PHFI’s work in the state of Odisha

Annual Progress report Oct 2011 – 12 (Completed Projects)

ASSESSMENT OF FACTORS CONTRIBUTING/AFFECTING AVAILABILITY AND RETENTION OF HEALTH WORKFORCE IN RURAL AND REMOTE AREAS OF ODISHA

Geographical Location: ODISHA The scarcity of qualified health workers in rural areas is a critical challenge for the health sector in India. Diverse interventions have been instituted by central and state governments to attract health workers to rural areas and to enhance the retention of qualified workers. The reasons for unwillingness to remain in rural and remote areas, however, are still only poorly understood. This study explores factors influencing health workers retention in rural and remote Odisha. The study was carried out in six districts of Odisha. Quantitative and qualitative data was collected using a mixed method approach. A total of 226 semi-structured interviews were conducted with different categories of health staff such as doctors, nurses, pharmacists, multipurpose health workers (MPHW) and lab technicians. The study findings reflect that except for a few districts, the ratio of PHW (F) to population is around one to 5,000, in a state which is at par with the prescribed norms of the Government of India. The ratio of government allopathic doctors, laboratory technicians and staff nurses to population are: 13,000, 40,000 and 15,000, respectively. The majority of the health staffs feel that “strong personal will to serve people”, “physical infrastructure”, “training opportunities”, “support by seniors”, “good schooling for their children” and “promotion avenues after certain years of rural service” are very important for continuing to work in rural and remote areas. Most of the participants were found to be satisfied with the support they received from their seniors and the local community, and the respect and trust of their patients. The major reasons for dissatisfaction with respect to working in rural areas included the lack of promotional avenues after rural service, dealing with poor physical infrastructure, and lack of schooling facilities for their children. The five reasons, ranked in order of priority, mentioned by the study participants for remaining in the same place were: permanent government service, pension facility, social service, source of regular income and job satisfaction. A combination of interventions like monetary incentives with enhanced career opportunities for professional growth (training, higher studies and promotion), scholarships and preference in seat allocation in reputed (residential) schools to the children of staff working in rural and remote areas, and suitable physical infrastructure at the workplace, would be more effective than financial incentives alone. There is a need for a clearly defined human resource policy for health personnel across all cadres with defined parameters for performance appraisal, transfer and promotion. The study has been completed and the report submitted to Government of Odisha and the funding agency i.e, the Technical Management Support Team, Odisha, under the Department for International Development. The abstract of the study has also been submitted to the National Conference on bringing Evidence into Public Health Policy (EPHP 2012) to be held on October 5-6 2012 at Bangalore, jointly organized by the Institute of Public Health, Bangalore and the Institute of Tropical Medicine, Antwerpen, Belgium. The abstract has been accepted for oral presentation during the conference. The abstract will be published in the British Medical Central Proceedings.
RAPID ASSESSMENT AND POTENTIAL SCALING UP OF JAN AUSHADHI SCHEME

Geographical Location: PUNJAB, RAJASTHAN, ODISHA, HARYANA, DELHI, ANDHRA PRADESH, WEST BENGAL, UTTRAKHAND

Background: Launched in 2008, the Jan Aushadhi campaign was intended to set up generic medicine stores in public hospitals as a means to supply unbranded medicines, at a reasonable price ensuring good quality drugs. The first store was set up in Ludhiana, Punjab in 2008 but has expanded to over 100 stores in a span of two to three years. The stores are spread across eight states and one union territory. The bulk of those stores are located in the three states of Rajasthan, Punjab and Odisha. However, it is recently reported that only half of those stores are actually in operation. Critical Concerns: The target of setting up 630 such stores in each district of the country by 2012 remains a distant goal. The tardy progress of the Scheme was: (a) the result of lack of enthusiasm at both central and state levels in the Ministry/Department of Health and Family Welfare for space allocation; (b) poor adherence to prescription of drugs by generic names by the doctors; and (c) management and implementation failure of CPSUs in discharging their functions in a timely and appropriate manner. Key Objectives of the Study: In order to operationalise the existing Jan Aushadi Stores (JAS) and to expand them to other districts and towns, we propose: i) To conduct rapid assessment of the existing JAS; ii) To identify the potential challenges and provide a roadmap for future scale-up of JAS; iii) To provide the implementation framework of JAS with specific emphasis on converting Jan Aushadhi into a low cost pharmacy chain at different levels in states; iv) To outline timelines and financial implications for scale-up of the scheme including cost of setting up the drug stores (one time capital cost) and operating cost (per annum).

Proposed Methodology: In order to carry out rapid assessment of the existing JAS and to identify the current challenges confronting the scheme, we propose to collect both quantitative and qualitative data from various stakeholders involved in the scheme directly or indirectly. The following indicators are proposed to be identified and collected during the field surveys of JAS: i) Availability and stock-outs of key essential medicines at the stores (from the Essential Drugs List); ii) A comparative assessment of the CPSU/other prices supplied to the stores and the difference between tender and market prices; iii) Budgetary flow of funds between various stakeholders including its design features and allocation mechanism; iv) Conduct prescription audit at the stores so that prescriptions and dispensing practices of doctors and dispensers respectively could be examined; v) Conduct client satisfaction exit interviews to elicit views of the patients; vi) Mapping of private facilities (especially drugs stores) around the district and sub-district public health facilities. This would help to facilitate identifying current incentive structures of the private facilities and disincentives of the JAS scheme.

As far as the qualitative data is concerned, we intend to conduct stakeholder interviews with the following institutions involved in running the scheme, directly or indirectly: i) Department of Pharmaceuticals; ii) Bureau of Pharmaceutical PSUs of India; iii) State Government Officials (district hospital managers – DMOs, etc.); iv) Small and Medium Scale Enterprises; v) NGOs/Charitable
Organizations/Co-operatives; vi) Officials of the supply chain systems; vii) Institutions involved in tendering/procurement process.

Project duration: MAY' 12 to SEP' 12

This project was supported by Department of Pharmaceuticals-Ministry of Chemicals and Fertilizer, Government of India and was led by Dr SAKTHIVEL SELVARAJ.

**ASSESSING AND SUPPORTING NORWAY INDIA PARTNERSHIP INITIATIVE (NIPI) INTERVENTIONS Geographical Location: RAJASTHAN, ODISHA**

The Norway-India Partnership Initiative (NIPI) was designed to provide up-front, catalytic and strategic support to accelerate the implementation of the National Rural Health Mission (NRHM) in five focus states, specifically to improve Maternal and Child health service delivery quality and access. The NIPI activities are spread across five years (2007-2012) corresponding to the duration of NRHM and has been functional in Rajasthan, Odisha, Bihar, Madhya Pradesh and Uttar Pradesh. As per the recommendations of the Joint Steering Committee of NIPI to initiate operations research, a proposal was put forth by PHFI and University of Oslo. The project 'Assessing and Supporting NIPI Interventions' (ASNI) was awarded by the National Committee on Operation Research chaired by the Additional Secretary and Mission Director, NRHM. The study has a multi-disciplinary approach designed to assess current NIPI interventions through a gender and equity lens in the states of Rajasthan and Odisha.

The aim of the study is two-fold: 1) to understand the functioning of three thematic areas under NIPI activities: facility based Yashodha initiatives; the Home Based Newborn Care provided by Accredited Social Health Activist (ASHA); and techno managerial support provided by NIPI and their convergence within NRHM. 2) To identify key obstacles in the effective implementation of these initiatives so as to recommend modifications and design an intervention package to improve equity, efficiency and sustainability of the programme.

A combination of qualitative methods and quantitative surveys will be deployed to draw together the required information. The study will be conducted in one NIPI focus district and one non-NIPI district which will act as a control area to allow for assessment of the additional benefits provided by NIPI and to identify modifiable barriers specific to the NIPI programme. Based on the current level of functioning of the NIPI interventions and identified barriers (if any), recommendations will be formulated and an intervention package developed in consultation with all stakeholders. A costing study will be used to estimate the costs of addressing the various bottlenecks in the system. During the study period, PHFI and University of Oslo will partner with the State Institutes like State Institute of Health and Family Welfare, Odisha and University of Rajasthan.

The research study is completed. The study used qualitative methods including FGDs, IDIs and observations along with community surveys to assess the impact of the Yasodha and Home Based New Born Care (HBNC) components of the NIPI interventions. The study found that both the NIPI interventions has resulted in significant improvements in knowledge and practice indicators related to maternal and new born health. Yashodas have resulted in improved rates of initiation of breast feeding among mothers who had a c-section and have improved the rates of postantal checks available to mothers in the facility compared to those mothers with no support from Yashodas.
Simialrly, ASHAs trained by NIPI to provide HBNC have resulted in improved levels of knowledge on danger signs, family planning, breast feeding and have reported higher rates of birth registration than those who received post natal visits by ASHAs not trained by NIPI. The study also provided some relevant recommendations to improve the benefits of the programme and have recommended scale up of these interventions across the study states and the nation.

Project duration: OCT’ 09 to SEP’ 11

This project was supported by Norwegian Ministry Of Foreign Affairs and was led by Dr BEENA VARGHESE.

EVIDENCE-BASED INTERVENTIONS FOR ACCELERATED ACHIEVEMENT OF MILLENIUM DEVELOPMENT GOALS (MDGs) IN ODISHA

Geographical Location: ODISHA

Odisha continues to be one of the high priority states owing to poor health indicators. Eleven high priority districts contribute to more than 60 percent of the infant mortality of the state. The Government of Odisha has launched Integrated Management of Neonatal and Childhood Illnesses (IMNICI) as an important child survival strategy in sixteen priority districts since 2005-06. For strengthening the quality of the immunization programme, a pilot intervention has been carried out in which health personnel in selected districts have been trained in supportive supervision. There is also a need for building the capacity of district officials on IMNCI, supportive supervision and maternal & child health (MCH). This project addresses those needs. It has three broad components: (1) Capacity building of district officials on IMNCI, supportive supervision and induction of MCH coordinators on maternal and child health (Part-A); (2) strengthening of external monitoring and supervision of routine immunization and IMNCI implementation in four high priority districts (Bolangir, Koraput, Nuapara and Malkanagiri) with provision of on-site handholding support and a scientific documentation of pre-and post-intervention differences (Part-B); and (3) assessment of supportive supervision strategy in selected districts of Odisha through a randomized control quasi-experimental study design (Part-C). Progress against the three major components of the project up to the end of July 2012 is as follows: Part-A: All training programmes are completed. Part-B (i) FUSE training plans, district level induction plans on IMNCI, and IMNCI supervision plan developed with the district team; (ii) IMNCI is now placed on the agenda of all district level meetings; (iii) District health functionaries were oriented on printing and immediate distribution of IMNCI logistics; (iv) There was emphasis on increasing the internal monitoring of routine immunization (RI), using the monitoring checklist; (v) The district authority and the MCH coordinators were sensitized to maintain training scores for both IMNCI and RI training; (vi) seventy five percent of all trainings were attended by project staff in all four intervention districts; (vii) ninety nine percent of the anganwadi centres (AWCs) designated for IMNCI monitoring were visited by the project staff and in 80 percent they were accompanied by internal monitors of the district; (viii) One hundred percent of the RI session sites were visited together with the internal monitors and their checklists were submitted at district level for consolidation. Part-C: The randomized post-test study to understand the effect of the supportive supervision strategy and to guage any significant changes in the programme performance and in the level of knowlege and skills of both supervisors and supervisees was completed. Results of the study suggest that the intervention package, which included supportive supervision guidelines were implemented in spirit, and it independently contributed to improved knowledge of supportive
supervision among the supervisees. It further established that district level officials attached high importance to the utility of supervision as a key strategy to improve immunization quality. The report is now being finalized for dissemination to UNICEF and also being prepared for publication in a suitable journal.

Project duration: JUL’ 11 to JUN’ 12

This project was supported by The United Nations Children’s Fund (Unicef) & Public Health Foundation of India and was led by Dr BHUPUTRA PANDA

MEASURING THE COMMITMENT TO REDUCE HUNGER: DEVELOPING AND IMPLEMENTING A HUNGER REDUCTION COMMITMENT INDEX FOR INDIA

Geographical Location: DELHI-NCR, BIHAR, UTTAR PRADESH, ODISHA

The Public Health Foundation of India (PHFI), in partnership with Oxfam India and the Institute of Development Studies (IDS) Sussex, is conducting a study to develop a “Hunger Reduction Commitment Index” (HRCI) for India and its states. HRCI is a tool developed by a consortium of organizations led by IDS Sussex, to measure political commitment to address the problem of hunger and in alleviating the conditions that underpin it. The HRCI measures commitment of governments and other stakeholders credibly, and in doing so, enables governments to track refine and prioritize their efforts. While all the other similar initiatives look at indicators related to outcomes retrospectively, the HRCI prospectively focusses on indicators of political commitment. The India HRCI is being developed as a composite of different indicators in three major areas of political commitment - legal framework, policies and programmes and budgetary expenditures - related to different development sectors that directly or indirectly contribute to hunger and malnutrition. PHFI has modified the methods and indicators of the global index to meet the situations and priorities of India and its states. The index will be developed through rigorous desk review of available secondary data. An expert survey in select settings as well as a community voice study would inform this process. The India HRCI will be prepared for all those states where data on select indicators are readily available. Our report will also include a narrative on barriers and enablers of hunger/malnutrition elimination in India and its states, in order to suggest a roadmap for improvement.

Project duration: APR’ 12 to NOV’ 12

This project is being supported by Oxfam India and led by Dr RAMANAN LAXMINARAYAN

Ongoing Projects

THE HIV/AIDS PARTNERSHIP: IMPACT THROUGH PREVENTION, PRIVATE SECTOR AND EVIDENCE-BASED PROGRAMMING

Geographical Location: MAHARASHTRA, UTTAR PRADESH, ODISHA, UK
The Private Sector and Evidence-based Programming (PIPPSE) Project, will include strategies that would enhance the institutional and human capacity of the National Aids Control Organization (NACO), State AIDS Control Societies and other related institutions to respond to the HIV/AIDS epidemic effectively. This objective will be accomplished by supporting innovations that will strengthen systems to improve the quality of planning, implementation, monitoring and evaluation of prevention programmes, as well as the prevention to care continuum, including private sector engagement. The goal is to contribute to India’s national strategy of saturating coverage of most-at-risk-populations (MARPs), and to provide high quality prevention services to reduce HIV prevalence among MARPs and the general population by 25 percent from the baseline (first year: 2012), over five years in selected states. The overarching strategy of this project is to support multiple national level innovations using experimental designs that will produce significant breakthroughs in the prevention to care continuum, including private sector models leading to impact in containing the HIV epidemic in the country. The United States Agency for International Development (USAID), through this project, will assist the Government of India in scaling-up proven innovations and take steps to support their replication globally.

Project duration: JUN' 12 to MAY' 17

This project is being supported by United States Agency for International Development (USAID) and is led by Dr SUNIL S. RAJ

Other Ongoing Initiatives in Odissa
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<td>Implementation and Monitoring of Integrated Management of Neonatal and Childhood Illnesses (IMNCI) and Routine Immunization in selected Districts of Odisha - An Action Research</td>
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