

Kartavya

**A Training Module for State Training of Trainers
On Revised Roles and Responsibilities of PHEOs**

Training Module Developed by

**CENTRE OF EXCELLENCE
DIRECTORATE OF STATE INSTITUTE OF HEALTH & FAMILY WELFARE
GOVT. OF ODISHA**

Technical Support

**Technical Management & Support Team, DFID
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With Support From

**NATIONAL RURAL HEALTH MISSION
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Name of the Training Module: Kartavya

Name of the Publisher: Director, State Institute of Health & Family Welfare

Address of the Publisher: Unit-8, Nayapalli Bhubaneswar Pin: 755012

Email Id: coe.shifw@gmail.com

Year of Publication: 2012-13

First Edition: 2012-13

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Developed by : Centre of Excellence, State Institute of Health & Family Welfare, Odisha

Preface



Prof. (Dr.) Bijayeeni Mohapatra
Director, SIH&FW(O)

Public Health Extension Officers serve as the crucial link pin between community and health administration at the block level. They are not only responsible for providing communities vital information related to health behaviour but also are widely responsible for ensuring community gets information related to their entitlements etc so that most of the public health mandates are achieved.

Continuous capacity building of this health cadre has been the primary focus of the State Institute of Health & Family Welfare directorate since long. In the year 2010-11, it imparted advanced communication training to this cadre whereby the officials were trained on various aspects of communication by trained professionals from Mudra Institute of Communication Ahmedabad, Gujarat. The outcome of the training programme was highly encouraging and quite important

Taking clues from this Training programme, SIH&FW in the year 2012-13 is taking up the initiatives of imparting the training programme to the PHEOs so that they can be well versed with the responsibilities expected from them as well as roles they are likely to play in the changed environment because of the re-designation from BEE to PHEO.

While the State ToT is being organised at the State level itself in the month of October 2012, the training will be completed by the end of December as around 11 regional venues are being selected for undertaking the training simultaneously.

On this auspicious occasion I must place my thanks on board to the staff and member of CoE who have taken plain in designing the draft of the training module.

I also express my heart felt thanks to Mr. Devjit Mitra, Sector lead Communication of TMST & Ms. Lopamudra Tripathy Programme Officer C4D of the Unicef for constantly guiding the CoE in designing the module.

Last but not the least, I am also thankful to staff of SIH&FW, DPHCOs and ADPHCOs who has been selected to be trained as Master Trainers. I am sure their sincere effort will go a long way in accomplishing the achievement in the stipulated time frame.

I wish the training programme a mega success.

A handwritten signature in black ink, appearing to be 'Bijayeeni'.

Prof. (Dr.) Bijayeeni Mohapatra
Director,
State Institute of Health & Family Welfare
Odisha

ABBREVIATION

ADPHCO	-	Assistant District Public Health Communication Officer
ASHA	-	Accredited Social Health Activist
AWW	-	Anganwadi Worker
BADA	-	Block Accountant Cum Data Assistant
BCC	-	Behaviour Change Communication
BEE	-	Block Extension Educator
BPO	-	Block Programme Organiser
CDMO	-	Chief District Medical Officer
CHC	-	Community Health Centre
DPHCO	-	District Public Health Communication Officer
DHH	-	District Headquarter Hospital
FLW	-	Front Line Workers
IEC	-	Information, Education Communication
IBCC	-	Integrated Behaviour Change Communication Cell
GKS	-	Gaon Kalyan Samiti
HW(M/F)	-	Health Worker(Male/Female)
JSY	-	Janani Suraksa Yojana
JSSK	-	Janani Sishu Surkasha Karyakrama
KKK	-	Kantha Kahe Kahani
LHV	-	Lady Health Visitor
MO(I/C)	-	Medical Officer (in Charge)
NGO	-	Non-Govt Organisation
PIP	-	Programme Implementation Plan
PHC	-	Primary Health Centre
PHEO	-	Public Health Extension Officer
RCH	-	Reproductive & Child Health
SIH&FW	-	State Institute of Health & Family Welfare
Unicef	-	United Nations' Children's Fund

Backdrop

Knowledge on training on communication is highly required for those who either play an active role in the conduct of training programmes or designing of the same. Containing an upto date account of the methods and techniques suited to the field of communication training this module provides an understanding of significant communication issues that need to be tackled or processes that need to be designed for the benefit of the greater target audience. This module carries important topics that will empower PHEOs as they will be better equipped in terms of knowledge, skill and attitude and will be performing their roles as they will be having though understanding of roles and responsibilities. Designed and developed by Centre of Excellence with technical support from Unicef and TMST this module will be of immense help to the PHEOs. The module developed by CoE, SIHFW is a sequel to the existing communication module *Kathabarta*.

About the Training Module

This training module has been developed keeping in mind the technical as well as reference need of the resource persons who are being trained as Trainers for the training programme. As the training programme is planned following a cascading approach, it is expected that during the ToT as well as actual training at the regional level, a considerable loss of content might occur. This training module will be highly useful as a ready reckoner and noble following of this will help trainers to execute the training programme without any content loss.

This training programme largely draws from the examples from the ongoing health sector reforms and communication drives undertaken by State Institute of Health & Family Welfare Directorate recently so that, communication professionals working in the health departments can draw inference and can relate themselves with the content.

The training module has been divided into three blocks. While **Block-A** contains General Principles **Block-B** contains Sessions Outlook to be covered during two days of training programme. Last but not the least **Block-C** contains formats annexures, training plans, regional venue wise training load as well as regional training plan etc.

General Principles

A.1 Model of the Training Programme

The training programme be it at State level or at Regional level will be of Two days in duration and this will be completely residential in nature. The training programme is expected to start at 10.00AM every day and will end at 5.00PM. However, basing on level of interaction and trainees and trainer & mutual consent it can extend beyond 5.00PM on the day one. There will be having two snacks breaks of 15 minutes each and one lunch break of one hour during the training programme

The training programme is of 11 hours duration in total and if proper timeline is agreed, the content can be covered in these hours.

A.2 Timing of the Sessions

Each session will be of one & half hour in duration. In order to keep a close tab on the timing, the resource person is requested to limit themselves to the topic only without compromising the quality of the training and giving respect to the queries of the participants. In order to do that, resource person can bundle questions together to provide answer. The facilitator must keep a close watch on the timing of the sessions.

A.3 Resource Persons

Each of the training session needs to be facilitated by two resource persons. There need to be one lead resource person who will provide key technical input during the programme. The co-resource person will facilitate group works as well as collect feedback from the participants at the end of the training. Apart from the two resource persons, one lead rapporteur needs to be engaged to document the sessions on site. In the absence of specialized rapporteur, this activity needs to be taken up by the participants.

A.4 Evaluation of the Training/Trainees

In order to measure the impact of the training on trainees, pre-training as well as post training assessment of the training through evaluation method, needs to be conducted. Pre-designed training format need to be used for the training programme. While the pre-training assessment form need to be circulated before the commencement of the training, post training assessment can be done at the end of the training programme. A comparative statement of the incremental growth in knowledge, skill and attitude need to be prepared at the end of the training programme

A.5 Documentation of the Training

The training programme needs to be well documented as this will be helpful in planning such endeavor in future. The training document must cover the background of the training, session wise deliberations, queries of the participants, comparative statement of evaluation of pre & post training and session wise group work or presentation.

A.6 Checklist Preparation

As this is a residential training programme, successful organisation of the programme largely depends on successful accommodation of the participants both at training venue as well as training hall. A detailed checklist needs to be prepared and always referred to in order to avoid last minute hassles.

A.7 Language & Methodology

It is expected that the training programme is likely to execute in English or Odia language. The resource person is free to choose the language in consultation with the participants.

Similarly, the training methodology takes into account adult learning behaviour. This includes group work, experience sharing, story-telling as well as inference drawing etc. While resource person is free to take appropriate methodology in elaborating a point he/she has to ensure that all the participants get a chance to share their opinion without fear and biasness.

A.8 Group Forming

Group work has been considered as an integral component of the training programme in this module. Participants in small group will feel themselves more free and comfortable to ideas. Each group must be identical in size and must be gender balanced with due representation of the women folk. The group needs to be formed once as in subsequent period they have to build on the evidences generated session wise from different group works. The group formation needs to be done from the ice breaking level itself so that group members find time in getting to know each other.

A.9 Games

The training programme also will be having few games which will be played at the beginning, during as well as end of the training programme. These games are intended to provide insight to the participants as well as resource persons so that it can involve participants more proactively and elicit response from the participants. However, some of the games mentioned in the module are gender and ability sensitive. The lead trainer

must ensure that the games mentioned in the training programme can be played in the best interest of the participants without hurting them mentally or physically.

A.10 Disciplines: as we know it holds the key of success of everything we do. Hence, starting the training programme in time, continuing it with flow and finishing it over the time are the most important aspects of the training programme. While resource person will request the participants to restrain discipline in everything they do. However, in certain cases, an erring individual or group can be penalized in an innovative manner. Like summarizing the content of the session, sharing an experience related to the programme etc.

A.11 Preparation Before Training

- Ideally, arrange for two trainers for a session
- Read all instructions and handouts for the session to be taken
- Get familiar with the information in the handouts
- Make a list of material required for each activity and keep it ready before the session
- Arrange all the training material in sequence on the basis of the session plan to avoid any confusion
- Arrange for assistance for the distribution of handouts and for other supportive activities during the training
- Make arrangements for tea breaks and lunch break in advance

A.12 Training and Communication Barriers

In many times it is seen that a trainer might fail in spite of hard core preparation & more importantly being vigilant etc. Hence, to start with a trainer must be a good communicator, with good ears to listen. The physical activity must precede verbal dialects. The below tips would certainly help the trainer to retain the trainer for a long period.

- Discourage private and side conversations.
- Don't allow participants to get distracted. You could handle this tactfully by asking: "Could we please have one conversation at a time?" or "Could you share your conversation with us, we are feeling left out!"
- It is important to distinguish between a knowledgeable participant who is sharing, and one who is attention seeking. Several participants also tend to dominate and

argue for the sake of arguing. Again, tactfully, such persons have to be made to understand that group rules have to be followed.

- Personal work problems brought into the conversation are to be incorporated into the session only if relevant to the subject on hand. If not, check and see if it is relevant in some other section, and ask the participant to remind you at that point of time. If irrelevant to your content altogether, request the participant to ask you the question in private during the breaks or after the day's session is over.
- Sometimes, participants ask questions or raise issues, which are to be covered later, at such times, keep a blank chart paper pasted on the wall with the title 'Parking Lot'. Write the topic and when you will take it within your session. This way, it is a reminder to you and a reassurance to the participant.
- Last but not the least, the most awkward moments are when the participant disagrees with you altogether based on strong views, e.g. if the person holds strong views on gender or political leanings etc. At such times, it is best to give the person a hearing for a few moments after which you have to brace yourself and say "I appreciate your view point, even if I may not agree with it. However, this session has a different focus, so could we stick to the topics on and please? Many of us here may also hold opposite views from each other, yet we are all here to share and learn some more ways of thinking and functioning. This will not negate your present views; just add to your knowledge base. I think that's fair isn't it?" (Looking at all the participants). You could also suggest to the person that "your view point is interesting, but can we discuss this during the break, so that the time schedules do not get disturbed?" At no point should such a situation turn into an ego hassle or into an open conflict of views or opinions. You will have to diffuse the situation and ensure smooth continuation of the session.

The next section Block B spells out Sessions outlook.

Sessions Outlook

DAY ONE

Session One

Name of the Session: Ice Breaking

Session Time: 45 Minutes

Session Objective: To ensure participants feel more at ease & get to know each other.

Methodology: Games/ Light Physical exercise

Facilitation Points: Ice breaking session is the foremost & important session to start with. This session is important for both the trainers as well as participants. While Trainer and participants know each other, it provides relaxation to the participants as once the session is over, the participants feel at home and gets accustomed to the training environment. This session usually is designed basing on the games or light physical exercise. The resource person can take up the game mentioned in the Box one of this module.

Box-1

Horse, Cows, Goats, Cock & Camel Game

Time: 15 Minutes

Learning objective: To get acquainted with all the participants in the group

Materials needed: Pieces of squarely cut papers, markers/pens & chit box

The resource person will write the name of these animals on the piece of the paper. These pieces of paper must be having name of animals mentioned in it in proportionate to the no. of participants present in the training hall. These pieces of paper will be folded and would be put in a box.

The trainer at the beginning of the training would request all of the participants to pull one of the pieces of the paper from the box and will make sounds pertinent to the sound of the animal mentioned on his/her slip. Then you declare that the persons who make equal sounds belonged to one group. And in this manner groups are formed.

Once the groups are formed encourage the participants to talk with the group for five to seven minute and ensure groups feel at ease. Once the group is set the trainer have to go to the next level of introducing necessary disciplines and induct value system in the training programme by inculcating certain norms for the training programme. The box no 2 elaborates processes to lay straight the norms in the groups.

Box-2

To do or not to do

Time: 15 Minutes

Learning objective: To identify simple & achievable ground rules for effective group functioning

Materials needed: Chart paper & markers

Instructions:

1. Educate the participants on the importance of framing ground rules. These rules help in maintaining an open, honest and fair learning environment.
2. Emphasize that they need to suggest ground rules that are realistic and achievable. Unachievable and meaningless contract setting can obstruct effective learning
3. Provide guidelines if necessary. These can include rules for following the time schedule, right to talk without being interrupted etc
4. Write all the accepted rules on a board/chart paper and display it prominently for the duration of the training program.

Once the groups are formed, the trainer then moves to the expectation sharing session. As this training is only of two days duration, no separate sessions have been planned for this. However, resource person can need to understand the expectations of the participants failing which it will not be possible to gauge the mindscape. Following the mechanism laid down in the box-3 the resource person can plan the expectation from the participants.

Box-3

What Do I Learn?

The KNOW,FEEL & DO Game

Time: 15 Minutes

Learning objective: To know the personal expectation of each participant

Materials needed: Three Chart papers, Pen/Pencils

Instructions

1. Ask the participants the following question-What would you most like to: KNOW (head),FEEL (heart), and DO (hands). Tell the participants to write their answers on Post-Its.
2. Stick three charts labeled KNOW, FEEL and DO on the wall.
3. Ask the participants to read out their expectations and post them on the respective charts. The charts remain on the wall throughout the training program and can be used during course evaluation.
4. Go through all the expectations and assure them that the training will aspire to fulfill all their expectations.

Session Two

Name of the Session: Introduction to Training Programme & Need for Health Education

Session Time: 1 hour & 30 Minutes

Session Objective:

- understand the importance of the training program In the context of revised designation
- Prepare themselves to meet their expectations from this training program
- Understand the importance of Health Education and how crucial is the role of PHEO in ensuring health education at community level
- Undertaking need assessment for health education and using the findings of the need assessment in health education.

Methodology:

- Mini lab- expectation sharing
- Interactive lecture
- PowerPoint Presentation
- Group discussion
- Case study analysis

Materials Required

- Delfi cards
- Drawing sheets / White board
- Marker / duster
- Sketch pen
- Pencil
- LCD projector/ computer

Facilitation Points: This session is most important one as most participants will be able to get firsthand information regarding the roles and responsibility related to their revised designation. The facilitator will inform that this revised designation not only empowers them further but also trusts them with additional responsibilities to serve the health communication better. They have to play many roles simultaneously. With added thrust on health communication by the Health & Family Welfare Dept, their new role is more challenging. Now they not only have to promote health messages, they have to also map impacts of the messages promoted thereby serving as the link pin at the community level.

Facilitator will supply Delphi cards for assessing the expectation of the participants and then the expectations will be shared among them followed by introduction to the training program sharing objectives of the training programs. The facilitator may use the PowerPoint presentation for facilitating this session. The facilitator will also ensure distribution of copies of handouts of the session to the participants.

Facilitator will make a PowerPoint presentation on the roles and responsibility of PHEO on Assessing individual and community needs for health education and thorough interactive lecturer and group discussion elaborate the participants

in detailed about the methods of assessing the needs, identification of factors affecting health behavior, analysis of data and prioritizing the need of health education.

Then the session will follow the case study analysis as given in the handouts of this session by forming 4 identical groups among the participants. The participants may use PowerPoint presentation or present through drawing sheet or flip chart as per the convenience.

Finally at the end of the session the facilitator will sum up the entire learning/key inputs of the session.

Responsibility- I

Assessing individual and community needs for health education

- ✓ Developing data gathering instruments.
- ✓ Employing data gathering instruments.
- ✓ Applying survey techniques.
- ✓ Identifying the sources of information.
- ✓ Utilizing health related information.
- ✓ Identifying the factors influencing health behavior.
- ✓ Identifying the behaviors that promote health.
- ✓ Recognizing the role of learning experiences in changing the behavior.
- ✓ Analyzing the data.
- ✓ Assessing the needs/Problems.
- ✓ Fixing priority for health education.

Handout no-1

Revised Nomenclature

As a restructuring attempt to build up DSIH&FW (O) as Centre of Excellence in the field of Health Communication, the designation of Block Extension Educator (BEE) is renamed as Public Health Extension Officer (PHEO) with revised roles and responsibilities. Similarly designation of Deputy Mass Education and Information Officer and Mass Education and Information Officer are changed to Assistant District Public Health Communication Officer (ADPHCO) and District Public Health Communication Officer (DPHCO) respectively.

Duty Station

Block head quarter (PHC/CHC) for PHEOs and DPHCO & ADPHCO at District Head Quarter (DHH)

WORKING RELATIONSHIP

The PHEO will function under the technical supervision and guidance DPHCO/ADPHCO. However, he would be under the immediate administrative control of the Medical Officer I/C PHC/CHC. He will be responsible for providing support to all National Health & Family Welfare Programmes in the PHC, but his main functions will relate to health communication activities in communicable, non-communicable lifestyle diseases etc. through out the block.

To be given as Hand out During the Session.

CASE STUDY-1

You have been appointed as PHEO in a block which is remote and inaccessible. Diarrhea outbreak has been frequent in these blocks since last few years. As a PHEO how you will

1. Assessing Individual & Community need
2. Gather Data & employ Techniques for analysis of data
3. find out factors that influence health behaviour
4. fix health education on priority basis so that people can be made aware about the disease.

Each of the above roles can be given to groups and groups can present their findings before the house.

Session Three

Name of the Session: Role of PHEO and Revised Responsibilities

Session Time: 1 hour & 30 Minutes

Session Objective:

- Ensure PHEO understand what he/she has to do
- How PHEO can work in close coordination with other Stakeholders such as BPO, BADA & MO(i/C)
- How PHEO's Responsibilities has increased from a mere message disseminator to bottom communication Planner
- What are the expectations from the Health & Family Welfare Dept from the community.

Methodology

- Interactive lecture
- PowerPoint Presentation
- Group discussion

Materials Required

- Drawing sheets / White board
- Marker / duster
- Sketch pen
- LCD projector/ computer

Facilitation Points: The change of nomenclature has pushed PHEO into more advantageous position and they now have to perform wider roles. They will be almost involved in all the major health communication activities be it RCH programme or disease control programme. Again, due to no. of innovative health communication activities, PHEO's role now has been critical. They have to ensure that all these health communication reaches at the bottom at appropriate time and at appropriate manner.

As we all know, health is not the concern of Health & Family Welfare Dept. alone as activities of other depts. etc. also determine the health of the people. Similarly, in order to make Odisha, healthy, we also have to include agenda and mandate of other depts. in our agenda so that a robust healthy framework can be maintained.

In recent years, SIH&FW has worked on innovative campaigns such as GKS campaign, Kantha Kahe Kahani Campaign. Similarly, innovative steps such as Suno Bhauni etc. have been taken at our level. These cater to the community who by and large are the direct

beneficiaries or subject of other Directorates. Here, PHEO also has to ensure convergence of different line depts. and include staff of their dept. in all the communication plans and designs as well as activities.

Planning and implementing are two major tasks the PHEO has to undertake in close coordination with stakeholder. S/He has to deal with a range of stakeholders such as MO(IC), BPO, BADA etc. while planning communication initiatives. Similarly, while implementing s/he has to take the support of ASHA, AWW, HW (M/F) at village level. S/He may also need the support of CDPO, LHV, Supervisor as well as PRI in his/her attempt to popularize some of the major national programmes. For this purpose, he/she needs to have through idea on programme planning and executing.

Responsibility-II

Planning effective health education programme

- ✓ Planning health education programme.
- ✓ Communicating the need for the programme.
- ✓ Involving the programme personnel.
- ✓ Mobilising the community.
- ✓ Seeking the opinion of leaders/programme personnel.
- ✓ Involving the community in planning process.
- ✓ Determining the range of health information (deciding the content) requisite to given programme instruction.
- ✓ Formulating educational objectives- General and specific objectives- for skill development for specific programmes.
- ✓ Identifying the learning experiences to be provided based on the objectives.
- ✓ Selecting appropriate educational methods for different situations.
- ✓ Developing strategies for implementation of educational objectives in a given setting- (rural/urban/institutions)
- ✓ Mobilising the community.
- ✓ Seeking the opinion of leaders/programme personnel.
- ✓ Planning a sequence of learning opportunities.

Responsibility-III

Implementing health education programmes

- ✓ Organizing and conducting health education programmes.
- ✓ Utilising instructional equipment/media effectively.

- ✓ Selecting methods/media which facilitate the achievement of programme objectives.
- ✓ Assessing existing K.A.P.
- ✓ Developing measurable objectives.
- ✓ Evaluating the efficacy of the methods and techniques.
- ✓ Determining and mobilising the resources.
- ✓ Assessing the relevance of program objectives to current needs.
- ✓ Appraising the applicability of resources and materials related to given educational objectives.
- ✓ Implement 'Swasthya Kantha' Campaign and keep the 'Kantha' undated as per the Calander.

To be Given as Handout During the Session

CASE STUDY-2

Considering the fact that dengue affects you block every year, your block has received a special assistance from SIH&FW amounting to 2.00lakh to undertake specialized IEC campaign for a period of one month. As a Block PHEO

1. How will you assess the severity of the situation?
2. How do you prepare the activities calendar related to the campaign?
3. What will be the activities to be taken up and how it will be decided?
4. What will be the rationale behind allocation of budget to each activity
5. How activities will be organised and monitored?

Each of the group will be given 20 minutes time for presentation and Innovations made in these presentations will be rewarded.

The group now can be given handouts as mentioned in the case study-2 and will be asked to undertake group work as per the mentioned subject.

The facilitator will request the participants to read the case study thoroughly and will request them to draft the strategy for BCC activities to be undertaken.

Session Four

Name of the Session: Ongoing IEC/BCC Programmes

Session Time: 1 hour

Session Objective:

- Help PHEO understand the IEC/BCC programmes which are ongoing
- Help PHEO understand the budget allocation, activity timeline as well as responsibility matrix for this purpose
- Help PHEO actualize the roles and responsibilities PHEO in executing those programmes.

Methodology:

- PowerPoint Presentation
- Query answer

Materials Required

- LCD projector/ computer
- Power-point presentation

Facilitation Points: Every year PHEO has to undertake a set of activities related to communication, IEC/BCC within the block ambit. These programmes are related to RCH, other disease control programmes as well as special initiatives. However, bulk of the activities comes from the RCH budget which is coordinated by SIH&FW. SIH&FW issues specific guidelines to the districts for execution of activities.

With every passing year, the block units are given freedom in terms of selection of event as well as designing communication activities at their level. Similarly, untied resource envelope is also given to the blocks for undertaking advocacy as well as issue based drives as well as publications.

However, it is also seen that at most of the time, some of the programmes are not reaching the ground in spite of several sincere attempts at state and block level. For example, Suno Bhauni posters and IEC materials sent from the districts donot often reach the sub-centres or villages. No stock register is also seen specifying items received and dispatched to the beneficiary. We need to be sincere enough to plan and take up special attempt at our level so that materials reach at the ground.

The activities mentioned in the RCH PIP is a sum total of activities such as designated observance, Village Contact Drive, Media advocacy, branding of L2 & L3 institutions etc. Apart from it they will also have to look into PC &PNDT as well as adolescent health programme issues in specified districts.

In recent times, Health & Family Welfare Dept has also entered into partnership with India Post, Song and Drama Division, Field Publicity dept, W&CD dept etc. A set of activities are ongoing on behest of these partnerships. The PHEO needs to track these events and helps in further popularizing the programme or leverage benefit out of these partnerships.

Once the ongoing IEC/BCC programmes are mentioned and discussed, the resource person will then conduct a quiz show among the participants to ensure participants understand the discussion.

Session Five

Name of the Session: Preparing District Annual Action Plan & Roll out.

Session Time: 1 hour & 15 Minutes

Session Objective:

- The PHEO at the end of the session will understand components of annual action plan
- They will also understand how to prepare the action plan and how to fix responsibilities for the purpose
- What are the important activities to be undertaken while rolling out the annual action plan

Methodology:

- PowerPoint Presentation
- Query answer & Group Work

Materials Required

- LCD projector/ computer/Laptop
- Power-point presentation

Facilitation Points: PHEO every year has to undertake certain no. of activities at the community level, at the institution level as well as at the sub-centre level. He also has to coordinate with different stakeholders such as health officials, drama troupes, NGO partners, ASHAs & AWW members for executing no. of activities. For this purpose, it is important to plan out programmes well in advance having clear cut responsibility fixed. Preparing of this plan is called as Annual Action Plan for BCC/IEC at the district level.

Any annual action plan has few known components. The first and most important one is activities to be executed. There are some activities like designated day observance which falls in specific period. However, other activities can be taken up in some quarters. The PHEOs are requested to execute activities in first three quarters preferably so that booking of expenditure can be done by fourth quarter.

SIH&FW has issued specific guideline to the districts which elaborate activities to be taken up in particular period. The first & foremost duty of the PHEO is to collect the guideline and give it a through reading. In case any doubt they must consult respective DPHCO/ADPHCO for clarification.

Basing on the guideline PHEO must be able to identify activities which are to be executed at his level. Basing on the budget and available resources he has to prepare the action plan. While preparing it he must remain assured that there are some activities which are of immediate nature and there are some activities which will actually take place later but preparation such as bringing out tender etc. must start from today. Hence, keeping in view of the above, they are requested to prepare the plan.

While discussing the roll out, the facilitator must lay emphasis that these plans must be shared with different officials of the medical. Mo(I/C), BPO, BADA etc must know what is there in the plan for them and how they are likely to support the plan.

After getting approval on the plan, they must share a copy of the plan with that of the District. The district later can accumulate this prepare the master district plan.

After this presentation is over, the groups may be given to present the quarterly draft action plan for the upcoming quarter group wise taking one model Block into consideration and must present the findings.

After the presentation is over, the house will be left for open discussion.

The participants now will be asked to share the learnings of the day and provide feedback on the format given to them (Format is attached in **Annexure1**)

With this the training programme will come to end for Day one

DAY TWO

Background: The day two will begin with recapitulation of the previous day's activities. One from each group will share the happenings of the previous day following (One Group One Session Norm) and the learning's therefrom.

Once this recapitulation is over, the facilitator would start with the next session

Session Six

Name of the Session: Monitoring and Supportive Supervision

Session Time: 1.30Hrs

Session Objective:

- Know the importance of supervision & monitoring of the IEC/BCC programmes with different process and methodologies of supervision and monitoring.

Methodology:

- PowerPoint Presentation
- Group work

Materials Required

- LCD projector/ computer/Laptop
- Power-point presentation

Facilitation Points: The participants will be supplied with all the guidelines of the existing IEC/BCC programmes as given in the handouts on the first day of the training programme with an instruction to read all these materials thoroughly for a quiz competition in this session.

This session will also follow the importance of supervision and monitoring of these programmes and techniques of supervision & monitoring to be adapted by the participants as a part of their responsibility.

Supportive supervision is the process of guiding supporting and assisting staff to perform well in carrying out their assigned tasks.

As we always come across, supervision process is not all about fault finding. It helps to strengthen the programme components only by adding value to it after looking at the programme management at the bottom.

Supervision is critically needed because of the following five reasons

- Micro plans needs to be properly planned and executed
- Appropriate & Cost effective logistics management
- To improve the status (Exp- Immunisation, FP etc.)
- Tracking of left outs and drop outs
- Recording and reporting

But there are also challenges that need to be tackled strategically if we want to further strengthen the programme.

Current challenges in supervision:

- Supervision is not given importance as an intervention for improving performance
- Insufficient number of supervisory staff
- Inadequate resource allocation to supervisory activities - time, mobility, funds
- Poor or no training in supervisory tasks
- Poor quality - supervisors unable to provide technical support, on-job training to HWs, feedback for corrective measures
- Has become either a fault finding or routine data compilation mission

Similarly, supportive supervision aims to make onsite correction by educating and training concerned functionaries. In the case of supportive supervision, the supervisor provides feedback to the concerned authority. They also recommend measures for improvement and track progress over time.

The supervisor must plan to undertake specific drives in order to make the programme successful. The facilitator must

Responsibility - VIII

Acting as a team leader/supervisor

- ✓ Providing guidance and counseling to the workers.
- ✓ Facilitating the work of co-workers.
- ✓ Establishing qualitative and quantitative controls (review).
- ✓ Evaluating the performance of the workers.
- ✓ Promoting the efficiency of the worker (Evaluation, difficulties).
- ✓ Promoting the efficiency of the group/team (interpersonal relationship).
- ✓ Servicing as a link between field and programme administrator.
- ✓ Monitoring and evaluating the programmes.

offer following tips to the participants

- always inform - no surprise visits
- Plan to spend sufficient time at facility/session
- Develop clear objectives of visit and follow them
- Follow-up the recommendations of previous visits
- Praise health workers for good performance
- Assess the training need - provide on-job training
- Always schedule a return visit before leaving
- Listen, discuss and try to solve problems together

Similarly, monitoring of the programmes are also highly critical and are always emphasized. Without qualitative monitoring and follow up, no activity can yield result. State has developed monitoring checklist for the DPHCO & ADPHCOs along with PHEO. They must undertake monitoring on routine basis to ensure the programme is well executed without resource or content loss at the ground level.

At the end of the session, the facilitator must circulate formats related to monitoring checklist & monitoring format among the participants as per **(Annexure 2, 3 &4)**

Session Seven

Name of the Session: Strengthening Documentation & Dissemination Plan

Session Time: 1.30 hrs

Session Objective:

- The participants at the end of the session will know what is documentation
- They will also understand how to do documentation for events and processes
- They will also get to understand what are the dissemination channels available for this purpose
- PHEO will also understand why Documentation is so much important for the activities

Methodology:

- PowerPoint Presentation
- Hands on Experience on Documentation

Materials Required

- LCD projector/ computer/Laptop
- Documentation format
- Power-point presentation

Facilitation Points: Documentation of the event is not only required for show casing purpose, it is becoming a prima facie requirement for evidence collecting and archiving purpose.

Documentation is not only an art but also a science. It must start from the ground zero and it's a constructive and accumulating process. However, in many cases, it is seen that documentation is always a neglected aspect as PHEOs believe that it cannot be done immediately after the programme. With every passing day after the event is completed the experience is missed and not captured. This makes the task difficult to be retained.

In its day to day activities, PHEOs are concerned with two types of activities that can be documented i.e event and process.

While event documentation need to be done on regular basis, process documentation takes time. While event document captures fresh activities process documentation captures the processes that has undergone for success and failure of a particular event.

Documentation is nothing but a systematic arrangement of facts, letters and pictures which together tells the story.

Documentation must be stakeholder specific and target oriented. What to write is only clearer when we know for whom we are writing. The language, content size as well as writing style etc are made clearer only when we know for whom we are writing.

Writing can be in form of case studies, in form of best practices or in form of promising practices. It can be of few lines or it can be a voluminous document,

PHEO must try to follow an inverted pyramid approach while writing. The first few lines called intro needs to carry 5Ws & H while the body should be the lengthiest part and must elaborate the process. Similarly, the concluding part must be written following summative approach.

Each of the photographs used for the purpose must be having appropriate captions mentioned against it. Photographs should be of high quality and must be clearly expressing the subjects in it.

Similarly, the data used in the subject, must be used from the authentic sources. If it is used from a primary source one must mention points from which it is obtained.

Bytes or quotes should be mentioned wherever required and whenever needed.

This documentation can be shared with individuals, institutions or visiting delegates as and when required. Reports or documents can also be shared with district and state officials. It can also be mentioned in different magazines and newspapers published from the district.

At the end of the session facilitator would share formats available for documentation purpose. **(Annexure 5&6)**

Session Eight

Name of the Session: Designing Effective Training Programme

Session Time: 1.15 Hrs

Session Objective:

- At the end of the participants would come to understand about designing a training programme
- They can follow a step by step approach in designing a training programme
- They can understand the ingredient that successfully goes into designing a training programme.

Methodology:

- PowerPoint Presentation
- Group work

Materials Required

- LCD projector/ computer/Laptop
- Power-point presentation

Facilitation Points: The training programmes are always meant to raise the capacity of the trainees by raising their knowledge, skill and expertise. However, PHEOs have to deal with training programmes both as participants as well as trainers. In many cases, it is seen that training is always planned half hazardly without giving thrust to the participants and their intake ability.

PHEO's learn the art of designing the training programme. The first and foremost part of the designing is to undertake training needs assessment. This need assessment if done in a participatory method helps in understanding the current knowledge, education and value level of the trainees and basing on this further action can be taken.

Once the need assessment report is obtained, PHEOs can develop a training module which will also include sessions as well as topics to be covered in each session during the training programme. It is also advised that before placing it for approval, always to obtain the view of the technical resource persons having expertise on it so that it can be finalized.

Once the approval is obtained, the training programme can be intimated to the participants.

The designing a training programme must also look at logistic as well as operational issues. It also should look at the methodologies to be followed during each training programme.

The PHEO must prepare a check list of the events to be undertaken during the training programme.

Pre & post training evaluation also needs to be done in order to assess the impact of the training on the trainees.

Sitting arrangements, dinning arrangements, other logistic support, resource persons support etc. are primary ingredients that go to make the training a successful one. It might seem trival at the outset, but it also need to be handled carefully.

If at the end of the training the PHEO is not convinced that level of knowledge, skill and attitude has gone up of the trainees he can plan another stage of training with input from participants as what went right and what went wrong in the ongoing training programme.

As Training is a continuous issue, we need to keep a close track on the knowledge movement in the industry. That will help us to plan similar capacity building initiatives for our FLW cadre.

Responsibility - VI

Communicating health and health education needs concerns and resources.

- ✓ Interpreting concepts, purposes and theories of health education.
- ✓ Evaluating the state of health education.
- ✓ Analyzing the foundations of the disciplines of health education.
- ✓ Describing major responsibilities of the health educator in the practice of the health education.
- ✓ Predicting the impact of societal value system on health education programmes.
- ✓ Investigating social forces causing opposing view points regarding health education needs and concerns.
- ✓ Employing a wide range of strategies for dealing with controversial health issues.
- ✓ Selecting a variety of communication methods and techniques in providing health information.
- ✓ Utilizing a wide range of techniques for communicating health and health education information.
- ✓ Demonstrating proficiency in communicating health information and health education needs.
- ✓ Fostering communication between health care providers and consumers.
- ✓ Acting as liaison between consumer groups and individuals and health care provider organizations.

Session Nine

Name of the Session: Integrated BCC cell and its Operational Modalities

Session Time: 1.15 Hrs

Session Objective:

- At the end of the participants would come to know about components related to IBCC cell
- They will also be able to know the what are the functions are structures of IBCC cell
- What are the operational modalities earmarked for managing successfully the IBCC cells.

Methodology:

- PowerPoint Presentation
- Discussion

Materials Required

- LCD projector/ computer/Laptop
- Power-point presentation

Facilitation Points: District Integrated BCC cell is one of the key interventions of State Institute of Health & Family Welfare Dept. The strategy advocated for operationalization of iBCC cell is to support district administration in designing communication strategy of the depts. to which health is related or linked following uniform and single window approach.

These cells are managed at District level under the guidance of Collector of the District. Consultants from Water & Sanitation, Women & Child Development, Education etc. provide technical support to the districts.

Responsibility - VII

Co-coordinating provisions of health education services

- ✓ Determining the extent of available health education services.
- ✓ Integrating health education services to proposed programme activities.

- ✓ Identifying gaps and overlaps in the provision of collaborative health education services.
- ✓ Promoting co-operation and feedback among personnel related to the programme.
- ✓ Applying various methods of conflict reduction.
- ✓ Liaison between programme staff and outside groups and organisations.
- ✓ Planning for promoting collaborative efforts among health agencies and organizations with mutual interests.
- ✓ Organising in-service training programmes for teachers, volunteers and other interested personnel.
- ✓ Planning an operational-competency oriented training programme.
- ✓ Utilizing instructional resources that meet a variety of in-service training needs.
- ✓ Demonstrating strategies for conducting in-service training programmes.

Responsibility - VIII

Acting as resource person in health education

- ✓ Utilising computerized available health information retrieval systems effectively.
- ✓ Establishing effective consultative relationship with those requesting assistance in solving health related problems.
- ✓ Providing consultation to other health professions.
- ✓ Marketing health education consultative services.
- ✓ Interpreting and responding to requests for health education.
- ✓ Selecting effective educational resource materials for dissemination.

The first successful model of District i-BCC cell is functional in Koraput District with support from Unicef. It has been supported by SSA, W&CD Dept as well as Dept of Planning and Coordination.

SIH&FW has been providing technical as well as resource support to these units at district level.

In most of the districts it is functional & in other effort need to be taken to step up further.

The district i-BCC cell in Koraput district shows how convergence can yield results. It is not only helpful in providing uniform content to the service provider but also is vital in shaping demands as strong IEC/BCC activities have resulted in behaviour change.

In recent years, IEC/BCC cell has been operational in the districts and with continuous support we need to move forward. Once fully operational it can provide us clues for further innovation.

i-BCC cell cannot thrive if budgetary as well as infrastructural support is not provided to the units. State has been trying its level best to provide technical as well as financial support to these units for the benefit of the common people.

At block level similar effort need to be taken up once the district level i-BCC cell comes up.

The participants can ask queries related to i-BCC cell if any to the facilitator at the end of the programme.

With this the training programme will come to an end. However, prior to this, the facilitator of the session must circulate the post training feedback form among the participants to collect the feedback from the participants.

The participants need to share key learning's from the day two.

The programme will come to an end with vote of thanks to the participants.

Annexures

Annexure 1 (Session Feedback Format)

Name of the Session

Name of the Resource Person

(Put a Tick Mark against Applicable Choice)

Q1. How do you rate the training session? (1 for Bad & 5 Best)

- 1.
- 2.
- 3.
- 4.
- 5.

Q2. How did you like the training methodology?

- 1.
- 2.
- 3.
- 4.
- 5.

Q3. How did you like the trainer?

- 1.
- 2.
- 3.
- 4.
- 5.

Q.4 Mention Three key learnings of the Session?

- 1.
- 2.
- 3.

Q.5 What did you like Most in the training Session?

Q.6 What did you like Least in the session

Q7. Please Suggest ways for making the session more interesting

- 1.
- 2.
- 3.

Annexure-2 (Block Level Reporting Format)

MONTHLY IEC/BCC PROGRESS REPORT AT BLOCK LEVEL

NAME OF THE BLOCK-

Name of the District-

REPORTING MONTH-

S. No.	Name of the Activities	Current month			Progressive			Current month			Progressive		
		Physical Achievement			Physical Achievement			Fin. Achievement			Fin. Achievement		
		Target	Achievement	Remark	Target	Achievement	Remark	Budget Allocated	Budget Spent	Remarks	Budget Allocated	Budget Spent	Remarks
1	Documentation & Reporting of BCC Activities, success stories and innovative activities at Block level												
2	Hoardings at strategic location Change of Flex Banner												
3	Block specific fairs and melas exhibitions												
4	Observation of designated days at block level-5 Nos per block a. Quiz compition b. Rally c. Meeting d. Video Show e. Debate/ Essay f. Any other activity decided by district												
5	Village Contact Drive a. Workshop at Block level b. Publicity (through Miking or drum beating) c. Mass Meeting d. Rally e. Vedio/ Film Show f. Folk/threater/Mazic show etc. g. Question anwser h. Banner/ Poster/ Leaflet/ Pmplet etc i. others												
6	Branding of Functional DP of L3/ L2 institutions L3 Institutions L2 Institutions												
7	Sensitisation of Kalyani Club Members/ NYK / Youth Volenteers on FP Issues												
8	Block level Function on WPF												

9	IEC Van												
10	Printing & distribution of materials on different issue a. Poster b. Leaflet c. Standy d. Hoarding e. Banner f. Other materials g. Weight & height chart h. IEC Material on MWH i. IEC Material for NBCC, NBSU, SNCU etc j. Leaflet on RSBY k. IEC Material on ARSH l. Distribution of Poster on SKC m. Change of poster at Swasthya Kantha n. Distribution of Suna Bhauni folder												
11	Folk Show at block level												
12	Wall Painting a. Wall Painting on JSSK Entitlement b. Wall Painting on Promotion of Conraspetive c. Wall painting on Bidyalaya Swasthya Kantha d. Wall Painting on Swasthya Kantha												
13	Tribal Health a. Sensitisation Programme on MWH to PRI members/ FLW/ SHG members at block level b. District level local Magico healer meet												
14	Video Show at V4 Subcentres												
15	Establishment of counselling comerto be set up at delivery point												
16	Sensitisation meeting to SHG leader on saving the girl child												
17	Interpersonal Communication activites at village level a. IPC during VHND b. Interactive Swasthya Kantha Programme at GKS level c. Other IPC												
18	School Health Programme a. Educative session at school b. Demostration at school c. Follow up session												



19	Innovation activities at Block level												
20	Any Other activities at Block level												
21	Mobility support for BEE												

NB: (Report should be submitted to district on or before 5th day of every month)

PHEO

Medical Officer I/C

Annexure-3 District Level Reporting Format

MONTHLY IEC/BCC PROGRESS REPORT AT DISTRICT LEVEL

NAME OF THE BLOCK-

Name of the District-


REPORTING MONTH-

S. No.	Name of the Activities	Current month			Progressive			Current month			Progressive		
		Physical Achievement			Physical Achievement			Fin. Achievement			Fin. Achievement		
		Target	Achievement	Remark	Target	Achievement	Remark	Budget Allocated	Budget Spent	Remarks	Budget Allocated	Budget Spent	Remarks
1	Furnishing of BCC bureau at DHQ (Please filled up priority list attached at searate sheet)												
2	Documentation & Reporting of BCC Activities, success stories and innovative activities at District & Block level												
3	Quaterly Review meeting of PHEO on IEC /BCC Activities												
4	Hoardings at strategic location Change of Flex Banner												
5	Tableue Display on Republic Day at distict level												
6	Exhibition Kit at district level												
7	District specific fairs and melas exhibitions Block specific fairs and melas exhibitions												
8	Observation of designated days at district level-5 Nos per district a. Quiz compition b. Rally c. Meeting d. Video Show e. Debate/ Essay f. Any other activity decided by district												
9	Observation of designated days at block level-5 Nos per block a. Quiz compition b. Rally c. Meeting d. Video Show e. Debate/ Essay f. Any other activity decided by district												

Annexure 4 : Documentation format for Event

Name of the District:

Date of the Submission of Report:

Part -A	Lead Report	Activity Report(within 150 Words)
Part-B	Photographs	1. (Insert Soft Copy of the Photograph with Caption) 2. 3.
Part-C	Paper Clippings	1.(Insert Soft Copy with Paper name & Date of Publication) 2. 3
 The logo for 'CoE for Communication' features a stylized figure and the text 'CoE for Communication'.	Report Submitted By DPHCO/ ADPHCO	Name of the Officials who is submitting the Report with Designation
	Report Verified and Counter Signed by ADMOs/CDMO	Name of the official who has verified the report

Annexure 5 : Documentation format for Process

Name of the Event:

Event Period:

District's Name:

General Description of the Event:

Major activities Undertaken:

How are community responsive to the campaign:

What are the major Learning's of the Campaign:

What are the Shortcomings of the Campaign:

Is there any special(other than mandated) district & sub District level Initiatives undertaken

Attach Photographs:

Submitted by

Date of Submission:

Annexure-6 : Training Schedule

9.30 to 10.00 AM	10.00 to 10.15AM	10.15-10.30AM	10.30 AM to 12.00 Noon	12.00 to 01.30 PM	1.30 PM to 2.30 PM
Registration of the Participants	Session-1 Inaugural Session & Ice Breaking Session	Tea Break	Session -2 Introduction to the training programme & needs for health education	Session -3 Role of BEE & Revised Job Responsibility	Lunch Break
2.30 PM to 3.30 PM	3.30-3.45PM	3.45 PM to 5.00 PM	5.00PM-5.45PM		
Session -4 Current IEC/BCC Programme	Tea Break	Session -5 Preparing District Annual Action Plan & roll out	Open Discussion		

Day Two 10.00 AM to 10.30 Recap By participants	10.30 AM	10.30 AM to 12.00 Noon	12.00 to 01.30 PM	1.30 PM to 2.30 PM
	Tea Break	Session -6 Monitoring & Evaluation	Session -7 Strengthening Documentation & Dissemination Plan	Lunch Break
2.30 PM to 3.45 PM	3.45 PM	3.45 PM to 5.00 PM	Session-10	
Session -8 Designing Training Programme	Tea Break	Session -9 IBCC Cell & operation al modalities	Open discussion & Validation Session Inputs collect from Participants Concluding remarks	

Annexure 7 : Regional Training Calendar

Regional Training Calendar for Role & Responsibility of PHEO

Batch	Venue	Participating District	No of District	No of PHEO	ADPHCO/DPHCO	No of participants	Key Person @ District	SRP	DRP	Applicable Date
1	Koraput	Koraut, Malkanagir & Nawarangapur	3	Koraput-14 Nabarnagar-10 Malkanagiri-7	Malkanagiri-1	32	ADPHCO Koraput	PCC, Unicef & Mr. P.K.Mishra	ADPHCO, Koraput/ ADPHCO, Nawangapur	06 & 07-11-2012
2	Sundargarh	Deogarh Sundargarh Jharsuguda	3	Deogarh-3 Sundargarh-17 Jharsuguda-5	Sundargarh-1/ Jharsuguda-1	27	DPHCO/ ADPHCO, Sundargarh	IEC Consultant & P.K.Mishra	DPHCO, Sundargarh/ ADPHCO, Deogarh/	15 & 16-11-2012
3	Berhampur, Ganjam	Ganjam & Gjapati	2	Ganjam-22 Gjapati-7	Ganjam-1/ Gajapati-1	31	ADPHCO, Ganjam	PO & Ms. K. Mishra	DPHCO, Ganjam	06 & 07-11-2012
4	Mayurbhanj	Mayurbhanj	1	Mayurbhanj-26		26	ADPHCO, Mayurbhanja	Biswajita & Ms. K. Mishra	DPHCO, Mayurbhanj/ ADPHCO, Mayurbhanj	20 & 21-11-2012
5	Bolangir	Bolangir Kalahandi Nuapada	3	Bolangir-14 Kalahandi-13 Nuapada-5		32	DPHCO, Bolangir	IEC Consultant & AE	DPHCO, Kalahandi/ DPHCO, Bolangir/ ADPHCO, Nuapada	06 & 07-11-2012
6	Sambalpur	Baragarh Sambalpur Angul	3	Baragarh -12 Sambalpur-9 Angul-8	DPHCO, Baragarh-1	30	ADPHCO, Sambalpur	PCC Unicef & Mr. Ram Chandra Singh	DPHCO, Sambalpur/ ADPHCO, Angul	20 & 21-11-2012
7	Khurda	Khurda Nayagarh Boudh Sonepur	4	Khurda-10 Nayagarh-8 Sonepur-6 Boudh -3	ADPHCO, Khurda-1	28	DPHCO/ ADPHCO, Khurda	Biswajita & Mr. P.K. Pradhan	DPHCO, Khurda/ ADPHCO, Nayagarh/ ADPHCO, Sonepur/ ADPHCO, Boudh	06 & 07-11-2012
8	Bhadrak	Keonjhar Balasore Bhadrak	3	Keonjhar-13 Balasore-12 Bhadrak-7	ADPHCO, Keonjhar-2/ Balasore-1	35	ADPHCO, Bhadrak	SCM & AE	DPHCO, Balasore/ ADPHCO, Bhadrak/	20 & 21-11-2012
9	Cuttack	Dhenkanal Cuttack Kendrapara	3	Dhenkanal-8 Cuttack-14 Kendrapara-9	ADPHCO, Dhenkanal-1/ Cuttack-1/ Kendrapara-1	34	DPHCO, Cuttack	DD(HE)/ PO	DPHCO, Cuttack	15 & 16-11-2012
10	SIH&FW	Puri Jajpur Jagatsingpur	3	Puri-11 Jajpur- 10 Jagatsingpur-8	ADPHCO, Jajpur-1/ Puri-1/ Jagatsingpur-1	32	SIH&FW	State Resorce person	DPHCO,Puri/ DPHCO, Jajpur	15 & 16-11-2012
11	Kandhamal	Rayagada Kandhamal	2	Ryagada-11 Kandhamal-12		23	ADPHCO, Kandhamal	SCM & PCC, Unicef	ADPHCO, Rayagada/ ADPHCO, Kandhama	15 & 16-11-2012
11	11		30			330				

Annexure - 8 : Pre-training Evaluation Format

Time: 30 Minutes

Each Question Carries Five Marks

(Limit Answers to 50 words only)

- Name of the Trainee _____
- Block/ District _____ / _____
- Mention Three expectations out of the Training

A

B

C

1. What are the roles expected to perform by PHEO while undertaking a research?
2. What is Kantha Kahe Kahani? How it is linked to Swasthya Kantha?
3. What is supportive Supervision? How PHEO can do supportive Supervision?
4. What is Documentation? Why it is important?
5. What is the need for designing a training programme?
6. What is District Annual Action Plan? What are the Components to look at while preparing them?

Annexure - 9 : Post Training Evaluation Format

Time: 30 Minutes

Each Question Carries Five Marks

(Limit Answers to 50 words only)

- Name of the Trainee_____
- Block/ District_____ / _____
- Mention Three expectations out of the Training

A

B

C

1. What are the roles expected to perform by PHEO while undertaking a research?
2. What is Kantha Kahe Kahani? How it is linked to Swasthya Kantha?
3. What is supportive Supervision? How PHEO can do supportive Supervision?
4. What is Documentation? Why it is important?
5. What is the need for designing a training programme?
6. What is District Annual Action Plan? What are the Components to look at while preparing them?

