State Institute of Health & Family Welfare

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Sub - Request for writing a paper for the forthcoming publication of SIHFW

Sir/ Madam

SIHFW Rajasthan is committed for capacity enhancement of health system of Rajasthan. In order to materialize this commitment, SIHFW conducts in-service training of health professionals and operational research, which pave the way for mid-course corrections.

SIHFW is planning to develop reading material to cover the recent developments in the field of public health in the form of a book in collaboration with UNICEF, Rajasthan.

This public Health book; titled as – *Public Health in Rajasthan - Perspectives. Issues and challenges,* would help as a ready reckoner for new initiatives in the public health sector and unravel a new perspective to public health approaches. It could be used for reference by persons working in the public health field, researchers and even general public interested in this sector.

The areas proposed to be covered in the book are (detailed list of topics along with expected points to be covered in the article is enclosed)

1. Status of Public Health in Rajasthan
2. Public Health Policies and Legislations
3. Existing Health Sector initiatives and innovations in the system (Rajasthan specific)
4. Use of IT in Health Sector
5. National Health Program
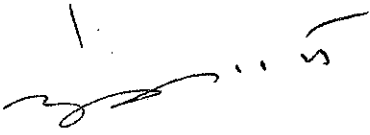6. Community, Communication and Commitment

As a subject expert, you are requested, to kindly contribute by writing at least one paper of the area of your choice. Kindly send us consent and the topic of your paper by 15th June 2018.
We would expect the paper within 3 weeks of our confirmation letter to you.
Your paper will be reviewed by an editorial board before finalizing for publishing and we will also come back to you for further clarifications if any. SIHFW will be happy to pay an honorarium against your technical input and support as decided by appropriate authorities.
A guidance note for writing the paper is enclosed for your reference.
With regards

Dr. Amita Kashayap
Director
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Guidelines for submission of Paper

Online submission of Paper at phpublication.sihfw@gmail.com addressed to Director SIHFW-Rajasthan or Editor In charge SIHFW Rajasthan.

Format: Content is to be given in a single word file, in Times New Roman Font (14 size for title and 12 size for text body) with double space and one inch margin on all sides. It should consist of title, abstract, main text, tables, charts, images at its appropriate places. For Papers in Hindi, attach the font file and PDF file of the paper while submitting.

References should be as per standard Vancouver Style; numbered consecutively in the order in which they are first mentioned in the text (not in alphabetic order). Identify references in text, tables, and legends by Arabic numerals in superscript after the punctuation marks.

Abstract should contain the title, and a summary of the paper with a limit of 150 words and three to four keywords. The text of the paper should start on a fresh page.

Tables/ Charts & Images: Each table/ chart/ image should be numbered and titled. The tables/ charts/ images should be placed at appropriate place chronologically within the article itself. Tables should be self-explanatory and should not be duplicated in text.

Length of the paper should not exceed 3500-4000 words (Including abstract, table, chart, reference etc). Authors are requested to strictly follow the prescribed length.

Editorial Process

The paper will be reviewed by an editorial board for possible publication with the understanding that it is being submitted to SIHFW alone at that point in time and has not been published or submitted or already accepted for publication elsewhere.

Conflicts of Interest/ Competing Interests

All authors must disclose in their cover letter, the conflicts of interest, if any, regarding authorship or with any institution or with products that compete with those mentioned in their paper.

Sending revised paper

The revised version of the paper, if required, should be submitted online in a manner similar to that used for submission of the paper for the first time.

Copies of any permission(s)

Once published the book will be the copyright of SIHFW and it is mandatory for authors/ contributors to obtain permissions for reproducing any material from it.

Please ensure submitting along with the paper

- Short profile with photograph of author
- Covering letter signed by authors/contributors with complete name/ initials used.
- Conflicts of interest disclosed in the covering letter.
- Consent that the paper is now the property of SIHFW, Rajasthan.
- Author for correspondence, with e-mail address and mobile number.

SIHFW-UNICEF Partnership

Topics – Public Health related book

Unit-1 - Status of Public Health in Rajasthan

S.no.	Topic	Expectation
1.	Health and demographic profile – the current status	• Analytical analysis of demographic data with comparison in different states and national level • Analysis of pace of progress to reach SDG 2030
2.	Changes in Public Health Scenario in the 21st century – since 2001	• Journey of health sector in Rajasthan from 2001 onwards which will include various health sector projects as RHSDP, European Commission, IPD, NRHM and NHM
3.	Urban Health Scenario in Rajasthan - Is NHM responding to the challenges of Urban Health Issues	• Review of urban health challenges including RMNCH+A services, burden of NCDs, Communicable diseases, industrial waste generated health problems • Urban poor and issues of access, availability and affordability of health services
4.	Public Health challenges of 21st century – from MDGs to SDGs	• MDG commitments, achievements and shortfalls • SDG a way forward
5.	Emerging health issues & opportunities	• Introduction to emerging health issues n 21st century
5.1	Geriatric Care – need of era	• Demographic profile • Challenges of old age problems in developing era • Status of health care services for old aged • Probable solutions
5.2	Palliative Care - support to people in need	• Need and importance of palliative care • Training and skills of health care providers • Care and support by society and family members • Challenges of stigma and discrimination
5.3	NCD - reasons behind its rise	• Introduction to major NCDs and their challenges • Issues of life style, ignorance and availability of health care services • Management and treatment of disease
5.4	Mental Health – tip of the iceberg	• Reasons behind increase in cases of mental disorders • Need for early diagnosis and timely intervention • Focus on enhancers of positive mental health
5.5	Silicosis – an occupational health hazard	• Overview of problem in relation to Rajasthan • Diagnosis and treatment services • Care and support and compensation • Awareness among workers and their family about the disease and available support
5.6	Health Insurance - a win-win situation for all	• Overview of various health insurance schemes and programs in public and private sector • Analytical comparison in various insurance schemes by state and central government • Benefits to both provider and receiver
5.7	Partnering with developmental agencies	• Contribution under different partnerships in health sector in Rajasthan

Unit-2 - Public Health Policies and Legislations

S.no.	Topic	Expectation
1.	National Health Policies - 2017 - Key issues and challenges	• Background behind National Health Policies – past and present • Principles, Objectives and expected key outcomes of policy • Suggestive implementation framework of policies
2.	National Women Empowerment Policy and State Women Policy of Rajasthan	• Background behind National Women Empowerment Policy • Principles, Objectives and expected key outcomes of policy • Review of implementation framework of policies • Comparison between the two policies
3.	National Nutrition Policy	• Background and framework behind National Nutrition Policy • Comparative assessment of principles, objective and implementation framework between National Nutrition Policy and National Nutrition Mission
4.	National Ayush Policy and National Ayush Mission	• Background and framework behind National Ayush Policy • Comparative assessment of principles, objective and implementation framework between National Ayush Policy and National Ayush Mission
5.	State Girl Child policy	• Backround, key objectives, principles and implementation framework
6.	National Youth Policy	• Backround, key objectives, principles and implementation framework
7.	PCPNDT Act v/s MTP Act	• Constitutional framework and requirement to introduce these acts • Assessment and review of implementation of act in Rajasthan as compared to other states of India • Key barriers in implementation and compliance of the acts
8.	COTPA ACT	• Prevalence and use of tobacco in India • Role of Indian government and states as one of the signatory of FCTC • Compliance of COTPA Act – its different sections and their implementation status in Rajasthan
9.	PWD ACT	• Scenario of different disabilities over the years • Compliance of PWD Act and its implementation status
10.	Consumer Protection Act	• Medical health care and Consumer Protection Act • Compliance of Consumer Protection Act and its implementation status
11.	Challenges in Dealing Medico Legal Case by Medical Officers at PHC	• Role of Medical Officers in medico-legal cases • Preparedness and key challenges and issues
12.	Drug and Cosmetic Act	• About the Act and its implications • Compliance of Drug and Cosmetics Act in Rajasthan • Comparative analysis
13.	Disaster Management in Rajasthan	• Rajasthan and probable disasters it may face • Preparedness to manage disasters in Rajasthan • Role and responsibilities of health care providers in managing different disasters

Unit-3 – Existing Health Sector initiatives and innovations in the system (Rajasthan specific)

S.no.	Topic	Expectation
1.	Adarsh PHC Yojna	• Concept of APHC • Implementation • Expected outcomes
2.	Health Assurance to people of Rajasthan by BSBY	• Need and background of the scheme • Objectives and components • Coverage • Impact and outcomes
3.	Universal Health Coverage and Wellness centers–Fulfilling the Directives of Health Policy 2017	• Access and utilization of health services and key challenges • UHC policy framework • UHC in Rajasthan – key strategic actions
4.	Public Private Partnership –Out sourcing PHC in Rajasthan	• Genesis and background • Key areas of PPP in Rajasthan • Out sourcing PHCs – logical and fruitful towards community benefit
5.	Public Private partnership-Management of Integrated Ambulance Services	• Genesis and background • Key areas of PPP in Rajasthan • Out sourcing ambulance services– logical and fruitful towards community benefit
6.	Mother Milk Bank – Initiative to addressing neonatal mortality	• Need and background • Challenges in early initiation and EBF • Neo-natal mortality and key challenges • How the initiative can help to reduce neo-natal mortality
7.	Mission Chirayu	• Situational analysis f Neonatal mortality in Rajasthan • Program strategies and components to reduce NMR – facility based and community based • Mission Chirayu – objectives, components and expected outcomes • Challenges and limitations
8.	Daughters are precious – challenges in improving the Child Sex Ratio	• Child sex ratio – historical perspective in India and Rajasthan • Programs and policies to improve Child sex ratio at birth • Social and legal support system and key interventions by government and other agencies
9.	RMSC-Lessons-Drug Store Management System	• Need to follow rational use of drugs • Can Essential drug list help to ensure RUD • Establishment of RMSC – response to effective drug store management system • Outcome and lessons learnt
10.	MNJY	• Need and background • Objectives and key components • Outcomes
11.	Health Care Waste Management System After- RHSDP	• Why we need to have effective HCWM system • Lessons from RHSDP to improve HCWM • Status of HCWM after RHSDP

Unit-4 - Use of IT in Health Sector

S.no.	Topic	
1.	PCTS- A tool of HMIS	• Importance of online health management information system • PCTS and its components • Areas of utilization of PCTS data • Benefits and limitations
2.	E-janswasthya	• Concept and background • Importance • Key components • Comparison with Anmol software • Success stories • Benefits and limitations
3.	E–UPKARAN - Addressing the Problem of non-functional equipments	• Issues and problems in maintenance of equipments at the facility sites • Online registration of complaints for addressing the problem of non-functional equipments • Areas of utilization of the software • Benefits and limitations
4.	E Aushadhi	• Importance of drug store management and supply chain • Management of online demand and supply chain • Key operational areas, benefits and limitations
5.	E –Sadhan	• Logistic management information system in FP commodities • Online demand and supply chain management and monitoring system • Key areas of operating system • Benefits and limitations
6.	ASHA-Soft	• Online performance monitoring and payment system • Key areas and functions monitored under ASHA-soft • Benefits and limitations
7.	OJAS	• Online performance monitoring of JSY and Rajshri Scheme and direct payment in accounts of the beneficiaries • Key components and achievements • Benefits and limitations
8.	mSNA	• Online performance monitoring and supportive supervision mechanism for program management • Key components and areas of monitoring and supervision • Implementation status • Benefits and limitations

Unit-5 - National Health Program

S.no.	Topic	Expectation
1.	Revised National Tuberculosis Control Program	• Prevalence of Tuberculosis in India and Rajasthan • RNTCP – past, present and future • Implementation framework and outcome status • Key challenges and issues
2.	NCD - Emerging challenges of Life style diseases	• Sudden rise of NCDs in India • Preparedness to deal NCDs at family, society and health system level
3.	National Blindness Control Program and Visual Impairment	• Scenario of the impairments related to vision • Brief on key visual impairments • Program framework and implementation status • Key challenges and issues
4.	National Oral Health Program	• Situational analysis of the problem • Program and its components • Monitoring and supervision system
5.	National Tobacco Control Program	• Prevalence of tobacco use in India and Rajasthan in different sections of society • Program and its components • Impact and limitations
6.	National Mental Health Program	• Situational analysis of the problem • Program and its components • Monitoring and supervision system
7.	National Vector Borne Disease Control Program	• Prevalence of vector borne diseases • Surveillance system • Program and its components • Monitoring and supervision system
8.	National De-worming Program	• Situational analysis of the problem • Nutritional status and worm infestation among population below 18 yrs • Program and its components • Monitoring and supervision system
9.	National AIDS Control Program	• Prevalence of HIV/AIDS in India and Rajasthan • NACPs – success and failures • Key components of NACP – PPTCT and Care and support
10.	RMNCH+A –	• Post ICPD status of RCH • RMNCH+A strategy in India and Rajasthan • 16 Dashboard Indicators and concept of high priority districts • Role of developmental partners
11.	Quality of Care and essential components under NHM	• Concept of quality • Key standards and guidelines – IPHS, NABH, NABL • Quality assurance committees and teams • Key initiatives and operational guidelines of the programs– kayakalp and LaQshya • Current status and impact so far
12.	Population Perspective-trends of unmet need of Contraceptives	• Population and development perspectives • Trends in population growth in India and Rajasthan • SDG and FP 2020 goals for population

		• Addressing unmet needs of contraceptives to achieve the goals
13.	Meeting the reproductive choices of eligible couples in Rajasthan-Role of Private Partners	• Private sector contribution in FP in Rajasthan • Strategic action and strengthening FP program in the state • PSS, MSI, HLFPPT, Engender Health, UNFPA, IPAS, Pathfinder International, IPE Global
14.	Routine Immunization	• Background and history of immunization in India • Vaccine preventable diseases and vaccine schedule in public health system • Need for Adult Immunization • Cold chain management (e-vin) • Planning, micro-pan and Supportive supervisions • MCHN day • Coverage and validations • Challenges and limitations
15.	Improving Maternal Health In Rajasthan – Key strategic Action	• Situational analysis • Key strategic actions and programs under maternal health • Expected outcomes, challenges and limitations
16.	Child Health Care - Facility and Home based Strategies in Rajasthan	• Situational analysis • Key strategic actions and programs under child health • Expected outcomes, challenges and limitations
17.	RBSK-Lifeline of children in Difficulties	• Genesis of the program • Components addressed – 4 Ds • Operational framework • Expected outcomes, challenges and limitations
18.	ICDS and improvement in nutritional status	• 40 + years of ICDS in India and Rajasthan • Model AWCs and Nandghar yojna • Inputs and role of development partners to strengthen ICDS (UNICEF & World Bank) • Community engagement and monitoring system under ICDS services • Evidence based impact of nutritional intervention • Challenges and limitations
19.	Managing malnutrition among children	• Facility based and community based interventions • Key components and implementation framework • Impact of the programs on mortality and morbidity on Under 5 children

Unit 6 – Community, Communication and Commitment

S.no.	Topic	
1.	Community Health – community's perspective	• Community processes under NHM • Framework of community engagement under NHM • Structure and process – from community monitoring to community action • Community's perspective towards health system and services • Readiness of community and community organization to take ownership and responsibility of health
2.	Social & Behavior Change Communication in health sector	• Perspective of social and behavior change communication in health • Behavior analysis and key barriers • Key strategies of SBCC – IPC, Counseling, advocacy, social mobilization • Communication objectives, products and their use • Challenges and limitations of SBCC in health sector
3.	PRI & Health	• PRIs and their role in health system strengthening • Inter-sectoral convergence under NHM • Expectations and outcomes in planning , implementation and monitoring of health programs • Role of gram sabha, gram panchyat, panchyat samiti and zila parishad in health sector • Challenges and limitations