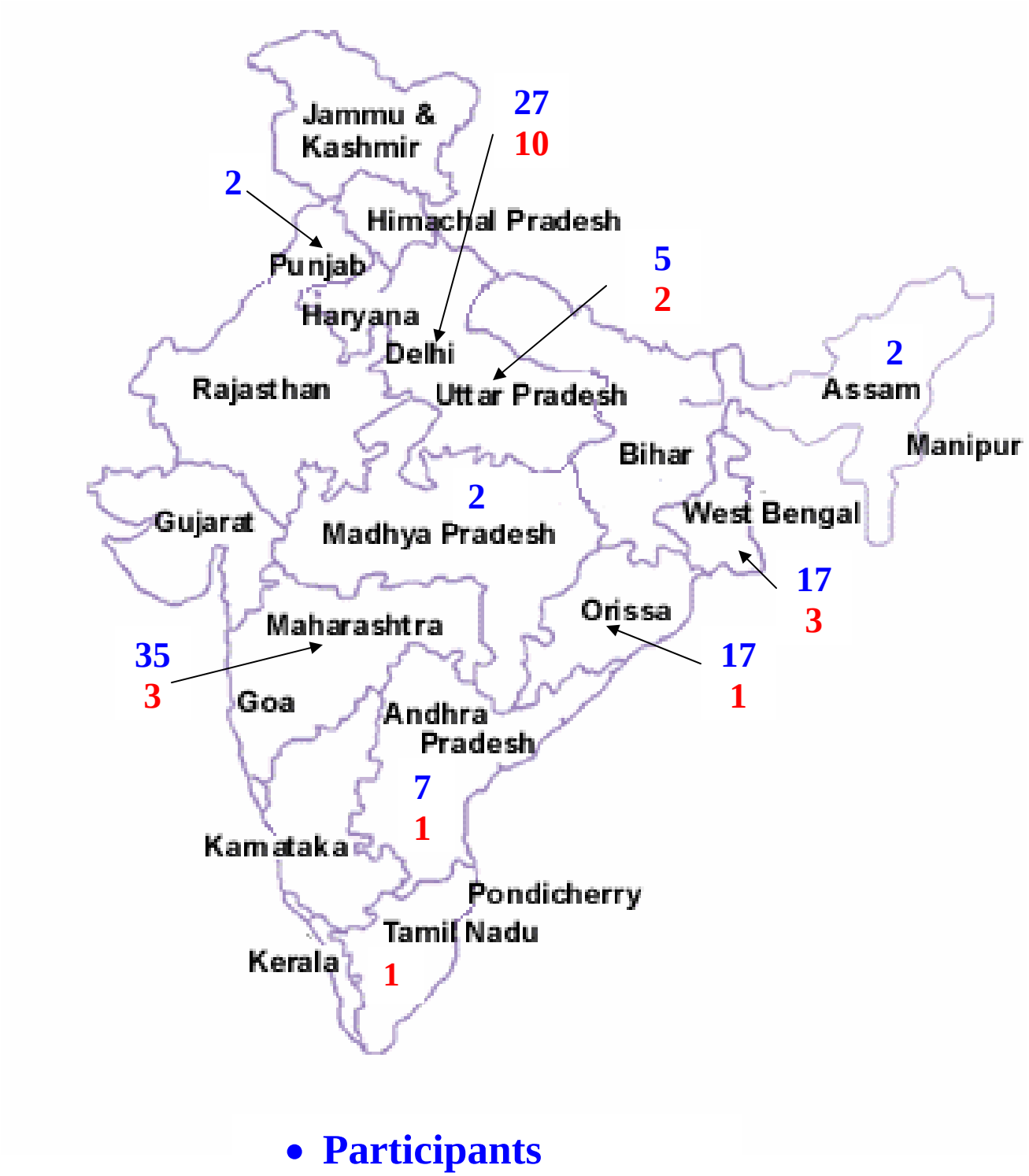
Participants and Resource Person Map



- **Participants**
- **Resource Persons**

Executive Summary

On the basis of the proposal submitted by Indian Public Health Association (IPHA), Govt. of India has sanctioned fund to carry out activities by the association related to NRHM. Activities are

1. Publication of special issue on National Rural Health Mission in Indian Journal of Public Health and distribution of this publication to the members, Medical College and DHS. The activity has already been completed.
2. To sensitize members of Indian Public Health Association on key issues of NRHM.
3. To recommend the focused area on maternal & child health and NRHM where IPHA can participate.

IPHA received fund in the first week of March, 2006 and completed the activity during the same period. Three workshops were conducted at Delhi, Nagpur and Bhubaneswar in 15 days time. During the workshop the resource persons did sensitization on NRHM by the faculty members of Community Medicine, professional belonging to state Health Services and Nirman Bhavan on key issues of NRHM including Indian Public Health Standard. Queries of the members and suggestions given by them were also noted & replied. Groups were made to discuss on specific topic with terms of references and key outcomes of the group recommendations were presented. A total …. Participants from different parts off the country attended the three workshops under the guidance of resource persons. The participants also include faculty members from medical & nursing professions, professionals from health services who came from the different states of the country

Key recommendations on reduction of IMR, MMR & TFR: Role of IPHA

A. Reduction Of IMR

- Information sharing between all partners through a weekly electronic newsletter, an Internet site, and an annual co-ordination meeting or through IJPH
- Three main issue of prevention of hypothermia, infection and feeding problem should be addressed during Capacity building of ASHA if not addressed in their module. These three issues are very important for prevention of Neonatal deaths and could be shared through Indian Journal of Public Health (IJPH)
- Operation Research & Sharing of data
- Coordination with medical, nursing colleges for updating skills, knowledge on Neonatal care through IJPH
- To develop innovative approaches for involving community at local level e.g. elderly women, school children, local women groups/youth groups, traditional healers/ISM
- Awareness camps for local people and public on simple & key issues on Newborn care as stated
- Develop strategies for regulation of private sector & use the potential of this sector
- Develop strategies for inter-sectoral coordination & PPP
- IPHA should be involved in policy formulation

B. Reduction of MMR

- Since, there is lack of reliable data for maternal deaths in the country; it was proposed that maternal death audit or at least maternal mortality review should be carried out to ascertain the medical and social causes of death at different parts of the country on a region-wise basis by IPHA members in their own hospitals as well as in one or two districts i.e. in one poorly performing district and one better performing district
- The study should be undertaken to assess the extent of four types of common delays occurring at the community as well as suggest measures to prevent these delays through involvement of ASHA. The training manual of ASHA should contain these important aspects.
- In order to identify the unreported maternal deaths, it was suggested that the registration of ante-natal cases should be correlated with outcome of pregnancy so that any missing data can be found out.
- In addition to this, evaluation of SC, PHC, CHC could be done according to Indian Public Health Standards to understand to what extent the facilities are available under emergency obstetric care.

C. Reduction of TFR

- IPHA state branches can initiate IEC campaigns in an attempt to increase awareness about the ill effects of early marriage before 18yrs and conception before 20 years, too close birth interval as well as too many pregnancies.
- For targeting low felt need for contraception, IPHA state branches can initiate IEC campaigns in an attempt to increase awareness about the utility and availability of contraceptive methods in collaboration with government so that the program of the government will be popularized and made acceptable.
- For targeting high unmet need for contraception: The following activities can be taken up by IPHA:
- IPHA can initiate condom vending machine availability at petrol pump in some experimental districts and evaluate it's effectiveness
- Members of IPHA who are in the private sector or are running NGOs can be encouraged to provide contraceptive at their level through social marketing.
- IPHA can play a role in advocacy of social marketing with stakeholders and policy makers.
- IPHA can organize sessions/ workshops for sensitization of some nation wide youth organizations such as NSS for participation in awareness campaigns.
- Special 'occupational' groups can be targeted for increasing the awareness levels in relation to contraceptives through development of needs based IEC strategies. These groups include industrial workers and agricultural workers and could be linked up with HIV/AIDS program
- Conduct operational research studies in areas relevant for reduction in TFR, which include:
- Male involvement and decision making in relation to contraceptive use.
- Identification of behavioral and operational barriers in contraceptive use.
- Strategies for Behaviour Change Communication (BCC)

- Documentation of 'Best Practices' and advocacy for their use in other states/blocks/PHCs/SCs.

D. Some general comments

1. IJPH and Annual Conference: Special issue of Indian Journal of Public Health should be brought out on the strategies for reduction in IMR, MMR and TFR for sensitization of the members of IPHA. These issues can further be discussed in special sessions during the annual conference of the organization. The journal and annual conference should also reflect the work done by IPHA in this regard.

2. Majority of the members of IPHA are working in various government institutions. Efforts should be undertaken to make a value addition to both the institution and IPHA in forming links between the two.

3. Commenting on the recommendations for reducing MMR, it was stated that data was already available regarding the causes of MMR and the strategies that are effective in their reduction. What are needed are models for effective implementation of the strategies. Also, ***IPHA can take up pilot projects in selected districts for demonstrating reduction in maternal deaths through Maternal Death Review especially in EAG states.***

4. IPHA should submit a proposal to the MOHFW for taking up the commitment for training of ASHAs. The proposal can focus on IPHA taking up the training of trainers, training of ASHAs and quality assurance of the level of the training that is being provided.

5. IPHA should provide the specific, final recommendations of the series of workshops on NRHM to the NRHM newsletter that is published by MOHFW for wider dissemination and sensitization of the policy makers towards IPHA.

6. There is an urgent need for development of human resource in relation to public health managerial skills, in the health sector. IPHA can build up a short term management training course for medical officers. To ensure interest of medical officers government should recognize such a course for appointment or promotion e.g. Public Heath manager at CHC level. This issue should be taken up by IPHA with the government.

7. IPHA can play an important role in development and implementation of the Indian Public Health Standards (IPHS). It can take up the role of the accrediting or certifying agency overseeing the implementation of the IPHS and further, monitoring and evaluation of the IPHS once they are implemented.

E. Final Recommendations

IPHA has identified following four areas for getting themselves involved

1. Quality assurance of capacity building of ASHA

Objective

- Evaluation of the training module/material for ASHA
- Evaluation of the training process
- Output or impact evaluation

How it will be done

It will be done through workshops and evaluation study.

2. Quality Assurance of I.P.H.S and guidelines for development of public health manager's training resource materials for medical officers

2 a. Development of public health manger's training module/manual of medical officers

Objective

1. In-service training for capacity building of medical officers as public health mangers under NRHM for working better at CHC level.
2. Development of training modules.

Role of IPHA

- Development of training manual for public health managers.
- Conducting comprehensive training of health care personnel about different public health problems
- Concurrent and terminal evaluation of the training programmes

How it is to be done

- Organizing workshops with 2 or 3 days duration for protocol development about CHC management need assessment of medical officers
- In-depth interview for need assessment of medical officers will be done in five regions of our country (East, West, North, South and central region) within one month.
- Brainstorming activities/workshops for two days duration for specification of the contents of the modules.
- Finalization of modules
- Development of module for
  a) Distant learning method
  b) Direct contact method (within one month)
- Pre-testing of the modules and necessary modifications (within one month).
- Time to time evaluation of the modules for updating its content.
- Conducting Core-group training in five regions

2. b. Quality Assurance of IPHS

Objective:

- To develop accreditation system for IPHS standard in state (CHC and PHC)
- To develop periodic sustainable monitoring and quality assurance tool at various level.
- To undertake training-cum sensitization of public health professional
- To review the SOP and Standard protocol for the treatment of the minor ailments and national health program.

What is to be done by IPHA:

- To establish a national accreditation committee involving IPHA member to monitor IPHS.
- To establish a regional or State task force
  Task force consisting of faculty members of community medicine department, preferably IPHA member.
- Continuous monitoring on quality assurance (periodic)
- Involvement of IPHA member in development of accreditation guidelines for District Hospital, PHC and sub-center and Teaching Hospitals.
- Review of accreditation standards at different level of health delivery system and providing necessary support.
- To prepare guidelines for capacity development of different cadres involve in health care delivery systems.
- Protocol Development through workshop

3. Guidelines for Operational Research and special issue of NRHM and external mapping

3 a Operational Research

Group suggested operation research on the following topics.

- Maternal Deaths
- Infant Deaths
- Neonatal Deaths

GUIDELINES FOR OPERATIONAL RESEARCH

- *Past Experiences of various national programmes*
- Necessity to find out effectiveness & efficiency
- Identify the areas for interventions
- Generate evidence based data base

Suggested Areas for Operational Research under NRHM for RCH

- Training needs assessment and protocols for health manpower development.
- Strategies in Obstetrical emergency services and referral e.g. Establishment and evaluation of self help groups for financing transport in obstetric emergencies.
- Developing models and processes for decentralized participatory planning for effective utilization of delivery services at PHCs/ CHCs regarding RCH services to reduce IMR & MMR.
- Evaluation of quality assurance of obstetric care at the community, PHC and referral levels

Child Health

- Development of low-cost primary newborn care technologies for Neonatal resuscitation, kangaroo mother care and Home-based management of LBW neonates.
- Involvement of Panchayat raj institutions (PRIs) in development of database for state and district profile of RCH indicators and services for RCH programme.

Capacity building

- Strengthening of the National IMNCI approach.
- Training in Epidemiology, research methodology and networking.

Safe Abortions Services

- Operationalisation of safe abortion services at PHC level.
- Develop indicators for quality and coverage of safe abortions for effective monitoring.

Other Topic

Comparative study on effectiveness of ASHA

Role of IPHA

- Formation of National Level Task Force
- Identify research areas on IMR and MMR
- Conduct Research – Nation wide research

Synoptic outline of the research activities -MMR, IMR

- Protocol Development Workshop
- 2 to 3 weeks – planning next activity
- Field activity & Data Collection – 9 months
- Data analysis
- Report writing
- Dissemination through publication in Special Theme Issues of IJPH

Details of activities

- Type of study - multi-centric
- Period of study – 1 year
- Place of study –5 Zones , 2 districts from each zone
- Methodology –Multi-stage random sampling upto block level

3.b External Mapping

- Mapping of IPHA local branches with their strengths / manpower
- Mapping of Nation according to availability of Health Personnel & infrastructure
- Mapping of areas according to coverage of ASHAS
- Mapping of the entire nation according to MMR & IMR
- Mapping of inaccessible areas

4. Dedicating 8 page space in two issues Indian Journal of Public health evry year

To incorporate state wise activity reports
To incorporate instructions from the government of India on recent development

Topics for Next Two Issues of Journal should focus on the following

- Public – Private - Partnership
- Indian Public Health Standards

Proceedings of the workshop on NRHM for sensitization and capacity building of public health professionals held at Maulana Azad Medical College, New Delhi on 17th and 18th March 2006

Inauguration

After the initial welcome address by Dr GK Ingle, Dr Mahendra Dutta congratulated the Ministry of Health & Family Welfare for the launch of National Rural Health Mission. He emphasized on the necessity of having professionally qualified specialists in public health at district, state and national level and appreciated the move by NRHM to have one public health manager at the CHC level. Dr Sandip Ray then held that the most important objective of the current workshop was to guide the Ministry of Health & Family Welfare in implementation of NRHM by making recommendations that were feasible and concrete and could be taken up by IPHA. Dr Deoki Nandan called upon IPHA members to initiate social audit in their districts for community action work as a team in order to reduce mortality and morbidity. Dr A.K Aggarwal, Dean MAMC pointed out that the best way to reduce mortality and morbidity in the country is by training and utilizing the local manpower to solve the problems at the local level. Prof Anand said that there was an urgent need to bring about a change in medical education to make it more practical and problem oriented. The inaugural ceremony ended with a vote of thanks by Dr CS Pandav.

Scientific Session

The inaugural programme was followed by the scientific session during which public health experts and representatives from the MOHFW gave their viewpoints on NRHM. Dr.C.S.Pandav pointed out the drawbacks of the NRHM with specific reference to minimal community participation, duplication of efforts and lack of ownership. Professor Deoki Nandan stressed on making the whole issue of NRHM a reality through social audit and community cluster approach. Dr.D.K.Taneja presented a critical appraisal of the mission praising the changes taken under the NRHM for budgetary outlines, creation of ASHA, intersectoral coordination, posting of public health manager and anaesthetist at community health centers, development of IPHS and provisions for accountability. He also sounded a word of caution on issues of adherence to the guidelines, commitment at all levels & judicious use of resources. Dr. Sandeep Ray talked about the important issue of maternal mortality. Mr.Amarjit Sinha envisaged the whole functioning of NRHM outlining the role of various stakeholders. He also stressed upon strengthening the public health services keeping the ground realities in mind. Dr.S.K.Satpathy discussed about the IPHS standards and stressed on addition of public health manager post at community level. He mentioned that the charter for patient's rights should be present in every PHC along with a complaint redressal system.

After the scientific session, the participants were divided into three groups for deliberating on the strategies for reduction in IMR, MMR and TFR in context of the role of NRHM and the role that could be played by IPHA.

Group A: Role of IPHA in reduction Of IMR (17th March)

Chairpersons: Dr K Ganguly and Dr Vidya Bhushan

Participants:
Dr AT Kannan, Dr V.P Srivastava, Dr N K Goel, Dr S B Arora, Dr G S Meena, Dr Sanjiv Rasania, Dr T S R Sai, Ms Neerja Sood, Dr Atanu Sarkar

Rapporteur : Dr Amit Chopra

Situation analysis

- It was discussed that there is under reporting of the cases, which need to be improved, using verbal autopsy or verbal confirmation. Monitoring of information system and lay reporting can also help.
- Manpower – Medical & para-medical worker need to be trained and positioned
- Infrastructure – Revolving fund to be available for contingency related to delivery at PHC and CHC. The fund should be utilized judiciously and infrastructure should be developed appropriately
- Fund – funneling through proper channel
- Information sharing between all partners through a weekly electronic newsletter, an Internet site, and an annual co-ordination meeting.

Identifying the issues

- High IMR and heterogeneous distribution of rate in states and districts in the country
- Three main issue of hypothermia, prevention of infection and feeding problem.
- Capacity building of ASHA , identification of local resources and resource mapping should be done.

Actions which can reduce mortality at the district, block and sub center level and role of IPHA

- Advocacy Role
- Expert members of committees at different levels
- Setting Standards for care
- Monitoring and Evaluation of services provided
- Involvement in Training / Capacity Building of ASHA.
- Development of MIS for quick transfer of data for planning and decision making
- Research & Sharing of data & Results
- Coordination with medical, nursing colleges for updating skills, knowledge
- Analysis of quality of medical and nursing curriculum
- Develop innovative approaches for involving community at local level-elderly women, school children, local women groups/youth groups, traditional healers/ISM
- Guidelines for selection of ASHA/Job responsibilities of ASHA, ANM/AWW
- Awareness camps for local people and public dialogue

- Develop strategies for regulation of private sector/use the potential of this sector
- Develop strategies for intersectoral coordination
- Involve in policy formulation for public health concepts
- Intersectoral cooperation with involvement of IAPSM, IAP, IMA,MCI and ISM can also play an important role.

Group B: Strategies for reduction of MMR (17th March)

Chairperson: Dr Deoki Nandan and Dr Asok Mandal

Participants:
Dr SK Awasthi, Dr K Biswas, Dr A Verma, Dr Vibha, Dr A Kumar, Dr DK Taneja, Dr K Singh, Dr V Rai, Dr SK Gupta, Dr R Meera, Dr SK Ray

Rapporteur: Dr Chetna Malhotra

1. Since, there is lack of reliable data for maternal deaths in the country; it was proposed that maternal death audit should be carried out to ascertain the medical and social causes of death. This can be taken up by willing IPHA members in their own hospitals as well as in one or two districts. It was suggested that IPHA could choose one poorly performing district and one better performing district for comparative analysis. It was also proposed that the IPHA member can choose the district in which he is currently working. A proposal can be drawn up for this project and submitted to the State health department and it can also be recommended that suitable funds be provided for the same. Recommendations for reducing maternal mortality shall be drawn up based on the results of the audit. These findings will help in better understanding of the issue and thus help in improving the quality of services. The dissemination of the results of the audit among the community members will also sensitize them towards the issue. Working of different types of delays will help in sensitizing the service providers/ community and the families at large.
2. There was however a lot of debate about the feasibility of conducting maternal death audits by IPHA members considering the limitations of time and finances
3. In order to identify the unreported maternal deaths, it was suggested that the registered antenatal cases should be correlated with outcome of pregnancy so that any missing data can be filled up.
4. In addition to this, evaluation of SC, PHC, CHC can be done according to Indian Public Health Standards. It was further proposed that this shall be an interstate evaluation wherein IPHA members from one state shall evaluate the health centers of other states.

Group C: Strategies for reduction of TFR (17th March)

Chairpersons: Dr VK Srivastava and Dr Sanjay Rai

Participants:
Dr GK Ingle, Dr Surajit Ghosh, Dr AK Basu, Dr Pooja Mahesh, Dr Anita Nath, Dr Megha Gupta

Rapporteur: Dr Rahul Malhotra

Situation analysis
It was discussed that the current figures in relation to the TFR, that have been derived from the NFHS survey and the Rapid Household Survey under the RCH programme suffice for the purpose of planning interventions and strategies to reduce TFR. And there is no need, at present, to conduct any independent survey under the aegis of IPHA for estimating TFR.

Identify the issues
The various factors that have and continue to contribute to the current levels of TFR and as barriers in the reduction of the same were identified as follows:

1. Early age of females at time of marriage
2. Low felt need for contraception- chiefly the result of lack of awareness.
3. High unmet need for contraception, the result of lack of awareness, lack of facilities and supplies, lack of trained manpower.
4. Quality of the existing contraceptive services being provided.
5. Low rates of female literacy.
6. Inadequate coverage of reproductive health issues in school curricula, thereby missing an opportunity to target the children or the "change agents" of the community.

Actions to be taken and Role of IPHA

1. For targeting early age of females at time of marriage: IPHA state branches can initiate IEC campaigns in an attempt to increase awareness about the legal age of marriage.
2. For targeting Low felt need for contraception: IPHA state branches can initiate IEC campaigns in an attempt to increase awareness about the utility and availability of contraceptive methods.
3. For targeting high unmet need for contraception: The following activities can be taken up by IPHA:
    a. The availability of the contraceptive services as required by the community at the level of the sub centre or PHC or CHC can be ensured through the implementation of the Indian Public Health Standards, as these standards would require certain contraceptive services to be available at the level of each institution, before certification is granted. IPHA can play an important

role in taking over the task of certification or accreditation of these public health institutions.

b. Members of IPHA who are in the private sector or are running NGOs can be encouraged to provide contraceptive at their level through social marketing.
c. IPHA can play a role in advocacy of social marketing with stakeholders and policy makers.
d. IPHA can organize sessions/ workshops for sensitization of some nation wide youth organizations such as NSS for participation in awareness campaigns.

4. For targeting quality of the existing contraceptive services being provided: The following activities can be taken up by IPHA:
    a. Implementation of the Indian Public Health Standards with IPHA playing an important role in the task of certification or accreditation of the public health institutions.
    b. Assessment of training needs of the field level staff and the managerial staff in an effort to identify the lacunae that require to be targeted.
    c. For improving the standard of the training sessions being conducted in relation to contraceptive service provision, be it for trainer of trainers or district or block level training sessions, IPHA members can act as facilitators/ observers during these sessions.
5. For targeting inadequate coverage of reproductive health issues in school curricula: The following activities can be taken up by IPHA:
    a. Advocacy with national and state level education bodies for incorporation of reproductive and adolescent health in the curricula.
    b. Development of the curricula to be incorporated in relation to reproductive and adolescent health.
6. For targeting Low rates of female literacy: IPHA does not have a role to play in this issue.
7. Special ‘occupational’ groups can be targeted for increasing the awareness levels in relation to contraceptives through development of need based IEC strategies. These groups include industrial workers and agricultural workers.
8. IPHA state branches should initiate studies and conduct operational research studies in areas relevant for reduction in TFR, which include:
    a. Male involvement and decision making in relation to contraceptive use.
    b. Identification of behavioral and operational barriers in contraceptive use.
    c. Strategies for Behaviour Change Communication (BCC)
    d. Documentation of ‘Best Practices’ and advocacy for their use in other states/blocks/PHCs/SCs.

Comments of chairpersons and participants on the recommendations of the three groups formed on 17th March 2006 targeting strategies for reduction in IMR, MMR and TFR

The following suggestions were given with regard to involvement of IPHA:

1. Mapping of the existing infrastructure of IPHA in terms of state and local braches and expert manpower should be done. There should be a special focus on the EAG states and the N-E states.
2. IJPH and Annual Conference: Special issue of Indian Journal of Public Health should be brought out on the strategies for reduction in IMR, MMR and TFR for sensitization of the members of IPHA. These issues can further be discussed in special sessions during the annual conference of the organization. The journal and annual conference should also reflect the work done by IPHA in this regard.
3. Prioritization of specific areas in which IPHA may have a role to play, both in the health sector and the non-health, should be done.
4. On the basis of the areas identified, proposals for funding of the activities should be developed and submitted to the appropriate funding agencies. For the purpose of developing proposals, the help and guidance of IPHA members who have past experience in proposal writing at the national or international level should be taken.
5. Majority of the members of IPHA are working in various government institutions. Efforts should be undertaken to make a value addition to both the institution and IPHA in forming links between the two.
6. Commenting on the recommendations for reducing MMR, it was stated that data was already available regarding the causes of MMR and the strategies that are effective in their reduction. What are needed are models for effective implementation of the strategies. Also, IPHA can take up pilot projects in selected districts for demonstrating reduction in maternal deaths through Maternal Death Review especially in EAG states.
7. IPHA should submit a proposal to the MOHFW for taking up the commitment for training of ASHAs. The proposal can focus on IPHA taking up the training of trainers, training of ASHAs and quality assurance of the level of the training that is being provided.
8. IPHA should provide the specific, final recommendations of the series of workshops on NRHM to the NRHM newsletter that is published by MOHFW for wider dissemination and sensitization of the policy makers towards IPHA.
9. There is an urgent need for development of human resource in relation to public health managerial skills, in the health sector. IPHA can build up a short term management training course for medical officers. To ensure interest of medical officers government should recognize such a course for appointment or promotion e.g. Public Heath manager at CHC level. This issue should be taken up by IPHA with the government.
10. IPHA can play an important role in development and implementation of the Indian Public Health Standards (IPHS). It can take up the role of the accrediting or certifying agency overseeing the implementation of the IPHS and further, monitoring and evaluation of the IPHS once they are implemented.

On 18th March 2006, the participants were divided into 5 groups.

Group A: Development of content for capacity building of ASHA (18th March)

Chairperson: Dr Meera Ramnath and Dr TSR Sai

Participants:
Dr N Sood, Dr C Singh, Dr K Singh, Dr P Mahesh, Dr V Bhushan

Rapporteur: Dr Chetna Malhotra

Role of IPHA in capacity building of ASHA

1. Development of curriculum for training of ASHA
2. Co-ordination of training
3. Training of trainers at state level
4. External evaluation of training of ASHA on consultancy basis

Training of ASHA

- Center: Formation of a National Group of Trainers constituted by IPHA members who will train other IPHA members at state level
- State: Training of selected 3 PHC teams/ district by state level IPHA members
- Each of these 3 PHC teams will train 15 other PHC teams who will in turn train ASHAs.

Members of PHC team: medical officer, health educator, MPW- M, MPW-F, 1 member from a local NGO

Content of curriculum:
Curriculum will be developed for the following topics:

1. **First aid** – including injuries, treatment of fever, headache, nausea, vomiting, diarrhoea, respiratory infections, treatment of lice infestation
2. **Sanitation and hygiene**: including
    - ensuring chlorination of water
    - ensuring usage of toilets by spreading messages about disadvantages of open air defecation
    - teaching about hand hygiene and oral hygiene
2. **Child health** – including monitoring of birth weight, ensuring immunization, appropriate feeding practices, training of IMNCI
3. **Maternal health** – including ANC registration, ANC visits, IFA prophylaxis, and appropriate diet; arranging for delivery; family planning advice
4. **Collection of health information/ vital statistics** – including
    - neonatal deaths and maternal deaths
    - some of the case definitions included in IDSP
5. **RTI/ STI**
6. **Ensuring DOTS**

Curriculum developed for community health volunteers can be used for training ASHA.

Discussion and comments

- During discussion, it came up that the training modules and curriculum for ASHA had already been developed. However, it was felt that in subsequent modules, IPHA could provide suggestions for making changes of there are any lacunae.
- For IDSP, it was suggested that top priority 2 or 3 diseases of national and local importance may be included in the curriculum of ASHA.
- As such, inclusion of IMNCI in training is not feasible as it is 1 week training for doctors. Also, this component is also looked after by Anaganwadi worker. There is need to work out the role of ASHA for this and accordingly work out the minimum essential curriculum.

Group B: Guidelines for preparation of district plan of action (18th March)

Chairperson: Dr SK Awasthi

Participants:
Dr Maj. VP Shrivastava, Dr Atanu Sarkar, Dr AK Basu, Dr.C.S.Pandav, Dr.S.B.Arora, Dr.Sanjay Rai

Rapporteur: Dr Megha Gupta

Situation Analysis of District
•Manpower – block manager (medical & non-medical)
•Infrastructure – revolving fund to be utilized judiciously
•Fund – funneling through district level /mission society*
* (President –DM, Vice president – CMO, Secretary – DPO, Technical advisor – IPHA and experts from nearest medical institutions and members of NGOs / rep. of Para-medicals etc)

Role of technical advisor / IPHA

- Developing module and flip charts in local language for IEC.
- Activation of existing training centre/s and imparting training to all concerned
- Assisting district authorities in health promotion and education
- Developing user friendly formats for monitoring and evaluation after field-testing
- Coordination with various government and non- government organizations
- Clear demarcation of job responsibilities of ASHA during training.
- Sharing of experiences, information and views

Other roles of IPHA:

- Helping in fixing of responsibilities at various levels so that gradually community takes ownership and is answerable.
- Assist in upgrading of 2 CHCs to the level of IPH Standards.
- Identifying the local morbidity factors with a community approach.(self help groups) and incorporating remedial measures.]

- Promotion of local talent and potentials for economic upliftment.
- Helping to meet the community need keeping in view of their health seeking behavior.
- Effective Total Sanitation Campaign (TSC) including
- IEC activities through PRIs.
- Ensuring effective District Mobile clinics.

Group C: Ensuring Community Participation (18th March)

Chairperson-Dr PH Ananthanarayanan

Participants:
Dr Nandini Sharma, Dr Vibha, Dr Anita Verma, Dr N.K Goel

Rappateour: Dr Amit

Situation analysis
It was discussed that first of all a review of the present level of community participation and how it is affected by socio-cultural beliefs, should be carried out. Then we try to find out the awareness level in community by interviewing the health workers in various contexts.

Following partners were identified:
- Local self help groups
- Mahila Mandal ,Youth forum
- Local religious leaders
- Local talent
- PRI
- Informal leaders
- Volunteers in community
- Local practitioners
- Health staff and other government functionaries
- ASHA (Link)
- School teacher
- NGOs

Method to ensure community participation
- At National level it can be done by sensitization through various media and training of trainers (ToT).
- At local level it can be done through BCC, sharing of experience, dissemination of message by local folk media and community owner ship**.**
- People can be made aware of urgency of seeking health care to minimize social delays, to understand community's role in health care and emergencies and demand generation**.**

Role of ASHA

ASHA can mediate Link between community and public health system and thereby improve accessibility and health care seeking behavior

Group D: Review of Indian Public Health Standards (18th March)

Chairpersons : Dr. S.D. Kharparde and Dr. A.T. Kannan

Participants :
Dr.Vijay Rai, Dr. G.K.Ingle, Dr. G.S.Meena, Dr. Sila Deb, Dr.Ashok Rawat

Rapporteur: Dr.Anita and Dr. Mamta

The terms of reference were as follows:

- Review the present standard
- Identify the issues in the context of NRHM
- Add or suggest modifications in the proposed standard.
- How to disseminate IPHS

Review the present standard:

NRHM launched on 12th April 2005 to ensure accessibility to quality health care services. The present standards have been formulated up to the level of CHC whilst formulation of the standards for the PHC and sub centres is underway.

Identify the issues in the context of NRHM:
Limitations of the IPHS standards were discussed to be as follows:

- The standards have been formulated without field testing.
- Output based criteria have not been included.
- There is an absence of an accreditation/certification body
- There are no quality benchmarks for the range of services provided, e g. indicators for waiting time of the patients, client satisfaction etc.
- There is no scope for feedback of the clients/patients.

Add or suggest modifications in the proposed standard: Recommendations of the group-

- Providing for certification and accreditation: While certification could be done by an independent agency, accreditation needs to be done by an autonomous body under the aegis of the Government. The IPHA could provide its expertise by conducting random checks to ensure adherence to the IPHS standards.
- Join hands with the health ministry and collaborate with other professional bodies eg IAP, IMA, FOGSI etc and provide technical advice with regard to
  a) Timely improvement of standards.
  b) Formulate output-based indicators with respect to the standards, which have

been set up.

c) Setting up of SOP (Standard Operational Procedures) and quality benchmarks.
d) Formulate standards for the quality of services provided by the health related sectors to ensure smooth inter-sectoral coordination For example, ensuring a 24 hours water supply by PWD etc

How to disseminate IPHS:

- Conduct sensitization workshops for the health personnel with regard to the IPHS at all the levels involving other Professional bodies.
- Raising public awareness about the kind of health services that are to be provided- use of mass media and internet.

Group E: Inter-sectoral Coordination and Public Private Partnership (18th March)

Chairpersons: Dr Deoki Nandan and Dr K Ganguly

Participants:
Dr M Dutta, Dr VK Srivastava, Dr DK Taneja, Dr Lalit Sankhe, Dr Sanjiv Rasania

Rapporteur: Dr Rahul Malhotra

Public Private Partnerships
It was discussed that there is limited experience of Public Private Partnerships (PPP) in the health sector, most of which has been gained during the implementation of the RCH I. Some of the PPP initiatives have been:

- Setting of Branded clinics. This has been mainly limited to large cities and has chiefly focused on provision of expensive curative services, thereby not serving the poor and needy.
- Only few good examples of private branded clinics have proven to be able provide affordable health care services. One such example of the "*Janani* " brand of clinics in Bihar providing maternal and child health care.
- There has been an increasing partnership of NGOs in provision of health care services. But, the ownership of primary heath care institutions and CHCs by NGOs has been limited, being chiefly involved in IEC and training activities, without adoption of whole areas or villages, as was envisaged.
- Contracting out of health care services, with the work at PHCs or CHCs contracted out to private health care providers or NGOs has not yet taken off.
- There has been considerable experience in partnership with private sector in the field of social marketing, such as with HLL and other players for the marketing of Condoms and OCPs. The same can be expanded to other health related products and services.
- Build Operate and Transfer (BOT) ventures have been tried but still, desired services at reasonable rates are not available to the poor.

- Joint Venture Companies have not been a success.
- IPHA has been involved in PPPs in terms of Capacity building of Health and Health sector related professionals. e.g. RCH, NRHM and in Evaluation activities. e.g. Immunization coverage evaluation.

IPHA can play in role by forming partnerships with the government and the private sector. It can play a role in:

- Quality assurance: In formation and implementation of standards of quality of health care institutions in the private sector.
- Accreditation/ Certification: In implementation of the Indian Public Health Standards (IPHS). IPHA can take up the role of the accrediting or certifying agency overseeing the implementation of the IPHS and further, monitoring and evaluation of the IPHS once they are implemented.
- Monitoring and Evaluation of work of NGOs, private sector for periodic release of funds in case services are contracted or in joint ventures.
- Standard protocols: Development of standard protocols and procedures for monitoring and evaluation of the quality of health care provided by the private and public sector.
- Capacity building- Training of Trainers of paramedical workers in private sector - and NGOs.

Inter-sectoral Coordination

It was discussed that there have been success as well as failure stories in the development and sustenance of inter-sectoral coordination efforts between health and other development sectors. The ICDS scheme largely serves an example of failure in efforts for inter-sectoral coordination, as inspite of being in place for nearly the last three decades healthy linkages have not been developed with the health sector. On the other hand, we have the successful implementation of the Pulse Polio Programme, which has been reducing the load of the disease markedly in the country, an achievement that would not have been possible without healthy linkages between the health and other development sectors.

The various sectors that the health sector and IPHA may target as partners in context of NRHM were identified as:

- Social welfare: ICDS, Women and Child Development
- Water supply
- Sanitation
- Rural development
- Nutrition
- Education

The role of IPHA in inter-sectoral coordination efforts can be:

- Local branches can use their influence and work with other development sectors in:
  - Joint planning
  - Joint monitoring
  - Joint evaluation
  - Joint sensitization workshops
- Develop successful models for coordination and demonstrate.

Recommendation and Comments of the Chairpersons and Participants

1) IPHA to make concrete action plan at the national level with respect to:
   (a) Training of ASHA
   (b) Management training modules for Medical Officers for public health management and training.
   (c) Certification/Accreditation
   (d) IEC
   (e) Development of models for the demonstration of utilization of maternal death reviews.
   (f) Operational Research on emerging issues like co-ordination and functions of District Health Mission/working conflicts between ASHA and other peripheral health workers.
   (g) Research on Behavioral Change Communication: IPHA with the help other experts like anthropologists as well social scientists could work out the kind of action plan that will bring out behavioral change.

   The recommendations mentioned above may be used in the subsequent workshop to develop and fine tune the plan of action.
2) There is a need to propose charges for services, eg, per diem/travel costs etc. These standard protocols can be like wise replicated by the states.
3) A Co-ordination/Task force Committee is required to be set up for this purpose to work out the proposal within a specified time frame.
4) As a large number of workers and doctors are to be trained, it was recommended that distance learning model of IGNOU which includes tele-conferencing, practical training skill centers can be considered for training of doctors. However, this was not considered suitable for training of ASHA due to several constraints at that level.
5) It was agreed upon by all that IPHA should set our recommendations into an action plan keeping in view the time that its members will be able to devote to the NRHM activities in addition to the routine tasks.

Comments by Dr. D.C.S. Reddy

- Clearly assigned role should be delineated
- District health Mission –guidelines
- Operation Research - not mentioned. IPHA can effectively do
- How are you conceiving BCC
- How much time you can give should have been considered
- Action plan to prioritize

Total Number of Participants = 39
Total Number of Resource Persons = 15

Proceedings of the workshop on NRHM for sensitization and capacity building of public health professionals held at Public Health Institute, Nagpur on 21st and 22nd March 2006

Background

A workshop on Sensitization and Capacity Building of Public Health Professionals on the National Rural Health Mission was organized by the Indian Public Health Association; and Department of Preventive and Social Medicine, GMC, Nagpur on the 21st and 22nd of March, 2006 at The Public Health Institute, Nagpur in collaboration with IPHA, Vidarbha branch. The Ministry of Health and Family Welfare, Govt. of India sponsored the Workshop.

Inauguration

The inaugural function was graced by Dr. S.K. Ray, Secretary General, IPHA; Lt. Col. Dr. B.S. Nasir, Secretary, IPHA, Maharashtra State Branch; Dr. V.D. Khanande, Dy. Director, Health Services, Nagpur Circle. Dr. Pushpa Thorat, Principal Public Health Institute was the special guest on this occasion. The Chief Guest for the workshop was Dr. Sunil Khaparde, Director, Family Welfare Training Centre, Mumbai. Dr. Sanjay P. Zodpey, Joint Secretary, IPHA and Professor, Dept. of Preventive and Social Medicine, GMC, Nagpur gave the welcome address. He spoke about the need for awareness about the NRHM and the need for a determined effort to achieve the undertaking put forth by the NRHM. He emphasized that this was not just another programme but a specific mission with time bound results to be gained. Dr. S.K. Ray, Secretary General, IPHA, spoke to the participants about the objective of the workshop. He discussed the role of public health professionals in the context of NRHM along with the proposals that the IPHA had to give to the Government to help it implement speedily and efficiently the Mission objectives. He held that the most important objective of the current workshop was to guide the Ministry of Health & Family Welfare in implementation of NRHM by making recommendations that were feasible and concrete and could be taken up by IPHA. The speakers on this occasion stressed the need for a concerted on part of the health service to reduce the health disparities in the country. They stressed the need for

local planning and implementation, and the need for special attention to the burning issues of maternal and infant mortality. The need to increase health expenditure was also discussed by the guests. The speakers also stressed the importance of the health indicators, which were in line with the Millennium Development Goals of which India is a signatory. Dr. Suresh Ughade, Member Editorial Board of IJPH proposed the vote of thanks of the inaugural function.

Scientific Session

In the scientific session following speeches were delivered by the speakers the session was chaired by Dr. J.R. Biranjan, Prof and Head Department of Community Medicine Nagpur & Dr. R.C. Goyal, Prof. and Head, Dept. of Community Medicine, JNMC, Sawangi Meghe, Wardha.

National Rural Health Mission – Key Note Address: Dr. Sandip K. Ray

NRHM – “Rhetoric or Reality”: Dr. Sanzay Zodpey

Indian Public Health Standards: Dr. Sunil Khaparde

Frequently Asked Questions: Dr. Lalit R. Sankhe

Dr. S.K. Ray delivered the keynote address on National Rural Health Mission; he spoke about opportunity provided by the mission to the IPHA to contribute significantly. He spoke about the new concept of the NRHM of linking health to the determinants of health like sanitation, safe-drinking water, and nutrition. He also discussed the new link worker cadre being proposed under NRHM, the ASHA. He spoke about the potential for IPHA to participate in the mission and to extend support in capacity building, development of manual for ASHA, and support in Programme Implementation Plan. He spoke at duration about the need to upgrade CHCs and PHCs to the newly formulated IPHS. He articulated the idea of special issues of the Indian Journal of Public Health dedicated to themes related to the NRHM. He reiterated that the workshop was an exercise of the collective of the public health professionals to assist the government implement the Mission effectively and efficiently and sensitization of the participants towards the important programmes under the NRHM.

Dr. Sanjay P. Zodpey spoke on ‘NRHM- Rhetoric or Reality?’. He spoke about the launch of the mission in terms of an umbrella programme for the RCH, IMCI, IDSP and

other programmes of national importance with achievable goals in a set time frame. He repeated that despite being an amalgamation of the existing programmes the NRHM was a new initiative of a new vision of a healthy and prosperous India attaining her place in the world, utilizing her vast human resources. He recounted the Bal Parivar Mitra initiative as a successful example to counter the skepticism on the introduction of the ASHA.

Dr. Sunil Khaparde spoke on the Indian Public Health Standards. He underscored the need to develop standards for the CHCs and PHCs to ensure that the patients received a measure of quality care, which is their right. He also spoke about the Model Citizen's Charter mooted under the NRHM to educate the masses about their right to quality care.

This was followed by the session on the 'Frequently Asked Questions'. This had Dr. Lalit R. Sankhe at its helm. He presented an overview on the frequently queried aspects of NRHM. He expounded strategies under the proposed purview of NRHM; he also clarified the institutional framework and fund flows in the mission. The roles of the State and District Health missions, NGOs, Other Professional bodies and their role under the mission were explained by him.

Dr. S. K. Ray, Dr. Sunil Khaparde and Dr. Lalit Sankhe presented the recommendations of the workshop held at Maulana Azad Medical College, New Delhi. After each one of the presentations discussions were held. Finally following additional recommendations were made

Additional Recommendations as role of IPHA

- Involvement of IPHA in Curriculum Development in relation to NRHM as one of the topic / chapter for UG /PG students.
- Self Help Group may also be included for sensitization at the village level.
- In case of maternal Deaths group recommendation it was proposed to include Self Help Group and they should be sensitized .It was also decided that in case of maternal death audit Public Health Personal at the Institutional level (Faculty members of Community Medicine) should also be involved after proper training.
- Adolescent health clinic may be set up and subsequently maybe extended to District hospitals. In this regard IPHA should take a leading role
- Members unanimously proposed to undertake pre-testing of the module which is written for ASHA which has already been developed. Based on the result of the pre-testing modules should be suitably modified.
- It was suggested to involve other relevant professional bodies.
- Maternal death audit

  At the institutional level

  a) Advocacy for every maternal death being audited by a competent body,

  b) Public Health Personnel (IPHA members) should also be a member of the committee.

  At the community level : Community based maternal death audit be undertaken by the IPHA. Prior training may be needed for the purpose.

On day 2 members were divided into four basic groups and following group recommendations were made.

Group A : Guidelines for Quality assurance for ASHA Training program

Chairperson : Dr. (Mrs) P.M. Durge

Participants :
Dr. M.S. Autkar, Dr. Pravhir Kumar Das, Dr. A.B. Amle, Dr. Debashis Parmar, Mr. Vijay V. Panchdhane, Dr. V.R. Dhage, Dr. Raj Tiwari, Dr. S.G. Deshpande, Dr. Nirmal Mandal, Mr. R.P. Rokade

Rapporteur : Dr. Raj Tiwari

Introduction

NRHM states that ASHA will act as interface between the community and Public Health system to promote access to improve health care at household level. She is supposed to do the following activities:

- Promote universal immunization
- Refer and escort services for RCH
- Promote construction of household toilet
- Promote all health care delivery program
- Facilitate preparation and implementation of village health plan
- Treatment of common ailments
- It is supposed that she will be given induction training for 23 days in all spread over 12 months with training material develop at national level. In view of this members of group has proposed following objective.

Objectives

- Development of Training Modules
- Simple/easy to understand, local language and considering the educational level of the ASHA
- Should cover the job responsibilities and skill development in the field area.
- Training of the trainers at HFWTC-ADHO(NRHM), MO,DTT,BMO
- Development of guidelines for supervision
- Mid term evaluation
- Periodic re-orientation training

What is to be done by IPHA?

- Development of Modules for facilitators and for ASHA

Content

- First Aid for animal/insect bites, injuries and burns etc.
- Treatment of minor ailments-treatment of fever, ORS for diarrhea
- Acting as depot holder-ORS, Condoms, Paracetamol
- Conduction of training of trainers also participation at all levels
- At National / State/Regional level
- Development of supervisory check list
- Development of evaluation guidelines (training and performance of ASHA)
- Development of communication skill for ASHA
- Supervision at different levels
- Formation of State level committee of IPHA
- Members-IPHA members, Faculty from Medical Colleges, Public Health Personnel
- Function- Protocol development Workshops, Qualitative and Quantitative survey, observational studies
- Pre testing and evaluation of training modules at the regional levels (HFWTC)

- **Budget Estimate (Per District) = Rs. 5,00,000/-**

Group B: Guidelines for development for public health manager's training program of Medical Officers

Chairperson : Dr. Ashok Mehandale

Participants :

Dr. A.G. Lanjewar, Dr. Vinod Khedikar, Ms. Kavita Godbole, Dr. Vijay Doifode, Dr. Rahul Kapse, Dr. L.R. Sankhe, Dr. P.M. Khedikar, Mrs. S. Mandal, Dr. Chitra Chatterjee

Rapporteur: Ms. Kavita Godbole

Introduction

- Orientation regarding different components of NRHM
- Implementation of National program
- Re-orientation of other existing program
- Training to the paramedical staff
- Co-ordination and Sensitization of the NGO/SHG/village panchayat / Pvt. Practitioners

Objective

- Sensitization and Capacity building of Medical Officers as public health managers under NRHM

Role of IPHA

- Development and preparation of guidelines for modules and manuals
- Training of manpower
- Monitoring and Evaluation

How it is to be done

- Training need assessment
- Development of curriculum/module
- Key issues like communication skills, financial management, personnel management, material management etc. should be emphasized
- Identification of key trainers
- Mapping of sites

Team : IPHA members along with Central and State coordinators in collaboration with other required professionals agencies.

Budget Depends on

Numbers of training program, Number of days, Number of participants, Number of resource persons

Logistic

- Cost of development of modules

Group C: Development of accreditation guidelines for IPHS

Chairperson : Dr. Sanjay Dixit

Members :

Dr. Sanjay P. Zodpey, Dr. P.S. Bagde, Dr. Ruplal Lanjewar, Dr. Vivek Giri, Dr. Yende, Dr. Kailash Shelke, Dr. R.J. Mankeshwar, Dr. S.D. Khaparde, Mr. B. Roy

Rapporteur : Dr. Ruplal Lanjewar

Introduction

- This for the first time In NRHM we talking in terms of quality standards for CHC .
- Setting of standard is on the basis of certain service delivery parameter with reference o standards set for other systems.
- How to make quality accreditation
- Standard for quality care which are already developed should be review applying field conditions.
- Periodic evaluation for quality assurance by external agency (other state)

Objective

- To develop accreditation system in state for IPHS standard in state (CHC and PHC)
- To develop periodic sustainable monitoring and quality assurance tool at various level.
- To undertake training-cum sensitization of public health professional
- To review the the SOP and Standard protocol for the treatment of the minor ailments and national health program.

What is to be done by IPHA

- To establish a national accreditation committee involving IPHA member to monitor IPHS.
- To establish a state task force
- Task force consisting of faculty from community medicine department Medical College, preferably IPHA member.
- Continuous monitoring on quality assurance (periodic)
- Involvement of IPHA member in development of accreditation guidelines for District Hospital, PHC and sub-center and Teaching Hospitals.
- Review of accreditation standards at different level of health delivery system and providing necessary support.
- To prepare guidelines for capacity development of different cadres involve in health care delivery systems.
- Protocol Development through workshop

Total Budget: **Rs. 48,40,000/-**

Team

- 2-3 senior faculty member to be identified by state IPHA as a team member for task force.

Group D: Guidelines for Operational Research and special issue of NRHM and external mapping

Chairperson : Dr. R.C. Goyal

Members

Dr. J.R. Biranjan, Dr. S.N. Ughade, Dr. N.M. Rathi, Dr. P.N. Bhandarkar, Dr. Lt. Col. B.S. Nasir, Dr. Ahana Satyanarayan, Dr. S.S. Patil, Dr. J.S. Deshmukh, Dr. Dilip Kumar Das

Rapporteur : Dr. Ahana Satyanarayan

Guidelines for Operational Research

Definition: Scientific Method for providing executive department a quantitative basis for decision – making regarding the operations under control. It is also defined that the application of scientific methods, techniques and tools to operations of systems with optimum solution to the problems. Its purpose is to improve efficiency in a situation or system.

Why Operational Research?

- Previous Experiences of various national programmes
- Need to find out the effectiveness and efficiency of the mission
- Identify areas of intervention
- Mission Mode: need to assess and reassess periodically
- Generate evidence-based database

Role of IPHA

- Formation of task force for OR activities
- Development of standard protocols by zones to be compiled at National Level
- Conduct research projects at local level by IPHA members
- Provide Research Consultancy Services
- Identify and take up one or two topics for nation-wide study
- Offer Evaluation Services

How is it to be done by IPHA

- Establish Research Personnel Bank for specific areas of specialization through zonal branches of IPHA and give it to national Task Force
- Each Task Force will conduct workshops/training programmes/ seminars for specific protocol development in consultation with other professional bodies both within and outside the country
- Piloting each protocol developed prior to submission to GOI
- Coordination committee will be formed to decide topic for Countrywide research
- Evaluation and Consultancy Services to be offered through Research Personnel Bank

Guidelines for Operational Research

Areas for Operational Research under NRHM for RCH

- Training needs assessment and protocols for health manpower development.
- Strategies in Obstetrical emergency services and referral e.g. Establishment and evaluation of self help groups for financing transport in obstetric emergencies.
- Developing models and processes for decentralized participatory planning for effective utilization of delivery services at PHCs/ CHCs regarding RCH services to reduce IMR & MMR.
- Evaluation of quality assurance of obstetric care at the community, PHC and referral levels

Child Health

- Development of low-cost primary newborn care technologies for Neonatal resuscitation, kangaroo mother care and Home-based management of LBW neonates.
- Involvement of Panchayat Raj Institutions (PRIs) in development of database for state and district profile of RCH indicators and services for RCH programme.

Capacity building

- Strengthening of the National IMNCI approach.
- Training in Epidemiology, research methodology and networking.

Safe Abortions Services

- Operationalisation of safe abortion services at PHC level.

- Develop indicators for quality and coverage of safe abortions for effective monitoring.

Other Topic

Comparative study on effectiveness of ASHA

Topics for Next Two Issues of Journal should focus on the following

Public – Private - Partnership

Indian Public Health Standards

Team

Prof. R. Biswas, Kolkatta

Dr. P.R. Deo, Mumbai

Dr. S. P. Zodpey, Nagpur

Representatives from : IIPS, TISS, WHO, ICMR

Total Budget : Rs. 20,00,000/-

External Mapping

Background

Health is not an isolated phenomenon, it has multi-sectorial implications.

Need to consider outside resources as IPHA cant work alone or in isolation

Hence necessity of mapping within and outside IPHA

(NGOs, SHGs, PPP, Bilateral Agencies, Health and Allied Sciences Institutes.)

Objectives

- To Undertake:
- Problem Mapping
- Personnel Mapping
- Resource Mapping by geographical regions.

Role Of IPHA

Work as Nodal Agency For External Mapping

How will IPHA work?

IPHA will ensure state-wise mapping by involving its State and Regional branches.

Team : Representatives of various Professional bodies

Budget

A fund of approx. Rs. 500,000 including acquisition of GIS Software

Concluding Session

The final session saw concluding remarks by Dr. Ray and Dr. B.S. Nasir on the various aspects of NRHM discussed, and Dr. Sanjay Zodpey delivered vote of thanks for the workshop.

Total Number of Participants : 40

Total Number of Resource Persons : 4

Proceedings of the workshop on NRHM for sensitization and capacity building of public health professionals held at state Institute of Health and Family Welfare, Bhubaneswar on 25th and 26th March 2006

Inauguration

The inaugural session was initiated with the welcome address by Dr B C Das, Vice President , IPHA. Dr Sandip Ray, Secy Gen then proceeded to present the objectives of the workshop, stating that this workshop was responsible for formulating the final recommendations regarding Proposed Action by IPHA towards timely appropriate activities for effective implementation of NRHM. The Chief Guest - Principal Secretary, Health & Family Welfare, Govt of Orissa, Sri R.N. Senapati, inaugurated the workshop and in his inaugural speech welcomed the initiative taken by IPHA to make the mission successful. The Director of Health Services and Director Family Welfare Orissa stated some of the NRHM initiatives undertaken in Orissa. Dr Pramod Samantray reiterated the importance of public health professionals to participate with all their wisdom and expertise to make NRHM a success. The session ended with a vote of thanks delivered by Dr Madhumita Dobe Managing Editor IJPH

Scientific Session

The session was chaired by Prof Sajida Ahmed, Prof & Head Department of Community Medicine, Gwahati Medical College, Assam. Dr. Sandip K. Ray delivered Key Note Address on National Rural Health Mission. Prof. Madhumita Dobe delivered her speech on Indian Public Health Standards. Orissa experience on NRHM was presented by Dr. B.C. Das Director, SHFW Bhubaneswar, Orissa. All the resource persons clarified many doubts on NRHM & their doubts. During post lunch session participants were divided into groups for group recommendations under the guidance of chairpersons & resource persons. Group recommendations were prepared & presented on the following day.

Presentation of Group Recommendations of Nagpur :

During Post lunch session Prof C S Pandav & Prof S K Ray once again presented the Group recommendations already made at New Delhi and Nagpur. Participants discussed these group recommendations for adoptions at the time of finalizing the group recommendations subsequently.
Then the participants were divided into broad three groups to adopt specific recommendations. Dr C S Pandav, Dr B C Das, Dr S K Ray & Dr Madhumita Dobe acted as resource persons and provided guidance. Terms of Reference were also provided. Three groups were as follows

Group 1: *Quality assurance of capacity building of ASHA*
Group 2: *Quality Assurance of I.P.H.S and guidelines for development of public health manager's training resource materials for medical officers*
Group 3: Guidelines for Operational Research and special issue of NRHM and external mapping

Group Recommendations on key issues

Group 1: Quality assurance of capacity building of ASHA
Chairperson – Dr. B. Mohapatra
Assisted by Dr. A.K. Mallick
Members
Dr. Sucharita Maji, Mr. R.N. Mandal , Dr. P. Saboth , Mrs. Banalata Devi, Mr. Tapan Kr. Dutta, Dr. Subrata Pradhan , Dr. J. Nayar, Dr. P.K. Mishra

T.O.R.
Fine-tuning the recommendations made so far
Objective

- Evaluation of the training module/material for ASHA
- Evaluation of the training process
- Output or impact evaluation

How it will be done
It will be done through workshops and evaluation study.

1. **Through Workshops**
   - The workshops will be conducted in two stages
   - One workshop will be held for protocol development with public health experts to finalize the details of micro planning, identifying the quality indicators, duration and technique/process of evaluation.
   - Duration of workshops will be for 2 days
   - No. of Resource Persons – 5
   - No. of participants – 25

   Second workshops will be regional workshops, which will be based on the recommendations of the protocol development workshop. Five workshops will be held at five regions (East, West, South, North and Central) to outline the activities, the final process of evaluation of the ASHA training module, evaluating the process of training programmes and after a gap of 6 months impact evaluation and suggest mid-course corrections on regional basis.
   Total duration – 3 days each or
   Duration of workshops will be for 2 days
   - No. of Resource Persons – 5
   - No. of participants – 25
2. **Evaluation Process**
   Qualitative, quantitative and observational techniques
3. **Tools**

Pre-tested, semi-structured in-depth interview guide, FGD guide and observation check list & Pre-designed & pre-tested quantitative proforma

4. **Sampling**
   Based on operational feasibility as far as possible random sampling technique will be followed

Total Budget : Rs. 12,88,000/-

Discussion :

1. **Prof C S Pandav commented**
   - Inclusion of few ASHAs and their trainers as participants in the protocol development workshops may be considered.
   - The timeline for proposed activities as well the specific roles and responsibilities should be clearly stated
   - Adequate representation from 5 regions in the core committee
   - Dr Ray to finalize the rational budget
2. **Mr Mahapatra commented**
   - Knowledge of past experiences should be considered during designing parameters for quality assurance
3. **Dr P. Samantaray commented**
   Fine-tuning of thematic pattern of ASHA training material was conducted 15 days back in WHO workshop. ASHA is drawn from a group of different social perception so 3 parameters are necessary for future evaluation I i.e
   - Brief expression
   - Simple language
   - Clear communication
   - Evaluation after 1st spell of 7 days is over
4. **Dr S K Ray Proposed the Total budget = Rs, 22,70,000/-**

Group 2 : Quality Assurance of I.P.H.S and guidelines for development of public health manager's training resource materials for medical officers

Participants
Dr.V.Chandrasekhar., Dr. K.Janardan, Dr. C. Balakrishna, Dr. A.Dan, Dr. A. Naidu, Mrs. Biva Datta, Dr. Murali, Dr. B. Choudhry, Dr. A.K. Panigrahi
T.O.R.
Fine-tuning the recommendations made so far
A. Development of public health manger's training module/manual of medical officers
Objective
1. In-service training for capacity building of medical officers as public health mangers under NRHM for working better at CHC level.
2. Development of training modules.

Role of IPHA

- Development of training manual for public health managers.
- Conducting comprehensive training of health care personnel about different public health problems
- Concurrent and terminal evaluation of the training programmes

How it is to be done

- Organizing workshops with 2 or 3 days duration for protocol development about CHC management need assessment of medical officers
- In-depth interview for need assessment of medical officers will be done in five regions of our country (East, West, North, South and central region) within one month.
- Brainstorming activities/workshops for two days duration for specification of the contents of the modules.
- Finalization of modules
- Development of module for
  a) Distant learning method
  b) Direct contact method (within one month)
- Pre-testing of the modules and necessary modifications (within one month).
- Time to time evaluation of the modules for updating its content.
- Conducting Core-group training in five regions

Total Budget : Rs. 7 Crores

Comments :

Dr. C S Pandav : Inclusion of MOs and their trainers as participants in the protocol development workshops. Specification of timeline for activities proposed Specific roles and responsibilities should be clearly stated. Get a group to work on convergence of available Managerial training material. Budget should be reframed by the Secretary General.
Dr S K Lahiri suggested 3 types of evaluations – Baseline, Concurrent and terminal

Dr Madhumita Dobe

- Assess existing managerial skills, identify gaps between existing skills and skills visualized as necessary in the context of NRHM
- Assess existing relevant training material available from different sources
- Develop need-based management training material through adaptation to NRHM needs

Dr. S.K. Ray mentioned that group has not mentioned anything about IPHS, while group members said they endorsed the Nagpur decision. He also felt that there is a need for rationalization of budget for training resource/manual development as follows

B. IPHS
Development of accreditation guidelines for IPHS

Introduction:

- This for the first time In NRHM we talking in terms of quality standards for CHC
- Setting of standard is on the basis of certain service delivery parameter with reference to standards set for other systems.
- How to make quality accreditation
- Standard for quality care which are already developed should be review applying field conditions.
- Periodic evaluation for quality assurance by external agency (other state)

Objective:

- To develop accreditation system in state for IPHS standard in state (CHC and PHC)
- To develop periodic sustainable monitoring and quality assurance tool at various level.
- To undertake training-cum sensitization of public health professional
- To review the SOP and Standard protocol for the treatment of the minor ailments and national health program.

What is to be done by IPHA:

- To establish a national accreditation committee involving IPHA member to monitor IPHS.
- To establish a regional or State task force
  Task force consisting of faculty from community medicine department Medical College, preferably IPHA member.
- Continuous monitoring on quality assurance (periodic)
- Involvement of IPHA member in development of accreditation guidelines for District Hospital, PHC and sub-center and Teaching Hospitals.
- Review of accreditation standards at different level of health delivery system and providing necessary support.
- To prepare guidelines for capacity development of different cadres involve in health care delivery systems.
- Protocol Development through workshop

Budget has been rationalized : *Rs. 20,10,000/-*

Team: IPHA will select mainly from their members as a team member for task force.

Group 3: Guidelines for Operational Research and special issue of NRHM and external mapping

Chairperson - Dr. S.K. Lahiri

Members
Dr. Debdatta Chakrabarty, Dr. Jutika Ojah, Dr. Sajida Ahmed, Dr. Pushpanjali, Dr. J. Ravi Kumar, Dr. K. Ashok Kumar Reddy, Dr. Kaushik Mishra, Dr. Manoranjan Jena, Dr. S.S.Ray, Dr. M.D. Naik

T.O.R.
Fine-tuning the recommendations made so far

Operational Research: Group suggested operation research on the following topics.

- Maternal Deaths
- Infant Deaths
- Neonatal Deaths

GUIDELINES FOR OPERATIONAL RESEARCH

- Past Experiences of various national programmes
- Necessity to find out effectiveness & efficiency
- Identify the areas for interventions
- Generate evidence based data base

Role of IPHA

- Formation of National Level Task Force
- Identify research areas on IMR and MMR
- Conduct Research – Nation wide research

Synoptic outline of the research activities -MMR, IMR

- Protocol Development Workshop
- Breathing Gap – 2 to 3 weeks
- Field activity & Data Collection – 9 months
- Data analysis
- Report writing
- Dissemination through publication in Special Theme Issues of IJPH

Details of activities

- Type of study - cross sectional, multi-centric
- Period of study – 1 year

- Place of study –5 Zones , 5 districts from each zone
- Methodology –Multi-stage random sampling upto block level

External Mapping

- Mapping of IPHA local branches with their strengths / manpower
- Mapping of Nation according to availability of Health Personnel & infrastructure
- Mapping of areas according to coverage of ASHAS
- Mapping of the entire nation according to MMR & IMR
- Mapping of inaccessible areas

BUDGET : Rs. 18 Lakhs

Dr. Ray suggested following areas for operation research. Dr. R.C. Goyal gave the suggestion in Nagpur for consideration.

Areas for Operational Research under NRHM for RCH

- Training needs assessment and protocols for health manpower development.
- Strategies in Obstetrical emergency services and referral e.g. Establishment and evaluation of self help groups for financing transport in obstetric emergencies.
- Developing models and processes for decentralized participatory planning for effective utilization of delivery services at PHCs/ CHCs regarding RCH services to reduce IMR & MMR.
- Evaluation of quality assurance of obstetric care at the community, PHC and referral levels

Child Health

- Development of low-cost primary newborn care technologies for Neonatal resuscitation, kangaroo mother care and Home-based management of LBW neonates.
- Involvement of Panchayat raj institutions (PRIs) in development of database for state and district profile of RCH indicators and services for RCH programme.

Capacity building

- Strengthening of the National IMNCI approach.
- Training in Epidemiology, research methodology and networking.

Safe Abortions Services

- Operationalisation of safe abortion services at PHC level.
- Develop indicators for quality and coverage of safe abortions for effective monitoring.

Other Topic

- Comparative study on effectiveness of ASHA

Topics for Next Two Issues of Journal should focus on the following

- Public – Private - Partnership
- Indian Public Health Standards

Final Recommendation

- Dr S K Ray – Facility assessment will be part of delay exercise. CGHR SRS survey data regarding MMR Regular dissemination through 2 issues.
- Dr Mahapatra - Data – truth of the data; MMR & Malaria
  Manager is doing the job without managerial skills ;Rational distrbution & allocation of resources
- Dr P. Samantaray – Verbal autopsy validation. Research which directs intervention

SIHFW has done wonderful work to facilitate especially Dr B C Das. Remarkable work by IPHA in a very short period of time. External expertise (managerial, social science) need to be included in future activities to seek solutions to problems.

Proposal and budget was finalized for submission to Govt. of India

Total Number of Participants : 35

Total Number of Resource Persons : 6

Future Activities

Quality assurance of capacity building of ASHA

- Evaluation of the training module/material for ASHA
- Evaluation of the training process
- Output or impact evaluation

Quality Assurance of I.P.H.S and guidelines for development of public health manager's training resource materials for medical officers

Development of public health manger's training module/manual of medical officers

- Development of training manual for public health managers.
- Conducting comprehensive training of health care personnel about different public health problems
- Concurrent and terminal evaluation of the training programmes

Quality Assurance of IPHS

- To establish a national accreditation committee involving IPHA member to monitor IPHS.
- To establish a regional or State task force
  Task force consisting of faculty members of community medicine department, preferably IPHA member.
- Periodic monitoring on quality assurance
- Involvement of IPHA member in development of accreditation guidelines for District Hospital, PHC and sub-center and Teaching Hospitals.
- Review of accreditation standards at different level of health delivery system and providing necessary support.
- To prepare guidelines for capacity development of different cadres involve in health care delivery systems.
- Protocol Development through workshop

Guidelines for Operational Research and special issue of NRHM and external mapping

Suggested Areas for Operational Research under NRHM for RCH

- Training needs assessment and protocols for health manpower development.
- Strategies in Obstetrical emergency services and referral e.g. Establishment and evaluation of self help groups for financing transport in obstetric emergencies.

- Developing models and processes for decentralized participatory planning for effective utilization of delivery services at PHCs/ CHCs regarding RCH services to reduce IMR & MMR.
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- Mapping of inaccessible areas

Dedicating 8 page space in two issues Indian Journal of Public health evry year

To incorporate state wise activity reports
To incorporate instructions from the government of India on recent development

Topics for Next Two Issues of Journal should focus on the following

- Public – Private - Partnership
- Indian Public Health Standards

Acknowledgements

Indian Public Health Association is extremely grateful to Ministry of Health & Family Welfare, Govt. of India for involving IPHA since the beginning of the NRHM Program. Financial support of this Dept. helped the association immensely in completing the activities proposed by the association in connation with the NRHM program.

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On behalf of the association we wish to acknowledge the assistance and support of Mr. Jitendra Kumar Singh and other staff members of the association in this activity.

Dr. Chandrakant S. Pandav
Chief Coordinator

Dr. Sandip K. Ray
Secretary General