Summer Placement

In

Public Health Foundation of India

(8th APRIL – 7th JUNE' 2013)

SUMMER INTERNSHIP REPORT

As a part of Curriculum of

II SEMESTER (FIRST YEAR)

By

SUGANDHA GUPTA

Post-Graduation Diploma in Hospital & Health Management

Batch-17 (2012-14)

SUBMITTED TO

Institute of Health Management Research, JAIPUR

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CERTIFICATE

This is to certify that **Ms Sugandha Gupta** student of the 17th batch of the Post Graduate Diploma in Hospital and Health Management (PGDHM) at Institute of Health Management and Research, Jaipur underwent the summer training at **Public Health Foundation of India**, New Delhi from April 8th to June 7th 2013 and worked on:

- Strengthening the capacity of public sector to train the public health leaders in the state of Uttarakhand
- Preparation of advocacy report on capacity building programs under MEASURE Evaluation-PHFI partnership.

The candidate successfully carried out the work assigned to her during summer training and her approach to the project was sincere, scientific and analytical.

We wish her success in all her future endeavours.

Dr. Barun Kanjilal
Professor
IIHMR, JAIPUR

Dr Ashok Kaushik
Dean (academics and student affairs)
IIHMR, JAIPUR

PUBLIC
HEALTH
FOUNDATION
OF INDIA

To Whomsoever It May Concern

This is to certify that Ms. Sugandha Gupta, student of IHMR, Jaipur has successfully completed her summer internship scheduled from 8 April to 7 June, 2013 in Training Division, Public Health Foundation of India (PHFI) New Delhi.

She has worked in the projects "Partnership: PHFI and MEASURE Evaluation, USA" and "Strengthening the capacity of the public health leaders in the state of Uttarakhand with The Nossal Institute of Global Health" under the guidance of Mr. Kapil Dev Singh, Programme Manager – Training, Training Division, PHFI.

She is disciplined and highly committed to her work. I am satisfied with her work done during her summer internship. I wish her all the best for her future endeavours.

KD Singh 7/6/2013

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I extend sincere gratitude towards Mr. Kapildev Singh, Program Manager- Training and Adjunct Assistant Professor who has been my project supervisor for this Summer Training Project & has been instrumental in helping me shape this project in a desirable way. Whatever I have done is only due to such guidance and assistance and I would not forget to thank him for all his help, support, interest & valuable inputs.

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Sugandha Gupta

ABBREVIATIONS

AHS	Annual Health Survey
ANM	Auxiliary Nurse Midwife
APHC	Additional Primary Health Center
ARSH	Adolescent Reproductive and Sexual Health
ASHA	Accredited Social Health Activists
BCG	Boston Consulting Group
BPMU	Block Program Management Unit
CHC	Community Health Center
CMO	Chief Medical Officer
DLHS	District Level Household & Facility Survey
DPM	District Program Manager
DPMU	District Program Management Unit
DQA	Data Quality Assurance Tools
GEMNet-Health	Global Evaluation and Monitoring Network for Health
GIS	Geographic Information System
GoI	Government of India
HIS	Health Information System
HMIS	Health Management Information System
HRH	Human Resources in Health
ICDS	Integrated Child Development Services
IDI	In-Depth Interview
IIPH	Indian Institute of Public Health
IMEP	Infection Management and Environment Plan
IMR	Infant Mortality Rate
IPH	Institute of Public Health
IPHS	Indian Public Health Standards
JSY	Janani Suraksha Yojana
LFA	Logical Framework Approach
M&E	Monitoring and Evaluation
MEASURE	Monitoring and Evaluation to Assess and Use Results

MO	Medical Officer
NFHS	National Family Health Survey
NGO	Non-Governmental Organization
NHSRC	National Health Systems Resource Centre
NRHM	National Rural Health Mission
PHC	Primary Health Center
PHFI	Public Health Foundation of India
PHN	Public Health Nutrition
PIP	Program Implementation Plan
QA	Quality Assurance
RCH	Reproductive & child Health
RHIS	Routine Health Information System
RKS	Rogi Kalyan Samiti
SAQ	Self- Administered Questionnaire
SC	Sub Center
SIHFW	State Institute of Health & Family Welfare
SOPs	Standard Operating Procedure Document
SRS	Sample Registration System
TNA	Training Need Assessment
TOT	Training Of Trainers
USAID	U.S. Agency for International Development
VH & NDs	Village Health and Nutrition Day
VHC	Village Health Committee
WHO	World Health Organization

OVERVIEW

The purpose of this report is to explain what I did and learned during my internship period with the Public Health Foundation of India (PHFI). As an intern with PHFI, I was working in the Training Division under the supervision of Mr. Kapildev Singh who is Program Manager-Training and Adjunct Assistant Professor. I began my internship program on 8th April, 2013 that last for two months and as a result my internship came to an end on 7th June, 2013. The report focuses primarily on the assignments handled, working environment, experiences and shortcomings that I have encountered while handling various tasks assigned to me by the supervisor. Although my activities were limited yet I was involved in a range of different tasks and smaller explorations that were clearly stated within my terms of reference (TOR). Through my supervisor, and other colleagues within PHFI, I was able to quickly understand what my work involved and to what extend I was to do it. In addition I collected information of different activities. My report is divided in two parts. The first section explains my organizational profile and my experiences in the organization. The second section is about my assigned project.

Part 1: The Organizational Profile

1.1 Introduction:

The Public Health Foundation of India (PHFI) is uniquely designed as a response to growing concern over the emerging public health challenges in India. PHFI is an autonomously governed public private initiative launched on March 28, 2006 by the Honorable Prime Minister of India, Dr. Manmohan Singh at New Delhi, with the aim of enhancing capacity of public health professionals in the country. The mandate is to establish an independent accreditation body for degrees in public health which are awarded by training institutions across India, to establish new institutes of public health, to assist existing institutes to enhance their capacity and output, to promote research in prioritized areas of public health to inform policy and empower programs, to facilitate policy development, program evaluation, and advocacy on public health related issues, and to set a benchmark of quality standards for public health education. Many initiatives at the organization have been strengthened by strong links and support from government agencies in policy and programs alike. With the Ministry of Health and Family Welfare as the nodal agency; state governments, the Prime Minister's Office, the Planning Commission, Department of Science & Technology and Finance Ministry has extended their support. Government Officers have also been seconded to engage and work collaboratively with the PHFI team to develop solutions for the health sector. PHFI is financially supported by a broad range of agencies including government, private, charitable foundations and philanthropic donors.

1.2 Vision Statement:

PHFI's vision is to strengthen India's public health institutional and systems capability and provide knowledge to achieve better health outcomes for all.

1.3 Mission Statement:

- Developing the public health workforce and setting standards.
- Advancing public health research and technology.
- Strengthening knowledge application and evidence-informed public health practice and policy.

1.4 Value Statement:

1.4.1 Transparency

•Uphold the trust of our multiple stakeholders and supporters.

•Honest, open and ethical in all them do, acting always with integrity.

1.4.2 Impact

•Link efforts to improving public health outcomes, knowledge to action.

•Responsive to existing and emerging public health priorities.

1.4.3 Informed

•Knowledge based, evidence driven approach in all we do.

•Drawing on diverse and multi disciplinary expertise, open to innovative approaches.

1.4.4 Excellence

•Aim for highest standards in all aspects of our work.

•Encourage, recognize and celebrate our achievements.

1.4.5 Independence

•Independent view and voice, based on research integrity and excellence.

•Support academic and research freedom, contributing to public health goals and interests.

1.4.6 Inclusiveness

•Strive for equitable and sustainable development, working with communities.

•Collaborate and partner with other public health organization.

1.5 Governance Structure of PHFI

The Foundation is managed by a fully empowered, independent, governing body that has representatives from multiple constituencies and is financially supported by national and international agencies. Structured as an autonomously governed society, PHFI is led by Governing Council comprising senior Government officials, eminent Indian and international

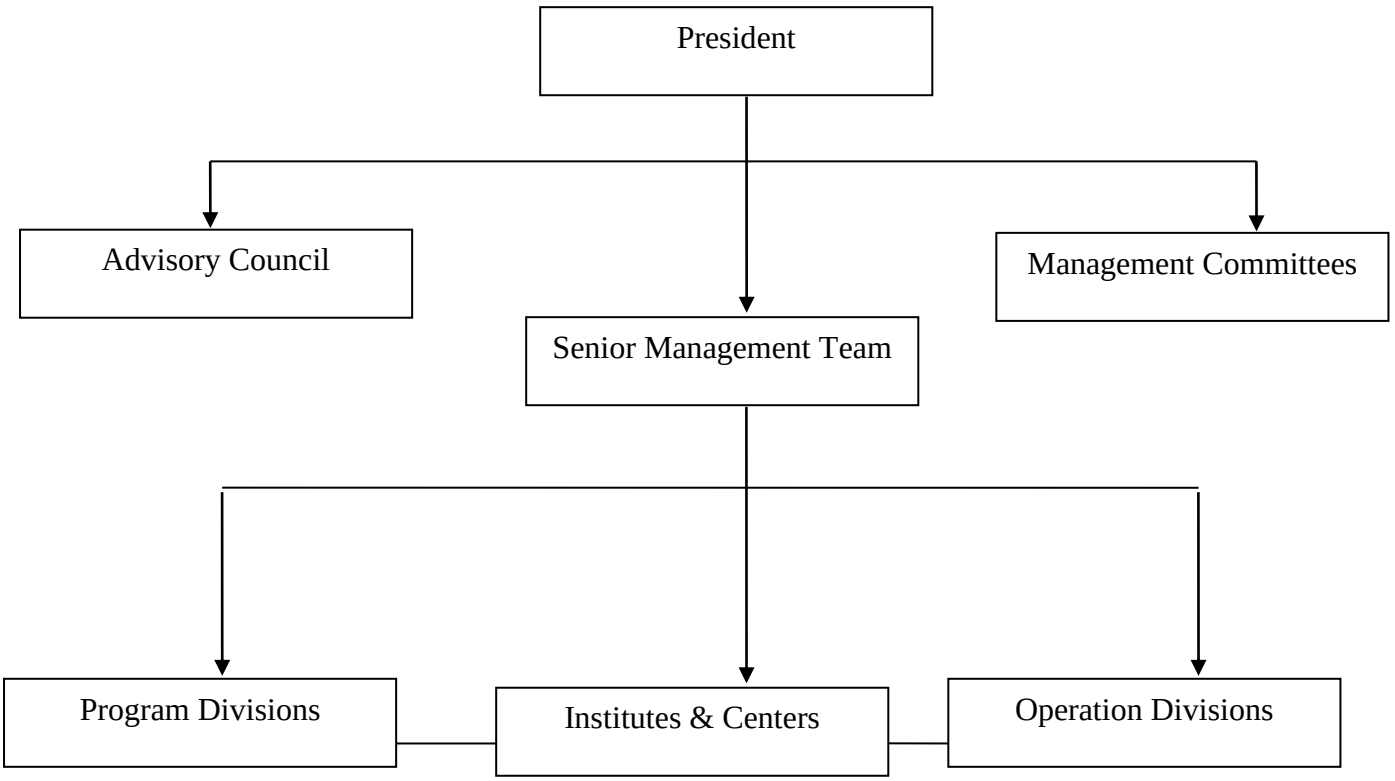
academic and scientific leaders, civil society representatives and industry leaders. The Chairperson of the General Body also chairs the Executive Committee. PHFI is organized as Program Divisions, Constituent Units, and Operations Divisions. The President, as the head of the Foundation, is assisted by Advisory Councils, Management Committees and the Senior Management Team.

1.6 Key Councils & Committees:

PHFI has its own key Councils and Committees.

- Academic Advisory Council
- Research Advisory Council
- Advisory Council at IIPHs
- Academic Management Committee (AMC)
- Institutional Ethics Committee (IEC)

1.7 Organization Structure:



1.8 Major Activities of PHFI:

1.8.1 Academic Programs- The IIPHs

PHFI is working towards building public health capacity by establishing four Indian Institutes of Public Health (IIPH) with the vision of becoming benchmarks in teaching, training and research in the public health arena. These institutes are equipped with highly qualified and experienced professionals that address the severe shortfall of health professionals and impart education and training to health workforce across states, thereby influencing global public health many states for better healthcare services and program management. The first four IIPHs in Delhi, Gandhinagar, Hyderabad and Bhubaneswar are fully functional and multiple post-graduate diploma programs, short term trainings, and research projects have been initiated. They educate and nurture human resources by providing quality training, to graduates from different disciplines, in various public health domains thus contributing to overall national health goals. MoU for establishment of IIPH at Shillong has been signed with the Government of Meghalaya. PHFI also assists partner institutions in management and conduct of public health programs.

1.8.2 Training

The Training Division at PHFI was established in 2008. Several short-term training programs at national, state and district level are designed by the Training Division at PHFI to address equipping health officials, frontline health personnel of different states, young health researchers, physicians in practice and national health program managers, consultants and grassroots workers with relevant technical and management skills. Besides the ongoing academic courses, there is a need for conducting short term courses/ in service training on various public health areas of topical importance. PHFI seeks to bridge the gaps in quality and availability of services to people from all strata of society by undertaking rigorous training needs analyses to determine possible areas of topical interest, identifying where knowledge and skill-building are required.

1.8.3 Health Systems Support

PHFI established a Health Systems Support Unit (HSSU) to leverage and learn from research, education, advocacy and training and provide a platform for offering technical support for strengthening initiatives across the country. The PHFI-HSSU thus initiates and develops strategic partnerships with central and state governments and other relevant stakeholders with

the goal of engaging in setting up mentoring, monitoring and management frameworks in public health systems and promoting alignment of educational programs of PHFI with present and future National Health Program Needs.

1.8.4 Research & Centers

PHFI acknowledges that scientific curiosity is fundamental to the conduct of research. PHFI therefore, has a multidisciplinary team of researchers, with medical and non medical backgrounds specialized in multiple areas and are working on multiple projects of public health concern. PHFI endeavors to support and encourage scientific curiosity and freedom of inquiry for more than 100 faculty, research staff and students to the end that they may responsibly pursue these goals through teaching, training, research, discussion, and publications and therefore, is dedicated to the discovery, transmission, and advancement of knowledge and understanding. These projects are done in collaboration with central and state government partners, national and international universities and institutions, and enable provision of direct and indirect inputs into national and state level policy making.

1.8.5 Health Communication

The Health Communication and Advocacy Division (HCA Division) at the PHFI is involved in public health education, programs and initiatives, training and research in consonance with National and State Health programs and community needs. Their primary mandate is to catalyze direct outreach by developing and delivering health communication programs including the dissemination of information, and raise the technical educational content and profile of communication and advocacy within the broader realm of public health.

1.9 PHFI Partnerships:

PHFI partners with World Bank, WHO, United Nations agencies, National and International NGOs and range of public health institutions to improve public health in India and influence global public health. (The list of the National and International partners are attached in the Annexure 1)

Part 2: The Assigned Project

I undertook two special assignments during my internship period.

2.1 Preparing an advocacy report on capacity building under MEASURE Evaluation- PHFI partnership.

2.2 Strengthening the capacity of public sector to train the public health leaders in the state of Uttarakhand.

These two assignments are discussed further in detail.

2.1 Preparing an advocacy report on capacity building under MEASURE Evaluation and PHFI partnership:

2.1.1 Background

When I joined PHFI, there had been previous work done on a report. It therefore made sense to me to continue doing what the rest of the team was doing. My task was to prepare a complete report on the capacity building under MEASURE Evaluation- PHFI partnership. I prepared the report after doing a review of literature and online search on the MEASURE Evaluation- PHFI partnership. I have also gone through the complete data required for making this report; handed over to me by the team. The PHFI nomenclature calls it as an advocacy report. The full report will be available on the PHFI website soon.

2.1.2 MEASURE Evaluation

MEASURE[1] (Monitoring and Evaluation to Assess and Use Results) Evaluation that is the USAID Global Health Bureau's primary center, works world-wide to improve human health and well-being. MEASURE Evaluation has established partnerships with training institutions and universities to offer high-quality training workshops to meet the demand of sustainable Capacity Building, Health Information system (HIS) and Monitoring & Evaluation skills in the health sector, particularly in government agencies and local nongovernment organizations in developing countries. MEASURE Evaluation's capacity building strategy aims to improve program planning and decision-making, thus improving sustainable M&E performance in the health sector in developing countries.

2.1.3 Rationale of the advocacy report

Monitoring and Evaluation (M&E) is a central competency that helps to provide an evidence base for public resource allocation decisions and helps identify how challenges should be addressed and successes replicated. M&E activities ensure an effective implementation of the capacity-building framework - that can be used to address gaps and needs in capacity building, promote best practices, and encourage more efficient use of resources. Many governments around the world have realized much of this potential and thus there is increase in demand for high-quality health information in government agencies and local non government organizations. This has stretched weak and overburdened M&E and unfortunately, there are very few places in developing countries where professionals can seek training to increase their M&E skills. Thus, there is an urgent need to strengthen the performance of M&E at all levels and to improve the use of information in health sector decision making.

There are various strategies to meet the increase in demand of capacity building of individuals and organizations and the MEASURE Evaluation project establish partnerships with existing, high quality universities and training centers for offering M&E training programs, provide technical assistance in M&E, and carry out evaluation research in the health sector. Capacity Building is an operating philosophy of MEASURE Evaluation.

To provide accessible, short-term, state-of-the-art training in M&E to professionals worldwide, MEASURE Evaluation agreed to establish a partnership with Training Division, PHFI in July 2008 for developing and implementing training programs in M&E and for mutually strengthening each partners' capacity to conduct M&E activities.

PHFI exhibits several institutional characteristics making it an exceptionally better option to be one of the MEASURE Evaluation's regional training partners. PHFI's strong institutional commitment to M&E corresponds to the enhancement of technical skills of faculty members who have interest and experience in conducting M&E training and research. PHFI's interest and willingness to partner with MEASURE Evaluation stemmed from the perception that M&E training responds to a real demand for skilled M&E professionals in the country and in the region. In M&E service training courses are

articulated as an important component of PHFI's portfolio of activities. PHFI's well defined organizational structure, mandate for training and service in public health, and staff with strong skills in curriculum development is strength that will facilitate the achievements of capacity building objectives.

2.1.4 Objective of MEASURE Evaluation – PHFI partnership

The main objective of this partnership is to strengthen capacity building of the health professionals in Southeast Asia region by conducting training programs including M&E as a part of its teaching, technical assistance and research activities.

2.1.5 Findings

PHFI and MEASURE Evaluation jointly determined the activities which are to be conducted, based on the availability of funding. Both parties have made M&E training programs self-sustained over the life of PHFI-MEASURE Evaluation collaboration. PHFI is fortunate to have individuals at several levels of the organization who championed the partnership in a sustained way. The overarching goal of the partnership is to establish PHFI as a regional Center of Reference in M&E by strengthening its institutional capacity in a sustainable way.

Two Training of Trainers (TOT) Workshops on Monitoring & Evaluation and GIS respectively were organized by MEASURE Evaluation for improving the technical capacity of PHFI trainers as the first step of the partnership.

The MEASURE Evaluation-PHFI partnership has focused on institutionalizing capacity building programs at international, regional and national level. The partnership is focused on capacity building by conducting training programs that could be offered on a regular and long-term basis to provide M&E technical assistance. These workshops have trained large number of professionals around the globe. Under the MEASURE Evaluation-PHFI partnership 11 workshops have been conducted at international and regional level in which 240 participants from 35 countries including one international level workshop.

The PHFI-MEASURE Evaluation flourished partnership has yielded many successes and capacity gains in a relatively short span. PHFI has designed implemented and evaluated numbers of training programs from no offering to a robust range of offerings.[2]

MEASURE Evaluation has created many formal and informal communities of practice that includes members from global-level organizations, NGOs, donor agency headquarters, ministries of health, national AIDS coordinating bodies, research institutions, and universities. This networking of people identifies issues, share approaches and make the results available to others members. Presently, MEASURE Evaluation serves as the coordinating center and PHFI is a founding member of the GEMNet-Health. The networking with GEMNet-Health members has accelerated PHFI's acquisition of capacity in the areas of Impact Evaluation and Routine Health Information System to connect to professionals around the world. Program Officer from Training Division is chairing the Expert Committee (EB) of GEMNet-Health for harmonization of M&E curriculum.[1]

The expansion of M&E related training programs at PHFI has been rapid and remarkable. With MEASURE Evaluation support, PHFI is ensuring the availability of virtual training program which will make M&E training more accessible. With MEASURE Evaluation support, PHFI is expecting to launch a virtual certificate course on Monitoring and Evaluation in December, 2013. This will serve to raise PHFI's profile as a resource center for M&E expertise and other countries in the Globe can contact to meet their M&E needs.

To date, PHFI faculty has made impressive achievements related to sustainability of the Regional Monitoring & Evaluation workshop. PHFI faculty has taken sole responsibility for designing and teaching M&E courses and updating and adapting M&E curricula at the July 2012 PHN workshop and also to offer M&E of PHN programs, RHIS workshops independently this year.

2.2 Strengthening the capacity of public sector to train the public health leaders in the state of Uttarakhand

The second section includes a long term project of Training Need Assessment of Public Health Leaders in Uttarakhand. I was nominated as intern in PHFI for this specific project. My supervisor shared the detailed proposal of this project so that I may get familiar with the functioning of this project and also with the task assigned to me. I was also a part of an official meeting in which my supervisor and the principle investigator of this project discussed about the TNA project in Uttarakhand in detail. The overview of this project is discussed as further:

2.2.1 Background of Public Sector Linkages Program (PSLP)

In general, the PSLP has the development goal to transfer capacity-building skills and expertise from Australian universities, federal, state and territory government departments and agencies to public sector counterpart institutions in partner countries and to support the strengthening of capacity-building skills of public health leaders across the Globe. Public health leaders are emerging but more is required to develop effective leadership for quality and sustainable health systems. This activity is required to develop effective leadership for quality and sustainable health systems which involves a clear understanding of the global players, of how good organizations are run, and of the personal characteristics and skills of leaders. The training draws upon the Nossal Institute's experience in developing and conducting public health leadership courses over the past five years in a variety of cross cultural situations. Specifically the activity has three key areas of focus[3]:

1. Building on the capacity of the health officials of Uttarakhand State in the area of public health leadership.
2. Through the implementation of the course, the activity will strengthen the leadership skills of policymakers responsible for planning and implementing public health programs in Uttarakhand.
3. It will further the development of a local and international network of public health leaders.

2.2.2 Partnership of PHFI, The Nossal Institute of Global Health and Government of Uttarakhand:

The Public Health Foundation of India in partnership with the Nossal Institute for Global Health, Ministry of Health & Family Welfare, and Government of Uttarakhand has organized Public Health Leadership training in Uttarakhand State.

Capacity building in public health is one of the primary mandates of Public Health Foundation of India. PHFI has experience both working with Uttarakhand State as well as the Nossal Institute. The Nossal Institute for Global Health has organized the ToT for the Training Division, PHFI at Nossal Institute for Global Health, University of Melbourne to strengthen their capacity to train the public health leaders and to increase their knowledge and skills to implement the training in Uttarakhand State.

In this partnership PHFI has a key role in the following areas:

1. Provide technical assistance in developing training modules.
2. Conduct training.
3. Develop framework for the training activities and quality assurance.

2.2.2.a Goal:

To strengthen the capacity of public sector in public health leadership and management, in particular managers and emerging leaders, in Uttarakhand State.

2.2.2.b Purpose:

The purpose activity will aim to increase the knowledge and skills of those designing public health curricula in Uttarakhand, and contribute to the development of sustainable quality public health, education in Uttarakhand State.

2.2.2.c Objectives:

1. To increase the knowledge and skills of 50 public health trainers from Uttarakhand State in leadership and management.
2. To undertake research around training needs for the public health workforce of Uttarakhand in 2012 to inform the development of teaching courses at SIHFW
3. Support partners to establish a fully functional multi-disciplinary Uttarakhand SIHFW

training centre in Haldwani by the end of 2014.

4. To build the capacity of local partners to ensure the activity is locally managed and sustainable.

2.2.3 Details about the project:

2.2.3.a Aim:

"Strengthening the capacity of public sector to train the public health leaders in the state of Uttarakhand"

The project involves following activities:

1. To increase the knowledge and skills of 50 public health trainers from Uttarakhand State in leadership and management.
2. To conduct the training need assessment of Medical Officer and District Program Manager.
3. To develop the curriculum modules based on the TNA.
4. To conduct 5-batches of training of Medical Officers of PHC and District Program Manager.

I was involved in first two activities under this project. My involvement under the first activity was to observe the first batch Public Health Leadership training held in Dehradun and I have prepared the daily sessions plans and helped in day-to-day activities of the training. I also came across to various training techniques used in the training program. In the second activity, I was mainly involved in the desk review and tool preparation of Training Needs Assessment of Medical Officers of PHC and District Program Managers.

2.2.3.1 Activity 1:

Public Health Leadership Training of Public Health Leaders in Dehradun Uttarakhand under Public Sector Linkages Program

A) Background

In the global situation, the public health workers require skills to engage and advocate within a range of governing bodies. Effective leadership involves a clear understanding of the global players, of how good organizations are run, and of the personal characteristics and skills of leaders. Therefore, there is a recognized need for strengthening the capacity of the public health leaders in public health leadership and management, in particular managers and emerging leaders. The Training has been held in two batches:

Batch 1: May 27, 2013 – May 31, 2013 in Dehradun
Batch 2: June 10, 2013 – June 14, 2013 in Haldwani

The training has participation of 30 public health workers including CMS, ACMO, and DCMO from Uttarakhand State. I was involved as observer in the first batch of public health leadership training held in Inderlok Hotel, Dehradun. The duration of the training was of 5 days. The participants were CMO, DCMO, ACMOs, CMS, MS, Joint Director, and Anesthetist from the Garhwal Division which includes 7 districts.

B) Observations:

This event has highlighted the importance of public health and increased the knowledge and skills of public health workforce in public health management and leadership. The program was followed by a lunch and diving light by Director General Health of Uttarakhand. The participants were asked to introduce themselves and share their one of their most memorable experiences with the other participants so that the all participants get acquainted to each other. Training team also introduced- themselves and shares their experience to break the eyes. I listed the expectations of the participants from this public health leadership training on the first day and the facilitators have perfectly met their expectations in this 5-day training. I have gone through the various teaching techniques in the training. Those teaching techniques involved presentations, audio-visual clips, group

work, case studies, discussions with the participants, and a live interview session with a public health leader. The participants were asked to observe his leadership qualities. Public Health Leader shared his work experience both in private and govt. sector and challenges faced during his journey. The facilitators and participants shared their ideas and experiences with each other during the sessions to reflect the leadership qualities in their work. The facilitators of the training presented their case studies on their live experience in the 'General Hospital'- Junagadh District of Gujarat and another on the flood relief experience of Madhubani District of Bihar in 2007 respectively. This training highlighted the importance of public health and how public health leaders can contribute to improved health systems. Participants were given feedback forms and were asked to fill. Evaluation is done on the basis of testimonial forms which are evaluated further. Participants thanked and appreciated the PHFI team for arranging an excellent training program and for their excellent teachings. All the participants found this training useful as they are the only service providers and all their activities are being observed by the attendants. Each participant actively participated in the Public health leadership training. They ensured that they will apply the skills in their work to enhance their capability to provide better services to the people. Public Health Leadership training provides a better understanding of organization culture of the public health comprising the improvement in their decision making skills, better allocation of resources and lastly building the capacity to strengthen their leadership skills as public health leaders. The participants agreed to the fact that as public health leaders, they should be willing to take responsibility without waiting for a request and they should motivate others to accomplish work tasks and to feel that they are contributing to their own professionalism. Their feedbacks reflected the effectiveness of this training among the participants. The sessions were excellent and have effectively increased the knowledge and skills of public health leaders.

2.2.3.2 Activity 2:

Training Needs Assessment of Public Health Leaders in Uttarakhand

A) Background

Training needs assessment is an ongoing process of gathering data to determine what training needs exist so training can be developed to help the individual or organization accomplish its objectives (Brown, 2002, p. 569)[4]. Training cannot solve problems caused by poor system design, insufficient resources or understaffing (Sorenson, 2002, p. 32)[4]

but training needs assessment can identify the gaps between employee skills and the skills required for effective job performance, provide information as to whether these gaps could be addressed through training, and identify trainings that would help to bridge the gaps.

Developing a training program requires knowing what training is needed. A training needs assessment answers the question of why training is needed and provides some certainty that the resources required developing and conduct training which will deliver the desired performance based results. The needs assessment is the first step in establishing an effective training program. It seeks to strengthen the capacity for effectiveness of public service at all levels of government through the delivery of continuous, competency-based, responsive and demand-driven training. It serves as the foundation for determining learning objectives, designing training programs and evaluating the training delivered. Information is collected, ideas are generated and energy is created within the organization. (Warshauer, 1988, p. 15)[5]. Consequently, health personnel development assumes it not only a priority place but is also a primary step in health systems development. (Sanders et. al, 2001)[5.] Also, due to lack of a systematic and standard feedback system to assess the impact of various training programs, the study is important.

The Uttarakhand Government is making active efforts to operationalize the State Institute of Health and Family Welfare (SIHFW) as an apex training institute, to streamline all the training programs in the state. Various initiatives have been taken to develop leadership and managerial capabilities of various cadres in the state. The Mission would support strengthening of Medical Officers of PHC and District Program Managers wherever required, as their demand and development is likely to increase significantly. This would be done on the basis of needs assessment, identification of possible partners for building capacities in the governmental and non-governmental sectors in Uttarakhand, and ways of financing such support in a sustainable way.

B) Methodology:

Under this project, I was involved in the literature review and tool preparation of the training needs assessment for the target public health leaders. I have gone through various research papers, journals and online search for my desk review. I have been

continuously discussing my work with my supervisor and other team members involved in this project.

B) Findings:

I. Desk Review for conducting the TNA

NRHM has made huge investment in developing health infrastructure at various levels including upgradation of healthcare facilities per Indian Public Health Standards[6]. Over the last decade, several committees, agencies, and reports have identified public health worker training as a critical component of a well functioning public health system.[7-8] The purpose of a training needs assessment is to build the capacity of public health workforce. This project involves emphasis on training, and skill upgradation of recruited Medical Officers and District Program Managers (DPMs) as their prime responsibilities are to ensure delivery of quality health care services to the community by providing overall leadership in planning, implementation and monitoring of all the health programs under NRHM. An effective training needs assessment will address resources needed to fulfill organizational mission, improve productivity, and provide quality products and services.

However, currently due to absence of state and regional level training institutes, the Uttarakhand state health department is facing challenges in capacity building for the existing cadre of health providers and new recruits under NRHM.

As per the IPHS the Medical Officers of PHCs are expected to perform management functions such as planning, supervision, logistics and financial management, monitoring and evaluation etc. However, they are not regularly trained on job related management issues due to lack of institutional capacity for training. The district program managers have a well defined role such as holistic planning and monitoring of the national programs, management of flexible funds and financial accounting for all NRHM funds including the flexible funds. Most training relies on ad hoc arrangements with poor institutional linkages and is not sustained. Fragmentation of training on skills for service providers is a problem. Currently the only sources for their knowledge upgradation are short training and/or orientation programs on various aspects of NRHM.

The Government of Uttarakhand has identified Medical Officers of PHC and District Program Managers on priority basis to conduct training needs assessment for them due to their critical role in providing management inputs at the key institutions such as DPMUs,

and PHCs and during outreach services. To address these critical gaps, Uttarakhand Government requested PHFI to conduct a Training Needs Assessment of MOs, and DPMs to identify the knowledge and skills levels and gaps and develop a customized Management Development Program based on the training needs of these two cadres.

These trainings aim at improving the capacity of MOs and DPMs and upgrading their non technical skills. It also aims at promoting their national and regional networks to exchange the ideas and disseminate best practices, linking those with existing international health associations.

All public health workers should attain defined skill levels and/or proficiencies. The existing health care facilities and training institutions are neither adequate nor equitably distributed in Uttarakhand. Most of the health care services and training of health personnel are currently provided by PPP, with the support of international development agencies and foreign governments[9].

II. Tools Preparation

The public health workforce must need to have competent non technical skills to meet the expectations of their positions. On the basis on their job descriptions, I have prepared two sets of tools for the target public health leaders (Job description of MO-PHC and DPM is attached in annexure 2).

1. Self Administered Questionnaire: Two separate sets of SAQ were developed for Medical Officers and District Program Managers. The SAQ schedules were used to assess the knowledge and skills on identified core competency areas.

2. In-depth Interview schedule: In-depth interviews were conducted with a subset of Medical Officers and District Program Managers. The purpose of IDI was to gather additional information on application of management knowledge and skills at the work site of the managers, to identify factors affecting application of management skills and verification of actual practices.

I have also prepared tools for the supervisors of medical officers and district program managers respectively to involve their opinion in assessing the training needs for the MOs and DPMs. Semi structured and structured interview schedules are used in all the

interview methods. These schedules are developed in English. These tools are framed keeping the geographical region and disaster prone areas in mind. The draft questionnaires will be pilot tested to ascertain their usefulness, applicability and reliability. These tools will be then finalized after field testing.[10] (The Questionnaires are attached in Annexure 3).

Work Experiences

My main project was a long-term project. I handled my part within this short period of time because I couldn't stay long to see the final product of the project since I was running out of time. The following were some of the motivations that made my work easier and enjoyable:

1. Working as team with the rest of the team members were something that I truly treasured then since it was through them that I found it more enjoyable and easy to deal with the work assigned to me.
2. Working on project and report that I believed would eventually provide a clear understanding on the working environment of the organization. This gave me the morale to work even harder in order to meet deadlines.
3. Being given a chance to attend the PHL training with PHFI was awesome.
4. It was particularly interesting for me to see how a product development process is realized, what kind of project management is necessary and what difficulties can happen in a real project.
5. Though there were three married couples working in the same organization, yet the working environment was very much professional.

Though my contribution might have been small in my project yet I believe that I did had a lot of positive impact towards the achievement of the overall objective of the tasks assigned to me.

Limitations

There weren't many short comings since as an intern I was given a lot of support by my supervisor and other fellow staff. Therefore the major short comings that I did face were:

1. Time was limited and therefore I had to leave pre-maturely before the complete results of my effort were finalized.
2. Unfortunately though, a lot of my work within the office had to do with the preparation of tools and report for which I have done a lot of review of literature and I can proudly now say that I learned a lot from.

To conclude, I can state that my internship at the PHFI was a rewarding experience and provided me with some new perspectives that I did not come across during my studies back at the college. I also have to stress that my colleagues at the PHFI contributed greatly to making my stay there a very enjoyable one. Particularly, working together with Mr. Kapildev Singh was a true pleasure and his faith in my abilities was a real source of motivation to date.

Recommendations

1. I recommend that PHFI staff should communicate more what they have achieved so far, personal experiences and ideas to learn to be together and appreciate the importance of team work at work.
2. I must recommend PHFI for the provision of financial support to the interns. I think it interns will find it a bit easy to afford the meals while at work and met the daily transport expenses to and from work.
3. I recommend PHFI internship program to everyone who would like to experience this organization.

REFRENCES

1. http://www.cpc.unc.edu/measure
2. http://www.phfi.org/
3. http://www.ausaid.gov.au/pslp/Pages/home.aspx
4. http://www.asse.org/professionalsafety/docs/F1Cekada_0310.pdf
5. http://freecourseware.uwc.ac.za/freecourseware/school-of-public-health/managing-human-resources-for-health/managing-human-resources-for-health/unit-4/unit-4-session-2-skills-development-in-the-health/skinless_view
6. India: Ministry of Health and Family Welfare. NATIONAL RURAL HEALTH MISSION – Meeting people's health needs in rural areas, Framework for Implementation 2005-2012. http://jknrhm.com/Guideline/Frame_Work.pdf
7. http://nhsrcindia.org/pdf_files/resources_thematic/Health_Sector_Overview/NHSRC_Contribution/Final_6thCRM_Book_NRHM.pdf
8. Institute of Medicine. Who will keep the public healthy? Educating public health professionals in the 21st century. Washington: National Academies Press; 2003. Also available from: URL:http://www.nap.edu/books/030908542X/html/
9. http://www.iss.it/binary/ures/cont/TNA.1160066497.pdf
10. Jharkhand TNA report

ANNEXURES

Annexure 1: PHFI Partners:

Government/Development Agencies	Academic & Research Institutions	Organizations/Foundations
India		
Ministry of Health & Family Welfare, Government of India	All India Institute of Hygiene and Public Health	AKM Systems Private Limited
Ministry of Science & Technology, Government of India	Central Council for Research in Unani Medicine	Akshara Foundation
Planning Commission, Government of India	Central University of Orissa, Koraput	Child in Need Institute, India
Government of Andhra Pradesh	Centre of Social Medical and Community Health, JawaharLal Nehru University	Confederation of Indian Industry
Government of Delhi	Council of Scientific and Industrial Research (CSIR)	The Deshpande Foundation
Government of Gujarat	India Clinical Epidemiology Network	GMR Projects
Government of India	Indian Council of Medical Research	GVK Power and Infrastructure Limited
Government of Jharkhand	Indian National Science Academy, Government of India	HCL Corporation
Government of Karnataka	Jawaharlal Institute of Post Graduate Medical Education and Research	The Nand and JeetKhemka Foundation
Government of Maharashtra	Mahatma Gandhi Institute of Medical Sciences, Sewagram, Wardha	Population Foundation of India
Government of Meghalaya	Medical Council of India	Ranbaxy Promoter Group

Government of Orissa	National Health Systems Resource Centre	Reliance Industries Limited
Government of Punjab	National Human Rights Commission	Science Health Allied Research Education (SHARE)
Government of Rajasthan	National Institute of Communicable Diseases	Self-Employed Women's Association (SEWA)
Government of Uttarakhand	National Institute of Health and Family Welfare	
Health Care Human Services & Family Welfare Department, Government of Sikkim	State Health Society, Jammu	
National Rural Health Mission	Tamil Nadu Health Systems Project	
National Vector Borne Disease Control Program		
International		
AusAID	Boston University, School of Public Health	Aga Khan Foundation
European Commission	Cornell University, Department of Public Health, USA	The Asia Foundation
Norway India Partnership Initiative (NIPI)	Emory University, Rollins School of Public Health	Amar Foundation
The World Bank Group	Harvard School of Public Health	American India Foundation
The World Bank Group	Johns Hopkins Bloomberg School of Public Health	Association of Schools of Public Health (ASPH)
Development (DFID)	Tulane University, School of Public Health and Tropical Medicine, USA	The Bill & Melinda Gates Foundation

UN World Food Program	University at Albany, School of Public Health, SUNY, USA	BUPA Foundation
United States Department of Health and Human Services	University of California, Los Angeles, School of Public Health, USA	The Centre for Development and Population Activities (CEDPA)
UNICEF	University of Illinois, Chicago, School of Public Health, USA	Emerging Market Group
USAID	University of Medicine and Dentistry, New Jersey, USA	EngenderHealth Inc.
World Health Organization	University of Michigan, School of Public Health	Fidelity Non-Profit Management Foundation
	University of Minnesota, School of Public Health, USA	The Global Fund to Fight Aids, Tuberculosis and Malaria
	University of North Carolina, School of Public Health, USA	The International Union against Tuberculosis and Lung Disease (The Union)
	University of Pittsburgh, Graduate School Of Public Health, USA	George Institute for International Health
	University of South Florida, School of Public Health, USA	Give2Asia
	Yeshiva University, New York, Institute of Public Health Sciences Albert Einstein College, USA	Health Protection Agency (HPA)
	Mc Gill University, Canada	INCLEN Trust International
	Simon Fraser University, Canada	International Society for Disease Surveillance (ISDS)
	Bristol University, UK	Intrahealth International Inc.

	Faculty of Public Health, UK	Johnson & Johnson
	Health Protection Agency (HPA), UK	MacArthur Foundation
	Imperial College, University of London, UK	Merck Sharp and Dohme (MSD)
	Institute of Psychiatry, King's College, UK	Pharmaceuticals Pvt Ltd.
	London School of Hygiene and Tropical Medicine, UK	Nehru Trust for Cambridge University
	Newcastle University, UK	Technology in Health (PATH)
	University College London	Rockefeller Foundation
	University of London, UK	PepsiCo
	University of Aberdeen, UK	Pfizer Inc
	University of Cambridge, School of Clinical Medicine, UK	Price Waterhouse Coopers
	University of Edinburgh, UK	Program for Appropriate
	University of Glasgow, UK	Packard Foundation
	University of Liverpool, School of Tropical Medicine, UK	Tides Foundation
	University of Oxford, Division of Public Health and Primary Health Care, UK	Well come Trust
	University of Southampton, UK	World Heart Federation
	University of Leeds, UK	World Justice Project, American Bar Association
	Erasmus Medical Centre, Netherlands	

	University of Sydney, School of Public Health	
	University of Melbourne, Nossal Institute of Global Health	
	Institute of Tropical Medicine, Belgium	

Annexure 2: Terms of Reference

2.a) Medical Officer, Primary Health Center

The Medical Officer of Primary Health Centre (PHC) is responsible for implementing all activities grouped under Health and Family Welfare delivery system in PHC area. He/she is responsible in his individual capacity, as well as over all in charge. It is not possible to enumerate all his tasks. However, by virtue of his designation, it is implied that he will be solely responsible for the proper functioning of the PHC, and activities in relation to RCH, NRHM and other national programs. The detailed job functions of Medical Officer working in the PHC are as follows:

I. Curative Work

1. The Medical Officer will organize the dispensary, outpatient department and will allot duties to the ancillary staff to ensure smooth running of the OPD.
2. He/she will make suitable arrangements for the distribution of work in the treatment of emergency cases which come outside the normal OPD hours.
3. He/she will organize laboratory services for cases where necessary and within the scope of his laboratory for proper diagnosis of doubtful cases.
4. He/she will make arrangements for rendering services for the treatment of minor ailments at community level and at the PHC through the Health Assistants, Health Workers and others.
5. He/she will attend to cases referred to him/her by Health Assistants, Health Workers, ASHA / Voluntary Health Workers where applicable, Dais or by the School Teachers.
6. He/she will screen cases needing specialized medical attention including dental care and nursing care and refer them to referral institutions.
7. He/she will provide guidance to the Health Assistants, Health Workers, Health Guides and School Teachers in the treatment of minor ailments.
8. He/she will cooperate and or coordinate with other institutions providing medical care services in his/her area.
9. He/she will visit each Sub-centre in his/her area at least once in a fortnight on a fixed day not only to check the work of the staff but also to provide curative services.
10. Organize and participate in the “health day” at Anganwadi Centre once in a month.

II. Preventive and Promotive Work

1. The Medical Officer will ensure that all the members of his/her Health Team are fully conversant with the various National Health & Family Welfare Programs including NRHM to be implemented in the area allotted to each Health functionary. He/she will further supervise their work periodically both in the clinics and in the community setting to give them the necessary guidance and direction.
1. He/she will prepare operational plans and ensure effective implementation of the same to achieve the laid down targets under different National Health and Family Welfare Programs. The MO will provide assistance in the formulation of village health and sanitation plan through the ANMs and coordinate with the PRIs in his/her PHC area.
2. He/she will keep close liaison with Block Development Officer and his/her staff, community leaders and various social welfare agencies in his/her area and involve them to the best advantage in the promotion of health programs in the area.
3. Wherever possible, the MO will conduct field investigations to delineate local health problems for planning changes in the strategy of the effective delivery of Health and Family welfare services. He/she will coordinate and facilitate the functioning of AYUSH doctor in the PHC.

1. Reproductive and Child Health Program

MCH Services

Prophylaxis Schemes

Immunization Program

Oral Rehydration Therapy in Diarrheal Diseases

- The MO will promote institutional delivery and ensure that the PHC has the facilities to act as 24x7 service delivery PHC.

Family Planning

- He/she will provide leadership and guidance for special programs such as in nutrition, prophylaxis against nutritional anemia amongst mothers and children (1-5 years) Prophylaxis against blindness and Vitamin A deficiency amongst children (1-5 years).
- He/she will provide basic MCH services.
- He/she will plan and implement UIP in line with the latest policy and ensure maximum possible coverage of the largest population in the PHC.

- He/she will ensure adequate supplies of vaccine and miscellaneous items required from time to time for the effective implementation of UIP.
- He/she will ensure proper storage of vaccine and maintenance and cold chain equipment.
- He/she will ensure through his/her health team early detection of diarrhea and dehydration.
- He/she will arrange for correction of moderate and severe dehydration through appropriate treatment.
- He/she will ensure through his/her health team early detection of pneumonia cases and provide appropriate treatment.
- He/she will supervise the work of Health supervisors and Health workers in treatment of mild and moderate ARI.
- He/she will visit schools in the PHC area at regular intervals and arrange for medical checkups immunization and treatments with proper follow up of those students found to have defects.
- He/she will be responsible for proper and successful implementation of Family Planning Program in PHC area, including education, motivation, and delivery of services and after care.
- He/she will be squarely responsible for giving immediate and sustained attention to any complications the acceptor develops due to acceptance of Family Planning methods.
- He/she will extend motivational advice to all eligible patients he/she sees in the OPD.
- He/she will get himself trained in tubectomy, wherever possible and organize tubectomy camps.
- He/she will organize and conduct vasectomy camps.
- He/she will seek help of other agencies such as District Bureau, Mobile Van and other association/voluntary organizations for tubectomy / IUD camps and MTP services.
- The following duties are common to all the activities coming under package of services for MCH:

a) He/she will provide leadership to his/her team in the implementation of Family Welfare Program in the PHC catchments area.

b) He/she will ensure adequate supplies of equipment, drugs, educational material and contraceptives required for the service programs.

- He/she will provide MCH services such as ante-natal, intra-natal and postnatal care of mothers and infants and child care through clinics at the PHC and Sub centers.
- He/she will actively involve his health team in the effective implementation of the Nutrition Programs and administration of Vitamin 'A' an Iron & Folic Acid Tablets and will coordinate with ICDS.
- Adequate stocks of ORS to ensure availability of ORS packets throughout the year.
- Monitor all cases of diarrhea especially for children between 0-5 years.
- Recording and reporting of all details due to diarrhea especially for children between 0-5 years.
- Organize wells to be chlorinated and coordination with sewage agency for sanitation.
- Training of all health personnel like ASHAs, Anganwadi Workers, Dais and others who are involved in health care regarding ORT programme.

2. Universal Immunization Programme (UIP)

- He/she will plan and implement UIP in line with the latest policy and ensure cent percent coverage of the target population in the PHC (i.e. pregnant mothers and new born infants).
- He/she will ensure adequate supplies of vaccines miscellaneous items required from time to time for the effective implementation of UIP.
- He/she will ensure proper storage of vaccine and maintenance of cold chain equipment, planning and monitoring of performance and training of staff.

3. National Vector Borne Disease Control Program (NVBDCP)

Malaria

- He/she will be responsible for all NVBDCP operations in his/her PHC area and will be responsible for all administrative and technical matters.
- He/she should be completely acquainted with all problems and difficulties regarding surveillance and spray operations in his/her PHC area and be responsible for immediate among whenever the necessity arises.
- The Medical Officer will guide the Health Workers and Health Assistants on all treatment schedules, especially radical treatment with primaquine. As far as possible he/she should investigate all malaria cases in the area less than API 2 regarding their nature and origin, and institute necessary measures in this connection. He/she should

ensure that prompt remedial measures are carried out by the Health Assistance, about positive cases detected in areas with API less than two. He/she should give specific instructions to them in this respect, while sending the result of blood slides found positive.

- He/she will check the microscopic work of the Laboratory Technician and dispatch prescribed percentage of such slides to the Zonal Organization/Regional Office for Health and Family Welfare (Government of India) and State headquarters for cross checking as laid down from time to time.
- He/she should, during his/her monthly meetings, ensure proper accounts of slides and anti malaria drugs issued to the Health Workers and Health Assistant Male.
- The publicity material and mass media equipment received from time to time will be properly distributed or affixed as per the instructions from the district organization.
- He/she should consult the booklet on Management and treatment of Cerebral malaria and treat cerebral malaria cases as and when required.
- He/she should ensure that all categories of staff in the periphery administering radical treatment to the positive cases should observe the instructions laid down under NVBDCP on the subject and in case toxic effects are observed in a patient who is receiving primaquine the drug is stopped by the peripheral worker and such cases are brought to his/her notice for follow up action/advice if any.

Where Kala Azar and Japanese Encephalitis are endemic the following additional duties are expected from him:

Kala Azar:

- He/she will be responsible for all anti Kala Azar operations in his/her area and will be responsible for all administrative and technical matters.
- He/she should be completely acquainted with all problems and difficult regarding surveillance, diagnosis and treatment and spray operations in his/her PHC areas and be responsible for immediate action whenever the necessity arises.
- He/she will guide the health workers and health assistants on all treatment schedules, criteria for suspecting a case to be of Kala Azar control activities, complete treatment and to approach from immediate medical care.
- He/she will check the Microscopic/Aldehyde test conducted by the Laboratory Technician.

- He/she will organize and supervise the Kala Azar search operations in his/her area.
- He should, during his monthly meetings ensure proper accounts of drugs, Chemicals, Glassware etc.
- He/she will be responsible for all Health Education activities in his/her area.
- He/she will be overall responsible for all Kala Azar control activities in his/her areas including spray operations. For the purpose he/she may identify one Medical Officer who can be made solely responsible for Kala Azar control.
- He/she will be responsible for regular reporting to the District Malaria Officer/Civil Surgeon, Monitoring, Record Maintenance of adequate provisions of Drugs, Chemicals, etc.

Japanese Encephalitis (JE):

- He/she will be responsible for all anti Japanese Emphalitis operations in his/her area and will be responsible for all administrative and technical matters.
- He/she should be completely acquainted with all problems and difficulties regarding surveillance, diagnosis, treatment and spray operations in his/her PHC areas and be responsible for immediate action whenever the necessity arises.
- He/she will guide the Health Workers and Health Assistants on all treatment schedules, criteria for suspecting a case to be of J.E. and the approaches for motivation of the people for accepting J.E. control activities and to approach for immediate medical care to prevent death.
- He/she will arrange to collect and transport sera sample to the identified virology lab orders.
- He/she will be responsible for all health education activities in his/her area.
- He/she will be overall responsible for all J.E. control activities in his/her areas including spray operations for the purpose, he/she may identify one Medical Officer who can be made solely responsible for J.E. control.
- He/she will be responsible for regular reporting to the District Malaria Officer, Civil Surgeon, Monitoring, Record Maintenance of adequate provisions for drugs etc.

4. Control of Communicable Diseases:

- He/she will ensure that all the steps are being taken for the control of communicable diseases and for the proper maintenance of sanitation in the villages.

- He/she will take the necessary action in case of any outbreak of epidemic in his/her area.
- Perform duties under the IDSP.

5. Leprosy:

- He/she will provide facilities for early detection of cases of Leprosy and confirmation of their diagnosis and treatment.
- He/she will ensure that all cases of Leprosy take regular and complete treatment.

6. Tuberculosis:

- He/she will provide facilities for early detection of cases of Tuberculosis, confirmation of their diagnosis and treatment.
- He/she will ensure that all cases of Tuberculosis take regular and complete treatment.
- Ensure functioning of Microscopic Centre (if the PHC is designated so) and provision of DOTS.

7. Sexually Transmitted Diseases (STD):

- He/she will ensure that all cases of STD are diagnosed and properly treated and their contacts are traced for early detection.
- He/she will provide facilities for RPR test, for all pregnant women at the PHC.

8. School Health:

- He/she will visit schools in the PHC area at regular intervals and arrange for Medical Checkups, immunization and treatment with proper follow up of those students found to have defects.

9. National Program for Prevention of Visual Impairment and Control of <u>Blindness:</u>

- He/she will make arrangements for rendering:
  - Treatment for minor ailments
  - Testing of vision
- He/she will refer cases to the appropriate institutes for specialized treatment.
- He/she will extend support to mobile eye care units.

III. Training

1) He/she will organize training programs including continuing education for the staff of PHC and ASHA under the guidance of the district health authorities and Health & Family Welfare Training centers.
2) He/she will organize training programs for ASHA.
3) He/she will also make arrangements/provide guidance to the health assistant female and health worker female in organizing training programs for indigenous dais practicing in the area and ASHAs where applicable.

IV Administrative Work

1) He/she will supervise the work of staff working under him/her.
2) He/her will ensure general cleanliness inside and outside the premises of the PHC and also proper maintenance of equipment under his/her charge.
3) He/she will ensure to keep up to date inventory and stock register of all the stores and equipment supplied to him/her and will be responsible for its correct accounting.
4) He/she will get indents prepared timely for drugs, instruments, vaccines, ORS and contraceptive etc. sufficiently in advance and will submit them to the appropriate health authorities.
5) He/she will check the proper maintenance of the transport given in his/her charge.
6) He/she will scrutinize the programs of his/her staff and suggest changes if necessary to suit the priority of work.
7) He/she will get prepared and display charts in his/her own room to explain clearly the geographical areas, location of peripheral health units, morbidity and mortality, health statistics and other important information about his/her area.
8) He/she will hold monthly staff meetings with his/her own staff with a view to evaluating the progress of work and suggesting steps to be taken for further improvements.
9) He/she will ensure the regular supply of medicines and disbursements of honorarium to health guides.
10) He/she will ensure the maintenance of the prescribed records at PHC level.
11) He/she will receive reports from the periphery, get them compiled and submit them regularly to the district health authorities.
12) He/she will keep notes of his/her visits to the area and submit every month his/her tour report to the CMO.

13) He/she will discharge all the financial duties entrusted to him/her.
14) He/she will discharge the day to day administrative duties and administrative duties pertaining new schemes.

2.b) District Program Manager

(SOURCE: IPHS 2011)

Place of Posting: Any District in Uttarakhand

Reporting line: At District level – Civil Surgeon of the respective District

At State level – State Program Manager

This is a District based position under the National Rural Health Mission. Prime responsibility of the position would be to ensure quality health care services to the community and monitor all the indicators related to health and sanitation at District level. He/ She will provide overall leadership to all the Health Programs under NRHM and will also develop action plans, monitor developments and suggest mid-course actions to it. He/ She will be responsible for implementation and monitoring of all the programs under NRHM. He/ She would be working in coordination with the State Program Management Unit and other members of District Program Management Unit.

1) Providing managerial inputs to the District Health Teams including CS, ACMO, DRCHO, and District Program Officers for TB, Malaria, Blindness control etc in formulating and designing Project Proposals, District Health Action Plan, and District Micro Plan, Monitoring Plan etc. from time to time.
2) Planning, facilitating execution and monitoring of all the health programs introduced in the state under NRHM eg. First Referral Unit (FRU) & 24x7 PHC operationalization, Mukhyamantri Janani SishuSwasthya Aviyan, Routine Immunization, RCH/FP camps etc. and/or any other activities as per plan.
3) Development of monitoring plan of all the CHCs/ PHCs in the territory and providing feedback to Deputy Director (Health), Civil Surgeon and State Program Manager.
4) Ensuring uniformity and timely submission of reports of all the programs under NRHM from HSCs, PHCs, CHCs and District level in line with SPMU. Documentation of the processes at District level should be strengthened.
5) Participate in all the monthly meetings at District level as well as other meetings related to the NRHM. Apprise District Health Teams on the developments under NRHM in the District.

6) Assess the training requirements of the District Health Personnel for enhancing their technical as well as managerial skills, especially at CHC/ PHC level and develop training plans for them in collaboration with SPMU as well as exploring local opportunities for them.
7) Updating the Chairperson of District Health Society and members of District Health Society on the progress of core programs under NRHM.
8) Establishing and monitoring the Financial Systems and Procedures in the district as well as PHCs for smooth functioning of the processes.
9) Preparation and submission of Monthly Work Plan and Monthly Progress Report to Deputy Director (Health), respective Civil Surgeons and State Program Manager.
10) Representing District Health Team in the monthly meeting at State HQ to review the progress of the NRHM in the Districts.
11) Ensuring proper information flow from PHC to District and to State HQ and vice-a-versa.
12) Any other specific assignment as per requirement.

Annexure 3: Questionnaire:

3.a) SAQ: Medical Officer- PHC

Informed Consent

Namaste! My name is _____and meet my colleague _____. We are working with Public Health Foundation of India. The Uttrakhand Rural health Mission, Government of Uttrakhand along with PHFI is conducting a Training Needs Assessment to improve the performance of District Programme Manager. This TNA will help provide information on several factors affecting the performance of District Programme Manager in the state of Uttrakhand. In this regard, we would like you to administer this questionnaire for better understanding of your routine work. We request you to be open about your views while participating in the study. Whatever information you provide will be kept strictly confidential and will be used for research purpose only. We would very much appreciate your participation in this study. The survey usually takes about 90 minutes to complete. Participation in this survey is voluntary and you can choose not to answer any question or all of the questions. However, we hope that you will participate in this survey since your participation is important.

At this time, do you want to ask me anything about the survey?

If you have a problem or any question about the research, or you want to know more about it then you may telephone or contact PHFI at the following address:

Public Health Foundation of India

ISID Campus

4, Institutional Area

Vasant Kunj, New Delhi - 110070

Phone: 011 - 49566000

DO YOU AGREE……1

YOU DO NOT AGREE ……..2 END

Identification Information	
Name of the Respondent (MO-PHC)	
Name of PHC and code	
Name of District / Region	
Age (in completed years)	
Gender	Male Female
Education (Graduation, specialization and year of graduation)	
Number of years of service as a PHC MO	
Total experience (in years with Health Department)	

Interviewer Signature: …… **Medical Officer Signature: ……..……..**

Date: ……. **Date: ……...…….**

As we know that the MO PHC has to play multiple roles which include clinical, administrative, management, financial, coordination etc. Today we would like to know your views regarding the management responsibilities of a PHC Medical Officer.

1. Do you perform any activity related to your managerial roles and responsibilities? If yes, please mention the percentage of your time dedicated to those activities?

S. No.	**Managerial Roles and Responsibilities**	**1) Yes**	**2) No**	**Percentage time**
1	Curative			
2	Preventive			
3	Promotive			
4	General Administration			
	✓ Mobilization			
	✓ Leadership			
	✓ Regulation			
	✓ Ensure Legislative base			
5	Coordination			
6	Accountability, Participation and Education			

7	Program Management			
	✓ Monitoring and Evaluation			
	✓ Implementation			
8	Financial Management			
9	Disaster Management			
10	Others ……. (please specify)			

Planning			
2	According to you which of the following are the most effective planning method?		
	1) Decentralized planning	2) Centralized planning	3) Others
3	Were you involved in annual Planning of NRHM flexi funds for your PHC?	1) Yes	2) No
4	If yes, have you involved your PHC staff for the Planning of NRHM flexi funds?	1) Yes	2) No
5	How frequently you receive the guidelines for planning activity?	1. Every time 2. Most of the time 3. Some times 4. Never	

6	Have you planned and implemented any activity/program (other than National Programs/ schemes) for the marginalized group? If yes, Please mention the name of that activity/program.	1) Yes	2) No
7	According to you what is the need of considering the vulnerable population while planning the activities?		

Financial Management			
8	Are you a drawing and disbursing officer for your PHC dealing with finances?	1) Yes	2) No
9	Have you been involved in preparation of your PHC annual NRHM budget for 2012-13?	1) Yes	2) No
10	If Yes, according to you which components are needed to be taken into consideration while preparing the PHC annual budget?		

11	According to you what could be / are the possible reasons for less expenditure of the NRHM Funds?	1- Unavailability of financial guidelines 2- Unavailability of programmatic guidelines 3- Delay in fund disbursement from state 4- Poor planning 5 Lack of timely guidance and feedback 6 Delay in the Implementations of the activities 7 Inadequate community support and ownership 8 Others please specify….	
12	What is your role in Funds Management on regular basis?		
13	Have you received any guidelines from the department about the management of NRHM funds for your PHC?	1) Yes	2) No

(Program /Human Resource/Logistic Management)

14	Do you conduct meeting/s with PHC staff (other than ANM) meeting?	1. Yes 2. No 3. Not aware
15	How frequently is that meeting/s held?	1- As and when required 2- On fixed days, once in week 3- On fixed days once in 15 days 4- On fixed days once in a Month 5- Once in 2 to 3 months 6- Not aware
16	Do you prepare agenda for the meetings?	1- Agenda developed for every meeting 2- Agenda developed for some of the meetings 3- Agenda not developed at all 4- Not aware
17	If prepared then by whom?	1- Prepared by me 2- Agenda sent from Block PHC 3- Agenda sent from district

Program /Human Resource/Logistic Management

18	What activities you perform to keep your field staff technically and programmatically updated?	1- Nothing 2- Update them during your supervisory visits 3- Update them during PHC meetings 4- Arrange special training sessions for them	
19	Do you conduct trainings for them?	1) Yes	2) No
20	Is yes, how frequently?	1- Once in a month 2- Once in a Quarter 3- Once in 6 month 4- Once in a year 5- Whenever planned by district	
21	Have you dealt with under-performing staff?	1. Yes 2. No	
22	If yes, How did you manage?		
23	Please mention the names of the important Registers that have to be maintained regularly at PHC level		

24	Who is/are the person/s involved in following logistics management (write the designations)	1- Vaccines…… 2- Drugs and Medicines)…… 3- Medical Equipments …….
25	How often do you verify the Vaccine stock register at the PHC?	1 Quite often 2 Time to time 3 Rare
26	When did you face the no stock situations for vaccines at your PHC?	1- Last one month 2- In last 3 months 3- In last 6 month 4- In last one year 5- Never had any No Stock situations
27	What do you do to prevent no stock situation for Logistics?	1- Do proper planning of the logistic Requirement 2- Maintain Buffer stock 3- Regularly update the registers 4- Timely Demand & follow up 5- Dedicated responsibility to a person 6- Cannot be done much 7- Others (specify)__

29	Do you receive any written guidelines from the department about logistics management at the PHCs?	1. Yes 2. No 3. Not aware

Coordination			
28	Please list the names of the various departments and major stakeholders you have to coordinate for planning and delivering the services at PHC?		
29	Do you have received any guidelines from the department about your role and responsibilities for inter-sectoral coordination at the PHC?	1) Yes 2) No 3) Not aware	
30	If yes, do you conduct meetings for proper planning and implementation of healthcare programs delivered through PHC?	1) Yes	2) No
31	If yes, how frequently are these meetings held?	1- Once in a 15 days 2- Once in a month 3- Once in a Quarter 4- Once in 6 month 5- Once in a year 6- Not aware	

32	Enlist the Health programs/activities where ICDS department has critical role.	

	Disaster Management	
33	Is maintaining disaster management record comes under your job?	1. Yes 2. No
34	If No, who is/are the person/s responsible?	
35	Has your PHC any emergency plan/disaster plan?	1. Yes 2. No 3. Not aware
36	If yes, please share the copy.	
37	Who is responsible of managing the data at PHC?	

	Supervision	
38	Have you prepared your supervision plan?	1. Yes 2. No
39	What components should be included in the Supervision plan?	

40	Do you provide your feedback or share your observation of your supervisory visit?	1. Yes 2. No
41	If Yes, with whom?	

42	Who is/ are the persons responsible for preparing the HMIS report of your PHC? (write designations)	
43	By what date of each month the HMIS report has to be sent/ uploaded?	Date..

Quality Assurance		
44	Is your PHC upgraded according to IPHS?	1. Yes 2. No 3. Not aware
45	What are the major criteria for achieving IPHS at PHC?	
46	Are you aware of any existing Quality Assurance committee in your district?	1. Yes 2. No 3. Not aware

47	Which of the following documents are related to Quality Assurance?	1. Guidelines 2. Monitoring Records 3. Standard Operating Procedure 4. Don't know

Trainings						
48	Please give details of the following management trainings, if attended by you in the last five years?					
Sr. No.	Name of the Management Trainings	Training Duration	Month/ YYYY	Who conducted	Topics Covered	
1	Human Resource Management					
2	Logistic Management					
3	Financial Management					

4	Induction Training					
5	Disaster Management					
6	Quality Assurance					
7	Program Management					
7	Others _____ _					

S. No.	Training	Tick appropriate with appropriate priority ranking
1	Healthcare Planning	
2	Programme Management	
3	Application of Management Tools in Programme	
4	Monitoring and Evaluation	
5	Report Writing and Data Representation	
6	Geo Figure cal Information System (GIS) Application in Public	
7	NRHM and Health Sector Reforms	
8	Basics of Financial Management	
9	Quality Assurance for Improving District Health Services	

10	Effective Hospital Management	
11	Orientation to RKS, VH & SC	
12	Health Communication and Community Participation	
13	Bio-medical Waste Management and Infection Control as per IMEP Guidelines	
14	5's for Quality Improvement of Healthcare Facilities	
15	Pedagogy (Training Techniques)	
16	Data Quality Assurance Tools (DQA) and Routine Health	
17	Health/Hospital Management Information System	
18	Disaster Management and Public Health Emergencies	
19	Others, Please Specify:……	

3.b) In-depth interview Medical Officer- PHC

Informed Consent

Namaste! My name is _____and meet my colleague _____. We are working with Public Health Foundation of India. The Uttrakhand Rural health Mission, Government of Jharkhand along with PHFI is conducting a Training Needs Assessment to improve the performance of Medical Officers at the PHCs. This TNA will help provide information on several factors affecting the performance of PHC Medical Officers in the state of Uttarakhand. In this regard, we would like to talk with you to get a better understanding of your work routine. We request you to be open about your views while participating in the discussion. Whatever information you provide will be kept strictly confidential and will be used for research purpose only. We would very much appreciate your participation in this study. The survey usually takes about 1 hr 30 mins to 2 hrs to complete. Participation in this survey is voluntary. However, we hope that you will participate in this survey since your participation is important.

At this time, do you want to ask me anything about the survey?

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

If you have a problem or any question about the research, or you want to know more about it then you may telephone or contact PHFI at the following address:

May I begin the interview now?

RESPONDENT AGREES TO BE INTERVIEWED……1

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED→….2 END

(Please circle)

Confidential

1	Name	
2	Gender (M/F)	
3	Date of Birth (DD/MM/YYYY)	
4	Qualification	
5	Personal Experience (YY/MM)	
6	District	
7	Date of joining in current position	

Signature: ……

Date: …….

As we know that the MO PHC has to play multiple roles which include clinical, administrative, management, financial, coordination etc. Today we would like to know your views regarding the management responsibilities of a PHC Medical Officer.

2. What activities do you perform related to your managerial roles and responsibilities? Also mention the percentage of your time dedicated to these activities?

S. No.	Managerial Roles and Responsibilities	Activities	Percentage time
1	Curative		
2	Preventive		
3	Promotive		
4	General Administration		
	✓ Mobilization		
	✓ Leadership		
	✓ Regulation		
	✓ Ensure Legislative base		
5	Coordination		
6	Accountability, Participation and Education		

7	Program Management		
	✓ Monitoring and Evaluation		
	✓ Implementation		
8	Financial Management		
9	Disaster Management		
10	Others ……. (please specify)		

Planning:			
Sr. No.	Question	Response	
2	According to you which of the following are the most effective planning method? And why?		
Decentralized Planning		Centralized Planning	Others ……

3	Enlist the following steps you have taken in the planning process when you planned any activity/program?	
	1. Acquire Information 2. Set goals & Objectives 3. Decide the Strategy 4. Plan about the Resources (Human & Logistics) 5. Plan the Supervision activity 6. Plan for evaluation 7. Plan for re-planning 8. Budget planning 9. Any other _____ Please share the copy of the recent planned activity. ……..	
4	According to you what is the role of community participation in the planning process? Explain with example how you have involved them in the planning process	
5	Do you receive guidelines for the planning of activities / programs? Please share the copy of any guidelines received.	1. Yes 2. No
6	How often do you receive these guidelines? (Share Option)	1. For every activity 2. For most of the activities 3. For some of the activities 4. Never

7	According to you which reason best suits to take gender concerns into account in program design and implementation?	1. Women represents around one half of the population in the society 2. There are differences between the roles of men and women, differences that demand different approaches. 3. Women's inferior access to resources and opportunities. 4. Women are systematically under-represented in decision-making processes. 5. Any other reason

	Financial Management	
Sr. No.	Question	Response
8	Are you a drawing and disbursing officer for your PHC dealing with finances?	1. Yes 2. No
9	What other financial powers do you have?	
10	Were you involved in the preparation of the PHC PIP budget for the year 2012-13? If Yes, please share the PHC PIP budget copy of the year 2012-13?	1. Yes 2. No
11	What factors will ensure proper utilization of the funds allotted to you.	1. Availability of financial guidelines 2. Timely disbursement of funds from state/district 3. Regular review of the fund utilization 4. Proper planning 5. Good accounting system in place 6. Others (specify)_____

12	Have you received any guidelines from the department about managing the finances and accounts of your PHC? If yes, please share a copy of the same.	1. Yes 2. No
13	What is the role of RKS? (probe on the who the committee members are, how much fund is allotted, for what purpose these funds are utilized, frequency of the RKS meetings and any more)	

Program /Human Resource/Logistic Management		
Sr. No.	Question	Response
14	How do you distribute the work among your contractual & regular staff?	Contractual staff: Regular staff:
15	What problems do you face while dealing with them	……. …….. ……
16	How you keep your staff motivated to perform to their potential?	

17	What are the important components of the a good team	1) Every member has same organizational goal 2) Good communication among the members 3) Everyone feels free to discuss & share with each other & their leader 4) Everyone is aware of their responsibility in

		the team 5) Any other (specify)_____
18	Who is/are the person/s involved in following logistics management (write the designations of posts and not name of persons)	1. Vaccines…… 2. Drugs & Medicines …… 3. Medical Equipments …….
19	Are the Registers for the following logistics maintained & updated (Circle the right option after Verifying the register)	1. Vaccine stock registers…….. Yes / No 2. Medicine Registers……..Yes / No 3. Medical Equipments……..Yes / No
20	Please share the register (note if the register is updated till last month, if it has been checked verified by the MOPHC or other superior officials, if yes, note if there are any specific comments/ suggestions provided)	
21	How frequently you verify the Vaccine stock register at the PHC?	1) Quite often 2) Time to time 3) Rare
22	What need to be done at your level to reduce the no stock situation of logistics	1. Do proper planning of the logistic Requirement 2. Maintain Buffer stock 3. Regularly update the registers 4. Timely Demand & follow up 5. Dedicated responsibility to a person 6. Any other (specify)_____
23	What need to be done from district level to reduce the no stock situation of logistics at your level	
24	Do you have the powers to locally procure the required logistics like medicine, equipments	1. Yes 2. No

25	If yes do you have guidelines for local procurement? Share the copy	1. Yes 2. No
26	Do you have any written guidelines from the department about logistics management at the PHCs?	1. Yes) 2. No)
27	If yes, please share the copy.	1. copy seen 2. copy not seen

Coordination		
Sr. No.	Question	Response
28	List the various department & major stake holders you have to coordinate with while planning and delivering the services at PHC?	
29	Are any Inter-sectoral coordination meetings held at PHC or anywhere else?	1 Yes 2. No 3. Not aware
30	If yes, how frequently are these meetings held?	1. Once in a 15 days 2. Once in a month 3. Once in a Quarter 4. Once in 6 month 5. Once in a year 6. Not aware
31	When was the last coordination meeting held showing the minutes and which other departments participated in that meeting?	Date: …….. ……..
32	What important issues where discussed in that meeting?	
33	Enlist the Health programs/activities where ICDS department has critical role	Enlist the ICDS programs/activities where Health department has critical role
	…… …….. …… ……	

34	Have you received any guidelines from the department about your coordination role and responsibilities? Please share the copy.	1 Yes 2. No 3. Not aware
35	How did you receive the guidelines?	1. Oral instructions/guidelines during meetings 2. Oral instructions/guidelines during field visit of senior officials 3. Written guidelines and circulars or GOs, etc.

Supervision		
Sr. No.	Question	Response
36	Explain in detail about the supervision activity you conduct & the feed back mechanism you follow? (Probe on the supervision plan, tools used & how the supervision observations are utilized & shared) Please share the supervision plan, feedback reports if any.	
37	Are there written guidelines from the department with regards to provision of supervision by the MOs? If yes, share with me the copy of the same.	1. Yes 2. No

38	Has the department provided you any training on supervisory skills in past 5 years? If yes, record the information in the table at the end of this questionnaire.	1. Yes 2. No

Disaster Management:		
39	Has any disaster happened earlier in your PHC?	1. Yes 2. No
40	If Yes, do you maintain the morbidity and mortality records of that disaster?	1. Yes 2. No
41	If Yes, please share some documents.	
42	Have you received any training on Disaster Management?	1. Yes 2. No
43	If yes, what was the duration of that training? And when it happened?	1. ……/YYYY 2. ……/YYYY 3. ……/YYYY
44	What were the major topics covered in that training?	

TRAINING 1	TRAINING 2	TRAINING 3

Strengths & Weaknesses		
Sr. No.	Question	Response
45	What were/are the opportunities/factors that help you in managing the PHC activities/programs efficiently & effectively?	
46	What problems you face while delivering effective services as MO-PHC?	

Quality Assurance		
Sr. No.	Question	Response
47	Have any Quality Assurance committee been established at your PHC/Block/District?	1 Yes 2. No 3. Not aware
48	If Yes, at what level the committee has been formed?	1. PHC 2. Block 3. District
49	Has the committee members visited your PHC in last 6 months?	1. Yes 2. No
50	If Yes, What recommendations this committee had suggested for your PHC?	
51	Have you received any SOPs (Standard Operating	

	Procedure Document) for any activity / program to ensure Quality Assurance If yes, Please share a copy.	

Case studies		
Sr. No.	Question	Response
52	If there is an electricity failure problem at your PHC & which is not going to be solved in 1 or 2 days, how do you manage the vaccines available with you?	
53	If an ANM reports 4 to 5 cases of measles in one of the villages of her sub centre, what will you do?	

3.c) SAQ: District Program Manager

Informed Consent

Namaste! My name is _____and meet my colleague _____. We are working with Public Health Foundation of India. The Uttarakhand Rural Health Mission, Government of Uttarakhand along with PHFI and the Nossal Institute of Global Health is conducting a Training Needs Assessment to improve the performance of District Program

Manager. This TNA will help provide information on several factors affecting the performance of District Program Manager in the state of Uttarakhand. In this regard, we would like you to administer this questionnaire for better understanding of your routine work. We request you to be open about your views while participating in the study. Whatever information you provide will be kept strictly confidential and will be used for research purpose only. We would very much appreciate your participation in this study. The survey usually takes about 90 minutes to complete. Participation in this survey is voluntary and you can choose not to answer any question or all of the questions. However, we hope that you will participate in this survey since your participation is important.

At this time, do you want to ask me anything about the survey?

If you have a problem or any question about the research, or you want to know more about it then you may telephone or contact PHFI at the following address:

Public Health Foundation of India
ISID Campus
4, Institutional Area
Vasant Kunj, New Delhi - 110070
Phone: 011 - 49566000
DO YOU AGREE……1
YOU DO NOT AGREE ……..2 END

Confidential

1.	Name	
2.	Gender (M/F)	
3.	Date of Birth (DD/MM/YYYY)	
4.	Qualification	

5.	Professional Experience	
6.	District	
7.	Date of joining/ Promotion in current position (DD/MM/YYYY)	

Signature …….

Date ……

Planning:

1. According to you what are the critical demographic indicators of your district which required for preparing District PIP?
   1. …….
   2. …….
   3. …….
   4. …….
   5. …….
   6. …….
   7. …….
   8. …….

2. What is the ideal percentage of women members in Village Health Committee?

   ☐ 40% ☐ 50% ☐ 45% ☐ 55%

   Do you think female representation is required in VHCs? If yes, why?

……
……

3 Have you prepared the budget for the activities for Adolescent Reproductive and Sexual Health centers for your district NRHM PIP plan 2013-14?

☐ Yes ☐ No

If Yes, for how many ARSH centres ……

4 According to you what could be the possible reasons for the less expenditure of NRHM funds in a district? (you may give multiple answers)

1. Unavailability of financial guidelines
2. Unavailability of programmatic guidelines
3. Delay in fund disbursement from state
4. Poor planning
5. Lack of timely guidance and feedback
6. Inadequate community support and ownership
7. Others please specify….

3. Is National Health Programmes part of your District NRHM PIP?

☐ Yes ☐ No

If Yes, Please give the name of the National Health Programmes considered in your District NRHM PIP for the year 2013-14.

1……
2. ……..
3……

4. ……..…

5. ……..

6. ……..

7. ……..

8. ……..

9. ……..

10. …….

6 Is Village Health Planning important for your district NRHM PIP?

☐ Yes ☐ No

If yes, why;

1 It is important for decentralized approach

2 It is important for centralized approach

7 Why Rogi Kalyan Samitis/ Hospital Management Committees PHC and VHCs is important for your district NRHM plan?

☐ It provides the information regarding the community need

☐ It increases the community participation and ownership in healthcare delivery system

☐ It provides platform for shared responsibility of health department and community for facility development

☐ Others please specify….

Program Management:

8 Were you involved in organizing the meeting/s with programme officers for National Health Programmes during preparation of district PIP 2013-14?

☐ Yes ☐ No

Please list the regular invitees of these meetings.

1……
2. ……..
3……
4. ……..….
5. ……..
6. ……..
7. ……..
8. ……..
9. ……..
10. …….

9 Have you prepared the activity chart (Gantt chart) in your district NRHM PIP for the year 2013-14?

☐ Yes ☐ No

If yes, please prepare a dummy chart with column heads in the space given below:

10 Have you prepared the logical framework matrix (LFA) for the NRHM District PIP 2013-14 for your district?

☐ Yes ☐ No

If yes, please prepare a dummy LFA matrix with Column heads in the space given below:

11. According to you, is inter-sectoral coordination important in district planning and programme implementation?

☐ Yes ☐ No

If yes, Apart from the health department, whom do you invite in governing body meeting of district health society from other district officials?

1……
2. ……..
3……
4. ……..….
5. ……..
6. ……..
7. ……..
8. ……..
9. ……..
10. …….

12 Do you have district quality assurance committee/group in your district?

☐ Yes ☐ No

If yes, mention the reason for the formation of this committee/group?

1……

2. ……..

3……

4. ……..….

5. ……..

6. ……..

7. ……..

8. ……..

9. ……..

10. …….

13 Do you have the basic information for strengthening the health care facilities according to IPHS guidelines?

☐ Yes ☐ No

If yes, how you have collected that information?

13 Have you attended any meeting/training at district level regarding IPHS in the year 2012-13?

☐ Yes ☐ No

If yes, please were the major topics covered in these trainings/meetings;

1……

2. ……..

3……

4. ……..….

5. ……..

14 As per GoI guidelines, enlist the criterion for 24x7 Primary Health Centre?

1……

2……

3……

4……

5……....

6……

15. Have you allocates the budget for Annual Maintenance Contract /Comprehensive Maintenance Contract of major equipment/instrumentavailable at APHC level during district NRHM plan 2012-13?

☐ Yes ☐ No

If yes, write three major equipment /instrument available at APHC which are covered under AMC/CMC:

1……

2……

3……

4……

16 To verify the physical and financial progress of district NRHM PIP, have you done the variance analysis?

☐ Yes ☐ No

If yes, according to you why variance analysis is done?

……

……

17 Please mention the annual grant released to various facilities under different heads in the table given below.

Health Facility/ Committee	Rogi Kalyan Samiti (Rs.)	Annual Maintenance(Rs.)	Untied Fund(Rs.)
Village Health Committee			
Health SubCentre			
PHC – RKS			

18 As per the GoI guidelines, is VHC responsible for audit of funds provided under NRHM?

☐ Yes ☐ No

19 Is the Rogi Kalyan Samiti, PHC to be audited annually?

☐ Yes ☐ No

20 Enlist the criterion to provide Janani Suraksha Yojana (JSY) benefits to a pregnant woman?

1……

2. ……..

3……

4. ……..….

5. ……..

6. ……..

7. ……..

21 Why the benefits of JSY important?

☐ Promote Institution Deliveries

☐ Reduce Maternal and Infant Mortality

☐ Provide financial assistance for food and medicine

☐ None of the above

	Disaster Management:	
22	Is maintaining disaster management record comes under your job?	1. Yes 2. No
23	If No, who is/are the person/s responsible?	

24	Is your district has any emergency plan/disaster plan?	1. Yes 2. No 3. Not aware

Monitoring and Evaluation:

27. What are the different ways to represent the health related data in a graphical form?

1……
2. ……..
3……
4. ……..….
5. ……..
6. ……..
7. ……..
8. ……..
9. ……..
10. …….

28 Please calculate the BCG to Measles dropout rate with the help of the information given below.

BCG Immunized Children	Measles Immunized Children
40860	32850

☐ 19.6% ☐ 28.3% ☐ 17.8% ☐ 24.9%

29 Do you analyse and review the monthly performance report given by APHCs of your district?

☐ Yes ☐ No

If Yes, please tell 10 major indicators you analyse:

1……

2. ……..

3……

4. ……..….

5. ……..

6. ……..

7. ……..

8. ……..

9. ……..

10. …….

30 Do you validate the health related data collected from the field?

☐ Yes ☐ No

If yes, then how?

……

……

……

……

31 Do you calculate Infant Mortality Rate (IMR) for your district?

☐ Yes ☐ No

If yes, please list what information is required to calculate IMR.

1……

2. ……..

3……

4. ……..….

5. ……..

32 Do you have DLHS-3 survey report of your district?

☐ Yes ☐ No

If yes, please list the source from where you got the report:…… ……

33 Have you conducted any ASHA meeting to review the progress of NRHM activities in your district?

☐ Yes ☐ No

If yes, please tell major issues discussed in these meetings:

1…….
2…….
3…….
4…….
5…….
6…….

34 Do you prepare the NRHM annual report for your district?

☐ Yes ☐ No

If yes, please tell major subjects covered in that report:

1…….
2…….
3…….
4…….
5…….
6…….

Training and Development:

35 Give details of any one of the training program you organized for FHW/ANM at district level in 2012-13?

Name of the Training	
Participants (cadre)	
Topics covered	
Duration	
Who else were involved as facilitators	

36 Do you have community based monitoring system under NRHM in your district?

☐ Yes ☐ No

If yes, how are you involved in it?

……

……

…….

37 Do you conduct meeting at district level for block level officers and other stakeholders for explaining the approved budget for different activities under NRHM PIP?

☐ Yes ☐ No

If yes, please list the key points discussed during this meeting

…….

…….

…….

…….

38 Do you have any computer related training or certificate?

☐ Yes ☐ No

If yes, please provide details:

……

39 What is the role of ASHA under NRHM?

1……
2. ……..
3……
4. ……..….
5. ……..
6. ……..
7. ……

Leadership:

40 Do you involved in the meetings conducted with Medical Officer of Block PHCs and PHCs?

☐ Yes) ☐ No

If yes, what is your role in these meetings?

1……

2. ……..

3……

4. ……..….

5. ……..

41 Are you involved in micro planning for VH& NDs in your district?

☐ Yes ☐ No

If yes, please tell your five activities you did for micro planning for VH & NDs in your district.

1……

2. ……..

3……

4. ……..….

5. ……..

42 Do you have the checklist for monitoring and supervision of VH&NDs?

☐ Yes) ☐ No

If yes, what is your responsibility in the supervision of VH & NDs?

1…….

2…….

3…….

4…….

5…….

43 How do you inform VHCs members about the new guidelines/ information related to VHCs?

☐ Meeting ☐ Training ☐ Letter ☐ through the block office ☐Through the APHCs ☐ Other's please specify

44 Are you involved in planning of medical camps at district level?

☐ Yes ☐ No

If yes, what is your role in medical camp planning?

1……
2. ……..
3……
4. ……..….
5. ……..
6. ……..
7. ……..
8. ……..
9. ……..
10. …….
11 Others.....

45 Have you received the guidelines for financial incentive to ASHA, ANM, AWW and AWW helper for VH&ND?

☐ Yes ☐ No

If yes, please tell amount to be paid for a VH & ND to following;

S.No.	Member	Amount (Rs.)
1	ASHA	
2	ANM	
3	AWW	
4	AWW Helper	

46 How you coordinate the executive committee meetings for District Health Society?

…….

…….

…….

……

47 Please write the names of the training programs attended since joining. How are you applying the knowledge in your work gained through the trainings attended? Grade them on the scale of 1 to 5 (1: not at all relevant, 2-relevant but could not 3: relevant and could apply in the field)

S.No.	Training	Grading	Example of use of knowledge in your working gained through training

1.		☐ 1 ☐ 2 ☐ 3	
2.		☐ 1 ☐ 2 ☐ 3	
3.		☐ 1 ☐ 2 ☐ 3	
4.		☐ 1 ☐ 2 ☐ 3	
5.		☐ 1 ☐ 2 ☐ 3	
6.		☐ 1 ☐ 2 ☐ 3	
7.		☐ 1 ☐ 2 ☐ 3	
8.		☐ 1 ☐ 2 ☐ 3	

48 In your current job, do you need additional trainings in any of the following areas?

Please prioritize the training as per your need.

S.No.	Training	Prioritization
1	Healthcare Planning	
2	Programme Management	
3	Application of Management Tools in Programme Management	
4	Monitoring and Evaluation	
5	Report Writing and Data Representation	
6	Geographical Information System (GIS) Application in Public Health	
7	NRHM and Health Sector Reforms	
8	Basics of Financial Management	
9	Quality Assurance for Improving District Health Services	

10	Effective Hospital Management	
11	Orientation to RKS, VH & SC	
12	Health Communication and Community Participation	
13	Bio-medical Waste Management and Infection Control as per IMEP Guidelines	
14	5's for Quality Improvement of Healthcare Facilities	
15	Pedagogy (Training Techniques)	
16	Data Quality Assurance Tools (DQA) and RHIS	
17	Health/Hospital Management Information System	
18	Disaster Management and Public Health Emergencies	
19	Others, Please Specify:……	

3.b) In-depth Interview schedule District Program Manager

Informed Consent

Namaste! My name is _____and meet my colleague _____. We are working with Public Health Foundation of India. The Uttarakhand Rural health Mission, Government of Uttarakhand along with PHFI and the Nossal Institute of Global Health is conducting a Training Needs Assessment to improve the performance of District Programme Manager at district level. This TNA will help provide information on several factors affecting the performance of District Programme Manager in the state of Uttarakhand. In this regard, we would like to talk with you to get a better understanding of your work routine. We request you to be open about your views while participating in the discussion. Whatever information you provide will be kept strictly confidential and will be used for research purpose only. We would very much appreciate your participation in this study. The survey

usually takes about 45-60 minutes to complete. Participation in this survey is voluntary and you can choose not to answer any question or all of the questions. However, we hope that you will participate in this survey since your participation is important.

At this time, do you want to ask me anything about the survey?

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

If you have a problem or any question about the research, or you want to know more about it then you may telephone or contact PHFI at the following address:

May I begin the interview now?

RESPONDENT AGREES TO BE INTERVIEWED……...1

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ⟶ …….2 END

(Please circle)

Confidential

1	Name	
2	Gender (M/F)	
3	Date of Birth (DD/MM/YYYY)	
4	Qualification	
5	Professional Experience (YY/MM)	

6	District	
7	Date of joining/ Promotion in current position	

Signature: …….

Date: ……

Planning:

3. What are your management roles? Do you apply the following managerial skills? If yes, what activities you perform related to them?

1	Planning and Managing	1) Yes 2) No		
2	Assessing and Monitoring	1) Yes 2) No		
3	Evaluation	1) Yes 2) No		
4	Implementation	1) Yes 2) No		
5	Mobilization	1) Yes 2) No		
6	Leadership	1) Yes 2) No		
7	Regulation	1) Yes 2) No		

8	Ensure Legislative base	1) Yes 2) No		
9	Coordination	1) Yes 2) No		
10	Accountability, Participation and Education	1) Yes 2) No		
11	Others ……. (please specify)	1) Yes 2) No		

4. Were you involved in preparation of District NRHM plan 2013-14?

☐ Yes ☐ No

If yes, which of the following steps you followed during preparation of district NRHM Plan 2013-14. (Please share a copy of your District NRHM PIP 2013-14)

1.	Introduction of the District	
2.	Introduction of District health facilities	
3.	Priorities, constraints, action to overcome	
4.	Situational Analysis Demographic Profile Administrative Analysis SWOT Analysis	
5.	Methodology used for plan formation	

6.	Introduction of the programmes	
7.	Comparative Analysis of the achievements	
8.	Comparative Analysis of the achievements	
9.	Set the objectives	
10.	Plan the strategies and activities	
11.	Activity chart	
12.	Logical Framework Matrix	
13.	Budget	
14.	Others ……	

5. Do you assess and address the healthcare needs that emerge through the Village Health Plan?

   ☐ Yes ☐ No

   If Yes, Please share the copy of few Village plan of your district.

   ……..

6. Who all are involved in preparation of district NRHM PIP from district officials, DPMU and others?

A. DPMU	B. District Officials	C. Others

1……	1……	1……
2. ……..	2. ……..	2. ……..
3……	3……	3……
4. ……..….	4. ……..….	4. ……..….
5. ……..	5. ……..	5. ……..
6. ……..	6. ……..	6. ……..
7. ……..	7. ……..	7. ……..
8. ……..	8. ……..	8. ……..
9. ……..	9. ……..	9. ……..
10.…….	10.…….	10.…….

7. Enlist the activities you perform to ensure that the women, poor, and marginalized population in your district receives the quality healthcare services?

   ……..

   ……..

   ……....

8. What are the possible reasons for low expenditure of district NRHM funds?

1.	Unavailability of financial guidelines	
2.	Unavailability of programmatic guidelines	

3.	Delay in fund disbursement from state	
4.	Poor planning	
5.	Lack of timely guidance and feedback	
6.	Inadequate community support and ownership	
7.	Others please specify….	

Program Management:

8 What is your responsibility as DPM in organizing VH & NDs?

…….....

……..

……..

9 What difficulties do you face in conducting and providing services in VH & NDs?

_____

_____

10 How do you organize meetings with Blocks and PHCs officials? Mention your role as DPM?

Meetings	Your Role as DPM
Block officials meeting	

PHC officials meetings	

11 If you have procurement guidelines under NRHM program, Please share a copy.

12 How do you prevent stock out of essential drugs and vaccines in your district? (Prompt: suppose you have VH&NDs tomorrow and there is no Tab. Paracetamol. How will you manage situation like this?)

_____

_____

13 Do you receive different guidelines from state timely?

☐ Yes ☐ No

If No, enlist problems do you face in getting the guidelines timely?

……

……..

……..

14 How do you ensure the supervisory visits by the PHC supervisor during VH & NDs?

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15 What is your responsibility as DPM in ensuring proper management of bio medical waste in your district? (Please ask about pollution control board license for bio medical waste management and IMEP guidelines)

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16 How you assist the health facilities in attaining the IPHS standards? Mention your role as DPM?

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17 Under GoI guidelines, what problems does your district face to operationalize PHCs 24x7? (Ask specifically about role of DPMs)

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18 Are you aware with the funding mechanism of NRHM from National level to Village level?

☐ Yes ☐ No

If yes, Please tell the financial mechanism framework for NRHM…….

19 Enlist the steps you follow in auditing process for Rogi Kalyan Samitti, at the PHC?

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20 Enlist the steps to ensure that all the JSY beneficiaries are getting the cash assistance completely and timely?

Disaster management		
21	Has any disaster happened earlier in your district?	3. Yes 4. No
22	If Yes, do you maintain the morbidity and mortality records of that disaster?	3. Yes 4. No
23	If Yes, please share some documents.	
24	Have you received any training on Disaster Management?	3. Yes 4. No

25	If yes, what was the duration of that training? And when it happened?	4. ……/YYYY 5. ……/YYYY 6. ……./YYYY
26	What were the major topics covered in that training?	

TRAINING 1	TRAINING 2	TRAINING 3

Monitoring and Evaluation:

27 Do you have monitoring plan for your district?

☐ Yes) ☐ No)

If Yes, how do you ensure the monitoring visits per monitoring plan?

28 How do you update the MO PHC about new guidelines/ strategies/ orders?

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29 Enlist the activities you perform during your visit to a PHC?

1……
2. ……..
3……
4. ……..….
5. ……..
6. ……..
7. ……..
8. ……..
9. ……..

30 How frequently you visit the following facility and what you observe during your visit?

Facility	Frequency	Observation
BPMU		
Community Health Center		

Primary Health Center		
Sub Health Center		

31 What problems do you face in proper data reporting for NRHM activities?

1……

2. ……..

3……

4. ……..….

5. ……..

6. ……..

7. ……..

8. ……..

9. ……..

10. …….

32 How these problems can be resolved?

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33 What is your role in HMIS?

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34 How do you maintain the records for important indicators of service delivery through PHCs? Tell us least 10 indicators and show the database.

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1……

2. ……..

3……

4. ……..….

5. ……..

6. ……..

7. ……..

8. ……..

9. ……..

10. …….

Do you prepare your monthly supervision plan?

☐ Yes ☐ No

If Yes, please share……..

35 How do you analyse the supervision checklist of VH & NDs and provide feedback?

_____

_____

_____

Training and Development:

36 Do you have training data base of District officials and other staff trained under NRHM

☐ Yes ☐ No

If yes, please share

37 What major problems do you face in conducting trainings at district level?

1……
2. ……..
3……
4. ……..….
5. ……..
6. ……..
7. ……..
8. ……..
9. ……..
10. …….

38 Do you analyse the sub health centre grants given under NRHM?

☐ Yes ☐ No

If yes, what are the major heads of expenditure?

1……
2. ……..
3……
4. ……..….
5. ……..

39 What is the process of community based monitoring system under NRHM, Please explain.

_____

_____

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40 Please tell the name, your involvement and responsibility in National Health Program?

Name of the National Health Programme	Involvement

Leadership:

41 What problems do you face in organizing Government and Executive meetings of District Health Society?

1……

2. ……..

3……

4. ……..….

5. ……..

42 How do you ensure the conduction of VH & NDs as per micro planning in your district?

1……

2. ……..

3……

4. ……..….

5. ……..

43 Case: You went to a village of a PHC area to check whether the JSY payment were made timely and found some cases of measles in that village.

What will you do?

44 What problems do you face in proper expenditure of VH & SCs funds? Suggest how can these be resolved?

Problem	Suggestions

45 Case: There is sudden increase in malaria cases in a village adjacent to urban slum area. The CMO has given you the responsibility for managing the outbreak. Please share the step wise activities for controlling the malaria outbreak.

46 Case: The immunization coverage is very poor in a PHC area of your district. The CMO suggests you to plan for a strategy for immediate improvement in the immunization coverage with existing resources in your district. List the critical step you will take

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3.c) Interview with CMO (Supervisor MO-PHC)

The Uttarakhand Rural health Mission, Government of Uttarakhand along with PHFI and the Nossal Institute of Global Health is conducting a Training Needs Assessment to improve the performance of medical officer at PHC. This TNA will help provide information on several factors affecting the performance of medical officer in the state of Uttarakhand. In this regard, we would like to talk with you about the job responsibilities of medical officer. Please share your views:

Identification Information

1	Name of the Supervisor	
2	Name of District	
3	Age (in completed years)	
4	Gender (M/F)	
5	Education (Graduation, specialization and year of graduation)	
6	Number of years of service as CMO	
7	Total experience (in years with Health and Family Welfare Department)	
8	Whether Regular or In charge CMO?	

Supervisor Signature …….

Date …..……../……../…….

According to you what are the management roles and responsibilities of MO in the PHC?

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Enlist the criteria to conduct the performance appraisal of MO-PHC?

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What trainings you would recommend to MO for the better management of PHC?

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According to you what are the main reasons for under utilization of district level budget allocation of NRHM funds? What are the responsibilities of MO-PHC you consider for better utilization of funds?

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According to you what are the problems faced related to management of services of PHC?
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What are your recommendations to improve the efficiency of MO-PHC?

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3.d) Interview with CMO (Supervisor-DPM)

The Uttarakhand Rural health Mission, Government of Uttarakhand along with PHFI and the Nossal Institute of Global Health is conducting a Training Needs Assessment to improve the performance of District Program Manager at district level. This TNA will help provide information on several factors affecting the performance of District Program Manager in the

state of Uttarakhand. In this regard, we would like to talk with you about the job responsibilities of district program manager. Please share your views:

Identification Information

1	Name of the Supervisor	
2	Name of District	
3	Age (in completed years)	
4	Gender (M/F)	
5	Education (Graduation, specialization and year of graduation)	
6	Number of years of service as CMO	
7	Total experience (in years with Health and Family Welfare Department)	
8	Whether Regular or In charge CMO?	

Supervisor Signature ……..

Date ...../……../…...

According to you what are the management roles and responsibilities of DPM in the district?

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Enlist the criteria to conduct the performance appraisal of DPM?

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What trainings you would recommend to DPM for the better management of services in the district?

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According to you what are the main reasons for under utilization of district level budget allocation of NRHM funds? What are the responsibilities of DPM you consider for better utilization of funds?

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According to you what are the problems faced related to management of services in the district?

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What are your recommendations to improve the efficiency of DPM?

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