

Definitions

Population: All inhabitants of a country, territory, or geographic area, for a given sex and/or age group, at a specific point of time. In demographic terms it is the number of inhabitants of a given sex and/or age group that actually live within the border limits of the country, territory, or geographic area at a specific point of time, usually mid-year. The mid-year population refers to the actual population at July 1st.

Population 65 Years & Over: The percentage of total population of a country, territory, or geographic area, 65 years of age and over, for a given sex and at a specific point of time, usually mid-year.

Proportion of Urban Population: The percentage of total population of a country, territory, or geographic area living in places defined as urban, at a specific point of time, usually mid-year.

Urban: The term urban refers to towns (places with municipal corporation, municipal area committee, notified area committee or cantonment board); also, all places having 1000 or more inhabitants, a density of not less than 1000 persons per sq mile or 390 per sq km, pronounced urban characteristics and at least three-fourths of the adult male population employed in pursuits other than agriculture.

Proportion of Rural Population: The percentage of total population of a country, territory, or geographic area living in places defined as rural, at a specific point of time, usually mid-year. The term rural refers essentially to villages and other rarely populated areas.

Density of Population: Number of persons, living per square kilometer.

Growth Rate: The exponential average annual rate of population growth, expressed as a percentage.

Annual Population Growth Rate: The annual average rate of change of population size, for a given country, territory, or geographic area, during a specified period. It expresses the ratio between the annual increase in the population size and the total population for that year, usually multiplied by 100. The annual increase in the population size is defined as a sum of differences: the difference between births less deaths and the Difference Between Immigrants Less Emigrants, In A Given Country, Territory Or Geographic Area At A Given Year.

Sex Ratio: The number of females per 1000 males.

Dependency Ratio: The average number of economically dependent population per 100 economically productive population, for a given country, territory, or geographic area, at a specific point in time. In demographic terms, economically dependent population is defined as the sum of the population under 15 years of age plus the population 65 years of age and over, for a given country, territory, or geographic area, at a specific point in time, usually mid-year; economically productive population is defined as the population between 15 and 64 years of age, for the same country, territory, or geographic area, at the same specific point in time.

Old Age Dependency Ratio: The proportion of persons above 65 years of age are considered to be dependent on the economically productive age group (15-64 years)

Life expectancy at Birth: The average number of years that a newborn could expect to live, if he or she were to pass through life exposed to the age and sex-specific death rates prevailing at the time of his or her birth, for a specific year, in a given country, territory, or geographic area.

Birth Rate: The number of live births per 1000 estimated mid year population, in a given year.

Crude Birth Rate: The crude birth rate (CBR) is defined as the number of live births in a year per 1,000 of the midyear population.

Death Rate: The number of deaths per 1000 estimated mid-year population in one year, in a given place.

Crude Death Rate: The crude death rate (CDR) is defined as the number of deaths in a year per 1,000 of the mid-year population.

Infant Mortality Rate (IMR): Infant mortality rate (or IMR) is defined as the number of infant deaths in a year per 1,000 live births during the year

Maternal Mortality Ratio (MMR): Annual number of maternal deaths per 100,000 live births. A maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

Neo-natal Mortality Rate: Number of neonatal deaths in a given year per 1000 live births in that year. Neonatal deaths are deaths occurring during the neonatal period, commencing at birth and ending 28 completed days after birth.

Post-natal Mortality Rate: Number of deaths of children between 28 days and one year of age in a given year per 1000 total live births in the same year.

Peri-natal Mortality Rate: Peri-natal mortality rate includes late foetal deaths (28 weeks gestation & more) and early neonatal deaths (first week) in one year per 1000 live births in the same year.

Still Birth Rate: Death of a foetus weighing 1000g (equivalent to 28 weeks of gestation) or more, during one year in every 1000 total births.

Fertility: Fertility means the actual bearing of children during a woman's reproductive period i.e. roughly from 15 to 45, a period of 30 years.

Fertility Rate: The number of live births during a year per 1000 female population aged 15-49 years at the mid point of the same year.

Total Fertility Rate: Number of children that would be born per woman, assuming no female mortality at childbearing age and the age-specific fertility rates of a specified country and reference period.

Poverty: It is a situation in which a person is unable to get minimum basic necessities i.e. food, clothing and shelter for his /her sustenance. The inability to attain a minimum standard of living. The World Bank uses a poverty line of consumption less than us\$1.00 a day (at constant 1985 prices) per person

Poverty Line: Poverty estimates in our country are derived from the household consumer expenditure data collected by National Sample Survey Organisation (NSSO) every fifth year. The 'Poverty line' has been calculated to be Rs. 327 per month per capita for rural India and Rs.454 per month per capita for urban India. The Planning Commission updates the 'poverty lines' for the year 1973-74 according to relevant price indices. The planning commission identified the expenditure group from the NSSO consumer expenditure data, whose expenditure on food fulfilled the calorie norms. The average per capita per month expenditure of this group was fixed as the 'poverty line'. The poverty line was Rs. 49 for rural areas and Rs. 56.6 was for urban areas. The calorie norms for rural India, was 2400 Kcal per capita per diem and for urban India it was 2100 Kcal per capita per diem."

Proportion of Population below National Poverty Line: The percentage of the population living below the national poverty line in a given country, territory, or geographic area, for a given sex and/or age group, at a specific period in time, usually a year. The operational definition for a national poverty line varies from country to country and represents

the amount of income required by each household to meet the basic needs of all its members

Gross Domestic Product/ Capita: The average per capita market value of the sum of gross values added of all resident institutional units engaged in production, for a given national economy, at a given period in time, usually a year, expressed in international dollars using purchasing power parity rates. The gross domestic product (GDP) at market prices is the sum of gross value added by all resident producers in the economy plus any taxes and minus any subsidies that are not included in the valuation of output. GDP measures the total output of goods and services for final use occurring within the domestic territory of a given country, regardless of the allocation to domestic and foreign claims; it provides an aggregate measure of production. The residency of an institutional unit is defined on the basis of economic interest in the territory for more than a year.

Annual GDP Growth Rate: The annual average rate of change of the gross domestic product (GDP) at market prices based on constant local currency, for a given national economy, during a specified period of time. It expresses the difference between GDP values from one period to the next as a proportion of the GDP from the earlier period, usually multiplied by 100.

Gross National Product (GNP): The sum of gross value added by all resident producers, plus any taxes (less subsidies) that are not included in the valuation of output, plus net receipts of primary income (employee compensation and property income) from nonresident sources, divided by the mid-year population and converted to us dollars using the world bank's atlas method. This involves using a three-year average of exchange rates to smooth the effects of transitory exchange rate fluctuations.

Employment: Any type of work performed or services rendered in exchange for compensation. Compensation may include money (cash) or the equivalent in tuition, fees, books, supplies, room, or for any other benefit.

Household: A group of persons normally living together and taking food from a common kitchen constituted a household. The members of a household might or might not be related by blood to one another.

House: Every structure, tent, shelter, etc. was considered as a house irrespective of its use. It might be used for residential or non-residential purposes or both or might even be vacant.

Proportion of Population with Access to Potable Water Services: The size of the population with access to services of potable water at a given year, expressed as a percentage

of the corresponding mid-year population, for a given country, territory, or geographic area.

Percentage covered with Safe Water: The percentage of the population that has safe drinking water available in the home or with reasonable access

Percentage covered with Sanitation: The percentage of the population that has adequate excreta-disposal facilities available.

Communicable diseases: An illness due to a specific infectious agent or its toxic products capable of being directly or indirectly transmitted from man to man, animal to animal or from the environment (through air, dust, soil, water, food etc) to man or animal.

Mortality Rate from Communicable Diseases: The total number of deaths from communicable diseases in a population of a given sex divided by the corresponding total number of this population, after removing the effect of differences in the age distribution, expressed per 100,000 population for a given year, in a given country, territory, or geographic area.

Non-communicable Diseases: Diseases that cannot be directly transmitted from man to man, animal to animal or from the environment (through air, dust, soil, water, food etc) to man or animal are deemed as non communicable diseases.

Mortality Rate from Non-communicable Diseases: The total number of deaths from non-communicable diseases in a population of a given sex divided by the corresponding total number of this population, after removing the effect of differences in the age distribution, expressed per 100,000 population for a given year, in a given country, territory, or geographic area.

Accidental Deaths: The total number of deaths from accidents in a population of a given sex and age, divided by the total number of this population, expressed per 100000 population, for a given year, in a given country, territory, or geographical area.

Infanticide: Putting to the death to a newborn with the consent of the parent, family, or community.

Foeticide: Induced termination of a pregnancy with destruction of the fetus or embryo; therapeutic abortion.

Maternal & Child Health: The term maternal & child health refers to the promotive, preventive, curative & rehabilitative health care for mother & children which includes the sub areas of maternal health, child health, family planning and health aspects of care of children.

Family Planning: Family planning refers to practices that help individuals or couples to attain certain objectives:

- a) to avoid unwanted births
- b) to bring about wanted births
- c) to regulate the intervals between pregnancies
- d) to control the time at which births occur in relation to the ages of the parent
- e) to determine the number of children in the family.

ANC (ante natal care): It is the care of the woman during pregnancy, aim of which is to achieve at the end of a pregnancy a healthy mother & a healthy baby. Minimum ante-natal care include at least three antenatal checkups, TT immunisation and IFA supplement.

Proportion of Deliveries attended by Trained Personnel: The number of deliveries assisted by trained personnel in a specific year, regardless of their site of occurrence, expressed as a percentage of the total number of births in that same year, in a given country, territory, or geographic area. Trained personnel include medical doctors, certified nurses and midwives; not included are traditional birth attendants, trained or not.

Prevalence: The number of events, e.g., instances of a given disease or other condition, in a given population at a designated time; sometimes used to mean "prevalence rate". When used without qualification, the term usually refers to the situation at a specified point in time (point prevalence). Prevalence rate (ratio) is the total number of all individuals who have an attribute or disease at a particular time (or during a particular period) divided by the population at risk of having the attribute or disease at this point in time or midway through the period.

Percentage of Contraceptive Users: Percentage of eligible couples effectively protected against childbirth by one or the other approved methods of family planning, viz sterilization, IUD (intra-uterine devices), condom or oral pills.

Contraceptive Methods: Preventive methods that help women to avoid unwanted pregnancies. Which include all temporary and permanent measures to prevent pregnancy resulting from coitus.

Percentage of Infants Immunized: The percentage of infants reaching their first birthday that have been immunized against each of the six epi-target diseases (diphtheria, pertussis, tetanus, polio, measles and

tuberculosis). The denominator used in the calculation is the number of infants surviving to age one.

One-year-olds immunized against measles: Percentage of 1-year-olds who have received at least one dose of measles-containing vaccine in a given year. For countries recommending the first dose of measles among children older than 12 months of age, the indicator is calculated as the proportion of children aged less than 24 months receiving one dose of measles-containing vaccine.

Malnutrition: Malnutrition is a general term for the medical condition in a person caused by an unbalanced diet-either too little or too much food, or a diet missing one or more important nutrients. Most commonly, malnourished people either do not have enough calories in their diet, or are eating a diet that lacks protein, vitamins, or trace minerals.

Calorie: A calorie is a unit of measurement for energy. In most fields, it has been replaced by the joule, the SI unit of energy. However, it is used for the amount of energy obtained from food.

Daily Calorie Requirement Per Capita: The average number of calories needed to sustain a person at normal levels of activity and health, taking into account the distribution of the population by age, sex, body weight and environmental temperature. (UNDP, human development report 1994)

Low Birth Weight: Birth weight less than 2500 grams (up to and including 2499 grams)

Health expenditures: Health expenditure covers the provision of preventive and curative health services, public health affairs and services, health applied research, and medical supply and delivery systems, but it does not include provision of water and sanitation

Total health expenditures: Annual national health expenditure as a proportion of the GDP. The value of the sum of public and private expenditures on health care goods and services for a given national economy, at a given period in time, usually a year, expressed as a percentage of the corresponding gross domestic product (GDP).

Public Sector Expenditures: Annual public health expenditure as a proportion of the national health expenditure. The size of the public expenditure on health care goods and services for a given national economy, at a given period in time, usually a year, expressed as a percentage of the corresponding national health expenditure. It represents the governmental share, not limited to the ministry of health, of the total annual expenditure for covering the provision of preventive and curative health services, public health affairs and services, health applied research, and medical supply and delivery systems, excluding the provision of water and sanitation

Physicians Ratio: The average number of physicians available per every 10,000 inhabitants in a population, at a given year, for a given country, territory, or geographic area.

Dentists Ratio: The average number of dentists available per every 10,000 inhabitants in a population, at a given year, for a given country, territory, or geographic area.

Professional Nurses Ratio: The average number of certified nurses available per every 10,000 inhabitants in a population, at a given year, for a given country, territory, or geographic area. Certified nurses not include auxiliary and unlicensed personnel.

Pharmacists Ratio: The average number of pharmacists available per every 10,000 inhabitants in a population, at a given year, for a given country, territory, or geographic area.

Primary Health Care: Essential health care that is technically valid, economically feasible and socially acceptable. Primary health care includes eight essential elements: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs.

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CENTRAL BUREAU OF HEALTH INTELLIGENCE (CBHI)

Established in 1961, CBHI is the National Nodal Institution for Health Intelligence, in the country with the broad objectives to:-

- Maintain and Disseminate the Data on (i) Health Profile of India, and (ii) Health Sector Policy Reform Options Database (HS-PROD)
- Facilitate Capacity Building, Human Resource Development and Need Based Operational Research for Efficient Health Information System (HIS) and Family of International Classification (FIC)

2. Organisation

- (a) CBHI headed by Dy. Director General & Director, has four divisions viz. (i) Policy & Infrastructure, (ii) Training, Collaboration & Research, (iii) Information & Evaluation, and (iv) Administrative.
- (b) Six Health Information Field Survey Units (FSUs) of CBHI are located in different Regional Offices of Health and Family Welfare (ROHFW) of GOI at Bangalore, Bhopal, Bhubaneswar, Jaipur, Lucknow & Patna; each headed by a Dy. Director with Technical & Support staff, who function under the supervision of Regional Director (HFW/GOI).
- (c) Regional Health Statistics Training Centre (RHSTC) of CBHI at Mohali, Punjab (near Chandigarh) and Other Training Centres viz. (i & ii) Medical Record Department & Training Centre of Safdarjung Hospital, New Delhi and JIPMER Puduchery; conduct CBHI Inservice Training Courses.

3. Major Activities Of CBHI

3.1 Maintain and Disseminate the National Health Profile on -

- | | | |
|---|---|---|
| (1) Demography
Population Statistics
Vital Statistics | (2) Socio-Economic
Education
Social Indicators
Economic Indicators
Employment
Housing & Amenities
Drinking Water & Sanitation
Health Legislation | (3) Health Status
Morbidity & Mortality
i. Communicable Diseases
ii. Non Communicable Diseases
iii. Reproductive & Child Health
iv. Disability |
| (4) Health Finance
Five Year Plan Outlays
Health Expenditures & Financing
Agents | (5) Human Resources in Health
Sector, including AYUSH | (6) Health Infrastructure, including
AYUSH
• Education Infrastructure (Medical,
Nursing & Paramedical)
• Service Infrastructure |

3.2 CBHI National website - www.cbhidghs.nic.in

CBHI website contains general information about CBHI, Health Information of India/National Health Profile, National Recommendations on HIS, National recommendation on Improving & Strengthening the use of ICD 10 and Medical Record System, Training Calendar, Application Forms, Module & Work Book on ICD 10, Formats for Health Data flow from States/UTs to CBHI and various publications of CBHI.

3.3 Capacity Building & Operation Research for Efficient HIS including ICD 10 & ICF use in the country.

3.4 Maintenance & web based dissemination of Health Sector Policy Reform Options Database (HS-PROD) of India.

3.5 Inventory & GIS Mapping of Government Medical & Health Care Facilities in India

3.6 Human Resource Requirement in Health

3.7 Trained Manpower Development in the Country Through CBHI Inservice Training Programmes: -

Training Course (and Batch size)	Duration and Frequency of Course	CBHI Training Center (Address/Contact No. On Last Page)
Medical Record Technician (10)	6 months 4 batches in a year	Medical Record Department & Training Centers at
Medical Record Officers (10)	12 months 2 batches in a year	(i) Safdarjung Hospital, New Delhi (ii) JIPMER, Puduchery
Orientation course on Health Statistics for Non-Medical Personnel (15)	One week (5 days) 14 batches in a financial year	(i) RHSTC, Mohali (ii) CBHI FSUs at Bangalore, Bhopal, Bhubaneswar, Jaipur, Lucknow & Patna
Orientation course on Health Statistics for Medical Officers (15)	One week (5 days) 2 batches in a financial year	RHSTC Mohali
Orientation course on ICD 10 for Non-Medical Personnel (15)	One week (5 days) 14 batches in a financial year	(i) RHSTC Mohali (ii) CBHI FSUs at Bangalore, Bhopal, Bhubaneswar, Jaipur, Lucknow & Patna
Workshop of State/ District Level Coordinators for Training on Morbidity and Mortality Coding Using ICD 10 (15)	3 days 2 batches in a financial year	RHSTC Mohali

4. Recent Publications Of CBHI

- National Health Profile - 2006 (Annual), March 2007.
- Mortality Statistics in India 2006 - A Report, March 2007
- Health Sector Policy Reform Options Database (HS-PROD) - A Report, March 2007
- Health Information of India 2005 (Annual), March, 2006
- National Health Profile 2005, June 2006
- Improving and Strengthening the use of ICD 10 and Medical Record System in India - A case Study (2004 & 2005) - Report and Recommendations, April 2006
- Module and Workbook for Orientation Training on ICD 10, December 2004
- Combined Report of Regional Workshops and National Recommendations on Improving & Strengthening Health Information System, August 2004
- Report of Training Workshops of States/UTs for Sensitization on CBHI website for Electronic Data Transmission, July 2004.

5. CBHI Linkages And Coordination

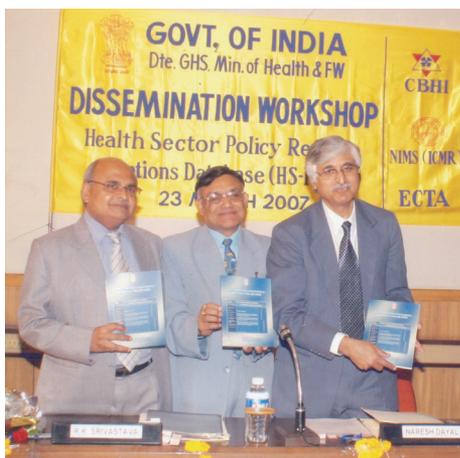
1. All 19 Regional Offices of Health & FW/GOI
2. All 35 States/UTs
3. Planning Commission, Government of India
4. Census Commissioner & Registrar General of India
5. Union M/o Statistics & Programme Implementation
6. Medical & Paramedical Councils & Institutions
7. All National Health Programmes
8. Union Ministries of Railways, Labour, HRD, Rural Development etc.
9. Public Health, Medical Care and Research Institutions, including ICMR and Non-Governmental
10. WHO and other UN Agencies Concerned with Health and Socio-economic Development
11. European Commission
12. Other concerned Deptts/Institutions/Non-Govt. Organizations

6. CBHI Training Centres

S. No.	CBHI Training Centre	Contact :Tel/Fax/Gram/Email/website
1.	Regional Health Statistics Training Centre (RHSTC), C/o Primary Health Centre Annexe, Phase 3-B-1, SAS Nagar, Mohali (Punjab)-160059.	Tel/fax : 0172-2261070 E-mail : rhstcmohali@yahoo.com
2.	CBHI Field Survey Unit Regional Office of Health & FW/GOI 2nd floor, F-Wing, Kendriya Sadan, Koramangala, Bangalore-560034 (Karnataka)	Tel : 080-25537310, 25537688 Fax : 080-25537310 Gram : PARISWASTH BANGALORE E-mail : rhobng@kar.nic.in
3.	CBHI Field Survey Unit Regional Office of Health & FW/GOI 32 PURJOR House - 2nd floor Indira Press Complex -Zone-I Maharana Pratap Nagar, Bhopal-462011 (M.P)	Tel : 0755-2553374; Fax : 0755-2553374 Gram : PARISWASTH BHOPAL E-mail: rohfwbho@mp.nic.in
4.	CBHI Field Survey Unit Regional Office of Health & FW/GOI BJ-25, BJB Nagar, Bhubaneswar-751014 (Orissa)	Tel :0674-2431708; Fax : 0674-2431904 Gram: PARISWASTH BHUBANESWAR E-mail: rohfwbbs@rediffmail.com
5.	CBHI Field Survey Unit Regional Office of Health & FW/GOI Kendriya Sadan, Block B, Floor II, Sector 10, Vidhyadhar Nagar, Jaipur - 302023 (Rajasthan)	Tel : 0141-2236845; Fax : 0141-2236816 E-mail : rdrhojp@raj.nic.in
6.	CBHI Field Survey Unit Regional Office of Health & FW/GOI, Hall No.III, 9th floor, Kendriya Bhavan, Aliganj, Lucknow-226024 (Uttarpradesh)	Tel : 0522- 2325268; Fax : 0522-2325268 Gram : PARISWASTH LUCKNOW E-mail : rdohlko@yahoo.co.in,
7.	CBHI Field Survey Unit Regional office of Health & FW/GOI Danara House (Behind RBI) P.O. Kadamkuan, Salimpur Area, Patna-800003 (Bihar)	Tel : 0612-2320645; Fax : 0612-2320645 Gram : PARISWASTH PATNA E-mail : rdrhopatna@vsnl.net, cbhipatna@rediffmail.com
8.	Medical Record Deptt. And Training Centre, Safdarjung Hospital, Ansari Nagar, New Delhi-110029	Tel - 011-26707253 and 26165060 Fax No- 011-26163072
9.	Medical Record Deptt. And Training Centre JIPMER Puduchery-605006	Tel - 0413-2272067; Fax No - 0413-2272067 E-mail: Jipmer@jipmer.edu

Health Sector Policy Reform Options Database (HS-PROD) of India

www.hsprodindia.nic.in



Mr. Naresh Dayal, Union Secretary Health & FW (extreme right) releasing HS-PROD Report 23rd March 2007. Dr. R.K. Srivastava, Director General of Health Services (extreme left) and Dr Ashok Kumar, Director Central Bureau of Health Intelligence (Centre)

Though States/UTs of India have reforms in the health sector, a lot of this goes unnoticed and hence not documented. Thus, MOHFW/GOI under its Sector Investment Programme (SIP) funded by the European Commission, entrusted CBHI to develop and maintain HS-PROD. It 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 that are very important for the success of NRHM. These initiatives have been taken from a varied range of fields and stakeholders like the state/UT governments, development partners, non-government organisations and categorised under 16 subject areas. Kindly visit this website for appropriate use & replication of reforms. **CBHI solicits information on such reforms from State/UT governments, health programme managers, researchers, teachers and institutions 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.

In Process of Designating as WHO Collaborating Centre on Family of International Classification (ICD 10, ICF & ICHI)



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:

- | | |
|--|---------------------------------------|
| (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) Behavioural 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 course 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.

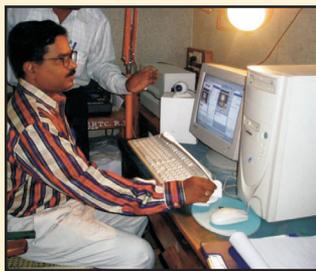
What information does HS-PROD contain?

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 organise 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 accessed 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 an individual 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 you for 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 during March, 2007 which could be used as a manual. It is also available on the CBHI Website www.cbhidghs.nic.in 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.

