



Report on Infection Prevention Training in Dhading Hospital

21 – 25 July 2003

District Health Office, Dhading
GTZ Health Sector Support Programme



Deutsche Gesellschaft für
Technische Zusammenarbeit (GTZ) GmbH



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Report on Infection Prevention Training in Dhading Hospital

21-25 July 2003

Executive Summary

Background

The health sector is a focal area of the German Development Cooperation (GTZ) in Nepal.

The GTZ Health Sector Support Programme (HSSP), currently in its first phase, is working in 5 districts - Achham, Doti, Bardiya, Dhading and Siraha. Operating in the areas of primary health care, reproductive health, physical assets management and community-based drug management, one of the components, PAM, or Physical Assets Management, assists the Ministry of Health in developing concepts for the management of physical assets, and develops in-house capacity for managing physical assets in a decentralized manner. HSSP is emphasizing the importance of infection prevention, including that of hospital waste management and the overall improvement of health services.

At present, the risk of infection through contamination is high in medical facilities in Nepal. This fact was recognized by the District Health Office in Dhading, in the Central Region of the country. Training on infection prevention was requested and was carried out on 21 – 25 July 2003 in Dhading Hospital.

Outcome

Training was provided to doctors, nurses, paramedics, support staff, administrative staff, and committee members over a 5-day period. Split into morning and afternoon sessions, the day-to-day running of the hospital was not adversely affected by the training schedule.

The methodology used included lectures, group discussions, plenary sessions, demonstrations and practical exercises.

The infection prevention practices carried out within the hospital prior to the training were found to be deficient in several areas. Recommendations, based on training received and the experiences of other medical facilities, were discussed and it was agreed to put good practices into place.

Test results of the participants before and during the training demonstrate that the training provided essential and valuable knowledge.

Background of the Training

Infection prevention: an essential element for safe, quality service, not only to prevent adverse patient outcomes but also to prevent infection among health-care workers, and the responsibility of both the hospital and all hospital staff.

During the COPE/PLA workshop, the need for infection prevention training in Dhading was identified. At the request of the District Health Office, infection prevention training was organised for hospital and DHO staff at Dhading Hospital.

Objective of the Training

To develop and update the knowledge and skills of hospital staff on the topic of infection prevention, enabling them to take essential measures in infection prevention for both their own safety and that of their clients.

Methodology

- Mini lectures
- Small group discussions
- Interactive plenary discussions
- Demonstrations
- Observation and practical exercises

Principles and Approach

- Competency based
- Humanistic approach
- Participatory training
- Whole site training
- On site training

Topics Covered

- Infection risks in health facilities
- Importance of infection prevention
- Purpose of infection prevention
- Common high risk practices in health facilities
- Communicable disease transmission cycle
- Infection preventive
- Hand washing
- Use of gloves
- Use of antiseptic
- Definition of technical terms
- Management of instrument processing areas
- Clean and healthy environment (house keeping)
- Management of hospital waste
- Management technique of infection prevention programmes in health facilities

- Soaking and wrapping of instruments
- Preferable sterilization method - sterilization (autoclave)
- Acceptable sterilization methods - high level disinfection i.e. boiling, steaming, or use of disinfection chemicals
- Waste management - segregation, transportation and disposal
- Aseptic techniques
 - hand washing
 - protective barrier surgical attire
 - maintenance of a sterilized environment in operating room
 - appropriate aseptic surgical procedures
- Processing of used instruments/equipments and gloves
 - decontamination of instruments and materials with 0.5% chlorine solution
 - cleaning
 - wrapping instruments
 - high-level disinfection
 - sterilization
 - appropriate storing

Organisation of Training

To ensure active participation of all staff, training was organised in morning and afternoon sessions.

Day	Morning Session 8am - 12 noon	Afternoon Session 1pm - 5pm	Remarks
1	Technical Staff - Group 1 Support Staff - Group 1	Technical Staff - Group 2 Support Staff - Group 2	4 hours per day, per group
2	Technical Staff - Group 1 Support Staff - Group 1	Technical Staff - Group 2 Support Staff - Group 2	"
3	Technical Staff - Group 1 Support Staff - Group 1	Technical Staff - Group 2 Support Staff - Group 2	"
4	Technical Staff - Group 1	Technical Staff - Group 2 Hospital Management Committee Members and Administrative Staff	"
5	Technical Staff - Group 1	Technical Staff - Group 2 All participants including HMC members	Infection prevention monitoring team formed; action plan for infection prevention developed

Note: Technical Staff consisted of doctors, nurses and paramedics.

Observation Exercises

Self assessment

Before undertaking the scientific sessions', participants were asked about the strengths and problems regarding infection prevention in Dhading Hospital. Responses were then discussed. Details of this self-assessment exercise are given in Annex 2.

With regard to the strengths and problems of Dhading Hospital, the following issues were focused upon:

Hand washing

Hand washing was felt to be a primary activity in infection prevention.

- It was found that the nursing staff were more aware of hand washing practices when compared to the paramedics.
- Running water is essential for hand washing; but it was found that Dhading Hospital does not have sufficient water for all units.
- The use of alcohol – using a rectified spirit with 2% glycerine - in place of soap and water was recommended for simple hand washing such as after examining each patient.
- It was agreed that there must be running water in all wards and units for hand washing.
- Simple hand washing and surgical hand washing was demonstrated by facilitators and practiced by the participants.

Processing of used instruments

The steps and techniques used in processing used instruments were discussed and demonstrated.

- Participants were told that an effective way to kill HIV and hepatitis B viruses is through decontaminating instruments with a 0.5% chlorine solution.
- Participants were taught how to prepare, how to use and when to use the chlorine solution.

Post demonstration

The following topics were discussed:

- The use and need for masks, eyeglasses, utility gloves and aprons while preparing 0.5% chlorine solution.
- Maintaining the quality of chlorine powder i.e. through proper storage.
- Where and when chlorine solution can be used, other than in the decontaminating the instruments.
- It was agreed to decontaminate instruments in all units in 0.5% chlorine solution before sending to CSSD.

Cleaning, soaking and wrapping of instruments

Facilitators demonstrated the techniques of instrument cleaning, soaking and wrapping.

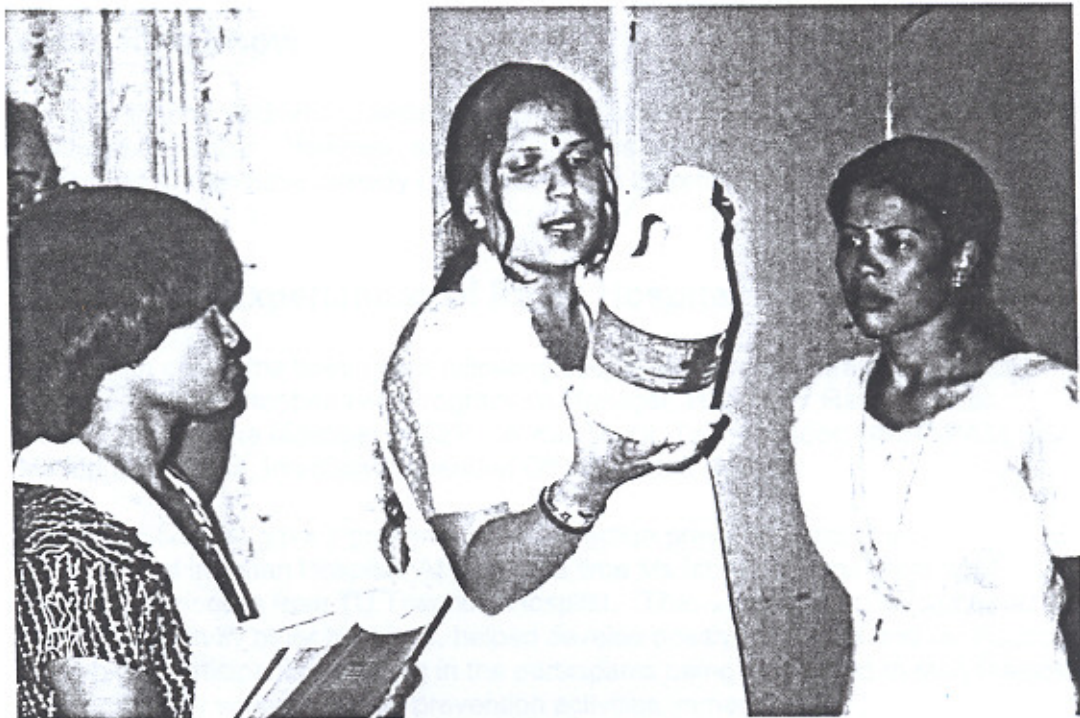
Sterilization

In Dhading Hospital steam and dry heat sterilization are practiced, and focus was given to these methods.

- Three types of sterilization were discussed, namely, steam, dry heat and chemical.
- The proper storage of sterilized materials was discussed and demonstrated.
- How to open wrapped instruments hygienically was discussed and demonstrated.

High-level disinfection (HLD)

- Recommended as an alternative to sterilization, and a method, which kills all organisms except endospore, HLD methods were discussed and demonstrated.
- Use of gloves, antiseptics and aseptic techniques were also discussed and demonstrated.



Management of Hospital Waste (Health Care Waste)

Waste segregation

Careful management and separate collection of hospital waste is essential in the prevention of infection.

- The segregation of waste according to categories such as infectious, sharps, and non-infectious was discussed. It was agreed to keep separate buckets for these three types of waste. The decision regarding the number of buckets, colour and placing of said buckets, is to be decided by a monitoring team. Meantime, facilitators proposed red for infectious waste, yellow for sharps and green for non-infectious waste. GTZ-HSSP gave their commitment to provide appropriate buckets for waste collection and transportation.

Waste transportation

Potential risks posed by waste handling were discussed. Staff required to handle waste were advised to use protective barriers such as gloves, aprons and boots.

Disposal of waste

At present there are two pits, one for combustible and one for non-combustible waste. The pits however are not properly constructed. It was agreed to improve the pits and dispose of waste systematically.

Video Film Show

A video film on infection prevention was shown which reinforced best practices in skills and behaviour. However, since the film was a few years old, some of the techniques shown have already changed. It was therefore felt the film needs updating.

Sharing the Experiences of Patan Hospital

On the fifth day of the training the following people observed the training activities: Dr Angelika Schrettenbrunner, Programme Manager, HSSP; Mr Ramji Dhakal, Deputy Programme Manager, HSSP; Mr Karl Mock, Team Leader, HSSP-PAM, and Ms Indra Shrestha, Infection Prevention Officer, Patan Hospital.

Ms Indra Shrestha gave a presentation on infection prevention activities implemented in Patan Hospital. At the same time Ms Ishwori Khanal from IOM shared experiences from TU Teaching Hospital. These presentations, combined with interaction by other hospitals, helped develop positive attitudes and confidence among the participants, resulting in the participants being committed to start feasible and technically sound infection prevention activities immediately.

Formation of Infection Prevention Monitoring Team

An infection prevention monitoring team was formed to monitor and support the infection prevention activities in the hospital. The main role of monitoring team was discussed and agreed as follows:

- Prepare infection prevention guidelines for staff.
- Observe, from time to time, steps being taken in instrument processing, such as decontamination, cleaning, soaking and sterilization, and ensure the necessary procedures are being carried out.
- Identify the quality of 0.5% chlorine solution for decontamination of instruments and cleaning of hospital and guide staff on the preparation of the solution accordingly.
- Identify the number of waste bins/buckets and their colours and decide where to keep them.
- Develop a checklist for correct hand washing practices. Monitor regularly.
- Monitor regularly the use of protective barriers.
- Manage necessary materials, bins, and buckets for infection prevention.
- Monitor waste to ensure it is properly segregated, transported and disposed of.
- Motivate staff to develop appropriate practices for waste segregation, transportation and disposal.
- Identify staff that need training on waste segregation, disposal and transportation.

Monitoring team

- 1 Dr Naresh Pratap K C, DHO, Dhading
- 2 Ms Sushila Pandey, Staff Nurse
- 3 Mr Shiva Rana, AHW Emergency
- 4 Ms Banu Kandel, Public Health Nurse
- 5 Mr Vishnu Lal Shrestha, Store Keeper
- 6 Ms Pinky Sherpa, Peon Indoors
- 7 Mr Badri Adhikari Peon, CSSD
- 8 Mr Nanda Prasad Rijal, Chairperson, HMC
- 9 Mr Mohan Kumar Shrestha, Member, HMC

Formation of Advisory Committee

An advisory committee was formed to provide relevant guidance on infection prevention measures such as waste segregation, disposal, and other appropriate techniques.

Advisory committee

- 1 Mr Jeevan Prasad Oli, Chief District Officer
- 2 Mr Jayandra Bhatta, HSSP-PAM
- 3 Ms Indra Shrestha, Infection Control Officer, Patan Hospital

Action Plan Development

A detailed action plan was developed, based on issues discussed over the 5-day training period. See Annex 1 for details.

Pre and Post Test Evaluation

- A pre test was carried out at the beginning of the training to assess existing knowledge and practices among the participants.
- A mid term evaluation was done on the fourth day.
- Facilitators compiled the test results and discussed them with the participants in order to clarify any remaining difficulties.
- Details of the pre and mid term scores are given in Annex 3.

Closing Ceremony

During the closing ceremony, Dr Angelika Schrettenbrunner, Programme Manager, GTZ-HSSP, urged participants to develop Dhading Hospital as a country model for infection prevention. Similarly members of Hospital Management Committee, namely, Mr Khem Lohani, Mr Ramnath Adhikari and Mr Nanda Prasad Rijal said that the support given by HSSP-GTZ made positive improvements in the quality of service in Dhading Hospital. Mr Jeevan Oli, Chief District Officer, in his closing remarks said that the waste disposal system in the hospital should be cost effective as well as technically sound.



Recommendations

- In order to bring the agreed plan into action, the waste disposal pits should be improved as soon as possible.
- The colour of the waste buckets for segregation and transportation to be decided and supplied by HSSP-PAM as soon as possible.
- Soap and virex (chlorine powder) should be supplied as soon as possible.
- Water supply system should be improved immediately.
- Wash basins and taps should be repaired and in working order in Emergency,
- OPD, X-ray and Dressing Injection Rooms.
- The Infection Prevention Monitoring Team should be pro-active in implementing the agreed action plan. The Monitoring Team should organise frequent meetings. A minimum of twice monthly meetings for an initial three-month period was suggested.
- HSSP district team should interact frequently and coach staff on infection prevention activities.
- Once the buckets are supplied and waste disposal pits improved, then training/coaching of support staff on waste segregation, transportation and disposal needs to be organised.
- Infection prevention training to PHC, HP and SHP staff could utilize trained personnel from the District Health Office (Infection Prevention Officer), which in turn will help develop the in-house capacity of the DHO/District Hospital.
- Technical guidance and supervision of staff is essential to develop confidence in infection prevention practices. Therefore supervision visits from the facilitators should be organized after a three-month period.

Lessons Learnt

- It was felt the duration of training was not enough for support staff. Sixteen hours of training over a 4-day period was recommended; incorporating discussion, practical demonstrations and exercises.
- It was felt that by involving the whole team in the training, team building and ownership for service quality improvement resulted.
- The involvement of Management Committee Members in the training was also felt to be very effective through boosting moral support and providing the necessary logistic support for infection prevention activities.
- Sharing the experiences of Patan and TU Teaching Hospitals was encouraging. Hearing of infection prevention methods in current practice developed confidence among the participants.
- Participation of GTZ-HSSP Programme Manager, Deputy Programme Manager, and the Team Leader of HSSP-PAM was very encouraging and inspired the participants to develop confidence and ownership. It was felt this would bring about positive changes in the quality of service.
- It was felt the training manual was very useful and practical although some chapters need to be revised.
- The organizing of training sessions in mornings and afternoons was very effective to ensure the participation of all staff. And, importantly, it did not hamper the efficient running of services in the hospital.

Annex 1: Action Plan for Infection Prevention

July – December 2003

Issues	Recommended Action	Responsibility	Implemented on/by
Hand washing	<ul style="list-style-type: none">✓ Ensure all staff wash hands before starting work.✓ Use personal towels.✓ After examining each patient, wash hands with a 2% glycerine solution in rectified spirit.✓ Provide soap, soap dish and 2% glycerine solution in each ward and unit.✓ Ensure water is available in all wards and units. If running water not available, supply bucket, jug and plastic bowl for hand washing.	Monitoring Team to select responsible person	27 July 2003
Decontamination of instruments	<ul style="list-style-type: none">✓ Prepare 0.5% chlorine solution in CSSD as required.✓ Supply chlorine solution in OPD, Emergency and MCH in a bucket.✓ Place all used instruments in 0.5% chlorine solution.✓ Then place used instruments and gloves in water.✓ At the end of each day decontaminate all instruments with 0.5% chlorine solution.	Monitoring Team to select responsible person	27 July 2003

	<ul style="list-style-type: none"> ✓ Decontaminate and clean instruments with soapy water, soak, pack and send to CSSD. 		
Sterilization	<ul style="list-style-type: none"> ✓ Sterilize all instruments in CSSD and sent to different units as required. ✓ In the laboratory, sterilize glasses and fats, such as glycerine, with dry heat. ✓ Nursing staff to supervise and guide CSSD support staff. ✓ Ensure all wards and units use only sterilized or high-level disinfected (HLD) instruments. 	Badri and duty staff	Regularly
High level disinfection (HLD)	<ul style="list-style-type: none"> ✓ Ensure HLD is carried out in MCH as per requirements. 	PHN	Regularly
Surgical attire	<ul style="list-style-type: none"> ✓ Wear surgical attire while preparing 0.5% chlorine solution, touching contaminated items, segregating and handling waste and in all surgical procedures. ✓ Wear utility gloves, masks, aprons and gumboots while collecting, transporting, and cleaning toilets. ✓ Discuss with IP Monitoring Team the type of protective attire required by whom, and supply accordingly. 	Duty staff	Regularly
House keeping	<ul style="list-style-type: none"> ✓ Remove spider webs' from ceiling and clean fans regularly every week. ✓ Clean furniture, racks, tables and chairs daily. 	Duty staff	Regularly

	<ul style="list-style-type: none"> ✓ Clean wooden furniture with wet cloth. ✓ Clean steel furniture with 0.5% chlorine solution. ✓ Clean beds, lockers and cupboards after the discharge of each patient. ✓ Twice a week clean bed, lockers and furniture of long stay patients with 0.5% chlorine solution. ✓ Wash bed sheet and pillow covers, and dry blankets in the sun immediately after the discharge of each patient. ✓ Clean the floor areas with 0.5% chlorine solution every morning and evening. ✓ Clean blood, stool or any other bodily discharge immediately with 0.5% chlorine solution. 		
House keeping of doors, windows, windowpanes, curtains and nets	<ul style="list-style-type: none"> ✓ Clean the window, windowpanes, door and nets with 0.5% chlorine solution. ✓ Wash curtains in the ward every week. 	Duty staff	Regularly
Dustbin and bucket cleaning	<ul style="list-style-type: none"> ✓ After disposing of waste, clean all waste bins, buckets and bowls with caustic soda. 	Duty staff	Regularly
Cleaning and drying bed sheets, pillow covers and curtains	<ul style="list-style-type: none"> ✓ After washing, hang on the clothesline. 	Indoors duty staff	12 August 2003
Kitchen hygiene	<ul style="list-style-type: none"> ✓ Dispose of waste food every day in the waste disposal pit. ✓ Clean utensils with soap powder 	Indoors duty staff	Regularly

	<p>and water, dry and place properly on a rack.</p> <ul style="list-style-type: none"> ✓ Transport prepared meals, with appropriate food covers, from kitchen to wards. ✓ Supervise the quality of food and set appropriate timing for serving food to patients. ✓ Do not allow cook to work in kitchen when suffering from diarrhoeal diseases. 		
Waste management	<ul style="list-style-type: none"> ✓ Segregate waste in different waste bins/buckets – as listed below: <ul style="list-style-type: none"> - Infectious materials - Non-infectious materials - Sharps - Plastics ✓ Label each bin/bucket clearly. ✓ Remove buckets from all bedsides and keep only four, clearly labelled buckets in ward. ✓ Educate patients and visitors in the appropriate use of buckets. ✓ Improve waste disposal pits. ✓ Clean compound on a regular basis. ✓ Interact with neighbours and instruct not to throw bottles and waste into the hospital compound. 	<p>Monitoring team</p> <p>Indoor duty charge staff</p> <p>Monitoring team</p> <p>“</p> <p>“</p>	<p>15 August 2003</p> <p>15 August 2003</p> <p>15 August 2003</p> <p>Regularly</p> <p>Regularly</p>

Annex 2: Assessment of Infection Prevention in Dhading

A brain storming session resulted in the following assessments:

Current positive practices

Infection prevention issues within Dhading Hospital have been raised several times during COPE/PLA meetings. Some positive practices have been observed as being currently carried out, and are listed below:

- A Central Sterilization Service Department (CSSD) has already been established and is functioning.
- One support staff has already been assigned to the Central Sterilizing Service Department.
- Currently the practice is for used equipment from all units and wards to be sent to the Central Sterilization Service Department for sterilization.
- 0.5% chlorine solution is already being used in the Central Sterilizing Service Department to decontaminate instruments.
- The Central Sterilization Service Department supplies all units and wards with only sterilized equipment.
- Sharps, particularly those from MCH units, are collected separately in a puncture proof box.
- Disposable syringes are used in the Emergency, Dressing and Injection Rooms.
- Each staff member, employed inside the hospital, uses an individual towel.
- Hand washing facilities are available inside the hospital and OT.
- Toilets for patients, visitors and staff are available.
- Waste is disposed of in two waste pits.
- Waste bins are distributed throughout the hospital.
- The inside of the hospital is neat and clean
- Surgical and utility gloves are supplied to each unit.

Problem areas / areas for improvement

Decontamination

- Instruments are transported to the Central Sterilization Service Department without being decontaminated first; increasing the risk of cross infection.
- Staff have only limited knowledge regarding the importance of decontaminating instruments.
- Staff do not know how to prepare and store 0.5% chlorine solution properly.
- In some units, contaminated instruments are left for long periods of time before being cleaned and decontaminated.
- Staff could not differentiate between disinfection and sterilization.
- Cidex, being used in MCH for high-level disinfection, was out of date.
- Staff had only limited knowledge of how and when to use Cidex.
- The current supply of Virex is insufficient for the hospitals needs.

Hand washing facilities

- The supply of water and hand washing facilities in some units, such as Emergency, OPD, X-ray etc, is insufficient.
- With the exception of staff working internally, staff do not use separate, personal hand towels.
- Technical and support staff are not sufficiently aware of hand washing practices.

Waste segregation and disposal

- The two waste disposal pits have not been constructed properly.
- Both combustible and non-combustible waste is deposited in both of the pits.
- Although sharps are currently collected separately, there is no proper disposal system.
- Infectious and non-infectious waste is deposited in both of the pits.
- Plastic is burnt along with paper.
- Support staff, when handling infectious waste, do not always use protective barriers.
- There is not sufficient, correctly labelled and colour coded waste bins and buckets.



Annex 3: Infection Prevention Training of Hospital / DHO Staff

Pre and mid term test marks

Participants code number	Full marks	Evaluation	
		Pre test	Mid term test
1	25	18	24
2	25	17	24
3	25	19	24
4	25	12	18
5	25	18	23
6	25	17	22
7	25	14	19
8	25	12	18
9	25	18	21
10	25	17	20
11	25	18	24
12	25	19	23
13	25	15	21
14	25	13	18
15	25	19	22
16	25	16	21
17	25	19	25
18	25	13	22
19	25	14	22

Note: During the pre and post testing, different questions were asked, therefore it is difficult to fully assess the extent of learning over the training period. It is recommended that for future training sessions, questionnaires be standardised so that comparisons in real terms can be made. Please use the above information as a general guide only.

Annex 4: Infection Prevention Training of Technical Group

(Doctors, nurses, paramedics and DHO supervisors)

21-25 July 2003

Sn	Name	Sex		Designation
1	Dr Amar Paudyal	M		Acting DHO
2	Ms Ramita Shrestha		F	Staff Nurse
3	Ms Radha Kumari Shrestha		F	Staff Nurse
4	Ms Susha Pandey		F	Staff Nurse
5	Mr Vishnu Shrestha	M		Cold Chain Assistant
6	Mr Bali Ram Adam	M		DTLA
7	Ms Tara Devi Prajapati		F	AHW
8	Ms Parvati Shrestha		F	Lab Assistant
9	Mr Mahesh Prasad Singh	M		Public Health Inspector
10	Mr D B Gurung	M		X-ray Technician
11	Ms Geeta Bhattarai		F	HRD Officer
12	Ms Apsara Pant		F	Staff Nurse
13	Ms Banu Kandel		F	Public Health Nurse
14	Ms Meena Mainali		F	ANM
15	Ms Beena Shrestha		F	ANM
16	Ms Maya Lamsal		F	ANM
17	Mr Ganesh Kumar Shrestha	M		HA
18	Mr Ram Narayan Pandit	M		Senior AHW Officer
19	Mr Shiva Rana	M		AHW
20	Mr Machendra Neupane	M		Family Planning Assistant Officer
21	Mr Chhatra Vilas Devkota	M		Statistical Assistant
22	Mr Jayandra Bhatta	M		Engineer
Total		11	11	

Infection Prevention Training of Support Staff Group

21-23 July 2003

Sn	Name	Sex		Designation
1	Mr Badri Adhikar	M		Support staff
2	Mr Nema Chherig Tamang	M		"
3	Ms Pinky Sherpa		F	"
4	Ms Kalpana Shrestha		F	"
5	Mr Kedar Pd Rijal	M		"
6	Mr Ram Prasad Koirala	M		"
7	Mr Thambar Shrestha	M		"
8	Ms Busang Tamang		F	"
9	Mr Jeeva Nath Rijal	M		"
10	Ms Laxmi Maya Magar		F	"
11	Mr Sher Bahadur Shrestha	M		"
12	Ms Nal Kumari Bhandari		F	"
13	Mr Surya Prasad Khatiwada	M		"
14	Ms Bhagabati Rijal		F	"
15	Mr Dal Bahadur Shrestha	M		"
16	Mr Bal Krishna Koirala	M		"
17	Mr Dol Bahadur Shrestha	M		"
Total		11	6	

**Infection Prevention Training of
Management Committee Members and Administrative Staff
24 –25 July 2003**

Sn	Name	Sex		Designation
1	Mr Jeevan Oli	M		CDO, HMC
2	Mr Ram Nath Adhikari	M		Advisor, HMC
3	Mr Khem Lohani	M		Advisor, HMC
4	Mr Tika Bahadur Bhandari	M		Member, HMC
5	Mr Hari Adhikari	M		Member, HMC
6	Mr Mohan Kumar Shrestha	M		Member, HMC
7	Mr Sita Ram Varma	M		Member, HMC
8	Mr Nanada Prasad Rijal	M		Chair person, HMC
9	Mr Rajendra Dhakal	M		Administrative Assistant
10	Mr Man Bahadur Shrestha	M		Administrative Assistant
11	Mr Vishnu lal Shrestha	M		Administrative Assistant
12	Mr Dhal Bahadur KC	M		Member HMC
13	Mr Ishwori Adhikari	M		OJT Student
14	Ms Yam Kumari Lama		F	OJT Student
15	Ms Menuka Lohani		F	OJT Student
16	Ms Sharmila V K		F	OJT Student
17	Ms Nirmala Shrestha		F	OJT Student
18	Ms Naveena Lohani		F	OJT Student
Total		13	5	

Facilitators and Observers

21-25 July 2003

Sn	Name	Sex		Designation
1	Ms Sulochana Pokhrel		F	Freelancer Consultant
2	Ms Ishwori Khanal		F	Master Trainer, TU, Teaching Hospital
3	Ms Jeevan Shrestha		F	Regional Health Training Center, Pokhara
4	Ms Hem Kala Lama		F	Senior Nursing Officer, Family Health Division
5	Ms Indra Shrestha		F	Infection Prevention Officer, UMN, Patan Hospital
6	Mr Pitambar Dhungana	M		GTZ-HSSP (Observer)
7	Mr Ram Chandra Silwal	M		GTZ-HSSP (Observer)
Total		2	5	





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