Activity –Crafting and Validating Indicators
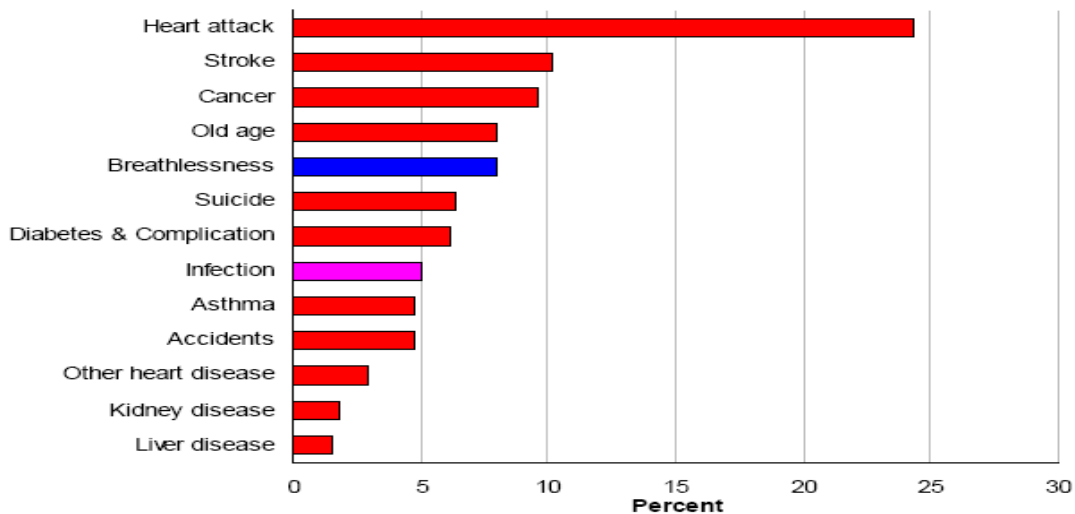## (NON COMMUNICABLE DISEASES PROGRAM)

Aim –
1. To understand construction of indicators.
Methodology – Divide the participants in group of 5-6 participants will develop suitable indicators for the given programme, followed by presentation by each group. Each group will evaluate the indicators of the presenting group on the given parameters.
Time – 1-2 hour

Problem statement - Non communicable diseases are the major causes of morbidity and mortality. A survey was conducted to gauge the magnitude of burden of NCDs in seven States of India including Kerala. The following graph presents the principal causes of death for Kerala.

Principal causes of death – Kerala rural 2003 - 2005

 Considering the burden of NCD diseases and associated health expenditures for treatment, State has decided to launch a State wide programme on Non communicable Disease with focus on diabetes, hypertension and acute cardiovascular/ cerebro-vascular diseases, breathlessness and asthma as they contribute to almost 55% of the total deaths attributable to non-communicable diseases.

Objectives of the programme are given below:

1. To reduce mortality due to diabetes, hypertension and acute cardiovascular/ cerebro-vascular diseases, breathlessness and asthma.

2. To reduce hospitalisation/ incidence of myocardial infarction, stroke and diabetic emergencies.
3. To reduce out of pocket expenditure- on account of HT, diabetes or its complications.

Strategies of the program are as follows:

1. Early detection of diabetes and hypertension in people > 30 years.
2. Primary care management/ secondary prevention: maintain adequate control in hypertension & diabetes and reduce eliminate complications & OOPs at this stage.
3. Behaviour modification to ensure primary prevention of diabetes and hypertension.
4. Early detection, social protection and adequate management of common complications of these diseases

Assess the indicators on the following basis: Fill the following for each data element.

	Name of the indicator	
1.	Is it a input, process, output, outcome or impact indicator	
	Numerator	
2.	Denominator	
3.	What is being measured?	
4.	Why is it being measured?	
5.	How is this indicator actually defined?	
6.	When does it measure it?	
7.	Will it measure absolute numbers or proportions?	
8.	Data Source -	
9.	Are there any warnings/problems?	

One group will evaluate the other group's indicators on the basis of following points: Score the indicators on 0 to 10 scales.

Parameter	**Strong/moderate /weak indicator**
Validity	
Reliability	
Specificity	
Sensitivity	
Precision	
Feasible	
Field tested	
Replicable	

1. **<5 -   weak indicator**
2. **5-7 –   moderate indicator**
3. **8-10 – strong indicator**

Recommendations -

ACTIVITY – CRAFTING AND VALIDATING INDICATORS

(SCHOOL HEALTH PROGRAMME)

Aim –
1. To understand necessary steps involved in construction of indicators.
2. To construct scientifically robust indicators for a given programme.

Methodology – Divide the participants in group of 5-6 .Participants will develop suitable indicators for the given programme, followed by presentation by each group. Each group will then evaluate the indicators of the presenting group on given parameters.

Time – 1-2 hour

School Health Programmes have a potential to improve health, increase access to health, and reduce social inequities. Poor nutrition and disability can be barriers to attending school . The level of education is a predictor of a range of adult health outcomes, and maternal education is associated with the health outcomes of infants and young children. However, school is also potentially a location for contracting infections or diseases. Also, childhood health behavior habits such as diet and physical activity are influenced by the school setting and often track into adulthood.

The main objectives of the School Health Programme are as under:

- To reduce morbidity amongst school children by preventing them from falling prey to the preventable diseases and thus help to reduce the drop-out rate amongst school children.
- Early detection of health related problems in children and their proper treatment through referral services.
- To impart health education to the school children and the teachers.
- To advice the school authorities on safe drinking water supply, good environmental sanitation and cleanliness etc.
- To provide curative, referral and follow-up services to the students of Primary, Middle and Senior Secondary classes of the schools through medical check-ups.

Activities under School Health Programme
1. Draw up and maintain roster of school visits by Health Officials for period health check ups of school children and to give wide publicity so that parents can be present at the time of check up.
2. Availability of Health Cards and regular updation of child health profiles to be maintained in school.
3. Provision of essential micronutrients and dosages of de-worming medicine to children to be administrated by health officials may collect from the Health Center as per requirement.

4. Installation of weighing machines, height recorder and water purifier in every school.
5. Capacity building of teachers on promotive health care.

GROUP WORK

Step 1- Develop suitable indicators for the programme .
Step 2- Evaluate the indicators on the following basis: Fill the following for each item.

	Name of the indicator	Indicator 1	Indicator 2	Indicator 3
1.	Is it a input, process, output, outcome or impact indicator			
2.	Numerator			
3.	Denominator			
4.	What is being measured?			
5.	Why is it being measured?			
6.	How is this indicator actually defined?			
7.	When does it measure it?			
8.	Will it measure absolute numbers or proportions?			
9.	Data Source -			
10.	Are there any warnings/problems?			

One group will evaluate other group's indicators on the basis of following criteria: Score the indicators on a 0 to 10 scales.

S.No	Parameters	Strong/moderate /weak indicator
1.	**Validity**	
2.	**Reliability**	
3.	**Specificity**	
4.	**Sensitivity**	
5.	**Precision**	
6.	**Feasible**	
7.	**Field tested**	
8.	**Replicable**	

4. **<5 -   weak indicator**
5. **5-7 –   moderate indicator**
6. **8-10 – strong indicator**

Recommendations -

ACTIVITY

REVIEW OF EXISTING INDICATORS FOR ASHA PROGRAM

Background on ASHA program

Sub-centre is the most peripheral level of contact with the community under the public health infrastructure. This caters to a population norm of 5000, but is effectively serving much larger population at the Sub-centre level, especially in EAG States. With only about 50% MPW (M) being available in these States, the ANM is heavily overworked, which impacts outreach services in rural areas.

Currently Anganwadi Workers (AWWs) under the Integrated Child Development Scheme (ICDS) are engaged in organizing supplementary nutrition programmes and other supportive activities. The very nature of her job responsibilities (with emphasis on supplementary feeding and preschool education) does not allow her to take up the responsibility of a change agent on health in a village. Thus a new band of community based functionaries, named as **Accredited Social Health Activist (ASHA)** is proposed to fill this void under NRHM. ASHA will be the first port of call for any health related demands of deprived sections of the population, especially women and children, who find it difficult to access health services.

Following are the indicators that have been identified for monitoring ASHA.

Indicators:
1. Number of ASHAs selected by due process;
2. % of institutional deliveries,
3. Number of ASHAs trained,
4. % of newborn who were weighed and families counseled;
5. Child malnutrition rates
6. % of ASHAs attending review meetings after one year;
7. % of children with diarrhoea who received ORS,
8. % of deliveries with skilled assistance;
9. % of JSY claims made to ASHA,
10. % of fever cases who received chloroquine within first week in malaria Endemic area;
11. IMR
12. % completely immunized in 12-23 months age group
13. Number of cases of TB/leprosy cases detected as compared to previous year.
14. % of unmet need for spacing contraception among BPL;

Review the indicators on the following basis: Fill the following for each data element.

	Name of the indicator	
1.	Is it an input, process, output, outcome or impact indicator?	
2.	Numerator	

3.	Denominator	
4.	What is being measured?	
5.	Why is it being measured?	
6.	How is this indicator actually defined?	
7.	When does it measure it?	
8.	Will it measure absolute numbers or proportions?	
9.	Data Source -	
10.	Are there any warnings/problems?	

One group will evaluate the other group's indicators on the basis of following points: Score the indicators on 0 to 10 scales.

Parameter	Strong/moderate /weak indicator
Validity	
Reliability	
Specificity	
Sensitivity	
Precision	
Feasible	
Field tested	
Replicable	

7. **<5 - weak indicator**
8. **5-7 – moderate indicator**
9. **7-10 – strong indicator**