



PUBLIC HEALTH RESOURCE NETWORK

A Programme of Sharing Resources to Strengthen
District Health Programmes



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SUMMARY

There is an urgent need for a massive sharing of technical resources and networking of dedicated individuals and organisations that are willing to contribute to strengthening public health systems at the district level. The immediate context is the National Rural Health Mission's thrust for district level health planning and programme implementation. This initiative aims to contribute to this goal through an 18 month programme structured as a modular distance education course. This course is not a substitute to official professional public health training. It complements such training with an open-ended, more informal and immediate reaching out of information, tools and a diversity of programme options and perspectives.

PUBLIC HEALTH RESOURCE NETWORK

CONTEXT

THE NATIONAL RURAL HEALTH MISSION: The National Rural Health Mission (NRHM) was announced in April 2005 as a part of the Common Minimum Programme of the Government of India with the stated goal “to promote equity, efficiency, quality and accountability of public health services through community driven approaches, decentralisation and improving local governance”. The duration of the Mission is seven years (2005-2012) and its focus is on 18 states where the challenge of strengthening the weak public health system and improving key health indicators is the greatest. Taking a ‘comprehensive approach’ by integrating existing vertical health programmes,² the NRHM seeks to provide effective health care to the rural population, especially the disadvantaged groups including women and children, by improving access, enabling community ownership and demand for services, strengthening public health systems for efficient service delivery, enhancing equity and accountability and promoting decentralisation.

ASPECTS OF THE NATIONAL RURAL HEALTH MISSION: THE KEY COMPONENTS

(The key components of the NRHM to achieve these objectives include the following:)

1. **Improved Community Participation:** The plan for placing a community based women health activist called the Accredited Social Health Activist (ASHA) at the village level, to affect community-owned processes for behavioural change and to facilitate sustainable access to health is one key process that addresses this objective. The primary role of the ASHA is to create awareness on health and its social determinants and mobilise the community towards local health planning and increased utilisation and accountability of the existing health services. She would be a promoter of desired health practices and will also provide a minimum package of curative care as appropriate and feasible for that level as well as make timely referrals. In addition to ASHA, the space for community participation has also increased with the thrust to form village health and sanitation committees, district health societies, hospital



A Programme of Sharing Resources to Strengthen District Health Programmes

development committees and with support for programmes like community monitoring of health care and partnerships with civil society for a variety of health care initiatives.

2. **Strengthening Public Health Infrastructure:** The NRHM recognises that strong public health systems are imperative to achieving improved health outcomes. It has laid down the Indian Public Health Standards for different levels of care and provides support to facilities and to districts for reaching these levels in a time bound manner. This would be accompanied by improved management capacity to organise health systems and services in public health by emphasising evidence based planning and implementation. This also requires very effective human resource policies and expansion of capacities and infrastructure at every level.
3. **Decentralisation of Health Planning:** One of the core strategies of the NRHM is to empower local governments to manage, control and be accountable for public health services. This decentralised approach is evident in the plans for State Health Missions led by the state Departments of Health and Family Welfare, the District Health Missions to be led by the Zila Parishad as well as the District Health Plan to be finalised by the District Health Society and the Village Health Plan to be formulated by the Gram Panchayat. The NRHM has created structures at each of these levels for the planning and implementation of the initiatives to be undertaken within the Mission.

DISTANCE LEARNING PROGRAMME

The Public Health Resource Network distance learning programme is a course is focused on reaching out to a large number of committed individuals and organizations working in government and outside it, in all the districts of the country, especially in the least developed districts of the poorly performing northern states.

PUBLIC HEALTH RESOURCE NETWORK

RATIONALE: Most existing Health Sector Reform plans envisage programmes for building health management capacity. However the requirements for such capacity building are large, and given available resources it would take over a decade to complete the minimum levels of such capacity building. Capacity building is also needed in civil society - for members who are active in forums like District Health Societies, district planning teams, in hospital management committees, in the implementation of ASHA programmes etc and currently the programmes addressing this need are very limited. The formal process organised by governments would reach out to senior officers, determined largely by seniority and current placement. However, both within the government and the non-government sector there are many dedicated individuals and organisations who are willing to voluntarily contribute to strengthening pro-poor health systems, because they personally feel the urgency to do so or because it is part of their organisational mandate to do so. This course is meant to identify such individuals and organisations through the existing state level resource support agencies and NGO networks and state health societies and reach out to them.

CONTENTS: The course is not a substitute for the formal training and certification of public health management professionals in public health training institutions. The course content also does not necessarily reflect the official positions of the Mission- in either technical detail or programme strategy. This course complements official processes of capacity building with a more informal, open ended participatory and immediate reaching out to all these individuals and organisations with essential information and tools as well as with a diversity of views and programme options. It provides both access to technical resources and the opportunity to be sensitised to ongoing debates. By actively engaging individuals and organisations within their existing spheres of work and by facilitating their participation in enhancing the quality of health services, this course would expand the number of sensitised persons - the potential missionaries needed to support the Mission!



A Programme of Sharing Resources to Strengthen District Health Programmes

AIM: Strengthening technical assistance capacities at district and state levels to support processes that lead to achieving the NRHM's goals and thereby accelerate moves towards effective, equitable, accessible and affordable health care for all.

COURSE OBJECTIVES:

- ♦ Reaching out to dedicated individuals and organisations to whom health equity is major concern, and providing them access to essential information and opportunities to contribute to this goal.
- ♦ Sharing public health technical resources with existing and potential district health programme managers towards strengthening the public health system in their districts.
- ♦ Empowering civil society to create spaces, and utilising the spaces being created under the NRHM, for improving and increasing public participation in health planning and management.
- ♦ Promoting decentralisation and horizontal integration of health planning and implementation at district, block and gram panchayat levels by contributing to capacity building at these levels on technical, programmatic, epidemiological and social understandings of health.
- ♦ Building effective inter-linkages between health and development planning at the local level.
- ♦ Strengthening the resource base needed for informed advocacy within the government and within civil society.
- ♦ Facilitating networking and mutual support among public health practitioners.

PUBLIC HEALTH RESOURCE NETWORK

COURSE CONTENTS: This course is inspired by the comprehensive primary health care approach. The course should, in the least, enable the participants to develop the knowledge and skills needed for effective district health planning and for advocacy and support to decentralised health planning and management.

The course is therefore organised as a set of modules that would cover the following areas:

1. **Introduction to Public Health:** A brief overview of the goals of the health sector and in the current context - the goals of the National Rural Health Mission. Also a brief introduction to the structure of the public health system- and some understanding of the constraints that it's different components are facing.
2. **Reduction of Maternal Mortality:** An understanding of the socio –medical causes of maternal mortality, an assessment of constraints being faced by current schemes for provision of care in pregnancy are facing and a look at best practices that have successfully addressed these bottlenecks.
3. **Accelerating Child Survival:** An understanding of the common causes of child mortality and the bottlenecks that current strategies are facing. A look at the wealth of best practices from which evidence based strategies for improving child health could be drawn up.
4. **Community Participation and Community Health Workers:** Understanding these concepts and learning from large scale community health worker programmes to make a success of the ASHA scheme. This module is designed as a tool-kit of everything one needs to know about the ASHA programme!!!
5. **Behaviour Change Communication and Training:** How these two essential supportive elements of any public health system can be rendered more effective avoiding the errors and pitfalls of the past.



A Programme of Sharing Resources to Strengthen District Health Programmes

6. **Women's Health Issues** (beyond care at pregnancy) are addressed in this module. Also there is an exploration of concepts like gender sensitive health services and gender mainstreaming and an effort to convert a number of desirable concepts into pragmatic steps.
7. **Community Participation beyond Community Health Worker Programmes** involves learning about tools of community diagnosis, understanding village level planning and the role of panchayats; finding the spaces where community may participate effectively in decision making. Also to understand and draw on the strengths of Non Governmental Organisations.
8. **National Disease Control Programmes** need to be incorporated into a district plan for efficient use of resources and effective implementation and to adapt programmes to meet local specificities. This is discussed with reference to Malaria, Tuberculosis and HIV and the National Disease Surveillance programme.
9. **Inter-Sectoral Synergy:** The district plan needs to incorporate a comprehensive understanding of the social determinants of health especially with reference to food and nutrition. The district needs to plan for a number of sectors to act together to address nutrition and food security issues, safe water and sanitation and school education in an integrated manner.
10. **District Health Planning:** The skills and tools for situation analysis and programme assessment, the conceptual clarity to frame objectives, choose evidence based strategies and frame appropriate indicators are covered in this module. *With this module, reached in the sixth month – the minimum knowledge and skills for district level health planning would be in place.*

PUBLIC HEALTH RESOURCE NETWORK

11. **District Health Management** looks at the development of managerial capacity. It also includes areas like health infrastructure planning, systems for procurement and logistics, rational use of drugs, health management information systems and quality assurance mechanisms.
12. **Engaging with the Private Sector** to ensure its contribution towards public health goals, building public private partnerships, assessing health insurance options, and moving towards a stewardship role for the government in interacting with the private sector are addressed in this module
13. **The Legal Framework of Health Care** within which the health system operates is explored in this module.
14. **Key Issues of Governance and Health Sector Reform**, the perspective frameworks within which different stakeholders operate, the approach to decentralisation, and the options available for promoting and managing change considering existing relationships of power are explored and discussed here.
15. **Optional Areas** that the course participant may further choose from include urban health planning, tribal health planning, addressing health issues of marginalised groups, introduction to hospital administration, the approach to non communicable disease including mental health etc.

Each module has six to ten lessons with project work at the end of most of the lessons. The modules, project work and modules and contact programmes taken together should act as a tool kit with which to construct a district health plan. Though the course can be completed in 12 months, most participants are expected to take 18 months, the last 6 months going completely to guide project work.



A Programme of Sharing Resources to Strengthen District Health Programmes

OPERATIONAL DETAILS

PROGRAMME STRUCTURE: The course has been designed as a module-based distance education programme, to be completed, optimally, within an 18-month period. This will be accompanied by at least one CONTACT PROGRAMME in each quarter and a number of informal contact opportunities. Interactive activities and projects to strengthen the quality of knowledge sharing would also be built in. These contact programmes, will be used as a platform to analyse the status of ongoing health planning in the district and assess the existing and future opportunities for participation in district health planning and in health programmes. For assisting the district level learning process and for promoting networking and mutual support, a core team of state level programme coordinators and a number of voluntary programme associates/experts will act as resource persons.

The process of receiving certification by a nationally accredited body for the programme will be taken up. Participants who send in the monthly feedback forms, undertake and complete all course activities and/or attend the contact programmes regularly, will be deemed to have completed the programme successfully and this would be acknowledged by the course authorities. The assessment of participants will be an ongoing process aimed at aiding both the participants and the course coordinators to gauge their own progress and identify areas for further improvement.

FACULTY: The faculty for developing the course modules and conducting contact programmes is comprised of resource persons who have been actively involved in providing technical assistance to district level health programmes in the EAG states. The faculty would largely be drawn from the senior experts of all the state level and regional health resource centers and technical agencies working in the EAG states- the State Health Resource

PUBLIC HEALTH RESOURCE NETWORK

Center Chhattisgarh, Population Foundation of India, Child In Need Institute and agencies like UNICEF and from NGO networks. The course is being coordinated by the State Health Resource Center based at Raipur.

FEES: Rs 1200 - to be paid in one installment, or in three installments payable quarterly. A minimum of 14 mandatory modules and two optional modules would be sent. In the first quarter 5 modules, in the second quarter 5 modules, in the third quarter 4 modules and in the last quarter 2 optional modules would be sent. Concessions will be considered on a case-by-case basis. Organisations are welcome to sponsor participants. Please note that the fees only cover the cost of printing and posting of the modules. If universities are to certify the course this would involve additional costs. Supplementary course material would also be available on payments by post but could be downloaded free from the PHRN website.

ENROLLMENT: Fill in the enrollment form and send it along with the fees (form enclosed). The programme is organised into batches of 10 participants per district. A limited number of additional persons may be considered for inclusion in the batch. The first batch of participants in the programme is scheduled to begin in October 2006 for those who require the course in English. A batch in Hindi will be started by November. New batches of the programme will be started every six months.

We recommend the course as most useful for those already involved in health sector programme planning or implementation- either in the government or in the non-governmental sector, and who volunteer to undertake this course as an opportunity to develop their own knowledge and skills to enable them to contribute better to the creation of equitable health systems. Any NGO or state or district health society or any other health related organisation which wants to sponsor candidates for the course may also contact us for further details.



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