District Action Plans

State Institute of Health & Family Welfare,
Jaipur

Policy

" a written statement of objectives and expected outcomes"

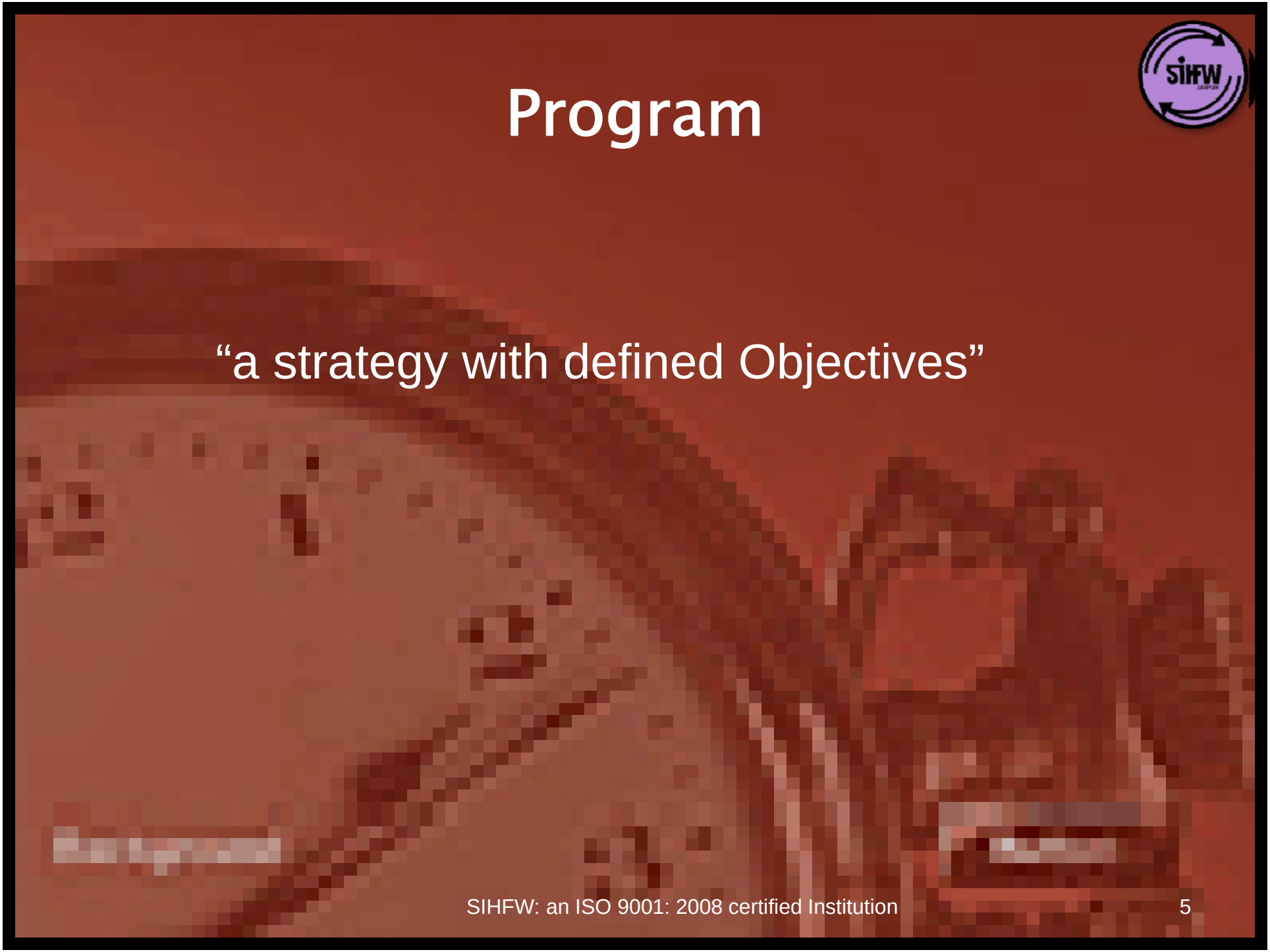
Plan

"Blue print for action in future"

Planning

" a process of choosing between alternatives to accomplish the desired"

Program



"a strategy with defined Objectives"

Some Facts……

- Health is state subject
- Central assistance on policy directives, NHP.
- Goal – population stabilization
- Planning - top down approach
- Strategy – target oriented.
- Availability of funds – Only 0.9% of GDP
- Vast networking of health infrastructure.
- Control over communicable diseases. – Vertical approach.

- Overall achievement on birth and death rate.
- Urbanization of health
- Promotion of curative medicine.
- Working in one compartment.
- Shortage of health manpower
- Shortage of funds
- Poor quality of health services.
- Maternal and child health neglected.
- Increase on out of pocket expenditure

NRHM Launched on 12th April 2005

- To provide Accessible, Affordable and Accountable and Quality health services even to the poorest in the remotest rural region.
- To establish a fully functional, community owned, decentralized health delivery system.

The Vision

- Architectural correction in delivery system
- Special focus on 18 states with weak indicators.
- Improve availability of quality health care in rural areas
- Synergy between health and its determinants
- Mainstream the Indian Systems of Medicine.
- Capacity Building.
- Involve the community in the planning process.

NRHM Interventions

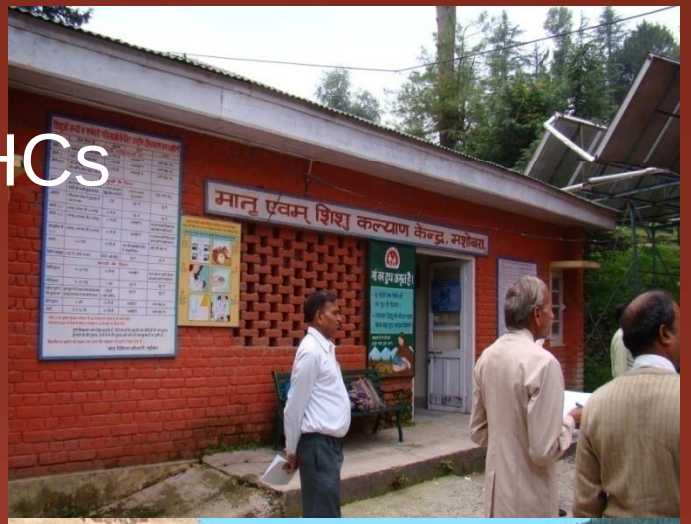
- Significant step up in expenditure to 2– 3 % of GDP
- Inter-sectoral convergence
- Horizontal integration of existing vertical schemes.
- Merger of societies at State & District level

NRHM Interventions

- Decentralized planning at Village & District level
- Community ownership of Health facilities
- Fully trained ASHA in each village.

NRHM Interventions

- Under IPHS, up-gradation of CHCs into 24x7 FRUs
- Mainstreaming of AYUSH
- Public Private Partnership
- Risk Pooling



Concept

- **Cooperation** – collective effort put willingly.
- **Collaboration** – sharing similar responsibilities.
- **Coordination** – integration of group of efforts for accomplishment of common goals.
- **Convergence** – process that facilitates different functionaries to work together.

Why District Action Plans?

- Mechanism to partner with community
- Planning based on local evidence and needs
- Area specific strategies to achieve NRHM goals
- Cost effective and practical solutions
- Move from budget based plans to outcome oriented plans
- Requirement of GoI – no funds if no plans

Why Partner With Community

- Promote community ownership
- Greater ownership of health functionaries
- Harness benefits of community action
- Bring accountability of health functionaries to community members
- Draw together elements that are determinants of health
- Share resources and opportunities with partnering departments – convergent action

Writing a District Plan

- Introduction: - The Setting:
- Situational Analysis
- Goals and Objectives
- Strategies
- Activities
- Work Plan/Schedule
- Monitoring and Evaluation
- Budget

Components of District Action Plan

- Background
- Planning Process
- Local Priorities
- Annual Plans for Each Health Institution based on facility surveys
- Community Action Plan
- Financing of Health Care
- Program Management Structure
- Partnerships for Convergent Action
- Human Resource Plan

Components of District Action Plan

- Human Resource Plan
- Capacity Building Plan
- Procurement and Logistics Plan
- Non Governmental Partnerships
- Community Monitoring and Evaluation Framework
- Action Plan for Demand Generation
- Sector Specific Plans for Maternal Health, Child Health, Adolescent Health, Disease Control, Disease Surveillance, Family Welfare
- Budget
- Log Frame

What you Need for DAP

- Map
- Geographic attributes
- Demographic profile
- Status of Health infrastructure and HR
- Status of performance/ Indicators v/s planned
- Reasons for poor/ good performance
- Thurst Areas and proposed strategy
- Financing

What to Look in While Planning

- Goals
- Objectives
- Strategies
- Activities/ Processes
- Inputs
- Impact indicator
- Outcome indicators
- Output indicators
- Process indicators
- Input indicators

Sources of Data for DAP

- DLHS
- NFHS
- SRS
- NSSO
- UNICEF
- Special surveys by Medical colleges
- CBHI

- District data
- Household surveys
- Facility surveys
- Eligible couple register
- State annual reports
- Disease surveillance system
- Routine reports

Steps for Planning

- **Objectives** (what is being planned?)
- **Approach** or strategies for reaching the objectives (how?)
- **Activities** required to achieve the objectives (which?)
- The **obstacles** that may hamper the activities (why?)
- **Resources** to be used (who?)
- **Cost** of activities (money?)
- Detailed **scheduling** .

What is Being Planned?

- Looking at the situation
  - Information from the community
  - Information from records
    - Morbidity and mortality profile
    - Health care institutions (PPP)
    - ICDS
    - Social and cultural background
    - PRI structure
    - Geographical area

District Planning-Situation Analysis

- Identify the problems
- Identify the causes
- Do resource analysis to handle the causes- man, money, material &time
- Map the problem geographically, groups& vulnerability and the resources
- Identify the strategies to improve.

Recognizing Important Problems

- Health problems
  - Malaria
  - Malnutrition
- Health service problems
  - Insufficient drugs
  - Lack of qualified person
  - Difficult terrain
- Community problems
  - Inadequate water supply
  - No primary education
  - Inaccessibility of health care
  - Socio cultural barriers

Reviewing Limitations

- Types of limitations
  - Manpower
  - Materials
  - Money
  - Minutes
  - Environment
  - Technical
  - Social
- Analyzing the obstacles
  - Obstacles that can be removed
  - Obstacles that can be modified and removed.
  - Obstacles that cannot be removed or reduced

Scheduling the Activities

- Consider the alternative strategies
- List out the resources
- Select the best strategy
- Mobilize the community resources
- Detail activities
- GNATT chart
- Log frame approach

District Planning

Preparatory Activities

- Orient District Collectors and CMO & train District Planning teams.

Desk Review

- Compare District with State average and NRHM objectives
- Mapping- facilities / services /staffing, infrastructure, population served /Patient load & utilization (PHCs &CHCs)
- Review performance of National Programs in the last year

Desk Review

- Map performance of ANM/ MPW
- Mapping of TBA- AWW-ANM- LHV
- Listing of NGOs –reach and focus of work
- CBOs in the district – block and activity- wise
- Last year's budget and expenditure analysis

Desk Review
Community Assessment

- Resource Mapping
- Understanding health problems
- Asses BOD
- Health expenditure
- Problems- referral/ transport/FP
- Role of PRI
- Understanding health seeking behavior and practices – Pregnancy/illnesses

Understanding Community Participation and Ownership: Meeting VHSC

- Perception and the role of PRI

Additional information

- Studies
- NGO's- activities/achievement and willingness
- Other CBO's / SHG's federation

Recognizing Important Problems

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Setting Objectives

- Expected outcomes
- Relevance(related to the problem or policy)
- Feasibility (it can be achieved)
- Observable (its achievement can be clearly seen)
- Measurable (outcome can be stated in number)

Reviewing Punctuations

- **Types**
  - Manpower
  - Materials
  - Money
  - Minutes
  - Environment
  - Technical
  - Social
- **Analyzing punctuations**
  - Removable
  - Modifiable
  - Stubborn

Defining Strategies

How do we aim to achieve objectives?

- Choosing Alternatives
  - Technically sound
  - Feasible
    - Manpower
    - Finances
    - Manageability of constraints

Scheduling the Activities

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Monitoring

- Efficiency tells you that the input into the work is appropriate in terms of the output. This could be put in terms of money, time, staff, equipment and so on.

Evaluation

- Measure of the extent of achievement of specific objectives.
- Whether or not the specific objectives made any difference to the main goals

The PIP is…

- Essentially a statement of intent
- A description of implementation with estimation of cost
- Implementation likely to lead to desired results
- The MOU between C & S should include plans, budget and log frames

Planning Process…

Institutional Framework for Convergent Action

- State Health Mission/Society
- District Health Mission/Society
- Block Water & Health Sanitation Committee
- Village Water & Health Sanitation Committee
- Partners and Members in above mentioned Societies and Committees-DWCD; PRI/RD; Education; PHED and AYUSH

NRHM Support to Convergence

- Planning process and Joint Action Plan
- Sharing of Information
- Regular Joint Reviews
- Funds for Gap filling - Untied Funds at various levels

Key Enabling Actions

Constitution of State Health Mission	✓
Constitution of State Planning & Appraisal Committee	
Constitution of District Planning Teams & their training	
Constitution of Block Planning Teams & their training	
Forming of Village Health, Water and Sanitation Committees	✓

Key Enabling Actions

Nominating selected functionaries to the State, District and Block Planning Committees/Teams for leading the planning process	
Preparing clear guidelines on core NRHM strategies for planning teams at District and Block levels	
Communicating fund availability, allocations and the flow of funds to the Districts and other levels as per NRHM guidelines.	

Level of Planning and the Key Functionaries

- **Village Level**
  - ASHA
  - Anganwadi
  - Panchayat Representative
  - SHG Leader
  - PTA/ MTA Secretary
  - Local CBO Representative
  - Data Source
    - Village Health Register

Contd.

- **Gram Panchayat Level**
  - The Gram Panchayat Pradhan
  - ANM
  - MPW
  - Village Health & Sanitation Committee
  - Village Health Plan

Contd.

- **District Level**
  - NGO Representatives
  - Few professionals recruited to meet planning and implementation needs.
  - Zila Parishad Adhyaksha
  - District Medical Officer
  - District Magistrate

Conducting Situational Analysis

- **District Profile**
  - Public Health Infrastructure in the District e.g. at Government/rented
  - Human Resources in the District

Functionality of District Hospitals, CHCs, PHCs &SC

- **District:-** Availability of Staff needed for service Guarantees.
- **CHC:-** Ob & Gy. specialists, Pediatrician Anesthetist at identified FRUs. Indicate blocks where more than 20 % posts are vacant.
- **PHC:-** Availability of an ANM at SC. Indicate PHCs with more than 10 % vacant.
- **Sub-Centre:-** Availability of an ANM at sub-centre.

Contd.

- Status of Logistics
  - Availability of a dedicated District warehouse for health department.
  - Stock outs of any vital supplies in last year.
  - Indenting Systems (from peripheral facilities of districts).
  - Existence of a functional system for assessing Quality of Vaccine.

Contd.

- Status of Logistics
  - Physical Infrastructures
  - Indicate the trainings conducted for all categories of health personnel's.
  - Training load.
  - Personnel's trained each training or topic wise
- Locally Endemic Diseases in the District.
- New Interventions under NRHM

Importance of Facility Surveys

- No routine allocation of resources under NRHM.
- Every health facility will have to develop a baseline and an annual plan.
- Funds will be released only after outcomes are guaranteed by additional funds
- Every health facility need will be **specifically** asked for in the annual district action plan and budget.

Importance of Facility Surveys

- Facility survey should focus on:
  - Main building
  - Staff quarters
  - Equipment
  - Furniture and fixtures
  - Cleanliness and sanitation
  - Human resources
  - Needs for medicines and supplies

Setting Objectives of the D.H.A.P.

S. No	Objectives to be achieved by the district	Current year	Next year
1.	Universal coverage of all pregnant women with package of quality ANC services as per national guidelines		
2.	Increase in deliveries with skilled attendance at birth including institutional deliveries		
3.	FRUs (including DHs, CHCs/PHCs) made functional as defined in the National RCH 2 PIP		
4.	Universal coverage of all eligible pregnant women under JSY scheme		
5.	Increase in percentage of new born babies given colostrums		

Contd.

S. No	Objectives to be achieved by the district	Current year	Next year
6.	Increase in prevalence of exclusive breast feeding		
7.	Increase in percentage of fully protected children in 12-23 months as per national immunization schedule		
8.	Universal coverage with Vitamin A prophylaxis in 9-36 months children		
9.	Percentage of severely malnourished children below 6 yrs referred to medical institutions		

Contd.

S. No.	Objectives to be achieved by the district	Current year	Next year
10	Unmet demand for contraception -Spacing -Limiting A. Number of Govt. Health Institutions providing: i) Female sterilization services DH/ SDH / CHC / PHC ii) Male sterilization services iii) IUD insertion services --------- CHC / PHC / SC B. Number of accredited private institutions providing: i) Female sterilization services ii) Male sterilization services iii) IUD insertion services		

Contd.

S. No	Objectives to be achieved by the district	Current year	Next year
11.	No. of health institutions in PHCs/CHCs offering ARSH services		
12.	No. of health institutions providing services for mgt. of STIs and RTIs		
13.	Performance indicator for NVBDCP -API for MP -ABER for MP increased (over 10 % of all OPD cases) -Slide Positivity Rate -Number of deaths due to malaria		
14.	Performance indicator for RNTCP -Percentage of TB suspects examined out of the total outpatients -Annualized New Smear +ve (NSP) case detection rate per1lakh -Annualized Total Case detection rate per 1lakh -Treatment success rate		

Contd.

S. No	Objectives to be achieved by the district	Current year	Next year
15.	Percentage (as planned) of ASHAs functional in the district (received induction training)		
16.	Number of RKS registered /established		
17.	Number of Health care delivery institutions upgraded -SHCs -PHCs - CHCs to FRUs fulfilling the 4 basic criteria in FRU guidelines Upgrading to IPHS will come later (these institutions should be in conformity with IPHS)		
18.	VHSC Constituted - Grants given		
19.	Number of SCs strengthened - Additional ANMs hired - Annual maintenance grants given		

Contd.

S. No	Objectives to be achieved by the district	Current year	Next year
20.	% of PHCs strengthened to provide 24x7 - 3 staff Nurses hired - Annual maintenance grants given		
21.	National Blindness Control Program- Cataract surgery rate (450/100,000 population) ➢% surgery with IOL ➢School Eye Screening in the age group of 10-14 years for refractive errors ➢Oral Health Screening for: ➢ Community ➢ School Children		

Contd.

S. No.	Objectives to be achieved by the district	Current year	Next year
22.	National Leprosy Eradication Program - PR per 10,000 population - ANCDR per 1,00,000 population - Proportion of MB, Female, Child, ST, SC cases among the new cases detected - Proportion of Patients completed treatment (RFT)		
23.	Integrated Disease Surveillance program - Number of labs to be upgraded (L1 and L2) - Number of staff to be trained in surveillance activities		
24.	Staff for mobile medical units in place		
25.	Number of facilities to be covered for facility survey - SCs - PHCs - CHCs		

Contd.

S. No	Objectives to be achieved by the district	Current year	Next year
26	Number of villages to be covered for HH survey		
27	Number of community hearings planned		
28	District training planned and implemented		
29	District BCC planned and implemented		
30	District procurement plan and logistics plan developed		
31	No. of PHCs/CHCs where AYUSH physicians are posted		

Role of DPM

- Review of secondary data, consultations with Department officials to prepare common guidelines and resource material
- Facilitate the planning exercise and support the State Planning cell
- Orientation of Dist. Officials
- Development and management of Monitoring System for Dist. Planning
- Field level support to staff
- Monitoring and review of the field level activities
- District & Block Level Plan Appraisal

Role of DPM in Each District

- Orientation of District Health Missions and Societies
- Training of District Planning and Appraisal Core Groups (DCGs)
- Training of Block Planning and Appraisal Core Groups
- Training of NGOs in the Districts allocated to them
- Support to multi-stakeholder consultation workshops at block level

Role of DPM in Each District

- Support to NGOs for conducting village level participatory planning
- Assist health facility surveys
- Assist consolidation of Block Action Plans (BAPs)
- Assist appraisal and approval of block action plans by the DCGs
- Assist in preparation of District Action Plan based on BAPs
- Assist in approval and state level appraisal of DAPs

Role of Block Functionaries

- Review RCH-I lessons & existing program strategies.
- Compiling the information, data, reports and evidence from existing records at various levels, as the basis for planning
- Reviewing the existing management systems and identifying gaps
- Development of locally relevant strategies and suggesting changes

Role of Block Functionaries (Contd.)

- Provide lead to the consultation and participatory planning processes
- Carry out assessment of strengthening needs of health facilities as per prescribed GoI norms
- Consolidate Block Action Plans (BAPs)
- Prepare District Action Plans based on Block level plans

Role of NGOs

- Orientation of Village Health Water and Sanitation Committees
- Involvement of women's groups and community based organizations
- Support to multi-stakeholder consultation workshops at block level
- Assist health facility surveys
- Assist consolidation of Block Action Plans (BAPs)
- Participate in the functioning of Block Core Group/Health Committee for planning, program implementation and monitoring support to the Block Health Plan

Role of PRI's

- **Village Level**
  - Select Panchayats for participatory planning.
  - All Gram Panchayats to be included.
- **Block Level**
  - PS and Pradhans to lead planning process in Block core groups.
- **District Level**
  - Health and Nutrition Committees of District Panchayats lead the planning process as part of the District Core Groups.

Role of PRI's contd.

- Support implementation of Village Health Plans.
- Organize monthly review meetings.
- Report progress to Block Health Planning and Appraisal Committees.
- Draw attention of emerging needs and call for support from the Health, WCD, IPH, RD Departments.

Additional Provisions and Norms Under NRHM

Annual untied funds for local health action:

Village Health Water & Sanitation Committee	10,000
Gram Panchayat Health Committee	10,000
PHC Level Rogi Kalyan Samiti	50,000
Block Untied Fund	50,000
ASHA Workers per 1000 population – Gram Panchayat level revolving advance	5,000
CHC Rogi Kalyan Samiti	1,00,000
DH/SDH Rogi Kalyan Samiti	5,00,000

Additional Provisions and Norms Under NRHM

1 ASHA Sahyogini /1000 population
2 ANMs/Sub Centre
2 Medical Officers/ PHC (1 AYUSH) –Mainstreaming AYUSH
3 Staff Nurses/PHC
7 Specialists/CHC
9 Staff Nurses/CHC
Rs. 20 lakhs for Staff Quarters as per IPHS standards
1 Mobile Medical Unit in each district

Thanks

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Or

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