



5th International Public Health Management Development Program

20th to 24th March, 2018

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



Sponsored by:

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



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प्राचार्य नेत्र रोग



संख्या / No. 281-4/18/212

दिनांक / Date 24/03/2018

MESSAGE

It give me an immense pleasure and pride in bringing out the report of the 5th International Public Health Management Development Programme (IPHMDP) conducted by School of Public Health, PGIMER, Chandigarh from 20-24th March 2018. I also take this opportunity to thank Ministry of External Affairs, Government of India who had sponsored this imperative programme under their flagship Indian Technical Economic Cooperation (ITEC) Scheme.

Management and leadership are key to delivery of good health services. We fail not because of lack of scientific knowledge but because of lack of managerial skills. The management aptitude is an absolutely indispensable element for a good manager to enhance the performance and productivity of any organisation. There are lack of training programmes on management and leadership in developing nations which are essential to address emerging public health challenges. The programme is a step in right direction wherein middle and senior level managers are oriented on skills of various domains of public health management.

I am pleased with the staggering response of huge number of participants across the globe who applied for this programme and out of which 24 participants from 14 countries were selected through a rigorous selection procedure. I had an opportunity to see the contents and resources material of the programme which are exquisite and updated based upon the country needs. The programme has a blend of teaching methodology which is really important to inculcate management skills. We are also in process of developing online programme name e-IPHMDP to cater the needs of vast majority of managers within country and across globe.

I fully hope that the programme was able to meet its pre-set objectives and this had been evident with the overwhelming positive feedback received from the participants. I would like to congratulate the entire team of school of Public Health for the grand success of the programme.

(Jagat Ram)

Preface

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 for enhancing the efficiency and effectiveness of organizations and tackling the public health challenges faced by the developing countries. Thus, positioning of qualified and skilled public health professionals, who can plan, execute and monitor national health programs and public health initiatives, is necessary to improve performance and productivity of health care delivery system.



Dr. Sonu Goel
Program Director
(IPHMDP)

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. The current program i.e. 5th International Public Health Management Development Program is sponsored by Ministry of External Affairs, Government of India under Indian Technical and Economic Cooperation (ITEC) Scheme. Around hundreds of participants across globe apply for this program, from which we shortlisted 24 participants from 15 countries after rigorous selection criteria and detailed deliberations.

The current program was held from 20th- 24th March 2018 and is the fifth program of its series and enthused by the response of participants, we have announced 6th IPHMDP in month of December 2018. In this way, we could accommodate more participants in future programs to build nations capacity on public health management.

I am pleased with the overwhelming response of huge number of 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. Nisha Makkar, Dr. Garima Bhatt, Dr. Navdeep, Ms. Jyotirmayee Patra, Dr. Priyanka, Dr. Gagandeep Raj Hans, Dr. Pushkar, Dr. Shyam Sunder 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 be 'S. Goel'.

(Dr. Sonu Goel)

Program Director (IPHMDP)

Executive Summary

The public health challenges faced by the developing countries and continents (India and other developing nations alike) call for positioning qualified and skilled professionals, who can plan, execute and monitor national health programmes and public health initiatives in order to improve effectiveness and efficiency of health care delivery system. Further, it is a well-known fact that health initiatives in developing countries often fail not because of lack of scientific knowledge but because of lack of managerial competence. Thus, there is a need for staffing trained and competent public health professionals, who can plan, implement and monitor national health programs and public health initiatives in order to improve effectiveness and efficiency of health care organizations.

To address these challenges, an **International Public Health Management Development Program (IPHMDP)** was conceptualized in 2016 by School of Public Health which aims at enhancing 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. In the series, a five day **5th IPHMDP** was organized by School of Public Health, PGIMER, Chandigarh from 20th-24th March 2018 which was partnered by Ministry of External Affairs, Government of India under Indian Technical and Economic Cooperation (ITEC) Scheme. In this program, we have trained 24 delegates from 15 countries namely Kenya, Sri Lanka, Seychelles, Tunisia, Tanzania, Nepal, Mali, Trinidad & Tobago, Nigeria, Zimbabwe, Uzbekistan, Ethiopia, Russia, Azerbaijan, and Mongolia. The current program is **first of its kind public health management program in the country which endeavor to boost skills and competencies of program managers for addressing local public health challenges and increasing efficiency of organizations**. The modules covered during the program were Management Principles, Leadership in Public Health, Project/Program Strategic Planning and Management, Financial Management, Supply Chain and Logistics Management, Human Resource Management, Monitoring and Evaluation, Public Health Communication, Health Management Information Systems, Advocacy, Innovation and Entrepreneurship in Health Care, and Change Management. To ensure the application of learning during the program, every participant shall submit an 'Action Plan' within 10 days of completion of the program, in which they will share the priority areas and planning of the implementation in their respective organization. The participants who will successfully submit their action plan by the desired date/time will be followed up after 6 months for their Action Plan Implementation Report. The best report shall further receive a Certificate of Appreciation.

The **key highlights of the program** were; its design which focused on learning through a mix of traditional formal learning methods (lecture, power point presentations, case studies) and informal learning methods (role plays, exercises, real case scenarios, management games, videos); its concept wherein focus was on application based learning in which the participants

Executive Summary

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 training, the participants had opportunity to meet leaders in field of Public Health and got insight of various principles and pillars of Public Health Management. **“IPHMDP Contest”** was also organized during the program wherein, various awards pertaining to different activities viz. best dressed person, most active participant, e-IPHMDP, best selfie, best logo, best cultural performer were honoured during valedictory session of the program held during field tour in Shimla. 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 lunch and evening sessions, and delegating responsibility to them for organizing cultural event at gala dinner.

Besides academics, we provided a platform for cross-cultural learning through sharing of best practices by participants, presented books on Indian culture and tourism, along with hosting a cultural event with gala dinner. The meals served during the program (breakfast, lunch and tea/snacks in between) were carefully designed keeping in view the varied profile of participants from different countries. We also ensured to provide best resource material to participants, which will help them to design similar program in their country. All the activities during the program were actively uploaded on the IPHMDP Facebook page and You-tube. A parallel e- mail account and Whats- app group was also maintained by the organizers to keep the participants updated and to provide them assistance during the program.

During the program, the participants appreciated the overall quality of training along with the field tour, where they were exposed to the Indian Health System along with its few best practices. They felt that it was a wonderful experience with a blend of learning, through various teaching methods which they can apply in their organization. They revealed 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 expressed their willingness to scale up the program in their respective organizations and countries. The general proceedings and events were widely covered by the audio-visual media.

Key Highlights of the Program

- **Appropriate participant blend**

- Senior and Junior academicians
- Program managers both from Governmental and Private sector
- Participation from various countries across the world

- **Elite panel of experts and facilitators**

- **Mix of teaching methods**

- Formal: Lectures, Power point presentations, Case studies, Exercises
- Out of the box: Management games, videos and role plays

- **Learning management with fun**

- Games, videos, role plays etc. were embedded within formal teaching

- **Application based learning**

- Participants prepared an action plan during the program for their organization (to be implemented within 6 months)

- **Use of e-technology**

IPHMDP Facebook page, You-tube, e- mail account and Whats- app group

- **Environmental friendly**

- Individualized BPA free bottles for water consumption
- No plastic disposable cups for tea/ coffee consumption

- **Cross-cultural learning**

- Sharing of best practices by participants
- Presented books on Indian culture and tourism
- Hosting a cultural event with gala dinner.

Key Highlights of the Program



Organising Committee of the 5th IPHMDP, 20th-24th March 2018



Participants and Facilitators of the 5thIPHMDP, 20th -24thMarch 2018

Program Description

Preamble

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

The aim of good management is to provide health services to the community in an appropriate, efficient, equitable, and sustainable manner. The skills and ideas that healthcare managers bring to the table provide a fresh approach to tackle a health situation 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, and public health communication for addressing public health challenges and strengthening efficiency of organizations in resource limited settings.

Program Objectives

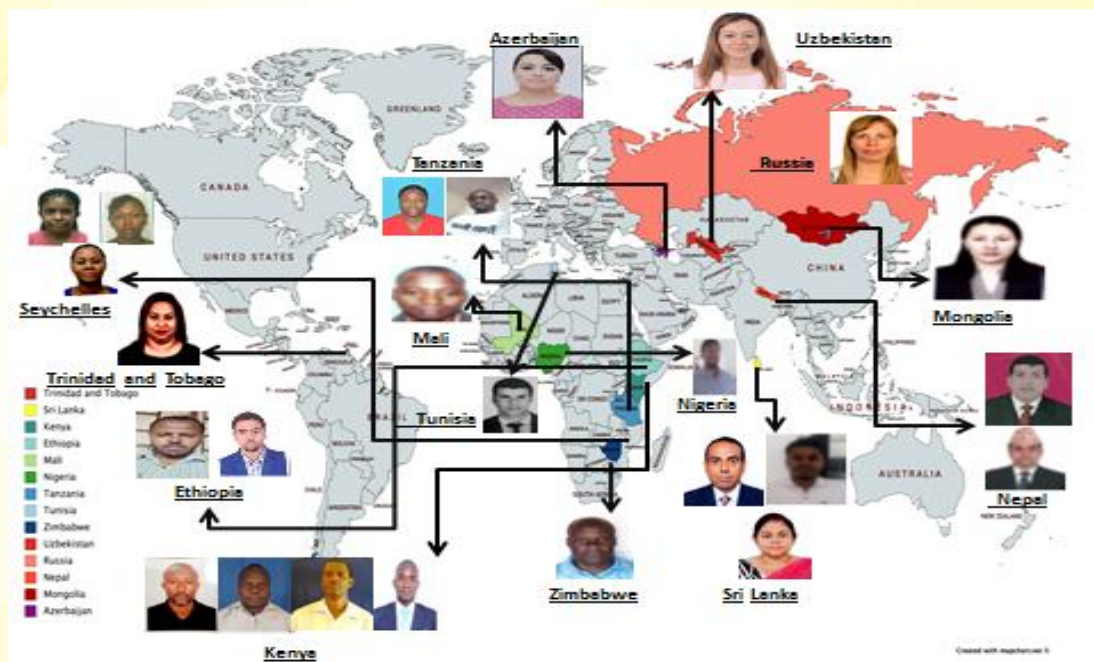
1. To enable participants understand the concepts and principles of health management.
2. To build capacity of middle/senior level managers in designing, implementing, monitoring and evaluating context-specific program and project operations.
3. To illustrate with relevant case studies, how the managerial 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 in diverse settings.

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 are 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 15 countries across the globe participated to enhance their skills in public health management.

Program Description

Participants of 5th IPHMDP across the globe



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



Program Benefits

Participants- At the end of program, the participants are expected to

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

Program Description

Organization

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

Program Contents

- MODULE:1-Management Principles
- MODULE:2-Leadership In Public Health
- MODULE:3-Project/Program Strategic Planning and Management
- MODULE:4-Financial Management
- MODULE:5-Supply Chain and Logistics Management
- MODULE:6- Human Resource Management
- MODULE:7- Monitoring And Evaluation
- MODULE:8- Public Health Communication
- MODULE:9 - Health Management Information Systems
- MODULE:10- Change Management
- MODULE:11- Advocacy, Innovation and Entrepreneurship in Health Care
- MODULE:12-Action Plan Development

Program Duration and Venue

Duration: The duration of program was five days from 20th -24th, March 2018.

Venue: Seminar Room, School of Public health, PGIMER, Chandigarh



Teaching Methodology



Lecture (Power-Point Presentations)



Management Exercises



Management Games



Management Quiz



Group Work



Case-Study



Role Plays



Video Lesson

Program Schedule



5th International Public Health Management Development Program

Date: 20th -24th, March 2018

Venue: School of Public Health, PGIMER

Day & Date	Time	Topic of Presentation	Resource Persons
20/03/18 Tuesday	MODULE 1-MANAGEMENT PRINCIPLES Chairs: Dr. Ashutosh N Aggarwal, Professor, PGIMER / Prof. Deepak Kapur, Chairperson UBS, Panjab University		
	09:30am-11:30 am	<ul style="list-style-type: none"> Introduction to Public Health Management 	Dr. Sonu Goel ,Additional Professor, PGIMER
	MODULE 2-LEADERSHIP IN PUBLIC HEALTH Chairs: Dr. A K Gupta , MS, PGIMER / Dr. D Behera, Dean (Research) PGIMER		
	12:00 am-2:00pm	<ul style="list-style-type: none"> Leadership in Public Health Role of Public Health Management and Leadership in attaining health related goals of SDGs 	Dr. Vivek Adhish, NIHF Dr. Rana J Singh, Deputy Regional Director, The Union
	MODULE 3- PROJECT/PROGRAM STRATEGIC PLANNING AND MANAGEMENT Chairs: Dr. Sonu Goel, Additional professor, PGIMER/ Dr. Arun Aggarwal, Professor, PGIMER		
21/03/18 Wednesday	03:00pm-5:00pm	<ul style="list-style-type: none"> Logical Framework Analysis- A tool to planning 	Dr. Madhu Gupta, Additional Professor, PGIMER
	MODULE 4- FINANCIAL MANGEMENT Chairs: Shri. Kumar Abhay, Financial Advisor, PGIMER/ Dr. Rana J Singh, Deputy Regional Director, The Union		
	09:30am-11:30 am	<ul style="list-style-type: none"> Costing health care 	Dr. Shankar Prinja, Additional Professor, PGIMER
	MODULE 5-SUPPLY CHAIN AND LOGISTICS MANAGEMENT Chairs: Dr. G D Puri, Prof & Head, PGIMER / Dr. Anil Bhalla, Add. M. S, PGIMER		
	12:00 am-2:00pm	<ul style="list-style-type: none"> Material Planning and forecasting including purchase procedures Inventory Control techniques 	Dr. Pankaj Arora, Assistant Professor, PGIMER Dr. Manjushri, Assistant Professor, Panjab University
22/03/18 Thursday	MODULE 6-HUMAN RESOURCE MANAGEMENT Chairs: Dr. Vipin Koushal, Additional Professor, PGIMER/Dr. Praveen Kumar, Professor ,PGIMER		
	03:00pm-5:00pm	<ul style="list-style-type: none"> Human Resource Planning and Job Analysis Training Need Assessment 	Dr. Preethi Pradhan, Dean, Chitkara school of Health Sciences
	MODULE 7-MONITORING AND EVALUATION Chairs: Dr. H S Chauhan, Dean , Eternal University / Mr. Keerti Pradhan, Professor & Head, Chitkara University		
22/03/18 Thursday	09:30am-11:30 am	<ul style="list-style-type: none"> Introduction to M& E Assessing program performance and Impact 	Dr. Sonu Goel, Additional Professor, PGIMER
	MODULE 8- PUBLIC HEALTH COMMUNICATION Chairs: Dr. N K Goel, Professor, Govt College & Hospital 32/ Dr. Sanjay Wadwalker, Professor , Panjab University		

Program Schedule

	12:00 am-2:00pm	<ul style="list-style-type: none">Principles of PH CommunicationStrategic Behavior Change Communication Planning	Dr. Amarjeet Singh, Professor, PGIMER Dr. S K Chadha, Ex Director UBS, Panjab University
	MODULE 9- HEALTH MANAGEMENT INFORMATION SYSTEMS Chairs: Dr. L. N Yaddnapudi, Professor, PGIMER / Dr. J S Thakur, Professor, PGIMER		
	03:00pm-5:00pm	<ul style="list-style-type: none">MIS Frameworks in healthcare	Dr.Garima Sangwan, Senior Resident, PGIMER
23/03/18 Friday	MODULE 10-CHANGE MANAGEMENT MODULE 11- ADVOCACY, INNOVATION AND ENTREPRENEURSHIP IN HEALTH CARE Chairs: Dr. Rakesh Kapoor, Professor, PGIMER/ Dr. Meenu Singh, Professor, PGIMER		
	09:30am-10:30 am	<ul style="list-style-type: none">Applying Theories of Change Management in Health	Dr. Sonu Goel, Additional Professor, PGIMER
	10:30 am-11:30am	<ul style="list-style-type: none">Entrepreneurship and Innovations in Hospitals-Challenges and Opportunities	Prof. A.K. Gupta, Medical Superintendent, PGIMER
	12:00pm-2:00pm	MODULE 12- ACTION PLAN DEVELOPMENT	
24/03/18 Saturday	FIELD VISIT AND VALEDICTORY SESSION		

*Morning Tea -11:30-12:00 am *Lunch Break- 2:00-3:00 pm * Evening Tea – 4:00- 4:15 pm

Program Proceedings

Day 1 (20th March 2018, Tuesday)

Registration (09:00 AM to 09:15 AM)



Participants from various countries were welcomed at the registration desk with a warm smile and a beautiful rose flower in Indian tradition. Welcome note to each participant was given by Dr. Sonu Goel, Program Director and Program badge were put by his team. The participants were asked to pick up the slips kept in a box and were randomly

divided in 5 group's **Movers, Shakers, Rockers, Takers** and **Hoppers**. After registration, the delegates were seated and the program kits were distributed. A pre-test-questionnaire comprising of 30 questions was distributed to be filled by the delegates for checking on their knowledge about public health management.



Welcome Address and Program Overview (09.15 AM to 10.00AM)

The welcome address was given by Dr. Sonu Goel, Program Director cum Additional Professor, 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 world to attend the coveted IPHMDP program. The participants were provided a glimpse about India and 'city beautiful' Chandigarh. They were then provided with an overview of the host institution. Thereafter, the program aims and objectives were presented to them in a lucid manner. He also provided a brief description of the contents and enthusiastically gave the audience a glimpse of the forthcoming journey of the program. He emphasized the role of public health management in addressing public health challenges in limited resource settings of developing countries and achieving Universal Health Coverage. All the participants were enthusiastic and were in a mode to learn the new aspects discussed in the program overview. "IPHMDP Contest" was announced to the participants which has various activities viz. Participatory Participant, Best Dressed Participant, Best Selfie, Best Logo, Best cultural performer, and e-IPHMDP.



Self-introduction of Participants (10:00AM to 10.30AM)

The participants, faculty members and organizers introduced themselves to the group in a unique and memorable manner. A very interactive ice-breaking session called “**Know Your Buddy**” was conducted to make the introduction session more interesting. The participants were grouped into a pair and were asked to introduce their fellow participant. A power-point presentation had been prepared by



organizers which highlighted the details of the participants, their names, designation, institute name and their photo which made them to introduce them in a better way. The participants utterly enjoyed getting to know their fellow participants for the coming five days of the program. The random mixing of participants in different groups was ensured by chit picking every morning at the registration desk, resulting

in optimal interaction among the participants throughout the program.

MODULE 1 - MANAGEMENT PRINCIPLES

It comprised of 1 session:

SESSION 1: Introduction to Public Health Management

The module was chaired by:

Dr. Ashutosh Nath Aggarwal, 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 the institute.



Prof. Paramjit Kaur, Professor in University Business School, Panjab University, Chandigarh. She has a teaching experience of over 20 Years in the field of management particularly on Cost & Financial Management, Corporate Governance, Management of Financial Services, Insurance Management. She is a Life Member of Indian Commerce Association & Chandigarh Management Association.

Session 1: Introduction to Public Health Management- Dr. Sonu Goel (10.30 AM to 11.30AM)

Dr. Sonu Goel, Additional Professor School of Public Health, PGIMER, Chandigarh deliberated the first session on Introduction to Public Health Management. He started his presentation with a brief overview about public health. Later he discussed the need of public health management, its principles, skills, roles and determinants. He described Fayol's fourteen principles of management citing real-life examples from health care set-up, which was followed by functions and levels of management. He discussed various aspects of public health management via a number of diagrammatic representations like prepare-respond-recover diagram of public health approach. Roles and levels of a manager, Henry Mintzberg's 10 Managerial Roles, Levels of Management etc were also discussed. 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 discussion and were looking forward to learning more about Public Health Management in forthcoming week.



MODULE 2-LEADERSHIP IN PUBLIC HEALTH

It comprised of 2 sessions:

SESSION 1 - Leadership in Public Health

SESSION 2 - Role of Public Health Management and Leadership in attaining health related goals of SDGs

This module was chaired by:

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



Session 1: Leadership in Public Health- Dr. Vivek Adhish, NIHFV (01.00 PM to 02:00PM)

Dr. Vivek Adhish, NIHFV (Professor Maternal Child Health HOD CHA) gave a presentation about Leadership in Public Health. He started his address with a discussion for the participants to think of situation where they get to work as a team. He ignited the thought process of the participants by making the different teams to discuss and enlist the various desired qualities of a leader as per their thought. The outcomes of

the discussion reflected upon the great interest shown by the participants in the ongoing discussion. He highlighted the various qualities of a leader by giving examples from case studies and engaging participants in various role play sessions. The role of the leader and the empowerment of the leader were discussed in detail reflecting on the importance of leadership in public health sector. The underling essence of the presentation could be summed up in a one liner “Effective leadership is a transformational journey”.



Session 2: Role of Public Health Management and Leadership in attaining health related goals of SDGs - Dr. Rana J Singh, Deputy Regional Director, The Union (12:00 PM to 1:00 PM)

Dr. Rana J Singh, Deputy Regional Director, The Union South-East Asia (The Union) New Delhi, India, talked about the Role of Public Health Management and Leadership in attaining health related goals of SDGs. Dr. Rana gave a detailed insight into the newly introduced SDGs



and explained the difference from previously pledged millennium developmental goals (MDGs). The role of leadership was discussed at a stretch in achievement of sustainable developmental goals. He interacted with the participants and asked them to choose a target as per there specialty and country needs and prepare a brief action plan for their specific

settings and countries accordingly. At the end of the presentation two case studies were discussed with the participants to check there level of understanding and also to take their valuable views. He allowed a two-way flow of information and the participants responded with the same agility and enthusiasm.

Warm up session (Energizer)

The post lunch session started with an Energizer. Participants were paired into a group of two. Different handshaking postures were numbered and later the participants were asked to perform the same based on the call of the number. Participants were left refreshed and had a smile that lingered over to the next consecutive technical session.



MODULE 3- PROJECT/PROGRAM STRATEGIC PLANNING AND MANAGEMENT

It comprised of 1 session:

SESSION 1: Logical Framework Analysis- A tool to Planning

This module was chaired by:

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



Dr. Arun K Aggarwal, Professor in Department of Community Medicine of PGIMER Chandigarh. He has about 26 years post PG experience in public health. He did WHO fellowship on Health Care Financing from Bangkok, Thailand. He got Australian Leadership Award Fellowship on HIV, at Sydney, in addition to many other specialist capacity building programs.

Session 1: Logical Framework Analysis- A tool to planning Dr. Madhu Gupta (03.00PM – 4.45 PM)



Dr. Madhu Gupta, 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 and objective tree analysis. The problem tree was discussed via means of a case study (on maternal mortality ratio) where inputs were taken from the participants to frame a problem tree based on their understanding of the topic. She later discussed the steps of logical framework analysis,

Program Proceedings

objectively verifiable indicators and means of verification, examples and benefits of Log frames. The lecture was followed by a case study based group exercise on identifying the objectives, OVIs and means of verification. The participants were asked to chart out a logical frame matrix for infant mortality rate using the information listed in her presentation. She allowed a two-way flow of information and the participants responded with the same agility and enthusiasm.

Management Quiz – Dr. Garima Bhatt (04:45 PM- 5:00 PM)

Dr. Garima Bhatt, PHD student from school of Public Health conducted a refreshing and peppy health management quiz at end of the first day sessions which was thoroughly enjoyed by the participants. They were shown pictures of famous management personalities/ leaders (followed by hints) and were asked to guess their names.



Day 2 (21st March 2018, Wednesday)

Day began with feedback from the participants about the previous day's technical sessions. One of the volunteers Mr. Tek Raj Ojha and Mr. Duncan made the recap session interesting by dropping in questions to his fellow participants regarding the previous day sessions feedback. This was followed by necessary announcements and declaration of winners of 'Best Dressed' (Red cap) Ms. Delna Julie and 'Most Active Participant' (Blue cap) Mr. Bhim Parsad Sapkote. One participant from each group volunteered to be the group leader for that day who was asked to coordinate the daily activities within his/her group. Logo presentation by few of groups were done.



MODULE: 4- Financial Management

It comprised of 1 session:

SESSION 1: Costing Health Care

This module was chaired by:

Dr. Rana J Singh, Deputy Regional Director at International Union Against Tuberculosis & Lung Disease New Delhi. He is a medical doctor with MD in pulmonary medicine. He has 25+ years of experience in public health focusing on management and tobacco control. He 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.



Shri Kumar Abhay, Financial Advisor, Post Graduate Institute of Medical Education and Research, Chandigarh. He has done M.Phil. in Statistics from University of Delhi. He has served as Deputy Accountant General (accounts) for Punjab & UT. He has won various gold medals in the field of statistics.

Session 1: Costing in Health care –Dr. Shankar Prinja (09:30 AM- 11:30 AM)

Dr. Shankar Prinja, Additional Professor, PGIMER Chandigarh divided the session into two parts one conceptualizing on the concepts of costing and type of costs involved and the second was in form a practical exercise to check the cost analysis skills of the participants. In the first part of his lecture he explained the global perspective of health spending. He discussed the funding patterns

in various regions of the globe in addition to describing the difference between the developing and the developed country health expenditure settings. He then talked about the need for costing data. He explained the varied reasons for costing by taking examples from the Indian health care system at various levels of health centers. He explained the difference between cost and price. Later he explained various types of costs by giving example from the health care set up emphasizing on the direct, indirect cost & economy costing. In the second part of his lecture he conducted an exercise on cost analysis for the screening of the women suffering for cervical cancer at the level of sub-centres. The participants were made to calculate the cost of screening via means a pre entered data on excel sheet. The whole session was interactive and highly informative.



MODULE 5-SUPPLY CHAIN AND LOGISTICS MANAGEMENT

It comprised of 2 sessions:

SESSION 1 - Material Planning and Forecasting Including Purchase Procedures

SESSION 2 - Inventory Control Techniques

This module was chaired by:

Dr. Meenu Singh, Professor and Head Pediatric Pulmonology, Advanced Pediatric Centre; PGIMER; Chandigarh. She is site director of South Asian Cochrane Network, incharge of ICMR Advanced Centre for Evidence Based Child Health, SAARC telemedicine network and Head of the Telemedicine in PGIMER. She is also heading many research projects in PGIMER and running a collaborative project with BRNS; BARC; Mumbai.

Dr. Anil K Bhalla, Professor in department of Pediatrics at PGIMER, Chandigarh. He has immense expertise in teaching and training. His key areas of work include child growth, nutrition, human dysmorphism, clinical/ nutritional/ auxological anthropometry, dermatoglyphics and photogrammetry.



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Session 1: Material Planning and Forecasting including purchase procedure- Dr. Pankaj Arora (12:00 - 1:00 PM)

Dr. Pankaj Arora, Assistant Professor, PGIMER, Chandigarh, delivered a session on Material Planning and forecasting including purchase procedures. He discussed procurement cycle which included demand, specification, tender, receipt, installation, condemnation and demand forecasting by sighting example of buying a mobile phone. Later he engaged the participants by asking them to chart out a framework



for antibiotics procurement to explain demand forecasting. He explained the procurement process in a very interactive manner. At the end of his session he linked the essentials of procurement to the matrimonial process that explained the concept in a lucid way.

Session 2: Inventory Control techniques - Dr. Manjushree Sharma (01.00 PM – 02.00 PM)

Dr. Manjushree Sharma, Assistant Professor, Panjab University talked about the inventory management techniques. She started by stating the purpose of inventory management i.e. 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, EOQ, 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, 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 manner.

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 form various shapes 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 6- HUMAN RESOURCE MANAGEMENT

It comprised of 2 sessions:

SESSION 1 - Human Resource Management- Job Analysis

SESSION 2 - Training Needs Assessment

The session was chaired by:

Dr. Praveen Kumar, Professor and Head, Division of Neonatology at PGIMER, Chandigarh. He is extensively involved in teaching and training of neonatologists and nurses in India, Nepal, Bangladesh, Sri Lanka, Iran, Mauritius and Indonesia. He has been involved in developing evidence based clinical practice guidelines for newborn care in India on behalf of NNF. His current areas of interest include quality improvement, neonatal hyperbilirubinemia and prevention of healthcare associated infections.

Dr. Vipin Koushal, Additional Professor in Department of Hospital Administration. He is looking after various administrative activities like Hospital Purchase Division, Private Grant Cell and is actively involved in the Organ Transplantation Programme. He has contributed many articles in national and international journals and chapters in Hospital Administration books. He is life member of various societies and court member of Chaudhary Ranbir Singh University, Jind (Haryana).



Session 1: Human Resource management- Job Analysis – Dr. Preethi Pradhan (03.00 PM to 04.00 PM)

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, feedback 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. Then she stated the importance of human resource planning and why is it important 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. She engaged the audience well and took an insightful session on human resource management.



Video lesson- Human Resource Planning in India

The video shows Human resource planning in various parts of the Country. It gave an insight into the challenges faced by the human resource management in India and the various initiatives taken by various states for their improvement. Shortage of human resources, gender biased requirement, migration of health workers from rural to urban, limited tool and skills to train them were highlighted as the main shortcomings in human resource management. The later part of the video showcased some of the initiatives taken by various states of India for better Human resource management.



Examples were cited from various states who have adapted human resource policies as vital aspect of human resource management. Inclusive management by Indian army, incentives, improved in-service delivery, multi-skilling of the human resources etc. were cited as initiatives to address shortage of man force.

Session 2: Training Needs Assessment-Dr. Preethi Pradhan (04.00 AM to 05.00 PM)

Dr. Preethi Pradhan took a session on training need assessment and highlighted the importance of training needs assessment to address performance issues. She initiated the lecture with a graphical representation from a Caribbean country highlighting the difficulties faced by the work force. She emphasized on the Curls model on training assessment. She focused on TNA process describing about the identification of learner groups, targeted learners and their environment and the importance of prioritizing the information needed. She later discussed the different TNA methods like interviews, FGDS, questionnaires, direct observation audits and tests. She engaged the audience into an interactive discussion by asking them the pros and cons of various TNA data gathering methods. She talked about Hennessy hicks training needs analysis questionnaire in framing the collection method for TNA. Planning, execution and outcome of TNA were the key points talked upon. It was an interactive session which helped the participants to imbibe the concept of training needs assessment.



DAY -3 (22th March 2018, Thursday)

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

Day began with feedback from the participants about the previous day's technical sessions. The feedback session was made interactive by the participants by playing quiz with the fellow participants to answer. Later winners of 'Best dressed' "Dr. Udula Amaranganie Vidanage" and 'Active participant' "Mr. Wellington Watt Mutematsaka" 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. Also the groups presented their logo designs. Necessary announcements were made before the start of the technical session.

MODULE 7- MONITORING AND EVALUATION

It comprised of 2 sessions:

SESSION 1 - Introduction to Monitoring and Evaluation

SESSION 2 - Assessing Programme Performance and Impact

The session was chaired by

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 & has been instrumental in expanding in Akal School of Public Health and Hospital Administration.



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.

Sessions 1: Introduction to Monitoring and Evaluation - Dr. Sonu Goel (09:30 AM to 10:30 AM)

Sessions 2: Assessing Programme Performance and Impact- Dr. Sonu Goel (10:30 AM to 11:30 AM)

Dr. Sonu Goel, Additional Professor, School of Public Health began the lecture by defining the terms monitoring, evaluation, surveillance, audit and review followed by explaining the need to carry out monitoring and evaluation via planning cycle sighting example on mortality rate. He stressed upon the differences between goals and objectives, program processes and procedures, outcome and impact. This was followed by a discussion exercise (taking examples of Tuberculosis control Program) on monitoring and evaluation which consisted of listing goals, objectives, inputs and activities. 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. Then he discussed mission and vision taking examples from everyday life. He continued the lecture and explained in detail about inputs, process, output and outcome citing example from vaccination programme. The participants were kept engaged throughout by questioning and constant inputs. In the middle of the session he gave the participants an exercise on monitoring and evaluation by asking them to chart M&E framework for any health programme of their choice followed by discussion.



His second part of session was related on 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 changes, how to see weather changes are result of program, when to evaluate, which is methods 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 wined up 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

MODULE 8- PUBLIC HEALTH COMMUNICATION

It comprised of 2 sessions:

SESSION 1 - Principles of Public Health Communication

SESSION 2 - Strategic Behavior Change Communication Planning

The session was chaired by:

Dr. N K Goel, Professor and Head, Department of Community Medicine, Government Medical College and Hospital, Sector 32 Chandigarh. He has immense experience in teaching, training and has supervised various research projects. Prof. Goel has many publications to his credit in many national & international peer reviewed journals.

Dr. Sanjay Wadwalker, Professor in School of Communication Studies, Panjab University Chandigarh. He has rich experience in teaching. His key areas of research and expertise interest include Advertising and Mass Communication Theory.



Session 1: Principles of Public Health Communication- Dr. Amarjeet Singh (12:00- 01:00 PM)

Dr. Amarjeet Singh, Professor, School of Public Health, PGIMER deliberated on the topic of Public Health Communication by means of role plays to demonstrate different aspects of



communication, verbal, written and in sign language, 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 dialect, 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. In another role play the participants were made to guess what their fellow participants were enacting. Through it he explained communication failure due to intermediation. He later emphasized upon the short comings of listening to all via means of a slide show. He gave a one liner saying “Biggest communication problem is we don’t listen to understand we listen to reply”. He continued his

session by giving a lesson about how a written communication can be made interesting and how one should go off road to actually grab the attention of the audience. In other role play a message was supposed to be communicated from one person to other (Chinese whispers). Through this participants learned that message or any other communication should be simple and directly conveyed. In the end he did a role play in which a participant was blind folded and was to be instructed verbally by the second participant to reach the third participants. With this exercise the participant understood how one should communicate to the other person so that target can be achieved. This session was thoroughly enjoyed by all participants and the practical approach of learning by doing helped them to imbibe the concept of effective communication.

Session 2: Strategic Behavior Change Communication Planning - Dr. S K Chadha (01.00PM- 2.00 PM)

Mr. Suresh K. Chadha started the session by explaining the challenges faced and the basis of various successes in health and non-health sector of 20th century. He enumerated the present day common challenges along with their simple solutions in work environment. He stressed on the role of motivation, effective leadership and passion in being successful at the work place. Being multi skilled, knowledgeable, healthy, good planner, team player were stressed upon as the key to being successful in one's field. In between he again engaged the participants with a playing card game to reflect the importance of team work benefiting all the members of the team. Critical thinking was explained by a means of another question based game. This was followed by an activity to evaluate job stress by the help of a questionnaire. The end note of presentation was to come out of the comfort zone to change the world, leaving participants motivated and overwhelmed by the flow of knowledge in an interactive way.



Warm up Game

Post lunch the participants were made to play a game in which they were divided into two groups. Each group was divided into two sub groups and was given a commodity. One subgroup was asked to create an advertisement to promote while other was asked to demote the sale of the commodity. It was a refreshing and participants got a way of learning advocacy through a real life example.



MODULE 9- HEALTH MANAGEMENT INFORMATION SYSTEM

It comprised of 1 session:

SESSION 1 - MIS Frameworks in Healthcare

The session was chaired by

Dr. L. N Yaddnapudi, Professor in the Department of Anaesthesia and Intensive Care, PGIMER, Chandigarh. He has rich experience in teaching and training and has many research papers in peer reviewed journals and has authored chapters in many books. He was instrumental in computerization and establishment of HMIS in PGIMER.



Session 1: MIS Frameworks in healthcare -Dr. Garima Sangwan (3:00pm-5:00pm)

Dr. Garima Sangwan started the session by stating the importance of getting your hands over data and getting acquainted with the HMIS portal. She divided her session in two parts, the first part was about giving an introduction of HMIS and its steps and the second session was targeted on to the practical aspects of using an HMIS portal followed by a case study. She gave an insight into the principles in designing of HMIS, steps of HMIS and issues with HMIS. She discussed about various types of data available in the NHM - HMIS portal, of training of Health and Family Welfare, Govt. of India along with 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 drilldown reports. In the second half the participants were informed about various other MIS Portals in health. She talked about 4 portals namely MCTS, NIKSHAY, ANMOL or ANM Online along with their benefits and key features. A demonstration of NHM-HMIS was given to make the participants understand the use of HMIS. The demonstration lecture was followed by a group exercise on generating reports from HMIS Portal. The participants were able to generate various types of reports and could see different data in the portal. The session was interactive and was thoroughly enjoyed by all.



DAY -4 (23th March 2018, Friday)

Day began with a refreshing startup making the participants greet everybody in their native language. It was a pleasing start to the day. Later feedback from the participants about the previous day's technical sessions was given in the form of a quiz. This was followed by necessary announcements and declaration of winners of 'Best dressed' Mr. Muluken Moges and 'Active participant'



Ms. Uliana who 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 10- CHANGE MANAGEMENT

It comprised of 1 session:

SESSION 1 - Applying Theories of Change Management in Health

Session 1: Applying theories of Change Management in Health-Dr. Sonu Goel (09:3-10:30AM)

Dr. Sonu Goel, Additional Professor, PGIMER started his lecture with an energizer of shaking hands where each participant was asked to form a pair with other participant. They were provided the instructions to shake hands in various ways like normal handshake, handshake with

left hand, hand shake with both hands, shake both hand with back against each other upon randomly speaking a number.

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 tagged as “My horrible boss” and “Monkey and Banana”. He cited examples from the life of a caterpillar to



stress upon importance and adaption to change and to rationalize it over stability. 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. He discussed various models like Kurt Lewin 3 step Model, William Bridges- Managing Transitions, Bridges 3 step transition mode to explain various aspects of change management. It was an interactive session where audience shared their views about change management and issues coming change management in their settings. He ended his presentation with a video the hare and the turtle where he gave 4 angles of the story to define different ways of dealing with a situation alone and as a team. At the end he quoted that team work which benefits all members of the team is the core for successful conduction of a job.

MODULE 11- ADVOCACY, INNOVATION AND ENTREPRENURSHIP IN HEALTHCARE

It comprised of 1 session:

SESSION 1 - Entrepreneurship and Innovations in Hospitals-Challenges and Opportunities

The session was chaired by:

Dr. N K Goel, Professor and Head, Department of Community Medicine, Government Medical College and Hospital, Sector 32 Chandigarh. He has immense experience in teaching, training and has supervised various research projects. Prof. Goel has many publications to his credit in many national & international peer reviewed journals.



Dr. Sanjay Wadwalker, Professor in School of Communication Studies, Panjab University Chandigarh. He has rich experience in teaching. His key areas of research and expertise interest include Advertising and Mass Communication.

Session 1: Entrepreneurship and Innovations in Hospitals: Challenges and Opportunities - Prof. A K. Gupta (10:30 -11:30 AM)

Dr. Anil Kumar, Medical Superintendent, PGIMER started the session with his vast experience of over 25 years as a Medical Superintendent. He highlighted the importance of innovation and creativity in effective management. He also talked about challenges along with and the innovations used in various activities.

He described the effective use of information technology in administrative management of in-patients like e charts; system generated messaging via embedded software for doctors and patients etc. He later validated it by presenting its outcome along with a list of awards and appreciation at various forums. Then he moved to other innovative uses of available technology at PGIMER such as getting permission from High Court to use videoconferencing for expert witness calling it as Tele-Evidencing along with various challenges like setting up network, integration and quality of network, scheduling, 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 reduction in fuel utilization per month and substantial man hours saved per month. He talked about his project being highlighted by the Health Minister in The Parliament of India. He also discussed other innovations in hospitals like incorporating a clause in death certificate about asking attendants of every deceased about wish to donate eyes, electronic data maintenance, and installation of CCTV cameras in phased manner, curbing smoking in hospital and cadaver donation etc. There were umpteen of examples given by him from the innovations done and the improvements made due to such interventions. Towards the end he concluded by giving in a slight in-sight into the challenges he faced in implementing the interventions. The participants were seen making notes of the glorifying interventions.



MODULE 12:DEVELOPMENT OF ACTION PLAN (12:00-2:00 PM)

Dr. Sonu Goel, Additional Professor cum Program Director, IPHMDP moderated this session in which he explained about the development of action plan to each participant through a pre designed format shared with the participants. He deliberated on different priority areas which they can feature in action plan under the heads- teaching and training, program implementation in health care settings and research. He asked the participants to develop their own action plan as per their settings after discussion with their



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immediate supervisors and submit within 10 days of program completion. They should submit the action plan implementation report after a period of 6 months in terms of priority areas, milestones, strategies and success indicators. At the end of the session, all participants prepared a draft Action Plan and submitted to organizers. **All submitted their final action plan after returning to their country.**



DAY – 4 (23rd March 2018, Friday Evening)

After the completion of program in Chandigarh, the participants proceeded for the Study Tour to Shimla city on 23rd march at around 3:00 PM. Shimla is the capital of the northern Indian state of Himachal Pradesh, in the Himalayan foothills. Once the summer capital of British India, it remains the terminus of the narrow-gauge Kalka Shimla Railway, completed in 1903. The participants along with the organising team and Dr. Sonu (Program Director) left from Chandigarh in small buses booked by program organizers. On the way, Program



Director briefed the participants about the purpose of study tour. He also told the participants about the cultural variation in the neighboring states to Chandigarh such as Haryana, Punjab and Himachal Pradesh and cognizance to the Indian culture and Heritage. Around 5:00 PM a halt for a short coffee break was made, participants were excited and busy capturing the beautiful scenic views. Thus, 5 hour journey passed in a glimpse and finally reached the destination at around 8.30 pm.



Cultural Event and Study Field Tour

The accommodation was arranged in Koti Resorts, Shimla which is a four star property with a panoramic views of the snow-capped mountains. Participants were asked to get fresh and join around 9:30PM for the cultural evening. The event was organized by the volunteer participants of the program. Organisers of the program along with Program Director and Senior Faculty from Indira Gandhi Medical College, Dr. Anmol and Dr. Ashok welcomed the delegates. All the participants were dressed in their traditional attire. The cultural night started with the introduction of the host for the event Dr. Udula, participant from Srilanka and Ms. Noiba from Usbegistan. Faculty was honored to judge the performances for best cultural performer. First performance for the night was of Ms. Shehla from Azerbaijan, she gave an excellent start to the event by dancing on the song of her nation and created an ambiance that everybody accompanied her in the performance. Then the participants from Kenya and Sycheles moved their feet on lovely songs of their countries followed by singing session by Mr. Wellington, Mr. Kelechi and Ms. Rehema and finally winded up with games conducted by Ms. Shareeda and Ms. Noiba. Extremely impressive performances were given by all the participants, they interacted informally with each other and showed their hidden talents. Dr. Sonu was presented with token of love from various participants, he was feeling contended and thanked to all for coming into the program and making it a success. Night ended with gala dinner around 11:00 PM. Organising team informed everybody to be ready by 7:30 am in the morning.



Study Field Tour

DAY – 5 (24th March 2018, Saturday)

On the next day (24th march) everybody met at the breakfast table at around 7:30 AM, another fresh morning and cheerful participants. Dr. Goel briefed the participants about the proceedings for the day along with focus on the objective of current field visit at various levels of health care institutions (viz. Indira Gandhi Medical College and Hospital, District Hospital- Shimla and a Primary Health Care Centre-Mashobra).



At 8:30am, the participants visited Primary Health Care Centre-Mashobra which was 15 mins from Koti Resorts

where participants were divided into four groups and were briefed about the functioning of Centre, flow of data, out reach services, immunisation, outpatient services, laboratory services, X-ray and Dental Room. A face to face interaction with the medical officer and other staff was



done where participants asked questions and cleared their doubts. This exercise helped them to understand primary health care system in India. Then around 10:00AM they were taken to tertiary care premier medical institute and Hospital viz. Indira Gandhi Medical College where all participants were warm welcomed by the institute's

Principal, entire faculty and brigade of around 500 medicos and nursing students. Every participant entered the institute with flag of their respective countries along with a message on TB loud in their country's language (Coincidentally, 24th march is the World TB Day) amidst the clapping and cheers from the medical college fraternity and students. Various audiovisual media and press personels were also present. The event started with the introductory note by Dr. Ashok Bhardwaj Professor and Head, Dr. Radha Krishnan Govt. Medical College. Later Dr. Ashok Sharma, Principal IGMC welcomed the participants to



“Dev Bhumi” and told that they shall act as the ambassadors to replicate similar public health management program in their country. Dr. Anmol(HOD, Department of Community Medicine, IGMC) and Dr. Ramesh (Medical Superintendent) gave motivating speech to the audience for

Study Field Tour



fighting against TB and boosted everyone to eliminate TB in near future by using principles of public health management. Program started with showing videos on TB made by IGMC students which were commendable. Dr. Sonu was invited on stage for saying few words. He thanked his Alma mater for providing opportunity to international delegates to observe best practices in health care of Himachal Pradesh. Event continued with the valedictory function and followed by TB rally. Participants of IPHMDP Mr. Bhim Parsad from Nepal and Ms. Delna Julie from

Seychelles presented the best case practices. Mr. Bhim illustrated the good practices followed by Health Sector Response to Nepal Earthquake in 2015 where Ms. Delna Julie presented the best case practices of their country which were highly appreciated by the audience.

The TB rally was flagged-off by Principal, the Senior Faculty and students of IGMC were present on the occasion of World TB Day (24th March). Everyone including participants of IPHMDP started the rally from IGMC to Ridge (1.5 Kms) holding flags, messages on TB, banners, hoarding etc. Participants were calling out loud slogans on ending TB. On reaching ridge students made a formation showing logo of ending TB. The entire event was very well captured on the media. On returning back participants visited Rippon Hospital, Shimla (District Hospital) to get an insight about the health care services being provided in the district. SMO incharge of the hospital gave a presentation regarding the hospital setup and discussed about various best practices of hospital which can be replicated in the participants country settings.

The IPHMDP team headed to Chandigarh from Shimla at 3:00PM. Around 20 kms from Shimla a halt for lunch was made. The journey continued with discussions and chats reaching Chandigarh around 8:00 PM.. At the end the participants thanked Dr. Sonu for such a knowledgeable trip.



Valedictory Session

On the event of world TB day a valedictory session of IPHMDP participants was organized at IGMC Shimla. The event was the part of TB event where Principal IGMC, Dr. Ashok Sharma spoke about the importance of eliminating TB from country. Later, Dr. Anmol Gupta, Head of Department of Community Medicine and Dr. Ramesh, Medical Superintendent IGMC said that public health management is improving the effectiveness and efficiency of various national health programs and TB Program is one of them. They congratulated School of Public Health PGIMER, Chandigarh and specially Program Director IPHMDP, Dr. Sonu in hosting a very important public health management program for senior dignitaries across the globe.

Thereafter two IPHMDP participants Mr. Bhim Parsad from Nepal and Ms. Delna Julie from Seychelles IPHMDP participants presented the best case practices of their countries. 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. Dr. Kritika and Dr. Nisha announced the participant names and contest winners which were awarded with program completion certificate, best dressed to Ms. Uliana from Russia, most active participant to Mr. Bhim from Nepal, best cultural performer to Ms. Shehla from Azirbijan, best selfie to Ms. Begguita, Ms. Cynthia from Sychelles, Ms. Noiba from Uzbekistan, Ms. Shehla from Azerbaijan, best logo to Mr. Sammy, Mr. Kelechi, Mr. John, best tagline- Mr. Alexander, e-IPHMDP to Ms. Rehema from Tanzania by the Guest of Honour.



Dr. Goel, Program Director presented the vote of thanks in which he appreciated the efforts of participants of program for their intensive hard work and keenness to learn during this program. He also thanked Indian Technical and Economic Cooperation Programme (ITEC), Ministry of External Affairs, Government of India for kind support during the endeavour and hope that such programs shall be conducted in future too to accommodate the long list of participants who had applied for the program. He thanked the entire team of the program for their hard work and enthusiasm, which had led to grand success of program. He also hopes that participants shall be the brand ambassadors of the program and shall conduct similar programs in their settings. Participants assured they will replicate the practices learnt in the program in their respective country.



Contest Winners

Best Dressed:	Ms. Uliana from Russia
Most Active Participant:	Mr. Bhim from Nepal
Best Cultural Performer:	Ms. Shehla from Azirbijan
Best Selfie:	Ms. Begguita, Ms. Cynthia from Sychelles, Ms. Noiba from Uzbegistan, Ms. Shehla from Azerbaijan
Best Logo:	Mr. Sammy, Mr. Kelechi, Mr. John
Best Tagline:	Mr. Alexander
e-IPHMDP:	Ms. Rehema



Best Case Practices by Participants

Dr. Bhim Prasad Sapkota from Nepal is a Public Health Administrator Health Emergency Operation Center (HEOC) Ministry of Health. He illustrated the good practices followed by Health Sector Response to Nepal Earthquake in 2015. He started the presentation showing the country map and the most affected districts showing aftershock effect. He told there were around 15,000+ Trauma cases in Hospitals, 3000+ Major Surgeries, 4000+ Minor Surgeries, 148 Spinal Injury cases and 41 Amputations and a total damage worth \$7,065 M. He explained the role of Central Coordination Committee for Health Sector Response such as immunization, Advocacy, Communication & Surveillance, Foreign Medical Teams (FMTs) etc.



Ms. Delna Julie participant from Seychelles is a Public Health Officer. She started her presentation with brief introduction about their country and overview of Ministry of Health. She stated that their ministry is divided into two parts Public health authority and health care agency. Latter she presented her two best practices on Patient/Person center care and Staff Development. Patient/Person center care includes free health care and person centered health care policy, health center within 5km radius, health center offering services for special needs e.g. MCH. Staff development includes periodic registration

for healthcare professional, continuous professional development (in-service training), Exchange program with Reunion (attachment & training), yearly appraisals and staff participation in policy development

Other participants (as below) also submitted their country's best case practices to program organizers. **Dr. Udula** participant, Medical officer from Sri Lanka, gave the best case practice on Non Communicable Diseases Control Program which focused on Healthy Life Style Centers, Behavioural and Intermediate (Physiological) Risk Factors.



Best Case Practices by Participants



Mr. Tek Raj Ojha, Public health officer working in Nepal, child health division throw light on the child health of Nepal. He briefed about under 5 mortality in the country has been drastically reduced through a mix of program strategies such as Capacity building of HWs and FCHVs, strengthening home and community based practices through BCC, along with referral system, and other activities under IMNCI.

Dr. Rehema Simbauranga, Research Scientist at National Institute for Medical Research Tanzania gave her best practice on antifungal combination for treatment of cryptococcal meningitis in Africa. She said that cryptococcal meningitis accounts for more than 100,000 human immunodeficiency virus (HIV) related deaths per year. They conducted ACTA Trial (Tanzania, Zambia, Malawi and Cameroon) where two treatment strategies one-week combination antifungal regimen of amphotericin B and flucytosine for the initial induction phase of treatment and two-week oral combination of high-dose fluconazole plus flucytosine which could be more sustainable in Africa as compared to WHO gold standard of 2 weeks of amphotericin B plus flucytosine were found more effective than the widely used fluconazole monotherapy.



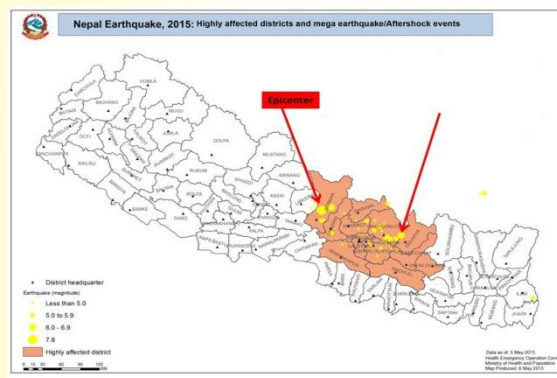
Ms. Uliana, Associate professor, Institute of Medicine, Department of Psychiatry Russia gave presentation on improving the psychiatrist image and trust to psychiatry among population. Results show that rating of psychiatrist among the students of the medical institute is low (ranks 7-8 out of 11 medical specialties offered). There are lot of misconception and belief about the profession. She also told about the management principles that can be used to improve the image of psychiatrist.



Best Case Practices by Participants

Dr. Bhim Prasad Sapkota

Public Health Administrator Health Emergency Operation Center (HEOC)
Ministry of Health, Nepal



Health Sector Response to Nepal Earthquake 2015

1st Shock

- 25th April, 2015, Saturday
- 11:56 AM
- 7.8 Magnitude
- Gorkha District

After shock

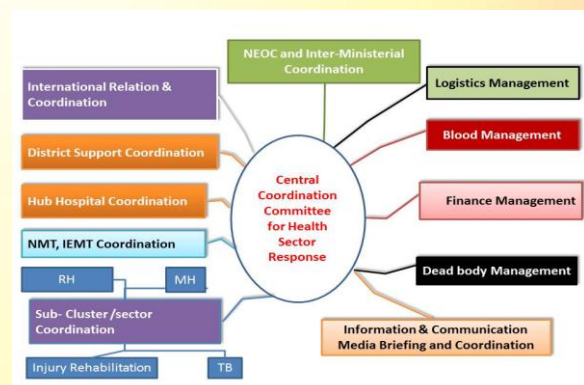
- 12 May 2015
- 7.3 Magnitude
- Sindhupalchowk District

- **497+ aftershocks (above 4 M)**
- **Deaths: 8,897 (18 HWR)**
- **Injured: 22,303 (68 HWR)**
15,000+ Trauma cases in Hospitals
3000+ Major Surgeries
4000+ Minor Surgeries
148 Spinal Injury cases
41 Amputations
- **Total Damage worth \$7,065M**



HEOC

- **HEOC Active within 1 hr.**
- **Emergency Declared**
- **Working Groups**
 - Logistic (drugs, supplies)
 - IEC (Daily press release)
 - Medical team mobilization (FMT+NMT)
 - Blood supply
 - Financial management
 - Dead body management
- **Announcement of Free Treatment**

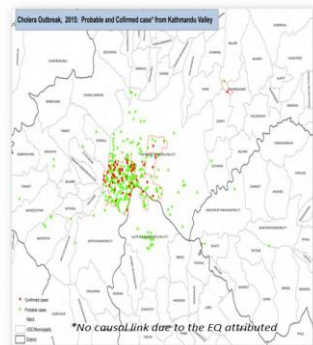


Best Case Practices by Participants



- Hub Hospital: 9
- Satellite Hospitals: 45
- District coordinators: 14 districts
- Field Hospitals: 20 (Tent based)
- Medical team with ambulances (5) at the airport (TIA) with Triage capacity proper referral of airlifted injured
- Health Team at TIA to facilitate **custom clearance** of medicine and surgical accessories

Reported Outbreaks	District	Date
Scrub Typhus	All over Nepal	Sept-Dec '15
Tetanus (11)	11 EQ districts	2015
Shigellosis (70)	Nuwakot	Sept '15
Conversion Disorder	Sindhupalchowk	Sept '15
Brucellosis (54)	Kavre	2015
Chickenpox	Dolakha	Jan '16
Influenza A H3N2	Dolakha	Feb '16
Influenza B	Dolakha	Feb '16
Influenza A H3N2	Dhading	Feb '16
Chickenpox	Kathmandu	Feb '16
AGE	Warpak, Gorkha	April '16
Dog bite	All over Nepal	Increased since EQ
Snake bite	All over Nepal	Increased since EQ



Immunization

- Routine immunization resumed by 5th week after EQ
- Measles-Rubella campaign 453,665 (14 affected districts)
- Oral Polio Vaccine campaign 505,410 (14 affected districts)
- IDP camps Mobile EPI services
- Mass Oral Cholera vaccines given at IDP camps at risk



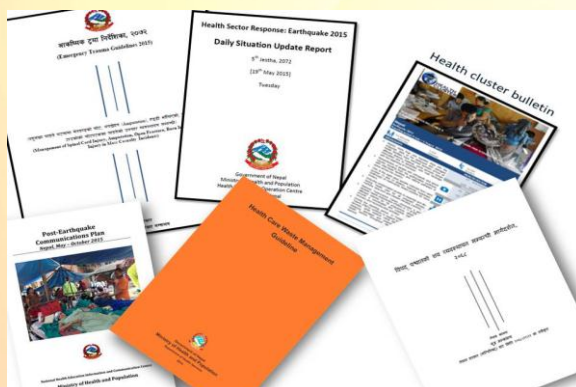
Advocacy, Communication & Surveillance

- Surveillance**
- Water and food borne diseases
 - Vaccine preventable diseases.
 - Air borne disease: Influenza
 - Vector borne diseases
 - Febrile rash illness
 - Zoonosis
- Advocacy & Communication**
- Risk communication
 - Hygiene promotion & Awareness raising activities
 - Media monitoring and response



Foreign Medical Teams (FMTs)

- 137 FMTs belonging to 115 organizations from 36 countries
- 12% Military, 18% Civilian and 70% Non-Government FMTs
- FMTs provided consultation to 100,000+ patients



Best Case Practices by Participants

Damaged Health Facilities



Completely Damaged= 462



Partially Damaged= 765

Health Sector Response to Nepal Earthquake 2015



Government of Nepal
Ministry of Health

Rescue



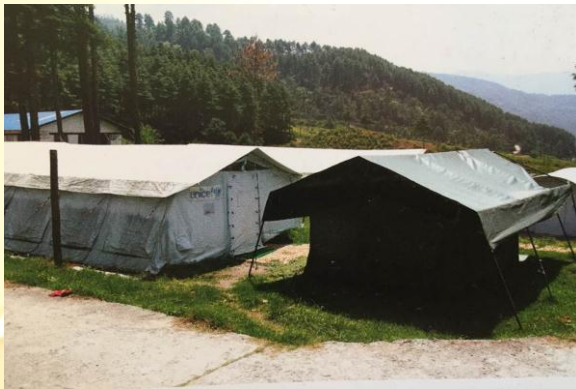
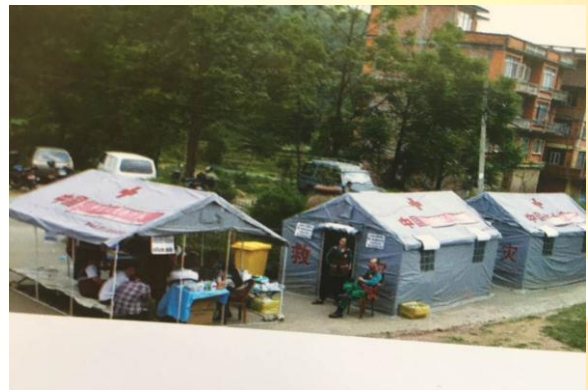
Health Sector Response to Nepal Earthquake 2015



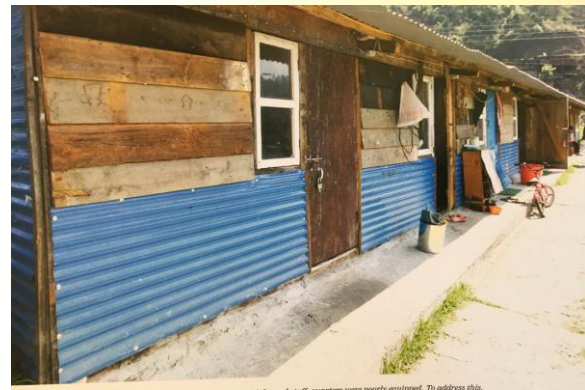
Restoration of Health Services



Best Case Practices by Participants



Best Case Practices by Participants



Best Case Practices by Participants

Ms. Delna Julie

Public Health Officer, Ministry of Health, Seychelles

SEYCHELLES



5th International Public Health Management Development Program

Chandigarh City- India -20th-24th March 2018



Ms Begguita Arissol
Ms Delna Julie
Ms Cynthia Renaud

Ministry Of Health
Republic Of Seychelles



INTRODUCTION



- Seychelles is an archipelago located 1600 km east of the African coast in the Indian ocean.
- Capital city is Victoria- found on Mahe which is the largest island.
- The archipelago consist of 116 islands.
- The Seychelles is one of the most beautiful tropical island destination.
- Total land area is 444km².
- Has a population of 95 ,843 indicating a growth rate of over 1.3% over 2016.

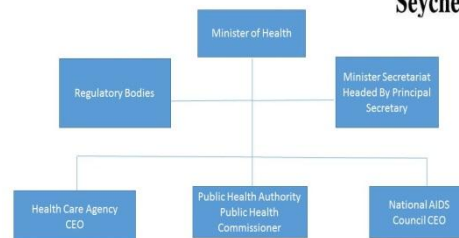


- In mid 2017 there were 48,793 males and 47,050 females.
- Spoken Languages- Creole, English and French.
- Currency-Seychelles Rupee (SCR)
- Religion- Catholic, Anglican, Pentecostal, Hindu, Muslim .
- The largest nut called coco de mer is found in Seychelles, on Praslin which is the second largest island after Mahe.

Overview of Ministry of Health



Seychelles India



Ministry of Health is divided into two:

Public Health Authority

Main aims:

- Prevent/Control the spread of diseases
- Promote safe/healthy living and working conditions in the country.
- Safeguard the environment against all factors that can result into Public Health problems.

Health Care Agency

Main aims:

- To take appropriate measures to prevent, treat and control illnesses.
- To meet the prescribed requirements, standard for the provision and delivery of health care services.

Good Practice 1: Patient/Person center care



Seychelles India

- Free Health Care for all Seychellois Citizen
- Adoption of person centre care policy
- Health center within 5km radius
- Health center offer services for special needs
 - Maternal and child health
 - Free access to contraceptives to women above 18 years old
 - Care for elderly
 - Dental
 - Public health Services
 - Physiotherapy
- Referral system for specialist consultation

- Pregnant women receive on average 8 visits .
- All births are attended by skilled health professional ,which includes midwives,nurses and obstetricians.
- Seychelles registered 810 live births in the first half of 2017.
- 11.4% of births were from teenagers

Good Practice 1: Staff Development



Seychelles India

- Periodic registration for healthcare professional
- Continuous professional development (in-service training)
- Exchange program with Reunion (attachment & training)
- Yearly appraisals.
- Staff participation in policy development

5th INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (IPHMDP) SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH 20th-24th March 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: Begguita Nathalie Arissol

Name of the Institute/ Country: Ministry of Health, Seychelles Hospital, Seychelles

1. Enlist the ideas and skills on Public Health Management which you learnt from the program?

I have learned about human resource on job analysis and HR planning. The different level of management and their functions. The logical framework approach and its main steps

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g. : Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.) -Sharing of learning on public Health management.	1.All the personal Incharge/EMTs Incharge of different regions	-Talks -seminars By email -workshop	By June2018
No	Priority area	With whom?	How are you planning to do?	By When
2	Implementing in program/Settings (e.g. : Optimal resource utilization/ developing Training need assessment/improving quality/ HMIS/Advocacy/communication etc. -Prepare and implementing a proper inventory control system for ambulance equipment's all over the country.	-All ambulance workers -Middle level management -All supervisors -Procumbent officers in the ministry	-Monthly inventory logs -create a data base in relation to ambulance equipment's.	By April 2018
3	Replication of similar Management development Program in your country -Public Health Management Training	-Different level of Management	-seminar or workshop -Thru emails	By December 2018

3. What is a significant milestone that you will accomplish in a month's time by April 24th, 2018?

Create a proper inventory control system for all ambulance equipment in order to have good control and so as not to run out of stock, have a safety stock in place.

5thINTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (IPHMDP) SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH 20th-24th March 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: Dr. Duncan Matheka

Name of the Institute/ Country: Machakos Level 5 Hospital, Kenya

1. Enlist the ideas and skills on Public Health Management which you learnt from the program?

- Public health management (PHM) role in achieving SDGs
- Other Leadership and PHM skills eg. Planning and Logical Framework Approach, teamwork, time management, innovation in health (role of technology), Training Needs Assessment, use of HMIS in decision making

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g. : Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)	Machakos Hospital Medical superintendent India Embassy – Rotich, Training Dept IPHMDP/PGIMER Machakos Hospital staff Journal/Blog article	Detailed report CME (Continuos Medical Education) Prepare and submit for publication a Case Report/Experiences in IPHMDP training	By 8 th April 2018 By 24 th April 2018 By 24 th May 2018
2	Implementing in program/Settings (e.g. : Optimal resource utilization/ developing Training need assessment/ improving quality/ HMIS/Advocacy/ communication etc.	In communication with faculty at PGIMER	Prepare a proposal for a fellowship (cum project) using LFA and Monitoring/ Evaluation concepts	By 24 th June 2018
3	Replication of similar Management development Program in your country	In communication and collaboration with faculty at PGIMER	Run a IPHMDP in Kenya	By December 2019

3. What is a significant milestone that you will accomplish in a month's time by April 24th, 2018?

- Submit a detailed report to Machakos Level 5 Hospital Medical Superintendent, High Commission of India in Kenya and IPHMDP/PGIMER in Chandigarh.
- Hold a CME in Machakos Level 5 Hospital, highlighting key concepts learned during the IPHMDP eg. SGD's, Training Needs Assessment, use of HMIS in decision making, innovation in healthcare

**5th INTERNATIONAL PUBLIC HEALTH MANAGEMENT
DEVELOPMENT PROGRAM (IPHMDP)
SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH
20th-24th March 2018**

Your Commitment to taking the Idea to Implementation

Name of the Participant: Dr. Ashiegbu Kelechi Kenneth.

Name of the Institute/ Country: Dalhatu Araf Specialist Hospital Lafia Nasarawa state.
Nigeria.

1. Enlist the ideas and skills on Public Health Management which you learnt from the program?

- Logical framework approach a tool for planning(SWOT Analysis and Problem tree).
- Monitoring and Evaluation
- Communication in Public health.

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g. : Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)	10 Doctors doing their housemanship (internship) in my facility as First-line managers and also train them on communication skills. 5 Community Health Workers (CHEWs) in 5 different PHCs in Lafia senatorial zone as First-line managers.	During clinical reviews and Hospital presentations. CME (Continuing Medical Education) Also share my Experiences and knowledge during IPHMDP training in Chandigarh.	By 30 th May 2018 By 30 th July 2018
2	Implementing in program/Settings (e.g. : Optimal resource utilization/ developing Training need assessment/improving quality/ HMIS/Advocacy/communication etc.	The Head of departments in Dalhatu Araf specialist Hospital Lafia Nasarawa State.	By preparing a proposal using the Logical Framework Approach a tool for planning during the 2weekly hospital management meetings.	By 30 th September 2018

Action Plans of Participants

No	Priority area	With whom?	How are you planning to do?	By When
3	Replication of similar Management development Program in your country	National Youth Service Corps Doctors (NYSC Doctors) on National youth service program from different general hospitals in the state on Public Health management and HMIS in collaboration with faculty of Public Health PGIMER Chandigarh.	To train them during their weekly group community development (CDs) programs.	By 30 th November 2018

3. What is a significant milestone that you will accomplish in a month's time by April 24th, 2018?

- Capacity building with volunteer and facilitators.

To reach out to the State coordinator National youth service corps on my proposal.

**5th INTERNATIONAL PUBLIC HEALTH MANAGEMENT
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SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH
20th-24th March 2018**

Your Commitment to taking the Idea to Implementation

Name of the Participant: Dabbabi Mehdi

Name of the Institute/ Country: HEALTH MINISTRY TUNISIA

1. Enlist the ideas and skills on Public Health Management which you learnt from the program?

Improve the quality of cold chain management (vaccines).

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning Conduct training in cold chain management (vaccines).	Chief Medical Officer Basic Health Service Chief Medical Constituency Supervisors of basic health centers The vaccinators	Organize a training workshop in cold chain management.	Before the end of December 2018
2	Developing Training need assessment Develop an action plan	Public health authorities Chief Medical Officer Basic Health Service Chief Medical Constituency Supervisors of basic health centers	Mobilization of necessary resources and review of pipes in the operation of the cold chain	Before the end of December 2018

2. What is a significant milestone that you will accomplish in a month's time by April 24th, 2018?

Sensitize the various stakeholders in the field of basic health by the importance of improving the quality of management in the cold chain (vaccines).

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DEVELOPMENT PROGRAM (IPHMDP)
SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH
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Your Commitment to taking the Idea to Implementation

Name of the Participant: John Gitahi Kabui

Name of the Institute/ Country: Nyeri County-Department Of Health-Kenya

1. Enlist the ideas and skills on Public Health Management which you learnt from the program?

- A. Being a change agent in human resource management
- B. Conducting job analysis
- C. Leadership skills
- D. Innovative ideas in costing health services

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g.: Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)	1.ALEXANDER MWAI	-Give feed-back to Director of Health Services(short brief) Conduct CME for COUNTY HEALTH MANAGEMENT TEAM MEMBERS Conduct CME for other Sub- County Health Management Team members and Primary health facility in charges.	6/4/2018 11/4/2018 7/5/2018
2	Implementing in program/Settings (e.g. : Optimal resource utilization/ developing Training need assessment/ improving quality/ HMIS/ Advocacy/ communication etc	ALEXANDER MWAI	-Develop and administer questionnaire to assess training needs to Primary health facility in - charges/managers.	18/05/2018
3	Replication of similar Management development Program in your country			

3. What is a significant milestone that you will accomplish in a month's time by April 24th, 2018?

A. Give feed-back to county director of health (short brief).

Conduct a CME to county health management team member

**5th INTERNATIONAL PUBLIC HEALTH MANAGEMENT
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SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH
20th-24th March 2018**

Your Commitment to taking the Idea to Implementation

Name of the Participant: Cynthia Renaud

Name of the Institute/ Country: Seychelles Hospital

1. Enlist the ideas and skills on Public Health Management which you learnt from the program?

The ideas and skills I learnt was the functions of management, how a manager should be a good leader and interact with staff, to achieve a unit's goal and objectives. The various methods of planning, cutting costs and how to tackle divergent issues and resolve it with different strategy planning methods.

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning Training of staff, give more education Enhance communication skills Improve professionalism in current services	1.Nurse Manager of Accident & Emergency Unit 2. Co-Workers	More interactive training. Better strategy on how to dispatch ambulance for maximum efficiency of service	January 2019
2	Implementing in program/Settings Job Analysis and job specifications of staff Training, Evaluation and monitoring of Staff performance Educational Programs	Nurse Manager of Accident and Emergency Unit Staff in the Ambulance Command Center General Public	Consulting and more meeting with upper management Capacity Building Activities Create awareness through social media an school programs	January 2019
3	Replication of similar Management development Program in your country Implement Educational Program in Public Schools, starting from Primary level, to educate children at an early age, on the benefits of using an ambulance and why do we use.	Nurse Manager of Accident & Emergency Unit Public Schools	Creating a program for the country, that educates everyone on the good practice, of using an ambulance and not to abuse it, to respect the service being given	January 2019

3. What is a significant milestone that you will accomplish in a month's time by April 24th, 2018?

Overcome the difficulties in the ambulance command centre unit, start to develop programs to create public awareness on the service provided. Creating podcasts of media about how to better the service. Get more data analysis on the abuse of ambulance.

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Your Commitment to taking the Idea to Implementation

Name of the Participant: Mr. Mody Traore

Name of the Institute/ Country: Hopital Du Mali/Mali

This management training program gave me an idea of a project to improve reception and user orientation at the Hospital du Mali.

1. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Improve the reception and orientation of users of the Hospital du Mali.	Director General of the Hospital du Mali General Supervisor President of the Medical Establishment Commission Head of Social Service Hostesses	Training of agents with the establishment of means of reception and orientation of the users	by the end of December 2018
2	Strengthen the capacity of 100% of the reception and orientation staff (Hostesses) of the hospital in Mali before the end of June 2018. Revitalize three docking stations and introduce horizontal colored bands on the ground and vertical signs at the end of September 2018.	Director General of the Hospital du Mali General Supervisor President of the Medical Establishment Commission Head of Social Service Supervisor of the Pediatric Department Hostesses	Advocacy meeting with the actors involved. Synthesis workshop of educational tools. Agent training. Set up horizontal colored bands and vertical signs. Establishment of 3 stations. Equipment of six audiovisual waiting rooms.	December 2018
3	Improve the reception and orientation of users in other health structures in Mali.	Minister of Health and Public Hygiene.		

We can carry out the following activities:

1. Advocacy meeting with the actors involved.
2. Synthesis workshop of teaching tools.
3. Training of agents (Hostesses).

Action Plans of Participants

5th INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (IPHMDP) SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH 20th-24th March 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: Noiba Shakhavutdinova

Name of the Institute/ Country: Tashpmi, Uzbekistan

1. Enlist the ideas and skills on Public Health Management which you learnt from the program?

- 1) Logical Framework Approach;
- 2) ABC Analysis;
- 3) VED Classification;

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g. : Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.) 1. Public health department of medical institutions. 2. Medical personnel of medical organizations.	1. Personnel of Public health departments. 2. Students of masters degree of Public health departments. 3. The head of medical organizations.	1. Introduction of training courses. 2. Discussing. 3. Evaluating existing training plan.	30 September 2018
2	Implementing in program/Settings (e.g. : Optimal resource utilization/ developing Training need assessment/improving quality/ HMIS/Advocacy/ communication etc 1. Developing Training need assessment	The head of medical organizations and institutions.	1. Discussing; 2. Interview.	30 June 2018
3	Replication of similar Management development Program in your country			

3. What is a significant milestone that you will accomplish in a month's time by April 24th, 2018?

1. Meeting with key authorities.
2. Training and course plan.
3. SWOT analysis.
4. Forecasting.

5th INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (IPHMDP) SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH 20th-24th March 2018

IMPLEMENTATION ACTION PLAN

Name of the Participant: Dr Rehema H. Simbauranga

Name of the Institute/ Country: National Institute for Medical Research, Tanzania

1. Enlist the ideas and skills on Public Health Management which you learnt from the program?

Strategic planning, leadership and use of principles of management are crucial in the success of the health programs

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	a. Sharing of learning	Head of units, Head of blocks Medical officers, intern doctors, medical students	Prepare and share a presentation on public health management	30 th April 2018
	b. Sensitize senior public health officers to participate in conducting public health management training	Head of programmes, head of units and other middle level managers	Sharing with ministry of health training department, the importance of this programme and suggest how to conduct the same programme in our country	31 st August 2018
2	Implementing in program/Settings (e.g: Optimal resource utilization/ developing Training need assessment/improving quality/ HMIS/Advocacy/ communication etc.	Head of programs	Prepare project monitoring tool In coordination with head of programs	30 th June 2018
	a. Efficiency project monitoring b. Strengthening quality of reports from research sites	Project coordinators and research scientists	Communicate with project sites for conducting training on how to report data in coordination with project coordinator	30 th Aug 2018

Action Plans of Participants

No	Priority area	With whom?	How are you planning to do?	By When
3	Replication of similar Management development Program in your country a. Incorporate public health communication and advocacy during training of health promotion in allied health sciences	In coordination with the Director of allied health sciences	Organizing training program, prepare training materials, get permission to conduct training, conduct the training	31 st August 2018
4.	Research and Impact analysis	Principal Investigator	Participate in -Algorithmic approach, Implementation of diagnosis and management pathway of HIV associated meningoencephalitis At Amana Regional Referral Hospital	31 st August 2018

1. What is a significant milestone that you will accomplish in a month's time by April 24th, 2018?

Meeting with key authorities, conduct training need assessment and prepare training plan.

PROPOSAL

Training on DREAMM project meningitis Diagnostic and Management pathways at AMANA Regional Referral Hospital, Dar es Salaam, Tanzania.

Introduction

DREAMM is the implementation project, it will consist of integrated approach to diagnosis and treatment of HIV associated meningoencephalitis using latest rapid diagnostic tests and optimized treatment regimens.

Routine care staff will be implementing algorithmic approach on diagnosis and management of HIV associated meningoencephalitis.

Objectives

- Reduce mortality
- Develop new international guidelines for the management of HIV associated meningoencephalitis in Africa

Public health impact will be:

1. Implementation phase data feedback to MOH.
2. Develop new HIV associated meningoencephalitis guidelines for Africa

Action Plans of Participants

5th INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (IPHMDP) SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH 20th-24th March 2018

Your Commitment to taking the Idea to Implementation

Name: Sammy Wafula Simiyu

Designation: Public Health Officer

Organization: Nairobi City County Government

Country: Kenya

1. Enlist the ideas and skills on Public Health Management which you learnt from the program?

- Interface of roles at different levels of management
- Combination of ABC and VED matrix inventory control techniques.
- Public health Communication and problem solving skills.
- Financial and Supply chain management.
- Change management

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning	<ul style="list-style-type: none"> • Public Health Program managers. • Sub- County Public Health. • Project Implementing Partners. 	<ul style="list-style-type: none"> • A presentation on the public health management development program materials and experiences in all sub county meeting. • Organize an information sharing workshop with all public health project implementing partners. <p>Share program experiences with the County Health Management team via Whatsapp Group wall.</p>	End of April 2018
2	Implementing in program/Settings Strengthen HMIS	<ul style="list-style-type: none"> • Sub-County County Health Records Information Officers 	<ul style="list-style-type: none"> • Identify champions to facilitate implementation of new management ideas. • Field supervisory visits to all the sub county Public Health Offices 	June 2018

Action Plans of Participants

No	Priority area	With whom?	How are you planning to do?	By When
		<ul style="list-style-type: none"> • Sub County Public Health Officers • Health facility procurement officers • Health facility Accountants 	<ul style="list-style-type: none"> • Sensitive health records information officers on significance of public health data management • Sensitization on ABC and VED inventory matrix. 	
3	Replication of similar Management development Program	<ul style="list-style-type: none"> • County Health Management team members • Sub County Health Management teams 	<ul style="list-style-type: none"> • Integrate management and leadership training in the CHMT and SCHMT meetings respectively. • Liaise with the County Human Recourse Department to engage the Kenya School of Government to conduct similar training for the other managers in the department. 	August 2018

3. What is a significant milestone that you will accomplish in a month's time by April 24th, 2018?

Sensitize the county health management team on the importance of the logical framework in project planning and implementation.

**5th INTERNATIONAL PUBLIC HEALTH MANAGEMENT
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20th-24th March 2018**

Your Commitment to taking the Idea to Implementation

Name of the Participant: Shahla Mirzazada

Name of the Institute/ Country: Public Health and Reforms Center of Ministry of Health of Azerbaijan Republic

1. Enlist the ideas and skills on Public Health Management which you learnt from the program?

I learned from the trainings how to use monitoring tools for successful project management; the important skills and knowledge about strategic planning; how to develop leadership capacity building of health workers ; successful public health communication and public health advocacy; and finally I learned that in all of this topics the most important thing is positive communications . I understood that the highest motivation is the best key of success.

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning <ul style="list-style-type: none">• (e.g. : Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)• IPHMDP Training for health manager of Ministry of Health -training for first level manager (it is important for project coordination in state level)• Webinar for health workers to understand international health field and sharing experience each other• Research among the health manager of the clinics, policlinics and others health systems to measure their management skills.• Develop action plan for strengthening health management system in country level.	1.Ministry of Health 2. Public Health and Reforms Center	To make presentation during the training day and to provide participants with theoretical and practical skills	By the end of may

Action Plans of Participants

No	Priority area	With whom?	How are you planning to do?	By When
	Health workers in country level	Ministry of Health	To make presentation during the sessions and provide participants with theoretical and practical skills	By the end of may
2	<ul style="list-style-type: none"> Implementing in program/Settings (e.g. : Optimal resource utilization/ developing Training need assessment/improving quality/ HMIS/Advocacy/ communication etc. Field observations during the training with health volunteers. It also helps us the measure middle level managers and to develop management skills of health volunteers. 	Ministry of Health	To educate health volunteer and then to make field visit	By the end of June
3	Replication of similar Management development Program in your country To make one action plan for every year about health management education and developing course	PHRC IPHDP	To write guidelines for health managers and to make action plan in country level which can include all health managers	By the end of September

3. What is a significant milestone that you will accomplish in a month's time by April 24th, 2018?

Capacity building can be completed by the end of April. Especially to work with health managers and health volunteers

**5thINTERNATIONAL PUBLIC HEALTH MANAGEMENT
DEVELOPMENT PROGRAM (IPHMDP)
SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH
20th-24th March 2018**

Your Commitment to taking the Idea to Implementation

Name of the Participant: Dr. Subash Hindagolla

Name of the Institute/ Country: Sri Lanka

1. Enlist the ideas and skills on Public Health Management which you learnt from the program?

- Leadership in public health is the one of successful of project
- Use of monitoring tools is very successful in project management
- Cost calculation before project starting
- Job analysis, problem free analysis helps to good outcome

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Conducting training	1. Provincial Director of Health service(PD) Regional Director Of Health services(RD) 2. Medical officers who are working in public health 3. Nursing officer who are working in public health	1. Discuss with provisional director and regional director about the training plan 2. Monitoring the training 3. Conduct the training	2 nd of march 2018
2	Implementing Chronic kidney disease prevention effectively (CICD)	1. Top level managers PD and RD 2. All medical officers who are engaging in CICD program 3. All nursing staff who are working in CICD prevention program	1. 1 st discuss the program with PD and RD 2. Start the program monitoring the program 3. Conduct the training during the program 4. Evaluate after finishing	3 rd of June 2018
3	Replication of similar Management development Program in your country	-----	-----	-----

3. What is a significant milestone that you will accomplish in a month's time by April 24th, 2018?

- Plan the program systematically
- Analysis the Program before starting
- Solve the problems which are come across during analysis

**5th INTERNATIONAL PUBLIC HEALTH MANAGEMENT
DEVELOPMENT PROGRAM (IPHMDP)
SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH
20th-24th March 2018**

Your Commitment to taking the Idea to Implementation

Name of the Participant: Mr. Tek Raj Ojha

Name of the Institute: Department of Health Service Teku, Kathmandu,

Country: Nepal

1. Enlist the ideas and skills on Public Health Management which you learnt from the program?

This is one of the important training for me, which develop confidence on me and makes positive towards my works. Improve capacity on leadership and learn the method of planning, monitoring and Evaluation of sub ordinate and the program. Now I am able to Conduct program regarding Child Health program conducted by Child Health Division specially on training(IMNCI,FB-IMNCI,SNCU Level II, remote area guideline) monitoring and coordination with line agencies. The new things i learned from training is the Human resource planning, job analysis and procurement process. And at last i changed my self from this training.

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g. : Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)	Discussion about Capacity building and HR management with 1.CHD Director 2.IMNCI Section Chief	When we have Technical Advisory Committee meeting (Xpert Committee on Child Health) at Department discussion with them by powerpoint presentation.	25 Apr 2018
2-	Implementing in program/Settings (e.g. : Optimal resource utilization/ developing Training need assessment/improving quality/ HMIS/Advocacy/communication etc.	Capacity building of Medical Officer at District and above District level Hospital	1- Field visit and data collection from Partner and by Regional Health Directorate about the need of SNCU in different setting of Hospital. 2- Select 20 medical officer from different Hospital and provide SNCU level II training to them at Kathmandu.	By June 2018

Action Plans of Participants

No	Priority area	With whom?	How are you planning to do?	By When
	New borne care program		3- Provide Level II training to Nursing staff from National Health training Center to support MO. 4- Provide equipment to selected Hospital for settlement of SNCU. 5- Empower Health management Committee and political leader and allocate budget for Hospital to provide free new born care services	
3	Research on Treatment by private medical practicer to under five Children	Research for DDA registered academic medical practicer of different practicer of 25 different districts with the help of Save the Children Nepal	Select 25 districts on the basic of Plain, hill and mountain and select all the medical shops who have certified practioner and provide 1 day orientation regarding under 5 children treatment	By the end of June.

3. What is a significant milestone that you will accomplish in a month's time by April 24th, 2018?

Coordination with CHD Director and Section Chief regarding this training and apply this training on New borne and Child Health program specially on training , on site coaching and other program conducted by Child Health Division.

**5TH INTERNATIONAL PUBLIC HEALTH MANAGEMENT
DEVELOPMENTAL PROGRAM (IPHMDP)
SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH
20th -24th March 2018**

Your commitment to taking the idea to implementation

Name of the participant: Tsegaye Getachew

Name of the Institute/Country: Ethiopian Public Health Institute/ Ethiopia

1. Enlist the ideas and skills on public health management which you learnt from the program?

- Logical framework approach as a tool for planning
- Costing of health care services and how to use the limited resources through the efficient way
- Supply chain and logistics management and how it implemented in health care system
- How to deal with human resource planning and management as well as job analysis
- How and when to conduct monitoring and evaluation
- Health management information system (HMIS) components and principles.

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By when
1	Sharing of learning by Conducting training workshop for staffs of my institute Ethiopian Public Health Institute (EPHI)	1.Collaboration with Ministry of Health 2. Mission Director 3. Regional health offices	Through incorporating with others similar training conducted in our institute by customizing the IPHMDP presentations to our setup	30 April 2018
2	Implementing Training need assessment in my institute	1.Mission Director 2. HR section of EPHI 3. Ministry of Health	First through conducting sensitization workshop for those who engaged in assessment especially HR personnel's	30 June 2018
3	Conducting similar management development program at Ethiopian Public Health Institute	1.Management board members of the institute 2.Our usual partners 3. Mission Director 4. Volunteers in the institute	Convincing the management board members to consider the importance of the issue and promoting by using the volunteers and the partners	30 September 2018

3. What is a significant milestone that you will accomplish in a month's time by April 24th, 2018?

Orienting and discussing about the overall IPHMDP with my immediate boss and facilitating to start my first activity of my action plan.

**5thINTERNATIONAL PUBLIC HEALTH MANAGEMENT
DEVELOPMENT PROGRAM (IPHMDP)
SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH
20th-24th March 2018**

Your Commitment to taking the Idea to Implementation

Name of the Participant: Dr. Udula Amaranganie Vidanage

Name of the Institute/ Country: Sri Lanka

1. Enlist the ideas and skills on Public Health Management which you learnt from the program?

- Leadership qualities
- Project management
- Uses of LFA matrix

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g. : Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.) Conducting training	1. Nursing officers 2. Middle level managers	Make an action plan, get approval from ministry of health of conduct under my supervision	30/05/2018
2	Implementing in program/Settings (e.g. : Optimal resource utilization/ developing Training need assessment/improving quality/ HMIS/Advocacy/ communication etc. Workshop on communication	Junior doctors Middle level managers	Make action plan, identify resources, get approval from ministry of health	30/06/2018
3	Replication of similar Management development Program in your country	Middle level managers	Make an action plan , identify resources , try to get funds from some organization	31/07/2018

3. What is a significant milestone that you will accomplish in a month's time by April 24th, 2018?

- Identify resources
- Make project proposal
- Try to get approval from ministry of health

**5th INTERNATIONAL PUBLIC HEALTH MANAGEMENT
DEVELOPMENT PROGRAM (IPHMDP)
SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH
20th-24th March 2018**

Your Commitment to taking the Idea to Implementation

Name: Uliana Moskvitina

Designation: Associate professor of psychiatry, narcology and clinical psychology
department Institute of Medicine

Organization: Belgorod State National Research University, Russian Federation

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

- That the logical framework approach is crucial in the success of the health program project
- The leadership capacity development (capacity building of medical students and clinical department personal in mental health sector)
- Communicational skills in health care and motivation of team.

No.	Priority area	With whom?	How are you planning to do?	By when	Success indicators
1.	Teaching and training (sharing of knowledge and practical skills)	1.The 5-6 year students of medical Institute (with different specialization)	Work shop and lection	30.05.2018	Number of trainings and number of trained students
		2.The heads of clinical departments of mental clinic of Belgorod Region	Work shop and lection	30.05.2018	Number of trainings and number of trained heads of department
		3.Doctors which upgrading professional skills on health care management in the postgraduate institution	Work shop and lection	30.06.2018	Number of trainings and number of trained heads of department

Action Plans of Participants

No.	Priority area	With whom?	How are you planning to do?	By when	Success indicators
2	Implementation in health program settings	Capacity building (with medical staff)	Team building in a mental health care Mental health care data base Protocols of clinical communication in mental health care Awareness about Logical Frame work Analysis	30.09.2018	Questionnaire and interview
3	Design and create Guidelines "Doctor communication skills"	Approval of guidelines by director of Medical Institute of Postgraduate education	Stakeholder meetings to develop and adopt guidelines	31.09.2018	Publication of guidelines

4. What significant milestone that you will accomplish in a month's time by 24.04.2018:

a) Training and sharing session will be conducted with students, heads of clinical departments and doctors that deals with strategic planning and program management in health care sphere.

**5th INTERNATIONAL PUBLIC HEALTH MANAGEMENT
DEVELOPMENT PROGRAM (IPHMDP)
SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH
20th-24th March 2018**

ACTION PLAN

COMMITMENT TO TAKING THE IDEA TO IMPLEMENTATION

NAME OF PARTICIPANT: Wellington Watt Mutematsaka

NAME OF INSTITUTE: Chivi District Hospital

DESIGNATION: Human Resources Officer/Acting District Health Services Administrator,
Zimbabwe

1. Skills Acquired During The Public Health Management Training

- Management skills
- Leadership skills in Public Health
- Skills in project/program strategic planning and management.
- Financial management skills in Healthcare Management.
- Skills in supply chain and logistics management in healthcare.
- Human Resources management skills in health care.
- Skills in monitoring and evaluation.
- Public health communication.
- Health Management Information systems.
- Managing change management.
- Advocacy innovation and entrepreneurship in health care.
- Developing of action plans.

2. List of actions for implementing ideas & skills

No	OBJECTIVE	TARGET POPULATION	STRATEGY	TIME FRAME
1	Procurement workshop on new regulations.	<ul style="list-style-type: none">• 30 Nurses in Chivi District• 10 Chivi District Health Executive	<ul style="list-style-type: none">• Procurement training to be held in the hospital boardroom• New Procurement Act and regulations to be used.	By 30 April 2018
2	Training on Health Services Regulations	<ul style="list-style-type: none">• Health workers in Chivi District	<ul style="list-style-type: none">• Training to be conducted in the hospital boardroom.• Statutory Instrument number 117 of 2006 on Health Service Regulations to be used	By 30 May 2018
3	Public Health Communication Training	<ul style="list-style-type: none">• All Health Staff in Chivi District	<ul style="list-style-type: none">• Training to be conducted in the hospital boardroom.• To use patients charter during the program.	By 30 June 2018

I would like to start equipping our health staff with new procurement skills and new nurses in health regulations by 24 April 2018.

Action Plans of Participants

5th INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (IPHMDP) SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH 20th-24th March 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: Alexander Mwai Mbutu

Name of the Institute/ Country: Nyeri County-Department Of Health-Kenya

1. Enlist the ideas and skills on Public Health Management which you learnt from the program?

- Innovative ideas in health management
- Being a change agent
- Conducting job analysis
- Managing change

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g. : Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)	1.JOHN KABUI	-Give feed-back to Director of Health Services(short brief) Conduct CME for COUNTY HEALTH MANAGEMENT TEAM MEMBERS Conduct CME for other Sub-County Health Management Team members and Primary health facility in charges.	6/4/2018 11/4/2018 7/5/2018
2	Implementing in program/Settings (e.g. : Optimal resource utilization/ developing Training need assessment/improving quality/ HMIS/Advocacy/communication etc.	JOHN KABUI	-Develop and administer questionnaire to assess training needs to Primary health facility in - charges/managers.	18/05/2018
3	Replication of similar Management development Program in your country			

3. What is a significant milestone that you will accomplish in a month's time by April 24th, 2018?

- Give feed-back to county director of health (short brief).
- Conduct a CME to county health management team members

Action Plans of Participants

**5TH INTERNATIONAL PUBLIC HEALTH MANAGEMENT
DEVELOPMENT PROGRAM (IPHMDP)
SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH
20th -24th March, 2018**

Action plan

Name: Bhim Prasad Sapkota

Designation: Public Health Administrator/Epidemiologist

Organization: Ministry of Health and Population, Nepal

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

- The concept of Leadership and qualities of leaders are found to be very useful for me
- The methods of Economic evaluation and Financial Evaluation is also the useful content for me
- Methods of Change management and Effective Communication are the most important learning for me.

N0	Priority area	With whom?	How are you planning to do?	By when	Success indicators
1.	Teaching and training (sharing of knowledge and practical skills) (Organizing workshop on Effective leadership and communication)	<ul style="list-style-type: none"> • Medical officers • Public Health officers • Nursing officers 	a three day workshop at two states in Mid-western and far western part of Nepal	15 th May 2018	<ul style="list-style-type: none"> • Number of Workshops • Number of Sessions • Number of Participants
		<ul style="list-style-type: none"> • Instructors • Lectures • Tutors 	An one day Orientation training at Nursing and Paramedic school	30 th May 2018	<ul style="list-style-type: none"> • Number of trainings • Number of Academic staffs participated in the Workshop
2	Design and create Guidelines on "Effective leadership and Communication"	<ul style="list-style-type: none"> • Director of NHTC • Masters Trainers • DH Managers • Trainers 	Revision of Training manuals to Integrate "Effective leadership and communication Techniques" in In-service Training of HRH	30 July 2018	Number of Training manuals Number of trainings conducted by using the revised manuals

2. What significant milestone that you will accomplish in a month's time (by 24th April, 2018)

- a) I will share the learning points of this training to my colleagues.
- b) I will disseminate the information about the training to the all other Public Health managers working at Nepalese Health system (GOs, NGOs and INGOs).
- c) I will take permission to organize the workshop from the senior secretary of MoH.

**5th INTERNATIONAL PUBLIC HEALTH MANAGEMENT
DEVELOPMENT PROGRAM (IPHMDP)
SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH
20th-24th March 2018**

Your Commitment to taking the Idea to Implementation

Name of the Participant: Dr. Joseph Mwabusila

Name of the Institute/ Country: Ministry of Health, Community Development, Gender,
Elderly and Children- Tanzania

1. Enlist the ideas and skills on Public Health Management which you learnt from the program?

Principles of management, roles of public health management and leadership in attaining health related goals of SDGs, leadership skills, Human resource management and financial resource management

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning	1. Senior officials of ministry of health 2. Principals from all Allied Health Training Institutions 3. Senior officials of Masasi District Hospital 4. All staff of Masasi Clinical Officers Training Centre and Masasi District Hospital	1. Through report submission of the training 2. Through presentations during the annual Principal's meeting 3. By face to face experience sharing 4. Through presentations to be conducted at Masasi Clinical Officers Training Centre	1. By 6 th April 2018 2. By end of May 2018 3. By end of April 2018 4. By end of May 2018
2	Implementing in program/Settings (e.g: Optimal resource utilization/ developing Training need	1. Ministry of Health (department of Allied Health Training)	1. Organizing training to all tutors from Health Training Institutions in the	By September 2018

Action Plans of Participants

No	Priority area	With whom?	How are you planning to do?	By When
	assessment/improving quality/ HMIS/Advocacy/communication etc. 1. Efficiency project monitoring		country on parts related to their leadership 2. Conduct frequent monitoring to ensure the objectives of the training are met	
3	Replication of similar Management development Program in your country Incorporate public health communication and advocacy during training of health promotion in allied health sciences	Ministry of Health, Community Development, Gender, Elderly and Children	Seeking financial support for conducting TOT trainings for the related program	By January 2019

2. What is a significant milestone that you will accomplish in a month's time by April 24th, 2018?

Dissemination of report to the ministry, meeting of senior officials of Masasi COTC for sharing the training obtained and conducting training need assessment

**5th INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT
PROGRAM (IPHMDP)
SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH
20TH-24TH MARCH 2018**

COMMITMENT TO TAKE THE IDEAS TO SHARE AND IMPLEMENT

Name of participant: - Muluken Moges

Organisation: - Ethiopian Public Health Institute

Organisation:- Assistant Researcher I (Monitoring and Evaluation), Federal Democratic Republic of Ethiopia

1. Key learning from the program for improving our country program efficiency?

- Logical Framework approach a tool for Planning, Monitoring and Evaluation for Public Health Programs, Projects and Activities.
- Cost of Health Care; Economic evaluation for Public Health Programs especially cost effectiveness analysis approach among two or more programs
- Health Technology Assessment by Reading from materials

2. Action plan to implement and share our ideas and skill

No	Pre-condition activity	Major activity	Specific activity	Indicator Measurement	Target	Time
1	Meeting with our supervisor and Monitoring and Evaluation Directorate Manager conduct training need assessment find and mobilize budget for refreshment and session exercised books and other expenditure	Training for Monitoring and Evaluation Directorate Department, Public Health Emergency Management Directorate. and Technology Transfer and Translation Directorate Department	Conduct training about logical framework approach tool for planning, monitoring and evaluation	Number of trainers	12	May 21/2018
			Conduct training about cost of health care	Number of trainers	12	May 22/2018
			Conduct training about Health Technology Assessment	Number of trainers	12	May 23/2018

Action Plans of Participants

No	Pre-condition activity	Major activity	Specific activity	Indicator Measurement	Target	Time
2.	Clearly state about Monitoring and evaluation Guideline importance to include on the institute operational plan	prepare the institute Monitoring and evaluation Guideline and implement in the institute from the beginning of September 2018	Prepared written monitoring and evaluation document	Module	1	July 9/2018
			Create awareness about the Guideline to the institute staffs	Number of participants for half day	120	July 11/2018
3.	Ongoing process no need pre condition	Conduct cost effectiveness analysis between school feeding program and productive safety net program for redaction under nutrition childes in Addis Ababa city administration	Conduct data collection based on the protocol	Percentile	30%	Jun 30/2018
			Data analysis	Percentile	20%	September 2018
			Technical report Writing	Percentile	50%	October 2018

NB data collection 30% of project, data analysis 20% of project and Technical report writing and dissemination 50% of the project.

3. Significant milestone accomplished with in a month up to April 24th

- Communicate with 3 directorates especially with Monitoring and Evaluation Directorate Department, Public Health Emergency Management Directorate. and Technology Transfer and Translation directorate
- Identify the training need assessment and find collaborator to support the training in terms of budget and skills.
- Prepare training power points
- Share experiences about guideline other organization collect data and information from all department if they have ideas and suggests form sub committees to prepare the monitoring and evaluation guideline.

Action Plans of Participants

5th INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (IPHMDP) SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH 20th-24th March 2018

Your Commitment to taking the Idea to Implementation

Name of the Participant: Shareeda Mohammed

Name of the Institute/ Country: Trinidad and Tobago

1. Enlist the ideas and skills on Public Health Management which you learnt from the program?

Four main types of Public Health Management Skills:

- Interpersonal Skills – Leadership, relationship and helping , delegating.
- Information management
- Analytical skills
- Action skills

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g. : Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.)	1.Managers at Regional Level 2. Managers at District Level 3. Head of Dept at County Level	Four day workshop with use of power point presentation from PGI and work book materials. AIM: Capacity building – train the trainers	By end of April 2018
2	Implementing in program/Settings (e.g. : Optimal resource utilization/ developing Training need assessment/improving quality/ HMIS/Advocacy/ communication etc.	1. Tertiary Health HOD of Dept. 2. Primary Healthcare head of department 3. Information Technology dept.	1. Introduction of the HMIS portal concept 2. Strengthening monitoring and evaluation.	By end of May
3	Replication of similar Management development Program in your country	1. CEO 2. Top Managers 3. University 4. Tertiary healthcare HOD 5. Primary Healthcare HOD	Seminal where the person trained in first workshop present different modules of Public Health Management Development Program. AIM: Buy in to adopting program	By end of June 2018

3. What is a significant milestone that you will accomplish in a month's time by April 24th, 2018?

- Program Report will be completed and submitted to CEO.
- Engage Training Department to plan four day workshop
- Assess the existing Public Health Management Style.

Action Plans of Participants

5th INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPEMENT PROGRAM (IPHMDP) SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH 20TH-24TH March 2018

Your Commitment to taking the idea to Implementation

Name of participant: Ms. Delna Julie

Name of the institute/ Country : Seychelles

1. Enlist the ideas and skills on Public Health Management which you learnt from the program?

I learnt that successful Public Health management will be achieved :

- a. When the right targets and visions are set.
 - b. Staff and the population themselves are being well taken care of.
 - c. Having the right kind of leadership in the organization.
- Monitoring and evaluation of Public Health programmes established.
 - I also learnt about the Fayol's 14 principles of management which focuses on a wide range of issues, involving managers, staff, staff welfare and development.
 - The different roles and skills to be a good leader.

2. List of actions for implementing your ideas and skills ?

No	Priority area	With whom?	How are you planning to do?	By when?
1	Sharing of learning (Training, meetings and conducting survey)	Meeting with the HR manager and my Director in my department to discuss the key areas for training needed in our department. (short & long term training involving new recruits and in service staff) Set up a staff welfare and training committee (comprising of Public Health officers) that will be engaged in identifying the key areas for trainings e.g training in asbestos management and fungus management, food science, meat inspection etc.	Request permission from the Public Health Commissioner to conduct survey on training needs which will involve Public Health officers. Discussion with key personnel (Director & HR) on the existing training plan.	April 2018

Action Plans of Participants

No	Priority area	With whom?	How are you planning to do?	By when?
2	Implementing in program/settings Training needs assessments	The staff welfare and training committee	Questionnaires and interviews	June 2018
3	Replication of similar Management development program in your country			

3. What is a significant milestone that you will accomplish in a month's time by April 24th, 2018?

- Meeting key personnel involved in staff training/development.
- Will be able to have an idea of some of the key field areas in the department where there's a need for training of staff.

Strengthening the process in the organisation in regards to training of staff (short & long term).

**5th INTERNATIONAL PUBLIC HEALTH MANAGEMENT
DEVELOPMENT PROGRAM (IPHMDP)
SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH
20th-24th March 2018**

Your Commitment to taking the Idea to Implementation

Name of the Participant: Gantugs Yundendorj

Name of the Institute/ Country: School of Public Health, Mongolian National University of Medical Sciences

1. Enlist the ideas and skills on Public Health Management which you learnt from the program?

- Common principles of manager
- Leadership skills their importance in development of public health, characteristics of the leadership and ways of leading team
- A tool of planning, main steps of logical frame work analysis; stakeholder analysis, SWOT analysis, Problem tree analysis, objective three analysis, strategy analysis, Logical Framework Matrix and Monitoring and evaluation, and practical skill for use them for the planning.
- Various aspects in health care costing, types of costing and costing health care program's unit cost.
- Main concepts of supply chain.
- Importance of using motivating methods to any kind of organization even in personal life.
- Various teaching method conducting lecture and motivation participants

2. List of actions for implementing your ideas & skills?

No	Priority area	With whom?	How are you planning to do?	By When
1	Sharing of learning (e.g. : Conducting training / workshop or inculcating in teaching program or dissemination on social groups/media or orientation to higher offices etc.) <ul style="list-style-type: none">• Revising current curriculum of health care management which used graduate and post graduate study in my country, School of public health	-Health administration post graduate students (every 6 month have enrollment with 10-15 students) -Health administration master students (every 6 month have enrollment with 8-14 students)	-Revision of existing curriculum at each level -Getting comments from faculty members -Getting approval from medical education administration unit in order to apply it for the training.	Starting from April, 2018; and then apply on continuous basis.

Action Plans of Participants

No	Priority area	With whom?	How are you planning to do?	By When
	<ul style="list-style-type: none"> Apply revised curriculum for the training 	-Public health master students (every 6 months have enrollment with about 20 students) -Short courses for health professionals		
2	Implementing in program/Settings (e.g. : Optimal resource utilization/ developing Training need assessment/improving quality/ HMIS/Advocacy/ communication etc.			
3	Replication of similar Management development Program in your country			

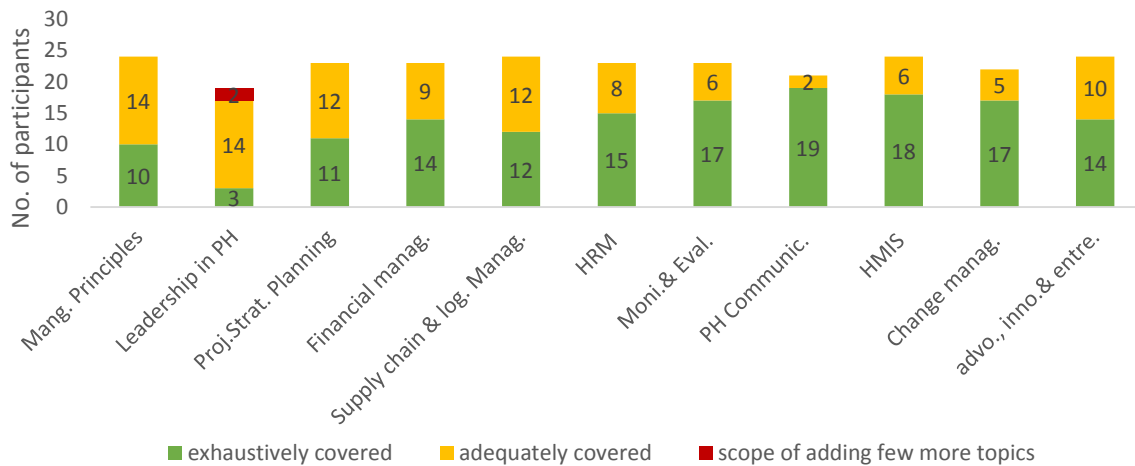
3. What is a significant milestone that you will accomplish in a month's time by April 24th, 2018?

- Revision of existing curriculum at each level
- Getting comments from faculty members
- Getting approval from medical education administration unit in order to apply it for the training

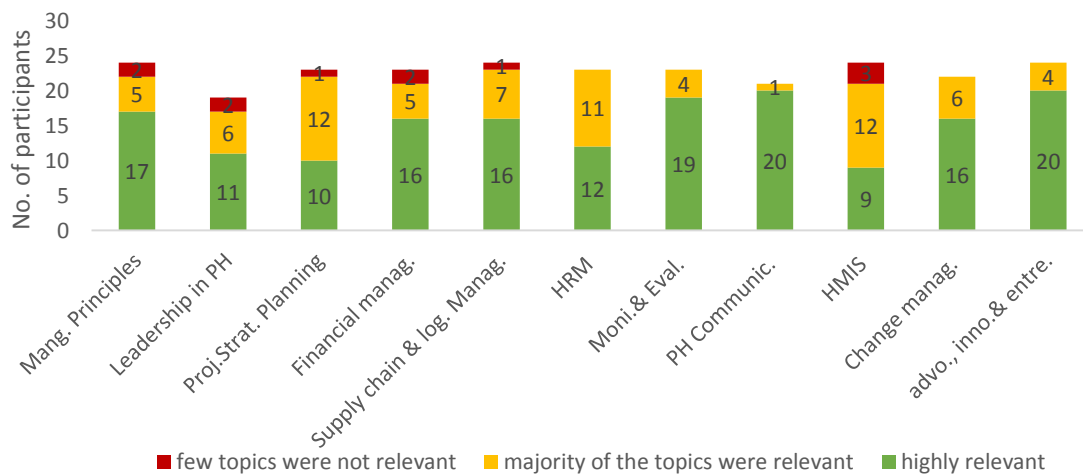
Participant Feedback Analysis

Module wise Quantitative Feedback Analysis

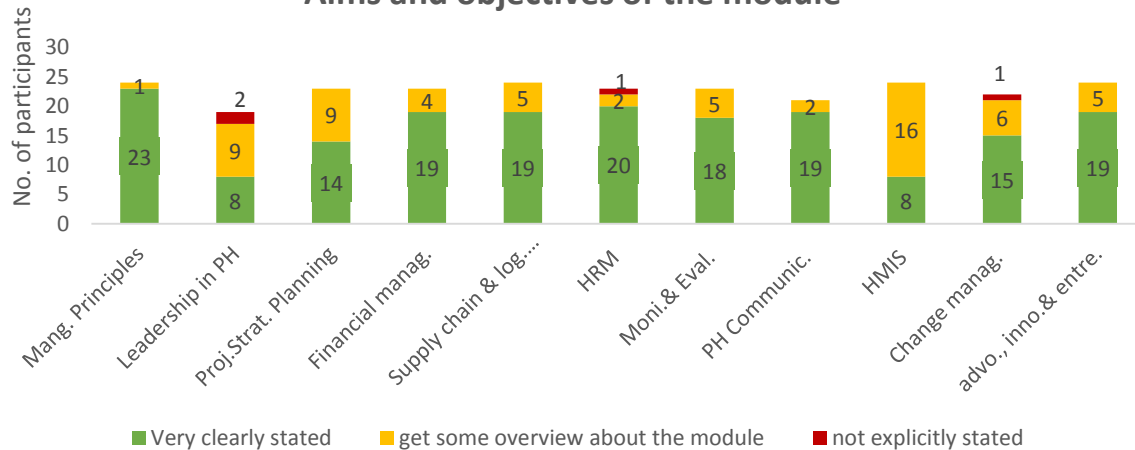
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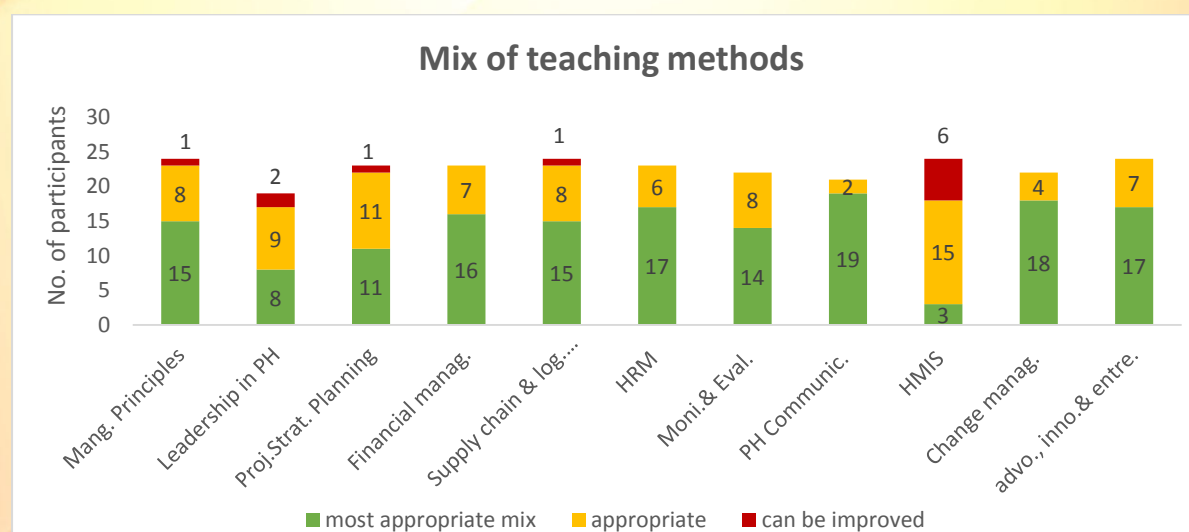
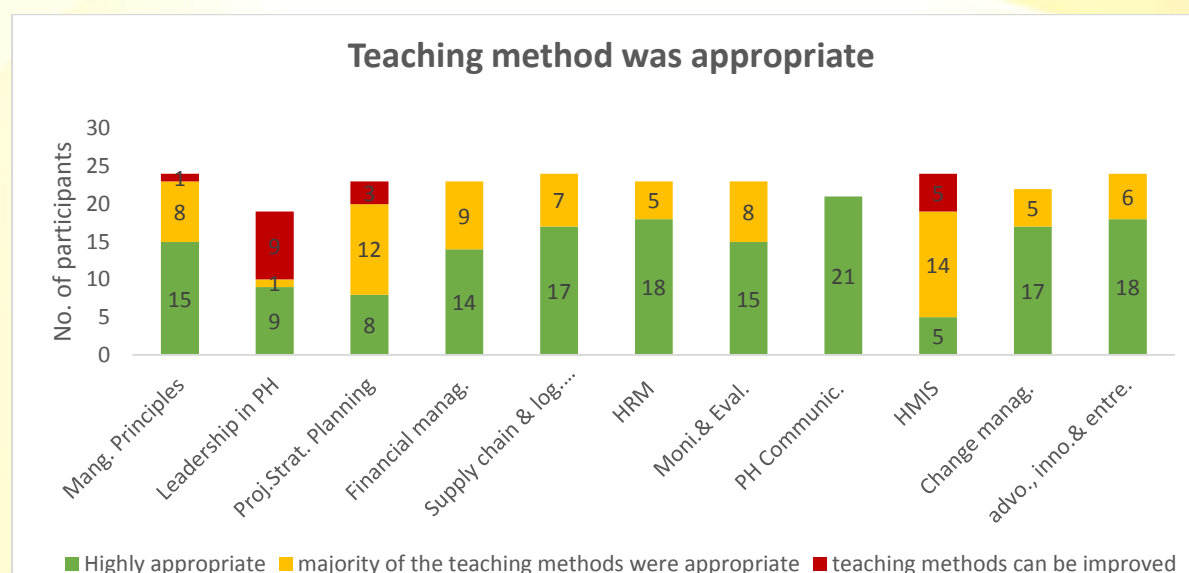
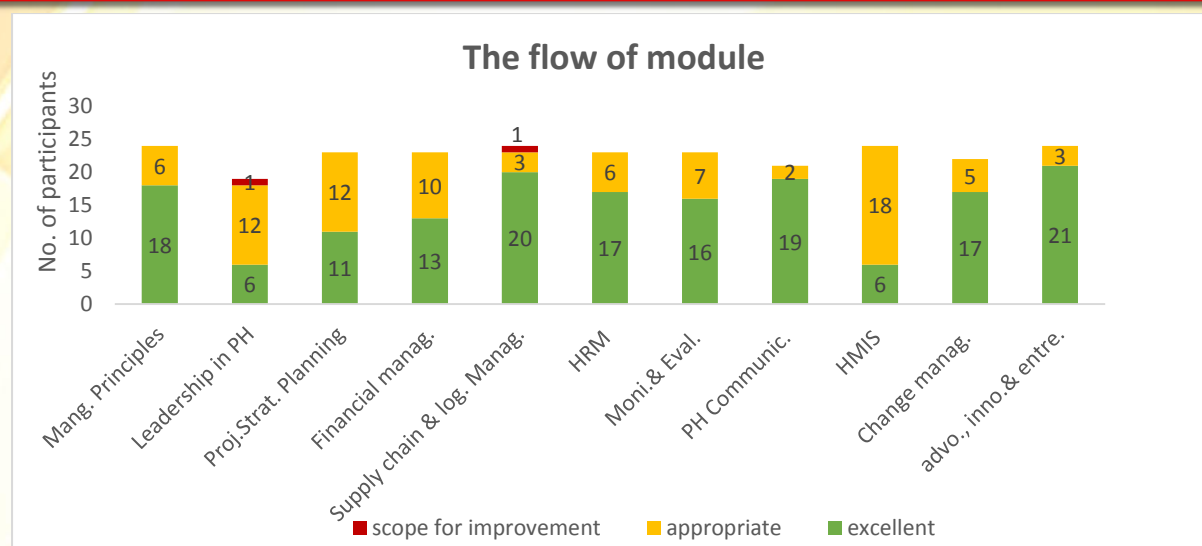
Content was relevant to my current work



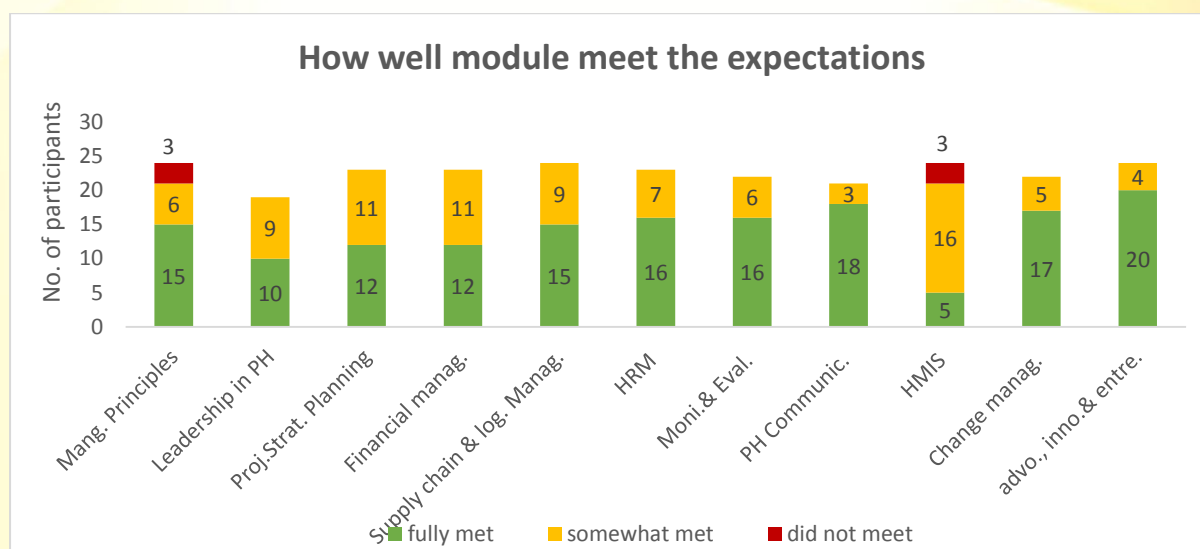
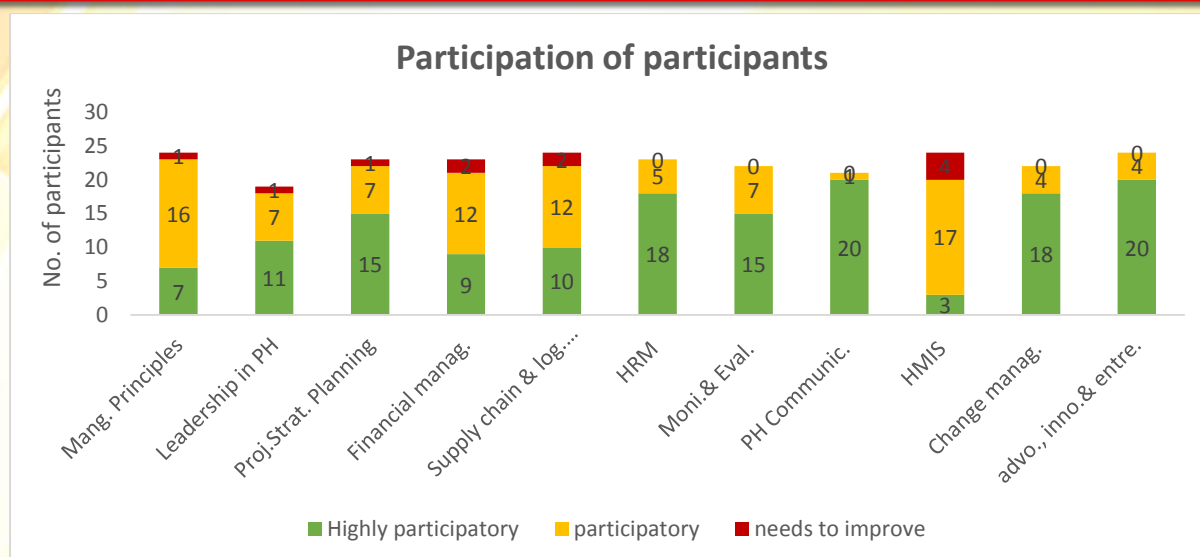
Aims and objectives of the module



Participant Feedback Analysis



Participant Feedback Analysis



Participant Feedback Analysis

Module wise Qualitative Analysis

Most Liked Elements

Module 1-Management Principles

Engaging, interactive, interesting, teaching method and relevant presentation with short definitions, cutting-edge content and flow of the module, useful for planning and implementing the programme in our work station and could place our self in current management role, Fayol's 14 principles, role and functions of managers with various example, function of management was discussed and explained clearly, Principle of management with the different levels and the difference between Clinical and Public Health was also explained and the concluding session was also good.

Module 2- Leadership in Public Health

Case study discussed was good, sustainable development goals was detailed with information on qualities of good leader helped in understanding role of leader which was relevant learning for my work.

Module 3- Project/ Program Strategic Planning and Management

Case study, problem tree, logical framework, strategy analysis and problem solving method was explained, exercises was appreciative and easy to put in practice, content of the module was good.

Module 4- Financial Management

Presentation on the cost concept, types of cost, financial costing, steps in cost data analysis, methods of costing was important but tough, Costing exercises, and how to calculate cost of the service with case study on laptop was interesting.

Module 5- Supply Chain and Logistics Management

Excellent Presentation on cost concept and exercises on laptop was interesting with Case study was useful, types of cost, financial costing, steps in cost data analysis were important topic but tough, Information on ABC-VED matrix, perpetual inventory control techniques and on inventory management was useful.

Module 6- Human Resource Management

Job analysis and Training Needs Assessments (TNA) with exercises was interesting, presentation on WHO article, challenges in India, HR techniques and TNA with case study with active involvement of participants by experienced lecturer was excellent.

Participant Feedback Analysis

Module 7- Monitoring and Evaluation

Difference between monitoring, evaluation and Mission, vision, TOC model, Goals and objectives, planning cycle with exercises was well covered in module.

Module 8-Public Health Communication

Group games, modes of communication with expressions, role play, fulfillment of expectation, adjusting oneself to change everything in the module was interesting and excellently taught and class was interactive, presentation was excellent, way of communication seems easy after session.

Module 9- Health Management Information System

HMIS, steps of HMIS, components of HMIS, principles in designing HMIS and diagrammatic presentation with examples made presentation interesting.

Module 10- Change Management

Change management 8 steps, theories of change management, importance of team work, state of change process, group games, change as key and constant, stories, role play and delivery of presentation was interesting and good.

Module 11- Advocacy, Innovation and Entrepreneurship in Health Care

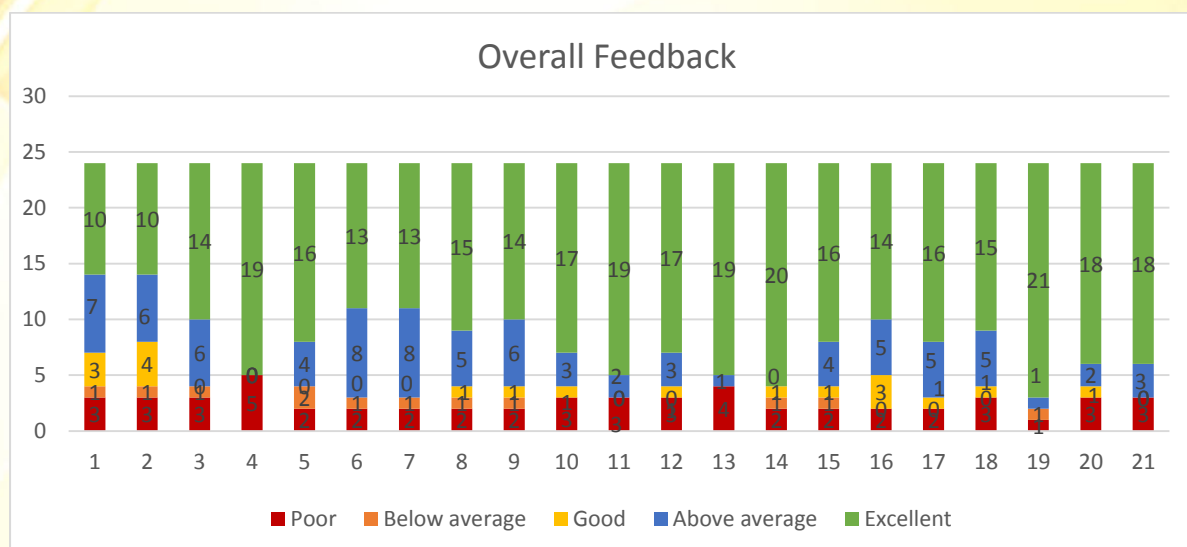
Class was great, interesting, insightful and motivating, importance of Innovation, positive thinking and team achievement, involvement in multiple games, presentation was excellent, session was highly participatory, liked the job stress inventory activity, what should be the behaviours of good leader, exercises in the module and teaching methods was good.

Suggestions

Translation of resource material and training sessions in local language, provide more exercises and group work along with more time to grasp the session, extend time for each module preferably 2 weeks, dinner may be arranged, introduce distance learning program as materials are quite intensive and useful to middle and senior program Managers.

Participant Feedback Analysis

Overall Quantitative Feedback



X-axis: Elements of the feedback:

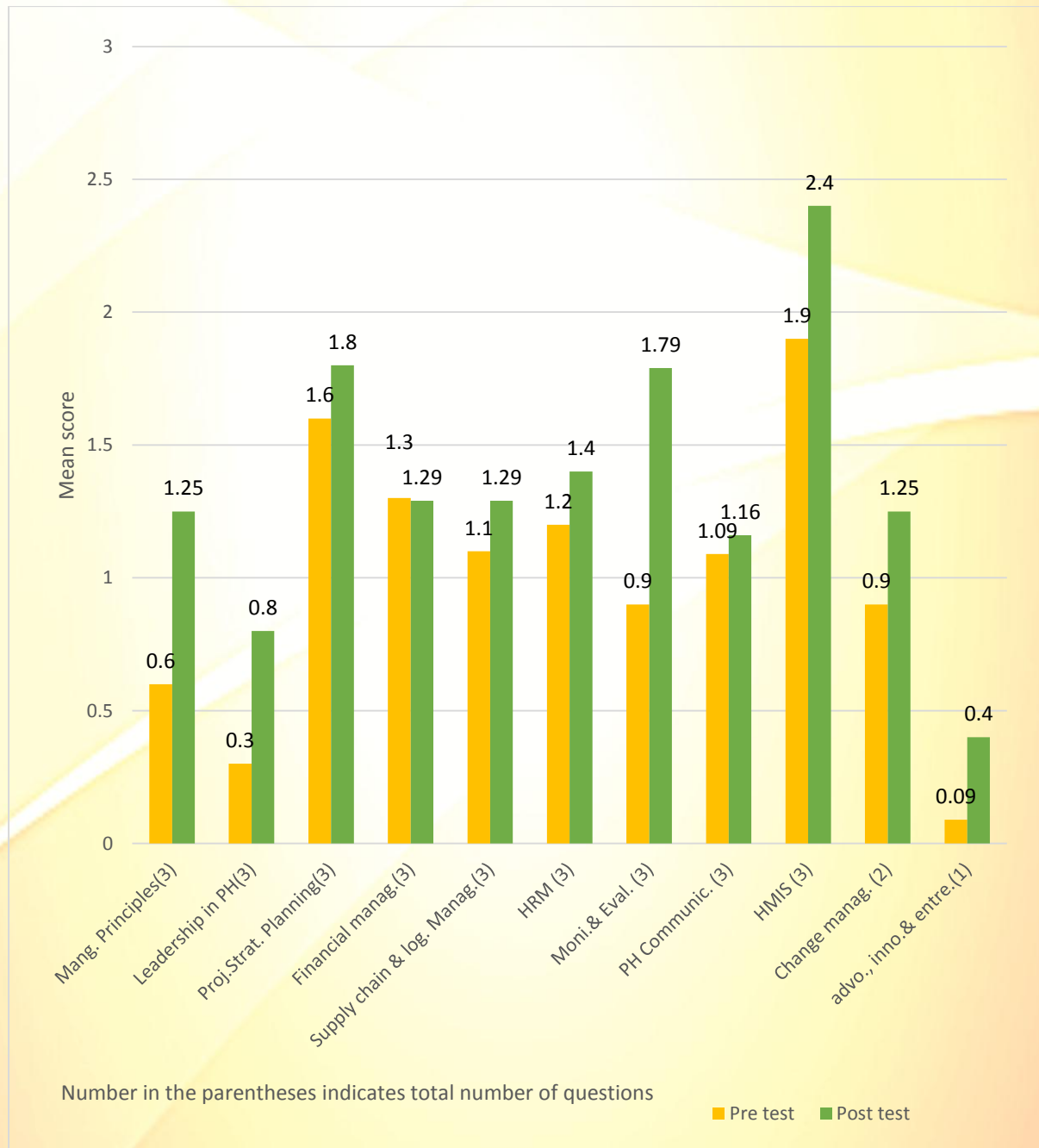
1-I was well informed about the logistics and other information about the program before I came, 2-I had the prior knowledge of what would be my "take-away" from the course, 3-The venue of the course had all the requisite facilities and necessary comforts, 4- Presentations were well prepared and on target, 5- The mix of methodologies (presentation, exercises, case studies) used in this course was effective, 6- The program overcome language and other barrier and facilitator understanding, , 7- The pace and the sequencing of the sessions facilitated easy transfer of learning inputs to me, 8- The workshop program engaged me in active learning related to its goal, 9- The course met its stated objectives, 10- This course was relevant to my job responsibilities, 11- I intend to use what I learned from the course in my work, 12- The resources/material/approaches provided will be helpful in my program settings, 13- I would recommend this course to my colleagues, 14-The course help me in developing networks and relation with other participants, 15- The number of participants in the course was appropriate, 16- Increased my familiarity with state of the art/best practices selected areas of Public Health Management, 17- Strengthened my knowledge and skills to develop strategies to develop to counter the Public Health problems in my country, 18-Increased my knowledge and skills to develop strategies to develop to counter the Public Health problems In my country, 19- How effective was the Faculty?, 20- How effective was the Support Team?, 21- What is your overall rating of this course?

Y-axis: No. of participants

Overall Qualitative Feedback

Excellent facilitators and organizer team; nice and comfortable hotel accommodation; morning breakfast and refreshments served during program; excellent study material, course content, and flow of course; transport facility was good, aims and objectives of the module were clearly stated, involvement of diversity of presenters in the course, experienced presenters and their innovative teaching technique was excellent; time management of various session was good; and coordination of team members during entire program was outstanding.

Pre and Post Program Evaluation



Recommendations and Way Forward

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

1. Strengthening of public health management at graduate and post graduate public health education Public health education of a country must amalgamate adequate content and approaches of public health management (PHM) at graduate and post-graduate level The curriculum of PHM should be designed in consultation with various stakeholders and approved by Medical Council of India and other statutory bodies The facilitators should be trained in PHM on teaching methods, which should include teaching through role plays, video lessons, management games, quiz etc.
2. Integration of PHM in general health services for attainment of senior management positions Training of senior medical officers of different states on PHM should be mandatory for attaining post of Civil Surgeons and other senior positions. The trainings should be conducted at few designated institutes across country, preferably Institutes of National Excellence, for a fixed period (15 days to one month) using a standard methodology.
3. Scaling up of the program at state, national and international level Considering the usefulness and need of PHM programs in current scenario, along with growing interest in such programs (as shown by increasing nominations of participants from different states and country in three International Public Health Management Development Programs-IPHMDP conducted by PGIMER, Chandigarh in last two years), there is a need to scale up such programs. At state level, National Health Missions (NHM) or Public Health Service Commissions can fund the program for senior program managers of their states for a period ranging from 3-5 years. At national level, NHMs can sponsor the senior administrators and program managers (Director and Deputy Directors) from the states or direct NHMs of different states to send the nominations for IPHMDP at PGIMER, Chandigarh. At international level, organisations which wish to pursue north-south and south-south partnerships can collaborate with PGIMER, Chandigarh for scaling up PHM program globally.
4. Need-based changes in the current program for addressing local challenges. The content of current IPHMDP program should be tailored based upon the context and need of participants, organisation and country's public health situations. The approaches should not only be didactic lectures but should be supplemented with discussions, role plays, group work, case studies, demonstrations etc. The case studies and examples should focus on current public health challenges of the participating countries. The time span of

Recommendations and Way Forward

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 (eIPHMDP) 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. Further, exchange programs between various participatory countries and PGIMER can be facilitated to local Ministries and Ministry of external Affairs, Govt. of India.

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 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 the globe. Also it gives participants the drive to ensure a good health management system in their work setups.
- The action plan submitted by participants at the end of program based upon their local work-place settings guaranteed that the program will bring a significant change in the public health management practices across the world.

Picture Gallery



Warm Welcome



Pre-Test in my Head



Whisper Mode



Group Work



Management Game



Management Exercise



Management Quiz



Power Point Presentation

Picture Gallery



Role Play



Video Lesson



Camera Pose



Candid



Video Play



Discussion Time



Flag Pose



Hands in Hands

Picture Gallery



I cannot See



I won This



Keep Smiling



Know Your Buddy



Learning By Doing



let me concentrate on Food First



Lets wave Together



Letz Make a Mark

Picture Gallery



May I have a Question...Please



Must after Lunch



Post class Interaction



Relive Childhood



Rock and Roll



Smart Connections



Team Work



Thank you

Picture Gallery



Hoppers



Movers



Takers

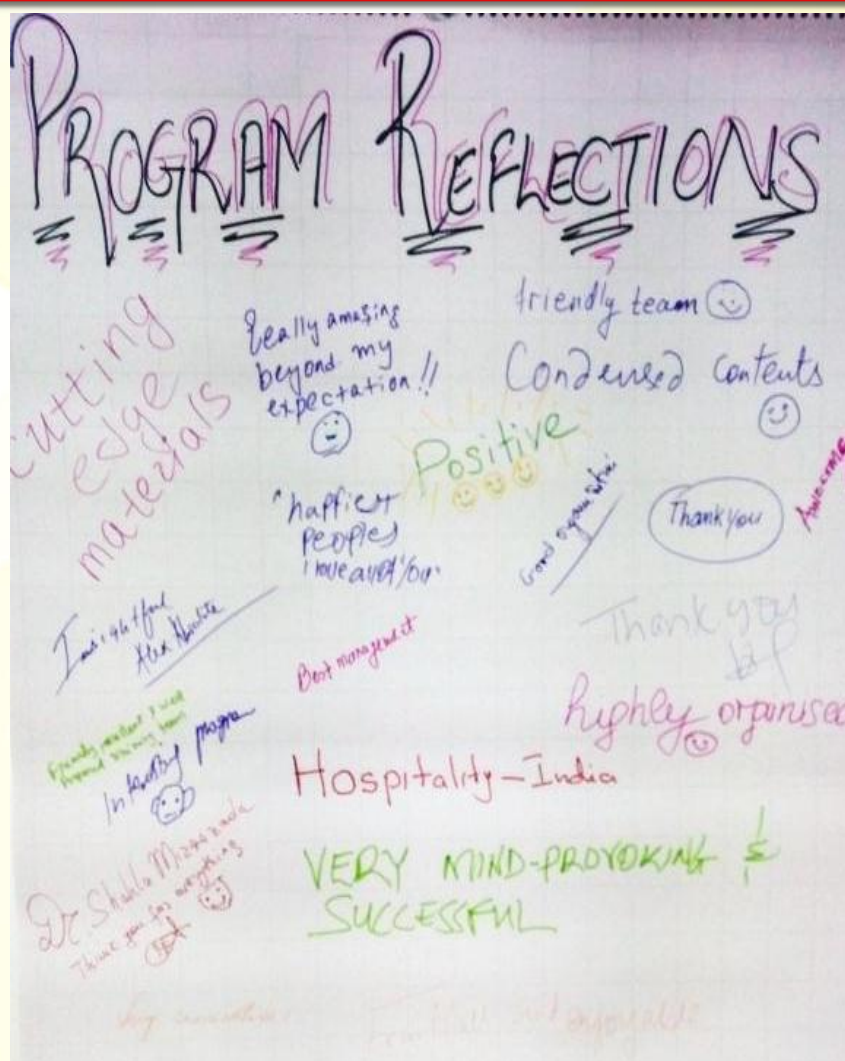


Shakers



Rocker

Token of Appreciation



CHANDIGARH TRIBUNE, 21.3.18

Health mgmt programme

The fifth International Public Health Management Development Programme, was inaugurated on Tuesday. —TNS

टीबी को खत्म करने का लिया संकल्प आईजीएमसी में जुटे 20 देशों के प्रतिनिधि, जागरूकता का दिया संदेश

अमर उजाला ब्यूरो

शिमला।

क्षयरोग को 2025 तक खत्म करना है। प्रधानमंत्री नरेंद्र मोदी के इस लक्ष्य को पूरा करने के लिए स्वास्थ्य महकमा डट गया है। हर साल एक लाख लोगों के पीछे 200 से 210 केस क्षय रोगियों के पेश आते हैं। इनको घटाकर 44 करना है। विश्व क्षय रोग दिवस पर आरएनटीसी के चेयरमैन डॉ. अशोक भारद्वाज ने आईजीएमसी में यह बात कही।

सामुदायिक चिकित्सा विभाग (डिपार्टमेंट ऑफ कम्युनिटी मेडिसिन) ने शनिवार को आईजीएमसी में विश्व क्षय रोग दिवस मनाया। इस मौके पर पंद्रह देशों के 20 प्रतिनिधि मेडिकल कॉलेज पहुंचे थे। उन्होंने टीबी रोगियों को बीमारी से बचाव के बारे में दी जाने वाली जानकारी हासिल की। सुबह दस बजे बीस मिनट पर श्रीलंका, केन्या, जिम्बाब्वे, नाइजीरिया, तंजानिया, उज्बेकिस्तान, उरुग्वे और नेपाल के प्रतिनिधि शामिल हुए। प्रतिनिधियों ने 'टीबी



हारेगा देश जीतेगा और हिमाचल पहले जीतेगा' जैसे स्लोगन से बीमारी से बचाव का संदेश भी लोगों तक पहुंचाया।

दोपहर बारह बजे कार्यक्रम की समाप्ति के बाद इन प्रतिनिधियों ने आईजीएमसी के डॉक्टरों और नर्सिंग छात्राओं के साथ रिज तक रैली निकाली। इसके बाद डीडीयू में आकर भी इलाज के बारे में जानकारी दी। उधर, इस मौके पर चिकित्सा शिक्षा निदेशक डॉ. अशोक शर्मा, वरिष्ठ चिकित्सा अधीक्षक डॉ. रमेश चंद, डॉ. सोनु

गोयल, डॉ. संजय समेत अन्य डॉक्टर कार्यक्रम में मौजूद रहे।

डॉ. यूदुला अमरेनगनी विदांगे, डॉ. बीएम सुभाष चंद्र कोरथी, वेणुयिता नताले अरिसोल, डेलना जुली, जोन गिथाई कानुई, सेमी सिनीयू, एलेक्जेंडर मबाई मब्युदु, डंकन मथियका, टेक राज ओशा, भीम प्रसाद सपकोटा, गंटुम्स, रोहिया सीमा उरांगा, डॉ. केलेंची, मोडी ट्राओर, सिंथिया थैरेसिया रेनोड, शरीदा मोहम्मद, डबाबी मेहंदी, जोसफ मबावु, उलियाना, शाला मिरजादा।

5th INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (IPHMDP) SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH 20th-24th March 2018

SAMPLE FEEDBACK OF PARTICIPANT SUBMITTED TO ITEC, MEA

DR. JOSEPH MWABUSILA, (Tanzania),

ACKNOWLEDGEMENT

I would like to express my sincere gratitude to almighty God for protecting me throughout the journey and program training. Without him I could not be in a position to attend the workshop.

I am also indebted to the Tanzania Indian Embassy and the Indian Technical and Economic Cooperation Program Ministry of External Affairs, Government of India for the financial support of the program, my stay in Chandigarh and the journey as well.

Many thanks to the organizing committee of the school of public health, PGIMER-Chandigarh under the program director (Prof. Sonu Goel) for a well-organized program. I also appreciate their consideration for me to be among the international delegates.

I would also like to express my sincere gratitude to the Ministry of Health, Community Development, Gender, Elderly and Children for allowing me to represent the country in this very important program.

Special thanks are to Dr. Otilia Goweke (Director of Human Resource Development) and Dr. Fadhili Lyimo (Ag. Assistant Director of Allied Health Training) for recommending me as one of the important person to attend the program.

I also appreciate the good cooperation from all the delegates and program organizers which made my beautiful stay in Chandigarh.

Lastly but not least, I am grateful to my wife who was always by my side during the whole period of application and the journey to the program.

INTRODUCTION

The 5th International Public Health Management Development Program (IPHMDP) was held at the School of Public Health, PGIMER-Chandigarh from 20th to 24th March 2018. The program was attended by 25 delegates from 15 countries of different parts of the world. The program was organized by a team from the School of Public Health, PGIMER-Chandigarh and sponsored by the Indian Technical and Economic Cooperation Program Ministry of External Affairs, Government of India together with the embassies of those countries.

Tanzania was represented by two delegates; Dr. Joseph Mwabusila (Principal Masasi Clinical Officers Training Centre) and Dr. Rehema Simbauranga (Research Scientist from NIMR-Muhimbili). We left the country on 18th March 2018 after completing all the necessary

Participant Program Feedback Report

requirements and arrived in Chandigarh on 19th March 2018. We started the journey back to Tanzania on 26th March 2018 and arrived safely on 27th March 2018.

All the travelling logistics from Tanzania (obtaining VISA, travelling tickets and financial support for living expenses in India) were organized by the Indian Embassy in Dar es Salaam while other the program costs were covered by the Indian Technical and Economic Cooperation Program Ministry of External Affairs, Government of India.

The program had two parts; four workshop days at Chandigarh and one day study tour at Shimla. At the end of the program all delegates had a chance of attending a function for the World TB day at Indira Gandhi Medical School (Shimla). It was at this same day where all delegates were issued certificates of successful completion of the training program.

MODE OF APPLICATION

The application to the program was done through the website provided by the organizing committee in their brochure circulated to the delegates of previous programs and also posted in the school website. Hard copies of the application forms were submitted to the embassy with the accompanying recommendation letter from the Ministry of Health, Community Development, Gender, Elderly and Children (Tanzania). Selected applicants were informed through their emails and direct phone contact from the embassy for starting processing VISA and ticket.

DEPARTURE FROM THE COUNTRY

We had to obtain the following as among pre-requisites for departure:

1. Passport
2. VISA
3. Yellow fever vaccination card
4. Permission letter from heads of departments
5. Presidential clearance for permission

ORGANISATION OF THE PROGRAM

The program was well organized by a team from the School of Public Health, PGIMER- Chandigarh under the program director Dr. Sonu Goel (Additional Professor). The first four days were used for the class activities where a pre and post-test was also conducted for all delegates. Prior to the pre-test the pre-learning materials were circulated to all delegates through their email before arriving in India for them to start reading. The post-test was conducted after completion of all modules.

The program modules were as follows;

1. Module 1: Management Principles
2. Module 2: Leadership in Public Health
3. Module 3: Project/Program Strategic Planning and Management
4. Module 4: Financial Management

Participant Program Feedback Report

5. Module 5: Supply Chain and Logistics Management
6. Module 6: Human Resource Management
7. Module 7: Monitoring and Evaluation
8. Module 8: Public Health Communication
9. Module 9: Health Management Information Systems
10. Module 10: Change Management
11. Module 11: Advocacy, Innovation and Entrepreneurship in Health Care
12. Module 12: Action Plan Development

Due to a mixture of health professionals of the participants, these modules enabled experience sharing during discussions for each module in between sessions. The selection of the modules for the program was really good because the modules targeted at capacity building of leaders in public health. Presenters of the each module were also wisely selected due to their professions and experience of the particular module. As participants, we enjoyed the delivery of all sessions due to mixture of facilitation methods where most of them were participatory methods. The contents of presentations and valid examples made all sessions valuable and related to our practice as leaders in public health.

To my side as a Principal of Health Training Institution, this program came at right time and on demand of leadership knowledge. All modules, with exception of only module 9 were directly related to my work. Hence I just see myself as a new and capable leader of the institution and also among important personnel in public health and to the Department of Allied Health Training in the ministry of health.

STUDY TOUR AT SHIMLA

All participants got an opportunity of study tour to Shimla on 25th March where we did the following:

1. Attending a cultural event where participants got an opportunity for sharing different dressing codes, music styles and other cultural things from their countries.
2. Visiting low level and high levels of health service delivery to learn how different programs are operating. Among the programs we managed to observe was how HMIS is operating in India, how cold chain for vaccination program is operating, referral system from low level health facilities to high levels and the TB program which aims at ending Tuberculosis in India by 2025. Among the health facilities we visited was the Indira Gandhi hospital.
3. Participating in the world TB day organized by Indira Gandhi Medical School. All participants delivered the messages which aimed at fighting Tuberculosis in the world responding to the Sustainable Development Goals (SDGs).

4. Delivery of Certificates for the training program was done in Shimla during

LESSON LEARNT

After attending this particular program, I have learnt the following:

1. For any project, program or institution to prosper the important thing is a skilled leader. A skilled leader will organize and utilize well resources to make development. As heads of Health Training Institutions, we need this kind of training program to make our institutions in a better position both economically and academically.
2. The country needs to adopt some good practices in public health from India in order to achieve the SDGs
3. Experience sharing between leaders from different countries is also among the important tool for capacity building.

Currently in the country four (4) health practitioners have got a chance to attend this type of training (three from different health training institutions and one from the National Institute for Medical Research). Many thanks to the Government of India for this achievement.

RECOMMENDATIONS TO THE MINISTRY

I recommend the following to be done by the Ministry of Health, Community Development, Gender, Elderly and Children:

1. Organize similar training for all Principals of Public and Private Health Training Institutions using the four alumni of the program as facilitators. This will build their capacity in leadership and management which is an important tool for better performance of these institutions academically and economically. Currently no any training is being provided to these heads of training institutions.
2. The ministry should sit with the Indian Embassy and try to organize a similar training to Public Health Managers/leaders of the country by welcoming the trainers of the program within the country. This will reduce the cost and cover large number of beneficiaries of the program in the country. This will also help in sharing what is done in Indian Hospitals to make their country among the best health care provider in the world.
3. The ministry should support the trained health personnel's from this program economically in order to reach the target set within their action plan where most of the actions will need financial support.

RECOMMENDATIONS TO THE INDIAN EMBASSY

To the Indian Embassy I recommend the following:

1. Continue supporting participants from our country for different programs which have positive impacts to the development of health system in our country.
2. To think of an exchange program between experienced public health managers from

Participant Program Feedback Report

Tanzania and India so that they can impart their knowledge to these two countries.

3. The embassy should think of facilitating the program director (Dr. Sonu Goel) and the team of facilitators to come and conduct a similar training to leaders in public health (from training institutions, research centres and hospitals) so that many public health leaders can obtain this training within a short time.

REPORT PREPARED AND SUBMITTED BY:

DR. JOSEPH MWABUSILA

(PRINCIPAL MASASI CLINICAL OFFICERS TRAINING CENTRE)

PROGRAM PARTICIPANT

A REPORT GOES TO:

- THE GOVERNMENT OF INDIA
- THE INDIAN EMBASSY IN TANZANIA (DAR ES SALAAM)
- THE PERMANENT SECRETARY MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN (MoHCDGEC)
- THE DIRECTOR OF HUMAN RESOURCE DEVELOPMENT MoHCDGEC



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Medical doctor with MD in Community Medicine with 15 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



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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

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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

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- Doctor of Science Degree with specialization in Analytical Chemistry from Antwerp, Belgium.
- Awarded as Environmentalist of the year 2007: Around the Globe and finalist for NASIS copus Young Scientists Award.
- Areas of Specialization: Environmental Pollution and Health, Air and Water quality monitoring.
- Contributed in various International Projects like Inter REG, ENVIRISK, MEGAPOLI.

**Dr. Tarundeep Singh**

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

**Dr. Sonu Goel**

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School of Public Health
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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**

International Union Against
Deputy Regional Director
Tuberculosis & Lung Disease
New Delhi
Mobile: +91 08800796585
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- 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

**Dr. Kritika Upadhyay**

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

- Dental doctor with Masters in Public Health from Punjab University
- 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.

**Dr. Nisha**

Research Associate
School of Public Health
PGIMER, Chandigarh
+918884061360
nishamakkar7@gmail.com

- Dental doctor with Masters in Public Health Dentistry from Rajiv Gandhi University, Bangalore.
- Worked in International Project on Oral Cancer "ONCOGRID" in collaboration with Boston University.
- Currently working in School of Public Health and Health Management Unit of School of Public Health, managing research project.



Dr. Sonu Goel (PGIMER)

- Introduction to Public Health Management



Prof. Vivek Adhish (NIHFW)

- Leadership in Public Health



Dr. Rana J Singh, (The Union)

- Role of Public Health Management and Leadership in Attaining Health Related Goals of SDGs



Dr. Madhu Gupta (PGIMER)

- Logical Framework Analysis – A Tool to Planning



Dr. Shankar Prinja (PGIMER)

- Costing Health Care



Dr. Pankaj Arora (PGIMER)

- Material Planning and Forecasting Including Purchase Procedures

- Inventory Control Techniques



Dr. Manjushree (Panjab University)

-Material Planning and Forecasting
-Inventory management techniques



Preethi Pradhan (Chitkara School of Health Sciences)

- Human Resource Planning and Job Analysis
- Training Need Assessment



Prof. Amarjeet Singh (PGIMER)

-Principles of Public Health Communication



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

-Strategic Behaviour Change Communication Planning



Dr. Garima Sangwan (PGIMER)









- MIS Frameworks in Healthcare








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

-Entrepreneurship and Innovations in Hospitals-Challenges and Opportunities

SR. NO	ID NO.	NAME	DESIGNATION	ORGANISATION	COUNTRY	PHOTO
1	2017KEN 001275	MR.JOHN GITAH KABUI	Sub-county medical laboratory technologist	County Government Nyeri	KENYA	
2	2017KEN 001278	MR.SAMMY SIMIYU	Public Health Officer Volunteer	KEMRI (Nairobi County Government)	KENYA	
3	2017KEN 001279	MR.ALEXANDER MWAI MBUTU	CLINICAL NURSE	MATHARI CONSOLATA HOSPITAL	KENYA	
4	2017KEN 001292	DR.DUNCAN MATHEKA	Medical Officer Intern	Machakos County Government	KENYA	
5	2017LKA 001861	DR. UDULA AMARANGANIE VIDANAGE	Medical Officer	Ministry of Health, Colombo	SRI LANKA	
6	2017LKA 001908	DR.B.M.SUBASH CHANDRA KEERTHI BANDARAHINDAG OLLA	Doctor	Provincial Department of Health Service - North Western	SRI LANKA	
7	2017SYC 000090	MS.BEGGUITA NATHALIE ARISSOL	Consultant in charge	Dr.Gilbert Pierre A&E UNIT, Ministry of Health	SEYCHELLES	
8	2017SYC 000096	MS.DELNA JULIE	Public Health Officer	Public Health Authority, Ministry of Health	SEYCHELLES	

SR. NO	ID NO.	NAME	DESIGNATION	ORGANISATION	COUNTRY	PHOTO
9	2017SYC 000101	CYNTHIA THERESA RENAUD	Consultant in charge	Dr Pierre, Seychelles Hospital	SEYCHELLES	
10	2017TTO 000127	MRS. SHAREEDA MOHAMMED	Medical Social Worker II	Former Public Health Inspectorate Office De Vertefuil Street Rio Claro	TRINIDAD & TOBAGO	
11	2017TUN 000781	MR. DABBABI MEHDI	Director of Basic Health Complex of Gafsa	Ministry of health	TUNISIA	
12	2017TZA 003372	DR.JOSEPH MWABUSILA	Medical Officer	Ministry of Health	TANZANIA	
13	2017TZA 003405	DR.REHEMASIMB AURANGA	Research Scientist	Ministry of Health, National Institute for Medical Research, Tanzania	TANZANIA	
14	2017NG A003284	DR.KELECHI KENNETH ASHIEGBU	Registrar	Dalhatu Araf Specialist Hospital,Lafia, Nasarawa	NIGERIA	
15	2017ZW E000876	MR. WELLINGTON WATT MUTEMATSAKA	District Health Services Administrator, Acting/Human Resources Officer	Government of Zimbabwe	ZIMBABWE	
16	2017UZB 001504	MRS. NOIBA SHAKHAVUTDI NOVA	General Practitioner	Family Polyclinic 26	UZBEKISTAN	

SR. NO	ID NO.	NAME	DESIGNATION	ORGANISATION	COUNTRY	PHOTO
17	2017ETH 002807	MR. TSEGAYE GETACHEW	Researcher	Ethiopian Public Health Institute	ETHIOPIA	
18	2017RUS 000323	MRS. ULIANA MOSKVITINA	Associate professor	Belgorod State National Research University, Institute of Medicine, Department of psychiatry	RUSSIA	
19	2017AZE 000091	DR. SHAHLA MIRZAZADA	Pediatrician	Public Health and Reforms Center of Ministry of Health of Azerbaijan Republic	AZERBAIJAN	
20	2017ETH 002812	MR. MULUKEN MOGES	Assistance Researcher I	Ethiopian Public Health Institute	ETHIOPIA	
21	2017NPL 000895	MR. TEK RAJ OJHA	Officer	Department of Health Services, Teku Kathmandu	NEPAL	
22	2017NPL 000893	MR. BHIM PRASAD SAPKOTA	Public Health Officer	Epidemiology and Disease Control Division	NEPAL	
23	2017MN G000990	GANTUGS YUNDENDORJ	Senior Lecturer	Health Sciences University of Mongolia	MONGOLIA	
24	2017MLI 000306	MODY TRAORE	Chief of service	Hospital of Mali	MALI	

About us

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



Contact us:
Dr. Sonu Goel
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Dr. Kritika Upadhyay
Program Coordinator
Contact: 9914514085 | E-mail: kritika@gmail.com
Postgraduate Institute of Medical Education and Research, Chandigarh (India)
Tel: + 91-172-2755215, Email: iphmd@gmail.com

Glimpse of 4th International Public Health Management Development Program 16th-20th December, 2017






5th 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"

**20th-24th March, 2018
(Tuesday - Saturday)**

Venue : School of Public Health, PGIMER, Sector 12, Chandigarh

Organized by
School of Public Health, PGIMER, Chandigarh
Sponsored by
Indian Technical & Economic Cooperation Programme
Ministry of External Affairs, Govt. of India

PROGRAM RATIONALE

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

PROGRAM OVERVIEW

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

OBJECTIVES

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

PROGRAM MODULES

1. Management Principles	2. Leadership in Public Health	3. Organizational Structure, Planning and Management	4. Financial Management	5. Supply Chain and Logistics Management	6. Human Resources Management
7. Monitoring and Evaluation	8. Public Health Communication	9. Health Management Information System	10. Change Management	11. Addressing Innovation and Entrepreneurship in Healthcare	12. Action Plan Development

PROGRAM FACULTY


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

WHO SHOULD ATTEND?

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

TEACHING & TRAINING METHODS

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



BENEFITS TO PARTICIPANTS

At the end of the course, the participants will be able to

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

BENEFITS TO ORGANIZATION

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


HOW TO REGISTER

Steps for Registration –

- 1) Open the website- <https://www.itecgoi.in/mealportal/homepage>
- 2) At the bottom of the page click on **Apply for ITEC/SCAAP course**
- 3) Page with this website will open <https://www.itecgoi.in/index.php>
- 4) Click on **Apply for ITEC**
- 5) In drop down list click on **Apply Now**
- 6) Select Stream – **Health and yoga or Human Resource Development and Planning**
- 7) Select Institute- **Post Graduate Institute of Medical Education and Research**
- 8) Course will appear- **International Public health Management Development Program**
- 9) Click on **Apply**

ACCOMMODATION FOR DELEGATES

Hotel Shivakiview is Four Star property located within city's hub of business, shopping and entertainment Sector-17. It is a leafy retreat which offers a stylish, intimate base for business experience as well as exploring the attractions & tourist spots of the "City Beautiful". The hotel is reputed for impeccable standards of services and luxury. The hotel is a 25 minutes' drive from the Airport and 15 minutes from the Railway Station and is a walking distance from Inter-state bus terminus.



CITY AT GLANCE

Chandigarh City came into existence in 1952 and also known as "The City Beautiful". Prestigious educational institutions attract students from all over the world who live and study in Chandigarh. The city is nestled within the beautiful Shivalik ranges, and has a lot to see and explore.

Weather Forecasting: The climate remains the most enjoyable part of the year during the spring season (from February-end to early April). Temperatures vary between (max) 13 °C to 20 °C and (min) 5 °C to 12 °C. A kind reminder to bring your woolen clothing along with.



Program Brochure

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 DBT, ICMR, WHO, UNICEF, UNFPA, DFID, MOH&FW, and MOEF 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.

5th 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"



Organized by:
School of Public Health,
PGIMER, Chandigarh

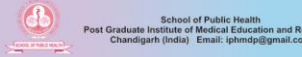
Sponsored by:
Indian Technical & Economic Cooperation Programme
Ministry of External Affairs, Govt. of India

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

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

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




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



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

₹ 1500/-



Study Module



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

Welcomes Delegates in
5th International Public Health
Management Development Program

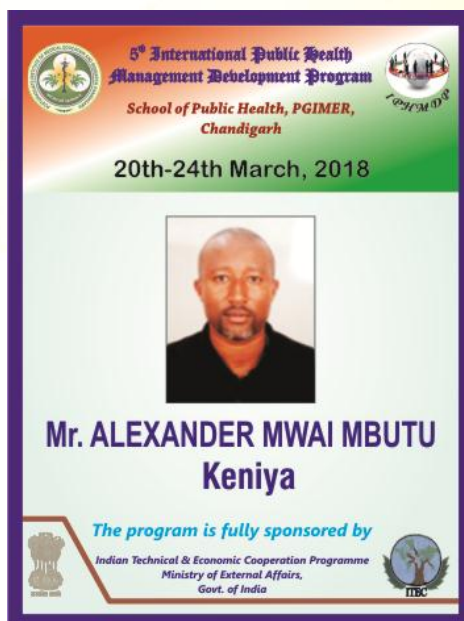
20th - 24th March, 2018
09:00am to 05:00pm

Venue:
Seminar Hall, School of Public Health
PGIMER, Sector 12, Chandigarh

Program Poster



Name Tag for the Participants



Labelled Bottle Sticker



Certificate of the Program



Memento



An exclusive Pen-cum-Pen Drive-cum-Pointer

**5th INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT
PROGRAM (IPHMDP)
SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH
20th -24th March 2018**

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

Module-wise 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.

.....Thank you.....

**5th INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT
PROGRAM (IPHMDP)
SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH
20th -24th March 2018**

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

Overall Feedback Form

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

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

- 1.
- 2.
- 3.

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

.....

Thank you very much for the thoughtful feedback and participating in the program

**5th INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT
PROGRAM (IPHMDP)
SCHOOL OF PUBLIC HEALTH, PGIMER CHANDIGARH
20th -24th March 2018**

Pre and Post Program Evaluation Form

Module 1: Management Principles

1. What managerial role does not use exchanges and processes information

- a) Disseminator
- b) Liaison
- c) Monitor
- d) Spokesperson

Answer: B

2. Managers are assumed to be _____; they make consistent, value-maximizing choices within specified constraints.

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

Answer: A

3. Henry Mintzberg's has categorised managerial role in

- a) 7
- b) 8
- c) 10
- d) 9

Answer: C

Module 2: Leadership in public health

4. Tannenbaum & Schmidt (1958) Continuum of Leadership define how many Leadership style

- a) 3
- b) 7
- c) 5
- d) 9

Answer: B

5. Which is not involved in the functioning of a transactional leader?

- a) Contingent reward
- b) Bottom up approach
- c) Management by exception
- d) Laissez Faire

Answer: B

6. Your boss encourages you to participate in the decision-making process but does not give you complete freedom to do as you like. The style of leadership is:

- A) monarchial
- B) autocratic
- C) laissez-faire
- D) democratic

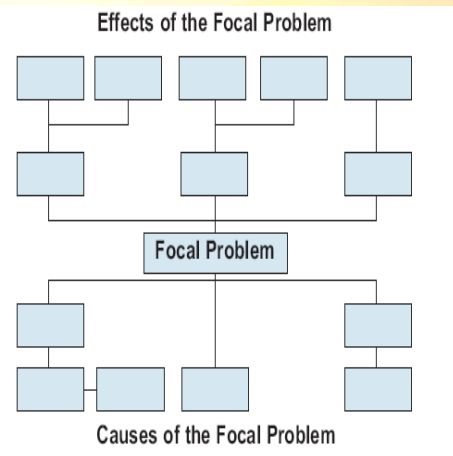
Answer: D

Module 3: Project/ program strategic planning and Management**7. What is the last step of Logical Framework Analysis**

- a) Strategy Analysis
- b) Problem Tree Analysis
- c) Monitoring and evaluation
- d) SWOT analysis

Answer: C**8. What is the diagram showing**

- a) Strategy Analysis
- b) Problem Tree Analysis
- c) Objective tree Analysis
- d) SWOT analysis

Answer: B**9. Logical Framework Analysis has**

- a) 16 cells organized into 4 columns and 4 rows
- b) 20 cells organized into 10 columns and 10 rows
- c) 9 cells organized into 3 columns and 3 rows
- d) 25 cells organized into 5 columns and 5 rows

Answer: C**Module 4: Financial Management****10. The classification of cost by input doesn't include**

- a) Marginal cost
- b) Capital cost
- c) Incremental cost
- d) Variable cost

Answer: D**11. What are the earning per share for a company that earned INR 1,00,000 last year in after tax profits, and has 2,00,000 common shares outstanding.**

- a) INR 1,00,000
- b) INR 2.0
- c) INR 0.5
- d) INR 6.5

Answer: C (1,00,000/ 2,00,000)**12. The costing technique when we compare both inputs and outputs in monetary terms and we compare 2 or more alternatives. This is a :**

- a) Cost Minimization Analysis
- b) Cost Benefit Analysis
- c) Cost Utility Analysis
- d) Cost Effectiveness Analysis

Answer: B**Module 5: Supply Chain and logistics Management****13. The supply chain concept originated in what discipline?**

- a) Marketing
- b) Operations
- c) Logistics
- d) Production

Answer: A

14. Which is not a qualitative method in demand forecasting

- A) Naïve method
- B) Complex Enumeration
- C) Sales free composite
- D) Panel Consensus

Answer: A

15. 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

Answer: B

Module 6: Human Resource Management**16. The actual achievements compared with the objectives of the job is**

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

Answer: A

17. Job analysis method includes a) interviews b) observation c) employee recording d) questionnaires

- a) (a) & (b)
- b) All
- c) (b) & (c)
- d) (a) (b)& (c)

Answer: B

18. Shortage of workers is not forecasted by

- a) Creative recruiting
- b) Compensation incentives
- c) Training programs
- d) Reduced hours

Answer: D

Module 7: Monitoring and Evaluation**19. 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

Answer: C

20. Match the column:

1	Efficiency	i.	Controlled settings
2	Effectiveness	ii.	Economical aspects
3	Efficacy	iii.	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

Answer: A

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

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

Answer: B

Module 8: Public Health Communication**22. Which is the most important component of communication?**

- a) Source
- b) Receiver
- c) Message
- d) Channel
- e) Feedback

Answer: E

23. Which is true for BCC & IEC for the two statements provided below?

- 1 – Promotes positive behaviour
- 2 – Promotes enabling environment

- a) Both 1 & 2 are true for both
- b) Only 1 is true for BCC & both 1 & 2 are true for IEC
- c) Only 1 is true for IEC & both 1 & 2 are true for BCC
- d) Only 2 is true for IEC & only 1 is true for BCC

Answer: C

24. Internet is what method of public health communication?

- a) Individual approach
- b) Group approach
- c) Mass approach
- d) None of the above

Answer: C

Module 9: Health management information system**25. Which of these is not a type of data in HMIS?**

- a) Population level data
- b) Health facility level data
- c) Census data
- d) Public health surveillance

Answer: C

26. Which is the sequence of flow of data in HMIS?

- a) Information-----Knowledge----Action----- Data
- b) Knowledge ----- Data ----Information----- Action
- c) Data-----Information-----Knowledge----Action
- d) Action -----Knowledge---- Data-----Information

Answer: C

27. Does data analysis and decision making is the component of HMIS?

- a) Only data analysis
- b) Only decision making
- c) Yes both are
- d) None of the above

Answer: C

Module 10: Change Management

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

- e) Freezing
- f) Defreezing
- g) Refreezing
- h) Defrosting

Answer: C

29. Managing change is an integral part of _____.

- a) Top management's job
- b) Middle-level management's job
- c) The first-line manager's job
- d) Every manager's job

Answer: D

Module 11: Advocacy, innovation and Entrepreneurship in healthcare

30. Health advocacy definition does not encompass?

- a) Direct services to individual
- b) Promote health
- c) access to healthcare
- d) policy making

Answer: D

About us

Post Graduate Institute of Medical Education & Research, Chandigarh

Who We Are

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

What We Offer

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

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

Who We Are

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

What We Do

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

What We Offer

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

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