

Annexure Minutes of the meeting held to review Health account scheme

Expert Committee meeting of The Task force study titled “**Health Accounting Scheme- Empowering people for health care through Multi-Sector Coordination - An Operational evaluation**” held at Conference room No. 301, ICMR Hqrs, New Delhi-110029 on 3<sup>rd</sup> May 2018 10-5 pm.

The following attended the meeting:

1. Dr. V M Katoch, Former Secretary, DHR and DG,ICMR- **Chairman**
2. Dr Vishnu V Rao, Director NIMS, New Delhi
3. Ms. Alka Misra, Senior Technical Director, Head, Open Government Data Division, NIC
4. Sri. Akhilesh Kumar Srivastava, NIC, HQ
5. Dr. S B Bhattacharya,  
Member, National EHR Standardisation Committee, MoH&FW, Govt of India
6. Dr. Megha Aggarwal, Health Sector Skill Council, Skill Ministry.

Could not attend: Ms. Limatula Yaden, Director, NHM, MOHFW, Dr. Rajni R. Ved, NHSRC

#### **Investigators**

7. Dr. Anita S Acharya, PI, Delhi site, LHMC
8. Research Officer -Dr. Nidhi Tiwari, LHMC, New Delhi
9. Dr. Peter Nabam, Arunachal Pradesh
10. Office In-charge/ Scientist Research Officers from 24 HRRCS centres, 9 MRHRUs (total 33 centres, 38 OICs/ officers) (list enclosed as Annexure)

#### **ICMR Hqrs**

Prof. Dr. Balram Bhargava, Secretary DHR and Director General- ICMR  
Dr. R S Sharma, Sci-G, Head, Div. of RBMCH  
Dr Reeta Rasaily, Scientist F, Div. of RBMCH  
Dr. Neeru Gupta, Sci-F, Div. of RBMCH  
Dr. Neeta Kumar, Sci-E, Div. of RBMCH  
Dr. Tulsi Adhikari, Sci-E, NIMS, New Delhi  
Administration of RBMCH- Ms Harjeet Kaur-AO, Mr Subhash Chand, Mr Lajpat, Mr Rohtash,  
Mr Devesh Lodhy, Ms Yashoda

**Minutes of the meeting of the Data Safety Monitoring Board (DSMB) cum Experts Committee on “Health Accounting Scheme (HAS) empowering people for health care through multi sector co-ordinations – An operational evaluation” held on 24<sup>th</sup> July, 2017 at 11.30 am at ICMR Hqrs., New Delhi.**

**The following members participated in the meeting:**

1. Dr. V M Katoch, Former Secretary, DHR and DG,ICMR - Chairman
2. Dr. Arvind Pandey – NIMS, New Delhi
3. Dr. Rajni R. Ved, NHSRC
4. Dr. S B Bhattacharya, TCS
5. Shri Amit Kumar, E- Health, MOHFW
6. Dr. Amit Mishra, E- Health, MOHFW
7. Ms. Dayawati Gaur, ICDS, Trilok Puri, Govt.of Delhi
8. Ms. Nalini Joshi, ICDS, Govt. of Delhi
9. Dr. Varinder Singh, Head Research, LHMC

**Investigators**

10. Dr. S K Rasania, Head, PSM, LHMC, New Delhi
11. Dr. Anita S Acharya, PI, Delhi site, LHMC
12. Dr. Nidhi Tiwari, LHMC, New Delhi

**ICMR**

13. Dr. Soumya Swaminathan, Secretary DHR and Director General- ICMR
14. Dr. R S Sharma, Sci-G, Head,Div. of RBMCH
15. Dr. Neeru Gupta, Sci-F, Div. of RBMCH
16. Dr. Neeta Kumar, Sci-E, Div. of RBMCH
17. Dr. Tulsi Adhikari, Sci-E, NIMS, New Delhi
18. Kh Jiten Kumar Singh, Sci-D, NIMS, New Delhi
19. Shri Avinash Kumar, Programmer, Div. of RBMCH

After detailed discussion the members of the board made the following recommendations.

1. The members were satisfied with progress undertaken at LHMC site and hence recommended extension of the study for the second year with budgetary provisions.
2. The members of the board accepted the arguments given by the PI of LHMC and recommended to consider 06/05/2016 as date of initiation of the study at LHMC Delhi site.
3. Since ICMR could not communicate the sanction of 4<sup>th</sup> post i.e. Technical assistant in the beginning, which was originally approved by ICMR therefore the members recommended to give post-facto approval for the appointment of fourth staff i.e. technical assistant at LHMC Delhi site i.e., w.e.f.6 Feb., 2017 and accordingly 1<sup>st</sup> year and 2<sup>nd</sup> year grant should be released.
4. The members suggested involving HRRCs of ICMR and Model Rural Health Research units (Department of Health Research DHR) to take-up the module for generating community health data using website of scheme and logistics of centers.

5. The members were of the opinion that the ICDS (Aganwadi) and NRHM (ASHA) Teams of Government of Delhi can be a good resource person to help updating in Health Diary on monthly basis and therefore ICMR should formally communicate to the Ministry of Women and Child Development, Govt. of Delhi and MOHFW, GOI along with related NGOs and other Govt. Departments for their participation in the scheme.

6. The members suggest exploring possible role of NGOs in helping health diary updating.

7. The members expressed need to provide rationale of HAS as so many HIMS modules and existing health data collection programs are ongoing effectively in the area. In such type of scenario this module needs to be rationalized. The members also felt that the improvements in health and out of pocket expenditure observed under the scheme may be due to monthly visits, which are enabling community to express in better way and pick-up gaps in implementation. Therefore there is a need to find out the most cost effective mode of delivering the services for bridging the gaps in implementation.

8. The members also advised reanalyzing data of UP and Arunachal Pradesh sites to generate qualitative as well quantitative information on additional benefits like improvement in connectivity with health systems including referrals, sustainability and replicability. It was also suggested that the tables should be presented according to goals set to be achieved. For Delhi site holding FGD & education activities equally in intervention & control arm, compare both areas for all parameters & variables were suggested. It was also suggested to carry out cost effectiveness analysis of disease and season wise.

9. In addition to the above the members also made the following suggestions and recommendations relevant for data analysis and website –

- Analysis should be done for trends of filling up health diary i.e. after how much time and efforts the people were able to fill up their health diary.
- To find out the reasons of peaks and dips in occurrence of diseases it was suggested to undertake analysis for seasonal trends and site wise separately.
- Within the data, secondary analysis on subsets of diseases for cost of care for particular illness should be carried out.
- Level of education of study participants might have affected health diary writing habits and that should be documented and analyzed.
- What were the barriers in utilization of health diary? What impact on health literacy observed during the study should also be documented.
- Process of confirming the self reported diagnosis needs to be elaborated.
- Analysis of impact of data generated by health account on policy needs to be conducted.
- Comparison of the acceptability of manually data entry in health diary vs. software based online health data entry needs to be undertaken.
- The information on linkages generated in study, level of awareness, feasibility, policy benefits, rationale of results are to be provided.
- Refusal rate and reasons are to be elaborated.
- The vital information like birth, death, migrated etc. should be mentioned in their health account with appropriate reasons.
- Inclusion of mobile app based health data entry was suggested so that self entries may be explored for data analysis in an easier and rapid fashion.

- It is also advised using and comparing Mohali model developed by e-health team of MOHFW.

10. It was suggested that all the data analysis for UP and Arunchal Pradesh sites should be carried out as per the suggestions made above on fast track basis and data should again be presented in the next meeting of the committee which should be held after three months.

## Minutes of the meeting

**Meeting of the** Expert Committee meeting of The Task force study titled “**Health Accounting Scheme- Empowering people for health care through Multi-Sector Coordination - An Operational evaluation**” was held at Conference room No. 301, ICMR Hqrs, New Delhi-110029 on 3<sup>rd</sup> May 2018 10-5 pm.

The following attended the meeting:

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Member, National EHR Standardisation Committee, MoHFW, Govt of India
6. Dr.Megha Aggarwal, Health Sector Skill Council, Skill Ministry.

Could not attend: Ms. LimatulaYaden, Director, NHM, MOHFW, Dr. Rajni R. Ved, NHSRC

### Investigators

7. Dr. Anita S Acharya, PI, Delhi site, LHMC
8. Research Officer -Dr. Nidhi Tiwari, LHMC, New Delhi
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### ICMR Hqrs

Prof. Dr. Balram Bhargava, Secretary DHR and Director General- ICMR  
Dr. R S Sharma, Sci-G, Head, Div. of RBMCH  
Dr Reeta Rasaily, Scientist F, Div. of RBMCH  
Dr. Neeru Gupta, Sci-F, Div. of RBMCH  
Dr. Neeta Kumar, Sci-E, Div. of RBMCH  
Dr. Tulsi Adhikari, Sci-E, NIMS, New Delhi  
Administration of RBMCH- Ms Harjeet Kaur-AO, Mr Subhash Chand, Mr Lajpat, Mr Rohtash, Mr Devesh Lodhy, Ms Yashoda

### Recommendations:

- 2<sup>nd</sup> year work of LHMC was considered satisfactory and committee recommended to continue for 3<sup>rd</sup> year.
- The Expert Committee advised to continue background work so as to develop robust proposal for necessary evaluation.
- The Expert Committee recommended to carry out detailed analysis of the work done, circulate the findings from all three sites ( UP, Arunachal Pradesh and Delhi) to Expert Group and 2-3 other public health experts so as to move towards publication and finalize the proposed next phase of the project to be carried out at selected representative sites in each region. Sites for next phase will be selected depending upon geographical representativeness, infrastructure available, demonstrable core competence of team at site ( publications, work done), evidence of having

worked with state system on projects targeting field applications, plan of implementation including synergy with state health system for same, budget proposed and justifications – all sites should submit this information with record/ evidence for selection of sites for Phase II of this programme.

□ The Committee advised to modify protocol on the basis of past experiences from three sites and to define clear deliverables, submit the modified proposal with inputs from sites with budget justifications, get it discussed in small group experts meeting, then get the final protocol with budget approved by this Expert Committee and submit for institutional ethical approvals.

□ Staff proposed for central coordinating unit at ICMR was approved in principle but will be recruited after final project proposal is approved. Staff as per requirement at HRRCs and MRHRUs that will be finally selected will be examined by Expert Committee and should have adequate justification .

Meeting ended with Thanks to Chairperson and members

**Expert Committee Meeting: to discuss progress of Health Account Scheme and to prepare skill development concise manual for training of community health volunteers**

***Date: 29-9-2014***

***Venue: Conference room, 301, 2<sup>nd</sup> floor, ICMR Headquarters, New Delhi  
11:00AM***

**The following attended the meeting:**

**Dr L K Dhaliwal- Chairperson ( email: [dhaliwalgynae.pgimer@yahoo.com](mailto:dhaliwalgynae.pgimer@yahoo.com), [dhaliwalgynae.pgimer@hotmail.com](mailto:dhaliwalgynae.pgimer@hotmail.com), [dhaliwalgynae@yahoo.com](mailto:dhaliwalgynae@yahoo.com),**

**Sri S P Rao, Health Education Officer, CHEB ( email: [kittur4u@yahoo.com](mailto:kittur4u@yahoo.com), 09953504073)**

**Ms Chandra Ramakrishnan, Senior Program Manager Health Communication and Promotion) (email: [chandrar@vhai.org](mailto:chandrar@vhai.org), ph 9810998082)**

**Dr J K Bhutani, Endocrinologist, SNMC, Karnal, (email: [sukjai2002@yahoo.com](mailto:sukjai2002@yahoo.com), [sukjai2002@gmail.com](mailto:sukjai2002@gmail.com), ph 9416914900**

**Dr. Prerna, Pediatrician, SNMC, Karnal, (email: [sukjai2002@yahoo.com](mailto:sukjai2002@yahoo.com), [sukjai2002@gmail.com](mailto:sukjai2002@gmail.com), ph 9416914900)**

**ICMR:**

**Dr K K Ganguly, email: [bapigang@yahoo.co.in](mailto:bapigang@yahoo.co.in), [kalyanganguly@hotmail.com](mailto:kalyanganguly@hotmail.com), ph 9868333245)**

**Dr Neeta Kumar, email [neeta@icmr.org.in](mailto:neeta@icmr.org.in), [neetakumar50@gmail.com](mailto:neetakumar50@gmail.com), ph 9313195247)**

**Recommendations: Each health education issue should have five bullet points, not more than that. Areas identified by group ( new born care, vaccination, adolescent behaviors and sexually transmitted diseases, screening for cancer and life style disease at appropriate age, dental care and traditional wisdom, menstrual hygiene, blood group check, vaccination for rubella, PCOS, obesity check, sexual abuse , STI/ STDs Diabetes, Hypertention cancer, contraception, spacing, sterilisation, condoms, HIV prevention, tuberculosis symptom monogamy system, involvement of religious leaders, traditional wisdom should be promoted and should be incorporated in the module. A primary aid kit to health educators was proposed and content should include bandaging material, and common ailments medicines like tablet of aspirin, Metrogyl, omeprazole, deworming, Diclofenac, chlorpheramine, paracetamol, folic acid for girls and women, thermometer, antiseptic cream and bandages. They should know the common causes of common symptoms. They can be part of Gmail group of expert to keep their information updated. Each health dairy should be accompanied by calendar to mark LMP by female users and sensitizing messages on domestic violence with pictures of harmful effects of addictive habits. Expert member keep updating module with continuous discussion at common email group.**

**The meeting ended with the thank giving to the members and Chair.**

**The Ethics Review Board Meeting held on 13<sup>th</sup> April 2010, DM Office Bagpat District, Uttar Pradesh**

**Health Accounting Scheme: pioneering inter-sectoral coordination and empowering people for Health Care**

The following were the members of the committee.

Dr Smita M Deshpande- Chairperson  
Sri Mayur Maheshwari, DM Bagpat  
Dr. N N Mishra, PGIMER, RML Hospital New Delhi  
Dr. N C Saxena, DIFD, Kolkata  
Dr S Kumar, Addl. CMO Bagpat  
Dr. Geetha Menon, PHFI, Gurgaon  
Sri M L Rakese, BDO Bagpat  
Sri Brigesh Narayana Misra, NSS (NGO), UP  
Sri P C Dwivedi, A. P. O. Legal advisor  
Dr Neeta Kumar, ICMR Headquarters, New Delhi

Local Organiser- Dr M L Arya

Following recommendations were made after detailed discussion:

1. Pre pilot testing should be on very small number -100 Households from rural and urban area to check the feasibility and module of various transactions.
2. First round of diary distribution should be to those who volunteer to get it, however those who don't volunteer to have this should be recorded for reasons for non acceptability. However this should not be included in the consent form.
3. There are previous experience from the already running scheme in the Bagpat District, which showed that people gave wrong phone numbers of the mobile phones for vaccination due date reminders. This warrants that authenticity of the information's provided in the diary need to be checked by random monitoring and counter check from the already available records of locator information, treatment and diagnosis details. Information given in the diary would require two checks -1. Authenticity 2. Completeness. This However raises ethical issues, which will be discussed in the next EC meeting.
4. A separate portion for totally confidential information (i.e. in case of some information and diseases with social taboos- STDs/ HIV/ AIDS) should be collected in total confidentiality for which no carbon sheet is attached.
5. Format of subject information sheet and consent form needs changes as advised. The format for consent form is to be provided by PGIMER, RML- Department of Psychiatry. It should be crisp, easily understandable in local language and dialect.



6. Proper recording in predefined forms in Hindi language, as the study area is Hindi speaking. Every response should be given space for quantitative and qualitative answers.
7. Benefits of holding Diary should be clearly spelt out using local language and dialect.
8. Benefits one should avail through this scheme should be clearly mentioned in Hindi in Participants information sheet in sufficient, self demonstrative manner.
9. Legal rights of the participants are to be safeguarded and 6 monthly reports are to be submitted to Ethical Committee.
10. Space for the identification and signature of those who have done entry should be given in the diary.
11. Decentralization is suggested for entries and incentives based motivation should be promoted for Diary users.
12. Roles and responsibilities of each one involved in the program evaluation should be clearly spelt out. In the manner – who will do what along with time lines.
13. Carbon copy collected from diary users should not be destroyed after entry of data in the computers and should be kept in safe place for at least for 5 years.
14. This scheme is a novel idea and everything cannot be spelt out / planned clearly in advance and some changes are anticipated with field experience, therefore 6 monthly reports of those changes are to be communicated to ethical committee for approval.

After the incorporation of the recommendations given above, another meeting of the Ethical Review Board is to be held with the member secretary, non-concerned person with the study. The entire study official would be kept out of that meeting to evaluate the corrections made on the relevant aspects in total confidentiality.

The Chairperson suggested some important information need to be collected during the survey.

**Minutes of the Expert Committee Meeting: to evaluate software to record data & generate feedback**

**Health Accounting Scheme- Operational evaluation- Pioneering Multi-Sectoral Coordination and empowering people for health care.**

Date: 31-3-2014, Venue: Reception room Ground floor, New Delhi, Time-2-5pm

The following attended the meeting:

1. Dr S B Bhattacharya, TCS, Gurgaon- **Chairman**

2. Sri. Manoj Kalra, Executive for Smart card scheme, New Delhi
3. Mr Satish Kumar/ Mehar, Computer division AIIMS
4. Dr Shailendra Kumar, Additional Prof. Delhi University, New Delhi●
5. Sri. Sanjeev Singh, Head, Computer Section, South Delhi Campus, New Delhi●
6. Dr K. Satyanarayana, ICMR●
7. Sri. R K Meena, Director Health Education, CHEB●
8. Dr S Nishchendra, DST, Retd●

NIC: Dr Sunil Kumar, Mr B Mishra

Path: representatives to showcase website- Mr Sudhanshu, Mr Jayant

#### ICMR

Dr Malabika Roy- Head, RCH

Dr Chander Shekhar

Dr K K Ganguly

Mr S K D Biswas/ Ms Iqbal Kaur

Ms Tulsi Adhikari, NIMS

Mr Yogesh, Computer section

Dr Neeta Kumar

- Could not attend the meeting

It was informed to committee that NICS I is paid Rs 22.11 Lakhs for this website, which includes development, 3 years support contingency etc. Development cost is of Rs 7.8 lakh. It was informed that since development part is not completed, it should be decided, what amount of development part of Rs 7.8 lakhs should be due to company?

It was decided to take stock of all the issues and run a mock trial to test it in-house and then organize the staff training meeting. Meanwhile study site staff was advised to enter study data in excel sheet, since finalization of website was getting delayed.

In view of delay in using functional website required for ongoing project, an expert meeting in July 2013, for website evaluation found it not functioning. Company was able to demonstrate only application filling page in that meeting. Company committed to showcase whole site by August/September 2013, failing which, many other dates were explored like December 2013, January 2014.

**In July 2013 meeting members opined**, since whole application is not displayed. Whatever is shown is not in functional state. Beta testing report should have been presented to committee about how many entries are tested. The application is considered in only initiation stage and cannot be considered that development is complete. UAT report, beta testing report need to be presented with opinion of experts and users in next meeting. Path infotech needs to communicate the date of the meeting as soon as possible.

Some minor changes were applied to let all the pages visible to user, however it was detected that it could not be used by anyone among users for any purpose, since entered data (faulty entry module) is not visible to patients to see their own account, to researcher/ policy planners to know

outcome reports of diseases, in time place person specific manners as was envisaged and approved in proposal of the company. Recommendations of July 2013 meeting applied in the website still need to be uploaded and need to be demonstrated in functional condition.

In view of growing pressure to pay development charges to company, It was proposed from NIC to organize one more expert meeting to let company showcase developed website. Hence this meeting is organized. Dr Neeta then invited Path representatives to showcase the website in front of the members.

The path members informed that all the work is done at their end, however they were unable to showcase website. Chairman and other members were unhappy with type of performance. Issue of beta testing validation was repeatedly raised by the Chair. The company personnel's replied that they had not prepared "beta testing report", and never run the website /validation internally, but emphasized that the website work is complete at their end and all the payment should be done. They are not able to present their work and it is all responsibility of ICMR.

All the members unanimously opined that it is pathetic situation that despite so much time spent; website is not able to be functional. It is vital part of the project and even basic recommendations has not been applied after so much time, reminders, since last expert meeting in July 2013.

It was advised by members that SRS should have been vetted and validated for its applicability and problems arising in using website. It was reported by involved users- Arunachal Pradesh PI, staff of UP site that website has many problems so they were not able to use it. It was clear that in last 2 years of its development, website could never be used in the ongoing project. If the presentation and speed of the work from developer end remains like this, there is no point continuing it.

It is highly condemnable that even in this important meeting, developers have come without any technical presentation. They have prepared only emails alleging programme coordinator for not taking any action to improve the situation.

Committee opined that handing over incomplete work will not help in product launching. Their claim of work done is not supported by any evidence. Request for presentation has come from ICMR repeatedly; rather, it should have come from company side to showcase their work. Payment issue should be decided clearly so that public funds are justifiably spent.

Sri Sunil kumar enquired if the committee wants company to continue working on this project or terminate it.

It was decided that with past experience of the performance it should be terminated. However matter of amount of payment for development part is to be decided. It was decided that 4 members committee will look in to the amount of work done so that company's contract can be terminated with payment to whatever little work it has been able to do. NIC team suggested doing audit of the work done on website and decide payments.

It was decided to meet on 9<sup>th</sup> April 2014 to do audit of the work accomplished with following in panel- Dr Sunil Kumar, NIC, Sri B Mishra, NIC, Sri Satish Prasad, AIIMS, Sri Manoj Kalra, Dr S B Bhattacharya, TCS.

Subsequently computer containing all website related files / codes and whatever handed over to ICMR by Path infotech staff was handed over to NIC, to work on audit of work done, before meeting on 9<sup>th</sup> April 2014.

The meeting ended with thanks to the Chair

## **Minutes of the Stakeholders Meeting**

**“Health Account Number – HAN: Pioneering Multi-Sectoral Coordination and empowering people for health care”.**

**Indian Council of Medical Research (Department of Health Research)**

*Date : 28-10-2009*

*Venue : Conference Hall,*

*3<sup>rd</sup> Floor, NIMS, ICMR Hqrs. New Delhi*

**The following attended the meeting:**

1. Prof. Deoki Nandan, Director, National Institute of Health and Family welfare (NIHFW)  
---Chairman
2. Mr. J.P Shivadasani, NIHFW
3. Dr Gaurav Sharma, NIHFW
4. Dr. Geetha Menon, PHFI
5. Shri Bhaskar Mishra, Deputy Registrar General of India, O/O RGI
6. Shri Vishwajeet V. Ringe, National Informatics Center
7. Shri. John Samuel, General Manager, Department of Post
8. Dr. Manoj Das, INCLEN India
9. Ms. Himani Nath, National Securities Depository Ltd. (NSDL)
10. Dr. S. Kumar, Addl CMO, Baghpat District
11. Shri V.S. Tripathi, Chief Development Officer, District Baghpat
12. Shri Hemant Nainwal, Data manager IDSP, Almora
13. Dr. Suresh Gupta, ACOMO, District Mathura
14. Dr. Ms Asha Mathur, JD, RCH, Directorate of MCH, Dehradun
15. Ms Geeta Dubey, Bharat Jankalyan Sansthan (NGO)
16. Shri Brijesh Narayan Mishra, Shri Narayan Gram Vikas Parishad (NGO)
17. Shri Brij Bhushan Goel, Ex. SIFSA, Uttar Pradesh
18. Dr Mallika Kapur, AIMIL, Ltd.
19. Dr Meenakshi Nagarekar, Senior Research Officer, Ballbgarh, Faridabad

ICMR:

Dr. K Satyanarayana, Head, Div.of RHN  
Dr. Chander Shekhar  
Dr. TP Ahluwalia  
Dr Nomita Chandhiok  
Dr. Sandhya Diwakar

Dr. Reeta Rasaily  
Dr. Neeru Gupta  
Dr. Neeta Kumar

**Minutes of the Meeting “Health Account Number – HAN: Pioneering Multi-Sectoral Coordination and empowering people for health care”.**

**Indian Council of Medical Research  
(Department of Health Research)**

***Date : 19-09-08***

***Venue : Conference Hall,  
3<sup>rd</sup> Floor, NIMS, ICMR Hqrs. New Delhi***

**The following members attended the meeting:**

Dr. Deoki Nandan, Director, NIHFWS ---Chairman  
Dr. C.S. Pandav, Head, Department of Community Medicine, AIIMS  
Dr. Baridalyne, Department of CCM, AIIMS  
Dr. J.P Shivadasani, NIHFWS  
Dr. Chander Shekhar, ICMR  
Dr. TP Ahaluwalia, ICMR  
Dr. Geetha Menon, ICMR  
Dr. Reeta Rasaily, ICMR  
Dr Neeta Kumar, ICMR  
Dr. R. M. Pandey• INCLIN  
Dr. Vasantha Muthuswamy•  
Could not attend the meeting•  
After brain storming sessions following modifications were suggested:

**Preparatory exercise / Situation analysis:**

- Ballabgarh PHC attached to CCM, AIIMS is collecting community data, entering it utilizing IT and analyzing it for feedback and planning intervention. Dr Bari along with faculty from site would coordinate the demonstration of techniques being used in the field and networking. A team comprised of 4-5 delegates (Dr. Shivadasani, Dr. Reeta Rasaily, Dr. Neeta Kumar, Dr. Chander Shekhar) from ICMR and NIHFWS would visit Ballabgarh and prepare visit report for submission to the Chairman.
- The team would visit Mathura district for community, health administration and facility survey to check the feasibility. The visit would be coordinated by Prof. Deoki Nandan in collaboration with District Health administration of Mathura. Record of service provider machinery, social mapping, and FGDs are to be arranged by the local administration for the team.
- Inputs of the situation analysis visits will be presented in the next steering group meeting.
- Dr Ashok Kumar from Central Health Intelligence Bureau, experts from National Informatics Centre, Registrar General of India, and other collaborators would be called upon.

Central level management of NIC and RGI are to be involved for expert inputs for collaboration at middle and grass root level of their system.

- Village health system is to be recorded during situation analysis. Patwari, Pradhan, ANM and Panchayat's family registers are to be evaluated for information available, maintenance and application.

**Design:**

- The information written in HAN diary would be in 3 major categories:
  1. Infants, Pregnant and lactating mothers
  2. Adults
  3. Elderly health and their care status
- Prof. Deoki Nandan suggested inclusion of few basic parameters like height, weight, blood pressure, urine sugar for adult population in diary as this facility is widely available in government setup and at nominal expenditure at private setups. This would play major role in early detection and prevention of lifestyle related major disorders.
- Adequate provisions of training of the collaborating partners and HAN team are to be made. NIHFW would be nodal agency for providing necessary training, plan evaluation techniques and advocacy.
- General information and specific markers for recording in HAN diary are to be discussed with all stakeholders in next meeting proposed after visits.
- District programme management units of NRHM (National Rural Health Mission) are to be involved as potential collaborators and expert workers.
- Involvement of finance management system is to be explored.

**Method:**

- The HAN diary is to be designed according to specific need of different age groups. Feasibilities for one thick diary with carbon sheet (recording in duplication) for whole life span is to be evaluated.
- Dr. Geetha Menon & Dr. Reeta Rasaily will work to derive specific markers and outcome variables for major thrust area and health issues.
- Social mapping of the project sites is to be done during enumeration process.
- HAN efficiency check will be carried out through stratified random sampling after deriving groups according to social mapping.
- FGDs are to be incorporated during situation analysis visits and in proposal.

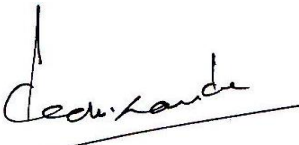
**Budget:**

- The staff members for HAN and other expenditures are to be revisited with situation analysis report in next steering committee meeting with all stake holders and collaborators.

A brief discussion was done about the ICMR task force study entitled “Combating iron deficiency anemia through strengthening of existing infrastructure and advocacy to evaluate impact of universal deworming”. The group opined to use Albendazole tablet for deworming in the community as fair amount of evidence are available about its safety and efficacy, while combination with Ivermectin requires supervised delivery. Its safety data when used for mass distribution at community level are not available and cost of combination drug is also high.

The meeting ended with vote of thanks to the Chair.

Minutes are approved. Thanks.

A handwritten signature in black ink, appearing to read "Deoki Nandan", written over a horizontal line.

Deoki Nandan



## **Minutes of the Stakeholders Meeting**

**“Health Account Number – HAN: Pioneering Multi-Sectoral Coordination and empowering people for health care”.**

**Indian Council of Medical Research (Department of Health Research)**

*Date : 28-10-2009*

*Venue : Conference Hall,*

*3<sup>rd</sup> Floor, NIMS, ICMR Hqrs. New Delhi*

### **The following attended the meeting:**

1. Prof. Deoki Nandan, Director, National Institute of Health and Family welfare (NIHFW)  
---Chairman
2. Shri. J.P Shivadasani, NIHFW
3. Dr Gaurav Sharma, NIHFW
4. Dr. Geetha Menon, PHFI
5. Shri Bhaskar Mishra, Deputy Registrar General of India, O/O RGI
6. Shri Vishwajeet V. Ringe, National Informatics Center
7. Shri. John Samuel, General Manager, Department of Post
8. Dr. Manoj Das, INCLEN India
9. Ms. Himani Nath, National Securities Depository Ltd. (NSDL)
10. Dr. S. Kumar, Addl CMO, Baghpat District
11. Shri V.S. Tripathi, Chief Development Officer, District Baghpat
12. Shri Hemant Nainwal, Data manager IDSP, Almora
13. Dr. Suresh Gupta, ACO, District Mathura
14. Dr. Ms Asha Mathur, JD, RCH, Directorate of MCH, Dehradun
15. Ms Geeta Dubey, Bharat Jankalyan Sansthan (NGO)
16. Shri Brijesh Narayan Mishra, Shri Narayan Gram Vikas Parishad (NGO)
17. Shri Brij Bhushan Goel, Ex. SIFSA, Uttar Pradesh
18. Dr Mallika Kapur, AIMIL, Ltd.
19. Dr Meenakshi Nagarekar, Senior Research Officer, Ballbgarh, Faridabad

ICMR:

Dr. K Satyanarayana, Head, Div.of RHN  
Dr. Chander Shekhar  
Dr. TP Ahluwalia  
Dr Nomita Chandhiok  
Dr. Sandhya Diwakar  
Dr. Reeta Rasaily  
Dr. Neeru Gupta  
Dr. Neeta Kumar

**Final recommendations:**

1. Core group (including 5-6 key persons: Dr. Geetha- PHFI, Shri. Bhakar Mishra- RGI, VV Ringe-NIC, Dr Gaurav Sharma & Mr. J. Shivdasani, Ms. Meerambika- NIHFW, Dr Chander Shekhar, Dr Neeta, & one person from VHAI) to meet to discuss study protocol with focused objectives, function and methodology.
2. Pilot testing with fixed time lines is to begin from Baghpat district where mobile ph scheme is already in place.
3. A yahoo group is to be made of all the stakeholders for frequent communication.
4. Contact to Women and Child Development Department for data and resources sharing and find linkage with already running programme to join in like JSY Yojna, programme run by RGI to distribute smart cards in 30 districts, information available with RSBY (Rashtriya Swasthya Bima Yojna), data available with CGHS after computerization of medical records and share available information for comparison.
5. Department of Post is to develop resources and mechanism for HAN application and diary transactions, utilization of skills of postmaster and Shikahsmitra for diary holders' generation, updating and transactions on performance based incentives. ANM, ASHA and Anganwadi are to be for support and reminders.
6. Personnel's from NIC & RGI would provide technical inputs in finalizing software, analysis plan, generating and sharing resources.
7. Site visits and initiatives as per protocol to be done.

Meeting ended with the vote of THANKS.

**MINUTES OF THE MEETING OF “ETHICAL COMMITTEE MEETING ON HEALTH ACCOUNTING SCHEME” OF DIVISION OF REPRODUCTIVE HEALTH & NUTRITION HELD ON 6<sup>th</sup> AUGUST, 2010 AT ICMR HQRS. NEW DELHI.**

The following members attended the meeting:

1. Dr. Smitha M. Deshpande - Chairperson  
Associate Professor Psychiatry, RML Hospital New Delhi.
2. Dr. N N Mishra RML Hospital New Delhi.
3. Mr. N C. Saxena, Ex. DDG (SG) Mayur Vihar, New Delhi
4. Mr. K.J. Mavlekar, Legal Advisor, New Delhi.
5. Mr. Brijesh Naryana Misra, NGO, Baghpat.
6. Dr Dayawati, ACOMO, Baghpat ,Nominated by DM, Baghpat
7. Dr. Anju Sinha, Scientist-C’,
8. Dr. Geetha Menon, ICMR.Scientist B
9. Ms Sandhya Diwakar, Scientist- E, Member Secretary.

On the behalf of DG ICMR, Ms Sandhya Diwakar, Scientist-E, welcomed all the members of the committee and requested Dr. Smitha M. Deshpande to chair the meeting. Dr. Neeta Mawar, NARI, Pune could not attend the meeting.

The status of proposed project was discussed and the following comments /suggestions and recommendations were made:

1. Consent form should be redrafted with the experts in a focused manner including date of approval of ethical clearance.
2. Details of consent should be given separately so that people get correct information/ procedure.
3. Preventive measures reported during the information /data collection should be looked by CMO of the study area.
4. Project details, consent form and subject information sheets in both languages , diary details to be used and plan of action to be proceed should be circulated to all the committee members. The EC should be convened after the comments have been obtained from the members for final approval of the consent form.

Meeting ended with thanks to the chairperson.

Health Account Scheme: Meeting for software features for electronic medical record  
9<sup>th</sup> June, 2011 at Committee room, ICMR Hqrs, New Delhi

The meeting to discuss the soft ware features and process of tender with limited enquiry was attended by the following:

Mr V Ringe, NIC- Chairperson  
Mr, Muniyaswamy, ICMR  
Mr Anil Kumar, NIMS  
Dr Chander Shekhar, ICMR  
Dr Neeru Gupta, ICMR  
Dr Neeta Kumar, ICMR

The following were the recommendations coming out of discussion:

Five features should be required for software installation at the site

1. Server Hardware
2. Software
  - a. JAVA/ Dot Net
  - b.Oracle/SQL
3. Internet connection with public IP and domain name
4. Web Developer for creating/ developing website and database
5. For automatic feeding of data from database optical character recognition hardware / software or the system to convert diary pages in to PDF ile and save with unqi ID number are required.

Committee suggested use of Census data code of RGI to formulate ID number for each user

Following inputs were provided by member from NDSL online, since he could not attend meeting:

Sent: Thursday, June 09, 2011 9:53 PM

To: Dr. Neeta Kumar

Subject: inputs regarding Health Accounting scheme

Hello Dr Neeta

Thank You for calling me for meeting, I was busy with my work in my office, so could not come. I read the proposal of the scheme. I found it very interesting. Mam for the specification side my suggestions are as follows

1) While going online there are, most of the times in India, cases that site gets overloaded. It may be the case of online CAT exams, or be it the CBSE/state board results announcement day, you can easily observe that the site goes down. This is because of improper load balancing or no load balancing of the requests sent to the server.

While you can see google and many other renowned sites never going down instead of immense load on them. The reason behind this is the efficient load balancing done by the servers. Mirror sites are hosted and arrangements are made to balance load.

As your project being highly data intensive, may contain heavy files, so proper arrangements be made at the design phase only to accomodate the load and efficiently carry out load balancing of requests at servers.

2) High bandwidth data transfer rate.

3) Services like Google health may be of great use. Visit the page at following link:

<http://www.google.com/intl/en-US/health/about/>

It includes complete health profiling of the user. It also includes addition of various applications as per need of user. Though it is mainly designed keeping in mind US perspectives. But today Google operates in India as well and can be contacted to extend its service from Indian perspective also.

4) Google Docs is a set of application from Google. In this there is an application "google forms", using which one can dynamically draw forms, survey forms and much more. Analysis service can be asked to be done by Google.

5) There are certain survey sites like survey monkey ( <http://www.surveymonkey.com/> ), etc which provides free of cost dynamically( web based survey design, i.e. you can make your survey using intractable tools online) designable surveys. These surveys can be analyzed by paying the site.

6) CDAC, Noida is working on the project of OCR (Optical Character Reader) for Indian Languages and it has completed it to a larger part. This project enables digital reading of manuscripts in major Indian languages. Scanned pages can be automatically read and converted to digital form. Further processing can be done to filter the data and putting into database.

These are the points I was thinking on. Have a look at them; I hope they will be helpful to you and your project.

It was advised by the members that after correcting features as per the outcome and input variables in the diary proforma, the requisition may be submitted for purchase of soft ware either using NIC panel of companies

The meeting ended with thanks to the Chair

## **Health Account Scheme: Empowering people for Health care through inter-sectoral coordination**

### **Minutes of the meeting, held after site visits in D.M. office Hardoi to accomplish codal formalities, 2pm, 13 June, 2011**

The following attended the meeting:

Shree A K Singh Rathore, D.M.Hardoi- Chairperson  
Dr Shobhnath, Director Health  
Dr S K Tiwari, C.M.O. Hardoi  
Dr R C Agarawal A.C.M.O, Hardoi  
Shree A K Dwivedi, C. D. O. Hardoi  
Dr R K Koli, Medical Suprintendent, Kachauna  
Dr Chander Shekhar, ICMR, N Delhi  
Dr Neeta Kumar, ICMR, N Delhi

The District Magistrate Chaired the meeting. He was informed about the visit on the sites selected for the pilot testing of the Health Account Scheme. Report was briefed on visit to Samaspur Village and three urban sites, District CHC and the space allocation for the staff and equipments for the scheme which were shown to the joint team from DGHS, Lucknow, ICMR, New Delhi and Health Administration of Hardoi by Dr R K Koli.

Dr Neeta Kumar, ICMR briefed the group about objectives and highlights of Program and progress in the execution of the Scheme.

Dr S K Tiwari, the CMO, Hardoi told about the site that 643 households from Rural and 513 from urban site has been listed for execution of pilot testing of Health Diary acceptance and efficacy at community level. Their details will be provided to the ICMR and Scheme staff for survey. Dr Tiwari also told about the facilities and manpower available at the chosen sites.

The roles and responsibilities were briefed and codal formality was explained by Dr Chander Shekhar, ICMR

After discussion, D.M. Hardoi signed the codal formality papers and handed over to CMO for further action. C.M.O. ensured postal delivery of the codal formality papers by completing it for submission to ICMR. Work related to staff selection, equipment purchase was also discussed. It was informed that once the staff and equipment in place, the staff will be trained by NIHFW faculties to carryout survey, collect and analyze data.

The meeting ended with thanks to the Chair

## Minutes of Meeting

<b>Meeting called By</b>	Shobha Mittal	<b>Type of meeting</b>	Requirement Detailing and Prototype Review
<b>Chaired By</b>	<b>VishwaJeet Ringe</b>	<b>Time and Venue</b>	<b>NIC MOHFW</b>
<b>Attended By</b>	<b>Jayant Kohli (Path), Bhuvnesh Mishra , Dr Neeta Kumar</b>	<b>Date</b>	<b>18 June 2012</b>

S.No.	Points Discussed
	Site Master need to be created – which will be mapping of State, District and PINCODE Level The Health worker will be assigned one Site and he/she can view / data entry for only the diaries of that site
	2 types of users will be there – <b>District Level CMO</b> will be verifying the data for all the sites of entire district. <b>Health Worker</b> – will be responsible for data entry for all health diaries of the site allocated to him.
	Application Form also needs to be captured in the System and while adding new health diary details, the details of the application form will be auto filled in Health Diary Basic Information Section.
	PHOTO of the user can be uploaded in the System
	Need Expressed by user – The user can select the option for the general needs. Categories need to be defined for this master
	Generic Medicine Name – it would be difficult to add generic medicine name by data entry user. Probably this can be free text for initial period and depending on the quality of data captured can be predefined after 3-4 months of application gets live.
	All masters/dropdowns verification – Path will prepare the Master Data and will send it to Dr Neeta for Verification.
	Technical Requirements – Path will send the Platform requirement and NIC will verify the availability for the same.
	Password Generation – should be System Generated and mail should be sent to the user as well as to admin user, in case user do not have Email Id then mail will be sent to admin user.
	Reports <ul style="list-style-type: none"> <li>• Common report with Various Parameters and accordingly the listing of records.</li> <li>• Disease wise Morbidity Prevalence</li> <li>• Health Diary Updation Alert for not updated for more than 2-3 months – To the user as well as district level consolidated list for the district.</li> </ul>

**Minutes of the Expert Committee Meeting: to review specifications for purchase of Health Diary and software to record data & generate feedback**

**Health Accounting Scheme- Operational evaluation- Pioneering Multi-Sectoral Coordination and empowering people for health care.**

Date : 7<sup>th</sup> December, 2011

Venue: Committee room 2<sup>nd</sup> floor, ICMR Headquarters, New Delhi

10:00AM

The following attended the meeting:

1. Sri. S Nistandra, Scientist “G” Retd, DST ---Chairman
2. Ms. Reeta Dar, Health Education officer (HPE), C.H.E.B
3. Sri. Manoj Kalra, Executive for Smart card scheme, New Delhi
4. Dr. Divya Sriwastava
5. Dr Chander Shekhar
6. Sri Ranbir Singh
7. Mr Ajit Mathur
8. Dr Neeta Kumar

Following were the major suggestions for base line survey tool:

- Use one full page for demographic information
- Add religion and cast in it
- Add name as first column
- Make separate page for health related information as it will require more space and clubbing it with general information will give very less space for health related information
- Habits of tobacco and alcohol are to be recorded in separate column with details related to frequency, duration and amount with space for such habits are in present or were in past
- The columns related to income like food and other expenditure is to be avoided, in place of it general questionnaire to explore income and its implication in health economics is to be evaluated by using questions like: have you / family member ever suffered from illness which became financial burden. Is there any problem faced due to expenditure on illness. How you managed that. What if it happens in future and what help you wish to tackle this.
- The section-3 to take opinion poll on the Health Diary scheme was advised to shift in front page and do it after scheme is launched. Health parameter columns are to be clubbed with page 2 where all health information related to symptoms is being recorded.
- Questions related to Diet, physical activity, drinking water resource, knowledge of government health programs and benefits under any health scheme are to be added.



- It was suggested by the members to visit Khori where lots of field activities in Health care are being done. One informal meeting with Shri Sunder Lal, Director, and Social Centre for Rural Initiative and Advancement (SCRIA), Khori (district Rewari) is to be done at the earliest.

The meeting ended with the Thanks to Chair.

### **Minutes of the Expert Committee Meeting: to prepare specifications for purchase of Health Diary and software to record data & generate feedback**

### **Health Accounting Scheme- Operational evaluation- Pioneering Multi-Sectoral Coordination and empowering people for health care.**

Date : 3<sup>rd</sup> November, 2011

Venue: Committee room 2<sup>nd</sup> floor, ICMR Headquarters, New Delhi

10:00AM

The following attended the meeting:

1. Sri S Nistandra, Scientist “G” Retd, DST ---Chairman
2. Ms. Reeta Dar, Health Education officer (HPE), C.H.E.B
3. Sri. Sanjeev Singh, Head, Computer Section, South Delhi Campus, New delhi
4. Sri. Manoj Kalra, Executive for Smart card scheme, New Delhi
5. Dr Major Gulshan Garg, Chairman, Sankalpa (NGO), New Delhi
6. Sri. R K Meena, Director Health Education, C.H.E.B
7. V Ringe ♦, National informatics center
8. Dr Shailendra Kumar ♦, Additional Prof. Delhi University, New Delhi

ICMR

Dr K. Satyanarayana

Sri R K Sharma

Dr Divya Sriwastava

Dr Neeru Gupta

Mr Vikesh Sapra

Ms Tulsi Adhikari, NIMS

Mr Jiten Singh, NIMS ♦

Mr Ajit Mathur ♦

Dr Neeta Kumar

♦ Could not attend

Dr. K Satyanarayana welcomed all the members on behalf of Dr V M Katoch, the Director General, ICMR & Secretary DHR. He expressed the importance of the project for translation research, how this project was conceived and came to this level. He mentioned the need to determine the specification of Health Diary and software for procurement for Health accounting Scheme. It should be capable of upscaling and have capacity to handle huge data, storage and option for modifications. He invited Sri. Nistandra to Chair the meeting.

After the round of self introduction about the area of the interest and expertise among the members, Dr. Neeta Kumar presented the background information, objectives and draft format of diary, investigation tools and questionnaire, regarding Health Accounting Scheme.

The Chairman, Sri. Nistandra highlighted the issues for discussion and points for specifications of software and health diary during the day long exercise. He Suggested means of collecting core information using baseline Question forms, Health Diary and instructions manual. Technical material including aspects of Ethical approval, consent and the way of executions were briefed by Dr Neeta and she requested group to derive terms of reference of the software designing so that it can be developed accordingly.

Points related to information on demography of study area, personal information of Health Diary holders, ID number in the format given below, information related to Diseases, symptoms, diagnosis, treatment and feedback were discussed in detail before laying it for recommendation.

Following points were emphasized by the Chairperson after group discussion:

**Specific points for software:**

- Since the sites selected for the study are Distt. Hardoi in Uttra Pradesh, Dist Hoshiarpur/ Mansa in Punjab, the language should be local in the data collection tools with multiple language option in software.

- The Chairperson opined that the system should be able to handle large amount of data without errors. Therefore the software should provide in built checks for unacceptable data and cross checks so that incorrect data are not stored. It should have provision for data backup. The software should also check repeat of duplicate entries. Main parameters should be compared for data with different ID.

- Most Important thing in any data analysis system is the heads under which the data are collected and need analysis. The data should be combined easily and separating information from the same head to different combinations with few programming code.
- Generally the death and birth records are not complete at community level. People tend to give approximate age. Therefore the data for each member of a family should be filled in duplicate with a cross reference from the other adult member of the same households. Provision of any confirmation proof is to be kept in data recording.
- At first data entry, data should be as raw as possible without any processing. All the processing options should be available in the software system with preprogrammed methods.
- A series of data integrity procedures needs to be applied to check if the data has been manipulated or cooked.
- The data entered and approved should be available for editing only for a limited time. Thereafter it should be saved in frozen mode and data can only be appended, no change can be made.

### **Data access**

- All data entry operators and data validations should be allowed access to the data only through identification through a biometric system.
- The name and the photograph of the diary holder should be stored in the encrypted form. This information will be readable only to specially authorized persons.

### **For data verification**

- Random Checking by supervisors
- Timing of data transmission is the essence of any data collection project.
- Data should be entered into the system on the day of collection. Delay in data submission leads to manipulation.
- Workout tentative cost so that limited tender can be floated

### **Specific points for structure of baseline, midterm and end term Questionnaire:**

It was also suggested that:

Analysis of local resources like water, food, industries, business, religion, cast, marital status and marriage within cats like parameters should be added as it can help find reasons for some deficiencies.

Each beneficiary will be given an easily pronounceable nick-name /ID, generated by computer. The ID should be either linked to the UID or the form should have columns for UID, so that in future if majority population has received UID, it can be used for analysis.

Representative population sample should be taken into account for the comparison of age distribution, sex ratio, all specially listed diseases such as TB, STDs etc. Special emphasis on antenatal health, morbidities during pregnancy i.e. Gestational Diabetes Mellitus is to be given. It is big issue currently as healthy mothers can only make healthy nation.

Repeated video conferencing between person responsible for data collection infield entering it in computer and data validating it by checking is to be done.

The confidence level is generated by granting prompt services. Hence basic checkup and management / treatment and medication should begin from the first visit itself.

The confidence level of the person interviewed would have a bearing on the analysis. Observation by the interviewer, who is visiting house for data collection, is to be recorded. Observer's opinion on surroundings, nature of the family members, and intuition about their input for health data, their interrelationship, overall friendliness, and comfort level during communication, understanding of the scheme and health awareness should be recorded. It is to be recorded from observer's point of view.

Tables for data collection were modified for addition of column of Serial number, Name, date of birth, residential address, and number of days for which participant has been residing in the study area in the whole month / year. Eldest of the family is to be termed as head of the family. It was Members suggested to add certain left out vital information like, family history of diseases, pattern of illness, habits. It was decided to record symptoms and the entire symptom's list in pull down menu. It was also decided that ICD11 WHO classification of for disease will be followed to report diseases and only those diseases will be entered in the disease columns for which authentic, lab based, clinician certified proof is available, otherwise only symptom may be recorded.

#### **Specific points for Health Diary:**

Detailed discussion held on the Diary format, information collected from diary holders, its transfer to computer & analysis planning to generate feedback report on monthly basis. It was suggested for feedback report that individual/ group/ outbreak are to be generated for good service delivery.

Spiral binding form of Health Dairy was recommended

Diary size of 19-20cm, X11-12 cm, Carbon less duplicate copy with each page of diary, all numbered pages, including those of original and duplicate were recommended.

#### **Specific points for Advocacy of the scheme:**

Following work is to be done by the CHEB in Uttar Pradesh Hardoi district and 2 districts (Hosiarpur & Tarantaran) in Punjab, 1000 families (5000 persons) 1000 families at each of the 3 districts make it 3000 families (1500 in rural and 1500 in urban setup):

1. Education material for public use. Short booklets on Scheme information as well as on health awareness are to be distributed with health account scheme application. They also need to be displayed in Health diary updating camps.
2. Videos, Posters, Banners and pamphlets available for major health programs / thrust areas of MOHFW/ NRHM are to be used in advocacy. Videos will be played in the waiting areas of the camps which are to be held on monthly basis.
3. Special advocacy material is to be prepared for Health Accounting Scheme in the form of pamphlets, videos and posters, radio program for telecast at local media.

Photograph of the participants taken on the spot and use of tablet computer for recording and transferring information was also suggested by members. Suggestions handed over by Sri Manoj Kalra for data entry fields in software were handed over to Dr Neeta Kumar for incorporation.

Expert Committee Meeting should check recommendations/final decision of purchase committee of Health Diary and Health account software.

It was also suggested by the group to incorporate legal advisor permanently with the scheme and it should be mentioned that the information available in the health diary scheme can not be used for any medico legal evidence. This information should be included in Health Diary.

The group was informed about the Ethical committee which has looked in to this aspect and one legal advisor is available with the ethical committee, since it carries huge personal data.

Format for individual ID: □□□□□□      □□□□  
Pin code of the area      individual id (computer generated number)

**Final recommendations: Data collection tools are to be modified as per advise and after confirmation from all the members by E-circulation and Chairperson these specification for Diary and soft ware are to be forwarded for purchase.**

Chairperson suggested that a meeting of the expert committee may be held at least once in 2 months to expedite the process in efficient manner.

Meeting ended with Thanks to the Chair



**Minutes of the Expert Committee Meeting: to review specifications for purchase of Health Diary and software to record data & generate feedback**

**Health Accounting Scheme- Operational evaluation- Pioneering Multi-Sectoral Coordination and empowering people for health care.**

Date : 7<sup>th</sup> December, 2011

Venue: Committee room 2<sup>nd</sup> floor, ICMR Headquarters, New Delhi

10:00AM

The following attended the meeting:

1. Sri. S Nistandra, Scientist “G” Retd, DST ---Chairman
2. Ms. Reeta Dar, Health Education officer (HPE), C.H.E.B
3. Sri. Manoj Kalra, Executive for Smart card scheme, New Delhi
4. Dr. Divya Sriwastava
5. Dr Chander Shekhar
6. Sri Ranbir Singh
7. Mr Ajit Mathur
8. Dr Neeta Kumar

On Behalf of Director General and Secretary DHR Dr V M Katoch & Dr. K Satyanarayana, Head Division of RHN, Dr Neeta Kumar welcomed all the members.

Committee Chairperson Dr S Nistandra discussed the agenda. It was decided to review the committee’s recommendations of the meeting held on 3-11-2011. Questionnaire for baseline survey was reviewed by applying practical demonstrations and applicability in the field. It was done to improve its application and adequacy of the questionnaire.

Sri. Nistandra opined that it is important to have composite and raw data at recording level and coding at entry level. It will help in exploring true information in efficient manner.

After appraising, all the members contributed significantly in refinement of study tools.

Following were the major suggestions for base line survey tool:

- Use one full page for demographic information
- Add religion and cast in it
- Add name as first column
- Make separate page for health related information as it will require more space and clubbing it with general information will give very less space for health related information
- Habits of tobacco and alcohol are to be recorded in separate column with details related to frequency, duration and amount with space for such habits are in present or were in past
- The columns related to income like food and other expenditure is to be avoided, in place of it general questionnaire to explore income and its implication in health economics is to be evaluated by

using questions like: have you / family member ever suffered from illness which became financial burden. Is there any problem faced due to expenditure on illness. How you managed that. What if it happens in future and what help you wish to tackle this.

- The section-3 to take opinion poll on the Health Diary scheme was advised to shift in front page and do it after scheme is launched. Health parameter columns are to be clubbed with page 2 where all health information related to symptoms is being recorded.
- Questions related to Diet, physical activity, drinking water resource, knowledge of government health programs and benefits under any health scheme are to be added.
- It was suggested by the members to visit Khori where lots of field activities in Health care are being done. One informal meeting with Shri Sunder Lal, Director, and Social Centre for Rural Initiative and Advancement (SCRIA), Khori (district Rewari) is to be done at the earliest.

The meeting ended with the Thanks to Chair.

**Minutes of the Committee Meeting for evaluation of health diary and software draft and provide feedback**

**Health Accounting Scheme- Operational evaluation- Pioneering Multi-Sectoral Coordination and empowering people for health care.**

Date : 13-8-2012

Venue: Committee room 2<sup>nd</sup> floor, ICMR Headquarters, New Delhi  
3pm

The following attended the meeting:

1. Dr Deoki Nandan- ---Chairman
  2. Sri B Mishra, National informatics center, NIC Nirman Bhawan
- Path Infotech**  
Ms Shobha Mittal  
Mr Ankit
- ICMR**  
Dr Malabika Roy- Head RCH  
Dr Chandershekhar, RCH  
Dr Neeru Gupta, RCH  
Sri Vikesh, P&I  
Dr Neeta Kumar, RCH

Dr. Malabika Roy, Head RCH welcomed all the members on behalf of Dr V M Katoch, the Director General, ICMR & Secretary DHR. She expressed the importance of the project for translation research, how this project was conceived and came to this level.



After the round of self introduction, Ms Shobha, Path InfoTech presented the background information, objectives and draft format of software regarding Health Accounting Scheme.

The Chairman, Dr Deokinandan highlighted the issues for discussion and points for changes in software and health diary during the 3 hours long exercise. He Suggested means of collecting core information, Question forms, Health Diary and instructions manual.

Following points were emphasized by the Chairperson after group discussion:

- Health intelligence department is to be consulted over the format of disease classification and recording at field level as following WHO ICD classification may not be suitable for data entry level. Dr Ashok Kumar DGHS is to be consulted on this.
- It is to be explored that mother and child training program can be collaborative in this program to share/ provide information related to mother and child. It may improve efficiency of both the program if done in collaboration.
- NRHM team at local level should be part of executing team from the very beginning, if this program is to become supportive to increase outreach.
- It will be good to record time taken for each diary information in the software. This will help in deriving logistics required for data entry for whole district.
- Dummy testing of software is to be done by makers and administrators before launching at field. Specifically for time taken for each person data and level of understanding at various levels who are going to handle it
- 300 Health Diaries are to be filled for check on reality. Based on findings of this exercise, next level/ changes may be undertaken.
- Add Jhaad-foonk as magico-religious therapy in the column of type of treatment received by consumer
- Report of problems and Ok both things are to prepare in dummy testing's and convey it to committee.
- Analysis plan is to be based on time, place, person's age, sex, disease, symptoms, diagnosis, test done, treatment received, and current status of satisfaction and requirements expressed by consumers.
- Monthly reports to be generated using software. Such feedback will be shared with all those involved at district level and help / education will be extended in monthly health camps for diary updating and screening for common diseases.

Meeting ended with Thanks to the Chair



**minutes 9-1-13, ICMR Hqrs, submitted to Chairman for corrections/ suggestions/ approval please-**  
Neeta Kumar, ICMR  
4 messages

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**Kumar Neeta** <neetakumar50@gmail.com>

Tue, Jan 15, 2013 at 6:14 PM

To: "Dr. Deoki Nandan" <dnandan51@yahoo.com>

ICMR Task Force: Health Accounting Scheme - **Empowering people for health care through Multi-Sector Coordination - An Operational evaluation**"

Venue: ICMR Headquarters, Date- 9-1-13

Meeting to discuss site logistics for Delhi Site

The Following attended the meeting:

1. Dr. Deokinandan- VC, Santosh Univ.- Chairman
2. Dr. D K Dewan, Director (FW), & NOTD
3. Dr. Sonia Gupta, Nodal Officer, NRHM, South West district
4. Dr. Jyoti Srivastava(FP & FW) DFW
5. Dr. Z S K Marak, CDMO, DFW
6. Dr. Indrani L Sharma, MO, DFW
7. Dr Sonal Kumar, DWF, HFW
8. Dr Chandershekhar, ICMR
9. Dr Geetha Menon, ICMR
10. Dr. Neeta Kumar, Program Officer- HAS

The meeting started with the welcome note from Dr. Chander Shekhar, Scientist "F"- ICMR, on behalf of Secretary DHR, Director General ICMR- Dr. V M Katoch and Head RCH, Dr. Malabika Roy. He briefed the project and the progress made so far (starting site Hardoi district, UP- the first site). He invited the group for discussing strategies to overcome roadblocks for Delhi site. Chairperson Dr Deokinandan apprised the group about the scheme and expressed concerns for logistics and hopes that with Delhi site, area appropriate action would be worked out in due course of discussion. He narrated the course of scheme and invited members to introduce themselves.

After introductory round, Dr Neeta Kumar presented the outlines of the study in which local level committee is to be formed as a first step. The local team comprised of Chief Medical Officer as Principal investigator (PI). PI will form a team of Representative from NRHN, Block development officers, officers from district health administration and District magistrate as patron. Group was informed that, this is the way it was initiated for first site for the scheme. The site CMO formed the group once scheme routed from PS- Health to DGHS to site CMO. It was informed to the group that one meeting with PS- Health Sri Anshu Prakash jee held and Sri Kuarian- Director NRHM referred project to DFW office.

The group was informed that as soon as formal approval from office of the PSH arrives to project site's CDMO, constitution of committee and codal formalities will be undertaken. Funds will be transferred to site following which staff recruitment and equipment purchase would take place. Taking lessons from first site and being close to Delhi site, it was advised by the group that ICMR

should directly handle the recruitments while taking site PI in the selection committee as member.

**Background Note:** This 3<sup>rd</sup> discussion meeting was called at ICMR Hqrs. to move ahead in working out logistics and completing codal formality. Following meeting with Delhi Health Secretary \_ Sri Anshu Prakash Jee and Sri A J Kurian, Director NRHM in October 2012 in their Chamber at Delhi Secretariat, scheme was explained by Dr Neeta Kumar from ICMR. Following the meeting with these officials and taking recommendations from them, Dr. D. K. Dewan, DFW was contacted and 2 meeting were held at Vikas Bhawan-II, Delhi. These meetings help building steps for project to be initiated at Delhi slum site.

Objectives of the project are as follows:

### **Objectives-**

#### **Primary:**

To introduce diary for health accounting and estimating acceptability.

#### **Secondary:**

- Feasibility check of Health Diary's electronic updating, screening and service delivery system
  - Estimation and identification of extent of health problems in the study area.
  - Gather information which can be utilized to address local needs of health services.
  - Improved awareness and health education of the community.
    - Comparison of information from study area with existing data.
    - Exploration, evaluation and utilisation of intersectional contributions from proposed and unexplored corners of the system.

**Overall Aim:** To introduce participative preventive health and to generate authentic health information. With a flavor of promotion of preventive health management system, It would be of immense help in generating information for planning, executing at fast pace in real time place person specific manner to chase the goals of MDG and NRHM.

#### **Five special features:**

1. Health Diary with carbonized sheet with each page, to be maintained at users end.
2. Health account website, with individual health account facility for updating of monthly sheet of health diary and to generate feedback report
3. Community health volunteers to motivate and helping people updating diaries and facilities from health camps
4. Health education to promote preventive health
5. Real time report and delivery planning at service providers end, and comprehensive health data, health education of user for readily inference to treating physicians

Objectives and methods were discussed by the group. The progress of first site was elaborated and discussed to explore possible problems in due course. It was advised by the Chairman and DFW that for pilot testing level only primary objective should be tested vigorously- that is acceptability of Health Diary by users. It was advised to train the population how to write and conserve health information in their health diaries, because it may be core deciding factor in

success and failure of information generated through health diary. It was advised to run training and advocacy drive at first site where baseline survey is completed, 500 Health Diaries are already in the field for distribution. Health volunteer to be generated for help in Health Diary updating was discussed and many possible strategies were recalled.

**Recommendations:** The feedback from the first site is to be gathered within 3 months time and information is too presented before Delhi site Health administration. Meanwhile the file and progress may be conveyed to Principal Secretary Health- Delhi for necessary approvals, codal formalities for Delhi site.

With exchange of ideas to promote health of people, the meeting ended with vote of thanks to the Chair.

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**Dr Deoki Nandan** <dnandan51@yahoo.com>

Tue, Jan 15, 2013 at 6:53 PM

Reply-To: dnandan51@yahoo.com

To: Kumar Neeta <neetakumar50@gmail.com>

Pl correct my designation minutes are approved  
Sent from BlackBerry® on Airtel

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**From:** Kumar Neeta <neetakumar50@gmail.com>

**Date:** Tue, 15 Jan 2013 18:14:05 +0530

**To:** Dr. Deoki Nandan <dnandan51@yahoo.com>

**Subject:** minutes 9-1-13, ICMR Hqrs, submitted to Chairman for corrections/ suggestions/ approval please- Neeta Kumar, ICMR

[Quoted text hidden]

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**Kumar Neeta** <neetakumar50@gmail.com>

Wed, Jan 16, 2013 at 11:50 AM

To: "Dr. Deoki Nandan" <dnandan51@yahoo.com>

Thanking you sir  
corrections applied a line in recommendation to prepare a process diary is also added.

Best regards

Neeta Kumar

On Tue, Jan 15, 2013 at 6:14 PM, Kumar Neeta <neetakumar50@gmail.com> wrote:

ICMR Task Force: Health Accounting Scheme - **Empowering people for health care through Multi-Sector Coordination - An Operational evaluation**"

Venue: ICMR Headquarters, Date- 9-1-13

Meeting to discuss site logistics for Delhi Site

The Following attended the meeting:

1. Dr. Deokinandan- Chancellor , Santosh University- Chairman

[Quoted text hidden]

**Recommendations:** The feedback from the first site is to be gathered within 3 months time and

information is too presented before Delhi site Health administration. Meanwhile the file and progress may be conveyed to Principal Secretary Health- Delhi for necessary approvals, codal formalities for Delhi site. Prepare a process diary of the project with all work, methods applied and experiences in it.

With exchange of ideas to promote health of people, the meeting ended with vote of thanks to the Chair.

**Minutes of the meeting to evaluate development status of the Health Account Scheme website, held on 17-5-2013, ICMR Hqrs, Committee room second floor, Ansari Nagar, New Delhi-29**

**The following attended the meeting:**

- Dr Deokinandan- Chairman
- Sri. V Ringe, NIC
- **Dr S B Bhattacharya, TCS**
- **Sri S K Meher, AIIMS, Computer Center**
- Dr Malabika Roy, Head
- Dr Chander Shekhar, Sci F, ICMR
- Ms Tulsi Adhikari, NIMS
- Sri Jiten K Singh, NIMS
- Dr Neeta Kumar, ICMR
- Sri Vishwajeet Singh, ICMR
- Sri Krishnakant, Bioinformatics, ICMR

**Developers –NIC empanelled company (Path infotech Team)**

- Sri Abhaya Chaturvedi
- Ms Luxmi Gupta
- Mr Ajay Kumar

Dr Shailendra Kumar, Sri. Sanjeev Singh, Dr K. Nistandra, Dr Smith Deshpande could not attend the meeting.

Chairman Dr Deokinand welcomed all on behalf of DG ICMR and Secretary DHR Dr V M Katoch. After one round of introduction, Chairman briefed the committee about the inception of scheme, progress and emphasized upon the quality website for the scheme, as website is the efface for any institution, project. If it is projected rightly in website, efficiently, it brings laurel to the work done under the scheme. He himself made many changes and made the NIHFWS website very user friendly, informative and interactive such that it started reflecting institution's job profile and performance in very efficient way. In view of ongoing programs of RCH, ICDS, JSY and Pradhan Mantri Swasthya Beema Yojna, regular HMIS for RCH under NRHM role of this health account module may be redefined. However scope of changes should remain in the applications of website of this scheme.

Dr Neeta Kumar, ICMR briefed the members about how developers entrusted. She informed about the strategies being adopted at ground level to make the Health Diary a user friendly device so that people become more comfortable to use it. Benefits of health education, screening and medicines along with awareness campaign are being held at study site in Hardoi. The other 2 sites at Delhi and Arunachal Pradesh are upcoming and progress of that site was informed to the group. The group was informed that 500 health diaries for prepilot were distributed and about 900 Health diary pages collected in 3 monthly rounds of health camps at Hardoi study site. These pages could not be entered in health account since site is not ready for entry. Developers were requested to use dummy data to check diary information entry and time taken per entry. Failing which, ICMR itself provided 30 real leaves of health dairies so that data entry check run can be held. This also has been countered by site staff. As they submitted many flaws in data entry, which were found faulty, cumbersome and time

consuming. The exact comments received by site users (who did 20 entries, which could be done with great difficulty using 5 full working days) were recited by Chairman. The comments were as follows:

The Chairman asked the developers to demonstrate site.

At home page it was found that sinutes **of the meeting to discuss specifications and software requirements with subject experts on 18<sup>th</sup> January, 2012, Library, ICMR First floor, Ansari Nagar, new Delhi-29**

**The following attended the meeting:**

1. Dr S Nishchendra, DST, Retd, Sci G- Chair
2. Sri. Manoj Kalra, Executive for Smart card scheme, New Delhi
3. Sri. V Ringe, NIC
4. Sri. Buvnesh Mishra, NIC
5. Sri S, Varshney, JPCE, Noida
6. Dr Chander Shekhar, ICMR
7. Dr Divya Sriwastava, ICMR
8. Mr Vikesh Sapra, ICMR
9. Ms Tulsi Adhikari, NIMS
10. Dr Neeru Gupta, ICMR
11. Dr Neeta Kumar, ICMR

Dr Shailendra Kumar, Sri. Sanjeev Singh, Dr K. Satyanarayana, could not attend the meeting due to unavoidable circumstances.

On behalf of the Secretary DHR and DG ICMR- Dr V M Katoch and Head Division of RHN- Dr Malabika Roy, Dr. Neeta Kumar, Scientist 'C' Welcomed the Chairman and members for discussion. Dr Nistandra wished to derive/ explore more detailed specifications before listening it with company's presentation. It is better to demarcate our points of requirement before it is extended to the companies.

A brief discussion held among the members about the requirements of the project. Dr Neeta Kumar informed the group about the administrative approval to explore NIC empanelled companies for assigning Health Account Scheme's software development job. In this series the brief note of information (enclosed herewith) was extended to National Informatics Center and 5 empanelled companies were forwarded that message of call for development of Software. Out of those 3 companies could respond to the call and submitted their proposal outlines.

Preliminary discussion was held with the company's representatives and their queries regarding design of the study, requirements of the scheme from software point of view were answered. Their presentation encompassed the work experience, ability to develop the desired software and tentative budget. It was advised to Navayuga that manpower expenditure can be cut with only one manpower instead of proposed 3 for one year for modifications / execution & related issues in maintenance.

3<sup>rd</sup> proposal from eCentric could not arrive in time and in the evening after the meeting was over, it was submitted. It is included in the comparative statement and will be evaluated in subsequent meeting. After discussion comparison and assessment was done and it was recommended that full



proposal from the companies who have submitted proposal are to be called with final budget in view of discussions and presentations undertaken in the meeting. The final offers can be modified as per specifications, terms of reference and as per rule.

The comparative statements of the companies are as follows:

Se. No.	Company	Work experience	Tools and Technology	Time required to deliver	budget
1.	Navayuga Infotech Private Limited, Plot #1, White Fields, Kondapur, Hyderabad 500084, India	adequate	Deployment Stack 1. RHEL 5 OS 2. Apache 2.x Web Server 3. MySQL Database Server 4. Postfix Mail Server Development Environment : 5. Ubuntu 10.04 LTS OS NetBeans 7.1 IDE	3 months	Development cost: 20,31,078/- + Maintenance cost + one manpower for 3 year
2.	Path Infotech Limited   Jyant Kohli Territory Manager – Govt. Sales – North   (M) +91-99993-55331	adequate	Microsoft Platform – .Net Architecture • Database – SQL Server 2008 • Application Server – Microsoft IIS		Development of Health Accounting System 7,80,000/-  Support for 3 Years 24,01,608/- - One Team Leader for 12 Months each year - One SPM for 2 Months each year
3.	eCentric Solutions Pvt. Ltd., 1st Floor, Innovative House,6-3-663/G/4, Panjagutta, Hyderabad – 500 082	adequate	1. Windows O/S 2. MS Office 2003/2007 (Word & Visio) 3. Version Control (VSS or SVN)	3 months	23,93,494.00 Including development and maintenance for 2 years

The above is submitted to Sri V. Ringe, NIC to take necessary further action for development of software at the earliest.

**Minutes of the meeting to evaluate development status of the Health Account Scheme website, held on 17-5-2013, ICMR Hqrs, Committee room second floor, Ansari Nagar, New Delhi-29**

**The following attended the meeting:**

- Dr Deokinandan- Chairman
- Dr Malabika Roy, Head, RCH
- Dr S B Bhattacharya, TCS
- Sri S K Meher, AIIMS
- Sri. V Ringe, NIC
- Dr Chander Shekhar, Sci F, ICMR
- Ms Tulsi Adhikari, NIMS
- Sri Jiten K Singh, NIMS
- Dr Neeta Kumar, ICMR
- Sri Vishwajeet Singh, ICMR
- Sri Krishnakant, Bioinformatics, ICMR

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Chairman Dr Deokinandan welcomed all on behalf of DG ICMR and Secretary DHR Dr V M Katoch. After round of introduction, Chairman briefed the committee about the inception of scheme, progress and emphasized upon the quality website for the scheme, as website is the face for any institution, project. If it is projected right, efficiently, it brings laurel to the work done under the scheme. He himself made many changes in NIHFWS website to make it very user friendly, informative and interactive so that it started reflecting institution's job profile and performance in very efficient way. In view of ongoing programs of RCH, ICDS, JSY and Pradhan Mantri Swasthya Beema Yojna, regular HMIS for RCH under NRHM role of this health account module may be redefined in future. Hence suggested having scope of changes in the applications of website.

Dr Neeta Kumar, ICMR briefed the members that developers were entrusted for the job in September 2012 on behalf of NIC as it is NIC empanelled company and now it will showcase development part. She informed about the strategies being adopted at ground level (study site at Hardoi) to make the Health Diary a user friendly device so that people become more comfortable to use it. Benefits of health education, screening and medicines along with awareness campaign are being held at study site in Hardoi. The other 2 sites at Delhi and Arunachal Pradesh are upcoming and progress of that site was informed to the group. The group was informed that 500 health diaries for pre-pilot have been distributed and about 900 Health diary pages have been collected in 3 rounds of monthly health camps at Hardoi site. These pages could not be entered in health account using website since its development plan is not found suitable by users from study site. Developers were requested to use dummy data to check diary information entry and time taken per entry. When developers gave no

response, ICMR itself provided 30 real leaves of health dairies so that data entry check run can be held. To which company reported that “entered well and functioning well”. But the claim has been countered by site staff. As they submitted many flaws in data entry format, which were found faulty, cumbersome and time consuming. The exact comments received (15-5-2013) by site users denotes that 22 entries could be done with great difficulty using 5 working days at site. Those comments were recited by Chairman as follows:

“Last two days no entry can be made because website is locked and trouble login is not working. There are 22 application form are filled Complete/Incomplete in the website wherein diary management (update) could not be done due to many problems stated below-family no. 63 all members only application form (63 to 76) family no.62 all members (application no.372 to 379) family no.61 all members (application no. S77 to S82 self generated no,) Average time taken in every application entry recorded 35 to 40 min. with all means of baseline record and application information to make it complete. Health Accounting Scheme Website: Basic Entry Problem: While filling any particular application form or in any mode of website suddenly it comes on home page by this way you need to login so many times. Once you registered a family with its head name assigning family code you cannot add the member directly in this family you need to adopt and remember the family code of each family while to add more member. Once you forget family code and entered member in another then you cannot attach him in family again. General calendar of date of birth entry to take more time to open if anyone wants to enter his/her DOB. At any point of request submission it comes message “you are not authorized”, Server Error. In monthly camps we have two leaves of an individual one is already filled by diary holder or their treating doctor and another is for HAS Camp is filled by HAS doctor: while maintaining health diary on website which page information is to be filled even though the information may differ of opinions of an individual and doctor. Different kinds of information are to be filled for Pregnant/Vaccination/Diet for an individual is not collected in monthly leaves since no monthly Colum is in the diary page. Entering Lab test/Generic Name of Medicine is not found and shows message choose from suggested list, please add the given list of Lab Test and almost all kind of generic name of medicine so that it would be selected from list.”

**After reading out above comments, the Chairman asked the developers to demonstrate site.**

At home page, it was found that Login ID could have been at home page. Know your volunteer icon did not register information and displayed as should have done.

Members discussed that under NRHM at field level ASHA ANM, primary secondary level education, gram panchayat is going to be linked with common facility center. Therefore linkage is going to be “key” of future applications. In this website account holders’ clinical biochemical, disease and symptoms related information should be linked and displayed when specified information is sought by treating doctor.

Many errors, bugs were found operating and causing speed and access problems. Developers were advised to use validation check for every numeric figure in biochemical parameters. Systolic BP

should have been higher than diastolic BP, which is found not so. No range check is operable, which is a norm of any application.

Some of the other issues highlighted by members were time out rate, it is not specified when would you like to save or discard information, date of birth column issue is not sorted, it was advised to have age in yrs against date filled. It should not be vice versa. Record of those who don't know the date of birth is to be displayed. Pop up windows for wrong entries and suggestions are required. The site requires being user-friendly which is not currently.

Once diary's serial number is entered, it should open that diary page for entry purpose. Showing whole lot of the unnecessary records and fields is of no value. Verdana font should be applied for clarity. Format of qualification, occupation and language is to be corrected. Pin code should be displayed once area is selected. From health parameters BMI should automatically generated using equation. Space occupied for Address may be shortened by combining block/ tehsil, city/ town, post office/ thana. It is advised to look in to Delhi Cancer registry format. The report for who wish to get diary, by what mode is to be generated (post/ through volunteer, will collect self) so that it is easy to follow. Diary distribution should be responsibility of health workers.

Each page requires better space management. Application form is to be shortened for demographic detail only and should be mapped with health diary. What is not editable, make it labeled. Once health application form is entered, diary number should be generated automatically and should be minimally 12 digits. Computer generated number / bar code may be considered. Every time remembering family code and writing it should not be required as is currently required. User should have facility to express experience while working with site (administration/ account holder/ doctor).

Impact analysis of all change suggested in this meeting should have been carried. The whole project requires Business Process Reengineering (BPR). It was decided to consult Dr. S. B. Bhattacharya for BPR of the Health Account Scheme project.

Some of the more suggestions for treatment related page were: Load testing need to be done, check on mobile number be in 10 digits only, entry and analysis outcome if ICD 10 WHO format is used. Masters of tests list are requiring corrections. Use of MS Access or SBB1: CSV format for registration of institutes, system should generated diary entry date, month restriction should be lifted, and only warning for non recording for 3 consecutive months should be generated automatically. Medicine masters are to be in MOHFW format. Medicine source advised to be grouped as personal purchase, government facility.

Though scheme is good and has potential to generate health literacy and authenticated health information, its website need to be more user-friendly. Only 2 screens should need to be opened for all entries to make it viable for minimum 500 entries per day. Add AYUSH link at site to promote preventive health.

There are discrepancies in the format of pregnancy, spelling and grammars need corrections. Analysis format and test run is not presented to committee and advised to present it as soon as possible. It was advised that Path infotech should send a date for meeting to showcase the progress at development part latest by the end of July 2013.

Since 6 medical camps' data -500 sheets per camp- 3000 entries are already lined up in want of web site and due to this no parallel action on the basis of information gathered from Health Diaries can be presented to CMO of the study site as was ensured in scheme performa. This delay on website development part could have been avoided by early actions on deficiencies.

**Recommendations:** Members opined, since whole application is not displayed. Whatever is shown is not in running state. Beta testing report should have been presented to committee about how many entries are tested. The application is considered in only initiation stage and cannot be considered that development is complete. UAT report, beta testing report need to be presented with opinion of experts and users in next meeting. Pathinfotech needs to communicate the date of the meeting as soon as possible.

The meeting ended with the Thank to the Chair.

Data analysis discussion:

Minutes of meeting 19-7-13

1. Define objective clearly and proceed completely according to the objective.
2. In base line data only summarise it.
3. Show how many filled diary by itself, how many attend camp, how many submit diary by itself etc. due to this define stability of project.
4. Find In how many families at least one member is educated.
5. Base line data is to know diary distribution if feasible or not in that area.
6. For objective to improve awareness report activity done in that area like camp, videos, etc.
7. Don't combine rural urban in any cases.
8. If missing data is large in any columns then define its age group also.
9. Take code which is acceptable.
10. Define age group of small range for 18-50.
11. In major disease report disease wise medicine to know that they take appropriate medicine or not.
12. Person having disease but not taking medicine are divide in new cases and old case if possible
13. Prevalence of disease is defined out of total population.
14. Base line data of diary holder person and monthly data may compare.
15. Take only one digit after decimal.
16. First time diagnosed cases can fined by medicine record.

**Minutes of the meeting, held on 19-7-13 at Committee room 2<sup>nd</sup> floor, ICMR Hqrs, New Delhi-29 at 2 pm**

Data analysis: adequacy of the analysis on Baseline data, health diary data and guidelines to refine analysis: health Account Scheme- HAS: ICMR Task Force study

The following attended the meeting:

Dr R M Pandey- Chairman, AIIMS

Dr Tulsi Adhikari, NIMS

Dr Geetha Menon, NCD

Dr Neeta Kumar, RCH

Mr Vishawjeet Singh, Computer programmer-HAS

**Recommendations of the group:**

The meeting began with welcome of all by Dr Neeta Kumar on behalf of Head RCH, Director General ICMR. Mr Vishwajeet singh- presented the analysis done on baseline data of Hardoi site on 5280 participants. After discussion following were the points suggested by expert that analysis is currently in very crude form. There is need to refine it. Members suggested following applications to make it worthwhile analysis:

1. Define analysis as per objective clearly and proceed completely according to the objective.
17. In base line data only summarise it.
18. Show how many consumers filled diary by itself, how many attend health camps, how many submitted diary by itself etc. This information is vital for this project utility.
19. Find In how many families at least one member is educated.
20. Base line data should reflect, diary distribution if feasible or not in that area.
21. For achieving objectives, improve awareness provide report on activity done in that area like camp, videos, etc.
22. Don't combine rural urban in any cases.
23. If missing data is large in any columns then define its age group also.

24. Take code which is widely acceptable for disease. Medicines etc.
  25. Define age group of small range for 18-50.
  26. In major disease report disease wise medicine, to know that they take appropriate medicine or not.
  27. Person having disease but not taking medicine are to be divided in new cases and old case and disease wise, if possible
  28. Prevalence of disease should be defined out of total population.
  29. Base line data of diary holder person and monthly data need to be compared.
  30. Take only one digit after decimal.
  31. First time diagnosed cases during this survey need separate mention.
  32. Match the base ID of diary with baseline data and analyse data with diary and baseline survey to match competency and matching of conditions informed in baseline survey and reported in self filled health diary to find efficiency of health diary.
  33. It is important to know how many fill it by self, how many with help of others.
  34. What are the sensitization activities? Data validation is advised on 15-20 houses check for adequacy, accuracy and completeness of data reported by local staff and found in validation.
  35. Education level of those who complied, and those who don't complied need to be analysed.
  36. Comparison of education level of those entering by self or with help of others is to be done.
  37. Define how to measure effect of awareness and health education activities undertaken in the project.
  38. Details of missing data and reasons for that need reporting in understandable manner.
  39. Medical college need to be incorporated for better documentation
  40. SMS and mobile reminder option to be explored for diary entry and submission process.
- It was advised to present these corrections within this week, so that upcoming meeting on 30-7-13 with site's stakeholders will benefit by the information generated in the project.
- Dr R M Pandey, Dr Tulsi Adhikari extended helping hand to understand analysis if the computer programmer Mr Vishwajit find any difficulty in analysis. Dr Neeta assured sending Mr. Vishawjit Singh to seek this help so that Mr Vishawjit singh is able to submit analysis as advised, by 24—25 July 2013.
- Minutes of the meeting “**Health Accounting Scheme - Empowering people for health care through Multi-Sector Coordination - An Operational evaluation**” held at HD 312, Sector 135 Noida on 16-10-2013

The following discussed the progress and actions for midcourse corrections:

- Dr. Deokinandan- Chairman
- Dr. K.K. Ganguly, Sci “E”
- Dr. Neeta Kumar “C”

The Chairman enquired about the progress and budget spent so far. He was informed by Dr Neeta Kumar that work was done at Hardoi (1st site) in one and a half year and a population of 5229 individuals were covered from 1000 households. Interviews and anthropometric measurements were done (500 rural and urban each) and this activity was completed by December 2012. Budget of Rs 18 lakh for first year is released, most of which (Rs 13 lakh) is on manpower. Health diary's pilot testing for its acceptability test was started in January 2013. 500 Health Diaries were distributed. Six month's information on morbidities, health profile and health care needs was recorded followed by



qualitative interview of 25% users for user's experience and compliance. The development of health account scheme website which was advised for improvement is also undergoing.

Health Diary users wish to have regular counseling, medical facilities nearby. It was also observed that 56% users wrote in health diary by self, 12% were not writing at all, 32% took help of volunteers and staff for health related entries. Chairman was briefed for lacuna observed at Hardoi site at execution and documentation process under study.

Dr. K. K. Ganguly told that proper Topic guides for FGDs were not in place in the beginning so FGDs were held without that. Now topic guide has been developed. A volunteer's training program to address lacuna of user's ability to write in it is also developed. It was developed in view of observation that despite being literate, people were not writing in health diary. A need of volunteer's training as skill development program to equip them not only enabling users to enter/ write in Health diary but also to provide general preventive education on health and timely primary health care which is available to Diary users in their neighborhood.

Chairman was also informed regarding complaints from Health Diary users. Major complaint was for inferior quality, ineffective medicines, and camp frequency of only once a month. Regarding benefit-users opined to have better health awareness, decreased morbidities in their area with onset of this scheme.

Dr. Deokinandan advised that holding free medicine distribution camp may attract only freebees seekers and dilute actual problems. People tend to gather for things available free of charge. The camp for medicine distribution should be stopped, but to increase awareness education activity camp can be carried out in coordination with local volunteers. This should be focused to increase acceptability of health diary..

In view of large budget spent on manpower, and experience from Hardoi, it is advised to explore more economic mode to get work done on work performance basis at nominal cost using locally available manpower. This will reduce manpower budget and that may be used towards travel of volunteers to increase contact frequencies with the Diary users. It is advised to minimize manpower of 1-2 persons for regular coordination of all activities and rest of the work is to be done on performance, workload basis following ASHA model. Locally available workforce, educated unemployed youth can be trained to get baseline data at Rs. 20 per house for collecting baseline forms in study area.

Dr. Ganguly informed about topic guide of FGDs and volunteers training skill development program. This will impart them skills to help Health diary users to write efficiently, basic health preventive measures for major non-communicable and communicable diseases using, AYUSH and CHEB material of health promotion and prevention. In this connection Dr Deokinandan told to use the model of Bal Parivar Mitra model of UP.

Dr. Deokinandan also advised not to involve money in the volunteer's skill development program, and only certification of the work done by them, recognition in the form of prizes worth Rs 100 may be given. He advised to include Bal Parivar Mitra module 1,2 &3 to empower health volunteers and community to take care of child and reproductive health. Theses cluster community approach

envisages utilizing women leaders of the community. Their training modules developed under Guidance of Dr. Deokinandan are to be sought from Dr S K Mishra, Deptt. of PSM, Agra, UP. This module is very good picturesque easily understandable module.

He also advised to complete post Health Diary use survey in rest of the 400 users. Dr Ganguly raised the issue of adding two more questions on ability and comfort level of entries/ writing the Health Diary and if they need some changes for pattern provided to fill in their information and the same may be considered. It is also expressed a caution should be there that all the pages of diary are intact or torn/ mutilated.

**Major points of action:**

Reorganize manpower appointment and functioning.

Complete data entry of all users' inputs in current 491 Health dairy users.

Revise volunteer training modules to make it for locally appropriate. Bal Parivar Mitra module may be used for women and Child care to reach at household level.

HRRC of Medical College at Lucknow to be co-opted to execute work at Hardoi site as they are well versed in community based operational health research and documentation processes.

Meeting ended with thanks to Chairman.

Minutes for HAS website at NIC office Nirman Bhawan on 31-12-2013, 10am

Following attended meeting

Dr Sunil Kumar, NIC

Sri B mishra, NIC

Dr Neeta Kumar, ICMR

Sri Joydeep Mukherjee, Path

Sri Sudhanshu Mittal, Path

Sri Jayant Kohli Path

On behalf of the development team, Sunil ji informed that development work was over by December 2012 and enhancement was done by path after that.

So ICMR should sign the attendance for work

Dr Neeta Kumar informed that actually no recommendation made by 17-5-meeting was applied after failed training meeting in Feb 2013 at ICMR Hqrs and failed trial run by HAS staff in April, May 2013. Path asked for .net and sequel server, arranging for that (purchase, installation) was done by July 2013. After that Path was regularly informed to check installation, use it to make website functional. It was shown by Dr Neeta on spot that data reports were still not reflecting the adequate picture. No provision of those no filling diary was there to generate list. No action on 17-5-13 meeting. Sri Joy and Sri S Mittal informed the group about fulfilling task of modification within 10<sup>th</sup> January and show it to committee again.

Meanwhile discussing problem related to UID and coding Sunil Kumar, NIC suggested valuable site to conform for making coding: e govstandards.gov.in, Lonic codes for tests, MOHFW for EMR standards.

Meeting ended with assurance of support for work from Path and logistics by ICMR

**Health Account Scheme: empowering people for health care:  
Investigators and expert's group meeting held on 30-7-13 at ICMR Headquarters, conference room, New Delh-29**

**The following members attended the meeting:**

- Dr. Deokinandan- Chairman
- Dr. CS Pandav, AIIMS- Co-Chair
- Dr. S B Bhattacharya, TCS
- Dr. R M Pandey
- Dr S K Sharma, CDMO, SW & South Delhi
- Sri. V Ringe, NIC
- Sri. B Mishra, NIC

**Principle Investigators**

- Delhi site: Dr Damodar Bachani, Dr Anita Acharya -LHMC
- Arunachal Pradesh -Dr. Peter Nabam,
- Hardoi -Dr. Ashish Mishra, Medical officer,

**Path Infotech-**Sri Jayant kohli, Sri Abhaya Chaturvedi

**ICMR Secretariat:**

- Dr Malabika Roy- Head
- Dr K K Ganguly, Sci. E
- Dr Neeru Gupta, Sci. E
- Dr Neeta kumar, Sci. C

Dr. Malabika Roy- Head Div. of RCH, ICMR welcomed the members on behalf of Dr V M Katoch the Secretary, Department of Health Research and Director General ICMR. She in view of experience under the scheme and from Hardoi site, informed about the roping in of Medical Colleges PSM Departments and ICMR's institutions to serve as PIs.

Dr. C S Pandav and Dr Deokinandan jointly chaired the session. Dr Malabika Roy's welcome remarks were followed by brief introduction on scheme and progress status of Hardoi site. The website team presented the website. Principal investigators opined their views in discussion.

Dr. C S Pandav appreciated the idea of involving Medical Colleges since it will improve upon the quality of data and documentation of methods applied, which district health administration may not be well versed of. District health administration may be kept in loop (updated and informed) as hand holding and sharing research results for application so that it may become mutually beneficial. Dr Malabika Roy informed the group involving LHMC for Delhi site and Lucknow HRRC for Hardoi site. For Arunachal Pradesh site, it is to be explored to have which PSM department form Dibrugarh or Gowhati to link with.

Dr. Neeta shared very long, persuasive, hectic yet unfruitful exercise to persuade CMOs in quality research. After all formalities at Mansa site in Punjab, taking order from Principal Secretary, Health and DHS of state, local site CMO did not complete codal formalities. Hardoi site could be started due to more intensive personal visits, yet non-cooperative administration and inability to execute quality

in data collection, educating consumers, quality volunteer training program. It has been hindrance in generating consumers (health diary holders) who can write their problems on their own. It was reported to have minimal acceptance of Health Diary as in March, April'2013 data, majority of the Diary holder could not write by them in their health dairy.

Dr Neeta informed the group for the objectives of the study and 3 important instruments under the study.

One: Health Diary which remains with the consumers, one page for one month to write health problems, treatments, effects, expenses and needs

Two: HAS website, to enter health diary carbon sheet data in individualized account and get automated monthly analyzable feedback on time, place, person, and disease specific modes.

Three: Health volunteers, it is envisaged to have 1 health volunteer per 10 households. Volunteers are comprised of 1.students/2.housewives, 3.senior citizens or 4. Other groups like shopkeepers/social workers/ leaders/ NGOs. Theses volunteers are to be provided with necessary information /training/ orientation to motivate people to write their problems in their health diary and attend health screening camp. They will be trained for spread of preventive health messages. Incentives would be in the form of kinds not in the form of money.

Dr. Bachani informed about the availability of good site to conduct this module's testing as there is a block of 500 houses available with PSM department as filed practice area. It needs to be decided to take whole block or random mode selected houses. It also needs to be decided what kind of incentives will be given to volunteers and staff. It was suggested to take some basic local staff under study for work based incentives like ASHA workers in place of regular staff.

Dr. Malabika Roy also agreed that it will be good to have whole block so that holding health camp is not a problem. Dr Neeta shared experience on volunteer's incentive at Hardoi site, where local students and ladies contributed significantly happily without any incentive for conduction of baseline survey and Health Diary distribution. But during health camps they were paid by Scheme staff for helping height-weight measurements of all those attending camp. This group raised demand to increase incentives for helping in health camps while the same group was not demanding payments earlier. This category of volunteers could not be empowered due to fights between local volunteers and staff of the scheme.

Learning lesson as a result of above, it is needed to revisit volunteer recruitment/ empowerment/ incentive plan. Dr Anita Acharya opined that lesson learnt from Hardoi site may not work at Delhi resettlement colony site in Delhi and things may need to work out afresh in local perspectives.

Dr C S Pandav shared his Ballabgarh experience of recording comprehensive health status data of over 1 lakh population by fortnight survey by health workers and invited to visit site for review and learning. Dr Nabam Peter shared his point of concerns in the scheme for Arunachal Pradesh and assured to take care of objectives as well as health & welfare of study population. Need of Health Diary in English and its publication are to be explored/sorted using available resources.

CDMO Delhi – Dr S K Sharma joined the meeting and expressed that he has very little time to share his views and communicated that he has been unable to understand the logic of the research study with CMOs involvement and district health administration. It is already overworked and understaffed. Regular health service is being supported with available logistics with difficulties, 400 patients are being attended by 2 medical officers and they have never been part of research study ever before and recruited staff directly at our office. So conducting research, recruiting staff is completely awkward thing. Moreover there is no hope of any outcome of the study. To expect people to write their diseases status, medicine etc is futile, which nobody is going to comply. Health camps are of no use, it has shown no role in health improvement. Sparing staff from our office for camp activities is not possible as patient load is so much that Doctors don't get time to see even patients visiting OPDS, how can they go for camps. Considering resource constraints district health administration should be spared from research. If it is involved, it may comply as the task is bestowed to the office but quality may not be assured. Dr Sharma left after brief discussion.

Dr. Neeta Kumar explained the role of scheme. As a result of the scheme, patient is able to communicate disease and researchers/service providers are able to analyse health problems and their needs comprehensively. However this could not be ascertained with district health administration in Hardoi. Experience with Hardoi Diary data revealed that initially compliance/ acceptability was very good but in due course no compliance was present for self entry by consumers in health diary as most of the data is entered, collected actively by staff or volunteers. It shows failure to generate enough interest and motivation among population to fill the diary themselves in 6 monthly rounds. Dr R M Pandey opined that generating volunteers is lacking and the model is not sustainable if staff itself needed to intervene to write in Diary and people could not be motivated. It will not be feasible / possible on large scale application.

The website developers presented the website's modified version. The speed and mode of health diary entry was concern in the meeting held on 17-5-13 and team was expected to present action taken on the recommendations made in 17-5-2013 meeting. It was observed that time taken in filling the health diary application form was 5 minutes. Health Diary information was not filled and data analysis mode was not observed. Expert members revisited the minutes of 17-5-13 meeting and found that none of the recommendation was applied in the website. Major recommendations were not followed.

In this scenario the Expert members took break to discuss among themselves and after discussion they gave following suggestions:

Outcome measure to primary objective should be clear (Primary objective: To introduce diary for health accounting and estimating acceptability). The outcome of the primary objectives be "how many could fill the health dairy themselves, not with the help of others".

Health diary data analysis should be completed by the end of august month. The website developers has done great job for webpage designing and launching it, yet no recommendation of May 17<sup>th</sup> meeting has been applied and non-availability of data entry- analysis modules leads it to be of no use in project.

NIC and company persons presented their point of view to release the development charges to company which have been due for long because of consumer dissatisfaction from ICMR. They insisted to provide personnel of ICMR Computer programmer who is well versed with computer software applications so that development process can be handled effectively. Dr Malabika Roy assured them to look in to the matter. NIC and company persons agreed to deploy manpower (currently absent), by 10<sup>th</sup> of August 2013. It will show usability of website by entering all Hardoi pending data by August 2013. Hardoi site visit will be also arranged by ICMR for company persons.

It was decided to hold upcoming sites till this issue of website functioning is sorted. Restructuring is to be done by involving Medical College/ PSM Departments to take charge in the study. The review of website, data entered from Hardoi site and its analyzability and recommendations of 17-5-13 meeting is to be done in September first week.

It was discussed to analyze data as per objectives, identification of stakeholders participated, responsibility, deliverables with time lines. Stock taking of work done, lesson learnt, future steps, gaps identified and corrective measures are to be reported to the committee.

The meeting ended with the thanks to the Chairman and other members who despite constraints provided valuable time and guidance.

**Minutes of the Expert Committee Meeting: to evaluate software to record data & generate feedback**

**Health Accounting Scheme- Operational evaluation- Pioneering Multi-Sectoral Coordination and empowering people for health care.**

Date: 31-3-2014, Venue: Reception room Ground floor, New Delhi, Time-2-5pm

The following attended the meeting:

9. Dr S B Bhattacharya, TCS, Gurgaon- **Chairman**
10. Sri. Manoj Kalra, Executive for Smart card scheme, New Delhi
11. Mr Satish Kumar/ Mehar, Computer division AIIMS
12. Dr Shailendra Kumar, Additional Prof. Delhi University, New Delhi●
13. Sri. Sanjeev Singh, Head, Computer Section, South Delhi Campus, New Delhi●
14. Dr K. Satyanarayana, ICMR●
15. Sri. R K Meena, Director Health Education, CHEB●
16. Dr S Nishchendra, DST, Retd●

NIC: Dr Sunil Kumar, Mr B Mishra

Path: representatives to showcase website- Mr Sudhanshu, Mr Jayant

**ICMR**

Dr Malabika Roy- Head, RHN

Dr Chander Shekhar

Dr K K Ganguly

Dr S K D Biswas

Ms Tulsi Adhikari, NIMS

Mr Yogesh, Computer section

Dr Neeta Kumar

- Could not attend the meeting

Dr Malabika Roy, Scientist “G” and Head, Division of RCH welcomed the members on behalf of the Director General ICMR & Secretary Department of Health Research, MOHFW- Dr. V M Katoch. Dr Roy briefed that the technical committee to discuss technical details of the software desired in Health Accounting Scheme and to take decision on payment to the developer / NIC, to see capabilities to fulfill requirements of the software for electronic medical health record keeping and periodic analysis on individual as well as group basis. The meeting is called in view of non representation and showcasing of website from developer company side. In absence of presentation of developed site, payment of development part is pending.

Dr Neeta Kumar made background information presentation. It was informed to members that in the year 2011 website concept were undertaken and NIC bestowed job of website development to its empanelled company in August 2012. When company asked for training of staff to use the



developed website, it was found, not functioning and not even single entries could be done in training organized in February 2013. She informed the group that she has been unable to see recommendations as of July 2013 meeting applied in the website or not as it is never demonstrated in functional condition. It was also informed too committee that patient is unable to see its health account, policy planner can not use outcome report to analyse burdens and needs. It was realized that no trial run or mock trial was done before hand by the company. Only some minor changes has been applied to let all the pages visible to user, however it was detected that it cannot be used by anyone among users for any purpose, since entered data (in faulty entry module) is not visible to patients to see their own account, to researcher/ policy planners to know outcome reports of diseases, in time place person specific manners as was envisaged in approved proposal of the company.

- It was decided to first dissolve all the issues, run a mock trial to test it in-house and then organize the staff training meeting. Meanwhile study site staff was advised to enter study data in excel sheet, since website was getting delayed from its time line.

In view of delay in using functional website required for ongoing project, an expert meeting in July 2013, for website evaluation found it not functioning.

Salient points of discussion in that meeting were as follows:

Many errors, bugs were found operating and causing speed and access problems. Developers were advised to use validation check for every numeric figure in biochemical parameters. Systolic BP should have been higher than diastolic BP, which is found not so. No range check is operable, which is a norm of any application.

Some of the other issues highlighted by members were time out rate, it is not specified when would you like to save or discard information, date of birth column issue is not sorted, it was advised to have age in yrs against date filled. It should not be vice versa. Record of those who don't know the date of birth is to be displayed. Pop up windows for wrong entries and suggestions are required. The site requires being user-friendly which is not currently.

Once diary's serial number is entered, it should open that diary page for entry purpose. Showing whole lot of the unnecessary records and fields is of no value. Verdana font should be applied for clarity. Format of qualification, occupation and language is to be corrected. Pin code should be displayed once area is selected. From health parameters BMI should automatically generated using equation. Space occupied for Address may be shortened by combining block/ tehsil, city/ town, post office/ thana. It is advised to look in to Delhi Cancer registry format. The report for who wish to get diary, by what mode is to be generated (post/ through volunteer, will collect self) so that it is easy to follow. Diary distribution should be responsibility of health workers.

Each page requires better space management. Application form is to be shortened for demographic detail only and should be mapped with health diary. What is not editable, make it labeled. Once health application form is entered, diary number should be generated automatically and should be minimally 12 digits. Computer generated number / bar code may be considered. Every time remembering family code and writing it should not be required as is currently required. User should have facility to express experience while working with site (administration/ account holder/ doctor).

Impact analysis of all change suggested in this meeting should have been carried. The whole project requires Business Process Reengineering (BPR). It was decided to consult Dr. S. B. Bhattacharya for BPR of the Health Account Scheme project.

- Some of the more suggestions for treatment related page were: Load testing need to be done, check on mobile number be in 10 digits only, entry and analysis outcome if ICD 10 WHO format is used. Masters of tests list are requiring corrections. Use of MS Access or SBB1: CSV format for registration of institutes, system should generate diary entry date, month restriction should be lifted, and only warning for non recording for 3 consecutive months should be generated automatically. Medicine masters are to be in MOHFW format. Medicine source advised to be grouped as personal purchase, government facility.
- Though scheme is good and has potential to generate health literacy and authenticated health information, its website need to be more user-friendly. Only 2 screens should need to be opened for all entries to make it viable for minimum 500 entries per day. Add AYUSH link at site to promote preventive health.
- There are discrepancies in the format of pregnancy, spelling and grammars need corrections. Analysis format and test run is not presented to committee and advised to present it as soon as possible. It was advised that Path infotech should send a date for meeting to showcase the progress at development part latest by the end of July 2013.
- Since 6 medical camps' data -500 sheets per camp- 3000 entries are already lined up in want of web site and due to this no parallel action on the basis of information gathered from Health Diaries can be presented to CMO of the study site as was ensured in scheme performance. This delay on website development part could have been avoided by early actions on deficiencies.
- Recommendations: Members opined, since whole application is not displayed. Whatever is shown is not in running state. Beta testing report should have been presented to committee about how many entries are tested. The application is considered in only initiation stage and cannot be considered that development is complete. UAT report, beta testing report need to be presented with opinion of experts and users in next meeting. Path infotech needs to communicate the date of the meeting as soon as possible.

Company was able to demonstrate only till application filling page in that meeting. Company committed to showcase whole site by August/September 2013, failing which, many other dates were explored like December 2013, January 2014. It is increasing frustrating not to be able to use the website envisaged for ongoing project, for which enough field data is accumulated for pilot run.

In view of growing pressure to pay development charges to company, It was proposed from NIC to organize one more expert meeting to let company showcase developed website. Hence this meeting is organized. Dr Neeta then invited Path representatives to showcase the website in front of the members.

The path members informed that all the work is done at their end however they are unable to showcase website since no technical person is working with them. Chairman then enquired about beta testing report which needs to be provided by developers and was advised to submit in July 2013 meeting. It is required to know whether developers have run and validated website internally for

each module?. The company personnel's replied that they have not prepared "beta testing report", and never run the website internally, but emphasized that the website work is complete at their end and all the payment should be done.

All the members unanimously opined that it is a pathetic situation that despite so much time spent; website is not able to be functional. It is a vital part of the project and even basic recommendations have not been applied after so much time, reminders, since last expert meeting in July 2013.

It was advised by members that SRS should have been vetted and validated for its applicability and problems arising in using website. It was reported by involved users- Arunachal Pradesh PI, staff of UP site that website has many problems so they all are unable to use it. It has come out thorough last 2 years that every small amount of work was done in the website and application is running behind time envisaged for development. It could never be used in the ongoing project if the presentation and speed of the work from developer end remains like this

It is highly condemnable that even in this important meeting, developers have come without any technical presentation. They have prepared only emails of correspondence alleging Dr Neeta for inaction, while she is completely not a technical person and cannot develop website, or evaluate it technically. At user end comfortable and smooth running should have been ensured by the developer company.

Committee felt inability to comment on status of website development in absence of any presentation and showcasing of work on recommendations. Company claims that 400 data is entered while it seems having 138, out of which outcome report cannot be generated. Company informed that all changes made to make it usable are still due for uploading, which was not tested by Dr Neeta, so were not uploaded. Dr Neeta informed that since changes were not done to generate outcome reports, it were never ready to be uploaded. Hence company can present whatever work they have done- in front of the committee. Company representatives showcased inability to showcase anything they claimed, have been done, and kept on insisting that handover is done to ICMR person and that person should present the work done.

Dr Neeta informed committee that hand over by Path staff before leaving the job, does not mean that all completed work was submitted. Since Mr Yogesh, ICMR took the website related files from Path personnel's, in view of his leaving project, and hope to hand it over to next official from developer company to complete the job. Mr Yogesh is not officially associated to project, and just obliged by keeping records, so that next person from Developer Company is able to continue with it. But no one from company side joined even after one and half month's waiting.

Committee opined that handing over incomplete work will not help in product launching. Their simple claim of work done is not supported by any evidence. Request for presentation has come from ICMR repeatedly; rather, it should have come from company side to showcase their work. In this pathetic situation, payment issue should be decided clearly so that public funds are justifiably spent.

NIC team suggested doing audit of the work done on website and decides payments. Sri Sunil kumar enquired if the committee wants company to continue working on this project or terminate it.

It was decided that with past experience of the performance it should be terminated. However matter of amount of payment for development part is to be decided. It was decided that 4 members committee will look in to the amount of work done so that company's contract can be terminated with payment to whatever little work it has been able to do.

It was decided to meet on 9<sup>th</sup> April 2014 to do audit of the work accomplished with following in panel- Dr Sunil Kumar, NIC, Sri B Mishra, NIC, Sri Satish Prasad, AIIMS, Sri Manoj Kalra, Dr S B Bhattacharya, TCS.

The meeting ended with thanks to the Chair

**Minutes of the Expert Committee Meeting: To do GAP Analysis on the product (Web application) developed by NIC empanelled company for Health Accounting Scheme- Operational evaluation- Pioneering Multi-Sectoral Coordination and empowering people for health care.**

Date: 09-04-2014, Venue: Committee Room, Second floor, ICMR, New Delhi, Time-11-5 pm

The following attended the meeting:

1. Dr S B Bhattacharya, TCS, Gurgaon- **Chairman**
2. Sri. Manoj Kalra, Executive for Smart card scheme, New Delhi
3. Dr Sunil Kumar, NIC
4. Mr B Mishra, NIC

ICMR

Dr Malabika Roy- Head, RCH  
Dr Chander Shekhar  
Dr Shiv Kumar  
Dr K K Ganguly  
Mr S K D Biswas/ Ms Iqbal Kaur  
Sri Kali Dhar,  
Dr Neeta Kumar

Dr Malabika Roy, Scientist "G" and Head, Division of RCH welcomed the members on behalf of the Director General ICMR & Secretary Department of Health Research, MOHFW- Dr. V M Katoch. Dr Roy briefed the technical committee about the objectives and Dr Neeta Kumar presented minutes of meeting held on 31-3-2014.

The Group discussed the issues to be highlighted in GAP analysis. to discuss technical details of the software of Health Accounting Scheme.

It was decided in last meeting to meet on 9<sup>th</sup> April 2014 to do audit of the work accomplished with following in panel- Dr Sunil Kumar, NIC, Sri B Mishra, NIC, Sri Satish Prasad, AIIMS, Sri Manoj Kalra, Dr S B Bhattacharya, TCS.

The group did brainstorming with presentation done by Sri B Mishra, NIC and following were the salient comments came out of discussion:

All the recommendations of July 2013 meeting to be applied in application.

Reform of application form at the end of ICMR. It should be termed as registration form with demographic details only. Ideally registration form to get health diary should be different from consent form, but may contain separate para of consent to save paper.

Registration form would have demographic profile, income, education, occupation, marital status, history of familial disease, mother and father names. It should identify areas as rural/ urban. Internally validated form will be given to NIC for application within 2 weeks. This would be final and termed as locked version.

Password should be default password. If successfully registered, it should automatically display health records.

For age / date of birth, I July will be date to mark year.

Password should be simple and application should be user-friendly.

Health Diary entry format is to be improved.

The meeting ended with thanks to the Chair

Minutes of the meeting for Health Diary composition and collaboration held with Central Bureau of Health Education (CHEB) at Kotla Road on 4-7-2011

The following attended the meeting:

**CHEB REPRESENTATIVES**

- Dr R. K. Meena, CMO (NFSG), CHEB
- Dr Amita Bahl, CMO (NFSG), CHEB
- Dr Tarun Jain, DADG (public Health)
- Dr Indu Grewal, CMO (Health Promotion and education Division)
- Mr. M.L. Meena, Health Education Officer (Teacher), School Health Division
- Sri Sanjay Kumar Bhoi, HEO (M&E Division), CHEB
- Ms Reeta Dar, HEO (HPE Division)
- Sri S. P. Rao, HEO (HRE Division), CHEB

**ICMR REPRESENTATIVES**

- Dr Neeru Gupta, Scientist 'E', ICMR
- Dr Neeta Kumar, Scientist 'C', ICMR

Dr. Neeta Kumar, supported by Dr. Neeru Gupta, presented the background information about the Health Accounting Scheme to the representatives of CHEB. It was indicated that the pilot testing of the Scheme would preferably start from Dist Hardoi, Uttar Pradesh under which a Health Diary is proposed to be distributed in the select 1000 HH of both the rural and urban sites with the objective of getting inputs on health status, facilities under the health delivery mechanism of Govt. and client satisfaction. This exercise will enable the Investigators to record the health needs of the community and increase health awareness, health seeking behaviors along with community's participation.

ICMR team briefly explained about the progress made so far in the project prior to its launching and desired to receive valuable inputs from CHEB in regard to designing the content and appearance of the material required to be developed for the HAS project such health education and awareness in addition to Health Diary also.

**RECOMMENDATIONS MADE AFTER GROUP DISCUSSION:**

1. Messages (one liner) of health awareness and education are to be put in the diary on each page. In view of optimum utilization of space, suitably designed detailed messages in attractive manner may be given on the back pages of the Health Diary.
2. Advertisements, in color, after every 10 leaves may be repeated/given to highlight a commonly occurring disease (s) for raising awareness. Advertisements at the end of Health Diary may be incorporated with major messages about NRHM, Pradhanmantri Swasthya Beema Yojna, life style related diseases etc.
3. During the monthly health camps envisaged under the HAN for screening (General Physical examination, Hemoglobin, BP, Blood sugar, Height, weight, updating of Health Diary etc), of video films of educational value can be held, The educational videos should be catchy, clear, using local dialect (Hindi /Awadhi for Hardoi in UP, Panjabi in Punjab), with musicals and animations incorporated into it.
4. CHEB and ICMR teams will jointly identifying posters and other educational material already available with the former and discover useful niches in which it can ideally and gainfully fit.

5. CHEB is to be requested to design certain poster and educational material for Health Account Scheme and advocacy of Health Diary. A video and poster explaining the the Scheme and it benefits need to be made in a manner that is fairly understandable and entertaining.
6. The issue of funding for developing various products such as posters, videos, advertisements was discussed and it came to be decided to collaborate on this front and utilize available funds with both the organizations.
7. Component development of the Health Diary will be looked after jointly by ICMR and CHEB team.

**Minutes of the Expert Committee Meeting: to evaluate software to record data & generate feedback reports**

**Health Accounting Scheme- Operational evaluation- Pioneering Multi-Sectoral Coordination and empowering people for health care.**

Date: 7-7-2014, Venue: Committee room, 2<sup>nd</sup> floor , ICMR Headquarters, New Delhi

The following attended the meeting:

17. Dr N K Mehra- AIIMS, Chairman
18. Dr S B Bhattacharya, TCS, Gurgaon●
19. Mr Satish Kumar, Computer division AIIMS
20. Dr D Bachani, **Deputy Commissioner (NCD)**, MOHFW
21. Prof. Dr N K Arora, INCLIN
22. Prof Dr. V K Paul, AIIMS●

NIC: Dr Sunil Kumar, Mr B Mishra

ICMR

Dr K K Ganguly

Mr S K D Biswas/ Ms Iqbal Kaur●

Mr Yogesh, Computer section

Dr Neeta Kumar

●Could not attend the meeting

In View of Head RCH in the meeting with DG, ICMR at DHR office, red cross Building, Dr Neeta Kumar briefed the group about the objectives and design of the Health account scheme and on behalf of Secretary DHR, DG ICMR, invited Prof. N K mehra to Chair the meeting.

The operational evaluation of Health Accounting Scheme approved in PRG 2009, series of meetings with ethical committee (approval received in April 2011, and codal formalities completed from the site in Uttar Pradesh after approval of principal secretary Health.

Staff recruitment was done and baseline survey in 5000 population, Health diary acceptability evaluation after 500 health diaries distribution in rural area was completed in august 2013. It was informed to group that all data collected was meant to be entered in website and analyzed using format envisaged to generate age, gender, area, disease specific outcome reports. These reports can be used by district administration and care givers for service delivery and consumers can have target health education and comprehensive health data at one place to showcase it to their treating physicians, in case they are not carrying hard copy of the health diary.

The scheme envisaged to be more useful for geriatric group of population which can share their symptom profile, disease profile. Health volunteers generated under skill development program who



may also be preventive health educator will be help in imparting guidance, collecting carbon sheet of health diary in this scheme.

Therefore 3 features were included in the scheme 1) health diary, 2) website – producing automated feedback, 3) health volunteer- imparting education collecting health diaries pages.

Dr N K Arora raised question about the consumer driven entries, which will be in layman terms and there is no medical meaning of many symptomatic problems like – vat. He raised the question on necessities of the health diary and expressed views to rather collect qualitative information comprehensively, note down the exact practices, beliefs and need assessment. He asked Dr K K ganguly to prepare module for missing component of qualitative assessment and its right interpretation.

Dr Ganguly and Dr. Neeta agreed adding that important feature in baseline survey information. However one time collection of information may not be dynamic-real time place person specific, involving consumers, will be difficult if Health Diary is not with consumers themselves.

The project motives were appreciated and group expressed hope to get wonderful outcomes from the scheme. This unique way may carry public health system long way in terms of promoting preventive health and generating valuable information, however there is need to be more specific and clear on objectives, utility of health diary, website and other components.

Dr Neeta assured providing details justifications available on objectives clarity (a brief note on justification enclosed for Perusal of the Chair). Group was informed the status of website meant for health account scheme. Which envisaged is used for-

1. online data entry
2. personalized/individualized health accounts
3. Composite report generation on community health status and needs in real time place person and disease specific manner.
4. There is provision of health volunteer's information, nearby health facility information, health education and consumers showcasing it to treating physicians.
5. In case of no entry for 3 months, generation of alert list, SMS to person to check its wellbeing-some special user-friendly features, for dynamic health surveillance and care.

Dr Neeta briefed the committee that codes of ICD10 are used to analyse enter data for disease and symptom, National medicinal cods for medicines, and numeric codes for common tests.

The main objective of this meeting is to discuss technical details of the software of Health Accounting Scheme to see its capabilities to fulfill requirements of the electronic medical health record keeping and periodic analysis on individual as well as group basis and to take decision on payment to the developer / NIC. The meeting was to discuss inordinate delay by NIC and their outsourced company to develop the HAS website and earliest solution and settlement of the payment thereof.

**Excerpts from the 9-4-14 meeting:** Dr Neeta Kumar made presentation on the background information including last meeting of July 2013 recommendations. It was informed to members that in the year 2011 the website concept was undertaken and job bestowed to NIC (empanelled company) in August 2012 for website development. In Jan 2013, company asked for training of staff to use the developed website, it was found, that programme developed was not functional. It was also informed to committee that everyone at user end including data entry operator- unable to fill form, patient unable to see health account; policy planner cannot use outcome report to analyze burdens and needs.

It was informed to committee that NICS I is paid Rs 22.11 Lakhs for this website, which includes development, 3 years support. Development cost is of Rs 7.8 lakh. It was informed that since development part is not completed, it should be decided, what amount of development part of Rs 7.8 lakhs should be due to company?

In earlier meetings it was not disclosed to ICMR that development part is already paid, hence what part of the development is to be granted to develop was the issue for discussion. After the meeting of 9-4-14 it was found that all development part is paid by NIC/ NICS I hence ICMR has no role discussing it.

**Recommendations:** It is hard and crucial situation for the project that NIC/ NICS I are already paid for development and maintenance grant from ICMR side; so it is allowed to use that. However looking back at track record, NIC is advised to strictly follow time line, which is already late by one and half yrs. As NIC has assured to run the functional website and submit user satisfaction report/ approval after demonstration in ICMR committee within 3 months of this meeting, group has allowed using grant. NIC is advised to take note of all recommendations of ICMR since February 2013 meeting (expert's advices in 5 meetings) and inputs from users and sort all those issues which are necessary to make it a smoothly running user friendly application.

## **Brief Note for clarity on objectives as advised by the Chair.**

### **HAS, WHY and for Whom**

**Rationale:** This model visualizes “Health for All” become reality by reaching out to community in many ways at door step. More than 80% are spending is out of pocket for health care, the more the person is health illiterate, more is the expenditure. Government health services need promoting preventive health and communicate schemes of Government in proactive manner to the grass root. Because every Indian counts, because Government care and wish to serve.

#### **WHY Health Account?**

We keep account for our money? And keep a PAN number -Health is also a wealth.

#### **WHY Health Account NOW?**

-NRHM 2010 document opined lack of district level health data for funneling of funds based on local needs; here it will provide not only district but individual diseases data in time, place, person specific manner. Hefty budget may be saved which is being spent on Sentinel surveys and HIMS with limited value in delivering utilizable timely information.

#### **Why to Keep Health Diary?**

Internet still not reached to interiors, villages & household level and dependent on technology/electricity. Use of personalized health dairy with carbonized sheet, self written one page entry per month about holder’s health problem, treatment, effect and needs, intends to fill the gap of communication between service providers and consumer and open up possibility of authentic real time updating of health issues. Involving consumers in interactive, participative manner is the key to success to get inputs from them and to impart preventive health knowledge to them.

#### **Why Health Volunteers?**

Indians best known for poor health seeking and health literacy, need constant support and that should be available and preferably should come from neighborhood. Distantly aids may never reach them

#### **Why Health Account Website in this scheme (url: [healthaccountscheme.nic.in](http://healthaccountscheme.nic.in)):**

To keep consumers health record at one place, make them enable to let see it by treating physicians, automated analysis of whole information for service delivery planning. Automation of the process to reduce time lag, make it participative and user-friendly, participative in every manner to increase its utility for consumers as well as care givers.

#### **Role of Central Government?**

Lending NRHM Logistics, printing of Health dairies, use data coming out Website for policy planning

#### **Role of state/ district health administration?**

Share health service resources for health education and diary updation camps- Medicines for emergency kits, for common ailments, screening tools for common ailments, expert man power for education in health. Inter departmental collaboration to get material and manpower for health education, HRD, AYUSH and disaster management department, school health programs to share manpower and logistics as per local availability and need of the area. Provide certificate, prizes to generate local health volunteers. Volunteer’s educational and motivational programs so that they become link between diary holders and health administration. Nodal officer -NRHM needs to update progress & constant supervision.

**Minutes of the Expert Committee Meeting: to evaluate software application of Health Accounting Scheme- Operational evaluation- Pioneering Multi-Sectoral Coordination and empowering people for health care.**

Date: 7-7-2014, Venue: Committee room, 2<sup>nd</sup> floor, ICMR Headquarters, New Delhi

The following attended the meeting:

23. Prof. N K Mehra- AIIMS, Chairman
24. Prof. Dr N K Arora, INCLIN
25. Prof Dr. V K Paul, AIIMS●
26. Dr S B Bhattacharya, TCS, Gurgaon●
27. Dr. D Bachani, **Deputy Commissioner (NCD)**, MOHFW
28. Mr Satish Kumar, Computer division AIIMS

**NIC:** Sri. Sunil Kumar, Nirman Bhawan

ICMR

Dr K K Ganguly

Mr S K D Biswas/ Ms Iqbal Kaur●

Dr Neeta Kumar

Sri Yogesh Kumar, Computer section

- Could not attend the meeting

Since the Head RCH Dr Malabika Roy was busy in another meeting, Dr. K K Ganguly welcomed the members on behalf of the DG ICMR. Dr Neeta Kumar briefed the group about the objectives and design of the Health Account Scheme and on behalf of Secretary DHR, DG ICMR and invited Prof. N. K. Mehra to Chair the meeting.

Prof. Mehra welcomed all those present and enquired about the background, aims and objectives, how it was initiated and long term outcome expected. Dr Neeta Kumar and others gave a brief background information regarding initiation of Health Accounting Scheme- **HAS**. It was approved in PRG 2009, and after a series of meetings, ethical committee approval was received in April 2011. The codal formalities were completed from the site in Uttar Pradesh after approval of the Principal Secretary Health.

Project envisaged generating age, gender, area, disease specific outcome monthly reports, which can be used by district health administration, consumers as well as service providers.

The scheme was envisaged to be more useful for the geriatric population. One Health Diary was given in this scheme to write symptom, disease, health problem, treatment, effect of treatment and needs.

Three features are unique with this scheme, 1) health diary, 2) website – producing automated real time feedback report and 3) health volunteer- imparting preventive health education collecting health diary monthly carbon copy.

Prof. N K Arora raised the issue of colloquial parlance of any disease and its expression. To be precise he said, “pet mein vat padna”, how the aforesaid expression can be categorized in ICD-10 description of disease. He emphasized the need for maintenance the health diary and expressed views to collect qualitative information comprehensively to note down the exact practices, beliefs and assess need. He asked Dr K K ganguly to capture those issues. The project motives were appreciated and group expressed hope to get valuable outcomes.

Dr. Ganguly and Dr. Neeta agreed to take qualitative inputs in the baseline survey. Group was informed that the website meant for data entry of information from health diary- envisages the following to make it user-friendly-

1. Online data entry
2. personalized/individualized health accounts
3. Composite automated report generation on community health status and needs in real time place, person, needs and disease specific manner as GIS.
4. Health volunteer’s information, nearby health facility Information, health education and provision for consumers showcasing their account information to their treating physicians with individual password..
5. In case of no entries were made for 3 months, generation of alert list, SMS to person to check it wellbeing-some special user-friendly features, for dynamic health Surveillance and care.

Development of **HAS** website work was entrusted to NIC, which entrusted it to empanelled company in August 2012. The committee was informed that ICMR paid NICS, Rs 22.11 Lakhs for this website, which included development of website and 3 years onsite support. Development cost is of Rs 7.8 lakh.

When NIC Empanelled Company informed that site development is done and asked to arrange training for using it in January 2013. ICMR organized training of all concerned staff in February 2013. In the training, it was found, that programme developed was not functional. It was also informed to committee that at user end - data entry operator were unable to fill form, patient / consumer is unable to see self health account; policy planner is unable to see outcome report of disease burdens and needs expressed by community.

This problem was brought to NIC’s notice repeatedly after the said training. However, NIC could not provide functional website till date.

The group discussed the inordinate delay by NIC outsourced company to develop the functional HAS website and emphasized finding earliest solution. NIC official agreed to the poor performance and also ensured to deliver the functional website, as soon as all the requirements are submitted in totality by ICMR. Dr Neeta briefed that masters for coding, generating reports, forms and diary format have been submitted to NIC to make a viable website.

NIC requested to grant permission to use the remaining funds to accomplish the task to deliver functional website with all features as envisaged in it.

**Final Recommendations:** NIC is a Government Institution and their representative assured the committee that website will be made functional within the next 2 months, further they will submit the user satisfaction report to the committee within 3 months of the approval to utilize the funds. The Committee recommended the utilization of the funds.

The utilization of the funds should be performance based and as per norms. Work plan in time bound manner should be followed strictly. The NIC was also advised to take a note of all the recommendations made by the ICMR website evaluation committee in their meeting held since February 2013 and sort out all the issues at the earliest.

The meeting ended with thanks to the Chair.

**Minutes of the Expert Committee Meeting: to evaluate software application of Health Accounting Scheme- Operational evaluation- Pioneering Multi-Sect oral Coordination and empowering people for health care.**

Date: 7-7-2014, Venue: Committee room, 2<sup>nd</sup> floor, ICMR Headquarters, New Delhi

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