



Govt. of India
Min. of Health & FW
Dte. General of
Health Services

Health Sector Policy Reform Options Database (HS-PROD)

"Sharing innovative solutions to common health management problems"



Central Bureau
of Health
Intelligence
(CBHI)

What is HS-PROD?

HS-PROD is a user friendly, state-of-the-art website which shares information about Indian good practices and innovations in health services management. An instantly accessible library of reform materials, it provides a summary of each option/scheme and links to more detailed source documents. The aim is to share reform know-how to tackle common management problems in the health sector. It makes readily available a body of evidences that are so essential to take "the public health system closer to the objective of evidence-based policy-making" as envisaged in the National Health Policy & NRHM. HS-PROD currently contains over 225 entries that are carefully researched, categorised in 16 major health sector areas as given below:

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| (1) Infrastructure and equipment | (10) Access to service and coverage |
| (2) Logistics | (11) Health Financing |
| (3) Financial management systems | (12) Human Resources |
| (4) Monitoring, evaluation and quality control | (13) Community Participation |
| (5) Public/private partnership | (14) Urban Health |
| (6) Management structures and systems | (15) Behavioral Change Communication |
| (7) Social marketing and franchising | (16) First Referral Units |
| (8) Health information systems | (17) Others |
| (9) Intersectoral links | |



Who owns HS-PROD?

Developed as a collaborative initiative between the Government of India (GOI) and the European Commission, HS-PROD now resides with the Central Bureau of Health Intelligence (CBHI), Directorate General of Health Services, Ministry of Health & Family Welfare which was further developed with the technical support of National Institute of Medical Statistics, Indian Council for Medical Research, New Delhi along with European Commission Technical Assistance (ECTA) team.

Who manages HS-PROD?

The overall responsibility of HS-PROD is with CBHI. For this, a PROD Management Group (PMG) with representatives from different departments from the government, development partners, NGO/Private Sector and experts from the fields of Public Health, Economics, Bio Statistics, IT etc has been formed. The group meets quarterly but approves each new entry added to the database on a regular basis.



Why was HS-PROD developed?

Many States face similar problems in the health sector but have no way of sharing their experiences or ideas with each other. They may have heard of successful schemes in other parts of the country but do not know how to get more information on them.

The Internet is an excellent way of promoting Indian reforms, and especially partnerships with the private sector and NGOs, both within India and worldwide.

It is an efficient and low cost means of sustaining and replicating reforms instigated by GOI, development partners and other organizations.

It has valuable potential as a learning resource for health sector reform training events and courses (HS-PROD already forms a part of the professional development courses in State Institute of Health & Family Welfare (SIHFW) in Mohali, Punjab)

It fits well with the revised role of the Ministry of Health & Family Welfare in a more decentralised context. It encourages and supports convergence between sectors.

It represents an ideal tool for communicating good practices under the National Rural Health Mission (NRHM) and Reproductive and Child Health (RCH2) programme.

At the State level, a need has been expressed for such a tool.



What information does HS-PROD contain?

Each HS-PROD entry is described in terms of concise summary, location, duration, advantages, challenges, prerequisites for implementation elsewhere (such as consultation); implementer etc. The aim is to provide up-to-date and accurate information about options or interventions, using a standard format and to organize such options systematically.



Few examples of HS-PROD entries:

Telemedicine at Dr B Barooah Cancer Institute, Assam: Responding to the problem of high number of cancer patients in Assam facing difficulty in accessing treatment, a telemedicine centre linked with the Tata Memorial Hospital & other referral hospitals, like in Sikkim

Primary health care and RCH services in urban slums, Uttar Pradesh: A public-private partnership



providing primary health care and reproductive and child health services in eight identified slums of Varanasi City.

Providing round-the-clock comprehensive emergency obstetric and newborn care Centres, Tamil Nadu: leading to a drop in maternal mortality rate by 36 percent between 2001 and 2005.

Provision of essential maternal and child health services in Tribal Areas, Rajasthan: In each village a tribal woman working as a health volunteers or Swasthya Sakhis who carry out community based education & distribution and accompany women & children to health centres.

What kind of source documents can be access through HS-PROD ?

Each entry provides a basic summary of the reform or innovation plus backed by a range of source material for those interested in more detail. The material includes Government Orders, power point presentations, evaluation reports, photographs, video clips, newspaper articles and links to relevant websites. Where the source item is too big for immediate access through a hyperlink, a request can be e-mailed directly to CBHI.

HS-PROD Users & Beneficiaries

HS-PROD users include Central/State/UT/ District health and other related authorities including NRHM (Central /State), Governmental/Non governmental organisations in health and related fields, including Research, Education & Training, Regional offices of MOHFW & CBHI, ICMR Institutes, CBHI Field Survey Units, ECTA state facilitators, Developmental partners (WHO, EC, UNICEF, WB, USAID, etc.), media and individuals

How do I access HS-PROD ?

At www.hsprodindia.nic.in.

How do I find what I am looking for in HS-PROD ?

HS-PROD entries are listed by the subject areas (16) as explained above. This can also be searched through subject areas search engine. There is also a state wise search facility. A general search engine allows you to search by keywords or by web reference number.

Can I add an entry to HS-PROD ?

Yes, you can enter your information online through the website (help screens are available) or by sending a word document by email to dircbhi@nb.nic.in. The HS-PROD team will then contact to further details.

Is HS-PROD limited to Indian best practices and innovations ?

The database focuses exclusively on the initiatives in India but details of related international experience are also available on the website.

Does HS-PROD provide links to related websites ?

Yes. HS-PROD has a module devoted to links with other national and international websites. The team seeks to maximise such connections while maintaining the focus on India in the database to avoid duplication of content.

Does HS-PROD include clinical good practices ?

No, the emphasis is rather on management and organisational issues in the health sector.

How is the information collected?

The HS-PROD team carries out regular field visits to States/UTs to meet various health authorities & national health programme managers. This helps to gain a first hand experience of the ongoing practices. In addition, media, Internet, newspapers, journals and other magazines are a good source. The Regional Offices of CBHI, NIMS and EC conduct field visits in their respective states to capture the initiatives. The resource people are further contacted for more information. However the HS-PROD team does not carry out an independent evaluation of each reform. It demands proof of results (such as evaluation reports) but it is up to the HS-PROD user to make their own judgment as to whether the reform is useful or not.

How often are the entries updated ?

The research team updates the HS-PROD as and when new information is gathered. After thorough investigation and review, the entries are uploaded on the website. The research team conducts visits to the site of ongoing or already implemented initiative to update the entries. However each option is dated so the user can see when the information was last revised.

What are the plans for HS-PROD in the future ?

A report summarising the entries from the website has also been published which could be used as a manual. While HS-PROD has been developed as an operational information tool, it also has great potential as a learning resource for training events and courses in health sector and capacity development. In addition, an E-Discussion group is being developed so that users can discuss the projects online. More visits to the states, which are under represented in the database specifically focusing on subject areas that have few entries, will be conducted. The main objective would be not only to increase the database in terms of the number of entries but also organise sensitisation workshops and network with other relevant stakeholders to encourage the use of the website.



A Few Examples of HS-PROD entries



Devolution of financial and administrative powers to districts, Haryana (35)

Haryana State Government has sought to improve the efficiency of management at various levels of the health service through greater decentralisation, in keeping with national policy. State Government Orders were issued to devolve powers according to rank. Medical Superintendents, for example, are now able to buy drugs and equipments upto the value of INR 50,000 per purchase, while Senior Medical Officers can spend INR 10,000 and Medical Officers INR 5,000.

Mitanin programme, Chhattisgarh (49)

A "Mitanin" is a Community Health Volunteer (CHV) trained and deployed under a Statewide programme in Chhattisgarh, where levels of disease are high and use of health services low. Mitanin's main role is to organise and empower women, provide health education, facilitate access to health care and provide referral advice. A State Health Resource Centre, set up under a Memorandum of Understanding between the State Government and Action Aid India, was formed to guide the programme, which effectively extends outreach of all existing projects.



Public Private Partnership for delivering of reproductive and child health services to the slum population of Guwahati city, Assam (51)

Urban health services in Guwahati have improved since the State Government contracted a trust hospital (Marwari Maternity Hospital) to provide services in eight low-income wards of the city. In addition to State funds, vaccines and contraceptives are provided free of charge to the hospital which now covers 17 outreach sites in slum areas providing Reproductive and Child Health services. Sterilisation, spacing and termination services are free to patients; deliveries, operations and diagnostic tests are charged at concessionary rates.

Reproductive Child Health outreach camps, Tamil Nadu [79]

Outreach camps are held on a fixed day of the month at the Health Sub Centre to provide Antenatal care and childcare. Mothers and children are given health check-ups and advice on diet and basic healthcare. Pregnant women are encouraged to undergo institutional delivery and high-risk cases are referred to Primary Health Centres or bigger hospitals. The camps have a lady doctor, a Village Health Nurse, an educator and a laboratory technician. Each outreach camp records the numbers who attend the camp; the numbers who receive Antenatal care; the numbers referred; the number of contraception/sterilisation offered and lab tests done. Each pregnant woman is given a book in which their Antenatal details are recorded. The camps are always held on the same day of the month, which makes it easy for the patients to remember and services to those who cannot afford to travel to a PHC is also offered.



Medical Officer checking a pregnant lady's blood pressure at RCH outreach camp, Thimmarasanaickanur Sub-centre, Madurai district.

Promoting Change in Reproductive Behaviour of Youth, Bihar [178]

Family planning interventions that delay the first child and space subsequent children by at least 36 months have a proven value in improving maternal health and child survival. Addressing youth fertility can deliver multiple benefits with regard to health, demographic balance and economic advantages. PRACHAR Project of Pathfinder International has, since 2001, supported a group of 30 NGOs to promote change in reproductive behaviour of adolescents and youth in Bihar. This project was implemented in 5 districts of Bihar covering 552 villages. Each NGO partner worked in a cluster of 30 villages with a population of approximately 30,000. They conducted community-based programs to reach the community at large with standard messages promoting the value of delaying and spacing births. The community was segmented into specific primary and secondary target groups of unmarried adolescents; young married couples, parents and influential adults. These groups were reached with life stage specific information and communication that promoted the messages of delaying and spacing children and adopting safe sexual and reproductive behaviour to remain free of unwanted pregnancy and infection.

Release of HS-PROD Report, March 2007



Mr. Naresh Dayal, Union Secretary Health & FW (extreme right) releasing HS-PROD Report on 23 March 07. Also present are Dr. R. K. Srivastava, Director General of Health Services (extreme left) and Dr. Ashok Kumar, Director CBHI (centre)

The information on the website and in the report are :

- Of a general nature only and is not intended to address the specific circumstances of any particular individual or entity;
- May not necessarily be comprehensive, complete, accurate or up to date;
- Sometimes linked to external sites over which the CBHI has no control and for which it assumes no responsibility;
- Not a legal advice and if you need specific advice, you should always consult suitably qualified Professionals.

For more details, please contact : -

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PREFACE TO THE REPORT

In order to effectively handle our country's health challenges, the MOHFW/GOI, have been making tremendous efforts through various centrally sponsored and aided health programmes. The NRHM from April 2005 has further prioritised the national commitment of strengthening the health infrastructure and quality services while ensuring their reach upto the most peripheral areas along with their optimal utilisation by the community. All the States/UTs of India have been making sincere efforts and reforms in the health care delivery system. However, a lot of this goes unnoticed and is thus not documented.

This communication gap necessitated dedicated efforts to document all such health sector reforms undertaken in all the States/UTs of our country. For this purpose, the European Commission supported Sector Investment Programme (SIP) of MOHFW, GOI initiated steps forward. The Union MOHFW identified CBHI, Dte.GHS to take up this challenge of creating Health Sector-Policy Reform Options Database (HS-PROD) of India. In 2005, CBHI took this entire responsibility and opted National Institute of Medical Statistics (ICMR) & ECTA for technical collaboration to accomplish this national task.

HS-PROD (www.hsprodindia.nic.in) is a web-enabled database that documents and further creates a platform for sharing of information on good practices, innovations in health services management while also highlighting their failures. These initiatives have been taken from a varied range of fields and stakeholders like the state/ UT governments, development partners, non-government organisations.

Every possible way of collecting information from the fields was adopted including visits to various States/UTs, meeting with stakeholders, government and non-government bodies, giving presentations at conferences/ seminars and also conducting sensitisation workshops to generate state/UT level resource people. Brochures & CDs for free distribution and posters have also been developed enhancing the visibility of HS-PROD. The output of this 18-month effort is this meticulously designed report. It is a matter of great pleasure that till date this website has documented more than 200 reforms in 16 major areas of health services management.

We solicit further information from State/UT governments, health programme managers, researchers, teachers and institutions to take this cause further by contributing and sharing information with CBHI in order to regularly update this national database. Sense of ownership and pride is to be taken in an effort like HS-PROD by all public health professionals.

(R.K. Srivastava)

Director General of Health Services / GOI