



# 4<sup>th</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"

16<sup>th</sup>-20<sup>th</sup> December, 2017  
(Saturday - Wednesday)

Sponsored by:



Medical Council of India



Indian Council of Social Science Research



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## Preface



**(Dr. Sonu Goel)**  
Program Director  
(IPHMDP)

Public health management skills 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 to enhance the efficiency and effectiveness of organizations and tackle 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 the country apply for this program, from which we normally shortlist between 20-25 participants after detailed deliberations. The current program held between 16<sup>th</sup> - 20<sup>th</sup> December 2017 is the fourth program of its series and gauging the enthused by the response of participants, we have announced 5<sup>th</sup> IPHMDP in month of March 2018, exclusively for foreign delegates. In this way, we could accommodate more participants in future programs to build nations capacity on public health management at International level.

I am pleased with the overwhelming response from all the participants who showed their keen interest and registered for this program. 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. Kritika Upadhyay, Dr. Garima Bhatt, Dr. Nisha, Dr. Garima Sangwan, Dr. Pushkar, 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 five-day intensive scientific program.

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.

A handwritten signature in blue ink, appearing to read 'Sonu Goel', written over a horizontal line.

**(Dr. Sonu Goel)**  
Program Director (IPHMDP)

## Executive Summary

The developing countries and continents (India and other developing nations alike) face various Public Health Challenges which 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 to deploy trained and competent public health professionals, who can plan, implement and monitor national health programs and public health initiatives. To address these challenges, a five day 4<sup>th</sup> **International Public Health Management Development Program (IPHMDP)** was organized by School of Public Health, PGIMER, Chandigarh on 16<sup>th</sup>-20<sup>th</sup> December 2017 in collaboration with 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 24 senior participants from various states of the country enrolled in the program. The current program is **first of its kind public health management program in the country**. The modules covered during the program were Management Principles, Strategic Planning and Management, Human Resource Management, Costing and HTA, Supply Chain Management, Marketing in Healthcare, Leadership, Public health communication and team Building, Health Management Information Systems, Monitoring and Evaluation, Total Quality Management, Entrepreneurship, Innovations and Governance, Ethics in Public Health Research and Change Management.

The key highlights of the program were; its design which focussed on learning through a blend of traditional formal learning methods (lecture, power point presentations, case studies) with 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.

During the 5 days program "**IPHMDP Contest**" was another highlight of the function. The contest was organized during the program wherein, various awards pertaining to different activities viz. Best Selfie, Best Logo, 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, participation in IPHMDP contest, management games during evening sessions, and delegating responsibility to them for organizing cultural event at gala dinner.

On accomplishment of the program the participants expressed that it was a wonderful experience with a blend of learning, through various teaching methods which they can apply in their organization. They admired 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. 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 various states across the country

### 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 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 use of plastic disposable cups for tea/ coffee consumption



*Organising Committee of the 4<sup>th</sup> IPHMDP, 16-20<sup>th</sup> December 2017*



*Participants and Facilitators of the 4<sup>th</sup> IPHMDP, 16-20<sup>th</sup> December 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.

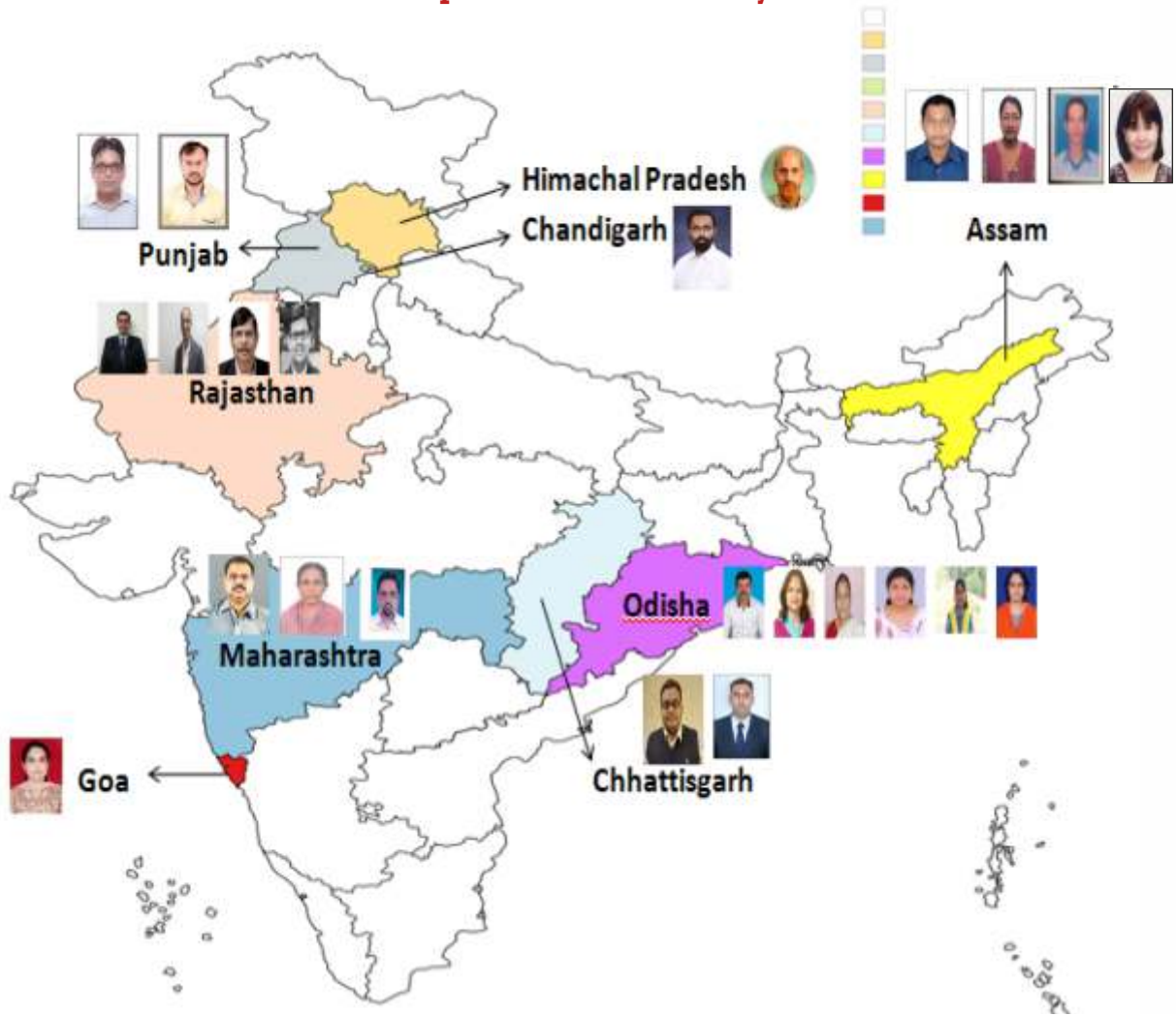
### Program Audience

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 24 participants from 10 states across the country 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 Description

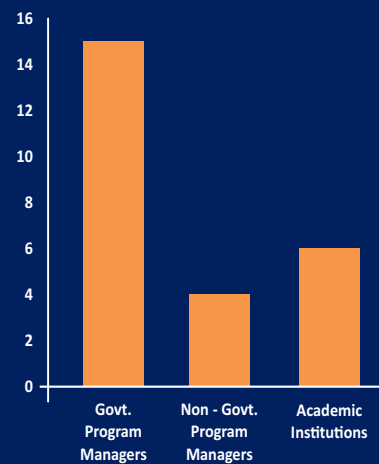
## Participants across the Country



WE ARE THE FIRST OF OUR KIND  
"TORCH BEARERS OF IPHMDP"



Appropriate Blend of Program Manager both from Government and Private Sector





## Program Description

### 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- Strategic Planning and Management
- MODULE 3- Human Resource Management
- MODULE 4- Costing and HTA
- MODULE 5- Supply Chain Management
- MODULE 6- Marketing in Healthcare
- MODULE 7- Leadership and Management
- MODULE 8- Public Health Communication and Team Building
- MODULE 9 - Health Management Information Systems
- MODULE 10- Monitoring and Evaluation
- MODULE 11- Total Quality Management
- MODULE 12- Entrepreneurship, Innovations and Governance
- MODULE 13- Ethics in Public Health Research
- MODULE 14- Change Management

### Program Duration and Venue

**Duration:** The duration of program was five days from 16<sup>th</sup> to 20<sup>th</sup> December, 2017.

**Venue:** School of Public health, PGIMER, Chandigarh



## 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



**4<sup>th</sup> International Public Health Management Development Program**  
**School of Public Health,**  
**Post-Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, India**  
**16<sup>th</sup> to 20<sup>th</sup>, December 2017**  
**PROGRAM SCHEDULE AT A GLANCE**

Day & Date	Time	Topic of Presentation	Module Chairs/ Resource Persons
16/12/17 Saturday	09:30am-11:30am	<b>INAUGURAL SESSION</b>	
	<b>MODULE 1-MANAGEMENT PRINCIPLES</b>		
	<b>Chairs:</b> Dr. Ashutosh N. Aggarwal, Professor, Department of Pulmonary Medicine, PGIMER, Chandigarh.		
	12:00 am -1:00pm	Introduction to Public Health Management	Dr. Sonu Goel, Additional Professor, PGIMER
	01:00pm-2:00pm	An approach to strengthening health systems	Dr. Atul Sharma, Project Coordinator, PGIMER
	<b>MODULE 2- STRATEGIC PLANNING AND MANAGEMENT</b>		
	<b>Chairs:</b> Dr. Ashoo Grover, Scientist 'E' (Medical) at ICMR & Dr. Sonu Goel, Additional Professor of Health Management School of Public Health PGIMER, Chandigarh		
	03:00pm-4:00pm	Project/Program Strategic Planning and Management	Dr. Rakesh Pillai, Program Officer INCLEN
04:00pm-5:00pm	Logical Framework Analysis-A tool to planning	Dr. Madhu Gupta, Additional Professor, PGIMER	
17/12/17 Sunday	<b>MODULE 3- HUMAN RESOURCE MANAGEMENT</b>		
	<b>Chairs:</b> Dr. Kuldeep Singh, Dean (Academics), Professor and Head, Paediatrics All India Institute of Medical Sciences (AIIMS), Jodhpur, Rajasthan & Dr. Suman Mor, Coordinator, Centre for Public Health & Assistant Professor, Dept of Environment Studies, Panjab University, Chandigarh		
	09:30am-10:30 am	Human Resource Planning and Job Analysis	Dr. Preethi Pradhan, Dean, Chitkara school of Health Sciences
	10:30am-11:30 am	Training Need Assessment	Dr. Sonu Goel, Additional Professor, PGIMER
	<b>MODULE 4- COSTING AND HTA</b>		
	<b>Chairs:</b> Dr. H. S. Chauhan, Dean cum Professor & head, Akal School of Public Health and Hospital Administration Eternal University Baru Sahib Himachal Pradesh & Shri Kumar Abhay, Financial Advisor, Post Graduate Institute of Medical Education and Research, Chandigarh		
	12:00 am -1:00pm	Costing health care	Dr. Shankar Prinja, Additional Professor, PGIMER
	01:00pm-2:00pm	Health Technology Assessment	Dr. Ashoo Grover, Scientist E, ICMR
18/12/17 Monday	<b>MODULE 5- SUPPLY CHAIN MANAGEMENT</b>		
	<b>Chairs:</b> Dr. Pankaj Bhardwaj Sub-Dean Research & Associate Professor AIIMS, Jodhpur Rajasthan & Dr. Sandhya Ghai, Principal, National Institute of Nursing Education, PGIMER, Chandigarh.		
	03:00pm-4:00pm	Material Planning and forecasting including purchase procedures	Dr. Pankaj Arora, Assistant Professor, PGIMER
	04:00pm-5:00pm	Inventory Control techniques	Dr. Manjushri Sharma, Assistant Professor, Panjab University
	<b>MODULE 6- MARKETING IN HEALTH CARE</b>		
	<b>Chairs:</b> Dr. J S Thakur, Professor, PGIMER, Chandigarh & Dr. Tulika Singh, Additional Professor, Radio diagnosis, PGIMER, Chandigarh		
	09:30am-10:30 am	Health Care Marketing Strategies and Techniques	Dr. Sanjeev Kumar Sharma, Director, UIAMS, Panjab University
	10:30am-11:30 am	Advocacy and Networking on public health issues	Dr. O.P Kansal, Technical Advisor, Becton Dickinson
18/12/17 Monday	<b>MODULE 7- LEADERSHIP AND MANAGEMENT</b>		
	<b>Chairs:</b> Dr. A K Gupta , Medical Superintendent, PGIMER /Mr. Amitabh Avasthi, (IAS), Deputy Director (Admn.), PGIMER		
	12:00 am -1:00pm	Leadership in Public Health	Dr. Vivek Adhish, Professor, NIHF
01:00pm-2:00pm	Role of Public Health Management and Leadership in attaining health related goals of SDGs.	Dr. Rana J Singh, Deputy Regional Director, The Union	

## Program Schedule

<b>18/12/17 Monday</b>	<b>MODULE 8- PUBLIC HEALTH COMMUNICATION AND TEAM BUILDING</b>		
	<b>Chairs:</b> Dr. Vivek Adhish, Professor NIHFW / Dr. Rana J. Singh Dr. Rana J Singh, Deputy Regional Director, International Union Against Tuberculosis & Lung Disease New Delhi		
	03:00pm-4:00pm	Principles of PH Communication	Dr. Amarjeet Singh, Professor, PGIMER
	04:00pm-5:00pm	Strategic Behavior Change Communication Planning	Dr. S K Chadha, Ex Director, UBS
	<b>MODULE 7- LEADERSHIP AND MANAGEMENT</b>		
	<b>Chairs:</b> Dr. A K Gupta , Medical Superintendent, PGIMER /Mr. Amitabh Avasthi, (IAS), Deputy Director (Admn.), PGIMER		
	12:00 am -1:00pm	Leadership in Public Health	Dr. Vivek Adhish, Professor, NIHFW
	01:00pm-2:00pm	Role of Public Health Management and Leadership in attaining health related goals of SDGs.	Dr. Rana J Singh, Deputy Regional Director, The Union
	<b>MODULE 8- PUBLIC HEALTH COMMUNICATION AND TEAM BUILDING</b>		
	<b>Chairs:</b> Dr. Vivek Adhish, Professor NIHFW / Dr. Rana J. Singh Dr. Rana J Singh, Deputy Regional Director, International Union Against Tuberculosis & Lung Disease New Delhi		
03:00pm-4:00pm	Principles of PH Communication	Dr. Amarjeet Singh, Professor, PGIMER	
04:00pm-5:00pm	Strategic Behavior Change Communication Planning	Dr. S K Chadha, Ex Director, UBS	
<b>19/12/17 Tuesday</b>	<b>MODULE 9- HEALTH MANAGEMENT INFORMATION SYSTEMS</b>		
	<b>Chairs:</b> Dr. L. N Yaddnapudi , Professor, PGIMER /Dr. Ashok Kumar, Additional Professor,PGIMER		
	9:30am-10:30 am	MIS frameworks in health	Dr. Arun Kumar Aggarwal, Professor, PGIMER
	10:30am-11:30 am	Demonstration of HMIS Model	Dr. Garima Sangwan, PGIMER
	<b>MODULE 10- MONITORING AND EVALUATION</b>		
	<b>Chairs:</b> Dr. Rana J Singh, Deputy Regional Director, The Union / Mr. Keerti Pradhan, Professor & Head, Chitkara University		
	12:00 am -1:00pm	Introduction to M& E	Dr. Sonu Goel , Additional Professor,PGIMER
	01:00pm-2:00pm	Assessing program performance and Impact	
	<b>MODULE 11- TOTAL QUALITY MANAGEMENT</b>		
	<b>Chairs:</b> Dr. Rana J Singh, Deputy Regional Director, The Union / Dr. Seema Deshmukh, Medical Superintendent of Sub District Hospital, Manchar, Maharashtra		
3:00pm-4:00pm	Quality Assurance and Improvement in health care	Dr. J N Shrivastva, Advisor, NHSRC	
4:00pm-5:00pm	Accreditation of health care facilities		
<b>20/12/17 Wednesday</b>	<b>MODULE 12- ENTREPRENEURSHIP, INNOVATIONS AND GOVERNANCE</b>		
	<b>Chairs:</b> Dr. Amarjeet Singh , Professor, PGIMER / Dr. Arun K Aggarwal, Professor, PGIMER		
	9:30am-10:30 am	Governance in Health Care	Dr. Rakesh Gupta, IAS, Add. Principal Secretary, HR
	10:30am-11:30 am	Entrepreneurship and Innovations in Hospitals- Challenges and Opportunities	Dr. A K Gupta, Medical Superintendent, PGIMER
	<b>MODULE 13- ETHICS IN PUBLIC HEALTH RESEARCH</b>		
	<b>Chairs:</b> Dr. K L Gupta, Professor & Head , PGIMER/ Dr. Vikas Gautam, Additional Professor, Department of Medical Microbiology, PGIMER, Chandigarh		
	12:00 am -2:00pm	Ethics in Public Health Research	Dr. N K Ganguly, Former Director General ICMR
	<b>MODULE 14- CHANGE MANAGEMENT</b>		
	<b>Chairs:</b> Dr. N. K. Ganguly, Former Director General (ICMR)/ Dr. Rakesh Kapoor, Professor, PGIMER		
	03:00pm-4:00pm	Applying Theories of Change Management in Health	Dr. Sonu Goel, Additional Professor, PGIMER
04:00pm-5:00pm	Valedictory Session	Dr. N K Ganguly, Former Director General, ICMR Mrs. Vini Mahajan (IAS) Additional Chief Secretary, Department of Housing and Urban Development Dr. Rana J Singh, Deputy Regional Director, The Union	

\*Morning Tea including Quiz Time -11:30-12:00 am \*Lunch and Management Games - 2:45-3:00 pm

\*Evening Tea – 4:00- 4:15 pm \*High tea -11:00 -11:30 am (16/12/17)

## Program Proceedings

### Day 1 (16<sup>th</sup> December 2017, Saturday)

#### Registration (09:00 AM to 09:30 AM)

The registration of delegates started at 9:00 AM. They were greeted with a "Rose Flower" and "Welcome Note" by the Organizing Committee at Registration Desk. The participants were badged with the Program Logo by the members of Organization Team. After their formal registration, they were given conference kit including module of the program, ID Cards, a book on Hospital Administration, a Pen Drive loaded with soft copy of study material. The participants were allocated in **5 groups: Movers, Shakers, Rockers, Takers and Hoppers**, in random fashion on each day of the program.



#### Self-Introduction of Participants (09:30AM to 10.00AM)

The participants, faculty members and organisers introduced themselves to the group in a unique and memorable manner. A power-point presentation prepared by organisers which highlighted the details of the participants, their names, designation, hospital/institute name and their photo which enabled them to introduce to the group. The participants were distributed into **5 groups: Movers, Shakers, Rockers, Takers and Hoppers**. The random mixing of participants was ensured each day resulting in optimal interaction among the participants throughout the program. The participants utterly enjoyed getting to know their



fellow participants for the coming five days of this program.

#### Welcome Address (10:00 AM to 10:30AM)

The welcome address was given by Dr. Amarjeet Singh, Professor & Head (Acting), School of Public Health, PGIMER, Chandigarh. He extended a very warm welcome to distinguished guests and

participants who had travelled from different parts of the country to attend the coveted IPHMDP program. He explained the participants that how the health of the people is directly related to effective

## Program Proceedings

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. In his own quirky and interesting style he shared excerpts from the web of life and beautifully explained vital principles of life to live by each day. It was a delight for the participants to listen to him speak and get insight into his novel and original thoughts.



### Inaugural Session (10:30 AM to 10:45 AM)

The inauguration of program was done by the Guests of Honours -Dr. Amarjeet Singh, Professor, PGIMER, Chandigarh alongwith Program Director Dr. Sonu Goel, Additional Professor, PGIMER, Chandigarh, Dr. Kuldeep Singh, Professor & Head, Dept. of Pediatrics, AIMS, Jodhpur, Dr. H. S. Chauhan, Dean cum Professor & Head, Akal School of Public Health. Later, the Guest of Honour shared their thoughts and experiences from their long career of managing health institutions The lamp lighting ceremony included all the Guest of Honours alongwith one female participant from the delegates



Mrs. Monika, NHM, Dibrugarh, Assam been called as a women representative.

### IPHMDP Contest (10:45 AM to 11:00 AM)

"IPHMDP Contest" was announced to the participants with various activities viz. Best Selfie, Best Logo, Case Study, Participatory Participant, Personality, Performer during cultural events. The blank chits were distributed to participants in between the sessions to vote for **Active Participant** and **Best Dressed** participants of the day. For the first day, Dr. Pankaj Bhardwaj and Dr. Monika were crowned for the same. Later the Pre Read Contest was held based on the pre read material sent to the participants periodically before the program.

### Overview of the Program (11:00 AM to 11:30 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 addressing public health challenges in resource limited settings. He provided a brief description of the contents of the program and enthusiastically gave the audience a glimpse of the forthcoming journey of IPHMDP.



### MODULE 1 - MANAGEMENT PRINCIPALS

It comprise of 2 sessions:

- 1) **Session 1 - Introduction to Public Health Management**
- 2) **Session 2 - An approach to Strengthening Health Systems.**

The first module was chaired by :

**Dr. Ashutosh Nath Aggrawal**, Professor, Department of Pulmonary Medicine, PGIMER, Chandigarh. He is involved in development of guidelines for diagnosis and management of asthma and COPD in India, as well as generating modules for training primary care physicians in recognition and treatment of these disorders. Besides he holds several management positions in PGIMER, Chandigarh.



#### Session 1: Introduction to Public Health Management- Dr. Sonu Goel (11:30 AM to 12:30 AM)

**Dr. Sonu Goel**, Additional professor Professor School of Public Health, PGIMER, Chandigarh took the first session on Introduction to Public Health Management. He discussed the need of Public Health Management, principles, skills, roles, determinants of public health management, Fayol's fourteen principles of management and functions and levels of management. The lecture was followed by exercise on recognizing fundamental challenges and dilemmas found in most of the managerial jobs. He kept the audience engaged with his lecture and discussions. The audiences participated eagerly in the discussions which showed their keen interest in the subject.



#### Video Lesson

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.

## Program Proceedings

### Session 2: An approach to Strengthening Health Systems- Dr. Atul Sharma (01:00 PM to 02:00PM)

**Dr. Atul Sharma**, Project Coordinator, PGIMER, Chandigarh began the session by telling the participants that health system is sum total of all the organizations, institutions and resources whose primary purpose is to improve health. He emphasized that the goals of the system are improving health status defending against threats to health, protecting people against the financial consequences of ill-health, providing equitable access to people-centred care. He discussed various health system frameworks, human resources, material resources, health financing and service provision, stewardship and governance in health systems. Lecture was



followed by group exercise on identifying the data sources which can be employed for getting information for the selected indicators on human resources for health, material resources, service delivery, governance and administration.

### Management Game – Make a Triangle (02:45 PM to 03:00 PM)



Five volunteers were called amongst the participants and were blindfolded. They were given a rope and asked to design a triangle from the rope displaying the skills of leadership, planning, teamwork, communication and coordination. This activity elicited great interest amongst the participants and fostered creativity.

## MODULE 2 - STRATEGIC PLANNING AND MANAGEMENT

It comprise of 2 sessions:

- 1) Session 1 - Project Strategic Planning and Management
- 2) Session 2 - Logical Framework Analysis: A Tool to Planning

This module was chaired by :

**Dr. Ashoo Grover**, is currently working as Scientist 'E' (Medical) at ICMR. She started looking after the Department of Health Research activities since 2008. Dr Grover is supervising Special programme for medical colleges to develop research projects under Research Methodology Cell of ICMR.

**Dr. Sonu Goel**, Additional Professor of Health Management School of Public Health PGIMER, Chandigarh is a Medical doctor with MD in Community Medicine with 15 years of experience.



Dr. Goel has fellowships of IPHA, IAPSM, IMSA and MNAMS and is Alumnus of John Hopkins School of Public Health, Baltimore, US and Maastricht University, The Netherlands.



## Program Proceedings

### Session 1: Project Strategic Planning and Management - Dr. Rakesh Pillai (03:00PM to 04:00 PM)

**Dr. Rakesh Pillai**, Program Officer, INCLIN deliberated on Principles of Strategic Planning and Management in Health Session started with discussing optimal utilization of all the available resources to achieve the goal which includes management of human resource (staffs), financial resource (budget and revenues), physical structures (buildings and properties) and technological resources. He discussed that to identify and allocate resources correctly, it is imperative to define the roles and responsibilities and derive road maps for optimal performance. He also underpinned the importance of planning in health and discussed diagnostic and analytical reasoning, result based management lifecycle approach, components of a strategic plan



management, process of strategic management, characteristics of good and flawed in strategy. This was followed by case study based group exercise on preparation of strategy and implementation plan for a project of Govt. of India to reduce the consumption of junk foods and improve physical activity in schools.

### Session 2: Logical Framework Analysis: A Tool to Planning Dr. Madhu Gupta (4:00 PM to 5:00 PM)



**Dr. Madhu**, Additional Professor, School of Public Health, PGIMER described Logical Framework

Approach (LFA) in program planning and implementation and defined the terms stakeholder analysis, SWOT analysis, problem tree analysis and objective tree analysis. She later discussed the steps of logical framework analysis, objectively verifiable indicators, means of verification, examples and benefits of Logframes. The lecture was followed by a case study based group exercise on identifying the objectives, OVIs and Means of Verification (MOVs). She allowed a two-way flow of information and the participants responded with the same agility and enthusiasm.

### Management Quiz – Dr. Risha (5:15 PM- 5:30 PM)

**Dr. Risha**, Ph.D student, SPH, PGIMER, Chandigarh conducted a refreshing and peppy health management quiz in between the sessions which was thoroughly enjoyed by the participants. In the quiz, participants were shown pictures of famous management personalities/ leaders (followed by hints) and were asked to guess their names. The participants relished the quiz session.



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### Day 2 (17<sup>th</sup> December 2017, Sunday)

#### 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**' (Red Cap) - Dr. K. Rekha Devi and '**Active Participant**' (Blue Cap) - Dr. Prameela Baral, and winner of Pre reads contest. One participant from each group volunteered to be the group leader for that day who would coordinate the daily activities within his/her group.



## MODULE 3 - HUMAN RESOURCE MANAGEMENT

It comprise of 2 sessions:

- 1) **Session 1 - Human Resource Management: Job Analysis**
- 2) **Session 2 - Training Needs Assessment**

This module was chaired by :

**Dr. Kuldeep Singh**, Dean (Academics), Professor and Head, Paediatrics All India Institute of Medical Sciences (AIIMS), Jodhpur, Rajasthan. He has rich experience in teaching and training. He has more than 50 publications in peer reviewed journal and had authored many books like medical genetics, clinical dis morphology, genetic counselling.

**Dr. Suman Mor**, Coordinator, Centre for Public Health & Assistant Professor, Dept of Environment Studies, Panjab University, Chandigarh. She has rich research experience with environment, sanitation and health & environment impact assessment as major areas of interest. Dr Mor was awarded 'Scientists of the Year award by National Environmental Science Academy (NESA), New Delhi, India.



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### Session 1: Human Resource Management: Job Analysis - Dr. Preethi Pradhan (09:30 AM to 10:30 AM)

**Dr. Preethi Pradhan**, Dean, Chitkara School of Health Sciences Chitkara University, Punjab took a session on Human Resource Management- Job analysis and HR planning. She told that Human Resource Management consists of activities used to attract & retain employees and ensure they perform at an optimal level in meeting organizational goals. These activities are recruitment & selection, training and development, performance appraisal and feedback, pay and benefits and labour relations. She started her session by explaining terms like job analysis, job description and job specification. She explained the recommended planning steps for job analysis using examples from various spheres of an organizational structure to explain these terms. Then she stated the importance of human resource planning and why is it required for planning in health care. Thereafter she explained the human resource forecasting techniques, like zero base



forecasting and bottom up approach. She deliberated on human resource information system and job designs. She also described the critical incident as part of strategic planning in human resource management. Later the participants discussed their queries with her. This was followed by discussing case study based exercises. The case study brought out how to bring the situational analysis from a human resource perspective. She engaged the audience well and took an insightful session on Human Resource Management.

### Video Lesson - Human Resource Planning in India

The video discussed Human Resource Planning in various parts of the Country. This is a vital aspect of HRM because all cadres of staff do not come from the formal educational system. Their performance in an organisation is largely driven by Human Resource Planning in the organisation. 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.

### Session 2: Training Need Assessment- Dr. Sonu Goel (10:30 AM to 11:30 PM)

**Dr. Sonu** took a session on Training Need Assessment and highlighted the importance of training needs assessment to address performance issues. He talked about the steps to conduct a Training Needs Assessment, the role of Training Needs Assessment in training process and emphasized that training is not the best intervention when the performance issue is a result of recruiting, selection, compensation



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problems, policies and procedures issues, a lack of coaching and feedback, insufficient tools, equipment or resources and physical setting problems. He discussed the three types of TNA analysis which are: organizational analysis, task analysis and person analysis. Later he discussed TNA data gathering methods, pros and cons of each of data gathering methods and development of training needs assessment proposals. It was an

interactive session which was followed by a group exercise on how to carry out training need analysis of doctors and non-doctor staff and how can training be implemented. The group exercise helped participants in applying the principles of training needs assessment in health care settings. This practical approach of learning by doing helped the participants to imbibe the concept of Training Needs Assessment.

## MODULE 4 - COSTING AND HTA

It comprise of 2 sessions:

- 1) **Session 1 - Costing of Health Care Services**
- 2) **Session 2 - Health Technology Assessment (HTA)**

This module was chaired by :

**Shri Kumar Abhay**, Financial Advisor, Post Graduate Institute of Medical Education and Research, Chandigarh. He has M.Phil. in Statistics from University of Delhi as has been working as Financial Advisor at PGIMER, Chandigarh since November 2017.

**Dr. H S Chauhan**, Dean cum Professor & head, Akal School of Public Health and Hospital Administration Eternal University Baru Sahib Himachal Pradesh. He has immense experience in teaching, training and research & have been instrumental in expanding in Akal School of Public Health and Hospital Administration.



### Session 1: Costing of Health Care Services - Dr. Shankar Prinja (12:00 PM- 1:00 PM)

**Dr. Shankar Prinja**, Additional Professor, 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.



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He discussed designing a study to estimate cost of health care services and analysing cost data and discounting. He also stated that all resources used in health programmes have an opportunity cost, and therefore it is necessary to identify, measure and value resources used in health programmes and interventions for their opportunity costs. He further added that in a costing exercise it is very important to have a specific perspective in mind as it will affect the types of cost to be included. He deliberated in detail on the three main perspectives used in health evaluation. The societal perspective is that which views all cost and benefits from the perspective of the patients, the health system and all other relevant individuals. The societal perspective will take into account the opportunity cost of using healthcare not

only within the health system but from the effects that it has on all the resources used in society. He explained this by giving an example that societal perspective will include costs such as the opportunity cost of not implementing a particular programme in education as a result of implementing a health programme. The health system perspective is the most widely used as it focuses solely on the cost incurred by the health system. The patient perspective is not commonly used as it focuses on the cost incurred by the patient only and does not account for misplaced resources elsewhere. The patient perspective will include costs such as the loss of patients income and direct cost of intervention to the patient. He explained the difficult concepts in a lucid and engaging way.

### Session 2: Health Technology Assessment (HTA) - Dr. Ashoo Grover (1:00-2:00 PM)

**Dr. Ashoo Grover**, Scientist E, Indian Council of Medical Research, Ansari Nagar, New Delhi deliberated on Health Technology Assessment (HTA) and discussed that HTA provides a globally-accepted and structured approach to the synthesis of evidence for cost and clinical effectiveness. She emphasized on optimal utilization of existing resources to ensure that the greatest amount of health is bought for every rupee spent. She stressed upon the fact that because of a finite health budget the policy makers are faced with difficult decisions regarding prioritisation. HTA is currently not a formal component of health care decision making in India. She also stated that there are many technologies (types of medical intervention) that can be afforded privately or publicly and we have



to decide which technologies to cover and for whom. She discussed about the various stakeholders in HTA like donors, supra governmental agencies, parliamentarians (national and at state level), policy and clinical professional decision makers (national and state level), clinical practitioners (practising doctors, nurses, health workers), health service managers (at all levels, national and state), knowledge brokers (lecturers, the media), researchers (preferably multi-disciplinary), patients, informal carers and the general public (including advocacy groups and organised lobbies for particular diseases or people). She also discussed about prioritizing technologies, allocation of resources



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for data collection, monitoring and analysis and ongoing & concurrent stakeholder consultation and participation. At the end of the session she involved the participants and performed a riveting short comedy sketch intended to inform and

educate the participants about the issues in health technology assessment which was highly appreciated by the participants. She also showed a video explaining the importance of various stakeholders in Health Technology Assessment.

## MODULE 5 - SUPPLY CHAIN MANAGEMENT

It comprise of 2 sessions:

- 1) **Session 1 - Material Planning and Forecasting including Purchase Procedure**
- 2) **Session 2 - Inventory Control Techniques**

This module was chaired by :

**Dr. Pankaj Bhardwaj** Sub-Dean Research & Associate Professor AIIMS, Jodhpur Rajasthan. He is coordinator for school of Public Health. He has immense experience in teaching, training and research.

**Dr. Sandhya Ghai**, Principal, National Institute of Nursing Education, PGIMER, Chandigarh. She has contributed chapters in books and is co-author of “Management of Hospitals: Hospital Administration in the 21st Century” & Clinical Neurosciences & Critical Care Nursing. Dr. Ghai has bagged National Mahila Rattan Gold Medal award, Best Educationist Award, Basanti Rai award for Best Thesis.



### Session 1 - Material Planning and Forecasting including Purchase Procedure Dr. Pankaj Arora (03:00 PM to 4:00 PM)

**Dr. Pankaj Arora**, Assistant Professor, PGIMER, discussed procurement cycle which included demand, specification, tender, receipt, installation, condemnation and demand forecasting. He linked the essentials of procurement to the matrimonial process that explained the concept in a lucid way at the same time producing an exaggerated humorous response among the participants.



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### Session 2: Supply Chain and Logistics Management - Dr. Manjushree (04:00 PM to 5:00 PM)

**Dr. Manjushree Sharma**, Faculty of Punjab University deliberated on Inventory Control Techniques in Healthcare Organizations. She discussed the application of the principles of supply chain for DROs (Disaster Relief Operations) and framework models to evaluate the handling of logistic operations in relief disaster. She defined Health Forecasting as predicting health situations or disease episodes and forewarning future events. She also differentiated it from healthcare forecasting which is aligning resources (includes staffing) with the predicted patient demand. She discussed various qualitative and quantitative methods of health forecasting. The qualitative methods she discussed were jury of executive opinion, delphi technique, consumer survey and sales force composite method. The quantitative methods she discussed were simple moving average, exponential smoothing method, weighted moving average, linear trend forecasting model and associative forecasting model. Later she discussed collaborative planning, forecasting, and replenishment as a strategy for improving supply chain efficiency and effectiveness. She also discussed the inventory management techniques and stated the purpose of inventory management as 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 systems,



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. At first, they were 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 had to perform ABC analysis on a list of drugs. After the session the participants felt confident in applying inventory management techniques in their respective organizations. She concluded her session with condemnation policy of equipment in hospitals. Her session was engaging and delightful, expressed in a lucid and easy to understand manner.



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### Day 3 (18<sup>th</sup> December 2017, Monday)

#### 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**' - Dr. Pankaj Bhardwaj and '**Active Participant**' - Dr. Dip Jyoti Deka were crowned by the previous day's winners. One participant from each group volunteered to be the group leader for the day and coordinate the daily activities within his/her group participants.



## MODULE 6 - MARKETING IN HEALTH CARE

It comprise of 2 sessions:

- 1) **Session 1 - Healthcare Marketing Strategies & Techniques**
- 2) **Session 2 - Advocacy and Networking on Public Health Issues**

This module was chaired by :

**Dr. JS Thakur**, Professor, SPG, PGIMER, Chandigarh. He had worked in WHO Country Office for India as Cluster Head for Non Communicable Diseases and Mental Health for more than 3 years during (2009-2012). He was the chair of the World NCD Congress organized by World NCD Federation at PGIMER Chandigarh from 3-7 November, 2017 and is the founder President of World NCD Federation and Founder Editor of International Journal of Non communicable Diseases.

**Dr. Tulika Singh**, Additional Professor, Radio diagnosis PGIMER, the key interest area are women imaging. She is lead person in radio diagnosis for Asha jyoti and women health care mobile outreach program and also she conducts screening for breast cancer, cervical cancer and osteoporosis.





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### Session 1: Healthcare Marketing Strategies & Techniques - Dr. Sanjiv Kumar Sharma (09:30 AM -10:30 AM)



**Dr. Sanjeev K. Sharma**, Director, UIAMS, Panjab University started the session in a profoundly engaging way and discussed health care mega trends like more demanding, better informed consumers, corporatisation of health services and paradigm shift. Thereafter he defined Marketing as the activity for creating, communicating, delivering, and exchanging offerings that have value for customers. He emphasized on the distinctive features of health care as a commodity which are extraordinary value of the service, ethical issues in distribution,

costs for average consumer, the problem of preventative medicine, changing landscape of service providers and competition between providers leading to over-investment. Later he talked about developing the marketing roadmap steps which were:

- Know where you are: market position
- Know where you want to be: vision
- Determine the best route: marketing objectives
- Determine who's riding in the car: stakeholders
- Ready to navigate: action items and know what to avoid.

He reiterated the concept of advertising which is a paid form of promotion that persuades and informs the public about what a business has to offer. He gave two quirky exercises to the participants to give them an insight into the marketing strategies which were cherished by the audience. He took an interactive session with the audience reciprocating with the same zeal and concluded the session with answering to participants' queries.

### Session 2: Advocacy and Networking on Public Health Issues - Dr. Om Prakash Kansal (10:30 AM to 11:30 PM)

**Dr. Kansal**, Technical Advisor, Becton Dickinson, discussed the importance of Advocacy and stated that is a challenging role with Patience & Perseverance as the keys. He emphasized that identifying right stakeholders & linking them in our agenda is the priority. He also underpinned the importance of being innovative, ethical, communicating among the stakeholders on the progress, generating newer evidence to convince policymakers and always reflecting back on the Strategy & newer Evidence. Each group of the participants prepared a role play to exemplify and demonstrate the application and utilization of advocacy in impacting policy.



### MODULE 7 - LEADERSHIP AND MANAGEMENT

It comprise of 2 sessions:

- 1) **Session 1 - Leadership in Public Health**
- 2) **Session 2 - Role of Public Health Management and Leadership in attaining health related goals of SDGs.**

This module was chaired by :

**Shri. Amitabh Avasthi**, IAS and Deputy Director Administration PGIMER. He was M.D. of Himachal Pradesh State Civil Supplies Corporation Limited. Apart from holding the post of Commissioner, Municipal Corporation, Shimla, he has also served as deputy commissioner, Kullu, in the past. He believes that “where victim see adversity, extreme achievers see opportunity.”

**Prof. A.K. Gupta**, Medical Superintendent-cum-Professor & Head, Department of Hospital Administration PGIMER, Chandigarh. He has provided training/consultation in Hospital Administration to the doctors belonging to Government of Nepal, Maldives, and Indonesia. He successfully conducted Management Development Programme for doctors working under National Rural Health Mission, Government of India.



#### Talk by Sh. Amitabh Avasthi, IAS

He gave a brief but lively talk on coupling medical science with planning. He emphasized the importance of holding discussions with various stakeholders for planning and raising their awareness levels and taking robust feedback from patients and attendants who visit the hospital regularly.



#### Session 1: Leadership in Public Health – Dr. Vivek Adhish Sharma (12:00 PM -01:00 PM)

**Dr. Vivek Adhish**, Professor & Dean NIHF, New Delhi 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

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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.

### Session 2: Role of Public Health Management and Leadership in attaining health related goals of SDGs. –Dr.Rana J Singh (01:00 PM to 02:00 PM)

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. Thereafter he discussed two case studies with the participants. In the first exercise he discussed with the participants if reducing the maternal mortality ratio to less than 70 per one lakh live births by 2030 in Himachal Pradesh was a pragmatic target.

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### Logo and Tagline Competition

Each of the five teams presented their respective logos and taglines and explained why it should be the logo of public health management development program. Participants designed appealing and innovative logos featuring new and original ideas. The exercise aimed to stimulate the participants to combine creative thinking with their understanding of public health management.



## MODULE 8 - PUBLIC HEALTH COMMUNICATION AND TEAM BUILDING

It comprise of 2 sessions:

- 1) Session 1 - Principles of Public Health Communication
- 2) Session 2 - Strategic Behaviour Change Communication Planning

This module was chaired by :

**Dr. Vivek Adhish**, Professor, Maternal Child Health and Family Welfare & HOD Department of Community Health Administration at the National Institute of Health & Family Welfare, New Delhi. He is the longest serving faculty member in NIHFV and has worked the same for 27 years with a post MD experience of 31 years.

**Dr. Rana J Singh**, Deputy Regional Director, International Union Against Tuberculosis & Lung Disease New Delhi is a medical doctor with MD in Pulmonary Medicine. He has 25+ years of experience in public health focussing on Management and Tobacco Control. Dr. Rana has been master trainer of courses for mid and senior level managers and is currently supporting tobacco and NCD control programmes in South-East Asia Region.



### Session 1: Public Health Communication- Prof Amarjeet Singh (3:00PM to 4:00PM)

**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

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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.

### Session 2: Strategic Behaviour Change Communication Planning – Dr. Suresh K. Chadha (04:00 PM to 5:00 PM)

**Dr. Suresh K. Chadha**, Ex Director, UBS, started the session by explaining Motivation is a journey from means to meaning, ordinary to outstanding, tender to tough, voice to vision, aim to achieve, trial to trust, incentive to innovation, optional to only option, never to forever. Later he stated the daily tips for motivation which were dedicate it to someone, find a partner, meet people who succeeded, make your resolve public, just begin as beginning is half the Victory, pay for it, just 21 days-golden rule for forming habit, reward your self – break, travel, buy etc. celebrate progress, showcase your skill as praise

does the raise, decides penalties for your self as a means of self discipline, think of the consequences – (examples from others life). He also emphasized on playing on your strengths, law of detachment, developing a holistic view, developing group communication ability, investing in building relationships, work ethic, focusing on your health and focusing on your competence and not success, showing gratitude, selfless service, habit of mindfulness and habit of total acceptance. He concluded by saying It is not over Till I Win....

### 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. She showed various management diagrams with missing links and the participants completed the missing links in the diagrams.



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### Day 4 (19<sup>th</sup> December 2017, Tuesday)

#### 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.



### MODULE 9 - HEALTH MANAGEMENT INFORMATION SYSTEMS

It comprise of 2 sessions:

- 1) **Session 1 - MIS Frameworks in Health**
- 2) **Session 2 - Demonstration of HMIS Model**

This module was chaired by :

**Dr. L. N Yaddnapudi**, Professor, Department Of ANAESTHESIA and Intensive Care, PGIMER, Chandigarh. He has rich experience in teaching and training. He has many research papers in peer reviewed journals to his credit and has authored chapters in many books.

**Dr Ashok Kumar**, Additional Professor, Department of Hospital Administration, PGIMER, Chandigarh. He has contributed in commissioning of various centres i.e. New OPD, Advanced Eye Centre, Advanced Trauma Centre and Drug-de Addiction Centre at Postgraduate Institute of Medical Education & Research (PGIMER), Chandigarh. He also has a particular interest in the areas of hospital acquired infection improving hospital administrative services in particularly in the field of Hospital Acquired Infection Control practices.



#### Session 1: MIS Frameworks in Health - Dr. Arun Agarwal (9:30 AM to 10:30 AM)

**Dr. Arun Agarwal**, Professor, PGIMER, started the session with introduction to the concept of Health management information system. He spoke about

importance and uses of HMIS in health, developmental principles of HMIS and challenges faced by HMIS in developing countries and

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information technology based initiatives He discussed HMIS as data collection system specifically designed to assist in planning and use of resources, support patient management services, allows trends analysis, communicate with diverse users and enable informed decision making in health facilities and organizations. Later he discussed the various types of data in HMIS i.e. individual level data, health facility level data, population level data and public health surveillance. He also enumerated the various components of HMIS which are data collection tools, data collection process, data transmission/reporting channel, data analysis and synthesis,

communication and decision making. He also stressed upon the various principles in designing of HMIS. He deliberated on the steps of HMIS. The participants also got an insight into Hospital management information system. 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.



### Session 2: Demonstration of HMIS Model – Dr. Garima Sangwan (10:30 AM to 11:30 AM)

**Dr. Garima Sangwan** started the session by stating the importance of getting your hands over data and getting acquainted with the HMIS portal. She briefly described various IT initiatives in health like mother and child tracking system portal, Nikshay, Anmol, RCH portal and NHM-HMIS portal. She discussed in the the various types of data available in the portal, the various types of reports that can be generated from the portal which include comparison reports, validation reports, preview reports and other quality checks like percentage fill, and drill down reports. The lecture was followed by an exercise to know whether the participants got a hands on experience on generating various types of HMIS reports through the HMIS portal. The participants enjoyed the interactive session.



### MODULE 10 - MONITORING AND EVALUATION

It comprise of 2 sessions:

- 1) **Session 1 - Introduction to Monitoring and Evaluation**
- 2) **Session 2 - Assessing Programme Performance and Impact**

This module was chaired by :

**Dr. Rana J Singh**, Deputy Regional Director, International Union Against Tuberculosis & Lung Disease New Delhi is a medical doctor with MD in Pulmonary Medicine. He has 25+ years of experience in public health focusing on Management and Tobacco Control. Dr. Rana has been master trainer of courses for mid and senior level managers and is currently supporting tobacco and NCD control programmes in South-East Asia Region.

**Mr. Keerti Pradhan**, Professor & Head, Chitkara University, with a MBA-Healthcare Management from Tata Institute of Social Sciences (TISS), Mumbai and Management of International Public Health (MIPH) from CDC-Emory University Atlanta, USA. He has 25 years of experience engaged in Strategic Planning and Management of Healthcare Projects, Programmes and Organisations. His Experiences and exposure has been in all types legal entities eg. Public, Private for Profit and Private Not for Profit health organisations in various countries of Asia and Africa continent.



#### Sessions 1 &2 : Introduction to Monitoring and Evaluation & Assessing Programme Performance and Impact- Dr. Sonu Goel (12:00 PM to 02:00 PM)

**Dr. Sonu Goel**, Additional Professor, PGIMER began the session with defining the terms monitoring, evaluation, surveillance, audit and review followed by explaining the need to carry out



monitoring and evaluation. He then explained the different types of indicators, how to develop indicators for various programs and how to choose the numerator and denominator for the indicators. He then stressed upon the differences between goals



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and objectives, program processes and procedures, outcome and impact. This was followed by a discussion exercise on monitoring and evaluation which consisted of listing goals, objectives, inputs and activities of their respective health programs. He explained how to go about program evaluation and stressed upon various questions that need to be answered before undertaking program evaluation like why to evaluate, what to evaluate, how to evaluate, how to evaluate changes, how to see weather changes are result of program, when to evaluate, which is best method of evaluation and who should do evaluation. Thereafter he discussed about the best method of evaluation and elaborated

on various questions to be asked before choosing the best method for evaluation like duration of programme, do you want to repeat the process, which programme components are more important to you and funding agency resource availability (fund, time, computer). Thereafter he explained the various steps in program evaluation which included situational analysis, indicator selection, stakeholder analysis, data collection management, data analysis and data reporting. He concluded by describing theory of change model followed by an activity on designing a problem statement and making a TOC Model incorporating all its components. It was an interactive and well enjoyed session.

### Management Games- (2:45 PM - 3:00 PM)

Refreshing exercises were given to the participants where they took turns to demonstrate principles of health management. They enacted various management concepts like change management,

time management and various leadership styles and the other participants guessed the correct concepts they were showcasing.

## MODULE 11 - TOTAL QUALITY MANAGEMENT

It comprise of 2 sessions:

- 1) **Session 1 - Quality Assurance and Improvement in Health Care**
- 2) **Session 2 - Accreditation of Healthcare Facilities**

This module was chaired by :

**Dr. Rana J Singh**, Deputy Regional Director, The Union, New Delhi. He has 25+ years of experience in public health focusing on management and tobacco control. Dr Rana has been master trainer of courses for mid and senior level managers and is currently supporting tobacco and NCD control programmes in South-East Asia Region.

**Dr. Seema Deshmukh** has 31 years of experience in Teaching & Research. She is currently working as Medical Superintendent of Sub District Hospital, Manchar, Maharashtra



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### Session 1 & 2: Quality Assurance and Improvement in Health Care & Accreditation of Healthcare Facilities - Dr. J. N. Srivastava (3:00 PM to 5:00PM)

**Dr. J. N. Srivastava**, Advisor, NHSRC, started the session on Total Quality Management with asking the participants “What do they understand by the term quality”. He talked about quality assurance and improvement in healthcare as well as accreditation of health care facilities. He addressed various concerns in quality framework like effectiveness, efficiency, safety, equitability and responsiveness. He stressed on the need for existence of a monitoring mechanism for national health programmes. He talked about pioneers of quality in healthcare like Edwin Chadwick, Dr. Lamuel Shattuck, Florence Nightingale, Dr. Earnest Amory Codman, Dr. Joseph M Juran and Abraham Flexner. Later, he deliberated on dimensions of Health Quality and mentioned various international accreditation agencies for Accreditation and Evaluation in healthcare. He talked about National Health System Resource Center (NHSRC)- the knowledge gateway to public health and about prerequisites to



quality in health system in great detail. Later he explained how does quality management system works, building quality system, process of standard development, and choosing the right standards. He talked about patient safety dimensions, and medication safety which is imperative for healthcare industry. It was a didactic and informative lecture which the participants enjoyed.

### Management Quiz (5:00 PM – 5:15 PM)

A lively and high spirited management quiz was conducted by Dr. Risha at the end of the sessions. It revitalized the participants after the exhaustive sessions from the entire day. She showed movie clips and asked the management principles they are based on.



## Cultural Event cum Banquet Dinner

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. The cultural event was organized in a heritage hotel **Ramgarh Fort**, Panchkula from 7:00 PM onwards. One participant from each group 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 event was followed banquet dinner.



## Program Proceedings

### Day 5 (20<sup>th</sup> December 2017, Wednesday)

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

The day started with reflections from previous day's activities. The group leaders recapitulated their learnings from the previous day. The '**Best Dressed**' - Dr. Paramjit Singh and the '**Active Participant**' Dr. Naveen Dutt were awarded with the Red and Blue Caps. Later participant Dr. Dip Jyoti Deka presented a case study on best practices in the state of Assam.



## MODULE 12 - ENTREPRENEURSHIP, INNOVATIONS AND GOVERNANCE

It comprise of 2 sessions:

- 1) **Session 1 - Governance in Healthcare**
- 2) **Session 2 - Entrepreneurship and Innovations in Hospitals: Challenges and Opportunities**

This module was chaired by :

**Dr. Amarjeet Singh, Professor,** Community Medicine, PGIMER, Chandigarh. He has initiated a new concept of establishing Multi Purpose Behavior Therapy (MPBT) room in OPD to enhance patients and doctor satisfaction. He has also produced 8 short films on various topics of public health along with their script writing. He is a recipient of the prestigious Harcharan Singh Oration of IAPSM.

**Dr. Arun K Aggarwal,** Professor, PGIMER. He is member of various national bodies like National Technical Advisory Group on Immunisation, National Technical Sub-committee on Immunisation, and National Technical Advisory Committee on Stillbirth. He is national trainer for capacity building for Child Death Reviews (CDR) and has operationalized CDR in Haryana, Himachal Pradesh and Telangana and Delhi state. He is also national trainer for Integrated Training on Neonatal and Childhood Illnesses.



## Program Proceedings

### Session 1: Governance in Healthcare - Dr. Rakesh Gupta (9:30 AM - 10:30 AM)

**Dr. Rakesh Gupta**, IAS started the session by giving a brief background about his work in public health in past six years. He talked about the issues in public health governance like commitment, shared vision, leadership and team building by taking various examples from various programs of the government like **Beti Bachao, Beti Padhao** and **Swachh Bharat Mission**. He talked about the importance of grade level competence in more than eighty percent of the school going children in India. He further discussed about the shortage of doctors and para- medical staff and how this can be combatted by focussing on quality of the human resources. Later he discussed about the paradigm shift in Haryana where supportive supervision has taken over the traditional ways of supervision. Later he discussed about involving youth in monitoring and evaluation activities being conducted at the state and national levels. He also stressed that the biggest enabler of efficiency and transparency in the system is information technology based initiatives. He also stressed upon the importance of stating what is



governance and elucidating the components of good governance which are simple and focussed, efficient and effective, integrated, equitable, integrated and participatory. Finally, he deliberated on six critical pillars for assessing governance which are direct oversight, decentralization, active stakeholder participation, robust regulatory mechanism, transparency and accountability. He also discussed governance in healthcare data. It was a pleasure listening to him since he can convert any conversation to an erudite discussion.

### Session 2: Entrepreneurship and Innovations in Hospitals : Challenges and Opportunities - Prof. Anil Kumar Gupta (10:30 AM to 11:30 AM)

**Dr. Anil Kumar**, Medical Superintendent, PGIMER started the session with his experience at PGIMER and moved to innovative use of available technology at PGIMER such as getting permission from High Court to use video conferencing for expert witness. This system is called as Tele-Evidencing. Then he talked about the challenges in tele-evidence like setting up network, integration and quality of network, scheduling of tele evidence, casualness and punctuality. Talking about the impact of the innovation, he stated that more than three thousand Tele- Evidences have been successfully conducted till date and there has been a substantial reduction in fuel utilization per month and substantial man hours saved per month. He also discussed other innovations in hospitals like



incorporating a clause in death certificate, asking attendants of every deceased about wish to donate eyes, electronic data maintenance, installation of CCTV cameras in phased manner. Later he talked about various issues in implementing innovations like attitude of user departments, delays in

## Program Proceedings

reporting, incomplete documentation, showing cause notices from the appropriate authority and pending renewal of registration. He concluded by stating that human resource is our greatest asset but at the same time, scratch a problem and you will find a human element at the bottom of it. So,

motivating and improving the knowledge, skill and attitude of employees will benefit the system as a whole. He also added that in future, there will be more problems than the human capacity to handle them and motivation and use of technology is the way to bridge this gap.

### MODULE 13 - ETHICS IN PUBLIC HEALTH RESEARCH

It comprise of 1 session:

#### 1) Session - Ethics in Public Health Research

This module was chaired by :

**Dr. K L Gupta**, Professor Department of Nephrology, PGIMER

**Dr. Vikas Gautam**, Additional Professor, Department of Medical Microbiology, PGIMER, Chandigarh.



#### Session : Ethics in Public Health Research - Prof. Nirmal Kumar Ganguly (10:30 AM to 11:30 AM)

**Prof. Nirmal Kumar Ganguly**, Former Director General, ICMR, talked about various ethical issues in public health research using various examples cervical cancer vaccine issues, ethical issues in contraception, malaria control and rheumatic heart disease. He stressed on the importance of learning from success stories of other countries and to take it on our shoulders to protect human rights. Later he discussed about benefit-risk assessment, informed consent process, privacy and confidentiality, distributive



## Program Proceedings

justice, payment for participation, compensation for research related harm, ancillary care, conflict of interest, selection of vulnerable and special groups as research participants, community engagement and post research access and benefit sharing. He also talked about the priority public health interventions where research is needed, like maintaining a safe water supply, wash interventions, immunizing infants/ school children, nutritional deficiencies in women

children, deworming preschool and school age children, newborn screening for inborn infections and errors of metabolism, engaging in epidemiologic research and sensitive public health research pertaining to socially and economically vulnerable sections. He concluded the session by stressing upon use of administrative and other data sources for research, informed consent & role of ethics committee in protecting participants and communities.

### MODULE 14 - CHANGE MANAGEMENT

It comprise of 1 session:

#### 1) Session - Applying Theories of Change Management in Health

This module was chaired by :

**Dr. N. K. Ganguly**, Former Director General (ICMR), Visiting Professor of Eminence, Policy Center for Biomedical Research, Translational Health Science & Technology Institute, Faridabad, India, Honorary Senior Research Professor (Clinical Research) , Institute of Liver & Biliary Sciences, New Delhi, India & Professor (GRIPMER), The Ganga Ram Institute For Postgraduate Medical Education & Research, New Delhi. Prof. Ganguly has published more than 775 research papers and has supervised 130 Ph.D theses as Supervisor/Co-Supervisor. His interest encompasses the disciplines of Immunology, Biotechnology and Public Health.

**Dr. Rakesh Kapoor**, Professor, PGIMER, is very prolific writer. He has done specialized trainings/fellowships abroad that includes IGRT & Tomotherapy training at the University of Wisconsin, US, Introductory Training Course” on Gamma Knife Perfexion Training at Stockholm Sweden. He has special interest in brachytherapy and treat patients of Ca - cervix, esophagus, bronchus, anal canal, bile duct and other sites.



## Program Proceedings

### Session - Applying Theories of Change Management in Health - Dr. Sonu Goel (03:00 PM – 04:00 PM )

**Dr. Sonu Goel**, Additional Professor, PGIMER started the presentation with a role play on shaking hands where participants shook hands in various ways like normal handshake, handshake with left hand, hand shake with both hands, shake both hand with back against each other and hand shake (at least one) with formation of group of 5 people. The message from this exercise was that change is difficult and there is a vigorous resistance to change. Later he took the audience through a series of role plays and short stories which were engaging and interesting to the audience. He talked about factors promoting organizational change like getting and edge over competitors, complacency with-in organization/ way of working, idea of new CEO/ management and



striving towards excellence. It was an interactive session where audience shared their views about change management and issues corning change management.

### Management Quiz- Dr. Risha (4:00 PM - 4:15 PM)



A reiterating management quiz was conducted at the end of the day using pictures and acronyms showing different personalities in the field of public health management. All the participants actively involved and enjoyed alot during the quiz.



## Valedictory Session (4:00 PM - 5:00 PM)

The program ended with a valedictory session where the participants were conferred with program completion certificates. 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. The participants also showed their immense desire and eagerness to implement the action plan within the allocated time frame. The certificates were also given to the winners of various IPHMDP contests held during 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 thanked the entire team of the program for their hard work and enthusiasm, which had led to grand success of program. He also hoped that participants shall be the brand ambassadors of the program and shall conduct similar programs in their settings.



## Contest Winners



**Best Cultural Performer-**  
Ms. Soumyasree Mahapatra



**Best Group Poster**  
1. Dr. Kalpana Mahatme  
2. Mr. Hrusikesh Sahoo  
3. Dr. S.G. Kale  
4. Dr. Parmjit Singh



**IPHMDP Selfie**  
1. Dr. Seema B. Deshmukh  
2. Dr. Prajna Paramita Giri  
3. Dr. Swayam Pragyan Parida  
4. Mrs. Monikha Buragohain  
5. Dr. Mithun Karmakar  
6. Dr. Kalpana Mahatme  
7. Dr. Parmeela Baral  
8. Dr. Ms. Soumyasree Mahapatra



**e-IPHMDP**  
Dr. Mohd. Javed Querieshi

## Contest Winners



**Voracious Reader**  
Dr. Achyutananda Das Mohapatra



**Voracious Reader**  
Dr. Prajna Paramita Giri



**Best Tagline**  
Dr. Parmeela Baral



**Best Participatory Participant**  
Dr. Pankaj Bhardwaj



**Best Dressed**  
Dr. K. Rekha Devi

## Best Case Practices by Participants



**Dr. Seema B Deshmukh** from Maharashtra is a Medical Superintendent in Sub District Hospital Manchar, Maharashtra illustrated the good practices followed in their hospital such as ANC clinic - Registration done through ANC card, segregation of new and old ANC mother, ICTC counseling, lab investigations, identification and documentation of high risk ANC mother for further management. She further put light on practices such as Kangaroo Mother Care, Hand Washing, Breast Feeding and hands on training for Neonatal Resuscitation, conduction of labour along with use of Moyo's for FHS Monitoring.





**Dr. Prameela Baral** participant from Odisha presented her best practices on Innovation for managing High Risk Pregnancies in order to ensure the survival of mothers and children in the State. They developed a State Specific Strategy for accelerated reduction of MMR and IMR which is now named as SAMMPurNA. The programme highlights stated by her was Re defining and notifying Special follow up High risk pregnant woman, Skill building for identification, Special sessions for service and revision of MCP cards with Red card and initiate counseling using booklet “NIRAPADAMATRUTWA”.




**Dr. Dip Jyoti Deka**, Participant from Assam, presented the topic comprehensive healthcare in tea gardens of Assam. He started the presentation with the demography and compared the status of health indicators now and 10 years ago. He divided challenges in healthcare within four areas i.e. Tea gardens, Hill areas, Char and Border areas and told how his team overcome these challenges. He graphically represented the trend of MMR of Assam and India from the year 2001 to 2013. Along with these major areas of concern was shown and factors such as availability of hospital, doctor, nurse, labour room and new born care corner. Lastly the current initiatives in health sector of Assam were illustrated.

## Best Case Practices by Participants

**Dr. Seema B Deshmukh**  
 Medical Superintendent  
 Sub District Hospital, Manchar, Maharashtra

### Journey..... Pearls of Efforts



**Dr. Seema B Deshmukh**  
 Medical Superintendent  
 Sub District Hospital Manchar Dist. Pune Maharashtra




### Good Practices at SDH Manchar

- ANC clinic under one roof.
- All ANC services are provided under one roof on particular day (Every Tuesday).
- Registration is done with ANC card.
- Segregation of New and Old ANC mother.
- Height, Weight and ICTC counselling.
- Lab investigations, routine investigation and specific investigation.
- Primary health checkup by LMO and Investigation verification.
- ANC checkup by Gynecologist.
- Identification and documentation of high risk ANC mother for further management and follow up.
- Education session.
- Immunization, deworming, up gradation of RCH portal.
- Sonography.













### Kangaroo Mother Care

Established KMC wing for low birth and premature babies with the help of KEM Hospital, Pune

- KMC includes not only Kangaroo care but also education about importance of exclusive breast feeding, personal hygiene, baby care, RI, family planning methods by our lady Medical Officer.
- There is healthy discussion between patients relatives and doctors about KMC and good acceptance by them.




### Kangaroo Mother Care



← KMC Wing  
 Counselling Room



# Best Case Practices by Participants

## Kangaroo Mother Care



Mother During KMC

## Hand Washing



Use of sanitizer by PNC mother hand washing

Use of soap by relatives of PNC for mother for hand washing

## Sweet Memories Forever



Laminated photo of mother with her baby is given at the time of discharge

## Initiation of Breast Feeding Immediately After LSCS



## Hands on Training



Neonatal resuscitation

## Hands on Training



- > Conduction of labour
- > Management of third stage of labour

## Use of Moyo's for FHS Monitoring



Use of Moyo's for FHS Monitoring

## Happy Moments



## Best Case Practices by Participants

### Dr. Prameela Baral

Jt. DHS (WM & MH)

Directorate of Public Health, Odisha

#### Innovation for managing High Risk Pregnancies

State- Odisha

To ensure the survival of mothers and children in the State, it was decided to develop a State specific strategy for accelerated reduction of MMR and IMR which is now named as SAMMPurNA. This is over and above the regular activities undertaken in the State

##### Programme highlights:

- Re defining High risk pregnant woman
- Notifying high risk
- Skill building for identification
- Special sessions for service
- Special follow up to high risk cases
- Alternative means of transportation

##### Revision of MCP card and providing RED card

- 7853 nos. geographically difficult to reach villages have been identified and notified.
- MCP card has been revised
- RED Card Introduced & Since April 2017 to Sept 2017, 5189 RED cards have been issued.

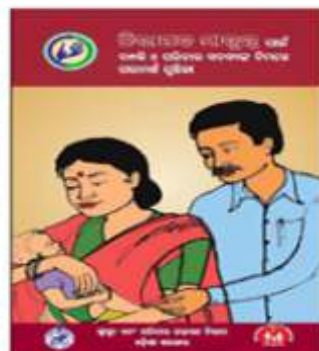


Integrated VHND and RI sessions are held in hard to reach areas to identify high risk cases and initiate prompt action for its management.



Identified high risk pregnant woman are given mandatory 2 times joint home visits by ANM and Supervisor during 5<sup>th</sup> and 7<sup>th</sup>/8<sup>th</sup> month of pregnancy for family and couple counselling by using counselling booklet "NIRAPADA MATRUTWA"

The visit emphasises 100% Birth Preparedness Plan for all high risk cases.



##### Alternative Referral Transportation Services for high risk pregnancies in difficult areas

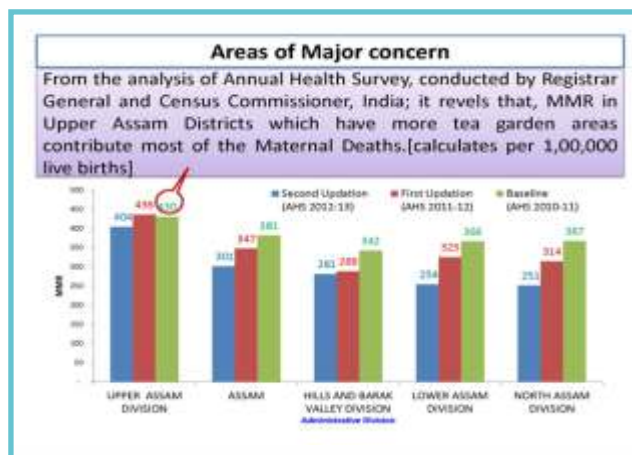
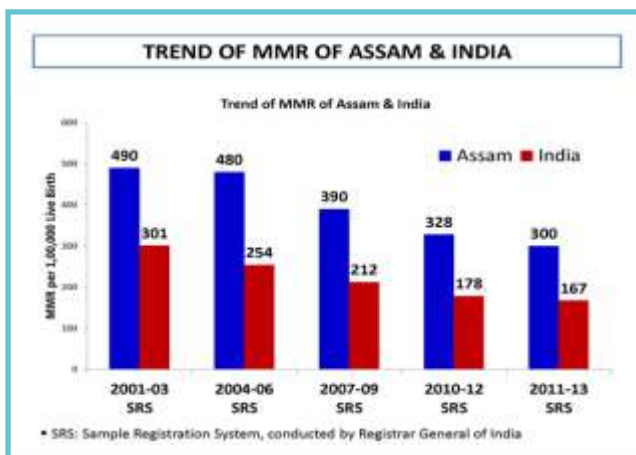
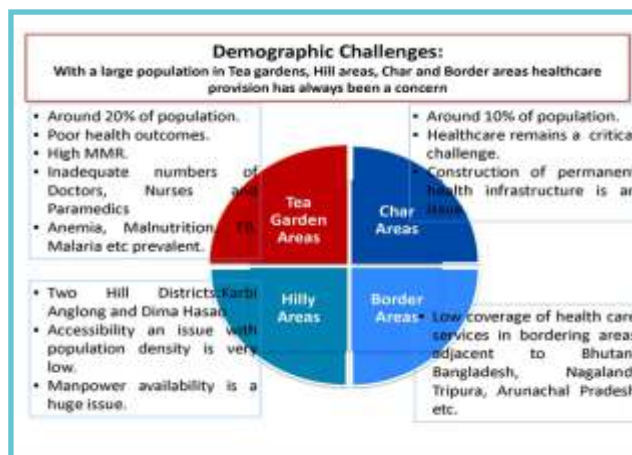
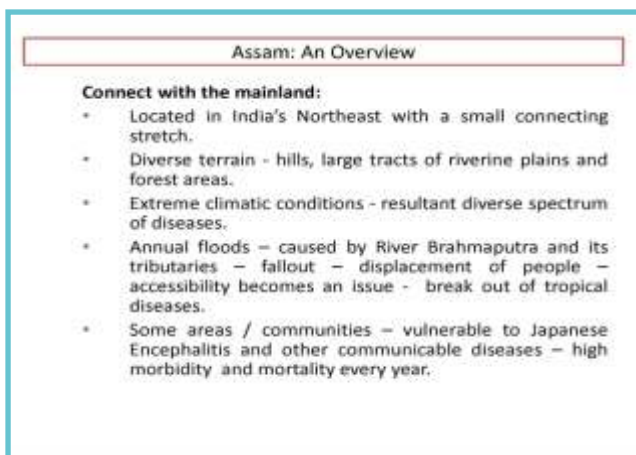
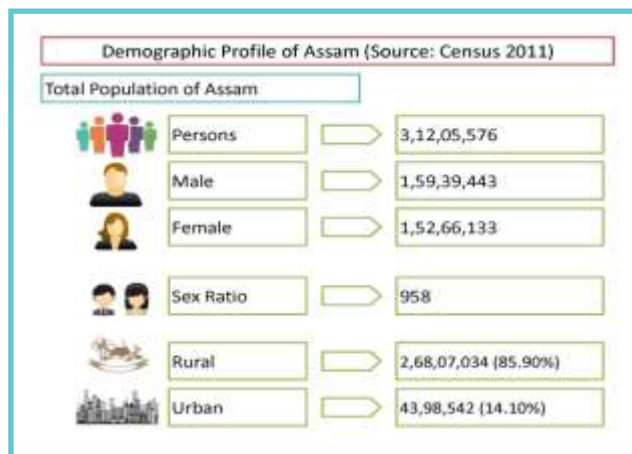
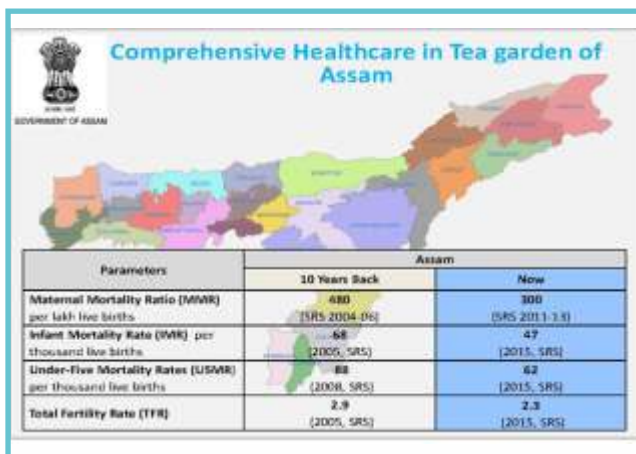
- Cash reimbursement
- Provision of Stretcher
- Boat Ambulances
- Bike Ambulances



## Best Case Practices by Participants

**Dr. Dip Jyoti Deka**

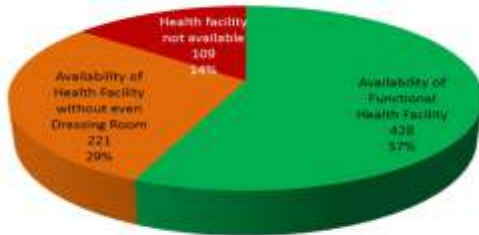
ASHA, Program Manager, NHM, Assam





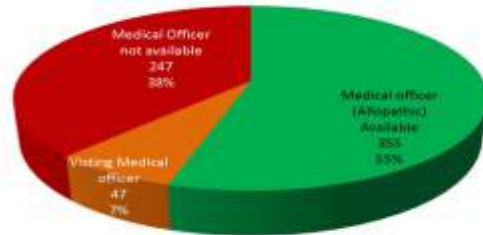
# Best Case Practices by Participants

## Infrastructure Gap - Availability of Hospital



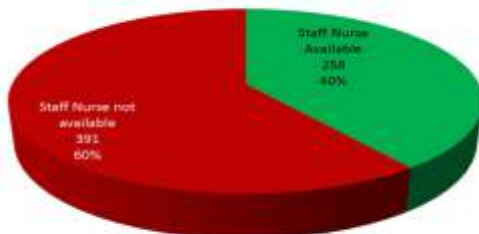
Total 428 (57%) Tea gardens have functional hospital out of total 758 Tea gardens surveyed. Another 221 (29%) have hospitals but without even Dressing Room.

## Availability of Medical Officer (Allopathic)



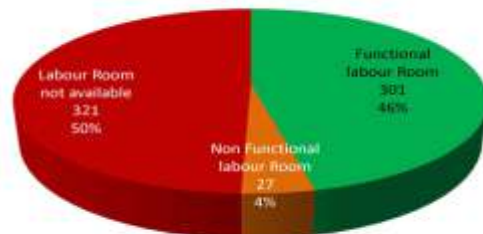
Total 324 (49.9%) have Medical Officer (Allopathic) out of total 649 Tea garden hospitals.

## Availability of Staff Nurse



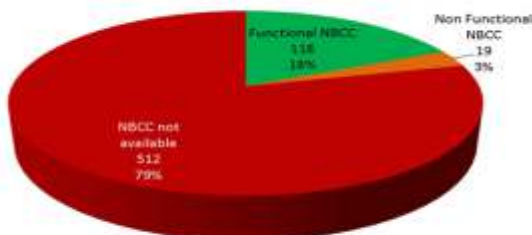
Total 258 (40%) have Staff Nurse out of total 649 Tea garden hospitals.

## Availability of Labour Room



Total 301 (46%) have Functional Labour Room out of total 649 Tea garden hospitals.

## Availability of New Born Care Corner (NBCC)



Total 118 (18%) have Functional NBCC out of total 649 Tea garden hospitals.

## Strategy Comprehensive care in tea garden- (Through 80 dedicated MMUs)



## Current Initiatives in Assam Health Sector



## MMR, USMR and IMR

### What is the challenge?

- To reduce MMR & IMR.

### Initiatives taken till now to address it:

- Institutional Delivery increased to 70.6% (NFHS-4, 2015-16)
- Operationalisation of First Referral Units (FRUs) - 52 out of 69.
- Steps taken to reduce Anemia among pregnant women.
- Village Health & Nutrition Day (VHND) Monitoring.
- Specific Interventions - MMUs & PPP across Tea Gardens
- Increased Vaccination Coverage.

### Aspiration over 2-3 years to address this challenge

- Reducing MMR to 150 by 2022 (To achieve SDG Goal of <70 before 2030)
- Reducing USMR below 40 by 2022 (To achieve SDG Goal of <25 before 2030).

**4<sup>th</sup> INTERNATIONAL PUBLIC HEALTH MANAGEMENT  
DEVELOPMENT PROGRAM (IPHMDP)  
SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH  
16<sup>th</sup> – 20<sup>th</sup> DECEMBER, 2017**

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

**Name of the Participants: -Dr. Kalpana Mahatme**

**Name of the Institute: - National Vector Borne Disease Control Programme (NVBDCP)**

1. What ideas you have got from the program?

I have learnt regarding:-

- i) Importance of Training Needs Assessment
- ii) Logical Framework Approach for Planning.
- iii) Better Public Health Communication and Team Building.
- iv) Monitoring and Evaluation for Assessing for any programme performance and impact.

2. What do you plan to implement upon your return from here?

National Vector Borne Disease Control Programme (NVBDCP) has proposed in Programme Implementation Plan (PIP) Innovation of Strengthening laboratory services throughout the state of Goa hence improvement of the Training Facility to conduct training/capacity building of laboratory technicians of all PHC/CHC/UHC/Sub-District Hospital/District Hospital in malaria microscopy as Goa is in the Elimination Phase of Malaria targeting to eliminate malaria by 2020 as per Government of India.

## Action Plans of Participants

3. List of actions for implementing your ideas?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning 1. Malaria Microscopy training programme for all the lab technicians working at all PHC/CHC/UHC/Sub-District Hospital/District Hospital	1. Training Need Assessment  2. Meeting with Dy. Director (NVBDCP) and Director DHS.  3. Create a TOT Team	1. Evaluate existing training programme 2. Conduct training need assessment. 3. Discuss with WHO Level I trained lab technicians of crosschecking laboratory Directorate of Health Services	February 2018
2	Developing an action plan		1. Enlist all the lab technicians working in various PHC/CHC/UHC/Sub-District Hospital/District Hospital. 2. Categorized lab technicians who have received Induction, Refresher or no training at all. 3. Planning the training programme i) Schedule for the programme ii) Resource persons iii) Pre-test Post – test etc.	While implementation 1. SWOT analysis shall be taken into account 2. Monitoring and evaluation done after every batch to know the shortcomings of the programme

4. What is a significant milestone that you will accomplish in a month's time by Jan 20, 2018?

Prepare report regarding the:-

- 1) Need Based Training of Lab Technician under NVBDCP.

## Action Plans of Participants

- 2) Move the proposal for training through Dy. Director (NVBDCP) and Director DHS.
- 3) Categorize the lab technicians into batches such as i) Category I – No formal training received. ii) Category II- only induction training. iii) Category III- Induction as well as refresher training received.
- 4) Enlist the infrastructure available i.e. microscopes , cell counters, stains, availability of blood slides, venue for training programme.
- 5) Prepare the training programme schedule i.e. number of days/ sessions (morning /afternoon) / TOT, Resource persons.
- 6) Preparation of financial statement based on the available budgetary support.
- 7) Printing of training material, certificates and folder/ bags (training kit).
- 8) Ensuring the availability of training participants from various peripheral health units.
- 9) Planning and ensuring the availability of other logistics (working lunch/refreshment) support staff.

## Action Plans of Participants

### 4<sup>th</sup> INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (IPHMDP) SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH 16<sup>th</sup> – 20<sup>th</sup> DECEMBER, 2017

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

**Name of the Participants: Dr. Mohammad Jawed Quereishi**

**Name of the Institute: National Health Mission, Chhattisgarh**

1. What ideas you have got from the program?

Ans. Strategic planning, leadership in public health management, daily uses of principles of management are the essential components for success of any programme, policy or project. Effective and rational use of healthcare resources can result in better health outcomes.

2. What do you plan to implement upon your return from here?

Ans. Strategic planning for health system, so that desired outcomes / goal can be achieved in the State of Chhattisgarh.

3. List of actions for implementing your ideas?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning	1. Mission Director 2. Programme Managers 3. District officials 4. Block officials	Through making presentations during training sessions on public health management in routine capacity building programmes in State.	By the end of April 2018
2	Developing an action plan	Mission Director, Director of Health Services, State and district officials.	Through NHM PIP preparation on the basis of facility gap analysis of resources of healthcare so that effective planning can be done.	By end of April 2018

4. What is a significant milestone that you will accomplish in a month's time by Jan 20, 2018?

Ans. Orientation of State and district level officials on importance of strategic planning and effective use of available healthcare resources by including same into State Health Action Plan of 2018-19.

# 4<sup>th</sup> INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (IPHMDP) SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH 16<sup>th</sup> – 20<sup>th</sup> DECEMBER, 2017

### Your Commitment to taking the Idea to Implementation

**Name of the Participants:** Ms. Mithun Karmakar

**Name of the Institute:** Mission Directorate, National Health Mission, Odisha

1. What ideas you have got from the program?

I got insight into the right way to plan and implement a programme/activity based on key planning and management principles. I also expanded my vision with regards to various ways of behavior and communication in health care service delivery and right way of imparting quality training.

2. What do you plan to implement upon your return from here?

1. Strengthening the monitoring & evaluation mechanism in the State by developing and implementing a robust HMIS Plan of implementation.
2. Training and capacity building of Programme Managers and data personnel on data quality & data use for corrective action.
3. Reducing the reporting burden at Sub centre level by implementing ANMOL tablet based reporting.

## Action Plans of Participants

### 3. List of actions for implementing your ideas?

No	Priority area	With whom?	How are you planning to do?	By When
1	<p>Sharing of learning</p> <ul style="list-style-type: none"> <li>Revising the reporting guideline focusing on data quality and use of data for corrective action.</li> <li>Strengthening quality reports from subcentre through ANMOL on near to real time basis with less paper work.</li> </ul>	<p>1.State level programme officers &amp; Top level Managers</p> <p>2. District Level Managers</p> <p>3. Block level Managers of poor performing districts (17/30 districts)</p>	<ul style="list-style-type: none"> <li>Briefing about the core contents in a meeting headed by MD,NHM and attended by State level programme officers focusing on use of data in planning and corrective action.</li> </ul> <p>Sharing the presentations through email to all concerned.</p> <ul style="list-style-type: none"> <li>Incorporating the training process learnt in the IPHMDP in the district level M&amp;E training programme for making the training more interactive with focus on data validation, data analysis and its use in further planning as per revised HMIS guidelines.</li> <li>ToT for district level data persons/Prog. Managers who will provide training to block and subcentre level on quality reporting and data usage.</li> </ul>	<p>By Dec'17</p> <p>By January'18</p> <p>By March'18</p>
2	<p>Developing an action plan</p> <p>Strengthening quality reports from subcentre (on RMNCH) on near to real time basis by Implementing Tablet based ANMOL</p>	<ul style="list-style-type: none"> <li>State level: TOT on ANMOL for State and district Data and Programme managers</li> </ul>	<ul style="list-style-type: none"> <li>Developing and Communicating to all districts on ANMOL implementation plan.</li> <li>Organizing one day State level TOT.</li> <li>Preparing district level action plan for ANMOL rollout with time line (for 17 target districts.)</li> </ul>	<p>By Dec'17</p> <p>By Dec'17</p>

## Action Plans of Participants

<p>Major activities:</p> <ul style="list-style-type: none"> <li>• TOT on ANMOL at State level.</li> <li>• Training at district level</li> <li>• Training at Block level.</li> <li>• Monitoring the outcome by State/ district on monthly basis.</li> </ul>	<ul style="list-style-type: none"> <li>• Training at district level for block Data and Programme managers</li> <li>• Training at Block level for Supervisors, ANMs and health worker male.</li> </ul>	<ul style="list-style-type: none"> <li>• Organizing District wise one day training followed by field visit to selective Sub Centre by State/district nodal persons next day of training for observing the live data updation by ANMs at VHND/Immunization site.</li> <li>• Providing handholding support and sorting issues in the application if any during field visit.</li> <li>• Each block will conduct one day hands on training on ANMOL for respective block ANMs (by trained block level managers).</li> </ul>	<p>By Jan'18</p> <p>By, Feb'18</p>
		<ul style="list-style-type: none"> <li>• Regular monitoring will be done and performance will be reviewed in fixed day monthly meeting at each level.</li> </ul>	<p>On monthly basis</p>

4. What is a significant milestone that you will accomplish in a month's time by Jan 20, 2018?
- 1). Improved knowledge of State level top managers on monitoring mechanism and need for data analysis and usage for corrective action.
  - 2). Reducing paper work and register at Subcentre level by successful implementation of Tablet computer based ANMOL application in at least 4 out of 17 target districts.



## Action Plans of Participants

### 4<sup>th</sup> INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (IPHMDP) SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH 16<sup>th</sup> – 20<sup>th</sup> DECEMBER, 2017

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

**Name of the Participants:** MONIKHA BURAGOHIN

**Name of the Institute:** NATIONAL HEALTH MISSION, DIBRUGARH, ASSAM

#### **1. What ideas you have got from the program?**

- a) Due to expansion of responsibility assigned to Public Health Organization & emerging of new Technology & Ideas , Public Health Organization now more than ever need skilled Managers.
- b) Training Need Assesement
- c) Quality Assessment & Management plays an important role.
- d) Communication with positive focus
- d) Happiness /Motivation is the key of great ACHVEMENT

#### **2. What do you plan to implement upon your return from here?**

- a) Apprise DC and CMO about the necessity of the program.
- b) Apprise MD NHM about the need of Pubic Health Management training to Medical Officer IC of HI and Mid Level Managers and for Program Officers' of various vertical programs .
- c) Training Need Assessment and Submission of an action plan about the training.
- d) Analysis & Evaluation of GAPS with the trained MANAGERS and preparation of an ACTION PLAN and act on it for continuous improvement.

## Action Plans of Participants

3. List of actions for implementing your ideas?

No	Priority Area	With whom	How are you planning to do?	By when
1	Sharing of learning	1.DC/CMO	1.Orientation & discussion about the need of the Program.	<b>Mid January 18</b>
		2.Mission Director NHM,Assam	2.Write letter with a request to approve the same in doing at district level.	<b>Jan 18</b>
		3.Mid level Managers and MO IC Vertical Programs and HI	3.Training on Public Health Management.	<b>Sep 18</b>
2	Training Need Assessment and Developing an action plan	CMO /JT DHS	Prepare an action plan with budget requirement . Will submit to MD NHM for training of 80 nos MO IC Health Institutions & Vertical Programs and Mid Level Managers.	<b>Sep 18</b>

4. What is a significant milestone that you will accomplish in a month's time by Jan 20 ,2018?

1. Orient District Collector/Commissioner & CMO about the Program and appraise the same to MD NHM .
2. Assessment of Hospitals and different indicators and preparation of an action plan to fill up this gap along with time line.
3. Training Need Assessment of Mid Level Managers and MOs and Health Staff

## Action Plans of Participants

### 4<sup>th</sup> INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (IPHMDP) SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH 16<sup>th</sup> – 20<sup>th</sup> DECEMBER, 2017

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

**Name of the Participants: Soumyasree Mahapatra**

**Name of the Institute: Consultant Maternal Health, National Health Mission, Odisha**

1. What ideas you have got from the program?
  - Promoting leaders and managers in health system.
  - How to prioritize activity and plan for its implementation.
  - Along with theory context, the experience and exposure in conducting quality trainings.
2. What do you plan to implement upon your return from here?  
(Prepared in context to my position in health system)
  - Implement new Maternal Death Surveillance and Response program in the State.
  - Roll out new guidelines related to Maternal Health in the State.
3. List of actions for implementing your ideas?

<i>No</i>	<i>Priority area</i>	<i>With whom?</i>	<i>How are you planning to do?</i>	<i>By When</i>
1	Sharing of topics learnt	With Directors and policy level officers.	Sharing of modules.	15 days
2	Organize quality trainings	Sr. Consultant involved in training	Discussion with training section for training assessment and training plan.	15 days
3	Developing action plan related to maternal health for 2018-19	Programme Officer, Consultants dealing with planning & District level stakeholders.	Group discussions & secondary data.	30 days

4. What is a significant milestone that you will accomplish in a month's time by Jan 20, 2018?
  - Implementation of MDSR (Maternal Death Surveillance and Response) programme in the State across, which is a new initiative of Ministry of Health & Family Welfare, India.
  - By 20<sup>th</sup> January 2018, action plan for roll out of programme will be finalized along with one round of sensitization of State level officers.

### 4<sup>th</sup> INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (IPHMDP) SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH 16<sup>th</sup> – 20<sup>th</sup> DECEMBER, 2017

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

**Name of the Participant: Dr. Vivek Manchanda**

**Name of the Institute: AIIMS, Jodhpur**

1. What ideas you have got from the program?
  - a. Various technologies can be used in healthcare provision. A couple of the important and useful technologies include “the logframe matrix” and “the training need assessment”.
  - b. Monitoring and evaluation constitute an important step in the planning cycle and need to be included in various policies.
2. What do you plan to implement upon your return from here?
  - a. Use the various technologies to identify the gaps in the Hospital Infection Control. Plan corrective measures including change in policies and plan monitoring and evaluation. I plan to do an audit and submit the report.
  - b. I also plan to try to introduce the inventory forecasting techniques in the institute's store to generate demand.

## Action Plans of Participants

3. List of actions for implementing your ideas?

No.	Priority Area	With Whom?	How are you planning to do?	By When
1	Sharing of learning	1. Medical Superintendent	Discussing the need for HICC policies to be defined and implemented.	2 weeks
		2. Incharge HICC	Discussing the requirement of documented HICC policies and training of the institute's workforce	2 weeks
		3. Doctors in the institute	Discussion of need for robust HICC and the policies and getting their inputs, communicating the policy	1-3months
		4. Staff nurses	Discussion of need for robust HICC and the policies and getting their inputs, communicating the policy	1-3months
2	Developing an action plan	1. Data gathering	From the HIMS, departments and the Microbiology laboratory	1 month
		2. Framing policy	Framing HICC policy	2 months
		3. Approval of policy	1. Discussion with all stakeholders	3 months
			2. Finalization and communication of policy	3-4months
		4. Implementation	Policy implementation	4 months
		5. Monitoring and evaluation	Continuous monitoring through infection control nurses and evaluation on impact on the nosocomial infections	6 months

4. What is the significant milestone that you will accomplish in a month's time by Jan 20, 2017?  
I expect to get all the stakeholders on a common platform and make a rough draft of the HICC policy in a month's time.

### 4<sup>th</sup> INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (IPHMDP) SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH 16<sup>th</sup> – 20<sup>th</sup> DECEMBER, 2017

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

Name of the Participants: - Dr. Dipjyoti Deka

Name of the Institute: NHM, Assam

**1. What idea you have got from the programme?**

- A. The opportunity for employee to grow and development through this kind training is one of the most important factors in employee's motivation, engagement and positive moral.
- B. Reassign responsibilities that employee does not like that are routine and employee may have been doing for a long duration.
- C. This training will help during preparation of NHM PIP for establishing goal, priorities and developing measurable indicator for programme management unit staff.

**2. What do you plan to implement upon your return from here?**

In Assam, the Community Health Officers (CHO) holding 3 years B.SC, Community Health course along with 6 months internship, are being considered as Mid Level Health Provider. These CHOs are placed at 800 health and wellness centres. Under SSUHS University from Jorhat Medical College this course is implemented in the year 2009-10. Presently 2 more colleges have initiated this course.

Assam is a state with varied geographical situations like hilly areas, Char (riverine) areas, tea garden areas, forest areas etc, where healthcare remains a critical challenge mainly due to unavailability of doctors and nurses. MBBS Doctors are generally not willing to work in those areas. As a result attrition rate of Medical Officers in remote areas tend to be very high. In such a condition there is also a felt need to have an optional mechanism for providing basic health care services in inaccessible, hard to reach, abandoned areas.

As state has planned for career progression for these CHOs who have completed 5 years services in the sub centre, these CHOs will be posted as public health officer in the PHC and government is started to creating post also. As new cadre are started passing out.

It is a good opportunity to train these CHOs in a phase manner in short term course on public health management. State will write to PGIMER, Chandigarh to develop a module for this cadre and train them in short term course. So that they can provide their service effectively as public health officer in the PHC. State like Assam having huge shortage of manpower if we can train these CHOs in public health management it will give a boost to the healthcare system.

## Action Plans of Participants

3. List of actions for implementing your ideas?

No	Priority area	How are you planning to do	By when
Sharing of learning	Mission Director & DHS, Assam	MD meets every last Friday of the month with all SPMU, NHM. So it will be opportunity to brief about the training to all programme head including MD, NHM & DHS.	29/12/2017
	Distict Progrmamme Manager	In next Review cum reorientation meeting with all DPM and JDHS.	22rd-23 <sup>rd</sup> February 2018
2.	Developing an action plan	We will be developing state PIP 18-19 within february' 18 I n the PIP we will propose a short term course for the CHOs. The proposal will be made after consultation with the PGMIER. Once this programme approved under ROP, this short term course will be implemented. technical support will be required to roll out th e training from PGMIER & NHSRC .	Before 31 <sup>st</sup> May 2018.

4. **What is a significant milestone that you will accomplish in a month's time by jan 20, 2017?**

As we know implementation of NHM is more than 10 years now, still every month a new programme use to intoduce state has lost its goals and measurable target.

## Action Plans of Participants

As a programme manager I will be developing a performance matrix for the programme and for concerned programme people. These measurable indicators will be helpful during NHM management staff performance appraisal. In later phase this measurable indicators will be converted to digital dashboard. Eg.

Component	Metric	YTD Oct 2017	Target	Source	Level of capture	Owner	If Conditionality (NITI/PIP)
RCH	% HRP detected out of ANC registrations	7.4	15%	HMIS	S, D, B	MH	
RCH	% mothers with institutional delivery in public institutions receiving free drugs under JSSK	72	100	HMIS	S, D, B	MH	
	%FRUs functional & adequately staffed	42	100	HMIS			Functional: > 5 C-sec at CHC FRU, > 10 C-Sec at DH Adequately staffed: 1 Ob/gyn, Paediatrician, Anaesthetist at CHC FRU; 2 each at DH
	% MMU camps conducted according to route plan		100	HMIS	HLFPPT Dashboard		



# 4<sup>th</sup> INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (IPHMDP) SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH 16<sup>th</sup> – 20<sup>th</sup> DECEMBER, 2017

### Your Commitment to taking the Idea to Implementation

**Name of the Participants: Vinay Kumar**

**Name of the Institute: Generation Saviour Association**

#### **1. What ideas you have got from the program?**

- Understand the importance and purpose of strong performance management
- Learn how to create and implement a robust performance management process
- Create a strategy based performance management framework and plan that aligns to the objectives of the program
- Identify key behaviors that required in performance planning, implementation, monitoring and evaluation
- Understand the importance of motivation in the work place and strong team building
- Ensure that all team members understand and commit to their goals, and are clear about how their progress will be measured
- Discover how to create monitoring indicators and evaluation the project objectives
- Effectively prepare for the performance review plan

#### **2. What do you plan to implement upon your return from here?**

Presently I am working on a project “Advancing Tobacco Control In Haryana, Punjab & Chandigarh Through Capacity Building, Enforcement Of Tobacco Control Laws And Multi-Stakeholder Engagement.” I will try to incorporate the learning's of IPHMDP in my project activities to achieve the better outcomes according to the pre determine objectives.

- i. I will try to create some monitoring indicators to review the project activities on monthly, quarterly and bi-annually basis.
- ii. Through the supportive supervision I will guide the team members to achieve the goals by follow the comprehensible process.
- iii. I will design a protocol to conduct the pre compliance assessment study to measure the success rate project objectives after the compellation of the project by conducting another robust end line study by following the same protocol.

## Action Plans of Participants

3. List of actions for implementing your ideas?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning	1. Project Director 2. Divisional Coordinators 3. Office Admin cum Accountant	During the monthly project review meeting I will share the learning's from the IPHMDP with the team members and try to replicate in each month. I will also share the PPT's and other IEC material with the team members for the better understanding for the course.	First Week of January, 2018.

### Action Plan

Project Title “**Advancing Tobacco Control in Haryana, Punjab & Chandigarh Through Capacity Building, Enforcement Of Tobacco Control Laws And Multi-Stakeholder Engagement.**”

### Project strategies and activities

**Objective 1: To establish policy and institutional framework for implementation of NTCP and enforcement of tobacco control legislation in the state of Haryana and Chandigarh.**

**Activity 1.1:** To Support Comprehensive Enactment of COTPA and NTCP programs in States of Haryana and UT Chandigarh.

**Sub-activity 1.1.1** To conduct one training program for law enforcers as specified in COTPA in each district of Haryana & Chandigarh)

**Sub-activity 1.1.2** To conduct Sensitization workshop for hotel and restaurants association members, lawyers, principals and teachers of schools and colleges, traders, tobacco vendors association and media partners in 8 focused districts of Haryana and Chandigarh.

(Ambala, Kurukshetra, Yamuna Nagar, Kaithal, Sirsa, Panchkula, Karnal, Panipat, Chandigarh)

**Activity 1.2:** To support the States Haryana and UT Chandigarh to set up and sustain the politico administrative framework for the enactment of the NTCP program for enforcement of tobacco control legislation.

**Activity 1.3:** To Support the States Haryana and UT Chandigarh to access and utilize their respective NTCP funds.

**Objective 2: To sustain support to state of Punjab to become fully compliant to all policy provisions of COTPA (Cigarettes and Other Tobacco Products Act)**

**Activity 2.1:** To Support all districts of Punjab to conduct regular review meeting of the task force for the enforcement of tobacco control legislation in the state.

**Activity 2.2:** To assist and support regular enforcement drives in the state of Punjab.

**Activity 2.3:** To support generate public awareness in the districts through IEC campaign from state resources -- IEC activities under NRHM-NCD and Cancer Control programs.

**Objective 3: To support regular monitoring and evaluation of project objectives to assess progress and conduct policy focused research.**

**Activity 3.1:** To conduct one baseline COTPA compliance assessment in two NTCP districts of Ambala and Kurukshetra in Haryana.

**Activity 3.2:** To conduct one End-line COTPA compliance assessment in two NTCP districts of Ambala and Kurukshetra in Haryana.

### **Evaluation**

The evaluation of the project will be done on the basis of the following indicators:

- State and district level committees(SLCC, DLCCs) established in Haryana and Chandigarh
- Number of meetings conducted by the STCC and the DTCC in all the project districts of states Punjab & Haryana and UT Chandigarh
- Compliance with the decisions taken at such meetings.
- Number of notifications and orders issued by the state and the district level authorities.
- Compliance of COTPA legislation in district Ambala and Kururkshetra.
- Media coverage/earned media of the interventions and activities undertaken in the project.
- Number of high level workshops and training sessions in each district involving policy makers and law enforcers from different departments and civil societies.
- Number of sensitization workshops for hotel and restaurants association members, lawyers, principals and teachers of schools and colleges, traders, tobacco vendors association and media partners.
- No. of fully trained enforcement squads in each district in addition to respective departmental committees to undertake an intensive enforcement, compliance, monitoring and inspection program.
- Quarterly review meetings to be conducted at the project staff level and district level to research and monitor the implementation of the tobacco control program in states Punjab, Haryana and UT Chandigarh to study the gaps and take corrective measures for the effectiveness of the project.

### 4<sup>th</sup> INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (IPHMDP) SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH 16<sup>th</sup> – 20<sup>th</sup> DECEMBER, 2017

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

**Name of the Participants:** HRUSIKESH SAHU

**Name of the Institute:** NHM, Odisha

1. What ideas you have got from the program?
  - (I) Health Care is managed well when all stakeholders and other areas of concern are addressed.
  - (II) Need for an collaborative action , implemented by a dedicated team , led by effective leaders with techno managerial skills on public health.
  - (III) Training is a science and also an art .We need scientific methods and also soft skills for training
2. What do you plan to implement upon your return from here?
  - (I) Share the learning with nodal officers and our team.
  - (II) Develop a action plan through training need assessment (TNA)
  - (III) Involvement of all stakeholder including community during TNA
  - (IV) Make the training participatory interactive through case study, Role-play, quiz, award etc.

## Action Plans of Participants

### 3. List of actions for implementing your ideas?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning	1. Additional Mission Director NHM ,ODISHA	Submission of a report emphasizing upon collaborative action.	28.12.17
		2. Training division and urban health division at SPMU	Meeting with senior consultant training, program manager – UH and training coordinator and state master training During a state TOT	28.12.17
		3. With my colleagues in city PMU and District PMU	From an organizing team with action plan for all pending training of PIP2017-18	18.1.2018
2	Developing an action plan	(I) Meeting with selective member of ANM ,ASHA, MAS to accumulate ideas from field level functionaries (II) Organizing TOT for training of ANM ,ASHA and MAS (III) Training plan with DR. Biswajit Modak. Sr. consultant, training, NHM and Mr. Sukanta Kumar Mishra, Program manager-urban Health	(I) Convene a meeting at one UPHC located near slums. (II) Develop a draft session plan; mail it to districts and city and seek their views through e-mail and WhatsApp (III) Develop an guideline and draft modules with input on thematic area, role play case study etc.	5.1.2018  10.1.2018  18.1.2018

### 4. What is a significant milestone that you will accomplish in a month's time by Jan 20, 2018?

- (I) Organize state TOT for training of ANM and community volunteering group like Mahila Arogya Samiti and ASHA
- (II) Submit a plan of action to collaborate with training institution like SIHFW, ODISHA: AIIMS, Bhubaneswar and Dept. of community medicine of government medical colleges.
- (III) Organize a meeting with collaborating institution like SIHFW, Medical colleges.

## Action Plans of Participants

### 4<sup>th</sup> INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (IPHMDP) SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH 16<sup>th</sup> – 20<sup>th</sup> DECEMBER, 2017

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

**Name of the Participant: Dr. Pankaj Bhardwaj**

**Name of the Institute: AIIMS Jodhpur**

1. What ideas you have got from the program?

- i. Strategic Planning & Management
- ii. Public Health Communication & Advocacy
- iii. Leadership & Management
- iv. Health Technology Assessment (HTA)

2. What do you plan to implement upon your return from here?

1. Using the above four learning principles plan to establish the Health Care Personnel's (HCPs) Safety component through Integrated approach

3. List of actions for implementing your ideas?

No	Priority areas	With whom?	How you are planning to do?	By when
1	Sharing of Learning	Meeting with the Administrative Heads (Director/Medical Superintendent/HoDs/Nursing Principal	Discuss the idea with the key persons as listed	Feb 15 2018
2	Developing an action plan	With all the stakeholders, as listed above	<ul style="list-style-type: none"> <li>• Meeting the Stakeholders and inviting suggestions</li> <li>• Presentations and discussion using HTA with the Director for final approval and allotment of place for the starting the unit</li> <li>• Procurement/ Logistics</li> <li>• Starting of the Unit</li> </ul>	March 15 2018  April 2018  May 2018 June 2018

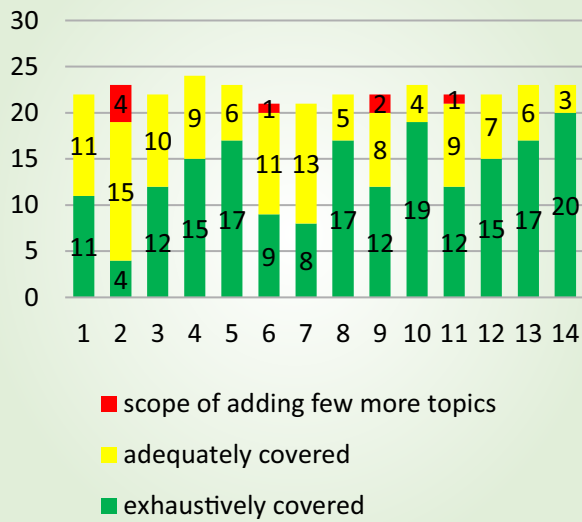
4. What is a significant milestone that you will accomplish in a month's time by Jan 20 2018?

By Jan 2018, we would be able to start the Yellow Fever Vaccination Center (YFVC) for the state of Rajasthan, in the OPD of the Hospital. I will use this opportunity to advocate the authorities for having the Health Care Personnel's (HCPs) Safety Unit, starting with the most common vaccines.

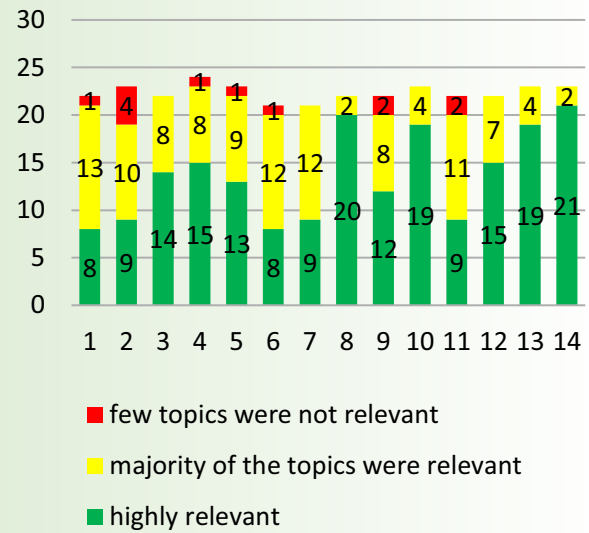
# Participants Feedback Analysis

## Module-wise Quantitative Feedback Analysis

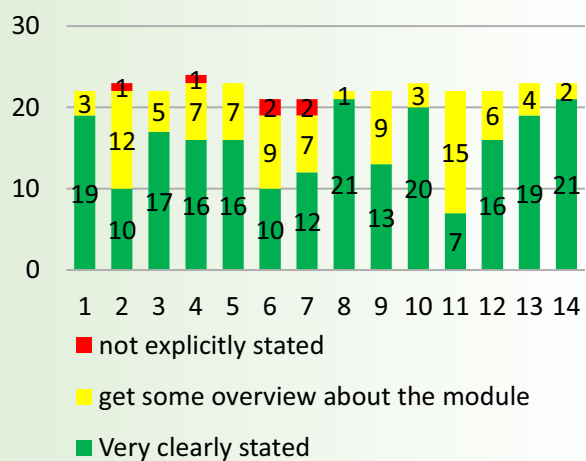
### Coverage of the content



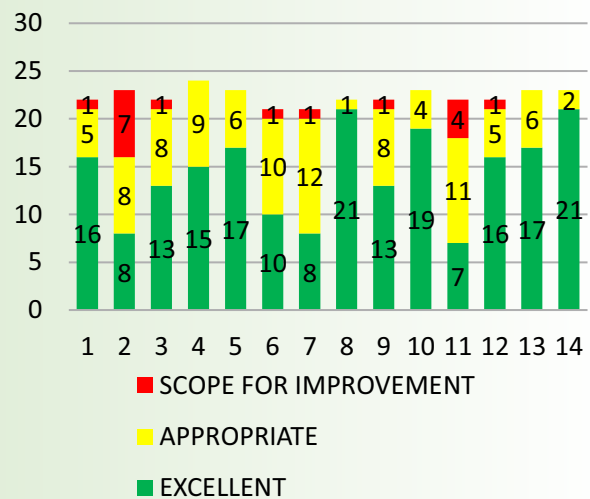
### Relevancy of the content



### Aims & objectives of the module

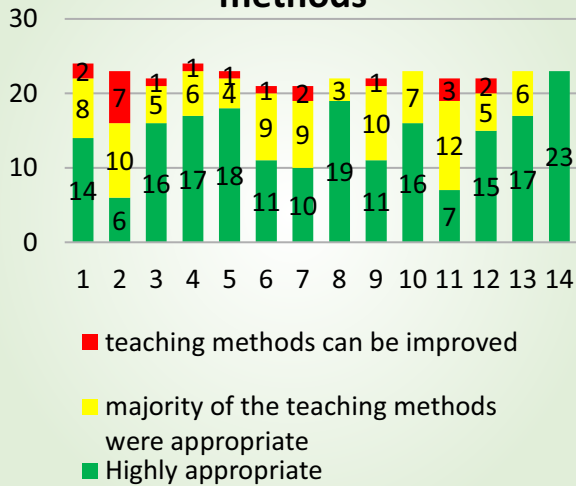


### The flow of module

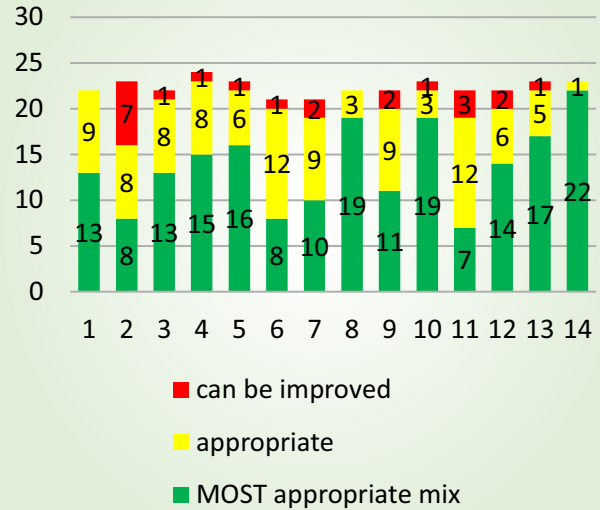


## Participants Feedback Analysis

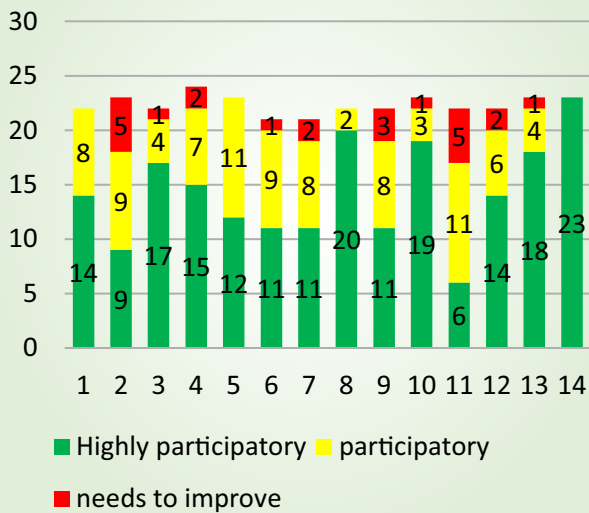
### Appropriateness of teaching methods



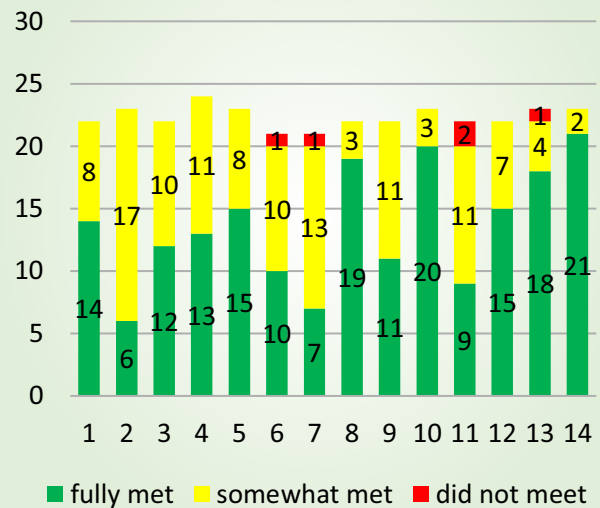
### Mix of teaching methods



### Participation of participants



### Meeting of expectations



X-axis: No. of the Module;

1- Management Principles, 2- Strategic Planning & Management, 3- Human Resource Management, 4- Costing and HTA, 5-Supply Chain Management, 6- Marketing in Healthcare 7- Leadership and Management , 8-Public Health Communication and Team Building, 9-Health Management Information Systems, 10- Monitoring and evaluation, 11-Total Quality Management, 12-Entrepreneurship Innovation and Governance, 13-Ethics in Public Health Research, 14-Change Managemet.

Y-axis: No. ofParticipants



# Participants Feedback Analysis

## Module-wise Qualitative Analysis

### MODULE 1-Management Principles

#### Most Liked Elements

Exercise on good management, flow of presentations and discussions, case study based discussion, arrangement of detailed and relevant content of the module were really praise worthy. Relevant topics are covered in timely manner. Very nice teaching and way of explaining the things by an interactive resource persons, friendly and participatory environment, individual observation sharing by the participants were USP of the program.

The module is simple, precise, and easy to comprehend and implement, Aims & objectives are very clearly stated, highly appropriate for learning especially relation of managerial issue in reference to health system.

**Suggestions**  
Should also be available  
in local languages

### MODULE 2-Strategic Planning and Management

#### Most Liked Elements

It's dwelling on the broader aspect of planning that the participants need to know, practical utility of logical framework analysis in health system, planning for health and indicators, defining problem statement, preparing strategic plan were amazing.

Highly participatory participants and, appropriate teaching method of giving real time examples along with pictorial/ diagrammatic presentations serves as an ice breaking session with sufficient time, interaction & free flow of information.

**Suggestions**  
More examples could be  
incorporated.

# Participants Feedback Analysis

## Module-wise Qualitative Analysis

### MODULE 3: Human Resource Management

#### Most Liked Elements

Speaker's confidence, interaction, clarity of the subject & way of teaching, flow of information in the entire session, group discussions, video sharing, eliciting views of participants and summarization of their talk to develop interest.

Job analysis, HR recruitment policy, TNA session, HR planning were newer concepts which are highly relevant to the program.

All the points of the module are relevant & very well covered with practical examples; aims & objectives are clearly stated along with its relation to the real time program setting.

#### Suggestions

Other aspects of HRM like performance appraisal issues of attraction & retention of staffing could have been incorporated

### MODULE 4-Costing and HTA

#### Most Liked Elements

Flow of information, involvement of participants, adequate role play, exercises along with content of costing was made simple and interesting.

The concept of costing and HTA, cost-effectiveness helped us in thinking about rational utilization of resources in our hospital.

#### Suggestions

HTA is still in infancy stage and a bit difficult to understand, but nice to find it in existing curricula

# Participants Feedback Analysis

## Module-wise Qualitative Analysis

### MODULE 5-Supply Chain Management

#### Most Liked Elements

The presentations were self sufficient, lucid, practical with real time examples of hospital and health settings. Speaker's fluency and confidence, liveliness of lecture with interactiveness and participation were and satisfactory beyond doubt. Teaching supply chain management in a simplified fashion made difficult topic easy to understand.

The difficult concepts like inventory management, ordinary cost analysis, cost care paradox and importance of logistics, stock were now very clear to us. We can really practice them in our health systems.

#### Suggestions

Very long presentation yet useful. It would be wonderful if visit to hospitals are planned, however, case studies and rear time examples helped us to visualize the things

### MODULE 6-Marketing in Healthcare

#### Most Liked Elements

Issues of marketing and advocacy were presented very nicely alongwith one-minute management games, speaker's group exercise and role play. The sessions were highly participatory, aims & objectives were very clear, the advocacy session was very good and practical to be implemented in our settings.

### MODULE 7-Leadership and Management

#### Most Liked Elements

Details on SDG were interesting with case examples from health settings. The liveliness of both speakers alongwith time management were really good. Leadership exercises in the form of examples from routine settings made us to conceptualize the reading in a better way.

# Participants Feedback Analysis

## Module-wise Qualitative Analysis

### MODULE 8-Public Health Communication and Team Building

#### Most Liked Elements

Demonstrations, live exercises, role plays these were among the most interesting and participatory sessions. Demonstrating types of communication skills and team building were highly appropriate for learning.

### MODULE 9 -Health Management Information Systems

#### Most Liked Elements

Hands-on demonstration for HMIS, speaker's knowledge & confidence in giving great insight into HMIS, use of information system in health care, component and issues of HMIS was nicely explained. The session was made highly participatory with demonstrations and live examples at facility level.

#### Suggestions

Although there was demonstration in a portal, it could be more practical.

### MODULE 10-Monitoring and Evaluation

#### Most Liked Elements

Live exercise, examples and demonstrations, explaining concepts of monitoring and evaluation, how to frame goals and objectives were interesting. The use of examples to clarify subtle differences among indicators and difficult concepts were mind blowing.

#### Suggestions

Hands-on experience must be provided by providing extra time.

# Participants Feedback Analysis

## Module-wise Qualitative Analysis

### MODULE 11-Total Quality Management

#### Most Liked Elements

Quality aspects of a hospital, focusing on quality standards in public health facilities, accreditation of health institutions were really appreciable. The exercises, case studies and examples energize us to think about quality aspects of hospital.

### MODULE 12- Entrepreneurship, Innovations and Governance

#### Most Liked Elements

The flow of thoughts and live experiences by Dr. Rakesh Gupta about various aspects of management applies to various levels of health facilities in haryana were really interesting. True pictures and facts by Dr. A. K Gupta about, innovation in hospital fully met our expectations and very relevant to real time problems. Highly participatory sessions.

### MODULE 13- Ethics in Public Health Research

#### Most Liked Elements

The life long experience shared by Dr. N.K Ganguly (An institution in itself) with appropriate flow of the module alongwith discussing ethical issues in various public health issues were very inspirational. It was a treat listening to his experiences, case studies and real examples, which were build on ethical aspects in public health research.

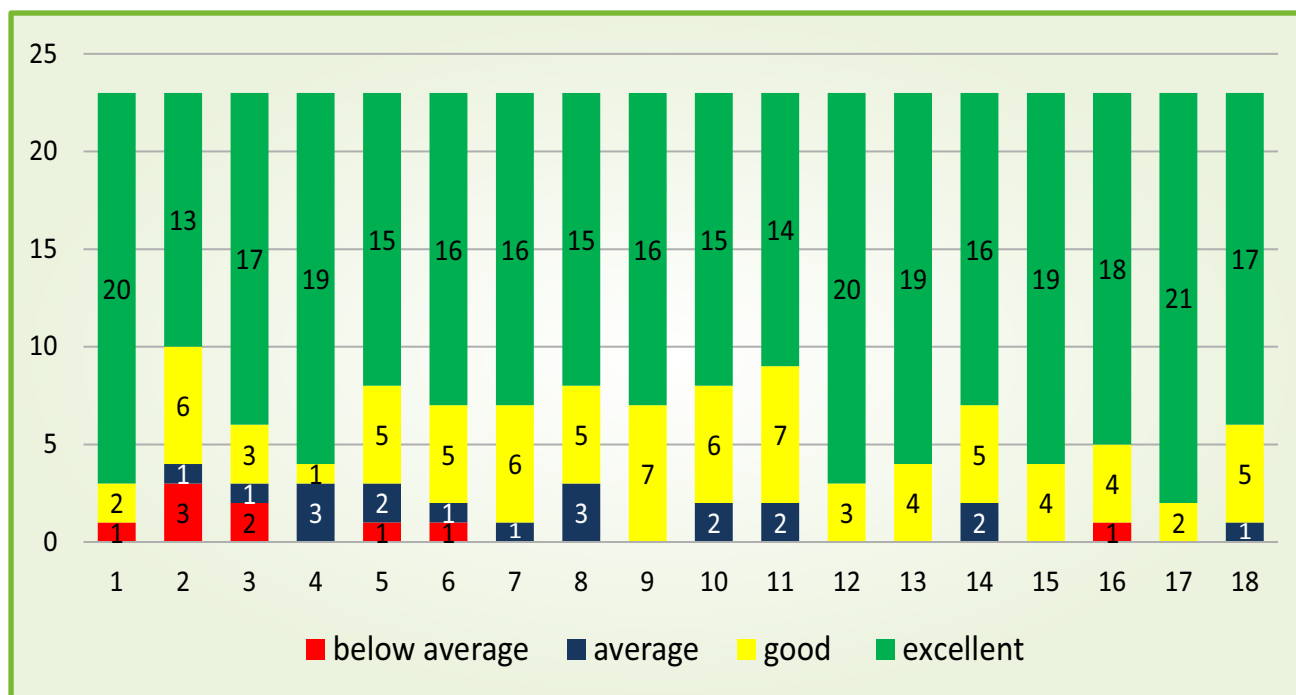
### MODULE 14- Change Management

#### Most Liked Elements

Change is inevitable and we need to manage change. This concept was very well demonstrated by speaker alongwith live examples, role plays and videos. The flow of the module was excellent and highly participatory. Different models of change management was very well explained through real acts and videos.

# Overall Feedback

## Overall Quantitative Feedback Analysis



### 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

## Overall Feedback

### Overall Qualitative Feedback Analysis

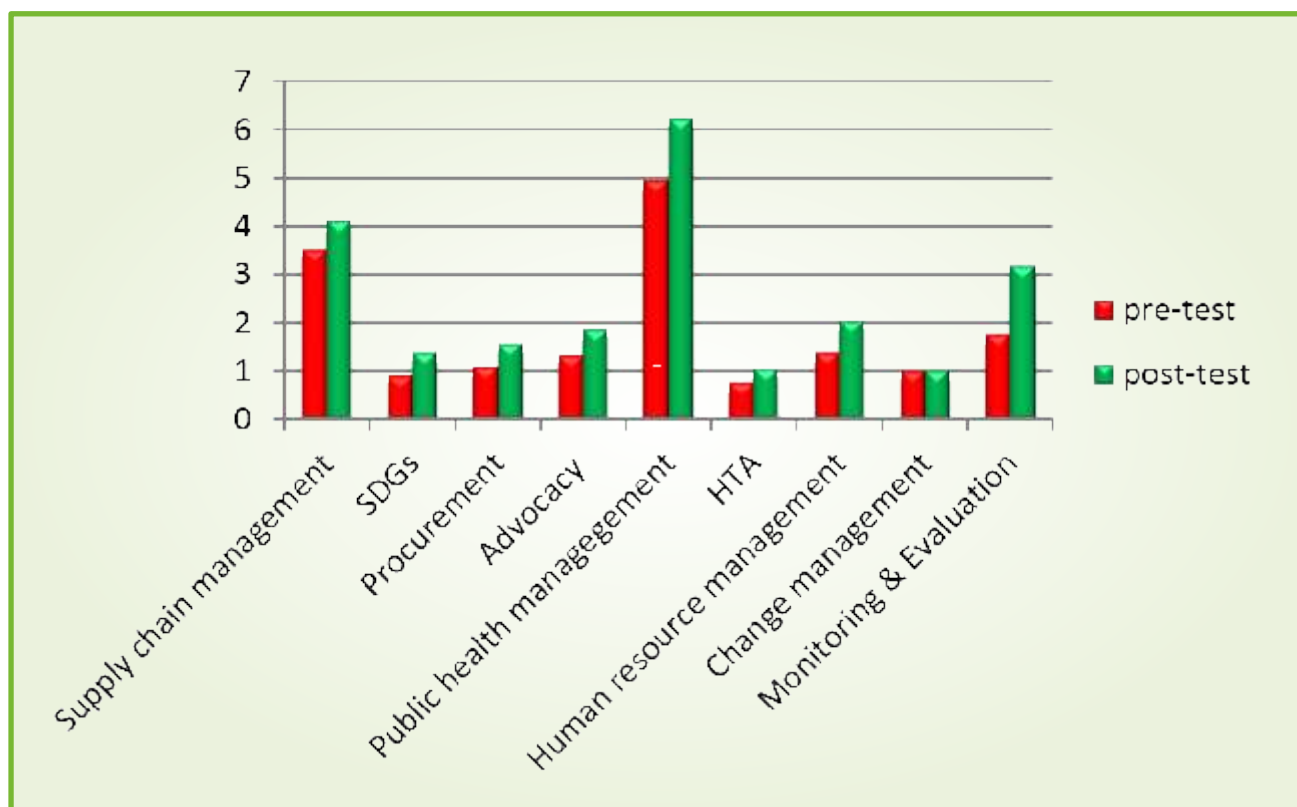
#### Most Liked Elements

- ❖ **Organization:** Hospitality and arrangements alongwith behavior of the organizing team is highly acknowledgeable. Program was managed timely through coordination among team members.
- ❖ **Speakers:** Speakers from various backgrounds were very good, highly experienced and highly motivating. The sharing of their own experiences of life gave us a much more to learn. The resource persons and their methods of teaching were very good. The use of case studies, real life examples and videos to explain content was very helpful.
- ❖ **Program:** Content of the modules was very inclusive, relevant, fully covered and presented lucidly. This program proved to be very good for Administrators, Senior Manager and people occupying higher positions in public health care. The sessions were very interactive and inclusion of exercises, cultural activity, role plays, case studies and live demonstrations made the learning more effective.
- ❖ **Participant Engagement -** During the entire program by use of various contests, daily changing groups, daily feed back sessions and presentation of best practices were praise worthy.
- ❖ Introduction of social sites like face book, whatsapp etc. For daily updating of contest, sharing of useful information were really helpful.

#### Suggestions

- ❖ Few sessions were long but interesting, we feel that sessions should end at 5 pm sharp.
- ❖ One entire day should be there to see the culture and beautiful places of Chandigarh city.
- ❖ It would be nice if the dinner facility have been arranged in the hotel itself.
- ❖ It would be great if next program could able to accommodate field visits.

## Program Evaluation



Modules	Pre-test mean score	Post-test mean score	Range pre-test	Range post-test
Supply Chain Management (7)	3.52	4.13	1-6	3-6
Introduction to Management Principles and SDGs (2)	0.90	1.39	0-2	0-2
Procurement System in Hospitals (3)	1.09	1.56	0-3	0-3
Communication and Advocacy (3)	1.33	1.86	0-3	0-3
Public Health management (10)	4.95	6.21	1-7	3-9
Costing and HTA (2)	0.76	1.04	0-2	0-2
Human Resource management (5)	1.38	2.04	0-2	0-4
Change management (3)	1	1	0-3	0-3
Monitoring & Evaluation (5)	1.76	3.17	0-4	0-4
<b>Total (40)</b>	<b>16.71</b>	<b>22.43</b>	<b>6-23</b>	<b>9-31</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.

## Recommendations and Way Forward

### 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.

## Photo Gallery



Registration Desk



Registering Delegates



Badging the Delegate



Honouring our Chief Guest



Invoking the Blessings



Video Class

## Photo Gallery



Discussion Time



Question Time



Role Play



Group Activity



Management Games



Round the Table Discussion

## Photo Gallery



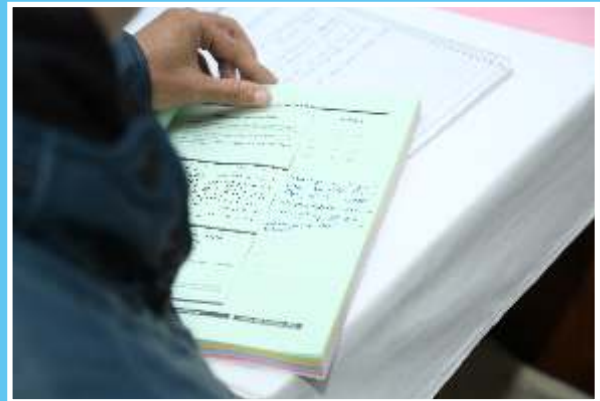
**Crowning Ceremony**



**Interaction with Faculty**



**Deep Consideration**



**Class Notes**



**Tea Time Interactions**



**Harmony During Program**

## Photo Gallery



**Friend Forever**



**Shades of Grey**



**Blushing with Flowers**



**Shopping Confusion as Usual**



**Relishing Delicious Food**



**Exploring the Beautiful City**

## Photo Gallery



**Beauties with Brains**



**Cultural Night**



**Selfie Time**



**Happy Faces**



**Filling Feedback Forms**



**Certificate Distribution**



# Photo Gallery

## Continually Varying Groups



**MOVERS**



**SHAKERS**



**ROCKERS**

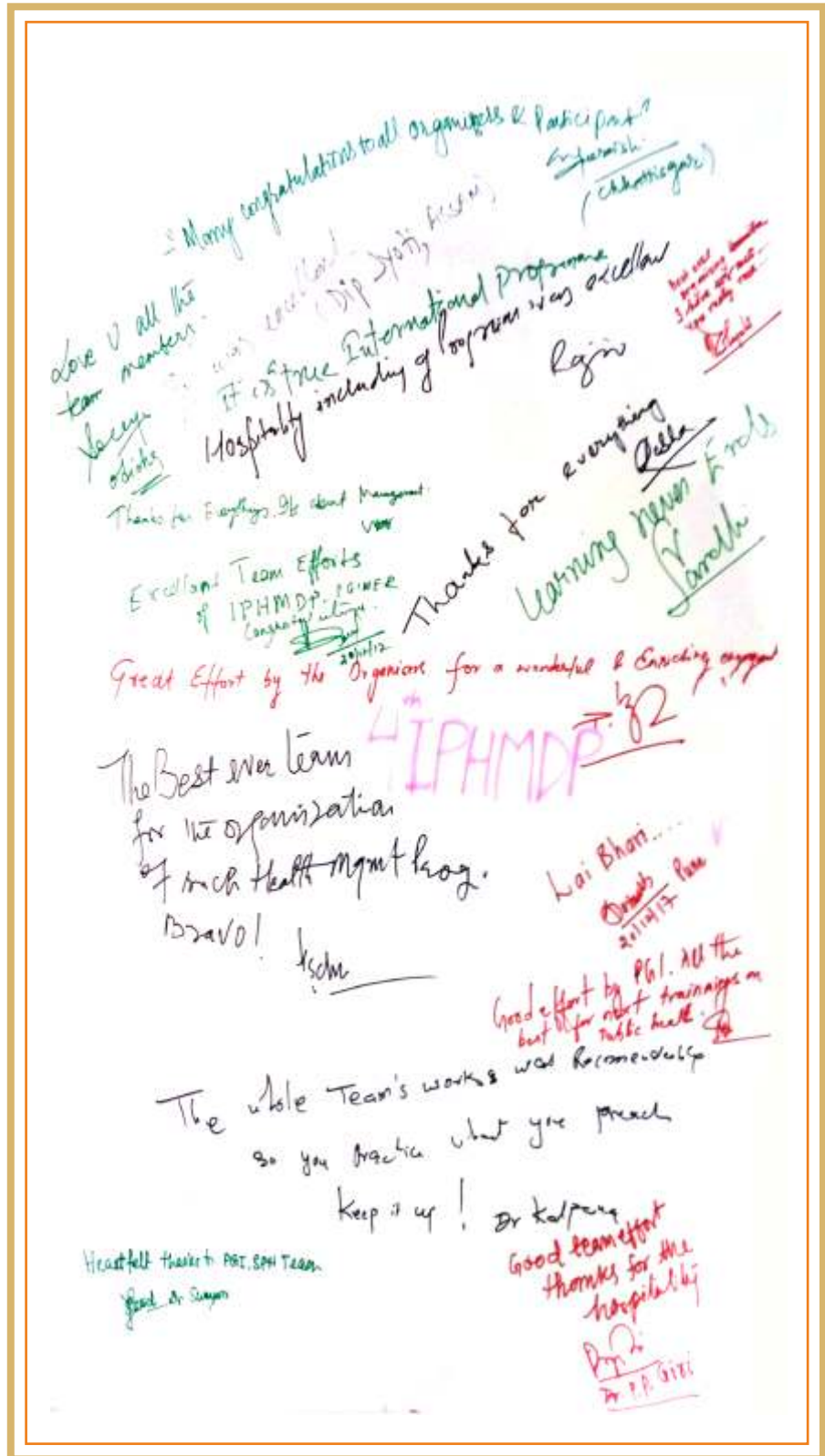


**TAKERS**



**HOPPERS**

# Token of Appreciation by the Participants to Organizers



DAILY POST, 17.12.17

### 4th Int'l Health Management Programme to be held at PGI

CHANDIGARH: A five day 4th International Public Health Management Development Programme organised by School of Public Health, PGIMER, Chandigarh from December 16-20. This program is fourth of its bi-annual series after grand success of three programmes, where senior programme managers and academicians from 20 states of country participated. It has been said that health initiatives in developing countries often fail not because of lack of scientific knowledge but because of lack of managerial competence. 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. DP

CHANDIGARH NEWSLINE, 17-12-17

### International Public Health Management Development Programme gets under way

EXPRESS NEWS SERVICE  
CHANDIGARH, DECEMBER 16

A FIVE-DAY 4th International Public Health Management Development Programme, organised by the School of Public Health, PGI, began on Saturday. It will continue till December 20.

A statement, issued by PGI, said this programme was the fourth of its bi-annual series where senior programme managers and academicians from 20 states of the country participated. "This programme aims to enhance the skills and competencies of middle and senior level program managers for addressing public health challenges and strengthening the efficiency of organisations in limited resource settings," said the statement.

According to PGI, highlights of the course are a blend of senior academicians and programme managers both from government and private sector, elite panel of experts and facilitators, blend of teaching methods and learning management with fun.

The statement said resource persons of the programme shall be eminent healthcare management professionals and experts from various public and private healthcare organisations, healthcare programme leaders from national and international

**Highlights of the course are a blend of senior academicians and programme managers from govt and private sector**

agencies, faculty from centres of excellence in healthcare and management sector as well as grassroots community health senior programme managers involved in innovative healthcare initiatives.

Asked about the new introductions of the programme, PGI said, "The formal classroom academic teaching (lectures and powerpoint presentations) will be strengthened by traditional formal learning methods (lecture, powerpoint presentations, case studies) and informal learning methods (role plays, exercises, real case scenarios, management games, videos)."

PGI officials further said that 25 participants representing various states of the country were part of the programme. "Most of them are senior-level government programme managers from the National Health Mission of different states. The rest are from the private sector, including NGOs, senior faculty and residents of academic institutions," said the statement.

CHANDIGARH TIMES, 18-12-17

### Programme to address public health challenges starts

TIMES NEWS NETWORK

Chandigarh: School of Public Health (SPH), PGI is organising a five-day international public health management and development programme to enable participants to understand the concepts and principles of health management.

The programme started on Sunday will go on till Thursday.

It has been said that the health initiatives in developing countries often fail not because of lack of scientific knowledge but because of lack of managerial competence. The public health challenges, fa-

ced by the developing countries, call for positioning of 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.

This programme aims to enhance the skills and competencies of middle and senior level programme managers for addressing public health challenges and strengthening efficiency of organisations in limited resource settings.

25 participants representing various states of the co-

untry are participating in the programme. Most of them are senior level government programme managers from national health mission of different states.

The formal classroom academic teaching (lectures and power-point presentations) will be strengthened by traditional formal learning methods (lecture, powerpoint presentations, case studies) and informal learning methods (role-plays, exercises, real case scenarios, management games, videos).

Dr Sonu Goel, programme director, SPH along with Dr Kritika Upadhyay at PGI is coordinating the program.

DAILY POST, 20-12-17

### Programme at PGI organised

CHANDIGARH: 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. The sessions of 4th day of IPHMDP were chaired by eminent of excellence Dr L N Yaddnapudi, Professor, PGIMER, Dr Ashok Kumar, Additional Professor, PGIMER, Dr Rana J Singh, DRD, The Union, and Keerti Pradhan, Professor and Head Chitkara University. Dr Arun Aggarwal, Professor, School of Public Health, PGIMER deliberated on benefits and issues of various Web-based initiative in HMIS which was further taken forward by Dr Garima Sangwan. DP

DAILY POST, 21-12-17

### IPHMDP reaches last day

CHANDIGARH: The 4th IPHMDP finally reached the last day which started with reflections from previous day followed by Dr Rakesh Gupta session on governance in health care. He started with the concept of lack of commitment, shared vision, and leadership. Then Dr Anil Kumar Gupta, MS, PGIMER, Chandigarh shared the session with his experience at PGIMER and moved to innovative use of available technology at PGIMER such as getting High Court directions to use video conferencing for expert witness. Prof Nirmal Kumar Ganguly, Ex-DG, ICMR also facilitated the delegates. DP

CHANDIGARH NEWSLINE, 21-12-17

## Intl public health programme at PGI concludes

EXPRESS NEWS SERVICE  
CHANDIGARH, DECEMBER 20

THE FOURTH International Public Health Management Development Programme at PGI concluded on Wednesday. A statement, issued by PGI, said Dr Anil Kumar Gupta, MS, PGI, who shared his experience at PGI about the move to make innovative use of available technology at the institute, such as getting High Court directions to use video conferencing for expert witness.

Professor Nirmal Kumar Ganguly, former DG, ICMR, also facilitated the delegates and talked about various ethical issues in public health research. He



At the event on Wednesday. Express

stressed upon the priority public health interventions where re-

search is needed.  
Dr Sonu Goel, Programme

Director, talked about factors promoting organisational change like getting an edge over competitors, complacency with-in organisation/way of working, idea of new CEO/management and striving towards excellence.

The programme ended with a valedictory address from Punjab Additional Chief Secretary Vini Mahajan, who spoke about the importance of public health management in improving the effectiveness and efficiency of various national health programmes. "The participants also appreciated the program organisers for conducting a very useful, innovative, informative, knowledgeable and interesting programme which they can replicate in their

settings," said the statement.

Meanwhile, at the recent 49th Annual Congress of the Society of Nuclear Medicine-India Congress, three PhD students fetched best papers presentation awards.

Ankit Watts got the award for best oral paper presentation constituted by the organising committee of the 49th Annual conference (SNMICON-17). Amritjot Kaur got the award (Smt Shakuntala Krishnamurthy Award-2017) by the Society of Nuclear Medicine - India (SNMI) in the category of Nuclear Hepatology. The award in the poster category, instituted by the SNM-India, was received by Ajay Kumar Chitkara.

## Program Committee



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 Additional Professor Epidemiology and Biostatistics  
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- Medical doctor with MD in Community Medicine with 9 years of experience
- Member of Professional Bodies: IEA, IPHA, IAPSM, Indian Society for Malaria and Other Communicable Diseases
- Areas of Specialization: Epidemiology, Communicable Diseases and Public Health
- Nodal Person for Regional Institute for HIV Sentinel Surveillance in North India



**Dr. Sonu Goel**  
 Additional Professor of Health Management  
 School of Public Health  
 PGIMER, Chandigarh  
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- 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**  
 Additional 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

## Program Directors



**Dr. Sonu Goel**  
**Additional Professor of Health Management**  
**School of Public Health**  
**PGIMER, Chandigarh**  
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- 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. Rana J Singh**  
**Deputy Regional Director**  
**International Union Against**  
**Tuberculosis & Lung Disease**  
**New Delhi**  
**Mobile: +91 08800796585**  
**Email Id: rjsingh@theunion.org**

- Medical doctor with MD in pulmonary medicine
- 25+ years of experience in public health focusing on management and tobacco control
- Master trainer of courses for mid and senior level managers
- Currently supporting tobacco and NCD control programmes in South-East Asia Region

## Program Coordinator



**Dr. Kritika Udaphyay**  
**Junior Demonstrator**  
**School of Public Health**  
**PGIMER, Chandigarh**  
**+919914514584**  
**kritikau0@gmail.com**

- Dental doctor with Masters in Public Health from Punjab University
- 1+year of experience as a Public Health Resource person in National vector Borne Disease control Program (NVBDCP) and IDSP, Chandigarh Administration.
- 1+ year of experience as a Consultant Dental Surgeon
- Currently working in Health Management Unit of School of Public Health, managing various research projects and conducting trainings and focusing on implementation of various National Health Programs.

## Program Facilitators



**Dr. Sonu Goel**  
(PGIMER,  
Chandigarh)



**Dr. Atul  
Sharma**  
(PGIMER,  
Chandigarh)



**Dr. Rakesh  
Pillai**  
(Programme  
Officer  
INCLIN Trust)



**Dr. Madhu  
Gupta**  
(PGIMER,  
Chandigarh)



**Dr. Preethi  
Pradhan**  
(Dean, Chitkara  
school of Health  
Sciences)



**Dr. Shankar  
Prinja**  
(PGIMER,  
Chandigarh)



**Dr. Ashoo Grover**  
(Scientist 'E',  
ICMR)



**Dr. Pankaj Arora**  
(PGIMER,  
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## Program Facilitators



**Prof. Arun  
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Aggarwal**  
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Chandigarh)



**Dr. Garima  
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(PGIMER,  
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**Dr. Manjushri  
Sharma**  
(Assistant  
Professor, Punjab  
University)



**Dr. J N  
Shrivastva**  
(Advisor,  
NHSRC)



**Dr. Rakesh Gupta**  
(IAS, Add. Principal  
Secretary, HR)



**Dr. A K Gupta**  
(Medical  
Superintendent,  
PGIMER)



**Dr. N K Ganguly**  
(Former Director  
General ICMR)



**Dr. Sanjeev Kumar  
Sharma**  
(Director, UIAMS,  
Punjab University)



## Program Facilitators



**Dr. O.P Kansal**  
(Technical  
Advisor, Becton  
Dickinson)



**Dr. Vivek Adhish**  
(Professor, NIHFW)



**Dr. Rana J Singh**  
(Deputy Regional  
Director, The  
Union)



**Dr. S K Chadha**  
(Ex Director, UBS)



**Dr. Amarjeet Singh**  
(PGIMER,  
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## Program Participants


**Name and Designation**

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State Monitoring & Reporting Officer

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**State**

Chhattisgarh


**Name and Designation**

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Manager,  
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**Organisation**

National Health Mission

**State**

Assam


**Name and Designation**

**Sri Hrusikesh Sahu**  
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**Name and Designation**

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### Name and Designation

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### Name and Designation

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### State

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### State

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### Name and Designation

**Dr. Vivek Manchanda**  
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### State

Rajasthan



### Name and Designation

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### Organisation

Generation  
Saviour  
Association

### State

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## Program Participants



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State Planning Manager

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NHM

**State**

Chhattisgarh



**Name and Designation**

**Dr. Kalpana Mahatme**  
Health Officer

**Organisation**

NVBDCP,  
Directorate of  
Health Services,  
Panaji

**State**

Goa



**Name and Designation**

**Dr. H. S. Chauhan**  
Dean cum Professor &  
Head

**Organisation**

Akal school of  
Public Health and  
Hospital  
Administration  
Eternal University  
Barusahib

**State**

Himachal  
Pradesh

# Materials Developed During the Program

#### ACADEMIC 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 training courses on health management for Managers of Public Health systems. 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 areas of health management with numerous papers published in international and national journals.

**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 1900, The Union is both a non-profit Institute and a member of more than 5,000 organizations and individuals across the globe. The Union's International Management Development Program (IMDP) strengthens health systems by training health professionals in the specific management competencies that are essential for health care organizations to provide quality care for patients.

**Program Directors**

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 Additional Professor of Health Management,  
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**Dr. Hans J Singh (D.D)**  
 Deputy Professor Director,  
 International Union Against Tuberculosis and Lung Disease,  
 New Delhi

**The highlights of Third International Public Health Management Development Program 30<sup>th</sup> - 31<sup>st</sup> March, 2017**



**Contact:**

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

*"Health Systems in Developing Countries of the 21<sup>st</sup> Century: An Era of Novelty, Innovation and Global Health Transformational Imperatives"*

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



School of Public Health  
 Post Graduate Institute of Medical Education and Research, Chandigarh, India.  
 Tel: 91-0172-2710216, Email: ghm@pgimer.edu.in  
 For related information visit: [www.pgimer.edu.in](http://www.pgimer.edu.in)

#### PROGRAM RATIONALE

The public health challenges faced by the developing countries call for producing qualified and skilled professionals, who can plan, execute and monitor various health programmes and public health initiatives to cater to varied effectiveness and efficiency of health care delivery systems. These management competencies are absolutely essential for a good manager to address the performance and productivity of organizations. There are no formal management trainings in government and private health organizations besides taking up senior managerial positions. Most of the existing courses on Public Health Management are theoretical, non-interactive, do not take comprehensively contemporary aspects in a single program and often focus on institution only. There is a need to devise programmes which address the skills required to effectively manage the existing and emerging public health challenges and to maximize the capacity of the public health management workforce.

#### PROGRAM OVERVIEW

To address 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, and quality management and public health communication for addressing public health challenges and strengthening efficiency of organizations in low-income settings.

#### OBJECTIVES

- To enable the participants to understand the concepts and principles of health management.
- To build capacity of middle and senior level managers in developing, implementing, monitoring and evaluating program and project operations.
- To familiarize with relevant case studies, how the managerial functions can be leveraged to improve the overall competitiveness of the organization.
- To study participants on appreciating cases in current scenarios and embed lessons learnt in health care management for effective decision making.

#### PROGRAM MODULES

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

#### PROGRAM FACULTY

This program faculty will be eminent health care managers, professionals and experts from various public and private healthcare organizations, health care organizations from medical and non-medical specialties, faculty from Centers of Excellence in Healthcare and Management studies, and guest and community health managers involved in healthcare management studies.

#### WHO SHOULD ATTEND?

The program is designed for middle and senior level health care 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 health care program and projects through themselves and implementation of organization of strategies.

The program capacity is limited to only 40 participants only.

#### TRAINING AND 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, role play scenarios, problem-based learning, group discussions and exercises, assignments and participatory presentations. The course also involve the use of 100 projects, real-world and the virtual learning environment. The result is a self-learning experience that is relevant, practical and up-to-date.

#### BENEFITS TO PARTICIPANTS

After the entire course, the participants will be able to:

- Develop innovative strategies that provide a framework for future action.
- Develop performance indicators, strategies and quality reporting.
- Design and use program budget, strategic financial reporting systems to apply in organizations.
- Learn application of Logical Framework Analysis technique for planning and successfully managing projects.
- Enhance performance by building leadership, communication and strengthening leadership qualities.
- Develop in-depth understanding of effective communication, change management strategies for public health advocacy and implementation of health education programs.

#### BENEFITS TO ORGANIZATION

- Health care managers can be effectively designated to various leadership positions.
- Improve managerial capability for dealing with public health management challenges in organizations.
- Enhanced decision-making involvement and effective decision taken by organizations.
- Overall increased performance and productivity of organizations in addressing top-priority problems.

#### Registration Form

Checklist: Call us in Chandigarh Office: 0172-2710216 | Email: ghm@pgimer.edu.in

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Sex: M/ \_\_\_\_\_ Parent/Spouse (Foreign National): \_\_\_\_\_  
 Highest Qualification: \_\_\_\_\_ Degree/Diploma: \_\_\_\_\_  
 Employment: \_\_\_\_\_  
 Communication Details:  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Post Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Telephone (Cell): \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**Why do you want to attend?**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Has current title and responsibilities:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Do you wish to apply for scholarship: Yes  No

**Why you should be considered for scholarship**

Registration Fee	Workshop Accreditation	Travel Accreditation
INR 20,000 (one-time)	INR 10,000 (one-time)	INR 45,000 (one-time)
INR 15,000 (one-time)	INR 5,000 (one-time)	INR 40,000 (one-time)

Payment Details  
 Bank of India (Beneficiary's Designated Bank for "IMDP" projects as per its branch details) or any other bank: **Beneficiary's Designated Bank of India: PG Chandigarh Branch Station Code: 1304, IFSC Code: BARX001304, SWIFT Code: BARXIN33, MICR Code: 980001101**  
 Account (IBAN): \_\_\_\_\_ / (INR) \_\_\_\_\_  
 (ICD) Branch Transaction ID: \_\_\_\_\_ Date: \_\_\_\_\_ Bank: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

For more information on the details of this program, please contact us at the following addresses: 0172-2710216. Bank transfer details are provided on the website. For more information on the details of this program, please contact us at the following addresses: 0172-2710216.

## Program Brochure

## Materials Developed During the Program

### About us

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

**Who We Are**

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



**4th 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"*

**16th to 20th December 2017**

**School of Public Health, PGIMER, Chandigarh**

4th International Public Health Management Development Program

16th to 20th December 2017

## Study Module



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

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

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



## Flex for the Program



## Materials Developed During the Program




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

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**Welcomes Delegates in**  
**4<sup>th</sup> International Public Health Management Development Program**  
**16th - 20th December, 2017**  
**09:00am to 05:00pm**



Program Standee




**4<sup>th</sup> International Public Health Management Development Program**  
**School of Public Health, PGIMER, Chandigarh**  
**16th to 20th December, 2017**



**Dr. Achyutananda Das Mohapatra**  
**Chhattisgarh**

Name Tag for the Participants




  
**Dr. Achyutananda Das Mohapatra**




  
**Mr. Dip Jyoti Deka**

Labelled Bottle Stickers




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

Certifies that  
**Dr. Nisha Makkar**

*has actively participated in managing & organizing*  
**International Public Health Management Development Program**  
*organised by School of Public Health, PGIMER, Chandigarh*  
*in collaboration with The Union (SEA), New Delhi India*  
*from 16th to 20th December, 2017*

**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*



Certificate of the Program

**4<sup>th</sup> INTERNATIONAL PUBLIC HEALTH MANAGEMENT  
DEVELOPMENT PROGRAM (IPHMDP)  
SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH  
16<sup>th</sup> – 20<sup>th</sup> DECEMBER, 2017**

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

**Module Feedback Form**

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

**Content**

1. The content was adequately covered in the module
  - All the relevant subtopics were exhaustively covered
  - The relevant subtopics were adequately covered
  - There is a scope of adding few more subtopics/contents.
2. Module content was relevant to my current work
  - Highly relevant
  - Majority of topics were relevant
  - Few topics were not relevant.

**Structure**

3. Aims and objectives of the module
  - Very clearly stated
  - Got some overview about the module
  - Not explicitly stated in beginning of module
4. The flow of module
  - Excellent
  - Appropriate
  - Scope for improvement.

**Teaching Methodology**

5. Teaching method was appropriate
  - Highly appropriate for learning.
  - Majority of teaching methods were appropriate
  - Teaching methods can be improved.

6. Mix of teaching methods
  - Most appropriate mix of teaching methods
  - Appropriate mix of teaching methods
  - Methods mix can be improved.
7. The participation of participants
  - Highly participatory
  - Participatory
  - Need to improve

**Overall**

8. How well did the module meet your expectations?
  - It fully met my expectations
  - Met some of my expectations
  - Did not meet my expectations
9. What are two points you really like about this module?
  - 1.
  - 2.

Thanks

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

**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

.....

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**Pre-Reads Contest**

1. Which of the following is not a major stakeholder in the Canadian Health Care System
  1. The Provincial government
  2. The Territorial government
  3. The Federal government
  4. The State government
  
2. Canada differs from other nations such as the United States of America for all the following reasons except
  1. Canada Health Act
  2. British North America Act
  3. Health Care Renewal Accord
  4. Gesetzliche Krankenversicherung (GKV)
  
3. Which of the following is not a major objective of human resource management strategy
  1. Performance management
  2. Development and learning
  3. Organizational structure
  4. Valuing people
  
4. Which of the following is not a health outcome predictor variable
  1. Program Policy
  2. Service Delivery
  3. Family and individual
  4. Environment
  
5. What percentage of rural women in UP have no exposure to any media
  1. 10-20
  2. 30-40
  3. 50-60
  4. 60-70
  
6. The monitoring and evaluation process of a farmer's trade union in an African country produced all the following except
  1. Performance indicator map
  2. Feedback forms
  3. Comprehensive monitoring and evaluation framework
  4. Data collection templates
  
7. All of the following are the responsibilities of Human capacity and development consulting team except
  1. Clarify stakeholder expectations
  2. Facilitate and guide the process
  3. Ask critical questions and provide alternatives based on stakeholder goals
  4. Providing resources
  
8. Which of the following is not a part of TQM structure
  1. Infrastructure
  2. Budget
  3. Tools and techniques
  4. Practices
  
9. Which of the following is not a principle of Total Quality Management
  1. Customer focused organization
  2. Leadership
  3. Segmented improvement
  4. Involvement of people
  
10. Which of the following is not an independent variable in Supply chain integration
  1. Organization's internal integration
  2. Integration with suppliers
  3. Feedback integration
  4. Customer integration

11. The process of converting needs into plans has been deconstructed into its components which include all the following except
1. Disaster response plans
  2. Finances
  3. Available resources
  4. Interventions underway or planned
12. Which of the following is not a part of the quality improvement feedback loop
1. Measurement and evaluation
  2. Setting desired goals
  3. Execute strategy
  4. Communication
13. Which of the following is not the basic step in the cycle 1 of action research cycles
1. Planning
  2. Action
  3. Observation
  4. Response
14. At which stage of a program should monitoring take place?
1. Beginning of the program.
  2. Mid point of the program.
  3. At the end of the program.
  4. Throughout the life of the program.
15. Which of the following is not a characteristic of a SMART objective?
1. Specific
  2. Measurable
  3. Right
  4. Timely
16. Evaluations measures:
1. The timeliness of a program's activities.
  2. The outcomes and impact of a program's activities
  3. How closely a program kept to its budget.
  4. How well the program was implemented.
17. The performance of human resource departments is evaluated based on which of the following
1. Efficiency and effectiveness
  2. Equity and effectiveness
  3. Accessibility and Efficiency
  4. Accessibility and Equity
18. Which of the following is not a stage in problem solving
1. Define the problem
  2. Develop alternatives
  3. Compare alternatives
  4. Developing SMART objectives
19. Which leadership style tends to centralize authority and make unilateral decisions?
1. Cultural style
  2. Autocratic style
  3. Democratic style
  4. Laissez-faire
20. A democratic consultative leader
1. Seeks input and shares the final decision
  2. Makes the final decision without input
  3. Seeks input but makes the final decision by oneself
  4. Shares the final decision without input
21. Project monitoring is referred to as:
1. Evaluation
  2. Impact Evaluation
  3. Process Evaluation
  4. Performance Evaluation
22. First step in planning process is to
1. Set an objective
  2. Evaluate alternatives
  3. Determine strength and weaknesses
  4. Situational Analysis
23. The poor quality of selection of employee will mean extra cost on
1. Training
  2. Recruitment
  3. Work quality
  4. Selection

25. Which of these activities are not included in the scope of human resource management?

1. Job analysis and design
2. Motivation and communication
3. Safety and health
4. Organizational structure and design

26. Which of the following is not a principle of Management

1. Planning
2. Commanding
3. Coordinating
4. Analyzing

27. Which of the following is not an advantage of the principles of Management

1. To increase management efficiency
2. To train managers
3. To improve research
4. Monetary gains

28. Which of the following is not a component of the communication process:

1. Channel
2. Source
3. Receiver
4. Incentive

29. Which of the following is not a principle of Total Quality Management

1. Customer focused organization
2. Leadership
3. Involvement of people
4. Segmented improvement

30. Which among the following is an evaluation measure:

1. The timeliness of a program's activities.
2. The outcomes and impact of a program's activities
3. How closely a program kept to its budget.
4. How well the program was being implemented.

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Pre & Post Test Program Evaluation

Supply Chain Management

1. **The supply chain concept originated in what discipline?**
  - a) Marketing
  - b) Operations
  - c) Logistics
  - d) Production
  
2. **A \_\_\_\_\_ encompasses all activities associated with the flow and transformation of goods from the raw material stage, through to the end user, as well as the associated information flows**
  - a) Production line
  - b) Supply chain
  - c) Marketing channel
  - d) Warehouse
  
3. **What is the first step in choosing a supply chain?**
  - a) developing an umbrella mission statement
  - b) understanding the customer
  - c) making sure the members of the supply chain harmonize with the organizational culture
  - d) creating a unifying inter organizational strategy
  
4. **VED analysis of inventory management stands for**
  - (a) Vital-Essential-Desirable
  - (b) Valuable-Easy-Difficult
  - (c) Very-Essentially-Desired
  - (d) Valuable-Effective-Difficult to obtain
  
5. **Collaborative Planning, Forecasting, and Replenishment (CPFR) a Web based tool used to coordinate demand forecasting, \_\_\_\_\_ and inventory replenishment between supply chain trading partners.**
  - (a) Production and purchase planning
  - (b) Demand and supply planning
  - (c) Quantitative forecasting
  - (d) Demand management
  
6. **Which of the following statements about ABC analysis is false?**
  - (a) ABC analysis is based on the presumption that controlling the few most important items produces the vast majority of inventory savings.
  - (b) In ABC analysis, "A" Items are tightly controlled, have accurate records, and receive regular review by major decision makers
  - (c) ABC analysis is based on the presumption that all items must be tightly controlled to produce important cost savings.

(d) In ABC analysis, "C" Items have minimal records, periodic review, and simple controls

**7. The time period between placing an order its receipt in stock is known as**

- a. Lead time
- b. Carrying time
- c. Shortage time
- d. Over time

**Role of Public Health Management and Leadership in Attaining Health Related Goals of SDG**

**8. What was the deadline to achieve MDG?**

- a. 2020
- b. 2040
- c. 2025
- d. 2015

**9. All the statement about Sustainable Development Goals (SDGs) are true except**

- (a) The SDGs consist of 17 broad goals and 169 specific targets
- (b) The SDGs comprise of a wide range of sustainable development issues. These include ending poverty and hunger, improving health and education, making cities more sustainable, combating climate change, and protecting oceans and forests
- (c) They replaced the United Nations' Millennium Development Goals (MDGs) that were adopted in 2000.
- (d) Sustainable Development Goals (SDGs) are to be achieved by 2030

**Essentials of Procurement**

**10. Which one of the following does not fall under qualitative forecasting method?**

- (a) Life cycle analogy
- (b) Moving average methods
- (c) Delphi method
- (d) Market research

**11. Quantitative method of demand forecasting involves all except**

- (a) Trend Projections
- (b) Moving Average
- (c) Delphi method
- (d) Regression Analysis

**12. Qualitative method of demand forecasting involves all except**

- (a) Grass roots/ user
- (b) Sales force composite
- (c) Panel consensus
- (d) Trend Projections

**Impacting policy & practices through advocacy**

**13. What which of the following is not true about advocacy**

- (a) It implies identifying a cause, believing in it, mobilizing and influencing others to support it so as to change the policy or program that is negatively affecting that cause.
- (b) The word 'advocacy' takes its roots from the latin 'advocare' meaning to speak for someone
- (c) It means that proposing or recommending something or someone for better options
- (d) It does not seek the answer among the participants



**14. Pre advocacy phase involves all except**

- (a) Stakeholder mapping
- (b) Valid and strong story board
- (c) Panel consensus
- (d) Identify opportunities for advocacy

**15. Which of the following is not a component during advocacy phase**

- (a) Stakeholder mapping
- (b) Involving Key Decision Makers (KDMs)
- (c) Summarize the discussion
- (d) Preparation of an Executive summary

**Public Health Management**

**16. Public health management are required for all of these except**

- (a) For designing and conduct a strategic planning process
- (b) For implementing the core functions of management
- (c) For summarize the discussion
- (d) For designing and utilize budgets

**17. Authority, discipline, unity of command, and unity of direction are**

- (a) Taylor's four principles of management
- (b) Principles of the human relations movement
- (c) Elements of Weber's ideal bureaucratic structure
- (d) Four of Fayol's fourteen principles of management.

**18. Which of the following is not a basic function of the management process?**

- (a) Controlling
- (b) Organizing
- (c) Working
- (d) Leading

**19. Managers are assumed to be \_\_\_\_\_; they make consistent, value-maximizing choices within specified constraints.**

- a) Rational
- b) Leaders
- c) Organized
- d) Satisfiers

**20. All of following attributes are for modern managers except:**

- (a) Action oriented.
- (b) Able to build a sense of shared values.
- (c.) Able to manage change efficiently.
- (d) Able to change the objective

**21. Planning, organizing, directing and controlling are the:**

- (a). Functions of manager
- (b) Goals of management.
- (c) Results of management.
- (d) Qualities of good leadership

**22. Coordinating people and human resources to accomplish organizational goals is the process of:**

- (a) Planning.
- (b) Directing.
- (c) Management.
- (d) Leadership

**23. Strategic planning is done by:**

- (a) Top managers of the firm.
- (b). Middle managers.
- (c) Supervisory managers.
- (d) Non-supervisory employees

**24. Supervisory management spends most of his/her time:**

- (a) Planning and controlling.
- (b) Directing and controlling.
- (c). Planning and organizing.
- (d) Organizing and controlling.

**25. All of the following are role of managers except**

- (a) Decisional
- (b) Informational
- (c) social
- (d) Interpesonal

**Health technology assessment (HTA)**

**26. Health technology assessment (HTA) refers to the systematic evaluation of properties, effects, and/or impacts of ..... It is a multidisciplinary process to evaluate the social, economic, organizational and ethical issues of a health intervention or health technology.**

- (a) Health technology
- (b) Health assessment
- (c) Investment in health
- (d) Public health management

**27. What is the the main purpose of conducting an Health technology assessment (HTA) assessment**

- (a) To inform a policy decision making.
- (b) To form organisational goal
- (c) To assess community needs
- (d) To develop health informatics system

**Human Resource Management**

**28. The actual achievements compared with the objectives of the job is**

- a) Job performance
- b) Job evaluation
- c) Job description
- d) Job monitoring

**29. The following is (are) concerned with developing a pool of candidates in line with the human resources plan:**

- a) Development
- b) Training
- c) Recruitment
- d) Expulsion

**30. Who sets the performance development plan for an employee?**

- a) Employer
- b) Department Head
- c) Immediate boss
- d) Administrator

**31. Which one the following is not a Job analysis methods**

- a) Questionnaires
- b) Observation
- c) Delphi Technique
- d) Employee recording

**32. The three important components in aligning business strategy with HR practice:**

- a) Business Strategy, Human Resource Practices, Organisational Capabilities
- b) Marketing Strategy, Human Resource Practices, Organisational Capabilities
- c) Business Strategy, Human Resource Practices, Organisational structure
- d) Marketing Strategy, Human Resource Practices, Organisational structure

### **Change Management**

**33. Which of this is a part of 'Lewin's 3 step process'?**

- a) Freezing
- b) Defreezing
- c) Refreezing
- d) Defrosting

**34. All of the following forms part of John P Kotter 8 step model except**

- a) Establishing sense of urgency
- b) Building guiding teams
- c) Creating short term wins
- d) Developing the right vision

**35. Which of the following is not an internal force of change?**

- a) Technology
- b) Strategy
- c) Workforce
- d) Employee attitudes

### **Monitoring and Evaluation**

**36. 'Principal' of a school can be equated to a:**

- a) Evaluator
- b) Auditor
- c) Reviewer
- d) Monitor

**37. Which of the following is not the feature of monitoring?**

- a) Always internal
- b) Always continuous
- c) Always can change objectives of program
- d) Always done to see efficiency

**38. Match the column:** 1Efficiencyi.Controlled settings2Effectivenessii.Economical aspects3Efficacyiii.Laboratory conditions

- a) 1- ii, 2- iii, 3- i
- b) 1- i, 2 – ii, 3- iii
- c) 1 – iii, 2- ii, 3 – i
- d) 1- i, 2 – iii, 3 – ii

**39. What is the first step in performing M & E of any program?**

- a) Indicator selection
- b) Situational Analysis
- c) Stakeholder Analysis
- d) Data Analysis

**40. On M & E exercise if you found that Rotavirus vaccination program in a particular state is going on well should be escalate it to entire country directly? If you are the national head what will you do:**

- a) Escalate as it is
- b) Review at state level the logistics and then escalate
- c) Start in other states again at pilot phase
- d) Not sure