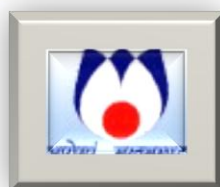


Two Days Brainstorming Session for the Development and Strengthening of Public Health Museum



18-19 August 2011

Report



**PUBLIC HEALTH MUSEUM
National Institute of Health and Family Welfare
Baba Gang Nath Marg, Munirka, New Delhi, 110067**

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Introduction

Pablo Picasso has written—“Give me a museum and I'll fill it”, it is nice to read and imagine about filling and developing a museum but when it comes to actually doing it, it really requires a lot of efforts and passion.

Inception of the Public Health Museum at National Institute of Health and Family Welfare is the best example of it. The Museum was inaugurated by the Director of the Institute Prof. Deoki Nandan on October 15, 2010.

For the further strengthening and development of museum two days brainstorming session was organised in the institute. Well known artist, scientists, designers, writers and communicators who are experts in their respective fields were invited to discuss different issues related to the further development and strengthening of Public Health Museum.

Objectives

The objectives decided for the brainstorming session was to -

- Discuss issues related to material development and display
- Procurement of models
- Designing and display of models and exhibits
- Development and designing of medicinal garden
- Give overall shape to the Public Health Museum

Method for Discussion

1. **Café Method** - The Café format is flexible and adapts too many different circumstances. They foster collaborative dialogue, active engagement and constructive possibilities for action.
2. **Open Space** - Open Space Technology is a simple, powerful way to catalyze effective working conversations and truly inviting organizations to thrive in times of swirling change.

Programme Schedule

	Time	Activity	Officer In charge
18 – 08 – 2011	9.00 - 9.30 AM	Registration	Coordinating Team
	9.30 – 10.00 AM	Inauguration	Director – Prof. Deoki Nandan
	10.00 – 10.30 AM	Self introduction by participants supplemented in each case by Augustine Veliath	Mr. Augustine Velieth
	10.30 – 10.45 AM	Welcome Note	Dean – Prof. J. K. Dass
	10.45 – 11.00 AM	The Vision behind the Museum	Prof. Deoki Nandan
	11.00 – 11.15 AM	Tea Break	At Cafeteria
	11.15 – 11.30 AM	Expectations from each of the participants	Mr. Augustine Velieth
	11.30 – 12.30 PM	Conducted Tour of Museum/ Question and Answers	Mr. Augustine Velieth/ Dr. Swati Bute
	12.30 – 1.00 PM	Discussion on the Methodology to be followed	Mr. Augustine Velieth
	1.00 – 2.00 PM	Lunch	At Cafeteria
	2.00 – 3.00 PM	Creative Café – 1 - How to make the museum Child Friendly and People Friendly	Mr. Augustine Velieth
	3.00 – 3.15 PM	Tea Break	At Cafeteria
	3.15 – 4.15 PM	Creative Café – 1 - How to make the museum Child Friendly and People Friendly	Mr. Augustine Velieth

19 – 08 – 2011	9.00 - 9.30 AM	Recap Session	By any of the participant
	9.30 – 11.00 AM	Open Space - Our possible role in making this a visitor centred knowledge and action Museum There will be opportunity for four group projects under the open space methodology supplemented by individual and group works	Mr. Augustine Valieth
	11.00 – 11.15 AM	Tea Break	At Cafeteria
	11.15 – 1.00 PM	Open Space - Our possible role in making this a visitor centred knowledge and action Museum There will be opportunity for four group projects under the open space methodology supplemented by individual and group works	Mr. Augustine Valieth
	1.00 – 2.00 PM	Lunch	At Cafeteria
	2.00 – 3.00 PM	Presentations	Mr. Augustine Valieth
	3.00 – 3.15 PM	Tea Break	At Cafeteria
	3.15 – 4.00 PM	Concluding Remarks	Prof. Deoki Nandan
	4.00 – 5.00	Valedictory Session	Prof. Deoki Nandan Prof. J.K. Dass Prof. A.K. Sood

Recommendations by the Participants

On the first day, the team of experts visited public health museum to take a glance. After that they were divided into two groups for café method. On the same day, a task was given to them to write five most important points, which matter a lot for the development and strengthening of Public Health Museum.

On the second day of the brainstorming session, open space technology was used for putting their ideas and thoughts on the paper and giving them a proper shape.

After the two-day's session, the groups and the experts came up with major recommendations.



The following issues were notified by the experts:

Dr. Pradeep Shrivastava - Group A

1. First make the signage start from the main gate of the Institute and one board about the museum can be placed at the main entry gate on either side of the main road
2. There is need of good reception at the entry of the museum
3. We need the display board for - **entrance/exit/emergency exits**
4. Install fire extinguishers in the museum
5. There is need for guided tour so that visitors can be properly attended and explained about the museum
6. There is also a need for the toilet/canteen/souvenir shop in the museum
7. All visitors can be given stickers. Hand band with the caption: *"I visited NIHFVW Museum and I promise to take care of my health"*
8. Present write ups with simple printing needs to be replaced by the new colorful display board with more visuals/photos and scientoons
9. Seasonal fliers and current diseases can be very useful
10. Available black and white photographs can be digitalized

11. BMI index can be told to visitors by putting a weighing machine and a height measurement scale



Gallery for the children

1. We need to have a database of the contact details of schools like - emails/telephones so that they can be contacted from time to time.
2. After the visit a small quiz competition/small test can be done and prizes can be given to the winners on the spot.
3. A huge blackboard with chalk can be placed for the visitors to express their views. Photograph of the board can be taken every day so that it can be kept as record and then the board can be cleaned for the next day.
4. Present TV studio of the museum can nicely be used for recording statement of person/children on special occasions.

Outside Garden

1. We need to improve the Medicinal plants garden outside the museum.
2. A weatherproof display board explaining the medicinal use of the plants should be displayed.
3. All the five trees of Panchvati should be planted in the garden. (Peepal, Bel, Bargad, Ashok, Aonla).
4. Seeds of various plants should be displayed.
5. Making of compost using old leaves should also be shown.
6. Interactive kiosk for various plants and their use in the various diseases.
7. Medicinal plants may also be made available on sale.



Mr. Ranmal Jhala - Group B

Mr. Amitabh Pande

1. The Resource Centre's objective is to be proactive and have outreach.
2. This is intended to reach children and youth, medical students/professionals and the general public.
3. There will be two broad activities: Inputs and Outputs.

Input

There will be two main pillars – Research and Documentation

1. **Research** will require fieldwork, visits to libraries, interviewing people, brainstorming with professionals and children and sourcing information from the net etc.
2. **The Documentation** efforts will be the groundwork to develop reports, case studies, books, fact sheets, IEC materials, scripts, and films, teaching and learning materials, kitchen garden kit, scientoons, radio programmes and workshops.

Output

1. Thematic Workshops

The centre will use theatre, puppetry, magic shows, films, photography, music dance, and painting as tools for assorted themes, for example:

- Kitchen Gardens – Hands-on learning
 - Developing your classroom project
 - Awareness on different health related issues
2. **Publications** (Books, Leaflets, Information-Education-Communication materials)

- History of Public Health
- Common Ailments amongst Children
- Epidemics
- Vector-borne Diseases
- Public Health Personalities
- Lifestyle Hazards
- Medicinal Plants

3. **Audio-Visual Materials**

- Films and Video
- Radio Programmes
- Interactive Multi-Media Programmes

4. **Website**

- A site which is regularly updated for events, news, workshops and other activities.
- This will also have PDF links to all publications.

Organizational Structure

1. **PHM Director**

(Resource Centre Coordinator)

2. **Publication - Coordinator**

- Panel of experts
- Designers
- Illustrators

3. **Activity Coordinator**

- Panel of experts
- Workshop facilitators

4. **Outreach Public Relations Coordinator**

- Website Manager



Rony Bennerji

1. Ownership should be given to the clients
2. Fulfil demand of clients
3. Public Private Partnership for PHM
4. Policy framework for making of PHM
5. Policy for public health communication strategy
6. Appropriate business model
7. Revenue generation
8. Banking knowledge
9. Experts committee
10. Schemes for getting money



Mr. John Philipose

1. Present building area is not presentable in the form of PHM
2. Connectivity in presentation can be created without breaking the building
3. Surrounding of the PHM building is good
4. Museum can be given to Public Private Partnership (PPP)
5. This can be a pilot project for any big project
6. For developing a museum specialist is required
7. Canteen and water facility is must
8. All boards and scripts can be removed from the museum; give an empty building to start again
9. Give visitors minimum information
10. Give live presentation
11. Displays should be interactive
12. Colour sense is important for museum development
13. We have to work out our limitations
14. Create space by removing all the text
15. Ventilation is required in museum
16. Connect the story according to the building structure
17. Building should look beautiful from outside
18. Screen for movies should be placed.





Participants View

Five Most Important Points for the Development and Strengthening of Public Health Museum

Mr. Ranmal Singh Jhala

In coming 40 days

- Panchwati – Medicinal Garden with nursery and information panels, saplings and seeds for distribution
- Accumulative data base resource centre on medicinal plants and recipes for different ointment
- Workshop – Art for children and interested adults, drawing and sculpture of medicinal plants
- Interactive information, plasma screen with information on medicinal plants
- Everyone a Mali – Hands on gardening for all

In next 10 Years

- District, Tehsil level data on public health
- Interactive, accumulative plasma screen
- Arts and crafts for children related to medicinal plants
- Mythology of world medicine section can be developed

- Section for history and future of medicine

Mr. Amitabh Pandey - 40 Days Plan

For August

- Assessment of existing display/ collection/ listing of what is displayed, making of short term, long term goals.
- Recommendation and reports of 2 days discussion can be prepared
- Core committee should be formed
- Nodal officer for the PHM should be identified (Design and Development)
- All print photos and panels/ exhibits should be digitally documented and photographed
- Professional designer should be hired for conceptualisation
- Themes for display and exhibits should be finalised



September

- Visioning workshop
- Visioning report prepared by the professional designer
- Name for the Public Health Museum should be finalised
- Budget allocation
- Brief for exhibition
- Panel of experts can be identified
- For screening - identify screening design firm
- Exhibition design firm can be identified

10 Years Plan

- All states have Public Health Museum

- School syllabus is linked with PHM
- Well developed children gallery with trained educators/guides for conducted tours – interactive display
- Financial Autonomy - PHM has its own Director
- Mementos/ Take Away/ Cafeteria

Mr. Ashok Choudhary

- Visuals should be converted into digital flex
- Museum should be build on operative system
- Puppet and film show
- Subject wise visuals along with models can be shown
- Proper lighting, air conditioner should be installed
- There should be slide show of video films
- We have health related photographs which should be enlarge in the size of 3*4
- Poster model are to be prepared from the experts
- Atmosphere of the museum should be cosy



Mr. Vipul Vikash

- The space needs to be color coded to make the communication simpler and exciting
- Only necessary text to be used
- The space needs to be visually appealing
- Interactive kiosks/ games
- Engaging written material – e.g. Prepare (question about public health to be listed)
Remember (Information on public health)
- A web platform for much wider reach

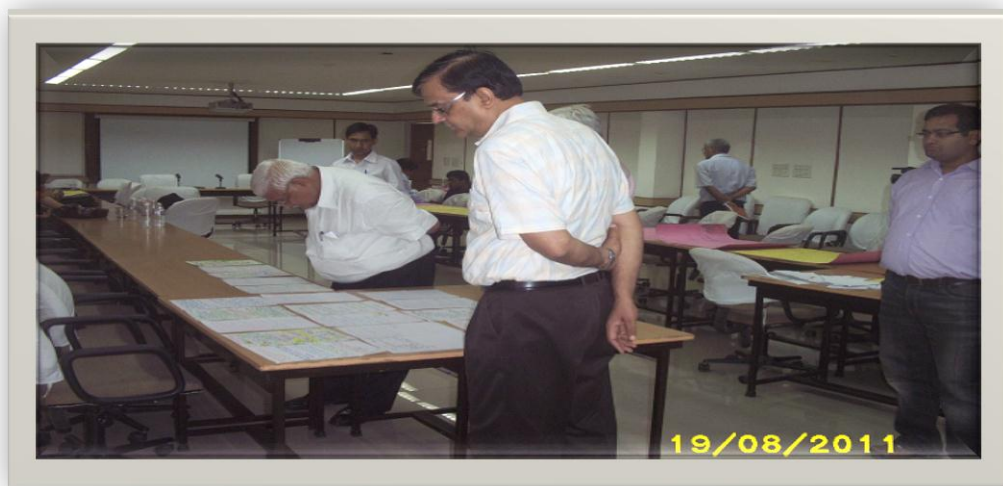
- A face book like platform for wider reach
- Electronic health record system for convenience
- Technology partners can be identified – Infosys, Google, IBM
- I think above all it will take self initiative and courage to achieve what we aim to for the public health museum

In next 10 Years

- Self sustaining web portal
- Health museum will reach in every village
- Interactive check in kiosks
- Electronic medical records – Universal accessibility, simplification, instant messaging, simpler communication
- Animation film
- Technology collaboration
- Documentary films
- Educating individuals about health

Miss Shivani Mathur

- Interactive and participation enhancing live activity
- Outreach plan to become a part of public life (through events and publicity)
- Improve and organize themes for overall presentation
- Customized/ Guided Tour (including A - V)
- Some parts of the museum can be updated/ revamped regularly (room with a story can be developed)



Miss Annapurna Dogra

- Gallery for malnutrition, whole importance can be given on malnutrition, schemes launches like ICDS, with the help of clay models, posters, pictures etc.
- Setup of theatre for short films, live shows, radio based programme
- Travel tour to nutrition sector with food culture of India, diets according to various age groups, clinical dietician with the help of clay models etc.
- Inclusion of clay models for the exhibition of ideal standards like a typical anganwadi centre, ideal PHC, display of mid day meal programme at school etc.
- Technology based advanced activities
- Use of bonsai, chemically treated plants, leaves, fruits, flowers to display various categories like medicinal plants
- Live kitchen set up by 2022 to display balanced diet, clinical diet etc.

Dr. Pradeep Shrivastava

- Reorganising the galleries, specially the entrance which needs to be very interesting
- Stickers/hand bands to every visitor with a slogan “I visited NIHFWS, I will take care of my health”
- Write-ups about the medicinal plants in the garden should be displayed
- Interactive audio visual exhibits needed
- Create a mascot
- Seasonal fliers of those diseases (particular to season) like dengue should be given



Other Views

- Models can be displayed outside of the building
- Medicinal plants
- Vegetable plants
- Fruits
- Timing should be 24*7
- Display should be in chart shape
- Clay Models
- Audio – Video show
- Small Documentaries
- Call centre with health consultant
- Running kitchen with traditional food
- Activity based interactive display
- PHM should have its own campus with medicinal garden and should have some physical activity for visitors
- Live demonstration of hand washing before entering into the PHM for visitors
- Different thematic sections
- Identify the core group
- Get a designer
- Get a planner
- Get a Public Health Museum expert
- Get a Communication expert
- Identify themes, topics, broad ideas to be displayed
- Divide the space into different themes and colour and design it beautifully
- Start a discussion session online
- Start advertising
- Ask people to comment
- Build a store house of ideas
- Filter the ideas
- Whatever is feasible implements them
- Story based more models
- Discourage the bad food habits through models or data
- More space can be created in the building
- Some specific models such as Anganwadi centre
- Correct path for visiting the museum
- Display of food calories and its use for health
- Telemedicine Kiosks on Boat model
- Outreach to state and village level
- Financial Autonomy
- Souvenirs and take away

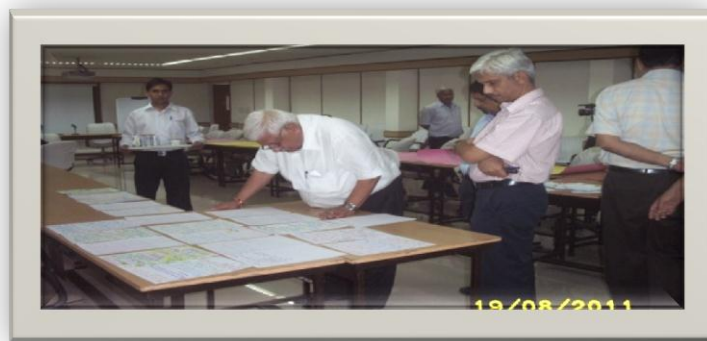
- Panel of experts and incubation centre
- It should be more innovative so that children can understand
- There should be more plants and ethically valuable things
- All folk arts and crafts should be there to express things in their own way. As India is a country of village
- It should be autonomous totally; this is the only way to save anything in more good way.
- Public health museum for quarries about health
- Information on nutrition
- Information on junk food which can be avoided
- Live events such as drama, theatre
- Plant models to show remedies from the diseases
- Live events
- Information on alternative therapies
- Evils gallery
- Business models of sustenance
- Emphasis should be on child and for that entire area can be developed beautifully
- The front portion should be for ayurveda and for traditional medicines
- There should be one area only for text information – may be in the form of digital scroll
- More focus should be given on children’s activity so that they can co related and take this in fun
- A leaflet on latest disease can be given to the visitors



Concluding Remarks by the Director, Prof. Deoki Nandan

Things can be done in next 40 days

1. Kitchen Garden can be developed
2. Description of seasonal fruits can be shown
3. Description of seasonal vegetables can be shown
4. Success model of kitchen garden from Bangladesh can be shown
5. Policy vision can be developed
6. Village and Natural setting can be created in PHM
7. Yoga – Models of asana can be displayed
8. Whole campus can be covered and details of plants in the campus can be displayed
9. Models of drainage system can be developed
10. Models of vector can be developed
11. Sexual and asexual cycle of vectors
12. Diseases and vectors
13. Solution of the diseases
14. Case studies can be displayed
15. Photographs can be displayed
16. Panchwati can be developed in next 40 Days – Four plants are already there near to the fountain of guest house
17. Identify traditional wisdom and convert it into scientific way/method
18. Story of figures can be developed and shown
19. Toilet in the PHM
20. Water facility in the PHM



21. Guided Tour
22. Sign Boards can be developed
23. Leaflets can be distributed in the campus area on Seasonal Diseases
24. Electronic Board can be installed
25. A-V Media / Television can be installed

26. Spices for display – Garlic, Ginger, Turmeric can be grown
27. Characteristics of Spices, herbs can be displayed
28. Live demonstration through folk artists
29. Sticker, Wrist bands can be developed
30. Solar energy – Use of solar energy in cooling and agriculture, water pumps
31. Recycling of waste water can be site visit
32. Bio gas plant can be developed
33. Wind mill model can be developed
34. Composting model can be developed
35. Warm culture Model can be developed



12 Creative Minds in Search of Museum

Seven Magnificent Thoughts on a Health Museum Harvested

By

Augustine Veliath

There were twelve of them, creative minds all. Two of them were veterans of the National Institute of Design. One was a scientist who has become internationally known for his scientoons, converting science into pocket cartoons. We also had a veteran museum designer who has been involved in the planning of almost every well known museum in India.

Yet another was illustrious communication teacher now even more successfully implementing large projects in support of rural artisans. One was a much sought after Madhubani artist whose paintings adorn prestigious public buildings. There was a nutrition expert who considers theatre her main passion. Two of them came from the Public Health Foundation of India, still exploring ways of making public health as imaginative as possible. Yet another was an art director with a well known Designer firm. They were joined by the actual people who run the public health museum now.

They had two days at their disposal. After visiting the museum they spent a creative afternoon in a process called the creative café. Then they spent the next morning in process called Open Space. What they came up with has been captured by the National Institute of Health and Family Welfare in a detailed document. This article focuses on some general principals which has wider implications and universal appeal.

- (1) The museum should not be just a few rooms seen as yet another department of a large sprawling national institute. Instead declare the entire campus as knowledge centre. Let the walls speak. Let the trees join in. Let knowledge reverberate through the entire campus. Let creativity rule.
- (2) Hand over the content and presentation to the stakeholders, to the passionate. If you want to have section on NRHM and let those who are passionate about it create the section. Throw the museum open to the creativity of the passionate. Let the Institute be the Grand Host. Let others do the talking and the showing.
- (3) Do nothing without a designer visualizing it, and without the Institute approving it as fitting into the design and pattern of the overall plan.
- (4) The institute should have the final word on the content, the information provided, the data presented. Everything must be of national standard. The guidance of the institute must be transparent and nurturing.

- (5) Let there be novelty every day, a new theme, a new celebration, a new observance every day, once again lead by people who passionate about showing and telling. A well planned museum calendar should do wonders
- (6) Let it be a welcoming place, a place where one can sit down, relax, reflect and take one's time.
- (7) There must be souvenirs galore, something once can take home, something that will teach you and remind you what public health is, one for the road and one for the home.
- (8) Let us get on to the web. Let the museum space on the web be inhabited by a vibrant community of practitioners.

Maternal and Child Health Community

Solution Exchange for the Maternal and Child Health Community Compilation of Responses

Re-structuring of a Public Health Museum – Advice Compiled by Meenakshi Aggarwal on behalf of Solution Exchange MCH Community, Issue Date: 17 August 2011

The consolidated reply to this discussion, with summary and related resources will be later available at <ftp://ftp.solutionexchange.net.in/public/mch/cr/cr-se-mch-08081101.pdf> (PDF, Size: 200 KB)

From Augustine Veliath, Independent Communication Specialist, New Delhi, Posted 8 August 2011.

I am an Independent Communication Specialist and a Public Health enthusiast. I am currently helping the National Institute of Health and Family Welfare (NIHFW) to garner ideas for re-structuring and revamping of their Public Health Museum. The museum will cover the following:

1. The history of Public Health
2. Vital statistics
3. National Programmes with special emphasis on NRHM
4. Vector borne diseases
5. Communicable diseases
6. Non - communicable diseases

I request the members of the MCH community to please respond to the following:

What are your ideas on what should the museum have?

- Should it have a section on public health giants or pioneers? If so who would they be?
- What have been the major public health breakthroughs and successful public health campaigns in India?
- Share any of the communication campaigns that have worked? How do we display such campaigns in a museum?

Every idea shared would be immensely useful to NIHFW in putting together a people friendly and student friendly museum. Your imagination and insights are required. Thanks in advance.

Responses were received from:

1. **Ms. Padma Prakash**
e-Social Sciences, IRIS Knowledge Foundation, Mumbai
2. **Ms. Mridu Pandey Mangla**
Consultant, United States of America
3. **Dr. Shivang Swaminarayan**
Sintex International Limited, Kalol
4. **Miss. Meena Jadhav**
New Delhi
5. **Miss. Sonia Sarkar**
UNICEF, New Delhi
6. **Dr. S. Haider**
Rajendra Institute of Medical Sciences, Ranchi
7. **Dr. Kunal Chatterjee**
Department of Community Medicine, AFMC, Pune
8. **Mr. Shiv Chandra Mathur**
Independent Public Health Consultant, Jaipur
9. **Mr. Joe Thomas**
Jodhpur School of Public Health, Jodhpur National University, Jodhpur
10. **Miss. Meenakshi Datta Ghosh**
New Delhi
11. **Mr. Shirish N. Kavadi**
National Centre for Advocacy Studies (NCAS), Pune
12. **Dr. Jugal Kishore**
Maulana Azad Medical College, New Delhi
13. **Mr. Anna Schurmann**
Independent Consultant, Bangalore
14. **Mr. Gaurav Gupta**
USAID-MCHIP, Varanasi, Uttar Pradesh

Responses in Full

Ms. Padma Prakash - eSocial Sciences, IRIS Knowledge Foundation, Mumbai

I was not aware that there was such a museum. But I am glad it is being revamped as there is great dearth of history on health. I hope the museum is conceived as a narration of the evolution of public health as a concept and as policy and programmes. I would like to suggest few points:

1. Please don't forget to include public health institutions like All India Institute of Hygiene and Public Health (AIIHPH) and Calcutta School of Tropical Medicine, for instance. While they may each have a museum on their own, however, their contribution to the history of public health in India is important and fascinating.
2. Please do have a section on the public health pioneers: Indians and others.
3. It would be good to have major public health campaigns, especially if these can be brought alive through interactive or multimedia exhibits showing the important role that people played in the success of campaigns.
4. It would be a good idea to devote some space to the many reports and documents that have emerged beginning with the Bhore Committee, the Chopra Committee and the Congress Health Committee. After all, these focused on public health and created the base for public health programmes and systems in India. Even displaying these with an imaginatively conceived way where people can actually turn the pages and read through the case would be wonderful.
5. It would also be a good idea to include technologies and their development (including drugs on the one hand, and innovations in storage and distribution facilities and their evolution in immunisation campaigns on the other).
6. Please ensure a museum that is visited by people because it is attractive, inviting and enjoyable and not only because it is educational. The trick is to let people involved in the creation of history be the narrators. I would love to know how you get along with this work further.

Ms. Mridu Pandey Mangla - Consultant, United States of America

1. The Public Health Museum is indeed a great idea. I feel the TB DOTS programme of India must be showcased.
2. Also the paradigm shift in public health programs over the years since the 1970's to 2000 is something students would like to know.
3. Among modern methods to increase accessibility and availability, health care service provision on boats (as in Assam) and EMRI 408 too can be shared.

Some other ideas which come to my mind and I would be intrigued to know if I were a student are following:

1. Gujarat's Chiranjeevi PPP a huge success in lowering maternal mortality
2. There can be section on NGO's partners and Government and the role they play
3. Advent of health insurance schemes could showcase a paradigm shift from health being entirely a state's responsibility and expenditure to sharing of the expense by individuals.
4. Role of microfinance in ensuring better health care
5. Tamil Nadu's Integrated Nutrition Program
6. There is low awareness on mental health programs among masses and students. A section on that would be helpful too
7. Programs for commercial sex workers to safeguard their reproductive and sexual health
8. The highway project for truckers on HIV and AIDS
9. Care and support institutions for terminally ill and other HIV infected persons
10. Cancer researches, treatments and HPV vaccine
11. Changing face of pharmaceutical industry and instrumentation though not directly related to public health but has a hand in modernizing the healthcare delivery system
12. A digital board/ TV on global health news and statistics would add a modern touch to the museum. This television can be connected to some global health and development online television channels which can pick headlines and broadcast.

Dr. Shivang Swaminarayan - Sintex International Limited, Kalol

I remember India's only Health Museum at Hyderabad that was inaugurated half a century back by then Hon'ble Prime Minister Shri Jawaharlal Nehru who wanted such museum to come up in every State of India. If you had a chance to visit it, you may have idea about the same. If you haven't visited it, you could visit once.

I am hopeful that permanent Public Health Museum at NIHFV will be an invaluable treasure that can enrich students of public health, medicine and history apart from providing information to the public at large about what public health is and does, with an appreciation of the history of public health in India.

I have few suggestions in this regard:

Heritage Hall

1. A Central hall may be dedicated to display the unique and early initiatives of public health in ancient Vedic Bharat including many primeval practices laid down by Charak and others in Ayurveda. It is well known that origin of inoculation of cow pox can be traced back to India in 1000 BC.
2. Depending on space available and allocation in this Central Hall there can be display of the statues depicting patient care, hospital (inpatient) care, dental treatment, surgery procedure with surgical instruments of that era etc.

3. A short film of 8-10 minutes on rich heritage of Indigenous System of Medicine in India and its evolution can be produced and projected continuously on a LCD TV in the Central Hall.
4. A hall or two can be allocated for AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy) its strengths, basic information of each system and initiatives of Government of India in health through AYUSH. Department of AYUSH must be having material as they had showcased state of the art, digital, interactive “Planet Health” exhibition at Morarji Desai National Institute of Yoga, New Delhi in October 2010.
5. Exhibition on History of Homoeopathy can be availed from Dr. R K Manchanda, Deputy Director (Homoeopathy), Government of NCT, Delhi or Ms. Anita Singh at Max Muller Bhavan, New Delhi.

Souvenir Corner

1. A Souvenir Corner may be planned as an integral part of Museum. The same may be located just before the exit of Museum.
2. Souvenirs like NIHFW T-shirts, caps can be retailed from the shop. Few more articles of public interest and impulsive buying can also be developed and retailed e.g. Key Chain, Coffee Mug with some public health message or NIHFW logo.
3. Few Posters, Post card sets can be developed as souvenir item. Post card sets can have theme/photo of Buildings, architecture, landscape of the NIHFW. The Post cards can have theme of the Flora and Fauna cultivated in the Institute premises. Innovatively the designs/theme of Post card can carry some important health message also for general public, thus working as a communication tool to convey important health message to people at large.
4. The souvenir shop will be attraction for all visitors, students, trainees and guests to carry some memories of NIHFW back home as a gift item for their family, friends or peers.

I am sure you will get many ideas on modern health practices and its role in Public Health that may be incorporated in the scope and concept of Museum. However, integrating our indigenous system of Medicine will certainly add a new paradigm. I trust this will add value to the project of Public Health Museum.

Miss Meena Jadhav - New Delhi

Firstly, congratulations and best wishes for this ambitious, interesting and pertinent initiative. It would be a great contribution to public health scenario in India. Though I have never seen a Public Health Museum, if I imagine one, my suggestions would be:

1. It may be useful if the museum is arranged by thematic components and the central lobby has a display of guidance map for the whole museum.
2. A special section should be devoted to social determinants of health.
3. I would like to see successful community health models displayed in the museum (For e.g the Abhay Bang Model).

4. Also a special space dedicated for the health planning process in India (e.g the establishment of the three tier health system, shift from top down approach to bottom up planning)
5. A section for health financing – trends and patterns, shift approaches, emergence of the health insurance sector, community based health insurance etc.
6. Health promotion campaigns, for example the Anti-tobacco campaign, their strategies, IEC tools used, the Red Ribbon Express in the context of HIV awareness campaigns and the cornucopia of IEC tools, behavior change communication strategies used in National AIDS Control Programme.
7. The NRHM and the National Health programs especially the MCH program would definitely have the centre space, it would be good to include innovative, intra and inter-sectoral convergence models in health including the public – private – partnership models.
8. The display may include interactive tools like the touch screen for displaying the vital statistics. The statistics may also be displayed in GIS applications which the NIHFV already have. Use of media like short films on health, IT innovations like telemedicine may be a good attraction.
9. The practical applicability of the museum for example the data/information needs of public health students/working professionals and health policy makers deserve special attention.

Miss Sonia Sarkar - UNICEF, Delhi

1. A serious challenge faced by our Public Health system is the dearth of qualified medical personnel in rural, hard-to-reach areas. According to a Planning Commission report of 2008, India is short of 600,000 doctors, one million nurses and 200,000 dental surgeons most of them being in the rural areas. History serves to teach lessons and inspire futures.
2. I feel that the Public Health Museum could have one corner which inspires our young people to learn about the heroic and critical roles that our front line workers / rural doctors have undertaken in the past and continue to do so. The corner should eventually serve to enhance the prestige/motivation of taking to take up such careers by the young in future.

Dr. S. Haider - Rajendra Institute of Medical Sciences, Ranchi

The Public Health Museum should include:

1. Social Behaviour and Family Behaviour
2. Mental stress
3. Video Parlour for putting drama and short films on public health awareness on different aspect of health like population growth and its impact, Anti smoking, Blood Donation etc. as the theme
4. World Health Day themes and its depiction

5. Disasters and its management
6. Waste Disposal

Dr. Kunal Chatterjee - Department of Community Medicine, AFMC, Pune

I am a Faculty in the Deptt. of Community Medicine at Armed Forces Medical College (AFMC) in Pune, Maharashtra. Our Department has a Health Museum inaugurated more than 50 years ago, as an amalgamation of a few small museums on Public Health at the Armed Forces Medical establishments at Pune.

Over the years, a wing dedicated to Industrial Health and one on Vectors of Public Health importance were added to it.

Three years back a gallery on Life-Style Diseases was created and today it is an extremely informative and one of the largest health museums in the country, visited by many guests including children from schools and colleges.

Personally, what you would like to include in the museum should depend on what you would like the museum to focus upon. In our museum, we have the following subdivisions:

1. History of Public Health and how it evolved in different civilizations.
2. National Health Programmes
3. Communicable and Non-communicable diseases with special emphasis on diseases of importance for Armed Forces
4. Emerging diseases
5. Environmental Health - with some very old models (kept for historical importance) related to water and sanitation
6. Epidemiology, Statistics including vital statistics
7. Nutritional Disorders
8. Disaster Management including CBRN disasters
9. Contemporary Medicine and diagnostic techniques

The main museum is made in a herring-bone pattern with galleries in the flanks. If you wish to know any other information regarding the museum we would be happy to help.

Mr. Shiv Chandra Mathur - Independent Public Health Consultant, Jaipur

I have been a teacher of Preventive and Social Medicine for three-and-half decades when I held various teaching assignments in the four Government Medical Colleges of Rajasthan. At one time, PSM Departments of SMS Medical College, Jaipur, and Sampurnanand Medical College, Jodhpur had the best Museums. The then PSM teachers had also looked outside to educate the students through models and live set-ups. As a Lecturer of PSM in late seventies, I have often taken the medical undergraduates to the Army Station HQ of Jodhpur to show them their public health demonstration area, and students found those visits enriching. I have

observed that the excellent Museums created by some of our teachers in many Medical Colleges were gradually winded up.

Recalling the historical truth, it was really exciting to observe an effective utilization of this forum while an esteemed Consultant is gathering ideas for developing a museum at NIHFWS.

1. I assume that initiative to launch the Museum might have been based on a need assessment.
2. I wish upcoming Museum may have a potency to call and convince the decision makers in Medical Council of India and MoHFW to restore the genuine place for public health in the Medical Education and Health Systems.
3. Displays of photographs and models can be good but it requires lateral thinking on that part of fraternity to project the history in a right perspective to gain the goal of teaching this discipline in medical, nursing, and allied health sciences.

Mr. Joe Thomas - Jodhpur School of Public Health, Jodhpur National University

Thanks for this critical initiative and congratulations for taking up such a mammoth task. Looking at the agenda you suggested, my only caution is that “It should not be end up like ‘five blind men describing an elephant’”.

The history of public health in India is closely linked with colonial segregation of native’s-law. The cantonment laws are essentially to protect the colonial masters from the disease ravaged natives. I would like to suggest the following:

1. Whose public health history you may present in the museum? Hope you may present the public health laws in the colonial India as part of the museum.
2. Vitas statistics are important along with how these statistics are collected would be of interest. You can also preset this data on a longitudinal basis.
3. There are about 18 National Health programmes. Then why only highlight NRHM?
4. If the museum would be forward looking, I would suggest you to focus on Social Determinants of health in India.
5. Schools of Public Health and Public Health Education in India will be of definitely an interest in the museum.

Meenakshi Datta Ghosh - Delhi

Congratulations. This is a super idea. There are so many aspects to public health that need documentation, and more will continually emerge as we proceed in depth, into any matter. I have the following suggestions for inclusion in the museum –

1. There is the commencement of family planning stand alone, followed by when and how it morphed into the RCH programme, RCH I, RCH II, and now the NRHM, what was left behind and what was pursued etc.

2. Community health practice, precedents, successes, failures, the 1981 ICSSR/ICMR Report, and the current day ASHAs.
3. Disease control programmes; what was addressed; successes; failures; current practices etc.
4. Communication strategies
5. Infant health as component of Public Health
6. Child health as component of Public Health
7. Nutrition and Public Health
8. Human Resources in Public Health
9. Technology in Public Health
10. IT in Public Health
11. Role of medical colleges in providing the training, mentoring, and incubation (as it were) to personnel (medical, nursing, as well as for para-medical HR) engaged in primary health care. This whole thing promises to be a fascinating exercise.

Mr. Shirish N. Kavadi - National Centre for Advocacy Studies (NCAS), Pune

The idea of a Public Health Museum is good and needs to be actively promoted. In response to your query much has been covered by other contributors and hence let me confine my suggestions primarily to the role of the voluntary sector and philanthropic foundations in the development of public health in India.

To the Community Health Models that Ms Jadhav suggests, let me add Mandwa (Alibaug) and Parinche (Pune) models under the late Dr. N.H. Antia of the Foundation for Research in Community Health and the Comprehensive Health Care Project in Jamkhed (Ahmednagar) under the late Drs. Rajanikant and Mabel Arole. There would be other such models in different regions of India that will have to be identified.

These could come under the pioneers/leaders of public health. Dr. Antia incidentally was closely associated with the ICSSR/ICMR Report. Back in history among those who made notable efforts in organizing public health were:

1. Ranchodlal Chotalal who pioneered public health measures in Ahmedabad in the last two decades of the 19th century.
2. John B. Grant, a Rockefeller Foundation official, who pioneered the idea of the barefoot doctor as Professor of Public Health in the Peking Medical College was Director of the AIIHPH from 1939 to 1945. He was a member of the Bhole Committee and made some significant contribution to its proceedings. This was widely acknowledged including by Henry Sigerist.
3. Among the philanthropic foundations the most notable was the Rockefeller Foundation (RF) which initiated its public health work in India in 1919. This coincided with the introduction of the Government of India Act 1919 and diarchy that devolved public health and sanitation to the provinces.
4. The public health work of the RF may be outlined as follows:

1. Hookworm campaign in Madras Presidency, Travancore and Mysore. Also helped in setting up Public Health Departments in these states.
2. Malaria campaign in the Princely State of Sawantwadi in present day Maharashtra and Madras Presidency
3. Setting up the All India Institute of Hygiene and Public Health (AIIHPH), Calcutta
4. Demonstration rural health units Neyyatinkara in Travancore (1931-1937), at Closepet/Ramnagam in Mysore (1935-1940), at Partabgarh in the United Province (1932-1937); Poonamallee in the Madras Presidency (1935-1940), Najafagarh in Delhi (1936-1942), Sirur in Bombay Province (1938-1942) and Singur in Bengal (1939-1945). All continue to exist even today affiliated to various medical colleges or institutes e.g. Shirur is attached to B.J. Medical College, Pune for rural training and Singur to AIIHPH.
5. Public Health Nursing
6. Promoted Preventive and Social Medicine and helped set up the Department in medical colleges in the 1950s.
7. Support to the establishment of the All India Institute of Medical Sciences
8. Ballabgarh Rural Health Center, 1960-1973
9. Establishment of the Virus Research Centre (Present day National Institute of Virology), Pune

The others could be the Ford Foundation with its focus on family planning and the McArthur Foundation with its focus on reproductive health. The work of such international agencies such as the WHO will need to be presented.

A suggestion made at a National Consultation on the History of Health Care in Delhi in December 2009 was the setting up of archives for the history of health in India. It is not uncommon for Museums to have archives e.g the British Museum.

Dr. Jugal Kishore - Maulana Azad Medical College, New Delhi

This is interesting and huge task. I will try my best to help you. In the beginning, I am sharing one article for your reference. Available at:

http://www.theradicalhumanist.com/index.php?option=com_radical&controller=article&cid=341&Itemid=56

Mr. Anna Schurmann - Independent Consultant, Bangalore

What a great project! Further to Padma's suggestion about public health pioneers, I love that story about John Snow and his maps of the Broad Street pump. I think that would translate very well to a visual display.

I read about it in the very readable book "Ghost Map"

(http://www.flipkart.com/sem/book/p/ghost%20map?gclid=CPKFW6XwwaoCFYF_6wod6jvRug).

It would also work well with a follow up display of current GIS mapping technologies and their applications in public health - again very visual so good for a museum. Good luck.

Mr. Gaurav Gupta - USAID-MCHIP, Varanasi, Uttar Pradesh

I am glad for that NIHFW is taking such an initiative. I do have a few suggestions which I am sharing for your kind consideration. I write these suggestions considering that the museum shall be open to everybody who is interested in learning about public health in India, and not just the students, researchers and professionals.

1. First and foremost, the museum should be capable of shaping the opinion of people who shape the opinion of public health in India. Eg. a public health policy maker should be able to come out with a clear idea as to what's the current status of public health in India, its chief bottle necks and what exactly may be done to improve it. This may be supplemented with examples to support each possible solution. The museum should become so inspiring so as to become the mecca of people in policy-building and politics.
2. Space allocation may be done on the basis of the expected disease burden on the Indian community during the next five years. Thus, it will become a place for stimulating the minds of public health students and planners alike to think on solutions to public health problems that the country is going to face during the next few years. No doubt, a revamp may be required after five years depending on the prevailing conditions.
3. Summary of articles on public health in India may be made available for free pick-up. This will help visitors carry something home to keep their memories fresh.
4. Details of conferences held at national level may be displayed in respective sections.

Best practices world-wide that may be useful for our conditions as well as success stories using innovative methods used elsewhere within India and globally may be shared to invigorate the enthusiasts.

Many thanks to all who contributed to this query!

If you have further information to share on this topic, please send it to Solution Exchange for the Maternal and Child Health Community in India at se-mch@solutionexchange-un.net.in with the subject heading "Re: [se-mch] Query: Re-structuring of a Public Health Museum - Advice. Additional Reply".

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PUBLIC HEALTH MUSEUM

Introduction

The idea of starting Public Health Museum in NIHFW is an origin of Prof. Deoki Nandan, Director NIHFW.

Main objective of starting Public Health Museum is to inform people, spread the knowledge and sensitize people (School children, layman, medical students and professionals) on issues related to public health.

Objectives

- Information on status of public health in India.
- Information on history and different concepts related to public health.
- Information on medicinal patterns in different cultures.
- Information on policies and plans.
- Information on new inventions and discoveries in the field of public health.
- Information on milestones in the field of public health.
- Information on National Health Programmes.
- Information on National Rural Health Mission (beginning and achievements).
- Information on vector born diseases.
- Information on communicable diseases.
- Information on non communicable diseases.
- Information on medicinal plants, uses and importance.
- Information on laboratory equipments.
- Display of major training and research outcomes.
- Myths and superstitions in Public Health.

Visitors

- School children
- Medical officers/students
- Paramedical personals
- Professionals from other areas

Material Developed for Display in the form of Scripts

1	Scripts for Display	Main Hall	Work in Process
		<ol style="list-style-type: none"> 1. Public Health in India 2. Public Health in India, before and after Independence 3. Medicinal System in Different Cultures 4. Vital Statistics System in India 5. National Programme of control of Blindness 6. National Cancer Control programme 7. National Iodine Deficiency Control programme 8. National Leprosy Eradication Programme 9. National Programme for Prevention and Control of Deafness 10. National Mental Health Programme 11. National Tobacco Control Programme 12. National Tuberculosis Control Programme 13. National Vector Born Disease Control Programme 14. National Programme for Prevention and Control of Diabetes, Cardiovascular Diseases and Stroke 15. Universal Immunization programme 16. National School Health Programme 	<p>Completed Layout and Design</p> <p>Layout and Design Layout and Design Hindi Translation/ Layout and Design</p>
		Central Hall	
		<ol style="list-style-type: none"> 17. Water and Sanitation Models 18. Water and Sanitation 19. NRHM (Overview – 2005 - 2010) 20. Health Sector Reforms 21. Hand Inspection Cabinet 	Hindi Translation/ Layout and Design

		<p>22. Millennium Development Goal</p> <p>23. Vision 2020</p> <p>24. National Common Minimum Programme</p> <p>25. National Health Policy</p> <p>26. National Population Policy</p> <p>27. National Programme of Nutrition Support to Primary Education</p>	
		Galleries	
		<p>28. Vector Born Diseases</p> <ul style="list-style-type: none"> • Malaria • Dengue • Filaria • Chikenguniya • Kala Azar • Japanese Encephalitis <p>29. Swine Flue</p> <p>30. HIV/AIDS</p> <p>31. Reproductive Health</p> <ul style="list-style-type: none"> • Family Planning • Female Reproductive System • Male Reproductive System <p>32. Vaccines</p> <p>33. Mental Disorder</p> <p>34. Hypertension</p> <p>35. Obesity</p> <p>36. Tobacco</p> <p>37. Asthma</p> <p>38. Ayurved/ Unani/ Sidhha</p> <p>39. Disaster Management</p> <p>40. Blindness</p> <p>50. Arthritis</p> <p>51. Ayush</p> <p>52. Cancer</p> <p>53. Dental Problem</p> <p>54. Diabetes</p> <p>55. Tuberculosis</p> <p>56. Yoga</p> <p>57. Breast Feeding</p> <p>58. Respiratory Diseases</p>	<p>Completed</p> <p>Hindi Translation/ Layout and Design</p>

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Annexure - IV**“Two days Brainstorming Session for Development and Strengthening of Public Health Museum from August 18-19, 2011”.**

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