continue to move and spread the spirit of public health for Indonesia betterment.



## Healthcare Practices of Tertiary Care Institute in Bangladesh

Dr. Md. Noor Ashad- Uz –Zaman-Medical Officer, National Institute of Preventive and Social Medicine, Bangladesh



### INSTITUTION



### INSTITUTION

- NIPSOM is the apex body in public health in public sector in [Bangladesh](#)
- It is one of the largest and oldest post graduate institute in the South East Asian Region
- Its Academic programme resumed in 1978
- Web Page- [www.nipsom.gov.bd](http://www.nipsom.gov.bd)

### OBJECTIVES

The Institute's commitment of excellence is reflected in its over-arching objectives, set out as below:

- To conduct academic course/programs leading to postgraduate degree (MPhil & MPH) in different disciplines of public health ([Teaching](#))
- To organize in-service and continuing education/training programs for different categories of health personnel ([Training](#))
- To promote and undertake Health System Research as an instruments of public health practice and development ([Research](#))
- To provide technical advisory/consultancy services in the field of public health ([Consultancy](#))

### Major Achievements

- Every year about **175** health professionals complete their **post graduate degrees (MPhil & MPH)** in public health from NIPSOM. This is mandatory for all post graduate degrees.
- Health Workers Capacity development in Nutrition through **Competency Based Training (CBT)** in 12 Districts and 2 City Corporations supported by UNICEF.
- **Survey of household food safety and hygiene** knowledge and beliefs in Bangladesh in 2015 supported by Food and Agricultural Organization (FAO).
- **Advanced Training on Hospital Management** for Health Manager from different Upazilla Health Complexes supported by HRM Unit, Ministry of Health and Family Welfare Bangladesh
- Contributed to the **formulation of National Health Policy 2011, National Nutrition Policy 2015** etc.

### One Major Product (Strengths)

Competency Based Training (CBT) in Nutrition

### SDG TARGET 2.2.

- By 2030, **end all forms of malnutrition**, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons
- **Biggest Challenge in management of nutrition**
- Limited Human Resource capacity in Nutrition

### Purpose of CBT in Nutrition

The purpose is to better equip all health providers / supervisors / managers working at different levels of the health system with nutrition knowledge and skills so as they can further contribute to the reduction of malnutrition in the country.

### Uniqueness of CBT in Nutrition

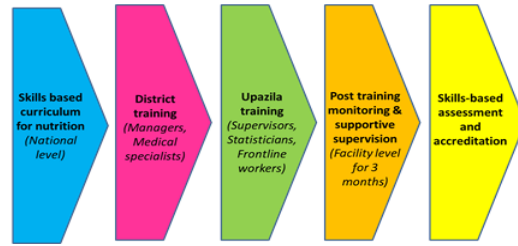
- **Trainer's** (District Trainer) **only job** is to train
- Trainers are **full timer**
- A trainer act as a **facilitator**, not as a teacher
- Complete package: Perimeter is **from training to service delivery**
- **Supportive supervision**
- It enables them to **change their knowledge into practice**.
- **Locally, easily and cost effectively available** training tools are utilized (minimum hi-tech)
- The institutions closely work with **DGHS, DGFP** and other relevant sectors in planning, implementing, and monitoring training activities.
- **Trainer's** will get Incentive(One Month Salary) if they achieve the target



## Modules of CBT in Nutrition

- **Module 1**  
IYCF, Adolescent & Women Nutrition;  
Growth Monitoring Promotion
- **Module 2**  
Supportive Supervision/Mentoring and  
Monitoring

## Implementation by level



## Master Trainer



## District Trainers (1<sup>st</sup> Batch) of NIPSOM



## Measuring Weight, Length, Height



## Measuring MUAC, Length



## Fill-up GMP card and Counseling





## Primary Healthcare Services in Bangladesh – An Overview



**Dr. Rafique Us Salheen -Medical officer (MOHFW),  
Bangladesh**

### PRIMARY HEALTH CARE SERVICE IN BANGLADESH

- This is the first level of contact between the people and the health care system where the essential health care service is provided to people.
- The primary healthcare is provided through an extensive network of health facilities.

### Levels of primary healthcare delivery in Bangladesh :

1. Upazila health complex facilities through 491 centers
2. Union health and family welfare centre level facilities through 3,134 centers
3. Community clinic (functional at present) through 13,336 centers.

### UPAZILA HEALTH COMPLEX

Upazila health complex is the highest point of primary healthcare service delivery in Bangladesh.

- Total Beds - 50
- Total doctors- 21
- Services provided through
  1. Outpatient care
  2. Inpatient care
  3. Emergency service  
-- 24 hours round the clock service.
  4. Others



### UNION HEALTH AND FAMILY WELFARE CENTER

This is the first static healthcare facility, which is headed by a physician and services provided through outdoor.

#### Available services:

- Treatment of minor diseases and injuries
- Immunization
- Vitamin A distribution
- Nutritional and health education
- Family planning services
- Maternal and child healthcare service
- Essential medicine supply
- Referral to higher center



### COMMUNITY CLINIC

- Through various public health facilities, Bangladesh provides free medical services to people at the community level.
- Located at the ward level, the community clinics are the lowest-level static health facilities. These have upward referral linkages with health facilities located at the union and upazila levels.



- Community Clinic (CC) is the brain child of Hon'ble Prime Minister Sheikh Hasina. It is being branded in her name. It is the lowest tier public health facility. It is a one-stop service outlet on health, family planning and nutrition, each covering around 6,000 rural population.

- The Government planned to establish CCs at the door-steps of rural people all over the country to ensure the provision of quality primary healthcare.
- The service is being provided by CHCP ( community health care provider), Health assistant and Family welfare assistant.

Available services:

- Treatment of minor ailments and first aids
- Common essential medicine and micronutrient supplements supply
- Reproductive health and family planning services
- EPI
- Maternal and child healthcare services
- Health education and counseling
- Establishing referral linkage with higher facilities.

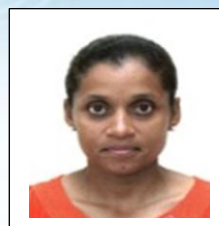




## Good Practices in Healthcare Systems in Seychelles Island

**Mrs. Monia Course**– Senior Public Health Officer, Public Health Authority, Ministry of Health Seychelles

**Ms. Myra Ernesta**- Nurse, Ministry of Health, Seychelles



**THE SEYCHELLES ISLAND**  
**“GARDEN OF EDEN”** 

**International Public Health Development program**  
**Chandigarh, India**  
**20-25 March 2017**



Ms. Myra Ernesta  
 Mrs. Monia Course




### INTRODUCTION

- An archipelago in the Indian Ocean. Situated 4 south of the equator.
- Capital is Victoria.
- Total population of 91,650 people.
- Life expectancy 74.25.
- Languages are Creole ,English, French and very few unspecified.
- Ethnicity race: mixed French ,African, Indian, Chinese and Arab.
- Literacy rate: 91.8%
- Religions: Roman catholics, Anglican, Pentecostal, Muslims, Hindu ect....

- Health care in Seychelles is free from cradle to the grave. Among programs of Public Health, Seychelles has demonstrated very good results regarding maternal health, disease surveillance and law implementation.
- Seychelles register 1598 live births/year.
- 99.8% of women attend antenatal clinic. The reported pregnancies are between 1900-2000 every year .The infant mortality rate is 13.37 in 2016 per 1,000 live births.
- Maternal mortality for 2016 is 0 .It is worth noting that maternal death is of great concern and the effort of all health providers should be commended for taking care of all mothers who deliver and the number of abortion they deal with.

- All births are attended by skilled health professional inclusive of midwives, nurses and obstetricians.
- Pregnant women receive on average 8 visits which include a well define package eg blood tests, ultra and examinations.
- Defaulters are traced at home, in work places with the corporation of other stakeholders like social services.
- Contraceptive prevalence: Less than 50%. However, a lot of women are having contraceptive in private settings. There's a good network of health centers that give free access to contraceptives to women age 18 and over. Free FP is considered as part of a comprehensive health care service to women.

### Public Health Authority

- Falls under the umbrella of Ministry of Health of Seychelles
- A well established Public Health system.

**Main aims**

- **Prevent / control** the spread of diseases (occupational & communicable diseases)
- **Promote** safe/healthy living & working conditions in the country.
- **Safeguard** the environment against all factors that can result into public health problems.

### Two good practices in the context of Public Health:

Disease surveillance system

- Very well established disease surveillance system.
- Practiced on district level and also at the points of entries of the country.

Public Health Act 2015/Regulations

- One of the most powerful acts of the country which gives empowerment to Public Health Officers to take actions as and when found necessary.
- It regulates activities/actions which ensures strong actions that helps to reduce/eradicate Public Health problems.



## Best Health Care Practices – Infection Control Strengthening among MDR TB patients in prison of Kyrgyzatan

Mrs. Nagira Umetalieva - Lab Technician International Committee of Red Cross, kyrgyzatan



### History:

- 1999: ICRC started detention visits: TB a main health problem in PoD
- 2003-2004: Assessment of TB in Penitentiary System
- 2006: Prison TB projects MDR TB in PI 27
- 2009: Internal review (annually)
- 2012: Revised TB Control 5-year Project started
- 2015: Started support Pre-trial Detention place 1
- 2016: Started Mass TB Screening in peripheral colonies

### Infection Control Strengthening

- Building for MDR + patients on Treatment.
- Building for MDR TB patients for life sentenced
- Renovation of existing three barracks for Smear – MDR, PDR and sensitive TB patients.
- Installation of UV lamps.
- Masks and respirators.
- IC internal procedures.
- All TB infection control measures implemented in the facility.
- Penitentiary TB hospital established and started in 2014.
  - MDR, PDR, SENSITIVE
- Improved living conditions for patients.
- Improved working conditions.

### Improved Diagnostic Services

- Laboratory services strengthened in Col 31 and SIZO 1:
  - Microscopy, Xpert, Biochemistry: Col 31
  - Microscopy, Xpert, Biochemistry: SIZO 1
- Support to RRL when needed.
  - Culture and sensitivity services.
- Xray services: in Col 31 and SIZO 1.
- Detainees have access to Quality Assured TB laboratory services: Microscopy, Culture, DST, Molecular methods
- All patients go through Culture and DST tests.
- 98% of detainees screened on entry for TB.
- Periodic mass screening conducted.



### “ONE stop shop” Model





## Healthcare in Trinidad and Tobago

**Mr. Ravi Parasnath Reemaul - Senior Radiation Therapist,  
Southern Medical Clinic, Trinidad and Tobago**



### Healthcare In Trinidad & Tobago

- Public Healthcare
  - Divided into five Health Authorities & sub clinics.
  - Free visit to doctors, medication, surgical procedures etc.
  - One public cancer treatment centre.
- Private Healthcare
  - Over 100 private Healthcare Facilities.
  - Paid services (some is government assisted).
  - Two modern / up to date cancer treatment centre.

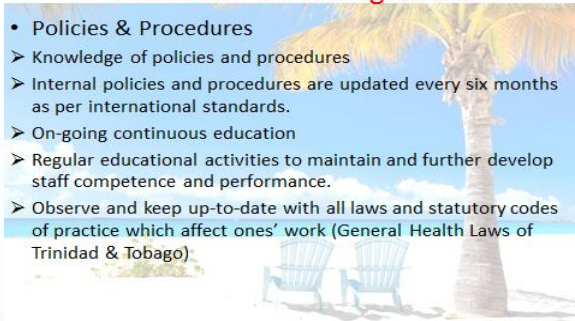


### Southern Medical Oncology Centre



### Good Practices in context of Public Health Management

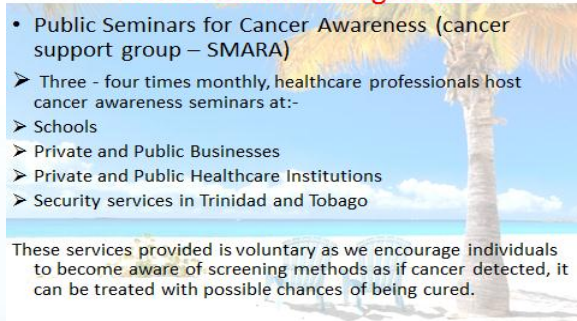
- Policies & Procedures
  - Knowledge of policies and procedures
  - Internal policies and procedures are updated every six months as per international standards.
  - On-going continuous education
  - Regular educational activities to maintain and further develop staff competence and performance.
  - Observe and keep up-to-date with all laws and statutory codes of practice which affect ones' work (General Health Laws of Trinidad & Tobago)



### Good Practices in context of Public Health Management

- Public Seminars for Cancer Awareness (cancer support group – SMARA)
  - Three - four times monthly, healthcare professionals host cancer awareness seminars at:-
  - Schools
  - Private and Public Businesses
  - Private and Public Healthcare Institutions
  - Security services in Trinidad and Tobago

These services provided is voluntary as we encourage individuals to become aware of screening methods as if cancer detected, it can be treated with possible chances of being cured.





# WASH Program at Nepal –Issues and Challenges

Mr. Shree Shyam Giri-Lecturer Sinha Health Foundation, Nepal



## Major program of the organization (Only WASH)

Program	Name of the Partner (If yes)	Duration	Working VDC/Municipality (Microon Names and ward of Municipality and number of school)
Water Supply	Rural Water Supply and Sanitation Fund Development Board (Fund Board)	8 Months	Ratauli 1, 2 & 3; Ratauli 8 & 9; Banachauri 5 & 6; Loharpatti 2, 3 & 6; Pigauna 8 & 9; Ekarahiya 1 & 2; Banauli 1 & 2; & Bhangaha 3 & 4 (8 Schemes)
Sanitation	Rural Water Supply and Sanitation Fund Development Board (Fund Board)	12 Months	Ratauli, Banachauri, Ekarahiya, Banauli, Loharpatti & Bhangaha (6 VDCs)
	GSF/UN-HABITAT	10 Months	Dhirapur, Sahodwa, Banauli, Bhrampur, Bijalpur, Meghnath Gorhanna, Padaul, Balwa & Gaushala Muni - 1, 2 & 3 (Ramnagar)

## Major Activities

District Level	VDC/Municipality Level
	At Water Supply side:
	<ul style="list-style-type: none"> <li>• Formation &amp; Mobilization of WSUG,</li> <li>• Formation &amp; Mobilization of Jagaran Committee,</li> <li>• Formation &amp; Mobilization of Conflict Mgt committee,</li> <li>• Formation &amp; Mobilization of Teacher-Students Total Sani Mgt Committee,</li> <li>• Formation of Mother-Child Tap Group,</li> <li>• Formation of Women Technician Support Service,</li> <li>• Training to WSUC, WSUC Treasure, VHP, VMW,</li> <li>• Healthy Home Survey Eval Committee,</li> <li>• Healthy Home Survey at HHs level,</li> <li>• Survey and Layout Plan formation to Water Scheme</li> </ul>

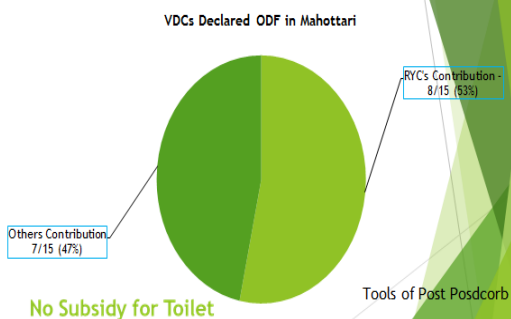
## At Sanitation side (Fund Board):

<ul style="list-style-type: none"> <li>• Facilitated in D-WASH-CC Meetings</li> <li>• Facilitated in event for MoU with VDCs</li> <li>• Celebration of World Toilet Day</li> </ul>	<ul style="list-style-type: none"> <li>• Formation/Reformation, Activation &amp; Mobilization of V-WASH-CC,</li> <li>• Formation &amp; Mobilization of W-WASH-CC, Youth Health &amp; Sani Committee, Child Health &amp; Sani Commi, Women Sani &amp; Hygiene Commi, School TS Commi, Healthy Home Survey Eval Commi,</li> <li>• Healthy Home Survey at HHs level,</li> <li>• Training to VDC level Stakeholders,</li> <li>• Training to V-WASH-CC members for developing VDC level Str. PoA for ODF/Total Sanitation,</li> <li>• Celebration Global Hand Washing Day at VDC level,</li> <li>• Celebration of World Toilet Day at VDC and Zonal level</li> </ul>
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## Major Activities

District Level	VDC/Municipality Level
	At Sanitation side (GSF/UN-HABITAT)
	<ul style="list-style-type: none"> <li>• Formation/Reformation, Activation &amp; Mobilization of V/W-WASH-CC,</li> <li>• Formation &amp; Mobilization of W-WASH-CC, S-WASH-CC, Child &amp; Youth Clubs, Women Sani &amp; Hygiene Commi, School TS Commi, Healthy Home Survey Eval Commi,</li> <li>• Monitoring by Project Staff, Members of V/W-WASH-CC at HHs level,</li> <li>• Training to Local level Triggers in participation of V-WASH-CC Chairperson,</li> <li>• Workshop for review of VDC level Str. PoA for declaring ODF,</li> <li>• Support Matching Fund amounting Rs. 70,000/- to V-WASH-CC to declare VDC ODF.</li> <li>• Support Matching Fund amounting Rs. 70,000/- to V-WASH-CC for Post ODF PoA,</li> <li>• Celebration Global Hand Washing Day at VDC level,</li> <li>• Celebration of World Toilet Day at VDC and Zonal level</li> </ul>

## Major Achievements:



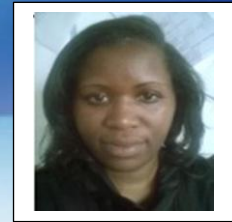
## Issues and Challenges

- ▶ Lack of Land to ultra-poor HHs: threats to achieve ODF/total sanitation
- ▶ Short span of Project period (6 Months/10 Months....) to communicate BCC
- ▶ Lack of Post ODF intervention to achieve total sanitation
- ▶ Allotment of more VDCs to one VDC Secretariat: less leadership/responsibility by V-WASH-CC Chairperson



## Community Participation at Health Centre Level through Health Advisory Committees in Malawi

**Dr. Lilian. Maliro- District Medical Officer, Ministry of Health, Blantyre, Malawi**



### BACKGROUND

- Malawi- bordered by Tanzania, Zambia and Tanzania
  - Divided into 3 regions- Central, Northern and Southern
  - Has 3 Main cities-Blantyre in the south, Lilongwe in the central and Mzuzu for the northern region
- TOTAL POPULATION- 17 MILLION (Estimated)

### BLANTYRE

- 1.3 Million inhabitants (NSO projection)
- 80% of people live in Urban areas
- 26 Government health centres, Ndirande health centre highest with catchment area of 200,000 people
- No district hospital
- 1 referral hospital- QECH
- District Health office coordinates provision of Essential Health Package in all government and Private and CHAM health institutions

### Health Advisory Committees

- Comprised of
- Member of Parliament of a particular area
  - Councilor
  - Village Chief
  - Women representative
  - Representative from various political parties-Dpp, UDF, PP
  - Youth representative
  - Health centre in charge- secretariat

### HAC'S

- Prompt community participation through:-
- Receipt of drugs on delivery to facility reducing pilferage
- Receipt of Infection prevention materials to ensure IP is adequate at facility
- Being involved in issues of disciplinary hearings at health centre level
- Being involved in issues some administrative issues I.e where to put pharmacy, distribution of resources at facility
- Provide direct feed back from community to District health Management team

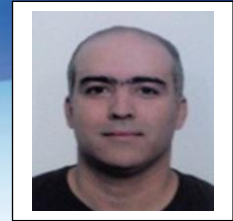
### OUTCOMES




- Increased efficiency in service delivery as HAC'S provide necessary checks and balances to both health centres as well as district health management team
- Community participation therefore bringing in needed human resource I.e volunteer ground labourers, community fetches water intimes of water crisis
- Easy community sensitization through community leaders.



# How to reduce health expenditure by overdose of oral anticoagulants – A Case from Tunisia

Dr. Bouali Mohammed Chekib, Emergency Doctor, Abderahmen Boukhari, Tunisia



Date de la prise de sang	Inter-consultation pour les doses prophylactiques	LAB	Inter-consultation pour les doses curatives (PT & PTT)	Date de la publication de l'avis de sang

**check**


- Mesure INR

**analyse**


- Are we in the right average

**Change**

- Ask physician if problem
- Change dose



URGENT  
phone  
Ask doctors





## Action Plans of Participants (as submitted)



### 3<sup>rd</sup> INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (IPHMDP) SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH 20<sup>th</sup> – 25<sup>th</sup> MARCH 2017

#### Action Plan

*(Your Commitment to taking the Idea to Implementation)*

**Name:** Abdulwaris Jemal

**Designation:** Silite Zone Health Department Head

**Organization:** Silite ZHD

**Country:** ETHIOPIA

1. What are the key learning (take home messages) from the program for improving your and country's program efficiency?
  - a) Improving Program planning
  - b) Improving Human resource management
  - c) Improving Performance Quality
  
2. How do you plan to implement the learning upon your return from here?

No	Priority area	Milestones/Key tasks (With whom?)	Strategy (How are you planning to do?)	Target Date	Success Indicators
1	*Teaching and Trainings (sharing of learning's)	1. Increasing awareness & creating understanding of ZHD decision makers & M&E process on logic model.	Sensitizing decision makers of the ZHD by <ul style="list-style-type: none"> <li>• providing 1 day orientation</li> <li>• Sharing reading materials.</li> <li>• Sharing my action plan</li> </ul>	April 1 to 2, 2017	<ul style="list-style-type: none"> <li>• Members of decision makers well sensitized/ oriented &gt;8/11</li> <li>• Submission of action plan</li> </ul>
		2. Awareness creation on performance appraisal of the ZHD	<ul style="list-style-type: none"> <li>• Provide orientation to HR head &amp; increase understanding</li> <li>• Discussion &amp; making common understanding</li> <li>• sharing action plan</li> </ul>	April 3 to 5, 2017	<ul style="list-style-type: none"> <li>• MOU with HR department</li> <li>• Submission of action plan</li> </ul>
		3. Increasing awareness on TQM model in the ZHD	Sensitization & increasing understanding of ZHD decision makers by <ul style="list-style-type: none"> <li>• Providing 1 day orientation</li> <li>• Sharing readings</li> <li>• Providing 4 days training for higher officers/ representatives</li> <li>• Sharing action plan</li> </ul>	April 1 to 3, 2017	<ul style="list-style-type: none"> <li>• Members of decision makers well sensitized &amp; oriented &gt;8/11</li> <li>• Submission of action plan</li> <li>• Number of higher officers/ representatives trained on TQM &gt;9/10</li> </ul>
2	**Implementation in health program settings	1. Revising existing plan based on logic model	<ul style="list-style-type: none"> <li>• Providing training on logic model for 10 person from P, M &amp; E and core departments.</li> <li>• Developing a group of capable persons to revise the plan</li> <li>• Preparing, printing &amp; approving revised plan document of the ZHD</li> </ul>	Up to May. 10, 2017	<ul style="list-style-type: none"> <li>• number of persons trained on logic model &gt;9</li> <li>• Revised plan document of the ZHD</li> </ul>



		2. Applying 360 performance appraisal model in the ZHD	<ul style="list-style-type: none"> <li>• SWOT analysis on existing HR performance appraisal</li> <li>• Providing 2 days training on 360 performance appraisal to 10 HR &amp; M&amp;E officers</li> <li>• Preparing ZHD document of performance appraisal</li> <li>• Approving the document</li> <li>• Starting appraisal</li> </ul>	Up to May. 10, 2017	<ul style="list-style-type: none"> <li>• finalized SWOT analysis document</li> <li>• trained staff on 360 PA &gt; 10</li> <li>• Regional HB performance appraisal document</li> </ul>
		3. applying TQM model in the ZHD & expanding to lower level	<ul style="list-style-type: none"> <li>• Developing TQM committee of the ZHD</li> <li>• Provision of 2 days training to 10 personnel from Regulatory, Health services &amp; M&amp;E department</li> <li>• Producing PQM document.</li> <li>• Orienting all ZHD staff (27) on PQM document</li> <li>• Implementing PQM in phase based manner</li> <li>• Monitoring the progress</li> </ul>	Up to Apr. 28, 2017	<ul style="list-style-type: none"> <li>• TQM committee developed</li> <li>• Number of trained officers on TQM &gt;8</li> <li>• TQM document</li> <li>• Number of staff oriented</li> </ul>

3. What are the significant milestones that you will accomplish in a month's time by April 30<sup>th</sup>, 2017?

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			instruments.		
3	***Research	1. Quality improvement	<ul style="list-style-type: none"> <li>- Standardization and uniformity of instruments and data recording</li> <li>- Selection of the health unit implemented the process of quality improvement</li> <li>- Monitoring and evaluation of the process</li> </ul>	1 year	<ul style="list-style-type: none"> <li>- Productivity</li> <li>- User satisfaction</li> <li>- Monitoring of assistance protocols</li> </ul>

\* May include activities like sensitization of senior program managers, training of mid level managers, conduction of workshops/seminars after program, replication of IPHMDP program in your country and involving PGIMER, involving stakeholders and forming new policy/guidelines relevant to their area etc.

\*\* May include using management tools in work planning, utilizing management techniques in program implementation, establishment of SOP's for various group of employees, setting up of program monitoring & evaluation parameters + feedback mechanism, undertaking training need assessment etc.

\*\*\*May include publication in operational health management research, conducting SWOT analysis, dissemination of research findings to policy makers etc.

1. What are the significant milestones that you will accomplish in a month's time by April 30<sup>th</sup>, 2017?

Feedback in the institution about public health management training, and prepare the workers for the process of transition or change of the new instruments of data recording





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**Action Plan**

*(Your Commitment to taking the Idea to Implementation)*

**Name:** Avile Lemma                      **Designation:** HIS Coordinator/M&E Officer  
**Organization:** SNNP RHB                      **Country:** ETHIOPIA

1. What are the key learning (take home messages) from the program for improving your and country's program efficiency?
  - a) Improving Program planning
  - b) Improving Human resource management
  - c) Improving Performance Quality
2. How do you plan to implement the learning upon your return from here?

No	Priority area	Milestones/Key tasks (With whom?)	Strategy (How are you planning to do?)	Target Date	Success Indicators
1	*Teaching and Trainings (sharing of learnings)	1. Increasing awareness & creating understanding on logic model of RHB decision makers & M&E department	Sensitizing decision makers of the RHB by <ul style="list-style-type: none"> <li>• providing 1 day orientation</li> <li>• Sharing reading materials.</li> <li>• Sharing my action plan</li> </ul>	April 1 to 2, 2017	<ul style="list-style-type: none"> <li>• Members of decision makers well sensitized/ oriented &gt;9/14</li> <li>• Submission of action plan</li> </ul>
		2. Awareness creation on performance appraisal of the RHB	Provide orientation to HR head & increase understanding. Discussion & making common understanding, sharing action plan	April 3 to 4, 2017	<ul style="list-style-type: none"> <li>• MOU with HR department</li> <li>• Submission of action plan</li> </ul>
		3. Increasing awareness on TQM model in the RHB	sensitization & increasing understanding of RHB decision makers by <ul style="list-style-type: none"> <li>• Providing 1 day orientation</li> <li>• Sharing readings</li> <li>• Providing 5 days training for higher officers/ representatives</li> <li>• Sharing action plan</li> </ul>	April 1 to 2, 2017	<ul style="list-style-type: none"> <li>• Members of decision makers well sensitized &amp; oriented &gt;9/14</li> <li>• Submission of action plan</li> <li>• Number of higher officers/ representatives trained on TQM &gt;8/10</li> </ul>
2	**Implementation in health program settings	2. Revising existing plan based on logic model	<ul style="list-style-type: none"> <li>• Providing training on logic model for 12 person from P,M&amp;E and core departments.</li> <li>• Developing a group of capable persons to revise the plan</li> <li>• Preparing, printing &amp; approving revised plan document of the RHB</li> </ul>	Up to May. 12, 2017	<ul style="list-style-type: none"> <li>• number of persons trained on logic model &gt;9</li> <li>• Revised plan document of the RHB</li> </ul>



	2. Applying 360 performance appraisal model in the RHB	<ul style="list-style-type: none"> <li>• SWOT analysis on existing HR performance appraisal</li> <li>• Providing 2 days training on 360 performance appraisal to 12 HR &amp; M&amp;E officers</li> <li>• Preparing RHB document of performance appraisal</li> <li>• Approving the document</li> <li>• Starting appraisal</li> </ul>	Up to May. 12, 2017	<ul style="list-style-type: none"> <li>• Finalized SWOT analysis document</li> <li>• Trained staff on 360 PA &gt; 10</li> <li>• Regional HB performance appraisal document</li> </ul>
	3. applying TQM model in the RHB & expanding to lower level	<ul style="list-style-type: none"> <li>• Developing TQM committee of the RHB</li> <li>• Provision of 3 days training to 15 personnel from Regulatory, Health services &amp; M&amp;E department</li> <li>• Producing PQM document.</li> <li>• Monitoring the progress</li> <li>• Orienting all RHB staff (332) on PQM document</li> <li>• Implementing PQM in phase based manner</li> <li>• Monitoring the progress</li> </ul>	Up to Apr. 30, 2017	<ul style="list-style-type: none"> <li>• TQM committee developed</li> <li>• Number of trained officers on TQM &gt;11</li> <li>• TQM document</li> <li>• Number of staff oriented</li> </ul>

\* May include activities like sensitization of senior program managers, training of mid level managers, conduction of workshops/seminars after program, replication of IPHMDP program in your country and involving PGIMER, involving stakeholders and forming new policy/guidelines relevant to their area etc.

\*\* May include using management tools in work planning, utilizing management techniques in program implementation, establishment of SOP's for various group of employees, setting up of program monitoring & evaluation parameters + feedback mechanism, undertaking training need assessment etc.

\*\*\*May include publication in operational health management research, conducting SWOT analysis, dissemination of research findings to policy makers etc.

1. What are the significant milestones that you will accomplish in a month's time by April 30<sup>th</sup>, 2017?

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**Action Plan**

*(Your Commitment to taking the Idea to Implementation)*

**Name:** Dr Bonny Betson

**Designation:** Dental Specialist

**Organization:** Ministry of Health- DTTC Tanga.

**Country:** Tanzania

1. What are the key learning (take home messages) from the program for improving your and country's program efficiency?
  - a) Human Resource management
  - b) Budgeting
  - c) Public health communication and advocacy
2. How do you plan to implement the learning upon your return from here?

No	Priority area	Milestones/Key tasks (With whom?)	Strategy (How are you planning to do?)	Target Date	Success Indicators
1	Conduction of Training after the program	Incorporate Public health communication and advocacy during training of dental therapists students.	<ul style="list-style-type: none"> <li>• Teach students on principles of communication</li> </ul>	30 <sup>th</sup> July 2017	Teaching conducted
2	1. Conduct performance appraisal	Use of graphic rating scale method to conduct performance appraisal to employees	<ul style="list-style-type: none"> <li>• Sensitize employees on the importance of performance appraisal,</li> <li>• Conduct performance appraisal to employees</li> </ul>	30 <sup>th</sup> June 2017 30 <sup>th</sup> July 2017	Employees sensitized Performance appraisal conducted
	2. Improve Quality of Training	Evaluate performance of trainers at Health training institutions	<ul style="list-style-type: none"> <li>• Preparation of module feedback forms</li> <li>• Inform trainers about the planned activity</li> <li>• Conduction evaluation by using module feedback form</li> <li>• Provide feedback to trainers.</li> </ul>	30 <sup>th</sup> April 2017 30 <sup>th</sup> April 2017 30 <sup>th</sup> May 2017 30 <sup>th</sup> June 2017	Preparation of feedback forms done Trainers has been informed about the activity Evaluation conducted Trainers received Feedback

3. The significant milestones that you will accomplish in a month's time by April 30<sup>th</sup>, 2017?

1. Conduction of an official meeting with the director of training and human resource development for health of Tanzania
2. Preparation of module feedback forms





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**Action Plan**

*(Your Commitment to taking the Idea to Implementation)*

**Name:** Kieu Anh Bui Thi

**Designation:**

**Organization:** Institute of Public Health.

**Country:** Viet Nam

1. What are the key learning (take home messages) from the program for improving your and country's program efficiency?
  - a) Planning Tools
  - b) Project and Program concepts
  - c) Public health Management
2. How do you plan to implement the learning upon your return from here?

No	Priority area	Milestones/Key tasks (With whom?)	Strategy (How are you planning to do?)	Target Date	Success Indicators
1	*Teaching and Trainings (sharing of learning's)	<ol style="list-style-type: none"> <li>1. Training short-course for senior managers and directors at southern PMCs and Health Department (5 managers/ province x 20 provinces = 100 persons)</li> <li>2. Training for colleagues in Institute of Public Health (10 persons)</li> <li>3. Workshop to sharing information about PH management for health professionals at other Institutes/ Medicine and Pharmacy University/Hospitals (30 persons)</li> </ol>	<ol style="list-style-type: none"> <li>1. Searching Grants;</li> <li>2. Conducting survey on the requirements of target participants about PH management issues</li> <li>3. Conducting training courses and workshops.</li> </ol>	6 months after finishing course	<ol style="list-style-type: none"> <li>1. 100% of training course and workshop implemented</li> <li>2. 90% of participants take part in training courses and workshops.</li> </ol>
2	**Implementation in health program settings	<ol style="list-style-type: none"> <li>1. Planing project and program on communicable disease (DF, food borne diseases) and non-communicable diseases (obesity, diabetes, cancer)</li> <li>2. Applying monitoring and evaluation on annual surveillance</li> </ol>	<ul style="list-style-type: none"> <li>- Using PH management principles and skills;</li> <li>- Monitoring and evaluation;</li> <li>- Using Logical Framework approach; and SWOT model; problem tree analysis; objective tree;</li> </ul>	June 2017	



3	***Research	<ol style="list-style-type: none"> <li>1. Conduct project "Intervention study to control DF based on social mobilization and community"</li> <li>2. Conduct project "Evaluation capacity of leaders on leadership and management at PMCs"</li> </ol>	<ol style="list-style-type: none"> <li>1. Conducting SWOT analysis</li> <li>2. Conducting 2 projects;</li> <li>3. Dissemination of research for policy markers and peer-review journals.</li> </ol>	1 years	Two projects will be conducted
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\* May include activities like sensitization of senior program managers, training of mid level managers, conduction of workshops/seminars after program, replication of IPHMDP program in your country and involving PGIMER, involving stakeholders and forming new policy/guidelines relevant to their area etc.

\*\* May include using management tools in work planning, utilizing management techniques in program implementation, establishment of SOP's for various group of employees, setting up of program monitoring & evaluation parameters + feedback mechanism, undertaking training need assessment etc.

\*\*\* May include publication in operational health management research, conducting SWOT analysis, dissemination of research findings to policy makers etc.

3. What are the significant milestones that you will accomplish in a month's time by April 30<sup>th</sup>, 2017?

- + Training short-course for senior managers and directors at southern PMCs and Health Department
- + Training for colleagues in Institute of Public Health
- + Workshop to sharing information about PH management for health professionals at other Institutes/Medicine and Pharmacy University/Hospitals



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**Action Plan**

*(Your Commitment to taking the Idea to Implementation)*

**Name:** Dr Josephine Augustinus      **Designation:** Medical Superintendent  
**Organization:** Ministry Of Health And Social Services      **Country :** Namibia

1. What are the key learning (take home messages) from the program for improving your and country's program efficiency?
  - a) Change management through the reduction of maternal and infant mortality reduction using William Bridges Change Model ( change the way of thinking or doing things in the organizations by explaining the need for the change in order to meet the consumers' expectations): ending: neutral zone and beginning Kubler Ross Model: going through these stages anger, denial, bargaining, depression and acceptance.
  - b) Project and program planning through SWOT analysis
  - c) Human resource management through job analysis and job specifications for quality health care delivery.
2. How do you plan to implement the learning upon your return from here?

No	Priority area	Milestones/Key tasks (With whom?)	Strategy (How are you planning to do?)	Target Date	Success Indicators
1	*Teaching and Trainings (sharing of learnings)	1. Institutions, HR, equipment's, pharmaceuticals etc.	Training of HO,MO, regional CMO for districts hospitals Training of woman at community through headman, church leaders, councilors, NGO, TBA etc. through meetings.	June 2017	Increase number of institutional delivery
2	**Implementation in health program settings	1. Sensitisation of mid level training of managers, conduction of workshops/ seminars after program, replication of IPHMDP program in the ministry of health country and involving PGIMER, like sensitization of heads of departments, CMO, CMO, communities through NGO, church leaders, headman etc.  2. Sanitation advocacy  3. Improve referral system  4. Increase awareness on immunizations and exclusive breastfeeding.	Availability of equipment's planning, utilizing management techniques in program implementation, establishment of SOP's for various group of employees.  -Hygiene delivery  Availability of ambulances  setting up of program monitoring & evaluation parameters	July 2017  April 2017	Number of babies immunized  Number of breast feeding mothers  Staff and community Knowledge  Infant mortality rate



\* May include activities like sensitization of senior program managers, mid level training of managers, conduction of workshops/seminars after program, replication of IPHMDP program in your country and involving PGIMER, involving stakeholders and forming new policy/guidelines relevant to their area etc.

\*\* May include using management tools in work planning, utilizing management techniques in program implementation, establishment of SOP's for various group of employees, setting up of program monitoring & evaluation parameters + feedback mechanism, undertaking training need assessment etc.

\*\*\* May include publication in operational health management research, conducting SWOT analysis, dissemination of research findings to policy makers etc.

3. What are the significant milestones that you will accomplish in a month's time by April 30<sup>th</sup>, 2017?

1. Feedback to high management and middle management

2. Prepare health workers for the process of transition of change management

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**Action Plan**

*(Your Commitment to taking the Idea to Implementation)*

**Name: DR LILIAN MALIRO**

No	Priority area	Milestones/Key tasks (With whom?)	Strategy (How are you planning to do?)	Target Date	Success Indicators
1.	Teaching and Trainings	1. Dissemination of need for Public Health Management at District level	Meeting	1/05/17	All District Management Team Members targeted.
		2. Training needs assessment of Middle level managers in health care management- several districts	Survey	1/07/17	Survey done and results disseminated.
		3. Public health management training of trainers of trainers(TOT)	Meeting	1/08/17	TOT'S trained
		4. Public Health Management Program being taught as a pre-requisite for every middle level manager	Meetings	1/08/17- on going	Middle level managers attend at least one session of Public Health Management program.
2.	Implementation in Health Program Settings	1. Training needs assessment of Primary level health care staff at Blantyre District	Survey	1/06/17	Quality of CPD and Training improved at district level, increased number of staff attending CPD sessions
		2. Monitoring and evaluation of Supply chain management of essential drugs at District level	Survey, records review	1/08/17	Improved quality in supply chain of essential drugs
		3. Implementation of total quality management in health centres- focus on WASH		1/08/17- on going	Improved water , sanitation and hygiene. Reduced levels of
3.	RESEARCH	1. Dissemination of Training assessment needs of primary level staff in CPD	Meeting	1/07/17	Improved quality of CPD tailored to needs of staff.
		2. Dissemination of training assessment needs of Middle level		1/09/17	Number of middle level managers targeted.





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**Action Plan**

*(Your Commitment to taking the Idea to Implementation)*

**Name:** DR. FADHILI M LYIMO  
**Organization:** MINISTRY OF HEALTH

**Designation:** TUTOR  
**Country:** TANZANIA

1. The following are the key learning (take home messages) from the program for improving my country's program efficiency?
  1. Human Resource management
  2. Budgeting
  3. Public health communication and advocacy
2. How do you plan to implement the learning upon your return from here?

No	Priority area	Milestones/Key tasks	Strategy	Target Date	Success Indicators
1	Conduction of workshop/ Training	1. Conduct training to heads of unit at kilosa Clinical officers' training centre, Tanzania	<ul style="list-style-type: none"> <li>• Communicate with the director of Training and human resource development for health and get permission to conduct this training.</li> </ul>	30 <sup>th</sup> April 2017	Meeting conducted
		2. Incorporate Public health communication and advocacy during training of Health promotion (module) to medical students.	<ul style="list-style-type: none"> <li>• Organize a training program</li> </ul>	30 <sup>th</sup> May 2017	Workshop organized
			<ul style="list-style-type: none"> <li>• Conduct training</li> </ul>	30 <sup>th</sup> July 2017	Workshop conducted
2	4. Conduct performance appraisal employees to	Use of graphic rating scale method to conduct performance appraisal to employees	<ul style="list-style-type: none"> <li>• Sensitize employees on the importance of performance appraisal,</li> </ul>	30 <sup>th</sup> June 2017	Employees sensitized
			<ul style="list-style-type: none"> <li>• Conduct performance appraisal to employees</li> </ul>	30 <sup>th</sup> July 2017	Performance appraisal conducted
	5. Improve Quality of education at health Training institution	Evaluate performance of trainers at Kilosa clinical Officers' training centre, in Tanzania	<ul style="list-style-type: none"> <li>• Preparation of module feedback forms</li> </ul>	30 <sup>th</sup> April 2017	Preparation of feedback forms done
			<ul style="list-style-type: none"> <li>• Inform trainers about the planned activity</li> </ul>	30 <sup>th</sup> April 2017	Trainers has been informed about the activity
			<ul style="list-style-type: none"> <li>• Conduction evaluation by using module feedback form</li> </ul>	30 <sup>th</sup> May 2017	Evaluation conducted

			• Provide feedback to trainers.	30 <sup>th</sup> July 2017	Feedback to trainers has been done
3	***Conduct operational Research-(on Maternal Health)	• Factors contributing to maternal Mortality at Kilosa district in Tanzania	• Proposal development	30 <sup>th</sup> April 2017	Research proposal developed
			• Obtaining ethical clearance from hospital ethical committee	15 <sup>th</sup> May 2017	Ethical clearance obtained
			• Data collection and analysis	30 <sup>th</sup> July 2017	Data collection and analysis done
			• Report writing and submission	30 <sup>th</sup> August 2017	Research report submitted

**3. What are the significant milestones that you will accomplish in a month's time by April 30<sup>th</sup>, 2017?**

- a. Communicate with the director of Training and human resource development for health and the ministry of Health in Tanzania and get permission to conduct this training.
- b. Preparation of module feedback forms for my training institution
- c. Development of Research Proposal.





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**Action Plan**

*(Your Commitment to taking the Idea to Implementation)*

**Name:** Dr. Md. Noor Ashad-Uz-Zaman

**Designation:** Medical Officer

**Organization:** National Institute of Preventive & Social Medicine (**NIPSOM**)

**Country:** Bangladesh

1. What are the key learning (take home messages) from the program for improving your and country's program efficiency?
  - a) Management principles, Leadership, Change Management
  - b) HR, Supply chain, Financial Management, Budget, Planning
  - c) TQM, Monitoring & Evaluation, Communication & Advocacy
2. How do you plan to implement the learning upon your return from here?

No	Priority area	Milestones/Key tasks (With whom?)	Strategy (How are you planning to do?)	Target Date	Success Indicators
1	Sensitization to Director, Programme In-charge(PI) MPH	1. Director, NIPSOM	1. Dissemination Meeting	1. Within one Month	1. Director, PI, PC sensitized
2	(HSMP), Programme Co-ordinator(PC)-MPH Teaching	2. PI and PC, NIPSOM	2. Department of Public Health and Hospital Administration for two MPH course in Hospital Management (HM) and Health Service Management and Policy (HSMP). So we can easily incorporate those topics in our academic activities like lecture class, Tutorial and practical session.	2. Within next six months	2 Students of MPH HM and HSMP have exposed and gained knowledge about mention topic
3	Trainings	3. Director, PI (HSMP) NIPSOM	3. Department organized a training program named Advanced Training on Hospital Management for different level Health Managers. So we can easily incorporate those topics in our Training	3. Within next six months	3. Different level Health Managers are gathering information about mention topic.

2	**Implementation in health program settings	Director, NIPSOM	We have different projects, so we can implement our gathered knowledge from the training such as TQM, Finance , Budget, Monitoring & Evaluation, Communication & Advocacy etc.	Within next twelve months	Different project personnel's are award about those topic
3	***Research	1. Director, PI and PC, NIPSOM	Each MPH Student conducts a thesis during academic session. So we can guide them for thesis topic selection in related subject	Within next twelve months	Thesis work

\* May include activities like sensitization of senior program managers, training of mid level managers, conduction of workshops/seminars after program, replication of IPHMDP program in your country and involving PGIMER, involving stakeholders and forming new policy/guidelines relevant to their area etc.

\*\* May include using management tools in work planning, utilizing management techniques in program implementation, establishment of SOP's for various group of employees, setting up of program monitoring & evaluation parameters + feedback mechanism, undertaking training need assessment etc.

\*\*\* May include publication in operational health management research, conducting SWOT analysis, dissemination of research findings to policy makers etc.

What are the significant milestones that you will accomplish in a month's time by April 30<sup>th</sup>, 2017?

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**Action Plan**

*(Your Commitment to taking the Idea to Implementation)*

**Name:** Lyidmila Kalinova

**Designation:** Paediatrician

**Organization:** 3<sup>rd</sup> City Children's Clinical Hospital

**Country:** Belarus

1. What are the key learning (take home messages) from the program for improving your and country's program efficiency?
  - a) Change management in health care is extremely important
  - b) Planning tools (LFA, SWOT, Logic Framework Matrix) are indispensable
  - c) Quality concepts and developing have to be used in health care organization
2. How do you plan to implement the learning upon your return from here?

**Priority area (teaching and trainings):**

Breastfeeding trainings to prepare health-care providers to support breastfeeding women, so as finally to increase the rate of exclusive breastfeeding infants till 6<sup>th</sup> months age to 70%, increase the rate of the continuation of breastfeeding after six months till 1 year, in combination with nutritious complementary foods (solids) to 60%

It is very important because scientific literature shows the substantial health, social and economic benefits of breastfeeding, including lower infant and young child morbidity and mortality from such diseases as: infectious illnesses, chronic conditions (diabetes, asthma, eczema, obesity and heart diseases).

**Milestones/Key tasks (with whom?):**

1. To train 100 pediatricians, 50 obstetrician-gynecologists, 50 midwives, 200 pregnant women, 200 breastfeeding mothers
2. With chief doctors of hospitals, chief doctors of polyclinics, heads of women's consultations

**Strategy:**

1. Prepare training program for health-care providers based on the Global Strategy for Infant and Young Child Feeding (WHO and UNICEF 2003)
2. Prepare workshops for pregnant women and breastfeeding mothers
3. Prepare workshops for the chief doctors of hospitals under The Baby-Friendly Hospital Initiative (BFHI)
4. Make website promoting breastfeeding
5. Make brochures, posters promoting breastfeeding

**Target day:**

30<sup>th</sup> April 2017

**Success indicators:**

1. % of infants exclusively breastfeeding in the first 6 months
2. % of infants breastfeeding after six months till 1 year
3. % of training health care providers, pregnant women and breastfeeding mothers conducted



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**Action Plan**

*(Your Commitment to taking the Idea to Implementation)*

**Name:** Gracamanuel

**Designation:** Medical Officer

**Organization:** National Institute of AIDS

**Country:** Angola

**1. What are the key learning (take home messages) from the program for improving your and country's program efficiency?**

- a) Empowerment (Hierarchical culture and empowerment culture).
- b) Theory of change management (Transforming Organizations wy firms fail).
- c) Project and program planning (Step in Rational Planning).

**2. How do you plan to implement the learning upon your return from here?**

No	Priority area	Milestones/Key tasks (With whom?)	Strategy (How are you planning to do?)	Target Date	Success Indicators
1	Teaching and Trainings	1. National trainers training – 15  2. Updating providers -35  3. Training activities for active – 10	1. Forming formers to Empowerment for dissemination of the PMTC protocol  2. Sensitization of health care providers in compliance with the protocol  3. Make guide to active search	1 WEEK  1 WEEK  3 DAYS	1. Force ANTI-HIV test for women in ANC  2. Retention of positive women for accompanying  3. Incentivating the institutional birth in compliance with the protocol
2	**Implementation in health program settings	1. Selecting health units for implementation  2. Printing protocols  3. Create flow for the supply chain	1. Make advocacy to the provincial health cabinet and unit situation diagnosis. 1. Availabilize the protocol to providers.  2. Quantify ARVs drugs and tests for units  2. Monitoring and evaluating health units.	6 MONTH	1. Health units comply with the PMTC protocol  2. Increase PMTC coverage  3 To decrease the prevalence of the vertical transmission of HIV from mother to the child  4. Notification of cases



3	***Research	1. Develop the investigation protocol	Submit for approval and at the committee	1 YEAR	PUBLICATION
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\* May include activities like sensitization of senior program managers, training of mid level managers, conduction of workshops/seminars after program, replication of IPHMDP program in your country and involving PGIMER, involving stakeholders and forming new policy/guidelines relevant to their area etc.

\*\* May include using management tools in work planning, utilizing management techniques in program implementation, establishment of SOP's for various group of employees, setting up of program monitoring & evaluation parameters + feedback mechanism, undertaking training need assessment etc.

\*\*\* May include publication in operational health management research, conducting SWOT analysis, dissemination of research findings to policy makers etc.

**4. What are the significant milestones that you will accomplish in a month's time by April 30<sup>th</sup>, 2017?**

1. Presentation of the management plan of the institution and to conform to the plan of the department.
2. Advocacy into the provincial cabineter that saves for the selected health units.
3. Ensure and make feasible them puts drugs, medicine of the provincial deposit to the health unit.





		Management, Principles, Skills, Levels and Roles among 10 Public Health residents	and principles of Public Health Management <ul style="list-style-type: none"> <li>• Sustainable Development Goals</li> <li>• and Millennium Development Goals</li> <li>• Change Management</li> </ul>		use of the skills
2	**Implementation in health program settings	1. Develop and implement Logical Framework Approach in upcoming Projects 2. Apply SWOT analysis in HBSC survey 3. Use the Gantt Chart to plan the WHO STEPS project 4. Monitoring and Evaluation of the WHO STEPS and HBSC projects.	Develop and implement Logical Framework Approach in upcoming Projects Apply SWOT analysis in HBSC survey Use the Gantt Chart to plan the WHO STEPS project Monitoring and Evaluation of the WHO STEPS and HBSC projects.	April-August  April-May  April-May August-September	Use of LFA  Use of SWOT analysis tool  Use of Gantt Chart Use of monitoring and evaluation tools
3	***Research	1. Publication of STEPS country surveillance results 2. Conducting SWOT analysis in upcoming projects and surveys	Publication of STEPS country surveillance results Conducting SWOT analysis in upcoming projects	September April-September	Publication

\* May include activities like sensitization of senior program managers, training of mid level managers, conduction of workshops/seminars after program, replication of IPHMDP program in your country and involving PGIMER, involving stakeholders and forming new policy/guidelines relevant to their area etc.

\*\* May include using management tools in work planning, utilizing management techniques in program implementation, establishment of SOP's for various group of employees, setting up of program monitoring & evaluation parameters + feedback mechanism, undertaking training need assessment etc.

\*\*\* May include publication in operational health management research, conducting SWOT analysis, dissemination of research findings to policy makers etc.

3. What are the significant milestones that you will accomplish in a month's time by April 30th, 2017?

- Apply SWOT analysis in HBSC survey
- Use the Gantt Chart to plan the WHO STEPS project
- Translate, develop and adapt IPHMDP Human Resource Management module



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**Action Plan**

*(Your Commitment to taking the Idea to Implementation)*

**Name:** MARION GITUANJA

**Designation:** SENIOR MEDICAL OFFICER

**Organization:** NYERI COUNTY HEALTH

**Country:** KENYA

1. What are the key learning (take home messages) from the program for improving your and country's program efficiency?
  - a) To use the logical framework to computer projects
  - b) To use the ADDIE model in carrying out staff training need assessment
  - c) To use the Total Quality Management model in carrying out quality assurance
2. How do you plan to implement the learning upon your return from here?

No	Priority area	Milestones/Key tasks (With whom?)	Strategy (How are you planning to do?)	Target Date	Success Indicators
1	*Teaching and Trainings (sharing of learning's)	<ol style="list-style-type: none"> <li>1. Sensitization of county health management team</li> <li>2. Training of sub county health managers (SCHMT)</li> <li>3. Training of primary health facility managers</li> </ol>	<p>Sensitization during the weekly CME meetings</p> <p>Prepare training manual In collaboration with County Director's office</p> <p>Get TOT's Train SCHMT Prepare training manual</p>	<p>By 30<sup>th</sup> April 2017</p> <p>By 30<sup>th</sup> June 2017</p>	<p>No. of county health managers sensitized</p> <p>No. of sub county health managers trained</p> <p>Number of primary health managers trained</p>
2	**Implementation in health program settings	<ol style="list-style-type: none"> <li>1. Use the ADDIE model to carry out training need assessment</li> <li>2. Use the TQM ,5S and Kaizen to enhance quality services in hospitals</li> <li>3. Using the Economic Order Quantity to manage inventories</li> </ol>	<p>Incorporate the ADDIE model in human resource department</p> <p>Train departmental heads Monthly follow up and progress meetings</p> <p>Incorporate EOQ in pharmacy stores</p>	<p>By 31<sup>st</sup> August then continuous</p> <p>By 30<sup>th</sup> September then continuous</p> <p>By 31<sup>st</sup> August then continuous</p>	<p>Number of TNA done</p> <p>Number of hospitals using TQM</p> <p>Number of primary health facilities using EOQ for inventory mgt.</p>



- \* May include activities like sensitization of senior program managers, training of mid level managers, conduction of workshops/seminars after program, replication of IPHMDP program in your country and involving PGIMER, involving stakeholders and forming new policy/guidelines relevant to their area etc.
- \*\* May include using management tools in work planning, utilizing management techniques in program implementation, establishment of SOP's for various group of employees, setting up of program monitoring & evaluation parameters + feedback mechanism, undertaking training need assessment etc.
- \*\*\* May include publication in operational health management research, conducting SWOT analysis, dissemination of research findings to policy makers etc.

1. What are the significant milestones that you will accomplish in a month's time by April 30<sup>th</sup>, 2017?

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**Action Plan**

*(Your Commitment to taking the Idea to Implementation)*

**Name:** Mavis Adobea Botchway  
**Organization:** Ministry of Health

**Designation** Asst. Planning Officer  
**Country:** GHANA

1. What are the key learning (take home messages) from the program for improving your and country's program efficiency?
  - a) Program and Project Planning
  - b) Application of Management Principles in Health System Strengthening for overall achievement of SDGs
  - c) Effective Financial Reporting Systems
2. How do you plan to implement the learning upon your return from here?

By doing things differently from what I use to by making informed contribution to team work.

No	Priority area	Milestones/Key tasks (With whom?)	Strategy (How are you planning to do?)	Target Date	Success Indicators
1	*Teaching and Trainings (sharing of learning's) Sensitize colleagues on some of the new knowledge acquire.	1. Brief my supervisor 2. Train colleagues in my department	Report Writing Orientation	10 10	Report Report
2	**Implementation in health program settings	Undertake training needs assessment	Research	15 days	
3	***Research	1. 2. 3.			

\* May include activities like sensitization of senior program managers, training of mid level managers, conduction of workshops/seminars after program, replication of IPHMDP program in your country and involving PGIMER, involving stakeholders and forming new policy/guidelines relevant to their area etc.

\*\* May include using management tools in work planning, utilizing management techniques in program implementation, establishment of SOP's for various group of employees, setting up of program monitoring & evaluation parameters + feedback mechanism, undertaking training need assessment etc.

\*\*\* May include publication in operational health management research, conducting SWOT analysis, dissemination of research findings to policy makers etc.

1. What are the significant milestones that you will accomplish in a month's time by April 30<sup>th</sup>, 2017?  
Write report to brief my supervisor by 10<sup>th</sup> April  
Sensitize my colleagues 30<sup>th</sup> April, 2016





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**Action Plan**

*(Your Commitment to taking the Idea to Implementation)*

**Name:** Monia COURSE

**Designation:** SENIOR PUBLIC HEALTH OFFICER

**Organization:** PUBLIC HEALTH AUTHORITY

**Country:** SEYCHELLES

1. What are the key learning (take home messages) from the program for improving your and country's program efficiency?
  - a) Change Management principles that I have learned.
  - b) Communication in Public Health context.
  - c) Monitoring and evaluation of programme.
2. How do you plan to implement the learning upon your return from here?

No	Priority area	Milestones/Key tasks (With whom?)	Strategy (How are you planning to do?)	Target Date	Success Indicators
1	*Teaching and Trainings (sharing of learnings) Conduct a one day training session on change management for Senior Public Health Officers in my section.	<ol style="list-style-type: none"> <li>1. Senior Public Health officers.</li> <li>2. The training will be organized/planned in consultation with my Principal and Director.</li> </ol>	Have one interactive training session with all the senior officers.	May 2017	Change in the reaction of my fellow colleagues when they encounter change in the workplace.
2	**Implementation in health program settings Evaluate the importance, scale, and likelihood of predicted Public Health Impacts of the influx of expatriates workers in Seychelles by setting up a monitoring program and evaluate parameters that indicates the need for further action.	<ol style="list-style-type: none"> <li>1. Implementation of the program on district level with Public Health Officers</li> <li>2. Involvement of Department of Labour whenever deemed necessary.</li> <li>3. Construction companies selected for the program.</li> <li>4. Involvement of management staff in my section for necessary support and guidance.</li> </ol>	<ol style="list-style-type: none"> <li>1. Select a sample from the population of construction companies in Seychelles of which their workforce are mainly expatriates workers.</li> <li>2. Carry out inspection during our routine work and collect relevant information.</li> </ol>	From May 2017 to August 2017	Create a better understanding of the Public Health factors likely to have an impact on our health system as well as the health of our population in general, including their own health. Help us to plan better to address those issues.
3	***Research	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>			

\* May include activities like sensitization of senior program managers, training of mid level managers, conduction of workshops/seminars after program, replication of IPHMDP program in your country and involving PGIMER, involving stakeholders and forming new policy/guidelines relevant to their area etc.

\*\* May include using management tools in work planning, utilizing management techniques in program implementation, establishment of SOP's for various group of employees, setting up of program monitoring & evaluation parameters + feedback mechanism, undertaking training need assessment etc.

\*\*\* May include publication in operational health management research, conducting SWOT analysis, dissemination of research findings to policy makers etc.

3. What are the significant milestones that you will accomplish in a month's time by April 30<sup>th</sup>, 2017?

- Develop a new approach in change management and leadership in my unit together with my co-workers.
- Improve on the service delivery with the skills acquired in the training.
- Ensure monitoring and evaluation of ongoing programs.
- Plan and execute programs in a realistic manner.





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**Action Plan**

*(Your Commitment to taking the Idea to Implementation)*

**Name:** MYRA ERNESTA

**Designation** SENIOR NURSING OFFICER

**Organization:** MINISTRY OF HEALTH

**Country:** SEYCHELLES

1. What are the key learning (take home messages) from the program for improving your and country's program efficiency?
  - a. Apply principles of management in my clinical setting to reinforce the productivity and accountability of my staff.
  - b. Quality care comes from our heart so as to say that us health workers that convey quality to our people
  - c. Communicate truthfully and in simple terms to the staff and patients to enhance their understanding and compliance
2. How do you plan to implement the learning upon your return from here?

No	Priority area	Milestones/Key tasks (With whom?)	Strategy (How are you planning to do?)	Target Date	Success Indicators
1	Training of nursing staff about communication and quality management.	1. Nursing staff	<ol style="list-style-type: none"> <li>1. Prepare training plan to include the methodology, time, venue and resources need.</li> <li>2. Inform the nurse manager about the training.</li> <li>3. Release invitation letter.</li> </ol>	28 April 2017	
2	To include the SWOT analysis tool in the daily performance of the staff.	<ol style="list-style-type: none"> <li>1. Nurses</li> <li>2. Health care assistants.</li> <li>3. Skilled worker.</li> <li>4. Health information assistant.</li> </ol>	<ol style="list-style-type: none"> <li>1. Conduct staff meeting to inform staff about implementation of this tool their daily performance.</li> <li>2. Have a detailed work plan for each staff on a daily basis.</li> <li>3. Monitoring of allocated tasks.</li> <li>4. Providing feedbacks (recapping for 5 minutes every morning) to SWOT analyze performance.</li> <li>4. Identify threats and weaknesses and source for strategies to rectify them.</li> <li>5. Acknowledge the strengths and encourage for sustainability.</li> </ol>	End of July 2017.	

3	***Research	1. 2. 3.			
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\* May include activities like sensitization of senior program managers, training of mid level managers, conduction of workshops/seminars after program, replication of IPHMDP program in your country and involving PGIMER, involving stakeholders and forming new policy/guidelines relevant to their area etc.

\*\* May include using management tools in work planning, utilizing management techniques in program implementation, establishment of SOP's for various group of employees, setting up of program monitoring & evaluation parameters + feedback mechanism, undertaking training need assessment etc.

\*\*\* May include publication in operational health management research, conducting SWOT analysis, dissemination of research findings to policy makers etc.

1. What are the significant milestones that you will accomplish in a month's time by April 30<sup>th</sup>, 2017?

I will accomplish the staff training pertaining to the two mentioned topics





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**Action Plan**

*(Your Commitment to taking the Idea to Implementation)*

**Name:** Nagira Umetalieva

**Designation:** Laboratory F/O

**Organization:** ICRC

**Country:** Kyrgyz Republic

1. What are the key learning (take home messages) from the program for improving your and country's program efficiency?
  - a) Public Health Communication and advocacy
  - b) Leadership capacity development
  - c) Training need assessment
2. How do you plan to implement the learning upon your return from here?

No	Priority area	Milestones/Key tasks (With whom?)	Strategy (How are you planning to do?)	Target Date	Success Indicators
1	*Teaching and Trainings (sharing of learnings) 1. Combined trainings for laboratory and medical personnel of TB institutions 2. Practical experience sharing	1. Meeting with the head of National Reference laboratory and head of medical unit of SSEP 2. Training need assessment 3. Create a TOT team	1. Discuss with key authorities about the training plan 2. Evaluate existing training plan 3. Conduct training need assessment	15 May 2017	Number of trainings conducted and number of personnel trained
2	**Implementation in health program settings	1. Training need assessment 2. Change management 3. Problem tree and objective tree			
3	***Research	1. Monitoring and evaluation 2. SWOT analyses			

\* May include activities like sensitization of senior program managers, training of mid level managers, conduction of workshops/seminars after program, replication of IPHMDP program in your country and involving PGIMER, involving stakeholders and forming new policy/guidelines relevant to their area etc.

\*\* May include using management tools in work planning, utilizing management techniques in program implementation, establishment of SOP's for various group of employees, setting up of program monitoring & evaluation parameters + feedback mechanism, undertaking training need assessment etc.

\*\*\* May include publication in operational health management research, conducting SWOT analysis, dissemination of research findings to policy makers etc.

1. What are the significant milestones that you will accomplish in a month's time by April 30<sup>th</sup>, 2017?  
Meeting with key authorities, training need assessment and training plan



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**Action Plan**

*(Your Commitment to taking the Idea to Implementation)*

**Name:** Dr. Rafique-Us-Saleheen

**Designation:** Medical Officer

**Organization:** Chakaria health complex, Cox'sbazar.

**Country:** Bangladesh

1. What are the key learning (take home messages) from the program for improving your and country's program efficiency?
  - a) Management principles, Leadership, Change Management
  - b) HR, Supply chain, Financial Management, Budget, Planning
  - c) TQM, Monitoring & Evaluation, Communication & Advocacy
2. How do you plan to implement the learning upon your return from here?

No	Priority area	Milestones/Key tasks (With whom?)	Strategy (How are you planning to do?)	Target Date	Success Indicators
1	Sensitization to Civil Surgeon, Cox'sbazar	Civil Surgeon, Cox'sbazar.	1. Dissemination Meeting	1. Within one Month	Civil surgeon, UHFPO sensitized
2	Teaching	MO's, HI, HA, AHI	2. About TQM with specific attention to Waste management in the Health complex. So we can easily incorporate those topics to disseminate information by training programs.	2. Within next six months	2 Other MO's, HI, HA, AHI have exposed and gained knowledge about mentioned topic.
3	Trainings	1. Civil Surgeon, Cox'sbazar., Upazilla Health & Family planning Officer (UHFPO)  2. Sensitization to health personnel	We shall organize a training program named Training on TQM and Waste management. So we can easily incorporate those topics in our Training. Finance, Budget, Monitoring & Evaluation, Audit, Communication & Advocacy etc	Within next six months  Within next six months	Different level Health Personnel are gathering information about mention topic.

\* May include activities like sensitization of senior program managers, training of mid level managers, conduction of workshops/seminars after program, replication of IPHMDP program in your country and involving PGIMER, involving stakeholders and forming new policy/guidelines relevant to their area etc.

\*\* May include using management tools in work planning, utilizing management techniques in program implementation, establishment of SOP's for various group of employees, setting up of program monitoring & evaluation parameters + feedback mechanism, undertaking training need assessment etc.

\*\*\* May include publication in operational health management research, conducting SWOT analysis, dissemination of research findings to policy makers etc.

1. What are the significant milestones that you will accomplish in a month's time by April 30<sup>th</sup>, 2017?

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**Action Plan**

*(Your Commitment to taking the Idea to Implementation)*

**Name:** Ravi Reemaul

**Designation:** Senior Radiation Therapist

**Organization:** Southern Medical Clinic

**Country:** Trinidad and Tobago

1. What are the key learning (take home messages) from the program for improving your and country's program efficiency?
  - a) Staff Projects
  - b) Behavior Change Communication
  - c) The 360 degree Appraisal Interview
2. How do you plan to implement the learning upon your return from here?

No	Priority area	Milestones/Key tasks (With whom?)	Strategy (How are you planning to do?)	Target Date	Success Indicators
1	*Teaching and Trainings (sharing of learnings)	<p>1) This will be accomplished with one senior member of staff and one junior member of staff. This key task will be to develop a training program that incorporates Project planning and Execution. This course will teach these individuals to cope and handle situation better in terms of project management.</p> <p>2) This will be completed with a team of two senior members of staff and one supervisor. This will be in the form of education activities such as role plays.</p> <p>3) This will be the responsibility of the supervisors and manager of the oncology department.</p>	<p>This will be accomplished by have in-service training in 4 hours for three days.</p> <p>This will be completed over a 4 day period as everyone will be able to participate in this activity.</p> <p>Developing forms that cover all job descriptions within the oncology department. These assessment sheet will have a grading system where there will be a scale from 1 to 10, 1 being least satisfactory to 10 being excellent. At the end of the year, the manager will be responsible for coordinating this appraisal.</p>	<p>17<sup>th</sup> April 2017</p> <p>15<sup>th</sup> May 2017</p> <p>07<sup>th</sup> Aug. 2017</p>	<p>The training is conducted.</p> <p>Role plays training to be completed.</p> <p>Assessment to be completed in the time allocated for the appraisal.</p>

2	**Implementati on in health program settings	<p>1). If there are gaps within the health care setting / hospital, projects can be undertaken by members of staff to eliminate some of these issues. These projects must be accomplished in a timely manner as to acquire optimum results.</p> <p>2. BCC in Healthcare would increase knowledge, stimulate community Dialogue, Promote essential attitude change, advocate for policy changes if necessary, create a demand for information and services, reduce stigma and discrimination and promote services for prevention and care.</p> <p>3. This will assist in staff becoming aware how to improve in oneself and have a better understanding of the nature of the work as health care professionals.</p>	<p>Firstly, giving examples of healthcare project And discussing with the members of staff as to the type of project as these will not be a redundancy in projects. Also, Understanding the "Typical Project Constraints" therefore affecting the project.</p> <p>The process of behavior change will be used. In addition the conceptual examples of BCC activities will be used. The steps on developing behavior change communication and how to develop an effective BCC strategy via a diagram. In relation to health, the diagram of the social determinants of health will be used to explain to the healthcare workers.</p> <p>This will identify a starting point for development of new skills. In addition to measuring progress as the subject works on skills over time. Most important to identify the personal blind spots of behavior and the impact that everyone have but never notice.</p>	<p>31<sup>st</sup> May, 2017</p> <p>30<sup>th</sup> June 2017</p> <p>07<sup>th</sup> August, 2017</p>	<p>Projects relevant to scope of practice.</p> <p>The Conceptual Framework and how BCC works.</p>
3	***Research	<p>1. SWOT Analysis</p> <p>2. The use of SMART (Specific, Measurable, Appropriate, Realistic and Time bound can be used. Kurt Lewin's three step process model of change.</p> <p>3. Behaviorally Anchored Rating Scale (BARS).</p>			

- \* May include activities like sensitization of senior program managers, training of mid level managers, conduction of workshops/seminars after program, replication of IPHMDP program in your country and involving PGIMER, involving stakeholders and forming new policy/guidelines relevant to their area etc.
- \*\* May include using management tools in work planning, utilizing management techniques in program implementation, establishment of SOP's for various group of employees, setting up of program monitoring & evaluation parameters + feedback mechanism, undertaking training need assessment etc.
- \*\*\* May include publication in operational health management research, conducting SWOT analysis, dissemination of research findings to policy makers etc.

1. What are the significant milestones that you will accomplish in a month's time by April 30<sup>th</sup>, 2017?

In one month's time, all preparation such as presentation, venue, reading materials, refreshment, etc will be accomplished. Once these areas are covered, the training will start. This will also take place for the effective communication training. For the 360 degrees appraisal interview, research is expected to be perused in order to properly formulate the appraisal papers as there should be no repetitive information. This appraisal is usually accomplished at the end of the year.





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**Action Plan**

*(Your Commitment to taking the Idea to Implementation)*

**Name:** Shree Shyam Giri

**Designation:** Lecturer

**Organization:** Sinha Health Foundation

**Country:** Nepal

1. What are the key learning (take home messages) from the program for improving your and country's program efficiency?
  - a) Leadership, Management in nursing field
  - b) Human Resource, TQM etc
  - c) Management topics in health and Nursing
2. How do you plan to implement the learning upon your return from here?

No	Priority area	Milestones/Key tasks (With whom?)	Strategy (How are you planning to do?)	Target Date	Success Indicators
1	*Teaching and Trainings (sharing of learnings) Teaching to PBN and B.sc. Nursing students.	1. Poonam shah, Principal 2. Babita Kayasthya, Lecturer 3. Ruby Shah, Lecturer	Teaching to nursing students in their subject of Leadership and management in nursing.	Include every yearly session July 2017	Lecture Community Visit Hospital visit
2	**Implementation in health program settings	1. 2. 3. 4.			
3	***Research	Same as above mention	Support to nursing students for project work and thesis preparation related to health and nursing management.	Every year	Thesis proposal

\* May include activities like sensitization of senior program managers, training of mid level managers, conduction of workshops/seminars after program, Replication of IPHMDP program in your country and involving PGIMER, involving stakeholders and forming new policy/guidelines relevant to their area etc.

\*\* May include using management tools in work planning, utilizing management techniques in program implementation, establishment of SOP's for various group of employees, setting up of program monitoring & evaluation parameters + feedback mechanism, undertaking training need assessment etc.

\*\*\* May include publication in operational health management research, conducting SWOT analysis, dissemination of research findings to policy makers etc.

3. What are the significant milestones that you will accomplish in a month's time by April 30<sup>th</sup>, 2017?

- Students attendance
- Field and community visit report
- Photo of community visit and class room
- Thesis proposal



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**Action Plan**

*(Your Commitment to taking the Idea to Implementation)*

**Name:** Doan, Ngoc Hai

**Designation:**

**Organization:** National Institute of Occupational and Environmental Health.

**Country:** Viet Nam

1. What are the key learning (take home messages) from the program for improving your and country's program efficiency?
  - a) Leadership
  - b) Supply Chain and Logistics Management
  - c) Change Management
  
2. How do you plan to implement the learning upon your return from here?

No	Priority area	Milestones/Key tasks (With whom?)	Strategy (How are you planning to do?)	Target Date	Success Indicators
1	*Teaching and Trainings (sharing of learnings)	1. Training of trainer short-course for health officers at National Institute of Occupational and Environmental Health. (20 persons)  2. Training short-course for senior managers and directors at PMCs and Health Department (5 managers/province x 10 provinces = 50 persons)  3. Workshop to sharing information about PH management for health professionals at other Institutes/Medicine and Pharmacy University/Hospitals (30 persons)	1. Searching Grants; 2. Conducting survey on the requirements of target participants about PH management issues 3. Conducting training courses and workshops.	6 months after finishing course	1. 100% of training course and workshop implemented. 2. 80% of participants take part in training courses and workshops.
2	**Implementation in health program settings	1. Planning project and program on problems related to environmental health and occupational health.  2. Applying monitoring and evaluation on annual surveillance at PMCs and Institute	-Using PH management principles and skills; - Monitoring and evaluation; - Using Logical Framework approach; and SWOT model; problem tree analysis; objective tree;	July 2017	



3	***Research	Conduct project "Evaluation capacity of leaders on leadership and management at PMCs"	1. Conducting SWOT analysis 2. Conducting one project; 3. Dissemination of research for policy markers and peer-review journals.	1 years	The project will be conducted
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\* May include activities like sensitization of senior program managers, training of mid level managers, conduction of workshops/seminars after program, replication of IPHMDP program in your country and involving PGIMER, involving stakeholders and forming new policy/guidelines relevant to their area etc.

\*\* May include using management tools in work planning, utilizing management techniques in program implementation, establishment of SOP's for various group of employees, setting up of program monitoring & evaluation parameters + feedback mechanism, undertaking training need assessment etc.

\*\*\* May include publication in operational health management research, conducting SWOT analysis, dissemination of research findings to policy makers etc.

1. What are the significant milestones that you will accomplish in a month's time by April 30<sup>th</sup>, 2017?

+ Training of trainer short-course for health officers at National Institute of Occupational and Environmental Health.

+ Workshop to sharing information about PH management for health professionals at other Institutes/Medicine and Pharmacy University/Hospitals



**3<sup>rd</sup> INTERNATIONAL PUBLIC HEALTH MANAGEMENT  
DEVELOPMENT PROGRAM (IPHMDP)  
SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH  
20<sup>th</sup> – 25<sup>th</sup> MARCH 2017**

**Action Plan**

*(Your Commitment to taking the Idea to Implementation)*

**Name:** Arifah Nur Shadrina  
**Organization:** Indonesia Cerdas

**Designation:** Founder  
**Country:** Indonesia

1. What are the key learning (take home messages) from the program for improving your and country's program efficiency?
  - a) That the management skill and knowledge is crucial in the success of the health program/project
  - b) Strategic planning (logical framework analysis, problem tree analysis)
  - c) Quality comes from the heart, quality improvement
  
2. How do you plan to implement the learning upon your return from here?

No	Priority area	Milestones/Key tasks (With whom?)	Strategy (How are you planning to do?)	Target Date	Success Indicators
1	*Teaching and Trainings (sharing of learnings)	Capacity building (with volunteers and facilitators)	Training the volunteers and facilitators especially about human resource management and strategic planning.	30 April 2017	Success will be indicated by the engagement of the participant during the training. Furthermore a quick survey and pre test & post test will be conducted to assess the understanding of the concept.
2	**Implementation in health program settings	Capacity building (with the target community)	<ol style="list-style-type: none"> <li>1. Field visit, conduct observation, survey, and interview with key persons to gather data and identify problems in the target community (Islamic boarding school in suburban area in Cirebon).</li> <li>2. Analyse the problem and plan the suitable intervention to solve it.</li> <li>3. Intervention in the target community (health screening, health education) that suits the target community.</li> <li>4. Research to analyse the impact of the intervention by comparing health status of target community before and after the public health intervention.</li> <li>5. Empower the community, facilitate them to design</li> </ol>	31 July 2017	Success will be indicated by the engagement of the volunteers and community before, during, and after the intervention. Furthermore a quick survey will be conducted to assess the knowledge and skill changes from the community.



			and plan a sustainable program to be conducted by themselves and for themselves.		
3	***Research	Research and impact analysis	A quasi experimental and cross sectional research will be conducted to analyse the impact of the intervention by comparing health status of target community before and after the public health intervention. The data collection will take place before, during, and after the intervention. The data analysis will be using SPSS with descriptive and pair T-test analysis.	30 September 2017	Completed data collection from the subject population which can represent the whole community with statistically significant research result (p value < 0.05).

\* May include activities like sensitization of senior program managers, training of mid level managers, conduction of workshops/seminars after program, replication of IPHMDP program in your country and involving PGIMER, involving stakeholders and forming new policy/guidelines relevant to their area etc.

\*\* May include using management tools in work planning, utilizing management techniques in program implementation, establishment of SOP's for various group of employees, setting up of program monitoring & evaluation parameters + feedback mechanism, undertaking training need assessment etc.

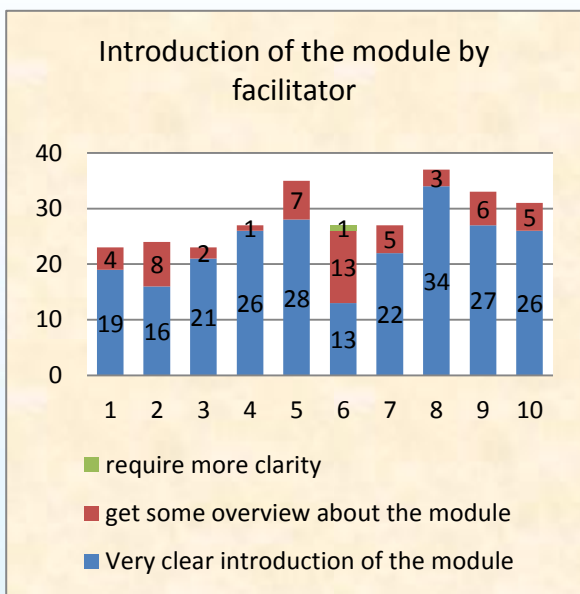
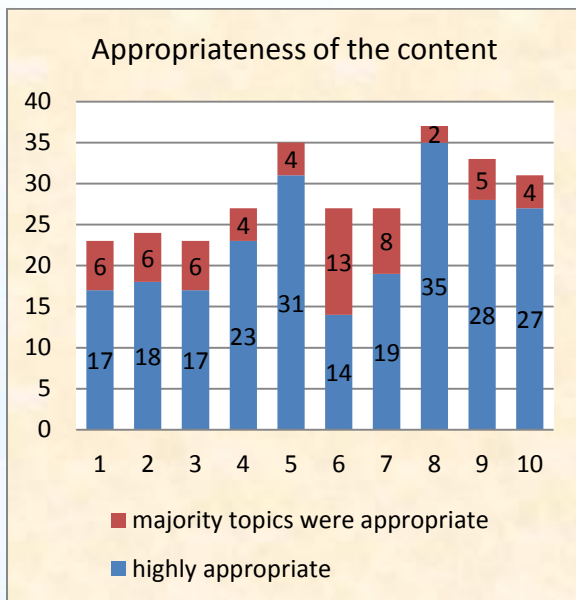
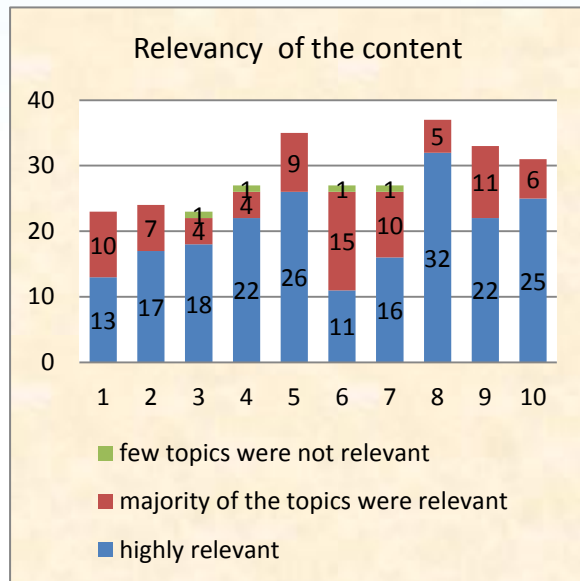
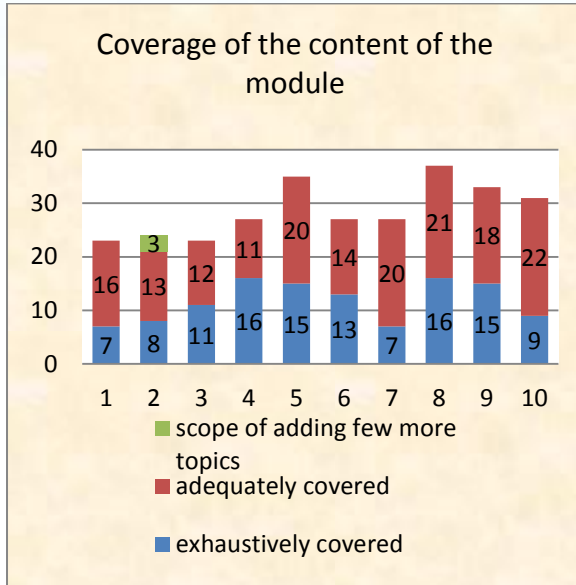
\*\*\* May include publication in operational health management research, conducting SWOT analysis, dissemination of research findings to policy makers etc.

1. What are the significant milestones that you will accomplish in a month's time by April 30<sup>th</sup>, 2017?

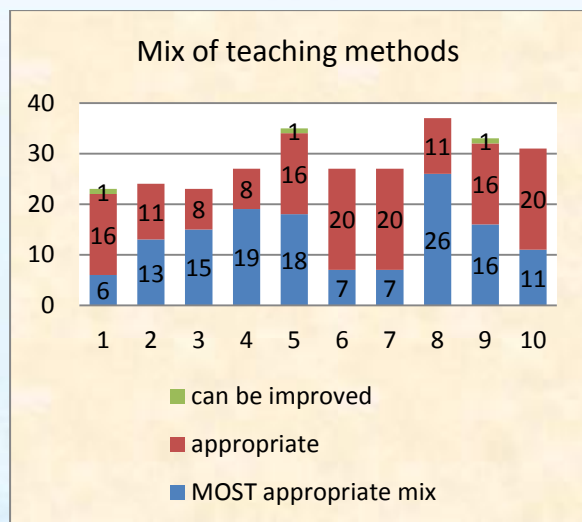
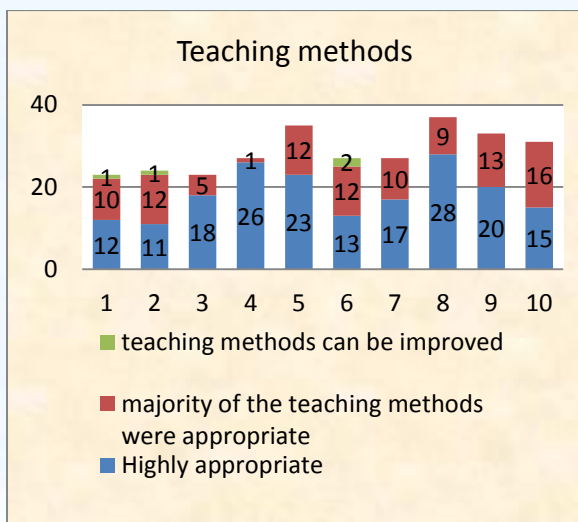
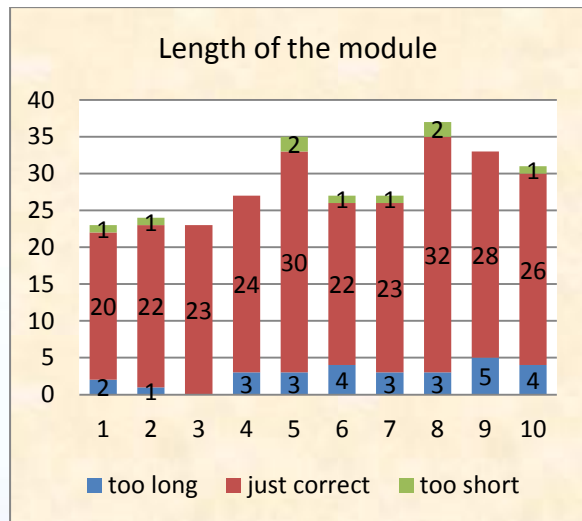
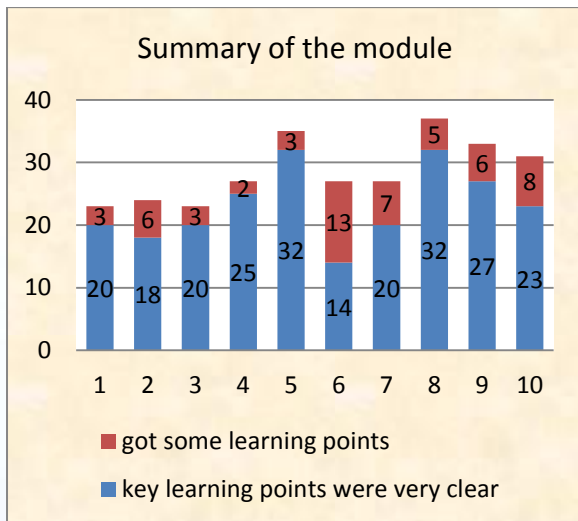
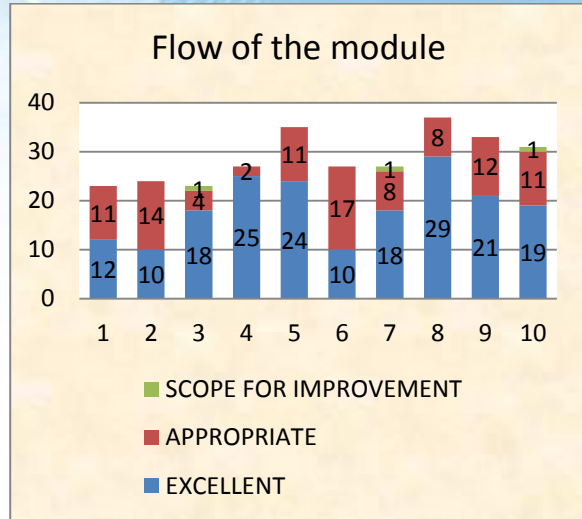
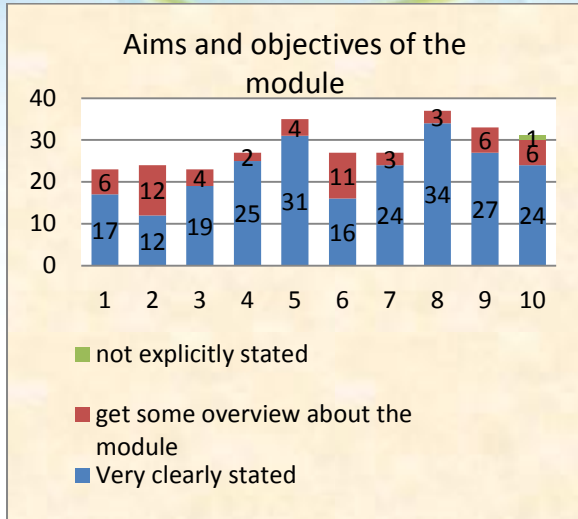
Capacity building with volunteer and facilitator. Training and sharing session will be conducted with the key volunteer that deals with strategic planning and program management.

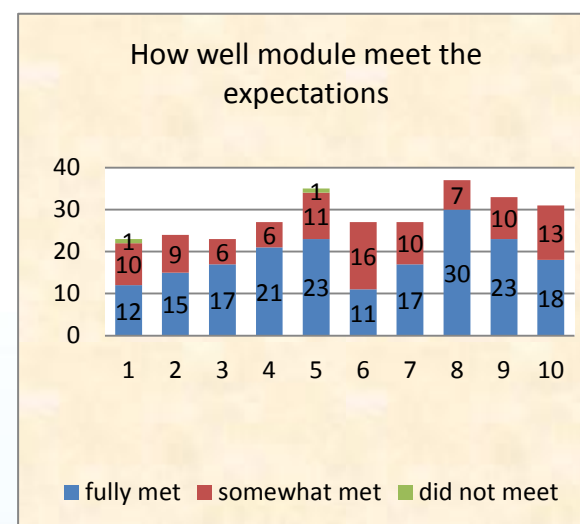
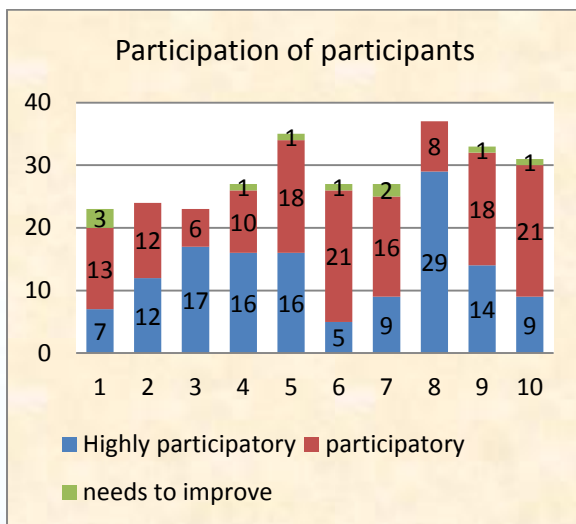
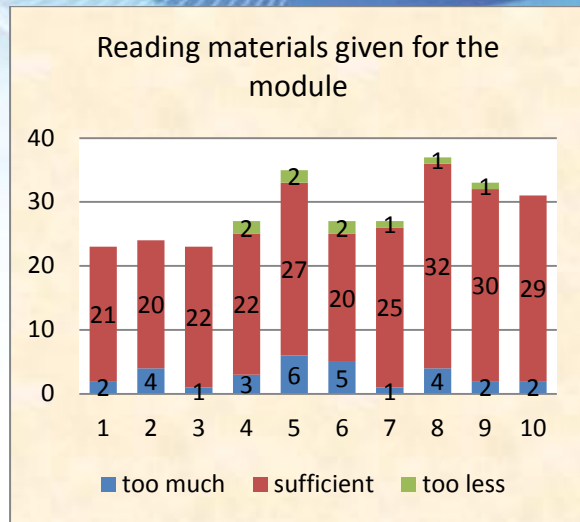
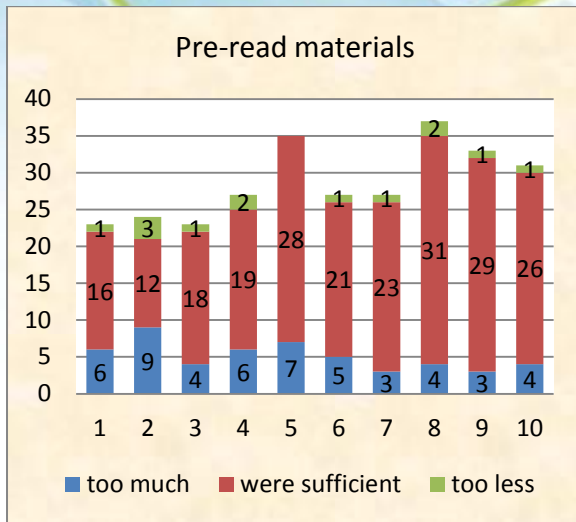
# Participant's Feedback

## Module wise Quantitative Feedback Analysis









**X-axis:** No. of the Module;

1- Management principles, 2- Leadership, 3- Change management, 4- Human resource management, 5- Strategic management, 6- Financial management and budgeting, 7- Supply chain management, 8- Communication, 9- Total quality management, 10- Monitoring and evaluation.

**Y-axis:** No. of participants



## Module wise Qualitative Feedback Analysis

### Module 1

- ❖ The issues related to leadership, MDG, SDG, types of manager, management principles, equity, quality, accessibility and public health concerns were very interesting.
- ❖ The topics such as Public health management skills; how to implement management principles in health, initiative of communities for uptake of public health interventions were very relevant and useful
- ❖ Teaching sessions were interactive and very informative with participant's involvement, the delivery of information by the facilitator was very good.
- ❖ We were given time to learn MDGs in our own countries and were motivated to implement them.
- ❖ Management games and role plays during lunch time were very interesting and enjoyable.

### Suggestions

- ❖ The schedule was very exhaustive due limited time span but it was very interesting.

### Module 2

- ❖ The topics in the module especially leadership styles, concerns for tasks and for people, personal and organizational behaviour, different levels of management, determinants of public health and leadership vs. management were very useful.
- ❖ The diagrams illustrated made it easier to comprehend.
- ❖ The application aspect of health situations at our workplaces was being told.
- ❖ Presenter was highly motivated and interested to explain. Impression and voice of presenter was very good
- ❖ The session was very interesting with very nice group participation, interactions, role plays and practical examples.

### Suggestions

The examples to explain leadership was quite interesting but more examples and case studies related to healthcare can be included.

### Module 3

- ❖ The module included issues related to reasons of failure of organizations, why do people want a change, William bridges model were very useful and were new to us.
- ❖ The other topics such as change resistance, theories of change management, methods to sustain programs were also very interesting and knowledgeable the models used to illustrate this made it very informative.
- ❖ The way the facilitator allows participants to interact and co-relate the topic in question with appropriate examples was very nice.
- ❖ This session was one of the most interactive session with involvement of all the groups.

### **Suggestions**

The examples given in the lectures were very good and the exercises were extra-ordinary but due to time constraint they were less, so there number can be increased.

### **Module 4**

- ❖ The interesting topics in the module were recruitment & selection, training and development, performance appraisal and feedback, pay and benefits and labour relations.
- ❖ Training needs assessment and how to evaluate training were very good. We can definitely do this in our settings
- ❖ The smartness, way of interaction, simplicity in speech, the teaching method and participatory nature of presenter was amazing.
- ❖ Module was very clear and very well explained with appropriate examples.
- ❖ Presenter used video which assisted in assimilating presentation.

### **Suggestions**

The lecture was very well explained and clear that it do not require so much of reading material in the module.

### **Module 5**

- ❖ The issues covered in module were SWOT, Problem tree, Gantt chart, LFA, difference between program and project, difference between monitoring and evaluation were very informative.
- ❖ The other topics like decentralized planning, definition & objectives of a project & planning tools were very interesting and useful. We could correlate them in our programmatic settings
- ❖ Project planning gives more insight of how to go about developing a project.  
Content of the course was very relevant and useful.
- ❖ Presentation was very smooth and clearly explained by Dr Sonu, he was very conversant and participants participated actively along with him.
- ❖ Games played during the lunch time were very relevant to the topics of module

### **Suggestions**

Lecture was so interesting and informational that it should span over longer period of time including some more videos showing examples.

### **Module 6**

- ❖ The topics covered under the module especially Supply chain and inventory management, Techniques of inventory management and forecasting, ABC categorization, Calculating stock of materials were all very useful to us.
- ❖ The best thing about the lecture was clear ideas, Good mix of teaching methods by the presenter.



- ❖ The video lessons after the module related to the topics made the session more interesting.

### **Suggestions**

The topics have to be covered up speedily due to shortage of time but they can be taught in longer lecture.

### **Module 7**

- ❖ The contents of module were costing concepts: how to calculate the cost of a particular program, Difference between cost and price, Classification of cost by inputs were very knowledgeable
- ❖ The other topics How to do costing in your healthcare, Meaning of budgeting, discounting; calculation of capital costs, Definition of different points, how to assess the patient and health perspective in my society were novel to us and highly relevant and appropriate with respect to public health.
- ❖ The teaching methods, skill and preparedness of presenter, clear introduction with mix teaching methodology was very nice.

### **Suggestions**

Since the participants have come from across globe, so the speed of presentation could be slower for better comprehension and understandability.

### **Module 8**

- ❖ The entire module was taught as role plays and concepts on communications were embedded in it. This was the most interactive session.
- ❖ The session was very interactive, delivery of all points was very nice, teaching methodology was very good.
- ❖ Communication games related to the lecture were very relevant for leadership.

### **Suggestions**

This kind of lectures should be more.

### **Module 9**

- ❖ The module included quality definitions from provider and consumer point of view, quality standards, techniques for measuring quality, 5 's' in quality improvement programme, difference between regulation and accreditation, were really eye-opening.
- ❖ Lecturer was audible and clear, Interactions of presenter with participants was very good.
- ❖ The role plays, Videos and real case studies were very interesting.

### **Suggestions**

The session was so interesting that there should be more number of such lectures.

## Module 10

- ❖ We could comprehend the difference between monitoring and evaluation, evaluation exercise of monitoring, monitoring and evaluation tool. How to monitor and evaluate health programs all the topics were very knowledgeable. We will definitely use this in our settings.
- ❖ The lecture was very well organized and the presenter was loud and clear with very nice and practical ideas.
- ❖ The exercise session was so amazing.

### Suggestions

The module was very good and has covered all the aspects of monitoring and evaluation, it would be great if more examples and case studies could be incorporated in this lecture.

## Overall Feedback

### TECHNICAL SESSION

#### Positive comments

- ❖ 'The sessions were well covered by skilled, energetic and experienced facilitators'
- ❖ 'The content and flow presentations was very good. The lectures were simple and understandable'
- ❖ 'This training is highly recommended for people involved in health care delivery globally'
- ❖ 'Very valid and practical information was imparted that was utmost relevant to the our work areas'
- ❖ 'The materials distributed by e-mail on basic concepts of the program prior to actual program were very informative and interesting. They made the complex things clearer and simple during the program'
- ❖ 'Interactive sessions including role plays and games were very productive. They added flavour to teaching and we could understand the concepts very easily'
- ❖ 'The quiz was also a very good method of remembering what we have learnt during the workshop'
- ❖ 'Technical sessions were very much enriched, all resource persons were very knowledgeable'
- ❖ 'The course met our expectations. It gave a good overview of what public health management is about.'

#### Suggestions

- ❖ 'New perspectives could be more detailed. However, I can understand the limited time may not have permitted the organisers to add them. They were however provided in our pre-course materials'



- ❖ 'Schedule was too tight, more time should be kept for group work and demonstrations. Would recommend strongly to add couple of days to the training'
- ❖ 'Despite the best resource faculty, I would recommend that the program could include some international tutors as well, especially from African settings'

## **TRAVEL**

### **Positive comments**

- ❖ 'Transport facilities were very good. In-fact, we arrived at Delhi airport after our flight got delayed for over 4 hours. But the program director could manage the taxi in just 5 minutes at Delhi airport'.
- ❖ 'We suffered no problems at all during flight, transit and pick up at local airport by the organisers. They had planned our visit so well'
- ❖ 'Transport was well organized, good job by the team of organizers under dynamic leadership of Dr. Sonu Goel, Program Director IPHMDP. This is probably first time in my lifetime, I see the type of coordination'

### **Suggestions**

- ❖ 'The date of Arrival should not be on date of start of the training. I would prefer the program should start a day after the arrival. However, I understand that it happened due to goof up of the airlines as flights were cancelled on that day to Chandigarh airport'

## **ACCOMODATION AND FOOD**

### **Positive comments**

- ❖ 'Excellent just as it should be in an international training. It was beyond our expectation'.
- ❖ 'The stay in four star premium hotel at the centre of city was very pleasant. It was very comfortable and we could see the culture of the city after our classes as we need not travel much for that'.
- ❖ 'Meals were well prepared with lots of variety which is changing every day. The Program Director make sure to take our feedback (formal and informal)' every day.
- ❖ 'Rooms were very clean and equipped with all necessary items'.
- ❖ 'Training hall and tea breaks were very well organized. We learnt management games and lessons from videos during the breaks, which was very innovative'
- ❖ 'Very good!!! I will become a vegetarian. The vegetarian food was too good.'
- ❖ 'The location of the venue was beautiful'.

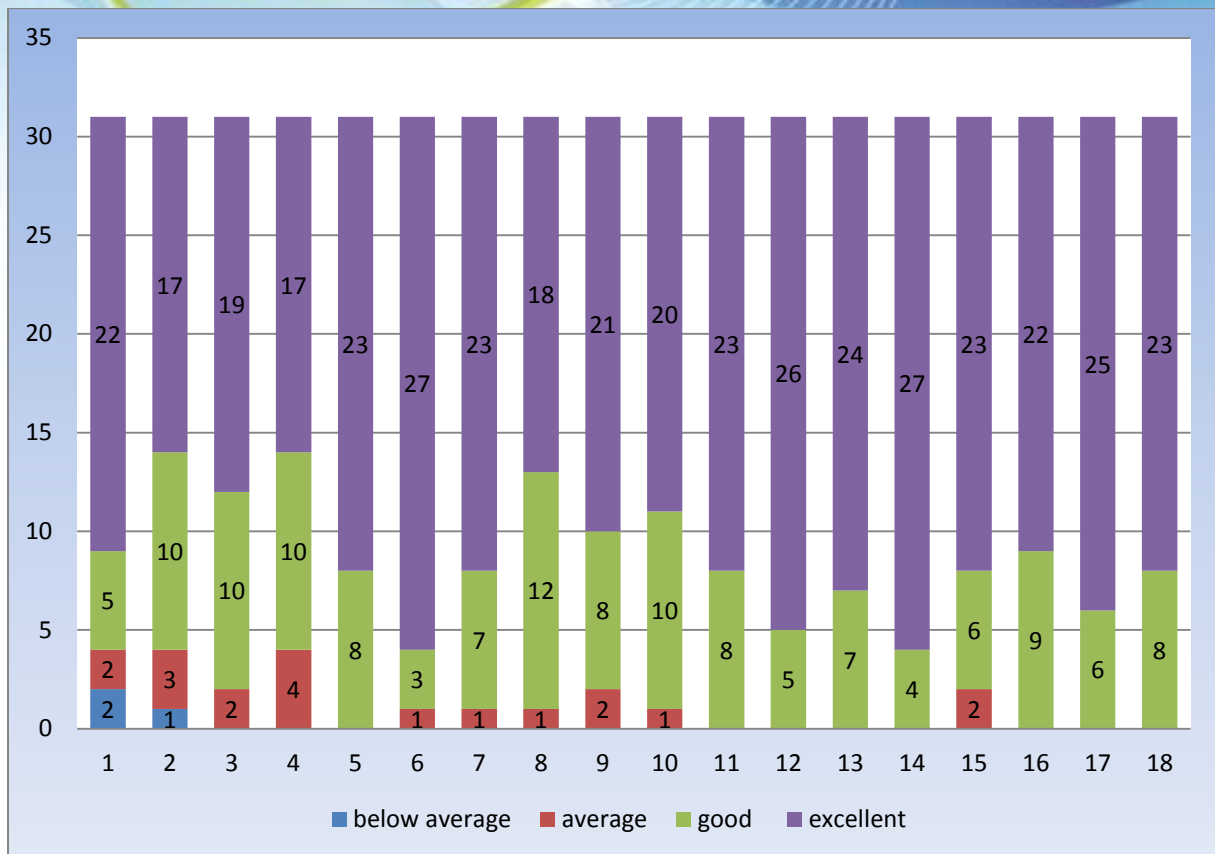
## **Suggestions**

- ❖ 'Although the food was good, there could be more varieties in cuisines to suit all the participants eg. Chinese, African etc.'

## **MOST LIKED ELEMENTS ABOUT THE PROGRAM**

- ❖ Facilitators of the program were very effective with well-prepared presentations.
- ❖ Time management, team work among the faculty and organizers were excellent. It was a very well managed management program.
- ❖ The use of formal and informal feedback mechanism by the organising team ensures that the technical and other parts of program were well managed.
- ❖ We love the culture and hospitality of Program organisers, Chandigarh and Indian people very much,
- ❖ The study tour to Shimla was very entertaining and also filled with knowledge. It provided us a chance to network with people
- ❖ Pre-read material and reading materials for each module was very good. and user friendly. They were so nicely arranged and contextually placed that they can be replicated in our settings.
- ❖ Diversity of participants from many countries ensured peer learning. We learnt many good practices which we will replicate in our settings
- ❖ Perfect blend of innovative teaching methodologies was the USP of the program. I have never seen so many type of blended teaching methods in any course.
- ❖ The learning activities were very practical and all the topics covered were made very clear.
- ❖ All the sessions were interactive and engaged the participants with games, exercises, group discussions, field visit, quiz etc.
- ❖ A very good platform to make new connections and network. Also it gives you the drive to ensure a good health management system in your organization.





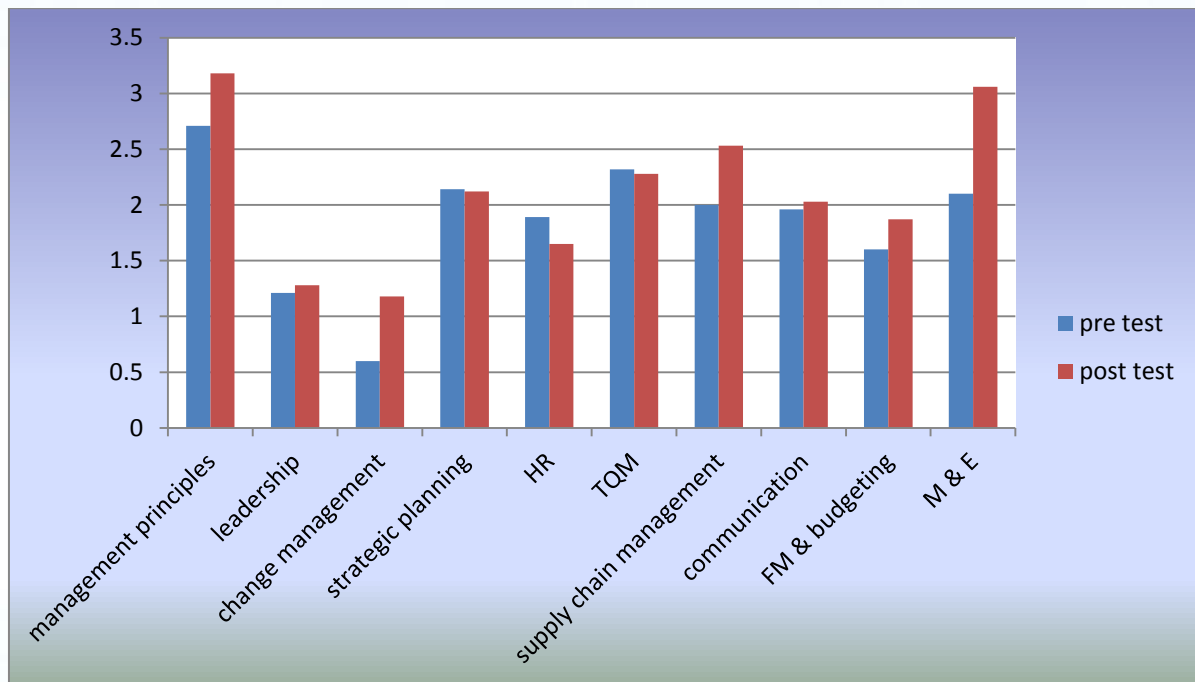
**X-axis:** Elements of the feedback:

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 reading material given to us before the course were helpful, 4- The venue of the course had all the requisite facilities and necessary comforts, 5- Presentations were well prepared and on target, 6- The mix of methodologies (presentation, exercises, case studies) used in this course was effective, 7- Non-conventional teaching methodology (videos, group work, apps)was relevant and effective, 8- The pace and the sequencing of the sessions facilitated easy transfer of learning inputs to me, 9- The workshop program engaged me in active learning related to its goal, 10- The course met its stated objectives, 11- This course was relevant to my job responsibilities, 12- I intend to use what I learned from the course in my work, 13- The resources provided will be helpful in apply what I learned in this workshop, 14- I would recommend this course to my colleagues, 15- The number of participants in the course was appropriate, 16- How effective was the Faculty?, 17- How effective was the Support Team?, 18- What is your overall rating of this course?

**Y-axis:** No. of participants

## Program Evaluation

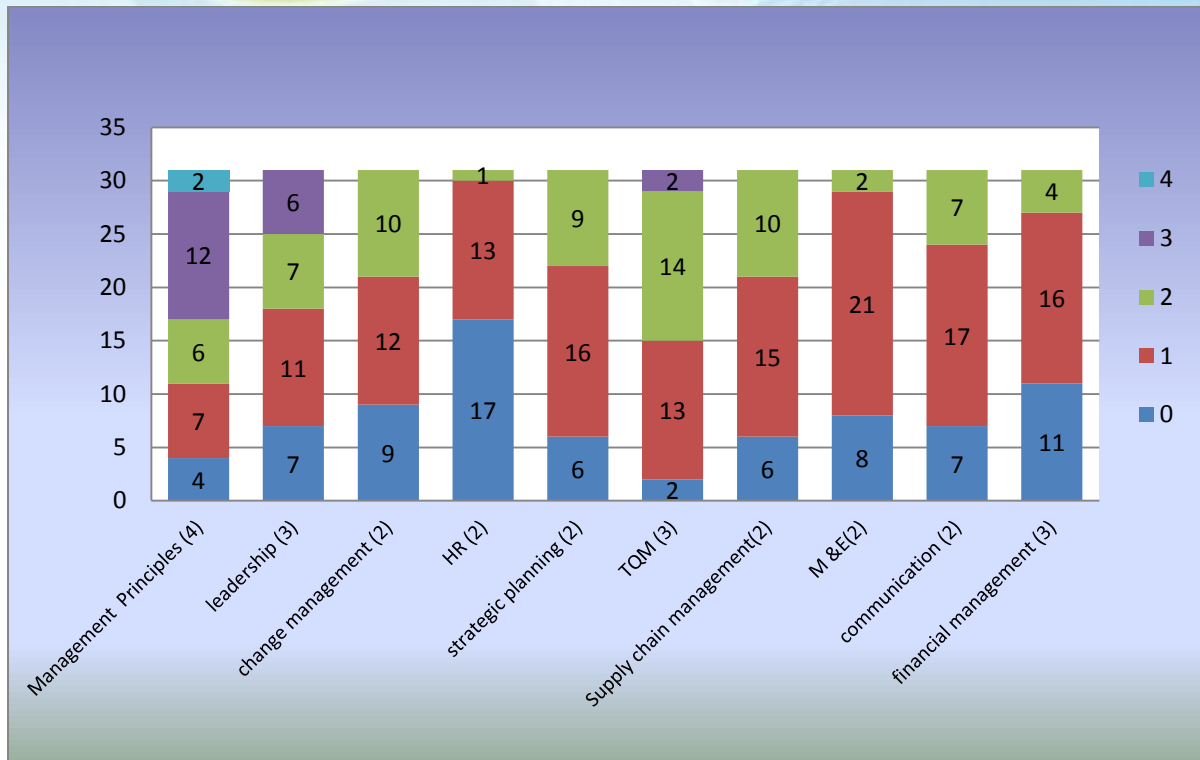
The program was evaluated on the basis of improved knowledge of participants in various areas of public health management through a pre-post test conducted before and after the program. There was a significant change in overall knowledge of participants after attending the program.



Modules	Pre-test mean score	Post-test mean score	Range pre-test	Range post-test
<b>Management principles</b>	2.71	3.18	1-4	1-4
<b>Leadership</b>	1.21	1.28	0-3	0-3
<b>Change management</b>	0.6	1.18	0-3	0-3
<b>Project management</b>	2.14	2.12	0-4	0-3
<b>Supply chain management</b>	1.89	1.65	0-4	0-3
<b>Financial management &amp; budgeting</b>	2.32	2.28	1-4	0-3
<b>Total quality management</b>	2	2.53	0-4	0-4
<b>Monitoring &amp; evaluation</b>	1.96	2.03	0-4	0-4
<b>Communication</b>	1.6	1.87	0-3	0-4
<b>Human resource management</b>	2.1	3.06	0-4	2-4
<b>Total</b>	<b>18.57</b>	<b>21.21</b>	<b>8-29</b>	<b>12-28</b>



## Pre Read Contest Program Evaluation



x-axis: Names of the modules (marks); y-axis: no. of participants scoring 0,1,2,3,4 marks respectively.

Module Name	Mean score
Management principles (4)	2.03
Leadership (3)	1.38
Change management (2)	1.03
HR (2)	0.48
Strategic planning (2)	1.09
TQM (3)	1.51
Supply chain management (2)	1.12
Monitoring & evaluation (2)	1.61
Communication (2)	1
Financial management (2)	0.77
<b>Total (25)</b>	<b>11.25</b>

## *Recommendations and Way Forward*

The major recommendations for the program addressed among many others, strengthening of public health management at graduate and post graduate public health 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.

### **1. Strengthening of public health management 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

The curriculum of PHM should be designed in consultation with various stakeholders and approved by Medical Council of India and other statutory bodies

The facilitators should be trained in PHM on teaching methods, which should include teaching through 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 across 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 in such programs (as shown by increasing nominations of participants from different states and country in three International Public Health Management Development Programs-IPHMDP conducted by PGIMER, Chandigarh in last two 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 for a period ranging from 3-5 years.

At national level, NHMs can sponsor the senior administrators and program managers (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. The time span of program should be increased to at-least two weeks to accommodate more case studies, discussions and field trips.

#### **5. Increasing reach of program by providing online platform**

The program can be made online (e-IPHMDP) in order to 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.

## *Sustainability of 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 team work 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 effective in engaging all the participants in group discussions, were very interactive and used innovative teaching methodologies.
- The hospitality displayed by the program organisers were beyond appreciation. The accommodation, local travel and food was upto the expectations of participants.
- Pre-read material (circulated every day from 15 days prior to the program) and reading materials during the program was very good and user friendly. They were so nicely arranged and contextually placed that they can be replicated in other settings as well.
- Diversity of participants in program from different states and countries ensured peer learning. Many good practices were shared amongst participants which we expect that they will replicate in their settings.
- The program was a very good platform to make new connections and network across organisation and country. Also it gives participants the drive to ensure a good health management system in their organization.
- 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.



*Picture Gallery*



**QUESTION TIME**



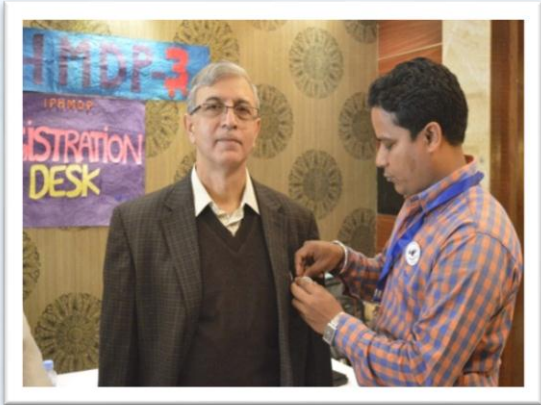
**GROUP ACTIVITY**



**CROWNING CEREMONY**



**DISCUSSION TIME**



**INSIGNIA RITE**



**VIDEO CLASS**





**INFORMAL CHIT-CHAT**



**PLAY ACQUISITION**



**POTRAYAL BIT**



**RECEPTION DINNER**



**SELFIE TIME**



**DISPLAY OF TEAM DYNAMICS**





**INFORMAL INTERACTIONS  
IN BREAKS**



**ENJOYING AT QUEEN OF HILLS**



**PARTICIPANTS WITH  
COUNTRY FLAGS AT RALLY**



**CULTURAL NIGHT AT SHIMLA**



**HARMONY DURING PROGRAM**



**PRESENTATION OF PROGRAM  
EPITHET**





**BEAUTIES WITH BRAINS**



**TOGETHER WE CAN CHANGE  
THE WORLD**



**SELF INTRODUCTION**



**FRIENDS FOREVER**



**AROUND THE TABLE**



**UNITY IS STRENGTH**





**HARD WORK**



**COMMUNICATION GAME**



**IN-BETWEEN TALK**



**MEETING WITH LOCAL PEOPLE**

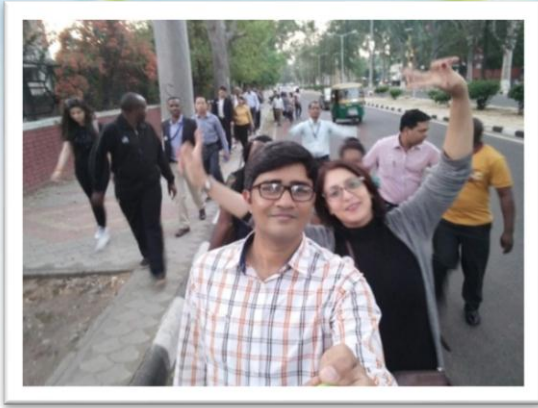


**SELFIE WITH CELEBRITY**

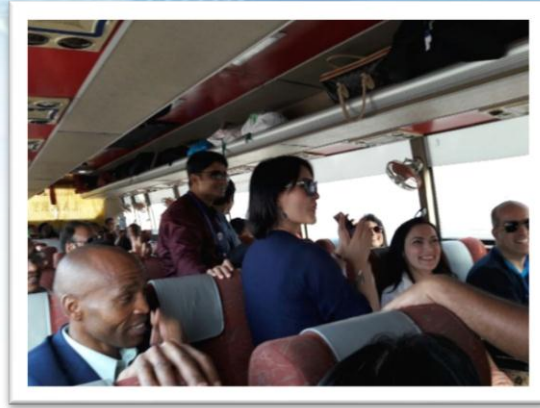


**REPRESENTATION BIT**





**EXPLORING THE CITY BEAUTIFUL**



**FUN IN THE BUS**



**MANAGEMENT GAME**



**THE IDENTITY CARDS**



**V FOR VICTORY**



**VISIT TO A TEMPLE**





**HONOURING OUR HEAD**



**BADGING THE DELEGATE**



**AUTO RIDE BY THE PARTICIPANTS**



**ROLE PLAY**



**INTERACTION WITH FACULTY**



**QUIZ TIME**





**TEA TIME INTERACTION WITH PROGRAM ORGANIZERS**



**FILLING FEEDBACK FORM**



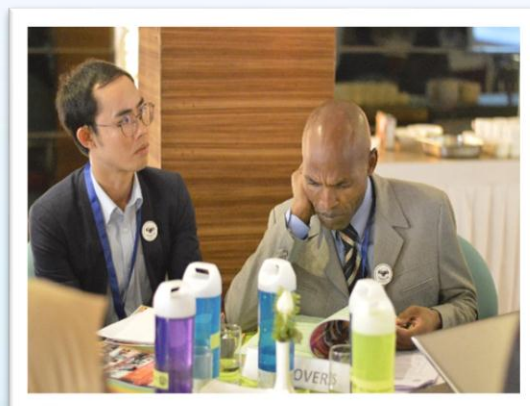
**RELISHING INDIAN FOOD**



**DISCUSSION PRIOR TO ROLE PLAY**



**MODULE CONVERSATION**



**DEEP CONSIDERATIONS**





**HAPPY FACES**



**CHINESE WHISPER**



**IMPRESSIVELY DRESSED**



**HAPPY HEART**



**VISIT TO GOLDEN TEMPLE**



**ASSESSMENT PHASE**



## CONTINUALLY VARYING GROUPS



**CHOPPERS**



**ROCKERS**



**TAKERS**



**HOPPERS**



**MOVERS**



**SHAKERS**







*Token of Thanks by the Participants to Organizers*





## Press Coverage

20.3.17

The PIONEER

**HEALTH MANAGEMENT DEVELOPMENT PROGRAM TO BE HELD**  
**Chandigarh:** A six days third International Public Health Management Development Program will be organized by School of Public Health, PGIMER in collaboration with International Union Against Tuberculosis and Lung Disease from March 20 to 25. This program is third of its bi-annual series after grand success of first and second programs in May and December 2016, where senior program managers and 20 academicians from 20 states of country participated. The current third program is first of its kind public health management program in the country which fully sponsored by Union Ministry of External Affairs through Indian Technical Economic Cooperation (ITEC) scheme. The participants (Directors, Deputy Directors, Country Heads etc.) from 19 countries across the globe have been nominated by their respective ministries of external affairs in this program. TPL

पंडीगट शारमः

फेफड़ों से जुड़ी बीमारियों पर थर्ड इंटरनेशनल कॉन्फ्रेंस आज से

सिटी रिपोर्टर | चंडीगढ़

टीबी और फेफड़ों से जुड़ी बीमारियों को दूर करने के लिए दुनिया भर में तैयार किए गए इलाज के तरीके सोमवार से पीजीआई में शेअर होंगे। पांच दिनों की इंटरनेशनल कॉन्फ्रेंस में दुनिया भर के एक्सपर्ट इन बीमारियों को रोकने में मददगार इलाज के तरीकों पर हुई रिसर्च सामने रखेंगे। पीजीआई का स्कूल ऑफ पब्लिक हेल्थ पहली बार देश में ये कॉन्फ्रेंस करवाने जा रहा है। एडिशनल प्रोफेसर डॉ. सोनु गोयल ने बताया कि इसमें 19 देशों के 100 से ज्यादा एक्सपर्ट्स पांच दिनों तक अपने अनुभव रखेंगे।

Times of CHANDIGARH

**Public health session at PGI from today**

**Chandigarh:** A six-day 3rd International Public Health Management Programme will be organized by School of Public Health, PGIMER in collaboration with International Union Against Tuberculosis and Lung Disease from Monday.

This programme is third of its bi-annual series after grand success of first and second programmes in May and December, 2016, where senior programme managers and academicians from 20 states of country participated. The third programme is first of its kind public health management program in the country which will be fully sponsored by ministry of external Affairs through Indian Technical Economic Cooperation (ITEC) scheme.

The current program aims to enhance the skills and competencies of middle and senior level program managers for addressing public health challenges. TNN

H.T. CHANDIGARH

**Public Health management programme at PGI from today**

HT Correspondent

chandigarh@hindustantimes.com

**CHANDIGARH:** A six-day 3rd International Public Health Management Development Program will be organised by School of Public Health, Post Graduate Institute of Medical Education and Research (PGIMER), in collaboration with International Union against Tuberculosis and Lung Disease from March 20-25.

"The current third programme is first of its kind public health management programme in the country which is entirely sponsored by Union ministry of external affairs, through Indian Technical Economic Cooperation (ITEC) scheme," said an official statement. The participants from 19 countries have been nominated by their respective ministries of external affairs in this programme.



21.3.17

H.T. CHANDIYARH

## Public health mgt programme begins

HT Correspondent  
chandiagarh@hindustantimes.com

**CHANDIGARH:** A six-day international public health management development programme started at the Postgraduate Institute of Medical Education and Research (PGIMER) on Monday.

A total of 33 participants from 21 countries are participating in the programme which aims to enhance the skills of middle and senior-level programme managers for addressing public health challenges and strengthening efficiency of organisations in limited resource settings.

The programme is organised by the School of Public Health,

Postgraduate Institute of Medical Education and Research, in collaboration with Indian Technical and Economic Cooperation (ITEC), ministry of external affairs, and the International Union against Tuberculosis and Lung Disease.

Dr Sonu Goel, additional professor at the School of Public Health, PGIMER, said public health management aims to achieve universal health coverage besides other issues.

The programme was inaugurated by Vini Mahajan, additional chief secretary (health), Punjab; SK Dudeja of Indian Technical Economic Cooperation and others.

TIMES OF CHANDIYARH

## Public health event at PGI

**Chandigarh:** A six day International Public Health Management Development Program commenced on Monday, organized by School of Public Health, PGI, in collaboration with Indian Technical and Economic Cooperation, ministry of external affairs (MEA), and the International Union Against Tuberculosis and Lung Disease from March 20 to 25.

A total of 33 international participants, directors and senior managers, from 21 countries across the globe are participating in the event. TNN

—उंडीगढ़ भास्कर, 21.3.17

## पीजीआई: इंटरनेशनल कॉन्फ्रेंस में पहुंचे 19 देशों के 100 एक्सपर्ट्स

सिटी रिपोर्टर, चंडीगढ़

टीबी और फेफड़ों से जुड़ी बीमारियों को दूर करने के लिए दुनिया भर में तैयार किए गए इलाज के तरीके सोमवार को पीजीआई में शोअर हुए। सोमवार को पीजीआई में शुरू हुई पांच दिनों की इंटरनेशनल कॉन्फ्रेंस का उद्घाटन पंजाब की एडिशनल हेल्थ सेक्रेटरी विनी महाजन ने किया। इस कॉन्फ्रेंस में दुनिया भर के एक्सपर्ट इन बीमारियों को रोकने में मददगार इलाज के तरीकों पर हुई रिसर्च और प्रभावी नीतियां बनाने पर अपने सुझाव दे रहे हैं। पीजीआई का स्कूल ऑफ पब्लिक हेल्थ पहली बार देश

में ये कॉन्फ्रेंस करवा रहा है। इसका मकसद इन बीमारियों के इलाज के नए तरीकों को सामने लाने के साथ ही लोगों तक प्रभावी तरीके से पहुंचाने के तरीके भी बताए जा रहे हैं। पीजीआई के एडिशनल प्रोफेसर डॉ. सोनु गोयल ने बताया कि इस कॉन्फ्रेंस में दुनिया के 19 देशों के 100 से ज्यादा एक्सपर्ट्स इलाज और पॉलिमी मैनेजमेंट पर अपने अनुभव बांट रहे हैं। मेडिकल प्रोफेशनल के साथ प्रशासनिक अधिकारी भी शामिल हैं ताकि मेडिकल प्रोफेशनल से बीमारियों के मैनेजमेंट के सही तरीकों को लागू करने के लिए प्रशासन और सरकार तक पहुंच सकें।

CHANDIGARH TRIBUNE, 22-03-17

## Experts discuss opportunities, challenges in health organisations

TRIBUNE NEWS SERVICE

CHANDIGARH, MARCH 21

Panelists discussed issues, opportunities and challenges in health organisations during country's first six-day International Public Health Management Development Programme being held at the PGI.

On the second day, the session started with feedback on the previous day sessions from participants and discussion of case studies brought by participants.

Dr Sonu Goel, additional professor, School of Public Health, PGI, and programme director introduced the concept of project management and importance of planning, organising, controlling and measuring in national health

programmes.

Dr Preethi Pradhan, dean, Chitkara School of Health Sciences, Chitkara University, Punjab, took a session on human resource planning and job analysis, training needs assessment and skill development recruitment and selection.

The session would help participants in applying principles of human resource management like recruitment and selection, performance appraisal in their respective health care setting. By means of case studies, she also discussed application of theory in public health.

Dr Manjushri, Faculty of Punjab University, deliberated on Inventory Control Techniques in Healthcare Organisations. She discussed

purpose, importance and various techniques of inventory management in public health systems.

By means of case studies, she mentioned role of correctly projecting drugs/equipments in hospitals to avoid stock outs and improve drug supplies, so that all patients get drugs timely.

Dr Arun Aggarwal, professor of community medicine, School of Public Health, PGI, briefed audience about material planning and forecasting technique, and purchase and procurement procedures. He described that all steps followed in purchase and procurement should be expedited for optimal functioning of hospitals and better patient care.







26.3.17

TIMES OF CHANDIGARH

## 6-day int'l health programme ends

TIMES NEWS NETWORK

**Chandigarh:** A six-day international public health management development programme organized by School of Public Health, PGIMER, concluded on Saturday.

The event was held in collaboration with the Indian Technical and Economic Cooperation (ITEC), ministry of external affairs, and International Union Against Tuberculosis and Lung Disease from March 20-25. A total of 33 international participants (mostly directors and senior managers) from 21 countries took part in the programme.

It was first of its kind event in the country on public health management being supported by the ministry of external affairs. The pro-

gramme aimed at enhancing skills and competencies of middle and senior-level programme managers for addressing public health challenges and strengthening efficiency of organizations in limited resource settings.

On last day, the participants submitted an action plan to improve existing practices and health situations in their settings. They have to submit their action plan implementation report at the end of six months of programme completion through their supervisors. The program ended with a valedictory session where Punjab additional chief secretary (health) Vini Mahajan conferred programme completion certificates and winners of various contests held during the event.

H-T. CHANDIGARH

### HEALTH MGMT PROGRAMME CONCLUDES

**CHANDIGARH:** The six-day 'International Public Health Management Development Programme' concluded at a city hotel on Saturday. The programme was organised by the School of Public Health, Post-Graduate Institute of Medical Education and Research (PGIMER), in collaboration with Indian Technical and Economic Cooperation (ITEC), ministry of external affairs, and the International Union Against Tuberculosis and Lung Disease, from March 20 to 25. As many as 33 participants from 21 countries participated in the programme.



## Program committee



**Dr. Rajesh Kumar**  
**Professor and Head**  
**School of Public Health**  
**PGIMER, Chandigarh**  
**Mobile: +91 9876017948**  
**Email Id: [dr.rajeshkumar@gmail.com](mailto:dr.rajeshkumar@gmail.com)**

- Medical Doctor with M.D in Community Medicine and MSc (Epidemiology)
- Has around 40 years of experience in various field of Public Health
- Areas of Specialization: Epidemiology
- Received Endeavour executive award from Australian Government, Dr. R.N. Roy Memorial Award.



**Dr. Sonu Goel**  
**Additional Professor of Health Management**  
**School of Public Health**  
**PGIMER, Chandigarh**  
**Mobile: +91 9914208027**  
**Email Id: [sonugoel007@yahoo.co.in](mailto:sonugoel007@yahoo.co.in)**

- Medical doctor with MD in Community Medicine with 15 years of experience
- Fellowships of IPHA, IAPSM, IMSA and MNAMS
- Alumnus of John Hopkins School of Public Health, Baltimore, US and Maastricht University, The Netherlands
- Awarded public health excellence of India by Hon'ble Union Minister of Health & Family Welfare -2014



**Dr. Shankar Prinja**  
**Associate Professor of Health Economics**  
**School of Public Health**  
**PGIMER, Chandigarh**  
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- Medical Doctor with M.D in Community Medicine, DNB, MSc (Health economics)
- Temporary Advisor to the WHO SEARO (HTA) and member of the Government of India's Task Force on Costing of Health Care Services
- Developed India's first online training program in Basic Health Economics

## Facilitator's Profile

### External Faculty

S. No.	Name	Organization	Image
1.	<b>Mrs. Vini Mahajan (IAS)</b> Principal Secretary <a href="mailto:pshfwpunjab@gmail.com">pshfwpunjab@gmail.com</a>	Department of Health & Family Welfare, Government of Punjab	
2.	<b>Dr. Jeetu Lal Meena</b> Principal Assessor <a href="mailto:drjlmeena@gmail.com">drjlmeena@gmail.com</a>	NABH & NQAS Government of Gujarat	
3.	<b>Dr. Vivek Adhish</b> Professor & Dean <a href="mailto:vivekadhish@gmail.com">vivekadhish@gmail.com</a>	National Institute of Health & Family Welfare	
4.	<b>Dr. Preethi Pradhan</b> Dean <a href="mailto:preeti_preethi@chitkara.edu.in">preeti_preethi@chitkara.edu.in</a>	Chitkara School of Health Sciences	
5.	<b>Dr. Manju Shri</b> Assistant Professor <a href="mailto:dmanjushree@gmail.com">dmanjushree@gmail.com</a>	UIAMS- Panjab University	
6.	<b>Dr. Rana J Singh</b> Deputy Regional Director, <a href="mailto:rjsingh@theunion.org">rjsingh@theunion.org</a>	International Union Against Tuberculosis and Lung Disease	










7.	<p><b>Dr. A.K Sood</b>  Professor  <a href="mailto:sood_kumar_ajay@yahoo.com">sood_kumar_ajay@yahoo.com</a></p>	<p>National Institute of health and family welfare</p>	
8.	<p><b>Mr. Sunil Kumar</b>  Head Grants division  <a href="mailto:Sunil.kumar@theunion.org">Sunil.kumar@theunion.org</a></p>	<p>International Union against Tuberculosis and Lung disease</p>	
9.	<p><b>Prof. Sanjay Gupta</b>  Dean  <a href="mailto:sgupta@nihfw.org">sgupta@nihfw.org</a></p>	<p>National Institute of Health and Family Welfare</p>	









## Internal Faculty

S. No.	Name	Designation	Image
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2.	<b>Prof. Amarjeet Singh</b> Professor <a href="mailto:dramarjeet56@gmail.com">dramarjeet56@gmail.com</a>	School of Public Health, PGIMER	
3.	<b>Prof. Arun Kumar Aggarwal</b> Professor <a href="mailto:aggarwal.arunk@pgimer.edu.in">aggarwal.arunk@pgimer.edu.in</a>	School of Public Health, PGIMER	
4.	<b>Dr. Sonu Goel</b> Additional Professor of Health Management <a href="mailto:sonugoel007@gmail.com">sonugoel007@gmail.com</a>	School of Public Health, PGIMER,	
5.	<b>Dr. Shankar Prinja</b> Associate Professor <a href="mailto:shankarprinja@gmail.com">shankarprinja@gmail.com</a>	School of Public Health, PGIMER	












## Participant's Profile

S.No	Name & Designation	Organization	
1.	<p style="text-align: center;"><b>Mrs. Ghaya Rebaa</b> Technician in Quality Assurance Email Id: ghayarebaa31@gmail.com Mobile: 31559393 <b>TUNISIA</b></p>	Center of Traumatology and Large Burnes	
2.	<p style="text-align: center;"><b>Mr. Ngoc Hai Doan</b> Vice Director Email Id: haidoanngoc@yahoo.com Mobile: 904493618 <b>VIETNAM</b></p>	National Institute of Occupational and Environmental Health	
3.	<p style="text-align: center;"><b>Dr. Md Noor Ashad Uz Zaman</b> Medical Officer Email Id: dr.ashad777@gmail.com Mobile: 1717094205 <b>BANGLADESH</b></p>	National Institute of Preventive and Social Medical	
4.	<p style="text-align: center;"><b>Dr. Rafique Us Salheen</b> Medical Officer Email Id: rusaleheen@gmail.com Mobile: 31630179 <b>BANGLADESH</b></p>	MOHFW	
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6.	<p style="text-align: center;"><b>Ms. Ana Yara Assis Gaspar</b> Epidemiologist, Department of Epidemiology &amp; Vigilance Email Id: yarusca4ever@hotmail.com Mobile: 934534051 <b>ANGOLA</b></p>	National AIDS Institute (INLS)	
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11.	<p><b>Dr. Bouali Mohamed Chekib</b>  Emergency doctor  Email Id: chekibbouali@gmail.com  Mobile: 71647615  <b>TUNISIA</b></p>	Abderahmen Boukhari	
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13.	<p><b>Ms. Liydmila Kalinova</b>  Pediatrician  Email Id: shkolakarapuz.by@gmail.com  Mobile: 296137586  <b>BELARUS</b></p>	3 <sup>rd</sup> City Childrens Clinical Hospital	
14.	<p><b>Dr. Bonny Betson</b>  Tutor  Email: betsonbonny@yahoo.co.uk  Mobile: 737200586  <b>TANZANIA</b></p>	Ministry of Health	
15.	<p><b>Dr. Fadhili Lyimo</b>  Tutor  Email: fadhili1973@gmail.com  Mobile: 756387576  <b>TANZANIA</b></p>	Ministry of Health	



16.	<p><b>Mr. Shree Shyam Giri</b> Lecturer Email: shyam.jnkpur@gmail.com Mobile: 9844021276 <b>NEPAL</b></p>	Sinha Health Foundation	
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18.	<p><b>Mr. Zewdie Asfaw Alemu</b> Reform Head Email: zewdie2007@gmail.com Mobile: 118346392 <b>ETHIOPIA</b></p>	Oromia Regional Health Buruea	
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20.	<p><b>Dr. Sengtavanh Keokenchanh</b> Techinal Officer Email: Keokenchanh.sengtavanh@gmail.com Mobile: 22277780 <b>LAOS</b></p>	Cabinet of Ministry of Health	
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24.	<p><b>Mr. Zerihun Ayenew Mehari</b> Process owner of Regional HRH Email: zariyesuus@gmail.com Mobile: 113717288 <b>ETHIOPIA</b></p>	Oromia Regional Health Buruea	

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27.	<p><b>Dr. Lilian Maliro</b> District Medical Officer Email: bossybeaty@gmail.com Mobile: 995497596 <b>MALAWI</b></p>	Ministry of Health Blantyre	
28.	<p><b>Dr. Marion Wanjiku Gituanja</b> Medical Officer Email: wgmarion2013@gmail.com Mobile: 726449018 <b>KENYA</b></p>	Nyeri County Government	
29.	<p><b>Dr. Mbacke Bineta Diabel Ba</b> Director-Head of Monitoring &amp; Evaluation Division Email: diabelmbacke@yahoo.com Mobile: 776485228 <b>SENEGAL</b></p>	Ministry of health	
30.	<p><b>Dr. Mohammad Atiqur Rahman</b> Junior Consultant Email: dratiq22@gmail.com Mobile: 27278866 <b>BANGLADESH</b></p>	MOHFW	
31.	<p><b>Mr. Naoures Hamdi</b> Art &amp; Democracy Member Email: nawresshamdi@outlook.com Mobile: 70647615 <b>TUNISIA</b></p>	Abderahmen Boukhari	
32.	<p><b>Mr. Ayile Lemma</b> Coordinator Email: nawresshamdi@outlook.com Mobile: 70647615 <b>ETHIOPIA</b></p>	Snnpr Health Bureau	



33.	<p><b>Mr. Lakrad Driss</b>  Head of Service  Email: lakraddriss@gmail.com  Mobile: 657831634  <b>MOROCCO</b></p>	DRA Casablanca Settat	
34.	<p><b>Mr. Farid Jebrane</b>  Chief  Email:z.egota@hotmail.com  Mobile:0662290094  <b>MOROCCO</b></p>	Ministry of Agriculture	
35.	<p><b>Mr. Rachid Sebtaoui</b>  Head of Service  Email:sebtaouil@hotmail.com  Mobile:657831603  <b>MOROCCO</b></p>	Regional Director of Agriculture of Casablanca-Settat, EL Jadida /Ministry of Agriculture	

**MATERIAL DEVELOPED DURING THE PROGRAM**

**Banner**





**Post Graduate Institute of Medical Education and Research, Chandigarh**  
**School of Public Health**

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*Welcomes delegates for*  
**3<sup>rd</sup> International Public Health Management Development Program**

**20<sup>th</sup> - 25<sup>th</sup> March, 2017 | 09:00am to 05:00pm**  
**Hotel Shivalik View, Sector 17, Chandigarh**

*in collaboration with*  
**Indian Technical & Economic Cooperation Programme**  
**Ministry of External Affairs, Govt. of India**




**Standi**





**Post Graduate Institute of Medical Education and Research, Chandigarh**  
**School of Public Health**

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*Welcomes delegates for*  
**3<sup>rd</sup> International Public Health Management Development Program**

**20<sup>th</sup> - 25<sup>th</sup> March, 2017**  
**09:00am to 05:00pm**




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**Hotel Shivalik View,**  
**Sector 17, Chandigarh**


*in collaboration with*  
**Indian Technical & Economic Cooperation Programme**  
**Ministry of External Affairs, Govt. of India**




**Identity card**







**3<sup>rd</sup> International Public Health Management Development Program**  
**School of Public Health, PGIMER, Chandigarh**  
**20<sup>th</sup> to 25<sup>th</sup> March, 2017**



**Dr. KHATIRA HUSEYNOVA**  
**Azerbaijan**

*The program is fully sponsored by*  
**Indian Technical & Economic Cooperation Programme**  
**Ministry of External Affairs, Govt. of India**



## Certificate



### 3<sup>rd</sup> International Public Health Management Development Program



Certifies that

Mrs. Ghaya Rebaa

has successfully completed

International Public Health Management Development Program

organised by School of Public Health, PGIMER, Chandigarh  
in collaboration with

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

from 20<sup>th</sup> to 25<sup>th</sup> March, 2017

Prof. Rajesh Kumar

Program Chairperson  
Head, School of Public Health  
PGIMER, Chandigarh, India

Dr. Sonu Goel

Program Director  
Additional Professor of Health Management,  
School of Public Health, PGIMER, Chandigarh, India

Dr. Rana J Singh

Program Co-Director  
Deputy Regional Director  
The Union(SEA) New Delhi, India

## Module



### 3<sup>rd</sup> International Public Health Management Development Program

"Health initiative in developing countries often fail not because of lack of Scientific knowledge but because of lack of managerial competence"


20<sup>th</sup> to 25<sup>th</sup> March, 2017





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






### GLIMPSE OF 2<sup>nd</sup> IPHMDP

### 2<sup>nd</sup> International Public Health Management Development Program

20<sup>th</sup> - 25<sup>th</sup> December, 2016



effective management leadership improve

motivation change practical lead

development

challenges



School of Public Health  
Post Graduate Institute of Medical Education and Research,  
Chandigarh (India)  
Email: iphmdp@gmail.com



# Brochure

**ABOUT PARTNER INSTITUTIONS**

**Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh**  
The Postgraduate Institute of Medical Education and Research (PGIMER) is an "Institute of National Importance" by an Act of Parliament and Centre of Excellence in health care. Community Medicine Department was established at PGIMER, Chandigarh in 1977 which was upgraded to School of Public Health (SPH) in 2004. It aims to conduct post graduate teaching programs and training courses in various fields of public health for national health program managers, to provide consultancy services to health departments and to carry out research in related disciplines. The Health Management unit in SPH conducts three short term teaching courses on health management for Masters of Public Health students. Besides, the unit has been regularly conducting trainings and workshops for mid-level managers on public health management. The department has a distinguished track record in conducting research and projects in the area of health management with numerous papers published in international and national journals.

**International Union Against Tuberculosis and Lung Disease**  
International Union against Tuberculosis and Lung Disease (The Union) aims to bring innovation, expertise, solutions and support to address health challenges in low and middle-income populations. Founded in 1920, The Union is both a non-profit institute and a federation of more than 3,300 organizations and individuals across the globe. The Union's International Management Development Program (IMDP) strengthens health system by training health professionals in the specific management competencies that are essential for health care programmes to provide quality care for patients.

**Program Directors**

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Deputy Regional Director,  
International Union Against Tuberculosis and Lung Disease,  
New Delhi

**Key Highlights of  
Second International Public Health Management Development Program  
16<sup>th</sup> - 20<sup>th</sup> December, 2016**

**2<sup>nd</sup> International Public Health Management Development Program**

**SCHOOL OF PUBLIC HEALTH  
Postgraduate Institute of Medical Education and Research, Chandigarh**

Participants from 15 states of India

Over 100 applied but only 32 made it

**Contact:**  
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**3<sup>rd</sup> International Public Health Management Development Program**

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

**20<sup>th</sup> to 25<sup>th</sup> March 2017**

**The program is fully sponsored by**  
**Indian Technical & Economic Corporation Program**  
Ministry of External Affairs,  
Govt. of India

**PROGRAM RATIONALE**  
The public health challenges faced by the developing countries call for positioning qualified and skilled professionals, who can plan, execute and monitor national health programmes and public health initiatives in order to improve effectiveness and efficiency of health care delivery system. These management competencies are absolutely essential for a good manager for enhancing the performance and productivity of organizations. There are no formal management trainings in government and private health organizations before taking up senior management positions. Most of the existing courses on Public Health Management are theoretical, extensively elaborative, does not comprehensively cover various aspects in a single program and often focus on certification only. There is a need to devise programmes which will impart the skills required to effectively manage the existing and emerging public health challenges and in turn enhance the capacity of the public health managerial workforce.

**PROGRAM OVERVIEW**  
Enhance the skills and competencies of middle and senior level program managers in leadership, team building, planning, monitoring, evaluation, project management, resource allocation, budgeting, financial reporting, total quality management and public health communication for addressing public health challenges and strengthening efficiency of organizations in limited resource settings.

**OBJECTIVES**

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

**PROGRAM MODULES**

- MODULE 1- Management Principles
- MODULE 2- Leadership in Public Health
- MODULE 3- Human Resources Management
- MODULE 4- Project Program Strategic Planning and Management
- MODULE 5- Supply Chain and Logistics Management
- MODULE 6- Financial Management and Budgeting
- MODULE 7- Total Quality Management
- MODULE 8- Change Management
- MODULE 9- Monitoring and Evaluation
- MODULE 10- Public Health Communication, Advocacy and Report Writing

**PROGRAM FACULTY**  
The program faculty shall be eminent healthcare management professionals and experts from various public and private healthcare organizations, health care program leaders from national and international agencies, faculty from Centers of Excellence in healthcare and management sector, and grass root community health managers involved in innovative healthcare initiatives.

**WHO SHOULD ATTEND?**  
This program is designed for middle and senior level healthcare managers, organizational leaders, hospital administrators, faculty of medical colleges and management institutes who are working in Public Health and responsible for effective and efficient delivery of healthcare program and projects through formulation and implementation of organizational strategies.  
The program capacity is 35-40 participants only.

**TEACHING & TRAINING METHODS**  
A blend of teaching methods will be used to address different learning styles and course needs. It would be a mixture of lectures, case studies, real life examples, problem based learning, group discussions and exercises, assignments and participants presentations. The courses also involve the use of LCD projector, whiteboard and the virtual learning environment. The result is a rich learning experience that is relevant, practical and up-to-date.

**BENEFITS TO PARTICIPANTS**  
At the end of the course, the participants will be able to

1. Create innovative strategies that provide a framework for future action.
2. Develop performance indicators, analyze data and quality reporting.
3. Design and use program budget, manage financial reporting systems to apply to organizations.
4. Learn application of Logical Framework Analysis technique for planning and successfully managing projects.
5. Enhance performance by building leadership competencies and strengthening leadership qualities.
6. Develop in-depth understanding of effective communication, change management strategies for public health advocacy and dissemination of health education messages.

**BENEFITS TO ORGANIZATION**

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

**Registration** 2006 - 20th March, 2017

Eligible candidates may submit their applications online in webportal of ITEC www.itec.gov.in and thereafter submit hard copies of their application forms duly approved by the Head of the Organization along with copies of their education certificates and citizen proof to the Education Wing, Embassy of India, in respective countries for due processing. Terms and conditions under the programme and online procedure for applying for the course can be seen at the website of the Embassy of India in respective countries (for example - In nepal- www.indianembassy.org.np) under the heading Education Scholarships.

For submission process on web portal, kindly see the picture below:

**Step One: Type URL - www.itec.gov.in**

**Step Two: Click on Courses and their Available Seats**

**Step Three: Click on 'Click Here'**

**Step Four: Select period from March-2017 to March-2017 and Course Category 'Specialized Course'**

**Step Five: Click on 'APPLY NOW'**

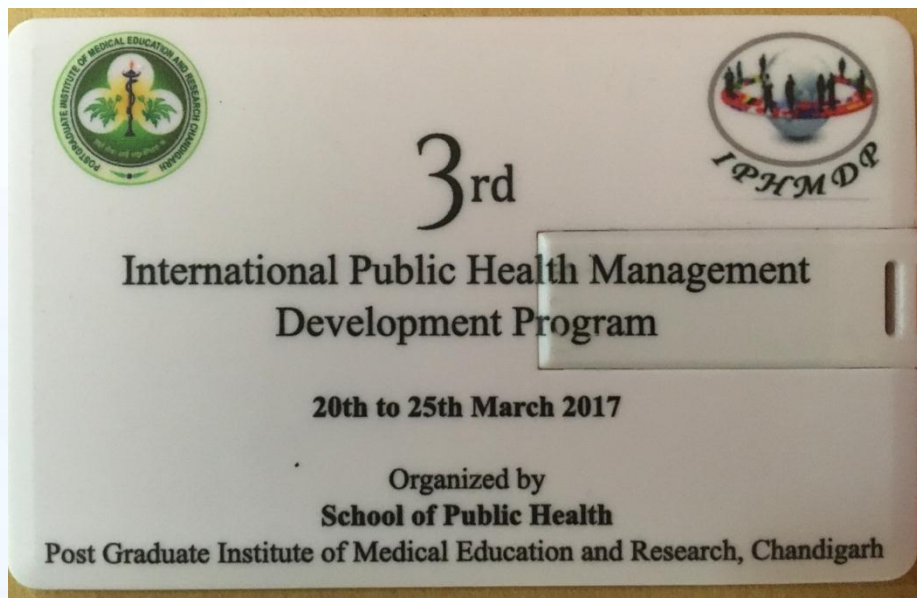
S.No.	Name of Courses	From	To	Course Content	Apply Now
1	3RD INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM	20th	25th	2017	APPLY NOW



**Program souvenir 1 (Mug)**



**Program souvenir 2 (Pendrive)**





**Glimpse of 1<sup>st</sup> and 2<sup>nd</sup> International Public Health Management Development Programs**

### GLIMPSE OF 1<sup>st</sup> IPHM DP







1<sup>st</sup> International Public Health Management Development Program - MOIS  
16th - 20th May, 2016



Elite Panel of Experts



Blend of Teaching Methods



Learning Management with Fun



Participants from 15 states of India



Financial Support



School of Public Health  
Post Graduate Institute of Medical Education and Research, Chandigarh (India)  
Email: iphmdp@gmail.com

### GLIMPSE OF 2<sup>nd</sup> IPHM DP





2<sup>nd</sup> International Public Health Management Development Program  
20<sup>th</sup> - 25<sup>th</sup> December, 2016



SCHOOL OF PUBLIC HEALTH  
PGIMER CHANDIGARH



effective management leadership improve inter-disciplinary communication motivation change practical lead research development



School of Public Health  
Post Graduate Institute of Medical Education and Research,  
Chandigarh (India)  
Email: iphmdp@gmail.com



## Feedback Forms



### 3<sup>rd</sup> INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (IPHMDP) SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

**20<sup>th</sup> – 25<sup>th</sup> MARCH 2017**

*This feedback is to ensure whether the learning objectives of the module were achieved. Kindly reflect carefully*

#### Module Feedback Form

**Module Name:** .....

#### Content

1. Content was adequately covered

- Exhaustive
  - Adequate
  - Scope for addition
- Suggest.....

2. Relevant to my current / Future work

- Highly relevant
  - Majority of topics were relevant
  - Few topics were not relevant.
- Suggest.....

3. Appropriate for public health management

- Highly appropriate
  - Majority of topics were appropriate
  - Few topics were not appropriate.
- Suggest.....

#### Structure

4. Introduction to the module by facilitator

- Very clear
- Got some overview about the module
- Require more clarity

5. Aims and objectives of the module

- Very clearly stated
- Got some overview about the module
- Not explicitly stated

6. The flow of module

- Excellent
  - Appropriate
  - Scope for improvement.
- Suggest.....

7. Summary of the module

- Key learning points were very clear
  - Got some learning about the module
- Suggest.....

8. Module length sufficient to meet learning goals

- Too long
- Just correct
- Too short

**Teaching methodology**

9. Teaching method was appropriate

- Highly appropriate.
  - Majority were appropriate
  - Can be improved.
- Most Like element.....
- Suggest.....

10. Mix of teaching methods

- Most appropriate mix
  - Appropriate mix
  - Methods mix can be improved.
- Suggest.....

11. Pre-Read materials given prior to the program

- Too much
  - Were sufficient
  - Too less
- Suggest.....

12. Reading materials provided in the module

- Too much
  - Were sufficient
  - Too less
- Suggest.....

13. The participation of participants

- Highly participatory
- Participatory
- Need to improve

14. How well did the module meet your expectations?

- It fully met my expectations
- Met some of my expectations
- Did not meet because.....

15. What are two points you really like about this module?

- 1.
- 2.

Thanks





**3<sup>rd</sup> INTERNATIONAL PUBLIC HEALTH MANAGEMENT  
DEVELOPMENT PROGRAM (IPHMDP)  
SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH**

**20<sup>th</sup> – 25<sup>th</sup> MARCH 2017**

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

**Overall Feedback Form**

S.No	Particulars	1☹	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 reading material given to us before the course were helpful					
4	The venue of the course had all the requisite facilities and necessary comforts					
5	Presentations were well prepared and on target					
6	The mix of methodologies (presentation, exercises, case studies) used in this course was effective					
7	Non-conventional or Innovative teaching methodology for internalizing the learning (videos, group work, apps) were relevant and effective					
8	The pace and the sequencing of the sessions facilitated easy transfer of learning inputs to me					
9	The workshop program engaged me in active learning related to its goal					
10	The course met its stated objectives					
11	This course was relevant to my job responsibilities					
12	I intend to use what I learned from the course in my work					
13	The resources provided will be helpful in apply what I learned in this workshop					
14	I would recommend this course to my colleagues					
15	The number of participants in the course was appropriate					
16	How effective was the Faculty?					
17	How effective was the Support Team?					
18	What is your overall rating of this course?					

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

- 1.
- 2.
- 3.

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

.....

## Pre-Read Test



**3<sup>rd</sup> INTERNATIONAL PUBLIC HEALTH MANAGEMENT  
DEVELOPMENT PROGRAM (IPHMDP)  
SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH  
20<sup>th</sup> – 25<sup>th</sup> MARCH 2017**

Name:.....

Country: .....

### PRE READ TEST MANAGEMENT PRINCIPLES

**Q.1 Which of the following is NOT the core competency for Health System Strengthening?**

1. Strategic Thinking & Problem Solving
2. Political Analysis and dialogue
3. Monitoring & Evaluation
4. Community and customer assessment and engagement

**Q.2 Which of the following is NOT the Principle of Management?**

1. Forecasting and Planning
2. Coordinating and Controlling
3. Designing Objectives and Goals
4. Organising and Commanding

**Q.3 Which of the following is NOT the advantage of following principles of management?**

1. To increase management efficiency
2. To develop the science of management
3. To coordinate material and human resources
4. To decrease efficiency of researches

**Q.4 For commanding, manager should have all qualities EXCEPT**

1. Have a thorough knowledge of his personnel
2. Leadership quality
3. Should be vocal
4. Have capacity to spot the right and competent workers so as to eliminate the incompetent

### LEADERSHIP IN PUBLIC HEALTH

**Q.5 Which of the following is NOT the leadership role in health care?**

1. Teaching and inspiring confidence
2. Recognising and rewarding individual contributions over teamwork
3. Improving performance
4. Leading and developing services



**Q.6 The following terms are used to describe leadership styles EXCEPT?**

1. Transactional or autocratic
2. Transformational/interactional
3. Renaissance or modern
4. Attributive

**Q.7 Which among the following options is NOT a stage of Team Development?**

1. Forming
2. Storming
3. Negotiation
4. Norming

### **CHANGE MANAGEMENT**

**Q.8 Which of the following is NOT the benefit of Change Management?**

1. Follow set rules & sequence of activities within system
2. Support creativity and fluidity in system
3. Meeting customer and consumer needs
4. Increases job satisfaction and motivation among staff

**Q.9 Which of the following is NOT the component of the Quality Improvement feedback loop?**

1. Set desired goals
2. Execute strategy
3. Coordination
4. Measurement and evaluation

### **HUMAN RESOURCES MANAGEMENT**

**Q.10 Human resources management (HRM) includes all EXCEPT**

1. Human resources
2. Physical capital
3. Consumables
4. Budgeting

**Q.11 Key issues pertaining to human resources in health care are all EXCEPT**

1. The size, composition and distribution of the health care workforce
2. The migration of health workers
3. Task shifting
4. Task sharing

### **STRATEGIC PLANNING**

**Q.12 Planning is categorised into following labels EXCEPT**

1. Situational
2. Strategic
3. Operational
4. Tactical

**Q.13 Acronym “SMART” includes all EXCEPT**

1. Specific
2. Measurable
3. Achievable
4. Reachable

### **TOTAL QUALITY MANAGEMENT (TQM)**

**Q.14 Total Quality Management (TQM) focuses on**

1. Employee
2. Customer
3. Both (1) and (2)
4. None of the above

**Q.15 TQM & ISO both focuses on**

1. Customer
2. Employee
3. Supplier
4. All of the above

**Q.16 The objective of ISO-9000 family of Quality management is**

1. Customer satisfaction
2. Employee satisfaction
3. Skill enhancement
4. Environmental issues

### **SUPPLY CHAIN MANAGEMENT**

**Q17. Which of the following is true for supply chain management?**

1. The physical material moves in the direction of the end of chain
2. Flow of cash backwards through the chain
3. Exchange of information moves in both the direction
4. All of the above

**Q 18. The purpose of supply chain management is**

1. Provide customer satisfaction
2. Improve quality of a product
3. Integrating supply and demand management
4. Increase production

### **MONITORING & EVALUATION**

**Q. 19 Read the following responsibilities mentioned below:**

- Provide “report consumer” perspective
- Provide guidance, input/feedback regarding expectations and accountability for resources consumed and results delivered
- Provide resource support

**These responsibilities belong to which stakeholder?**

1. Trade Union member/Framer



2. Donor
3. Union management/Administration
4. Union leadership/Board

**Q. 20 The performance-driven design and use of Monitoring & Evaluation systems can have a significant and positive impact on the leadership and management of the organization since the M&E system is meant to function as a leadership and management tool.**

The above mentioned statement is:

1. True
2. False
3. Partially true
4. None of the above

## COMMUNICATION

**Q.21 The symbolic exchange of shared meaning is known as**

1. Transmission
2. Ritual
3. Communication
4. None of the above

**Q.22 “LiST” is an acronym for**

1. Life Saving Tool
2. Life Source Tool
3. Life Surveillance Tool
4. None of the above

## FINANCIAL MANAGEMENT

**Q.23 The comparison of financial data of same time period of different organisations engaged in similar business**

1. Time series analysis
2. Cross-sectional analysis
3. Spatial data analysis
4. None of the above

**Q.24 An example of fixed asset is**

1. Live stock
2. Value stock
3. Income stock
4. All of the above

**Q.25 Financial management process deals with**

1. Investments
2. Financing decisions
3. Both 1 and 2
4. None of the above

## Pre and Post Program Evaluation



### 3<sup>rd</sup> INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (IPHMDP) SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH

20<sup>th</sup> – 25<sup>th</sup> MARCH 2017

Name:..... Country: .....

1. A project has clearly defined \_\_\_\_\_ & \_\_\_\_\_ to achieve some specific results to satisfy needs of current time.
  - a) Goals and objectives
  - b) Constant follow-up and time frame
  - c) Goals and indicators
  - d) Starting and end-points
  
2. Which of the following is first step out of the 4 steps of Project Management?
  - a) Organizing
  - b) Planning
  - c) Controlling
  - d) Measuring
  
3. Which of the following has largest time duration?
  - a) Plan
  - b) Project
  - c) Programme
  - d) none of the above
  
4. SMART in context of objectives does not include-
  - a) Specific
  - b) Measurable
  - c) Area specific
  - d) Realistic
  - e) Time bound
  
5. What are the three interpersonal roles of managers?
  - a) Figurehead, leader and liaison
  - b) Spokesperson, leader, coordinator
  - c) Director, coordinator, disseminator
  - d) Communicator, organiser, spokesperson
  
6. Which of the following is not true regarding quality?
  - a) Right work at Right time at Right place
  - b) Measured primarily from client perspective
  - c) Measured primarily from provider perspective
  - d) Various standards for measuring quality are NABH, ISO, IPHS



7. Current assets are also referred to as
- Working capital
  - Investments
  - Inventory
  - Livestock
8. On average, Hospital Inventory Costs vary in the range of
- 10-18%
  - 18-25%
  - 25-32%
  - 32-40%
9. Two purposes of an Inventory Analysis are, to specify
- When items should be ordered AND How large order should be
  - When items should be ordered AND What to be ordered
  - What to be ordered AND How large order should be
  - When items should be ordered AND Which items should be ordered
10. Demand Distortion and Variance Amplification are best correlated by;
- Matrix analysis
  - Pareto Principle
  - Bullwhip effect
  - Wilson Formula
11. Unfreezing, Implementation and Refreezing are three steps of;
- John P Kotter Model
  - Kurt Lewin Process
  - Change Management Theory
  - Maslows Theory
12. The documented information regarding tasks, duties, and responsibilities of job is called as:
- Job Analysis
  - Job Description
  - Job Specification
  - Job Requirement
13. Which is the most important component of a Strategic Triangle?
- Clients
  - Company
  - Competitors
  - All are equally important
14. Strategic planning includes
- Analysis
  - Decision making
  - Action
  - All the above
15. Strategic planning log frame approach comprise of-
- Input, Output and Impact
  - Input, Output, Outcome and Impact
  - Input and Impact
  - Input, Output, Outcome
16. All are the activities of lobby except:
- Media campaigns
  - Public speaking
  - Lobbying

- d) Filling of policy brief
17. All are the targets of advocacy EXCEPT
- a) Policies & practices of government and large institutions
  - b) Law and government regulations
  - c) Communicating with public
  - d) Commercial marketing practice of industries
18. An assessment of objectives of on-going or completed project or programme is
- a) Review
  - b) Evaluation
  - c) Monitoring
  - d) Surveillance
19. All of the following are purposes of evaluation EXCEPT
- a) Continuous improvement of program
  - b) Guide allocation of resources
  - c) Timely correction of course of actions
  - d) Motivation of Staff
20. The following are the benefits of Theory of Change EXCEPT
- a) Transparency
  - b) Explicitly
  - c) Static
  - d) Improved evaluation
21. Following are the skills to promote public health for self-development EXCEPT:
- a) Listening
  - b) Advocacy
  - c) Networking
  - d) Grapevine discussions
22. Sustainable Development Goals (SDG's) has ..... goals and .... targets
- a) 17 and 169
  - b) 19 and 152
  - c) 21 and 172
  - d) 23 and 153
23. Which of the following is health related goal of SDG
- a) Goal 1
  - b) Goal 2
  - c) Goal 3
  - d) Goal 4
24. Logistics is the part of a supply chain involved with the forward and reverse flow of
- a) Goods
  - b) Services
  - c) Cash
  - d) All of the above
25. Variable cost is defined as
- a) Costs which occur directly for service provision
  - b) Costs which vary with the level of output
  - c) Cost which do not vary with the quantity of output in the short run
  - d) Sum of all the costs incurred
26. The costing is being undertaken from the point of view of all stakeholders EXCEPT
- a) Patient Perspective
  - b) Political Perspective
  - c) Societal Perspective
  - d) Health-system Perspective



27. All of the following are objectives of human resource practices EXCEPT
- Facilitate team building
  - Improve patient care
  - Help individuals to work on their own rather than in a team
  - People are aligned to the mission of the organization
28. The following is true regarding primary responsibility of first line managers
- Responsible for overall supervision in the organization
  - Responsible for day-to-day operation
  - Responsible for overall performance of organization
  - Responsible for development of goals and mission of organization
29. Conceptual skill should be primarily possessed by which type of managers?
- First line managers
  - Middle line managers
  - Top level managers
  - All of the above
30. All of the following are definitions of management EXCEPT
- Attainment of pre-established goals
  - Getting things done through and with people
  - Getting things done with people
  - Creating an environment in which individual work efficiently towards goal attainment
31. According to SDG 3, the target to reduce global maternal mortality ratio to less than .....per 1000 live births
- 60
  - 65
  - 70
  - 80
32. As per goal 3 of SDG, the reduction of number of deaths due to road traffic accidents (RTA) 2020 is
- One fourth
  - One third
  - Halve
  - Two fourth
33. Which of the following is not a method for dealing with resistance to change
- Monitoring+ evaluation
  - Participation+involvement
  - Facilitation+ support
  - Negotiation+ argument
34. Which of the following is not a “stage” for an organization on the way to achieve their strategic objective
- Denial
  - Compliance
  - Resistance
  - Exploration
35. Following are stages in transition by William Bridges
- Ending
  - Neutral zone
  - New beginning
  - All of the above
36. Project managemententails all except
- Planning
  - Organising
  - Leadership

d) Controlling

37. Extra cost of producing one extra unit of output is

- a) Marginal cost
- b) Variable cost
- c) Direct cost
- d) Indirect cost

38. Following are the steps of monitoring and evaluation except

- a) Situation analysis
- b) Indication analysis
- c) Stakeholder analysis
- d) Circumstance analysis

39. An rigorous assessment to verify compliance with established rules, regulations, procedures or mandates is

- a) Audit
- b) Review
- c) Monitoring
- d) Surveillance

40. Following are job analysis methods except

- a) Questionnaire
- b) Observation
- c) Interview
- d) Strategic planning



## 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 Department of Community Medicine was upgraded to School of Public Health (SPH) in the Tenth Five Year Plan of India (2002-06).

### What We Do

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

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

## Indian Technical and Economic Cooperation (ITEC) Programme under Ministry of External Affairs, Government of India

### Who We Are

The Indian Technical and Economic Cooperation (ITEC) is a flagship programme under Ministry of External Affairs, Government of India. It was instituted by a decision of the Indian Cabinet on 15 September 1964 as a bilateral programme of assistance with the underlying belief that "it was necessary to establish relations of mutual concern and inter-dependence based not only on commonly held ideals and aspirations, but also on solid economic foundations. Technical and economic cooperation was considered to be one of the essential functions of an integrated and imaginative foreign policy."

### What We Do

Under ITEC and its sister programme SCAAP (Special Commonwealth African Assistance Programme), 161 countries in Asia, Africa, East Europe, Latin America, the Caribbean as well as Pacific and Small Island countries are invited to share in the Indian developmental experience and technical competence acquired over six decades of India's existence as a free nation. These programmes have generated immense goodwill and substantive cooperation among the developing countries.

### What We Offer

Training or capacity building is one of the major activities under ITEC where the professionals and people from developing countries are offered unique training courses in different centres of excellence in India which empower them with not just professional skills, but prepare them for an increasingly

## *Announcing Future Programs*

**4<sup>th</sup> International Public Health Management Development Program**

**16<sup>th</sup> to 20<sup>th</sup> December 2017**