

DIPLOMA IN HEALTH ADMINISTRATION

1. Introduction to the Institute

The National Institute of Health and Family Welfare (NIHFW) was established in New Delhi on March 9, 1977 as a result of amalgamation of the national Institute of health Administration and Education (NIHAE) and the National Institute of Family Planning (NIFP) by the Government of India. The overall objective of NIHFW is to serve as an 'Apex Institution' for the promotion of health and family welfare programme in the country through education and training, research and evaluation, and advisory, consultancy, and other specialized services.

Goal Orientation and Areas of Programme Development:

From an objective review of the national health policy, the approach to the Seventh Five Year Plan for the health and family welfare programme, the report/recommendations of the Evaluation Committee and the directives of the Governing Body of the NIHFW, the objectives and functions of the Institute, the findings of researches evaluation studies and review workshops conducted by the Institute, the following major relevant issues emerge.

1. The country has set-up two major goals-(a) Health for All (HFA) by 2000 A.D. Through primary health care approach, and (b) achieving the net reproduction rate of unity by 2000 A.D.
2. For achieving these goals, quinquennial targets for a number of health indicators such as lowering of infant mortality rate, perinatal mortality rate, maternal mortality rate, crude death rate, crude birth rate, net reproduction rate and growth rate, and increases of life expectancy at birth as well as the targets for a number of service indicators have been fixed.
3. The goal of HFA can be achieved through proper implementation of eight essential components of primary health care. The essential components are: (a) education of the people about health problems and their prevention and control; (b) promotion of food supply and proper nutrition; (c) supply of safe water and basic sanitation; (d) MCH care and family planning; (e) immunization against major infectious diseases; (f) prevention and control of locally endemic diseases; (g) treatment of common disease and injuries; and (h) provision of essential drugs.
4. These primary health care activities have to be supported by the secondary and tertiary level institutions. This would essentially mean that the district and sub-district level hospitals should be properly strengthened and managed.

5. The primary level and secondary level institutions need to be linked through a functional referral system.
6. Needless to say that all this would not be possible without the active participation of the community and local resource mobilization.

Need for a Diploma Programme in Health Administration

The health and medical care services in our country have traditionally been provided by medical graduates and post-graduates coming out of the Western oriented model of medical education. They have the least managerial capabilities and skills to play the leadership role at different levels in the district health system. There have neither been any serious efforts in this direction. The net result is that we are nowhere near the health and family welfare targets as mentioned in para 2 above. The implementation status of these programmes by and large remain tardy. The people in the remote, rural/hilly and tribal areas have yet to have reasonable access to the health and medical care services.

One of the important reasons for these failures is lack of proper leadership by the medical personnel. They would not be equipped for this leadership role unless attempts are made to strengthen their managerial acumen. It is keeping this in view that the NIHFWS is putting up this proposal for the consideration of the University.

Objectives of the Diploma Programme

Broad Aim

Achieving the goal of Health for All by the year 2000 depends on a professional quality of management to provide leadership in the planning, organizing and evaluation of health care. The overall purpose of this Diploma is therefore to equip its participants to work with professional knowledge, skill and motivation for the efficient and effective management of Primary Health Care and hospital services.

Objectives

At the end of the course the candidates should be able to:

1. Develop a deep understanding of health organization at different levels, its functions and relationship with community health problems;
2. Clearly understand the various management techniques and concepts and their reliability in health services.

3. Acquire managerial skills required for day-to-day problem solving during the implementation of various health and family welfare programmes in district health organization.

4. Syllabus Outline

It is proposed to cover the following subject areas in this programme (Annexure-I for details).

5. Course Design

The total duration of the course is Two years. Every week 20 hours of class-room teaching interspersed with workshop, [problem solving exercises and seminars is planned. The distribution of this time in hours for various subjects will be worked out subsequently. The Diploma Course will be divided into four parts:

1. The ecological and socio-economic
Environment of health
2. Health situation and health
Services delivery system
3. Public Administration, health
Administration and health Management.
4. Practical field work in PHC and
Hospital Management.

Field Training

It is proposed to intensively expose the Diploma candidates to field situations in a district health organizations. The total duration of this assignment will be 3-4 month. (See Annexure)

7. Admission Eligibility

A Candidate seeking admission to Diploma course in Health Management must have

- (a) Completed satisfactorily one year of compulsory rotating internship after passing the final MBBS examination and must have full registration with the State Medical Council/Medical Council of India.
- (b) Will be admitted from the PG test of Delhi University

Intake and selection procedures:

Intake of students for this course will be limited 6 students per year and the selection will be regulated through University of Delhi as per their rules and regulations.

Scheme of Examination:

The trainees will be assessed by the following methods:-

- Review of all written work i.e. field assignments, reports and action plans;
- Writing of one essay on prescribed topic in the mid-term;
- Written tests at the end of each part;
- Final written examination and viva-voce examinations according to the rules and procedures of the Board of Examinations of Delhi University.

List of Faculty Members of the Institute: Annexure 2.

Physical Facilities available in the Institute

The NIHFV has a large campus spread over 32 acres of land. There are adequate number of class-rooms, furniture, A.V. Teaching Aids, accommodation and messing facilities for students and other supportive facilities are adequately available.

SYLLABUS (Diploma in Health Administration)

Part- I

ECOLOGICAL AND SOCIO-ECONOMIC ENVIRONMENT OF HEALTH

Status of Environment

1. Forest Situation
 - Afforestation
 - Social Forestry
 - Forests produce
 - Economic importance
2. Land and Water Situation
 - Land use planning
 - Waste land development
 - Surface Water –lakes, streams, rivers etc.
 - Ground water
 - Soil and water conservation
 - Major dams and water sheds
3. Pollution status
 - Air
 - Water
 - Soil
 - Prevention and Control of Pollution of Air and Water
4. Energy
 - Health advantage and disadvantages of nuclear, thermal, hydel and non0-conventional energy
5. Environment Protection Act.
6. Hazards
 - natural disasters
 - man made disasters, chemical, thermal and nuclear
7. Environment Impact Analysis (EIA) of policies, plans and projects.
8. Environment Sanitation
 - Potable water supply – rural and urban
 - Drainage and sewerage – rural and urban
 - Solid waste disposal-rural and urban
 - Measures for vector control

Demographic situation

- Sources, Methods of study and Indicators of size, composition and health of the population.

- Decennial census-expectation of life and life tables.
- General and age specific mortality; infant mortality; proportionate mortality ; standardized mortality rates.
- General and age specific fertility; birth rate; and indices of reproduction.
- Population growth rate and determinants.
- Migration – external-internal-urbanization.
- Legislation on vital events in India.
- Demographic forecasting.
- Major global/demographic trends.

Demographic situation (continued)

- Sample Registration Scheme
- Vital Registration System in India
- Role of Register General of India-Central Statistical Organization, NSS etc.

Sociological Situation

- Medical social work in India
- Health aspects of social legislation and services
- Social interpersonal relationships and organizational climate.

Cultural situation

- Definition, basic theory and concepts of culture.
- Cultural practices as determinants of health, diseases and disabilities.
- Descriptive studies.
- Case control/retrospective studies.
- Longitudinal/prospective studies.
- Current levels and causes of morbidity, disability and mortality in India.
- Sources of morbidity data.
- Sources of data on cause specific mortality.
- Major trends in causes of morbidity and mortality in India.
- Strategies for prevention and control of communicable and non-communicable diseases.
- Uses of Epidemiology.

Biostatistics

- Theory and methods of health statistical investigations including methods of data depiction.
- Mean values.
- Types of distribution.
- Appraisal of statistical significance.
- Concept of association and correlation with tests thereof.
- Statistics of hospitals and health service establishments and indicators for assessing the quantity, quality or work.
- Training in use of computers for research and developing database and Misc.

Health Services Delivery System

- Production, availability, supply and utilization of health manpower; drugs; vaccines; and equipments.
- Availability and utilization of hospital beds.
- Role and contribution of voluntary sector/ NGO.
- Role and contribution of Indigenous Systems of Medicine
- Important voluntary/NGO/Professional Associations and Organizations in Health.
- Health Services Organizations in India – historical development and current situation at primary, secondary and tertiary levels in rural and urban areas.

PART –III

PUBLIC ADMINISTRATION, HEALTH ADMINISTRATION AND HEALTH MANAGEMENT

Public Administration and Health Management:

- Introduction to Public Administration
- Constitutional and legal framework of Public Administration in India.
- Constitutional Provisions related to Public Health: Health functions at Central and State levels of Government.
- Legislative Control of Public Administration
- Delegated legislation
- Administrative Tribunals
- Municipal Government in India
- Rural Local Government – Panchayati Raj Administration
- Centre – State Relationships – Sarkaria Commission.
- Styles of Management
 - i. Participative management
 - ii. Management by objective
 - iii. Managerial grid, etc.
- Principles of organizations
 - i. Hierarchy
 - ii. Span of control
 - iii. Unity of command
 - iv. Centralization
 - v. Decentralization
 - vi. Delegation
 - vii. Line and staff
- Personnel Management in India
 - i. Recruitment policies
 - ii. Position classification
 - iii. Training of civil servants in India
 - iv. Employer-Employee relations.
- Disciplinary proceedings of civil servants in India
- Financial Administration
 - i. Types of budgets
 - ii. Audits
 - iii. Delegation of Financial powers

- Planning Process and Machinery in India
- Modern Management Techniques
 - i. Work Study
 - ii. Ergonomics
 - iii. Operations Research
 - iv. PERT/CPM
 - v. Cybernetics
 - vi. PPBS
 - vii. Discounted cash flow
- Materials Management
 - i. Materials Planning
 - ii. Inventory control
 - iii. ABC & VED Analysis
 - iv. EOO
 - v. Condemnation procedures etc.

Health Administration

- Philosophy of Community Health, concept of comprehensive health care and National health Policy.
- Roles structure and functions of Central, State, District and Block levels of health administration.
- Programme of Control of Malaria, Filariasis, Kala Azar, Leprosy, Tuberculosis, Blindness, Diarrhoeal Diseases, Venereal Diseases, Goitre, Vit. A deficiency and Nutritional Anemia.
- Universal Programme of Immunization.
- Health Programmes for special groups:
 - i. Expectant mothers
 - ii. Infants and toddlers
 - iii. School children
 - iv. Industrial labour
- Concepts and Principles of Health Programme/Project Planning
- Concepts and methods of monitor and evaluation
- Role and functions of National health institutions, ICMR, NICD, CHEB, NIN, AIIMS and PGIs.

Public Health Legislation

- Enactments for protection of public health in India e.g. Prevention of Food Adulteration: Drugs and Cosmetics Act etc.

Hospital and Medical Care Administration

- The changing functions of the hospital:
Hospital as a community institution/
Role of Hospitals in Primary Health Care
- Departmental Administration
 - i. OPD
 - ii. Emergency
 - iii. Operation Theatre
 - iv. Rehabilitation
 - v. Dietary

- vi. Pharmacy
- vii. CSSD
- viii. Laboratory
- ix. Radiology
- x. Laundry
- xi. Ward Planning and management
- xii. Nursing Service
- xiii. Mortuary
- Evaluation
 - i. Medical Records
 - ii. Management Information System
 - iii. Evaluation of Hospital Care
- Medical Care Schemes in India
 - i. ESIC
 - ii. CGHS
- Field Training in Hospitals

Communication process

- Theories of communication
- Models of communication
- Purpose of communication
- Elements of communication

Role of media in dissemination of health and family welfare messages to the masses

- Barriers to effective health and family welfare communication in India.
- Interpersonal communication and its merits and demerits in dissemination of information to the masses.
- Use of A.V. aids in health and family welfare communication.
- The role of IEC in health and family communication

Information/Libraries for health administrators including type and coverage, sources and frequency of major primary and secondary publications and health information centers in India.

Training and Staff Development

- Assessment of health manpower development and training needs
- Formulation of learning objectives
- Designing training curriculum for effective learning
- Types of training: Basic, pre-services, in-service, induction, modular.
- Training process and the role of trainers
- Training to develop health managers: e.g.
 - i. MD(CHA), MHA, Diploma in Public Health etc.
 - ii. Modular Training in Health Management
 - iii. Training and visit system
 - iv. Continuing education of Health Management
- Teaching /learning methods:
 - Group discussion, case method, role play, simulation, laboratory training etc .
- Preparation of Lesson Plan and Practice teaching
- Evaluation of training: preparation of test items
- Improving training effectiveness using an OD perspective

**UNIVERSITY OF DELHI
(FACULTY OF MEDICAL SCIENCES)
(ORDINANCE)**

EXAMINATION FOR THE DIPLOMA IN HEALTH Administration.

1. There shall be a Diploma Course in health Management in the Faculty of Medical Sciences and the Diploma shall be called (DHM) Diploma in Health Management.
2. The duration of the course shall be of one calendar year.
3. Subject to the control and general supervision of the Academic Council, the instruction and routine in the Diploma Course in health Management shall be under the direction of the Dean of the Faculty of Medical Sciences. Every candidate shall be required to pursue a regular course of study for a period of not less than one year.
4. Every candidate seeking admission to the Diploma Course in health Management shall satisfy the following conditions:

He/She must have obtained the Degree of Bachelor of Medicine and Bachelor of Surgery, University of Delhi or a Degree of any other University recognized as equivalent to any of the said degrees.

5. Every candidate seeking admission to the Diploma shall apply to the Registrar, University of Delhi, Delhi on the prescribed form for registration of his/her name upto.....
6. The admission of the candidates to the course shall be decided by the appropriate Board/Committee constituted by the University.
7. Tuition Fee: Every candidate shall be required to pay a fee _____ For the whole course payable in two installments of Rs. _____ each alongwith the prescribed registration fees. The first installment of tuition fee will be paid at the time of admission and the second installment will be paid subsequently as per University regulation.
8. The following shall be the papers prescribed for Diploma Course in health Management :

Paper I	:	Ecological and Socio-economic Environment of Health.
Paper II	:	Epidemiology, Bio Statistics and Demography.
Paper III	:	Community Health Administration
Paper IV	:	Medical Care and Hospital Administration.

Note : (i) Each written paper shall be of three hours duration,.

(ii)The examination for practical and oral will be conducted by a Board consisting of one Principal of Medical College/Director/ Dean and other approved examiners.

9. The examination will be held normally in April on such dates as may be fixed by the Academic Council.
10. A prescribed fee shall be paid by candidate as Examination fee to the University on such a date as may be fixed by the University.
11. Attendance: A candidate will be required to attend not less than 75% of the lectures delivered and practical held separately.

A candidate who falls short of the required percentage of attendance either in lectures or practical held shall not be allowed to take the examination. The Principal /Dean will certify the attendance which will be countersigned by the Dean, Faculty of medical sciences.
12. A candidate shall be declared to have passed if he/she obtains not less than 40% marks in each of the written papers, 50% marks in the aggregate of written papers, 40% in oral, 50% in practical and 50% marks in the aggregate.

A candidate obtaining 80% or more marks in the aggregate will be shown as having obtained Distinction.
13. A candidate who has failed in the examination will be allowed to reappear at the subsequent examination under conditions prescribed by the University but will not be allowed to take more than three changes in total.
14. Remuneration of Examiners:

Same as given to the Examiners of the other postgraduate Diploma courses.

COMPUTER CENTRE

National Institute of Health & Family Welfare

DIPLOMA IN HEALTH ADMINISTRATION 1st YEAR

COMPUTER TRAINING

DAY	TOPIC	DURATION
1.	INTRODUCTION TO COMPUTERS	2 HOURS
2.	PERSONAL COMPUTERS & DISK OPERATING SYSTEM	2 HOURS
3.	WORD PROCESSING CONCEPTS & INTRODUCTION TO SOFTWORD	2 HOURS
4.	-DO-	2 HOURS
5.	-DO-	2 HOURS
6.	DATA PROCESSING CONCEPTS & INTRODUCTION TO Dbase	2 HOURS
7.	-DO-	2 HOURS
8.	-DO-	2 HOURS
9.	Introduction to LOTUS	3 HOURS
10.	Introduction to XENIS	2 HOURS
11.	-DO-	2 HOURS

* Practical on Computers.

DIPLOMA IN HEALTH ADMN. COURSE

SCHEME OF FIELD DUTIES/VISTIS FOR P.G. STUDENTS

I. State and District Block in U.P.

A. State Health Administration

Flow or Health Administration

- Monitoring

7-10 -Administrative Procedures

- Plans

-Budge Centralized

- Decentralized

- Programmes

B. District Level

- Organization

- Coordinator V.H.O.

- Implementation

7-8 days- Review

- Control

- Budget

- Reporting

- District Planning committee

C. Block Level

- Implementation

- Coordination

7-8 days- Services & Management

- Reporting

COMPUTER CENTRE
National Institute of health & Family Welfare
DIPLOMA IN HEALTH ADMINISTRATIVE IInd YEAR
COMPUTER TRAINING

DAY	TOPIC	DURATION
1-5	Advanced Concepts of Dbase	20 HOURS
6-10	Use of Statistical Packages (SPSS, Micro Stat)	20 HOURS
11-15	Use of O. R. Package (Harward Project Management)	20 HOURS
16	Use of Graphic Packages (Harward Graphics, GB)	4 HOURS

II. Principal Health Administration

Cinema

Water works

10-15 days sewage disposal

Slum Management

Cremation grounds

Dead body Disposals

Human

Animal

Urban malaria Unit

T.B. Hospital, Nehru Nagar

Zonal Health Office/Public Health

Laboratory ST. Raipur Road

III. International Vaccination and Quarantine

- 1-2 days
- Air Post Authority of Health
 - Disposal of waste of Air
 - Food supply and sanitation

IV. Visit to various voluntary health organization

- 5-7 days
- Mentally Retarded Homes
 - Voluntary Health Association of India
 - F.P. Association of India
 - Occupational health
 - Physically handicaps home and Institute
 - Leprosy Mission Hospital

V. Central Health Administration, Nirman Bhawan

- 3-4 days - Ministry of Health & F.W.
3-4 days - Directorate of Health & Services

VI. Parliament Visits on day

VII. Planning Commission (Health Division) – one day

VIII. NICD – Control of Communicable diseases Epidemiological surveillance

IX. Hospitals – 2 days

- i. Safdarjung Hospital Various departments such as MRI sectors, C.S.S.D
- ii. AIIMS depart Blood Bank Laboratory Services Causality Departments etc.

X. ESIC – 2 days

- i. Medical Stores Depot at ESIC Hospital
- ii. ESIC Dispensary at Factory Road

XI. C.G.H.S. – 3 days

- i. Maternity Hospital R. K.Puram
- ii. Functional Dispansary at R. K. Puram
- iii. C.G. H. S. Stores at RML Hospital.

XII. ICDS Block – 5 days

XIII. Autonominou Bodies – 2 weeks

- i. NIPECD
- ii. N.I.T.
- iii. C.H.B.B.
- iv. V.H.A.I.
- v. N.C.E.R.T.
- vi. F.P.F.

Practical Examination Centers

1. Maternity Hospital , R.K. Puram
2. C.G.H.S. Dispensary, Andrews Ganj
3. ESIC Dispensary, Factory Road
4. ESIC Stores at Basai Dara Pur.
5. Following Departments of S.J. Hospitals
 - C.G.S.D
 - M.R.D. Section
 - Causality Department
 - Laboratory Services
 - Dietary Department
6. MCH & FW Centre Lajapt Nagar
7. ICDS Block