Messages from the President

We are on our march for the last four years and moving ahead as per plan.

We came from different parts of this country.

We are a network of motivated people with similar vision and goal- vision of achieving better health status for the underprivileged and marginalized people, based on the principles of equity and human dignity.

We see health as a fundamental human right and we strive to put in place an effective public health system to deliver services which is an inherent requirement to enjoy that fundamental right.

Building capacities in planning and managing such a system was a responsibility that we decided to take up ourselves. It became the need of the hour when NRHM was rolled out and District Health Action Plans have become crucial for the success of decentralized planning and management. Our goals were not different from what the country set for itself under NRHM.

With this vision we started our journey in 2005 from State Health Resource Centre Chhattisgarh, spread our work to Bihar, Jharkhand and Orissa. Finally in mid 2007 we established our base in Delhi and in 2008 we got our society registered.

And when we look back now, we are proud of what we have achieved. If not all in detail but part of it is reflected in this Annual Report. I am sure the readers of this report will say that the list of achievement is impressive and the process we set in motion is good for the future of public health in India.

I am immensely grateful to the hard work put in by many- the members in the districts, Community Health Fellows, the team in state offices and in Delhi office. We are also encouraged by our well wishers and government counterparts expressing their solidarity and support.

Great to be a member of a mission team of architects for a healthy society in the country !

Let us continue our journey.

Best wishes and warm regards,

Dr. Antony. K.R.

Message from Vice President

Dear friends,

It gives me immense pleasure to extend my thanks and greetings to all the members of Public Health Resource Network (PHRN) for their valuable contribution for the promotion, expansion and strengthening of the network across the Nation.

We have accomplished many of our objectives but still we have miles to go. Our endeavor in, strengthening public health system, strengthening the communitization initiatives of NRHM, building strong network of likeminded individuals and organizations, undertaking action research and advocacy initiatives have been possible by the contribution extended by our band of supporters.

We have been successful in laying stones for some of our new initiatives and have also simultaneously scaled up in our ongoing activities. The joint initiative of IGNOU and PHRN in launching of the PGDDHM programme has added feather to our cap in our capacity building front. Further the Community Health Fellowship programme which is a first of its kind in India was also launched to build a cadre of public health professionals who could support the district public health planning and programmes. The ongoing Community Health Fellowship (CHF) programme has taken new dimensions with support from Jamia Milia Islamia University and JNU. I extend my thanks to the academicians of these universities who have given their technical support in strengthening the action research initiatives of the community health Fellows. I also acknowledge the support given by ICSSR in documenting the entire process of the community health fellowship programme. It is a welcoming move as it shall give a lot of impetus in identifying its successes and limitations for strengthening the initiatives in future.

The structured distance learning programme on decentralized health planning continues and we look forward to more participation so that they can be the flag bearers in the district health planning processes. We need to rope in more resource persons who support our capacity building initiatives and lay emphasis on translating the knowledge acquired by the participants for strengthening the district health action plan.

The initiatives taken to strengthen the district health action plan (DHAP) have been possible in some states with support from NHSRC.

I express my thanks to SHRC Raipur, National Rural Health Mission, ICCHN, SEARCH Gadchiroli, NHSRC and other collaborating institutions for their sustained support in running our activities and providing technical support. I hope this support will be intensified.

PHRN's relentless pursuit in identifying like minded individuals and organizations to strengthen the network continues unabated. We have PHRN resource groups at the state and district level; however our initiatives can gain more momentum and have new dimensions if we keep on adding new individuals and organizations.
The journey has just begun and we look forward to having more committed individuals and organizations to support our endeavor for strengthening public health system in the country.

M.M Pradhan

Message from Secretary PHRS (National Convener PHRN)

Dear Friends,

It is with pleasure and pride that I look back upon over four years of association with PHRN. This initial period has been fraught with critical challenges of building a new organization and network while handling a complex set of interventions that require a multiplicity of skills and involve a multitude of actors.

In a brief period of time; only a year since formal registration of the society, we have put together a Community Health Fellowship programme; launched a PG Diploma on District Health Management in collaboration with IGNOU; consolidated and formalized the capacity building programmes through the PHRN Certificate Course and Fast Track processes; embarked upon an ambitious academic programme that supports enrollment into an MPH course for interested and deserving members, engaged in significant research relevant to health systems, brought out a valuable set of 15 books with more in the pipeline and engaged fully with the NRHM at all levels; from supporting ASHA training to facilitating the creation of District Health Action Plans in the four states of Jharkhand, Bihar, Orissa and Chhattisgarh, while supporting similar processes in others like the North East, UP, Punjab and Haryana.

However, beyond that, and at its heart, one is proud to be a part of a group of very special workers; self motivated, skilled, committed, energetic and positive; all with the common desire to do good work that helps the health of people, specially the most deprived. These are people who work simply to do fruitful work and to have opportunity and space to be with like-minded people in a world that is not always conducive or encouraging. It is this camaraderie that has sustained all of us through the intensity of the last few years.

We are also sustained by the certainty that the joy of doing good work is infectious – and this is evident in the large and growing network of friends and partners who contribute their time and expertise in the spirit of voluntarism to keep up this pace.

I look forward to more learning and working together, so that we can contribute significantly to the struggle for the elusive right to 'health for all' in our country.

With warmest regards and in solidarity,

Dr. Vandana Prasad

Contents

Introduction

Public Health Resource Network is a voluntary network of many hundred concerned public health practitioners who are willing to contribute towards 'Health for All'. These practitioners are involved in creating capacities and engaging with the public health system.

PHRN seeks to identify like-minded, motivated individuals and organisations within and outside the health system, and reach out to them in order to accelerate and consolidate the potential gains from the NRHM through building capacities and capabilities. PHRN has been active since 2005 in the states of - Chhattisgarh, Jharkhand, Bihar, and Orissa. PHRN was initially brought into being in the year 2005 as a documentation and dissemination initiative of the State Health Resource Centre (SHSRC), Chhattisgarh in order to accelerate and consolidate the potential gains from the NRHM that can truly change the health scenario of the disadvantaged people. In its initial years, 2005-2008, the network comprised a small group of people, essentially working on the materials that have formed the theoretical basis of subsequent PHRN strategies. Along with this, one or two people were appointed to begin exploratory work in the states of Bihar, Jharkhand and Orissa. They acted as the nucleus around which the well structured current state teams now operate. These initial years were fraught with difficulties of trying to create space for intervention despite very skeletal support in terms of resources, both human and material.

It was only in mid 2007 that a small team was set up in Delhi to begin the process of organizational separation from SHRC so that a formal national level body could be set up to expand work and scope of PHRN.

PHRN has also supported similar action in many other states, such as Rajasthan, Haryana, Uttarakhand and the North Eastern states of India.

Public Health Resource Society (PHRS)

Public Health Resource Society (PHRS) is the core group that has initiated the network. It consists of a small group of members and full timers that provides leadership to the network as well as functions as its secretariat. **PHRS** was registered under the Society's Registration Act of 1860 in the year 2008 with its head office in New Delhi that functions as the secretariat.

Objectives of PHRN

1. Reaching out to dedicated individuals and organizations for whom health equity is a major concern, and providing them access to essential public health technical resources and sharing these with existing and potential district health programme managers towards strengthening the public health system in their districts. Assisting in the emergence of state and district level resource groups for this purpose.
2. Empowering civil society to create space, and utilizing the space being created under the NRHM, for improving and increasing public participation in health governance, planning and management.
3. Promoting decentralization and horizontal integration at district, block and gram panchayat levels by contributing to capacity building at these levels on technical, programmatic, epidemiological and social understandings of health.
4. Strengthening the resource base needed for informed advocacy within government and within civil society.
5. Facilitating networking and mutual support among public health practitioners.
6. Building capacities and creating spaces and opportunities to contribute to this goal.

Strategic Initiatives of PHRN

The strategic initiatives consist of:

1. Conducting ***PHRN Distance Learning programme for public health practitioners*** both within and outside of government.
2. Supporting ***Fast Track Capacity Building Programme*** on district health planning and management for public health sector employees in partnership with State governments.
3. Conducting a ***Community Health Fellowship Programme*** to induct and groom interested persons into working towards public health goals.
4. Conducting a ***Post Graduate Diploma in District Health Management*** in collaboration with Indira Gandhi National Open University and managing it in New Delhi, Chhattisgarh, Jharkhand, Bihar, and Orissa.
5. Strengthening ***community processes*** in NRHM
   - o Support to the ASHA programme
   - o Facilitating effective Village Health Sanitation Committee (VHSC) functioning and village health planning
   - o Facilitating public participation in health management through bodies like Rogi Kalyan Samiti (RKS)
   - o Capacity building and support to Panchayati Raj Institutions' (PRIs') involvement
   - o Assisting community monitoring processes to improve facilities and services

6. Making ***district planning*** more equitable and effective through
   - o Research inputs
   - o Independent appraisals and evaluations
   - o Access to information and technical resources
   - o Peer reviews
   - o Quality district health plans involving intensive work in 3-4 districts of Chhattisgarh, Jharkhand, Bihar and Orissa.
7. Promoting ***networking*** and the emergence of district and state level groups and teams with a high degree of motivation and skill.
8. Holding conventions, seminars, study groups and meetings to facilitate these processes.

Our Programmes

1. **The Community Health Fellowship**
2. **The PHRN Distance Learning Programme on Decentralised Public Health Management**
3. **The PG Diploma in District Health Management (PGDDHM): Collaboration with IGNOU**
4. **The 'Fast Track' Process (Support to District Health Action Planning)**
5. **Networking with various organizations and individuals active in public health**

The three modes of public health capacity building (PHRN Distance Learning Programme on Decentralised Public Health Management, PG Diploma in District Health Management and the 'Fast Track' Process) are essentially concerned with the transfer of similar content using similar methods but with different objectives and targeted at somewhat different participants as discussed below.

1. The Community Health Fellowship Programme

One of the goals of NRHM is to strengthen community participation in health programmes, by supporting all community level processes for greater peoples' participation in achieving “Health for All”. It aims to achieve this goal through community representatives in the form of community health workers, i.e. ASHAs, village health and sanitation committees and hospital based committees (Rogi Kalyan Samitis) for community planning and monitoring of health services. Apart from this, it also plans to strengthen the role and participation of Panchayati Raj Institutions and people's organizations in all processes.

The Community Health Fellowship (CHF) programme was launched in 2008 to strengthen the community processes in NRHM. It is an initiative by PHRN to support NRHM in partnership with the National Health Systems Resource Centre (NHSRC), the apex technical support institution for the NRHM; SEARCH, a pioneering NGO and the ICICI Centre for Child Health and Nutrition (ICCHN), a funding and research group. The Community Health Fellowship programme plans to build a team of young professionals and

dedicated youth with the perspective and skills to contribute to pro-poor community development work through the rest of their careers.

The CHF is a two year full time programme, which provides young development professionals a strong background in the field of community health. The programme nurtures, grooms and educates the fellows in the states of Rajasthan, Bihar, Jharkhand and Orissa towards enhancing and strengthening of community processes in the NRHM in the districts and grass roots level. The fellowship programme imparts multi-disciplinary knowledge to the young professionals. The focus is on creating community health professionals with high motivation and technical competencies to work with people, civil societies and the state to further the ideals of 'Health for All'.

These fellows get placed in districts and are linked to both District Health Societies and local civil society groups. The fellows are provided an induction programme and a strong and continuous mentoring support from a network of resource individuals and organizations from across the country including National Health System Resource Centre (NHSRC), Centre of Social Medicine and Community Health (JNU), Centre for Jawaharlal Studies (Jamia Millia Islamia), SEARCH (Gadchiroli), CINI (Jharkhand), Ekjut (Jharkhand), Prayas (Rajasthan), and Aravalli (Rajasthan). Each fellow is linked to both, an academic mentor and a field level mentor.

The activities of a Community Health Fellow are:

- To support and strengthen all community level processes in the districts through advocacy with district administration and panchayati raj bodies and with local NGOs
- Formative studies for designing community programmes and improve training curriculum documentation of ongoing processes

- Facilitate participatory processes of block and district health planning and ensure participation of community representations and civil society.
- Networking with local institutions, rights based groups, issue based alliances, NGOs etc.
- Ensuring the spirit of the programme is present in the districts and blocks.
- Assisting in training ASHAs and Village Health and Sanitation Committee members and of local NGOs involved in the operational of the NRHM. Attending training programmes and serving as trainers.
- Undertaking small evaluation studies to feed into local programme planning.
- Drawing the attention of authorities to gaps in the programme and support that local activists need - especially as regards incentive payments, drug kit refills and referral support.
- Analytic programme documentation.
- Organizing post training follow up and support. There role could also be concerned with providing assistance with training logistics, feedback on training quality - both content and method (especially the ASHA programme)
- Conducting formative studies that help design communication programmes and improve training curriculum.
- Facilitating visits by national and state mentoring group members.

A Rapid Assessment of Communitization Processes of the National Rural Health Mission in Jharkhand, Orissa and Bihar: This is a consolidation of rapid assessment studies done to assess the status of the community processes under NRHM in the states of Bihar, Jharkhand and Orissa. These studies were done by the community health fellows over a period of three months in various districts of the above mentioned states under the aegis of community health fellowship programme. Report available at: http://www.phrnindia.org/Rapid%20Assessment%20Report.pdf

The expected outputs from a Fellow are:

- A more effective ASHA programme and VHSC
- A more efficient Rogi Kalyan Samiti
- Identifying motivated individuals within and outside government and networking them to support institutions/organizations working in public health
- Identifying motivated organizations and helping with their capacity building and networking them to institutional support at the state and national level
- District level public health resource groups

"We discussed about VHC; its importance, its structure, functions, VHC meetings, maintaining registers /cashbook. We also discussed that how VHC can lead to solving the health and nutritional problems of the village by themselves and make the government officials attentive to the problems. The bank account of VHC had been opened but the transfer of fund was not made till then. The Village Health Committee members through their own effort made a display board of Village Health Committee which is the first kind of effort in the Sahibganj district.

The VHC members have started regular meetings of VHC's and documenting the activities in the meeting register. It was agreed that that in the next meetings use of Untied Fund and Village Health Plan will be discussed the Village Health Plan will be prepared."

-Sandip Kumar Mitra, CHF, Sahibganj-Jharkhand

In Khunti district of Jharkhand, a total of 110 VHCs in Karra and Murhu block have been trained on their roles and functions, untied fund utilization and preparation of Village Health Plan. Moreover the CHF has tried to sort out the problem of existence of VHCs in Torpa and Rania block. As of now, Untied Funds have been released for VHCs in Torpa and Rania. 45 trained VHCs in Murhu have started utilizing untied funds. Requisition for untied funds for the next three years has been placed by some VHCs.

The Community Health Fellow gains:

- Individual mentorship and guidance by leading public health practitioners in the country.
- A learning experience that is facilitated through an active participation in the field.
- An opportunity to participate in the National Rural Health Mission (NRHM), Government of India's flagship programme for health that aims in bringing about a change in India's rural health scenario.

PHRN Bihar Team along with CHFs along with Basic Health Inspector responsible for spraying in the PHC area and Block Health Manager visited Mahesh Patti Village to observe Indoor Residual Spray in the area. The team observed that-

- Most of the houses visited were either partially covered spraying had been refused by the household owners.
- Canvassing with the household owners had been limited and it seemed that there was no persuasion on the part of spraying team. The need for BCC and IEC has clearly emerged as when the team interacted with the people. The reasons for refusal came up as -allowing spraying in the inner rooms will make the house dirty and mosquitos do not get killed so there was no need for spraying.
- That clearly indicated that people should have been given some preliminary information before spraying such as a) it was for kalazar and not for malaria a) it was for sand fly and not for mosquito etc.
- The marking on the household covered was good, descriptive and clear. The marking showed how may rooms and verandas were there and how many sprayed.

Though, PHRN's prime role is that of a capacity building resource group, this fellowship programme is undertaken in partnership with social action organisations, by providing them resource inputs, help in advocacy and mobilization processes aimed at strengthening the public health systems. The state level mentoring groups are well reputed health NGOs in the state and the offices of the PHRN. PHRN guides the fellows and provides them support and space to work within the frameworks of community participation and district planning activities of the NRHM.

The fellowship programme is operational in 3 states of Bihar, Jharkhand, and Orissa, with about 28 fellows in total, who are given a two year fellowship, with varying remuneration, based on experience and qualifications. In addition, PHRN offers support to 12 Community Health Fellows in Rajasthan who are directly in the charge of NHSRC.

Current Status: PHRN is collaborating with Centre for Jawaharlal Nehru Studies, Jamia Millia for the documentation of the entire process with the support of Indian Council for Social Sciences Research through a study titled "Analysing Strategies for Community Participation in National Rural Health Mission: A Documentation of Action Research in Four States" This process documentation will look at potential and desirability for scaling up, as well as an assessment of output. The final outcome would be published and this would include a primer on action research for public health, as well as an edited volume of the work done by the fellows. This project office will be located at The Center for Jawaharlal Nehru studies, Jamia Millia Islamia

For details of work undertaken by the Community Health Fellows at state level refer to Annexure 4. Reports of capacity building programmes held for the CHFs are available at our website www.phrnindia.org

Future Plans: PHRN would like to expand its CHF programme to new states such as UP and increase the number of districts covered to 100.

2. Distance Learning Programme on Decentralized Public Health Management

PHRN aims to provide support to public health practitioners working in the districts in all aspects of district health planning and public health management, especially under the context of National Rural Health Mission. PHRN provides this capacity building support in distance learning mode to cater to the needs of those who would like to enhance their knowledge and skills in public health but are not able to attend a full time formal programme on the same.

This is a module based learning programme which complements official processes of capacity building with a more informal, open ended participatory and immediate reaching out to all these individuals and organizations 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 sensitized to ongoing debates. By actively engaging individuals and organizations 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 sensitized persons - the potential missionaries needed to support the National Rural Health Mission.

Contents: The programme is not a substitute for the formal training and certification of public health management professionals in public health training institutions. The content also does not necessarily reflect the official positions of the Mission- in either technical detail or programme strategy. It complements official processes of capacity building with a more informal, open ended participatory and immediate reaching out to all these individuals and organizations 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 sensitized to ongoing debates. By actively engaging individuals and organizations within their existing spheres of work and by facilitating their participation in enhancing the quality of health services, this programme would expand the number of sensitized persons- the potential missionaries needed to support the Mission.

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

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 is 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 are also built in. These contact programmes, are 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 act as resource persons. Participants who send in the monthly feedback forms,

undertake and complete all course activities and/or attend the contact programmes regularly, have been deemed to have completed the programme successfully and this receives certification. The assessment of participants is an ongoing process aimed at aiding both the participants and the course coordinators to gauge their own progress and identify areas for further improvement.

The Curriculum

1. Introduction to Public Health System: 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 its 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. Behavior 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.
6. Mainstreaming Women's Health Concerns: 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.

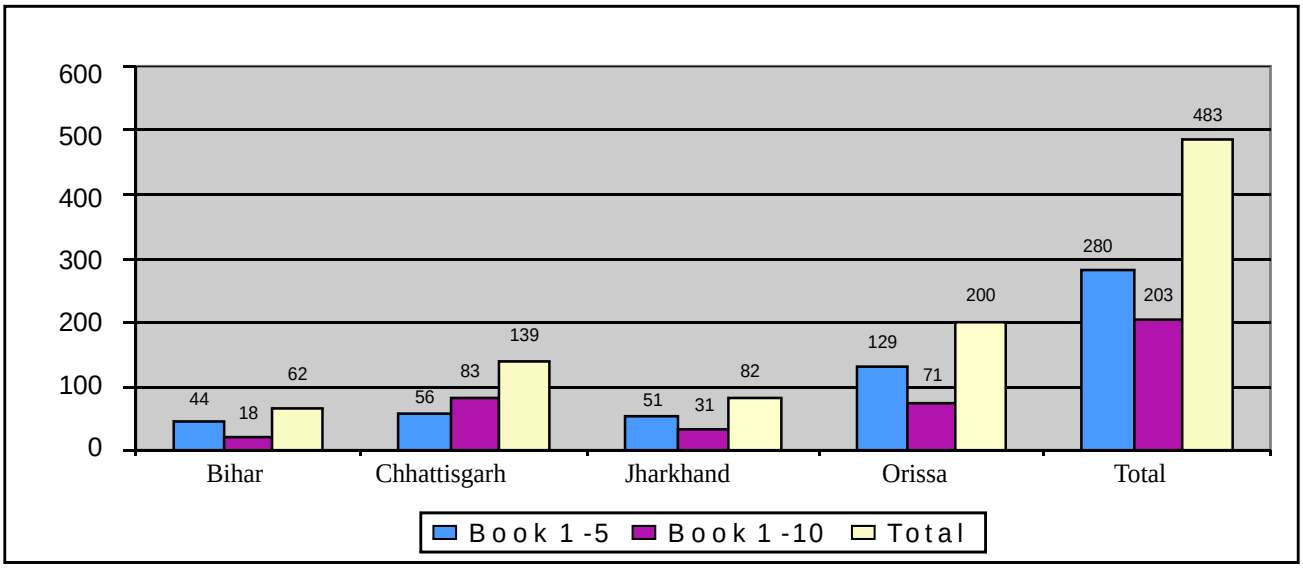
7. Community Participation beyond Community Health Worker Programmes involves learning about tools of community diagnosis, understanding village level planning and the role of panchayats; finding the spaces where community may participate effectively in decision making. Also to understand and draw on the strengths of Non-Governmental Organizations.
8. 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. Convergence: 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.
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. Legal Obligations of District Health Systems 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 decentralization, 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 marginalized groups, introduction to hospital administration, the approach to non communicable disease including mental health etc.

Faculty: Faculty for developing training materials and conducting contact programmes comprises of resource persons who have been actively involved in providing technical assistance to district level health programmes in the EAG states. The faculty has been largely drawn from the senior experts of state level and regional health resource centers and technical agencies working in the EAG states- the State Health Resource Center Chhattisgarh, Population Foundation of India, Child In Need Institute, ICICI Centre for Child Health and Nutrition and agencies like UNICEF and from NGO networks. The course is being coordinated by Public Health Resource Centre based in Delhi.

This DLP has formed the basis of the formal PGDDHM in collaboration with IGNOU as well as the fast track process to support the formation of DHAPs at state level as seen below.

Current Status: So far 822 students have enrolled in Distance Learning Programme. An impressive 59% (483 students) have been awarded certificate of participation. Enrollment was somewhat slow during 2009-10 due to taking up new programmes like Capacity Building Programmes for District Health Management, Community Health Fellowships and PGDDHM in the states.

Qualified for Certificates



Some 80% of students come from non-medical background while 16% belong to medical profession (6% Allopathy and 10% AYUSH). 58% students come from NGO and while 21% each are from govt. and private sectors. 58% students have experience of less than 2 years and 21% have experience between 2-5 years.

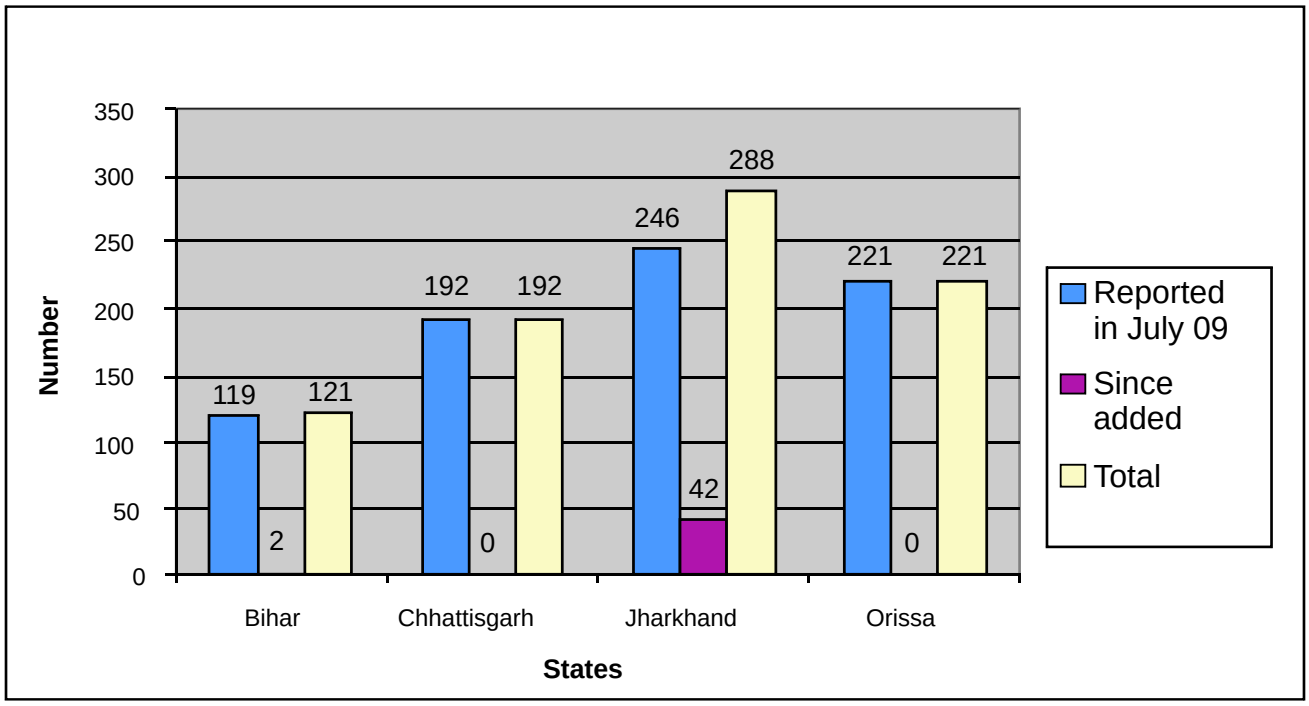
"I am a course participant of PHRN. I am working in Biraul and Kusheswar Sthan block of Darbhanga which is highly flood affected area in Bihar. During my work I have visited more than 20 kala-azar affected families".

-Vikash, Course Participant, Bihar

Key processes that have contributed to the success of DLP have been the regular sharing of resources and keeping the participants in the information loop; keeping them connected to the CHFs. The participants also form an integral part of the District Resource Group (DRG) and they facilitate the inclusion of new members and work for the sustenance of the group. There have been efforts to communicate to CDMOs

and DPMs regarding the participants involvement in the programme and the possible contributions they can provide in the District Health Action Plans.

State-wise enrolment in PHRN Distance Learning Programme



For other state level details on the DLP see Annexure 5.

3. District Health Action Planning (the 'Fast Track' Process) Capacity Building Programme:

The Focus: The capacity building initiative focuses on building the capacities of government personnel and other key stake holders working with NRHM for effective district level health planning and management. The idea is to create district level resource persons who shall be supported by a team of state level resource persons for having viable district health plans that actually reflect the needs of the community.

Facilitating the preparation of well worked out District Health Action Plans (DHAP) with due process is extremely important to realize the vision of effective decentralized planning. However, when PHRN started in all the four states, this dream could not be

immediately realized as it was felt that the state lacked the capacity for going for such a process. PHRN started with its capacity building programme and waited for DHAP processes to start. Finally, State level Consultation on DHAP started to be held followed by district level consultations and block level consultations. In the whole process PHRN has been involved in providing technical support to the districts in the preparation of DHAP by means of designing simplified templates for planning, listing out activities and orienting the district teams on the same.

Objectives: The capacity building programme organized by the NHSRC and PHRN on District Health Planning for public health practitioners. This programme has been started to build the in house capacity of the district to prepare their health action plan.

Design: The design of the Capacity Building Programme is built upon the design of the preexisting DLP. The 'fast track'[1] capacity building programme is to be completed in three rounds for a batch of participants where each round is for six days and the rounds are held three to four months apart. The training covers a well defined syllabus which contains a proper blending of theory and practical applications that helps the participants to contribute towards strengthening the district planning and management initiatives. PHRN attempts to systematically follow up after the training programme to look into the application of the knowledge imparted to the participants.

[1] The term is something of a misnomer since the entire course takes the same duration of time as the Post Graduate Diploma in District Health Management

The Training of BPMs

"We have learnt about NRHM, BPM's roles & responsibilities and the block programme management system. We promise to put in our best to improve the IMR & MMR of our Blocks."

- From Feedback session in Fast Track capacity building programme of BPMs in March 2009

"I have attended both the rounds of Fast Track Capacity Building Programme. The training not only provides us the knowledge but also motivates us to work with all challenges. It also helped us to understand our role in the system and how we can support it to perform better. I liked all sessions on the planning that gives me clarity to prepare a block health action plan for my Block .Now looking forward to the third round."

-Ishawar Bharti, BPM, Dondi, District Durg

"After training I am able to understand basic structure of public health system & National health programs. It is helping me in my routine work at the block.

Now I can discuss on the health issues with personnel of health department. By the help of training I made my Block's PIP. It is guiding me on weekly meetings of health workers and supervisors. I am thankful to you all."

-Keshav Gautam (IGNOU Scholar), BPM, Dongargaon, District Rajnandgaon

Support for the Programme: The fast track programmes are held in collaboration with State governments, the NHSRC (National Health System Resource Center) and state or regional level technical support/ resource agencies. PHRN offers support through training material, appropriate national level resource persons, quality control and follow up to ensure acquisition of skills and information and translation to action at state and district level.

The Fast Track Capacity Building initiative has been a part of the Chhattisgarh NRHM PIP since 2007-08. A total of 300 health officials are to be trained for 18 days divided into three rounds of 6 days each. As many as 279 participants from18 districts have undergone the first round of this training and out of them, 148 persons have undergone the second round of training. District Program Managers and Block Program Managers from all the districts have attended the Fast Tracks. Participants also included CMHOs, Medical Officers, BMOs and District Nodal Officers.

The capacity building programme was first initiated in PHRN Chhattisgarh in December 2007. By June 2009 two rounds had been completed in 16 districts. Jharkhand was the next state to start. By August 09 PHRN Jharkhand had completed two rounds. This was followed by Orissa which began the programme in May 08. PHRN Orissa had completed only one round at the time of reporting. The last one to initiate fast track capacity building programme was Bihar. It started the programme late in December 2008, and by December 2009, PHRN Bihar had completed 2 rounds and also initiated DHAP processes in 35 districts.

Current status: Up to now two rounds of trainings have been completed in all PHRN states with the exception of Orissa where one round of training has taken place. In the PHRN states a total of 396 participants have completed the first round of training and a total of 325 participants have completed the second round of training. PHRN has also supported the process in north eastern states where three rounds of training have been completed in all the eight states. We have also supported 'fast track' processes in Punjab, Haryana and Uttarakhand.

In Jharkhand the State level Consultation on DHAP was held on 6th November 2009 followed by District level consultations and block level consultations. In the whole process, PHRN has been involved in providing technical support to the districts in the preparation of DHAP by means of designing simplified templates for planning, listing out activity lists and orienting the district teams on the same. After the success of DHAP in four pilot districts, Jharkhand is going for scaling this up in 12 more districts of the state.

As a part of the training process PHRN also facilitated the process of the actual drafting of the DHAP. In Jharkhand 22 districts were directly facilitated by the

PHRN team in making their DHAP. In Bihar all the 38 districts' DHAP were facilitated. Orissa was requested by NRHM to faciliate the process in three districts. Chhattisgarh actively supported three districts in drafting the DHAP and also was a part of the DHAP first draft approval process for seven districts.

Future Plans: We will be completing the third round of training in districts that are already engaged with the fast track process. Further we would like to extend the process to all the districts where PHRN is active.

4. Post Graduate Diploma in District Health Management (PGDDHM); Collaboration with IGNOU

(PGDDHM) is an important Joint Endeavor of PHRN and IGNOU in the direction of realizing National Rural Health Mission's vision of creating adequate public health cadres at all levels.

PGDDHM aims to support Public Health Practitioners working in the districts in all aspects of Public Health Systems. This distance learning programme compliments regular training programmes and thus contributes to meeting this immense training need. The programme has been launched from July 2009 in the PHRN states of Bihar, Chhattisgarh, Jharkand, Orissa, as well as Delhi, Andhra Pradesh, Assam, Kolkata, Tamil Nadu, Madhya Pradesh and Manipur.

It is a 32 credit programme (24 credits for theory and 8 credits for practical) including project work. This programme aims to support public health practitioners working in the districts in all aspects of Public Health systems. The role of Public Health practitioners working in the districts is very crucial in all aspects of district

health management and public health management.

Current Status: Altogether 131 students have enrolled of which 100 students have participated in the first spell of the PGDDHM contact programme. NRHM Chhattisgarh has sponsored 10 candidates for undergoing this course in 2009-10 and is planning to sponsor 50 scholars in the next batch.

States	Number of students
Orrisa	35
Chhattisgarh	22
Delhi	22
Jharkhand	21
Bihar	14
Assam	10
Manipur	7
Total	131

The programme uses a variety of teaching material and methods including audio visual material. Three **teleconferences** have been organized in IGNOU for all the PGDDHM and DLP participants and it is planned to have these at monthly intervals.

Future Plans: PHRN would like to expand the programme and dialogue is on with interested organisations for opening study centres in other states

For state level details refer to Annexure 5.

5. Networking

One of the important activities of PHRN is networking with like minded individuals and organizations who are active in the field of public health to bring them together to a common platform. This is achieved by various strategies including promoting General Body Membership (currently there are 59 General Body members of PHRN), networking through sharing experiences on E group (the E-group has over 300 members currently), networking through partnering with other organizations with similar aims and objectives for the various programmes as well as collaborating for research activities (Annexure 2) and providing support to field based organizations and other networks and campaigns.

PHRN Bihar is a member of various state committees - State Committee on Nutrition Policy; Peoples' Commission on Health Rights of Flood Victims; Committee on review of HMIS reforms in the state. The team had also participated in State Consultation on Improving Institutional Delivery through Public Health Services System; Nursing Reforms Consultative workshop and assisted in facilitation in TOT for District Malaria Officers on Kala Azar organized by NVBDCP - GOI

Jharkhand PHRN played a pivotal role along with the District Level Task Force comprising of UNICEF, USAID, District Immunisation Officer to review the NRHM programmes in Khunti district which was bifurcated from Ranchi district two years back. PHRN assisted to systematically monitor each of the programme block wise by meticulously recording the proceedings to review the progress in the meeting.
This effort led to the

- registration of the District Health Society/Hospital management Society
- flow of untied fund from district to the block
- utilisation of the Block level Untied fund.
- Review of institutional delivery in the block and sub centres
- Opening of VHC bank accounts
- utilisation of HMS fund for the sub divisional hospital.

From the Convenors

"I'm proud to be a part of PHRN and feel fortunate to be able to contribute to its efforts towards ensuring health equity"
-Ms. Sulakshana Nandi, State Convenor, Chhattisgarh

PHRN's relentless pursuit in identifying like minded individuals and organizations to strengthen the network continues unabated. We have PHRN resource groups at the state and district level; however our initiatives can gain more momentum and have new dimensions if we keep on adding new individuals and organizations.
-Dr. Madan Mohan Pradhan, State Convenor, Orissa

"The PHRN team though started late has done some really praiseworthy job with all HR constraints & other tough challenges but I guess missionaries are always on their mission and have proved that missionaries would tread in where professionals have feared to tread and would succeed even where the challenges are greatest", all the best to one & all for future challenges."

-Mr Rafay Khan, State Convenor, Bihar

Messages from PHRN Friends and Network Members

"I was part of Chhattisgarh PHRN. I miss all. This is an expression of my wish to keep in touch with what happens at PHRN"

Dr.B.P.RaviKumar (Professor and Head, Dept of Community Medicine, Mamata Medical College, Khammam, Andhra Pradesh)

" The PHRN is a unique initiative that supports research and policy advocacy in health with the resource material and capacities required to positively change public health practice & outcomes in India. Its training and capacity building programmes draw upon existing expertise within states to reach out to practitioners in marginalised geographies with public health knowledge and resources. The aim is to build mutually enriching connections between knowledge and practice to benefit poor communities in the country."

Shilpa Deshpande, President, ICCHN, Pune

"The PHRN books provided are very helpful in understanding different health related issues".

Gajendra Singh, CHF, Godda-Jharkhand

" The power of the network was revealed to me especially during the working of the DHAP and State PIP"

Annie Kurian CHF, Khunti-Jharkhand

"PHRN's effort is a collective one. It seeks to work with the existing health system".

Prem Singh, CHF, Rajasthan

"The training organized by PHRN was very good, through the training I got an opportunity to go through theoretical and practical knowledge in health sector".

Julee Swarukar, CHF, Bhilwara-Rajasthan

"PHRN is a platform to bring like minded people to bring reforms in the field of public health"

Sk. Fazlul Haque Krishnan, CHF, Nuapada-Odisha

"PHRN believes in working with the government"

Md. Jalaluddin Khan, CHF, Bihar

Annexure 1(a)

Reports from the States
Community Health Fellowship Programme
Bihar

The fellows undertook a rapid assessment study of village using PRA tools, FGDs, meeting with key informants. Different tools were used for the study such as, seasonality, timeline, disease matrix, ranking and social mapping.

They held thematic discussion with ASHA, PRI functionaries in the village and assed the functioning of flagship maternity benefit scheme JBSY in the villages
and its utilization.

a) It was found that benefits were still not reaching despite it being incentivized
b) The formation of Village Health and Sanitation Committee in Bihar was under process. ASHA day was not functional and turned out to be a token activity or a ritual.
c) Rogi Kalyan Samiti is slowly evolving as good institutional mechanism to ensure proper amenities to the patients at the facilities. Though fellows felt the need for conducting orientation programs for members to elaborate the objective of RKS.

Muzaffarpur - CHF has worked in the formation of district health action plan and has coordinated and facilitated them with data and reports in the DHAP. CHF is also associated with increasing the participation of Pramuks (PRIs) in the Rogi Kalyan Samiti. He regularly organizes meeting with them to educate them about their role and responsibility. This has resulted in minimizing the gap between the PRI members and their participation in health system. Further the CHF also meets and leverages Self Help Groups (SHG) to discuss health related issues. This initiative has acted as a tool in creating awareness among SHG groups on various health and hygiene matter. CHF acts as a link between health system and these groups, and thereby informs them about the health facilities which they can avail in the health system.

As Muzaffarpur is red zone for Kala Azar, CHF visited areas that need spraying and also advocated preparation of Kala Azar action plan. Visits were made to villages to prepare them for spraying. Hot spots were identified for Kala Azar in Muzaffarpur.

Gaya - CHF has worked in the preparation of DHAP of Jehanabad district. Frequent visits were made to the district and facilitated in preparing the health action plan. Various primary health centres (PHC) and sub-centres (SCs) were surveyed and CHF also attended the Rogi Kalyan Samiti meetings held in the district. The survey report on Gaya Government Hospital has become a tool for advocating the state for providing free laboratory services to patients in all the health facilities. CHF is also engaged in facilitating the use of additional fund at the sub centre level so as to improve the condition and services provided in the villages.

Rohtas - CHF has assisted the district in finalizing their DHAP. A district level orientation programme was organized, first of its kind, for members of Rogi Kalyan Samiti in Rohtas to orient the members. The orientation programme drew attention of the regional newspapers and also paved way for the participation of community in the health delivery system. There is continuous on-going work for formation of VHSC in Rohtas district and has actively participated and presented the issue in the monthly meeting held in the district.

Araria - CHF has been instrumental in strengthening the role of PRI members in the functioning of Rogi Kalyan Samiti. IEC material has been used for training RKS and has been provided it to each member. This technique of conveying information about their role and responsibilities had a positive effect and helped in regularizing the meeting and utilizing the fund.

Vaishali - CHF is involved in strengthening ASHAs role as a community mobiliser. CHF has been instrumental in making ASHA day a regular activity in the state and is also actively involved in imparting trainings to ASHAs and in facilitating them to become community mobilisers.

Nalanda - CHF, has facilitated in preparing the District Health Action Plan. Through the effort of the CHF, separate clinics for adolescent girls have been opened in the PHC. CHF has been selected for the National Level Training Team of ASHAs and has contributed by analyzing the gaps in ASHA training organized by NIPI. The report written was presented in the State Health Society and further advocacy was done on this matter. Further, through advocacy the VHSC has opened its account in the district.

Samastipur - CHF has been working with ASHAs towards capacity building and has facilitated and attended ASHA day in the PHC. CHF has had training experience and has imparted training to ASHA and has been instrumental in building their capacities. There has been active participation in the District Health Action plan of Samastipur and has visited the Kala Azar prone area in Samstipur to sensitize people on causes and prevention of this disease.

East Champaran - CHF has played an active role in the formation of District Health Action Plan and has facilitated in the activities formation, budgeting and writing up the DHAP. CHF has also been working for strengthening Rogi Kalyan Samiti in the District and has visited and collected report on RKS from two PHC and then participated in the meeting of RKS. As part of the outcome the funds were utilized effectively as per the priority and report was given. As East Champaran is Kala Azar prone area and visits were made to Kala Azar affected villages. Through FGDs awareness was created regarding causes and prevention of Kala Azar. CHF also participated in the pre-preparation and monitoring of spraying activity by the village level committee. CHF attended the ASHA day and did advocacy with the MOICs for regular and agenda based organization of ASHA day.

All the CHFs of Bihar team have made an effort and started the process of community mobilizing and participation in the health services in Bihar. Some of their efforts have led to major changes in the system

whereas some others are in process. With their efforts they have made their position between the district health representatives and between the community health representatives.

Further as our CHFs are attached with the NGOs in the district they have been continuously working in increasing civil societies participation in the health system. CHFs attachment with the district NGOs has also improved the networking of PHRN and has pooled the like minded in the same platform

All the CHFs are preparing reports and PHRN is providing them with the materials and books on health issues of Bihar which has led to their self development.

It is the active participation of CHF in the District Health Action Plan of 2009-10 that this year, all the 33 districts had to be facilitated by the PHRN and NHSRC team. CHFs are also playing facilitator role in more than one district in preparing Block Health Action plan. This has helped in fulfilling the aim of decentralized planning and participation.

Jharkhand

Eight people have been offered fellowship under this programme. To carry out research work and develop the fellows academically, Jawaharlal Nehru University (JNU) and Jamia Millia Islamia University extended their support restate for action research component. Practical and field support is being drawn from the network members. The initial orientation of the fellows was held in Gadchiroli. CHFs are also involved in strengthening community processes in their respective districts.

Activities by Community Health Fellows in Jharkhand:

Sahibganj: Major activity has been on VHC Strengthening. Training has been given to 69 members of 43 VHCs on their roles and functions, untied fund utilization and preparation of Village Health Plan in Rajmahal on a pilot basis. Also, VHCs have been pushed to open their bank accounts. Moreover, the trust of Civil Surgeon and district health system was won. So they are extending all possible support. Bank account of all 43 VHCs has been opened and VHCs received untied funds. More than 70 percent of the untied funds were transferred in the first month itself.

Godda: Godda district received the least support in its initial six months, which now has turned to be supportive in the later part. The community health fellow in Godda continuously followed to the district and helped in analyzing the status of VHC in the district. He along with the district PHRN team (which is small but strong enough to push the things) prepared a detailed report of the VHC with their account and untied fund status. The report was converted in to an action plan helped the district in preparing and sending a requisition for funds to the state. The same was followed in the state by the state team and as of today, the entire fund has been sent to the district. Moreover, VHCs were trained on their roles and functions, untied fund utilization and preparation of Village Health Plan. As of now, the state has released the entire amount to the district. 187 VHCs have been trained in Sundarpahari block with a total of 145 VHCs and 137

Sahiyyas as participants. Moreover, the district team has developed a unique module for training VHCs like pictorial method as literacy level is very low.

Dhanbad: In Dhanbad, a lot of work is being done to strengthen community processes. A total of 195 VHCs were trained in Topchanchi, Dhanbad and Baliapur block on their roles and functions, untied fund utilization and preparation of Village Health Plan. A Convergence meeting on pilot basis started in Topchanchi block of Dhanbad district involving AWW, ANM, VHC members and Sahiyya on cluster basis. Special trainings were given to Sahiyya on RDK use under Malaria Programme with the help of District Malaria Officer. A total of 120 Sahiyyas have been trained for the 3rd round of training and the Block Level Trainers Team has been trained for the 4th module to scale up in the entire district. This has resulted in Preparation of Village Health Plans by 45 VHCs in Dhanbad district. Moreover, the issue of non-payment of incentive to Sahiyya for immunization has been sorted through convergence meetings. VHCs have released amount for the payment to Sahiyya. Untied funds have been released to 350 VHCs. Utilization reports have started coming up with few requisitions for release next year. Sahiyyas in 4 Panchayats trained who helped the Malaria officer in IRS.

Khunti: A total of 110 VHCs in Karra and Murhu block have been trained on their roles and functions, untied fund utilization and preparation of Village Health Plan. Moreover the CHF has tried to sort out the problem of existence of VHCs in Torpa and Rania block. As of now, Untied Funds have been released for VHCs in Torpa and Rania. 45 trained VHCs in Murhu have started utilizing untied funds. Requisition for untied funds for the next three years has been placed by some VHCs.

West Singhbhum: The CHF here has been working on strengthening community processes. Sahiyyas have been trained on Drug kit use. Efforts have been made to strengthen Rogi Kalyan Samiti in Chakradharpur PHC. Also, VHCs have been trained on their roles and functions, untied fund utilisation and preparation of Village Health Plan. As of now, Village Health Plan has come up in 3 villages and RKS meetings have been regularized in 2 PHCs.

Simdega: Simdega district has taken off slowly. However, the district has been able to gear up the process of account opening of VHCs in two blocks-Jaldega and Bano. To speed up the process, the Deputy Commissioner has now issued a letter to speed up the process after seeing the slow progress of VHC and Sahiyya in the district. It was a difficult task in the district to trace the information about the VHC and Sahiyya as the promoting NGO had not submitted any reports to the district in this regard.

East Singhbhum: 352 VHCs in 9 blocks have been trained on their roles and functions, untied fund utilization and preparation of Village Health Plan. The CHF has also helped the district in collating and analyzing the information on VHC status, compiling the UF status and sending the UF requisition to the state. Moreover, Block level trainers have been identified which has resulted in formation of BTT. Moreover, Integrated Village Health Plans have been prepared for 3 (three) Villages in Ghatsila block. More than 80% of the UF has been released by the state to the district for VHCs.

Hazaribag and Ramgarh: Both the districts have shown a significant take off in VHC and Sahiyya. CHF in Hazaribagh district has helped the district in initiating the processes of sorting out and finalizing the lists of VHCs and its UF status in the district, pilot trainings in three blocks for VHC strengthening and mapping out health sub centre wise maternal and child health plan in Barkatha and Bishnugarh block. In addition to this CHF has helped in Gola block of Ramgarh district to improve the health service delivery system of the PHC. Starting of a Sahiyya help desk in Gola block is in the process. First and second rounds of the meeting have already been done and a large meeting of Sahiyyas have already been planned to be held in the month of December, before the start of Sahiyya help desk at PHC.

All the CHFs have also contributed to PHRN's organisational activities by commencing Distance learning Programme in their districts. Distance Learning Programme have commenced in seven of the eight districts (except Simdega) where the fellows are placed.

Orissa

The CHF programme had been officially flagged of by the Mission Director (NRHM) and necessary government directives have been given to the CDMOs for support.

A report on the rapid assessment of the district health profile stating the gaps and the challenges with recommendations has been disseminated to the district and state health administration for appropriate action. The CHFs have supported the district health administration in initiating actions and bringing about desired changes. The actions initiated were towards:

a) Supporting the GKS in making them functional and more effective
b) Enhancing the quality of the functioning of ASHA through capacity building support
c) Making the JSY effective by generating awareness among the beneficiaries and stimulating the health administration
d) Initiating formation and strengthening of Rogi Kalyan Samitis
e) Supporting the community in monitoring the activities of the malaria control programme. The action research has been initiated by the CHFs on specific topics in their respective districts. Currently they are in the piloting phase and are mentored by professors from JNU, Jamia MIlia Islamia University, Doctors working exclusively in Public Health and social scientists.

The CHF has facilitated the process of strengthening the district level network by identifying key individuals and organizations and initiating concerted efforts for strengthening district health system. District and block level resource groups are in the process of getting strengthened which shall help in intensifying our work and have a strong group to advocate for the cause that we are working for.

The CHFs have participated in the PIP dissemination processes in their respective districts. They are now

currently involved in working with the district health administration to support I the development of a realistic district health action plan.

The CHFs have been involved in supporting the district health administration in various capacity building initiatives. They were involved in the capacity building programme of the members of GKS and RKS, the ASHA and the health workers on malaria control programmes.

The CHFs were exposed to a series of national level workshops where they were trained on various techniques of action research and were exposed to various replicable models. They have been successful in disseminating the learning's to a larger group of audience at the district level.

Rayagada - The CHF in the district has been successful in mobilizing a good number of candidates for enrolment in the distance learning programme of PHRN. Outreach contact programmes have been organized. CHF has involved the course participants in facilitating various communitization initiatives. CHF also developed a strong district resource group to support PHRN initiatives constituting of stakeholders from the DPMU,CSOs,CBOs,PRIs and other line departments and other individuals having interest in the field of public health and helped in formation and strengthening of RKS,GKS. District level capacity building programme of BPOs, District ASHA coordinators, MO I/Cs, ASHAs were also organized. There was direct involvement in developing village health micro plan in a selected sub centre with the help of DPMU which can be advocated for replication. On the action research front the CHF completed the Rapid Appraisal, finalization of the concept paper and tools. The CHF was also involved in monitoring activities for ASHA, GKS members, RKS members and strengthening the VHND and participation in the dissemination workshop of the PIPs. District and block level PHRN resource group was formed.

Angul - CHF participated in the district Malaria Plan and also was a trainer for the fifth module of ASHA training and on VHSC capacity building. CHF also actively participated in the district PIP preparation and mobilized AYUSH doctors working in district NRHM for taking admission in the distance learning programme. PHRN resource group was formed at the district level.

Dhenkanal - There was formation of the district level review and mentoring group led by PHRN and the district and block level PHRN resource group. CHF was the district level trainer and district nodal officer for ASHA 5th module training. CHF also imparted training to VHSC members at the district and block level and facilitated the village health micro plans in the pilot block.

Mayurbhanj - The CHF conducted state level training of trainers (TOT) on PRA for doing the rapid appraisal in the districts by all CHFs. CHF was the nodal officer for monitoring and supervision of the malaria control programme like distribution of bed nets and IRS in the district in close cooperation with the CDMO. Social audit was organized as part of monitoring in the district with special instruction from district health administration. Strengthening RKS in pilot blocks and GKS was an important activity by organizing training programmes in coordination with DPMU. Awareness was generated among JSY beneficiaries and

CHF was also involved with capacity building of ASHA in the sector meeting. Adolescent health concerns were addressed in the remote blocks of the district through GKS. Case studies have been documented.

Nuapada - A rapid appraisal of the district was conducted. There was formation of the district resource group. CHF conducted training for ASHA 5th module; attended the national level TOT for the ASHA 6th module training and facilitated the GKS formation and training of GKS members and funds transfer. CHF promoted institutional delivery in selected sub-centres where there were no institutional delivery after 3years of NRHM interventions. Case studies have also been documented.

Koraput - There was a rapid appraisal of the district health profile and formation of district resource groups. CHF played an active role in sensitizing GKS on their roles and responsibilities and attended district level IMNCI training and subsequently followed up with AWW. Sanitation camps and capacity building of ASHA were organized. CHF took the initiative in generating awareness amongst JSY beneficiaries on maternal health benefits.

Bargarh - The CHF conducted a rapid appraisal of the district. CHF played an active role in monitoring the LLIN and IRS activities of the malaria control programme in coordination with district health administration; attended the regional TOT on the 5th module ASHA training and was the district level trainer for the same. There was awareness generated on maternal health benefits to JSY beneficiaries in the rapid assessment villages. CHFalso participated in sector, block and district level meetings to understand the current situation and share the findings.

Annexure 1(b)

Collaboration with IGNOU:
Post -Graduate Diploma in District Health Management

Bihar

The first spell of PGDDHM programme (Course 1 and Course 2) was organized from the 18th to 21st January 2010. There were 4 BHM students and 10 from non-governmental organisations. There was a demand for material in Hindi. New enrollment of students is in progress and there is a discussion in process with SHSB to sponsor staff (DPM, BHM and doctors) from the district health team for the course.

Chhattisgarh

22 students have been enrolled for this academic session. 11 of these students were from the fast Track and 9 from the DLP. The contact classes will be held in February.

Profile of students enrolled in PGDDHM:

DPM	3
BPM	7
Field coordinators	4
IDSP district consultant	2
MO	3
Others	3
Total	22

Jharkhand

The total number of participants enrolled in the first batch are 21. Counselors have been identified and the names have been approved by IGNOU. One round of orientation of counselors was organized on the 12th of December, 2009. A study centre has been established with all minimum necessary requirements to conduct the sessions and counseling. Arrangements of teleconferencing were done in the beginning of December. The first contact class was held on the 5th of January, 2010 and continued for three days.

Orissa

The total number of participants who have enrolled in the programme are 35 out of which 28 participated in the first contact session that was held from the 16th to 22nd of January, 2010. Academic counselors were appointed by IGNOU and all modules were completed as per the agenda given by IGNOU. Participants

were taken for field visit (PHC Tangi, Dist Cuttack) as per the specifications given including verbal autopsy, facility level survey, analysis of IEC/BCC components of maternal and child health as given in the district health action plan & social determinants of maternal and child health. Participants were contacted through CHFs. The induction ceremony was a launching ceremony of the of the PGDDHM programme followed by orientation of the participants. Invitation and information about the course was sent well in advance to all the CDMOs, DPMs, NRHM staffs, State Core group members, CSOs and other supporters.

Profile of students enrolled in PGDDHM:

Male	23
Female	12
Educational Profile	
MBBS	2
NRHM Doctors (AYUSH)	15
Staffs of DPMU and BPMU	12
CSO	3
Others	3
No. of participants who attended	28

Delhi

In Delhi the first PGDDHM contact classes were held from the 13th of January to 19th of January which was co-ordinated by programme co-ordinators from the PHRN national office. Out of the 22 enrolled, 15 of them participated.

Profile of participants enrolled:

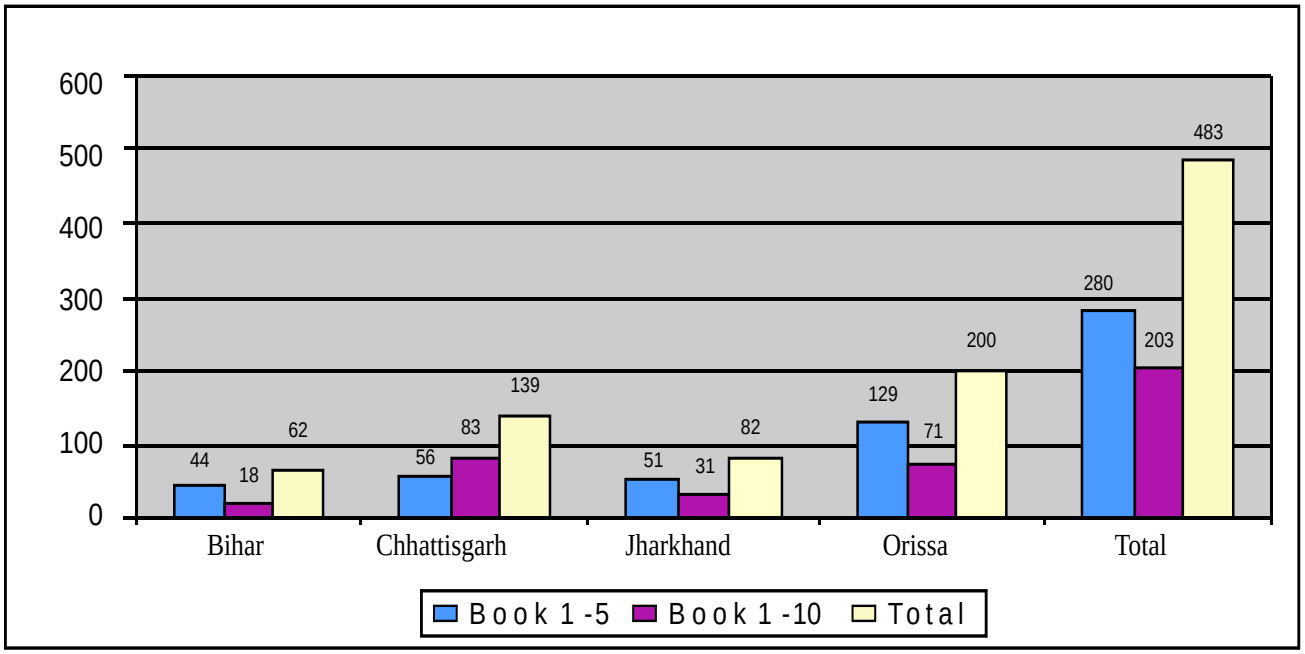
Male	13
Female	9
Educational Profile	
MBBS	3
AYUSH doctors	3
Non-medical	16
Employment status	
In government service	4
In non-government sector	18
No. of participants who attended	15

Annexure 1(c)

Distance Learning Plan

There have been 822 students enrolled for DLP since the inception of the programme. State wise award of certificates has been given in the Table below. It is worth noting that 59% of students qualified for receiving the certificates - which is a comparable figure to any successful programme in distance learning anywhere in the country.

Qualified for Certificates 483/822 = 59%



Annexure 1 (d)

Fast Track Capacity Building Programme

Chhattisgarh

In Chhattisgarh, Public Health Resource Network and SHRC are jointly conducting Fast Track Capacity Building Programmes for District Health Managers. This is being done in partnership with SIHFW, NHSRC and The State Health Mission. This initiative has been funded from NRHM and has been a part of the Chhattisgarh PIP since 2007-08. A total of 300 health officials are to be trained for 18 days divided into three rounds of 6 days each. As many as 279 participants from16 districts of Chhattisgarh have undergone the first round of this training.

Progress Made So far:

Till date, 279 participants divided into six batches have undergone the 1st round of training and the first batch has additionally undergone the 2nd round of training. The details are given in the following table:

Round	Total number of participants
First Round	279
Second Round	116

Progress of Fast Track Capacity Building Programme (Table 1)

Batch	No. of participants	Month/Year	Rounds completed (out of 3 rounds of training)
1st	48	December 07	1st
	18	September 08	2nd
2nd	30	August 08	1st
	32	July 09	2nd
3rd	57	October 08	1st
	13	August 09	2nd
4th	57	December 08	1st
	13	October 09	2nd
5th	21	February 09	1st
	40	January 2010	2nd
6th	27	March 09	1st
7th	20	April 09	1st
8th	19	June 09	1st

Composition of Participants

The Fast Tracks have covered participants from all the 18 districts. Specifically, District Program Managers and Block Program Managers from all the districts have attended the Fast Tracks. Participants also included CMHOs, Medical Officers, BMOs and District Nodal Officers. Detailed composition of participants is given in the Table below.

Composition of Participants in Fast Track

Sl. No.	Designation	No. of participants
1	CMHO	3
2	MO	73
3	BMO	41
4	AMO	9
5	DPM	17
6	Civil Surgeons	2
7	DIO	2
8	DMO	3
9	DLO	5
10	DTO	2
11	DHO	5
12	DPHN	3
13	BPM	53
14	BETO	10
15	BEE	2
16	DDA	4
17	AYUSH	2
18	Asst. Professors	2
19	Others(civil	41
	society/NGOs/DHS)	
Total	279	

Post Training Follow-up

An important element of the Fast Tracks is the post training follow-ups. The Fast Track participants have been involved at various levels, in the formulation of the District health Action Plan and the State PIP. The PHRN team has held follow-up meetings in Ambikapur, Bastar, Koriya, Raigarh, Rajnandgaon, Kanker, Mahasamund, Durg, Raipur, Dantewada and Kawardha Districts

Case Study on Capacity Building Programme of Block Programme Managers in Chhattisgarh

The Block Program unit under the NRHM came into being around September 2008. An urgent need was felt by the State Health Mission and PHRN for capacity building of the Block Programme Managers (BPMs) in public health as they were qualified MSWs and MBAs but with very little or no experience in health. Hence the 6th and 7th Fast Track batches included only the BPMs and the training was specially tailored to their understanding and needs. After each training follow up meetings were organised in districts to support them in the field.

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Bihar

Activities done: In Bihar this activity has been initiated by the State Health Society with the active support and participation of PHRN, Bihar and NHSRC, Bihar in organizing it. Presentation, Group activities, discussions and small exercises were the strategies applied in the workshop.

Fast track phases	Rounds Taken	Date / duration	Districts covered	Total participants
Round 1	Batch1	1st-6th Dec 08	10	47
	Batch 2	2nd -7th Feb 09	13	50
	Batch 3	6th -11th April 09	14	94
Round 2	Batch 1	7th -12th Sept 09	12	65
	Batch 2	5th -10th Oct. 09	12	58
	Batch 3	26th -31st Oct. 09	13	69
DHAP first draft	Round 1	26th - 27th Dec. 09	19	54
finalization				
	Round 2	29th - 30th Dec 09	19	54

Major Achievements:

- Fast Track Capacity Building Programme which has completed two phases in Bihar has resulted in the preparation of District Health action Plan Of the year 2009-10 with the in house capacity of 36 district out of 37 district which has been covered in the Capacity building workshop.
- It has also given places to the Community Health Fellows and PHRN team in the health system in Bihar and provided the opportunity to interact with public health professionals. It has further pave the path for civil society participation in health.
- This programme has also given a platform for the health practitioners to interact with each other and come out with innovations in their field.
- Further it has promoted the team work and coordination of Doctors and health Managers which though were working in the same environment but were not connected for common objectives.
- Ownership of making plan and working for its implementation is the golden achievement of this fast track capacity building programme.
- Capacity of analyzing their facilities against the standard that should be maintained in their facilities has also increased their participation and shown positive changes in the health care facilities in Bihar.

Jharkhand

Fast Track/Capacity Building Programmes Conducted for Doctors and Health Functionaries.

The intended outcome of the Fast Track is to pool in resource persons for district level planning and district health management. This is to help develop good quality district health plans with the help pf village and block health plans. This will help to draw up a facility development annual plan - based on analysis of the local needs, assessing the capacities and analysis of previous year's progress and the current situation and the resources allocated to the districts. In Jharkhand four batches have had Round 1 training while two of these batches have Round 2 training.

S.No	Batch	Round	Dates	No/. of participants attended
1.	1	1	27th Feb 08-3rd March 08	39
2.	2	1	6th -11th May 08	32
3.	1	2	22nd-27th Sep 08	33
4.	2	2	13 Oct 08-18th Oct 08	24
5.	3	1	27th July-1st Aug 09	28
4.	4	1	24th-29th Aug 09	33
			Total	189

Orissa

Achievements

- The first round of the first batch of fast track capacity building was held from 19th May to 24th May 2008 at State Institute of Health and Family Welfare, Bhubaneswar. Around 36 participants (19 doctors from various facility levels and 17 NRHM staffs joined the programme form 8 districts of Orissa including Angul, Balasore, Bhadrak, Deogarh,Keonjhar, Mayurbhanj, Nuapada and Sundargarh.

- The participants have initiated the process of spearheading the district health action plan processes and have added new dimensions to it in their respective districts. They have been instrumental in acting as district resource persons in supporting our initiatives of capacity building and action research. They have also significantly contributed in strengthening the district level networks by roping in highly motivated individuals and organizations to support our initiatives.

Annexure 2:

Organizational Profile

The organization has been registered under Society Registration Act 1860 and IT for PAN and TAN

Registration under IT Act 12A is under process.

Our main Auditors: M/s Ashwani & Associates, 103 Pratap Bhavan, Bahadur Shah Zafar Marg, New Delhi 110002

Current Staff

	Name	Designation	Posted at
1	Dr. Vandana Prasad	National Convenor and Programme Advisor	PHRN Delhi
2	Mr. Sushant Verma	Executive Director	PHRN Delhi
3	Mr. Dinesh Chandra Bhatt	Head HR	PHRN Delhi
4	Dr. Ganapathy Murugan	Senior Programme coordinator	PHRN Delhi
5	Ms. Madhurima Nundy	Senior Programme coordinator	PHRN Delhi
6	Ms. Soibam Haripriya	Programme coordinator	PHRN Delhi
7	Mr. Raghavendra Singh	Programme coordinator	PHRN Delhi
8	Ifat Hamid	Programme coordinator Part-time	PHRN Delhi
9	Mr. Sunandan Kumar	Accounts cum Administrative Officer	PHRN Delhi
10	Ms. Sulakshana	Programme coordinator Part-time	PHRN Delhi, for PHRN CG
11	Mr. Arun Kumar	Programme coordinator	PHRN Bihar
12	Mr. Md. Shahnawaz	Accounts cum Administrative Officer	PHRN Bihar
13	Dr. Anjum Soni	Senior Programme coordinator	PHRN CG
14	Ms. Tarang Mishra	Programme coordinator	PHRN CG
15	Mr. Devendra Bedre	Accounts cum Administrative Officer	PHRN CG
16	Mr. Haldhar Mahto	Senior Programme coordinator	PHRN Jharkhand
17	Ms. Shampa Roy	Programme coordinator	PHRN Jharkhand
18	Mr. Alexandar Kerketta	Programme coordinator	PHRN Jharkhand
19	Ms. Nivedita Prasad	Programme coordinator	PHRN Jharkhand
20	Mr. Bhupesh Kashyap (left)	Accounts cum Administrative Officer	PHRN Jharkhand
21	Mr. Satyanarayan Patnaik	Programme coordinator	PHRN Orissa
22	Dr. Soumya R. Mishra	Programme coordinator	PHRN Orissa
23	Mr. Subhashis Panda	Programme coordinator	PHRN Orissa

8 of PHRN team members are women

CHFs: Jharkhand- 8, Orissa - 6, Bihar - 8 total 22

Bank Accounts: (in Savings Bank)

(1) ICICI Bank Panchsheel Branch

(2) State Bank of India, Defense Colony Flyover Branch

Our Governing Board

Dr. K Antony - Director, SHRC, Raipur, Chhattisgarh

Dr. M.M. Pradhan - Deputy Director, Malaria NVBDCP, Orissa

Dr. Vandana Prasad - National Convenor, PHRN

Mr. Dinesh C Bhatt - Head HR PHRN

Dr. Suranjeen Prasad - State Director, CINI Jharkhand

Dr. Kamlesh Jain - SHRC, Chhattisgarh

Dr. Rajib Das Gupta - Associate Professor, CSMCH, JNU, New Delhi

Ms. Sulakshana Nandi - State Convenor, Chhattisgarh

Mr. V.R.Raman - Sr. Consultant, ICCHN

Mr. Rafay Khan - State Convenor, Bihar

Mr. Biraj Pattanaik - Advisor, Office of Commissioner of Right to Food

Annexure 3:

Our Partners in Development:

PHRN has working relationships with a number of front ranking organizations in public health from which it draws technical support and guidance for its programmes, mainly the distance education programme in public health, community health fellowship programme, research and studies. The organisations are listed below:

National Rural Health Mission (NRHM)

National Health Systems Resource Centre (NHSRC)

State Health Resource Centre (SHRC), Chhattisgarh

ICICI Centre for Child Health and Nutrition (ICCHN)

Population Foundation of India (PFI)

Child In Need Institute (CINI), Jharkhand

Indira Gandhi National Open University (IGNOU)

National Institute of Health and Family Welfare (NIHFW)

SEARCH, Gadchiroli

Strong support has been received from Centre of Social Medicine and Community Health, Jawaharlal Nehru University as well as Centre for Jawaharlal Nehru Studies, Jamia Millia Islamia.

Annexure 4:

Our Offices

PHRN Bihar State Office : 84, Patliputra Colony (Opposite Notredame Academy) Patna - 800 013, Bihar Phone:- 0612-6455343 bihar@phrnindia.org	**PHRN Jharkhand State Office :** F /108, Anshul Ashok Vihar Ranchi - 834001, Jharkhand Phone: 0651-2532087 jharkhand@phrnindia.org
PHRN Chhattisgarh State Office : Q.28, In front of Shiv Mandir New Panchsheel Nagar, Near Katora Talab Raipur - 492001, Chhatisgarh Phone: 0771-2430001 chhattisgarh@phrnindia.org	**PHRN Orissa State Office :** Plot No-253/586, Paika Nagar (West) Baramunda Bhubaneswar - 751003, Orissa Phone: 0674-6531770 orissa@phrnindia.org

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5 A, Jungi House (GF)
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www.phrnindia.org

Annexure 5:

List of IGNOU Regional Centres and Programme Study Centres Offering the Programme

S.No.	Regional Centres (RC's)	Programme Study Centres (PSC's)
1.	Regional Director IGNOU Regional Centre , NCT of Delhi-1 Plot No. J2/1, Block B-1 Mohan Cooperative Industrial Estate Near Mohan Estate Metro Station Mathura Road, New Delhi - 110044 INDIA. (Landmark- near Haldiram Outlet on Mathura Road) Tel : 011-29958078/29956015/ 26056834/26058354 Fax : 011-29053172 www.ignourcdelhi1.in e-mail : rcd1ignou@rediffmail.com : rcdelhi1@ignou.ac.in	1. Mr. Raghvendra Singh Public Health Resource Network (PHRN) National Coordination Cell, 5A Jungi House (Ground Floor), Shahpur Jat, New Delhi -110049. INDIA. Tel : 011-26499564/30631170-74 www.phrnindia.org e-mail : phrc.delhi@gmail.com : pgddhm@gmail.com
2.	Regional Director IGNOU Regional Sanchi Complex, 3rd Floor Opp. Board of Secondary Education Shivaji Nagar, Bhopal-462 016, Madhya Pradesh (M.P) Tel: 0755-2578452, 2578455, 2578454 Fax:0755-2578454 e-mail: ignoubhopal@rediffmail.com	2. Dr. Ashok Mishra Department of Community Medicine, GR Medical College, Gwalior-462001, (M.P.) INDIA. Tel. 0751-2403411; Mobile : 09425112903 e-mail: drashokgrmc@yahoo.co.in *Second PSC of MP (Bhopal) is inactive
3.	Regional Director IGNOU Regional Centre C-1, Institutional Area Bhubaneshwar-751 013, Tel: 0674-2301348/ 2301250 Fax: 0674-2300349 e-mail: igrd21@hotmail.com : rcbhubaneswar@ignou.ac.in	3. Mr. S.N. Patnaik Public Health Resource Network (PHRN), Orissa Plot No: 253/586, Paikanagar, Baramunda, Dist: Khurda, Bhubaneswar, Orissa-751015, INDIA Tel: 0674-6531770 e-Mail: phrnorissa@gmail.com : pgddhmor@gmail.com
4.	Regional Director IGNOU Regional Centre	4. Mr. Arun Kumar Public Health Resource Network (PHRN),

	2nd Floor, Biscomaun Tower West Gandhi Maidan, Patna - 800 001 Bihar, INDIA Tel: 0612-2221538/2221541 Fax: 0612-2221539, Tel : 0612-2219539(Mr. Shravan -2219541) e-mail: ignoupt@sancharnet.in :rcpatna@gmail.com	84-Patli Putra Colony Opp. Nr. Notre Dame Academy, Patna-13 INDIA Tel: 0612-6455343, e-mail: phrnbiharp@gmail.com : pgddhm.bihar@gmail.com
5.	Regional Director IGNOU Regional Centre Sector-1 Shankar Nagar Raipur-492 007, Chhattisgarh, INDIA Tel: 0771-2428285/5056508 Fax: 0771-2445839 e-mail: rrcignou@cg.nic.in	5. Dr. Tarang Mishra Public Health Resource Network (PHRN), Chhattisgarh 28, New Panchsheel Nagar Near Katora Talab, Civil Line, Raipur Chhattisgarh - 492001.INDIA Tel: 0771- 2430001 Fax: 2236104 e-mail:pgddhmcg@gmail.com :phrncg@yahoo.co.in :phrn.cg@gmail.com :chhattisgarh@phrnindia.org
6.	Regional Director IGNOU Regional Centre 457/A, Ashok Nagar, Ranchi-834 002 Jharkhand, INDIA. Tel: 0651-2244677 / 2244688 Fax: 0651-2244400 e-mail: ignouranchi@yahoo.com : rdranchi@ignou.ac.in	6. Mr. Alexander Kerketta Public Health Resource Network (PHRN), F /108 Anshul AshokVihar, Ranchi-834002 Jharkhand, INDIA. Tel: - 09430753275, Tel: 0651-2532087(Office) e-mail: phrnjharkhand@gmail.com : ignoupgddhmjh@gmail.com
7.	Regional Director IGNOU Regional centre C.I.T. campustaramani Chennai - 600 113Tamilnadu INDIA. Tel: 044-22541919 / 22542727 / 22542121 Fax: 044-22542828 e-mail : rcchennai@ignou.ac.in : rgnldirector@yahoo.co.in	7. Dr. Rajan R. Patil School of Public Health Div of Epidemiology 3rd Floor, Medical College SRM University Potheri, Kattankulatur-560203 Chennai, INDIA. Tel: 9600110872 e-mail : rajanpatil@yahoo.com : satish160@gmail.com (Dean) : dean@sph.srmuniv.ac.in
8.	Regional Director IGNOU Regional Centre	8.Dr. Tulika Goswami Department of Community Medicine

	House No 71,Gmc Road Christian Basti, Guwahati, Assam, INDIA. Tel: 0361-2662831/2662834 Fax : 0361-2662879 E-mail id : grcignou@gmail.com : rcguwahati@ignou.ac.in (RC) : jkurup1@rediffmail.com (NE States Coordinator)	Medical college, Dibrugarh Assam, N. E. State, INDIA. e-mail: drtulikagoswami@yahoo.co.in Mobile : 09435032539