



District Health Planning for PIP

**State Institute of Health & Family Welfare,
Jaipur**



Planning & Plan

- **Planning** -“an act or process of choosing between alternatives to accomplish preset goals”.
- **Plan** denotes a blue print of action.



Indicators

- Observable measures of how well we are doing with respect to a specific criterion such as quality, effectiveness of the program – against the expected objective
- Essential for monitoring and evaluation – and therefore for planning too.
- Can indicators be achieved without achieving objectives?



Monitoring..

- Efficiency tells you that the input into the work is appropriate in terms of the output; in terms of money, time, staff, equipment.



Evaluation

- Effectiveness - a measure of the extent to which a development program or project achieves the specific set objectives
- Impact tells whether or not the specific objectives addressed made any difference to the main goals. Was the strategy useful?



PIP

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



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



Participatory Planning

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



Writing a District Action Plan (DAP)

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

What a District Plan Should Have



- Background
- Planning Process
- Priorities as per the background and planning process
- Annual Plan for each of the Health Institutions based on facility surveys
- Community Action Plan
- Financing of Health Care Management
- Structure to deliver the program
- Partnerships for convergent action
- Capacity Building Plan



- Human Resource Plan
- Procurement and Logistics Plan
- Non-governmental Partnerships
- Community Monitoring and evaluation Framework
- Action Plan for Demand generation
- Sector specific plan for maternal health, child health, adolescent health, disease control, geriatric care disease, surveillance, family welfare
- Program Management Structure
- Budget



Sources of data

- DLHS,
- NFHS
- SRS
- NSSO
- UNICEF
- Special surveys by medical colleges etc
- CBHI
- District data
- Household surveys
- Facility surveys
- Eligible couple register
- State annual reports
- Disease surveillance system
- Routine reports



The Levels of Planning

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

Planning Steps



- Situational analysis
- Deciding objectives (what is being planned?)
- Defining strategies (how objectives be achieved?)
- Laying an operational plan
 - which activities, enlistment
 - Resources to be used (who?)
 - Cost of activities (money?)
- Implementation
 - identifying possible punctuations
 - Detailed scheduling
- Evaluation-
 - Criteria,
 - Frequency and
 - Process



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



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



District Planning: Community Assessment

- Resource Mapping
- Understanding health problems
- Assess 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



➤ 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



Planning in Health Sector

- Measurement or assessment of burden of illness
- Identification of cause of illness
- Measurement of effectiveness of different community interventions
- Assessment of efficiency of interventions in terms of resources used
- Implementation of interventions
- Monitoring of activities
- Reassessment of burden of Disease to see if there is any change

The Planning Process in Health



1	Where are we	Situational analysis
2	Where do we want to reach?	Goals, objectives, priorities, targets and strategic decisions
3	How will we get there?	Organizational constraints, resources and organizational structure, functions and management
4	How well we have done?	Monitoring, evaluation and feedback
5	What new problems do we have?	Re-planning



Setting Goals

- Societal in Nature.
- Not necessarily measurable.
- Flows from vision document and societal goals- as well as from situation analysis.
- Responsive to people needs and demands-as articulated through their representatives-the political process- and directly by different sections-this is the basis of democratic functioning.
- Example: Goals in RCH (purpose).



Situation analysis

- District Profile
 - Public Health Infrastructure in the District (Government Building or Rented).
 - Human Resources in the District
- Functionality of District Hospitals, CHCs, PHCs and Sub-centres
 - District:- Availability of Staff needed for service Guarantees.
 - CHC:- specialists, at FRUs. Indicate blocks with >20 % vacancies.



- PHC:- Availability of an ANM at sub-centre. Indicate PHCs with >10 % vacancies.
- Sub-Centre:- Availability of an ANM at sub-centre.
- 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).



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



- BCC Infrastructure in the district
- Private Health Facilities
 - Nursing Homes
 - Practitioners
 - AYUSH
 - Private Sector
 - RMPs
 - Nursing Homes with facilities for comprehensive emergency obstetric care
 - Centres for Sterilization Services
 - Centres for IUD Services
- ICDS Program
- Elected Representatives of PRIs
- NGOs & CBOs



- Examine the performance of the Maternal Health indicators.
- Examine the performance of the Family Planning indicators.
- Examine the performance of the Child Health indicators.
- Examine the performance of the National Disease Control Program indicators.



- 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



Importance of Facility Surveys

- No routine allocation of resources
- 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 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



Dist. Planning: Recognize Problems

- Health problems
- Health service problems
- Community problems



Dist. Planning: 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)



Objectives: SMART

- **S** Specific: Everyone should interpret it the same way.
- **M** Measurable: An objective as different from a goal is clearly measurable.
- **A** Achievable: Able to attain the objectives.
- **R** Realistic: able to attain the level of change reflected in the objective.
- **T** Time: It should be possible to achieve this within the stated time-frame



Reviewing punctuations

- **Types**

- Manpower
- Materials
- Money
- Minutes
- Environment
- Technical
- Social

- **Analyzing punctuations**

- Removable
- Modifiable
- Stubborn



Defining strategies

How do we aim to achieve objectives?

- The choice of strategies
- Are these strategies
 - Technically sound?
 - Capability and manpower wise feasible?
 - Budget-wise feasible?
 - Does it have capacity to manage the identified constraints?



Dist. Planning: Choosing alternatives

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

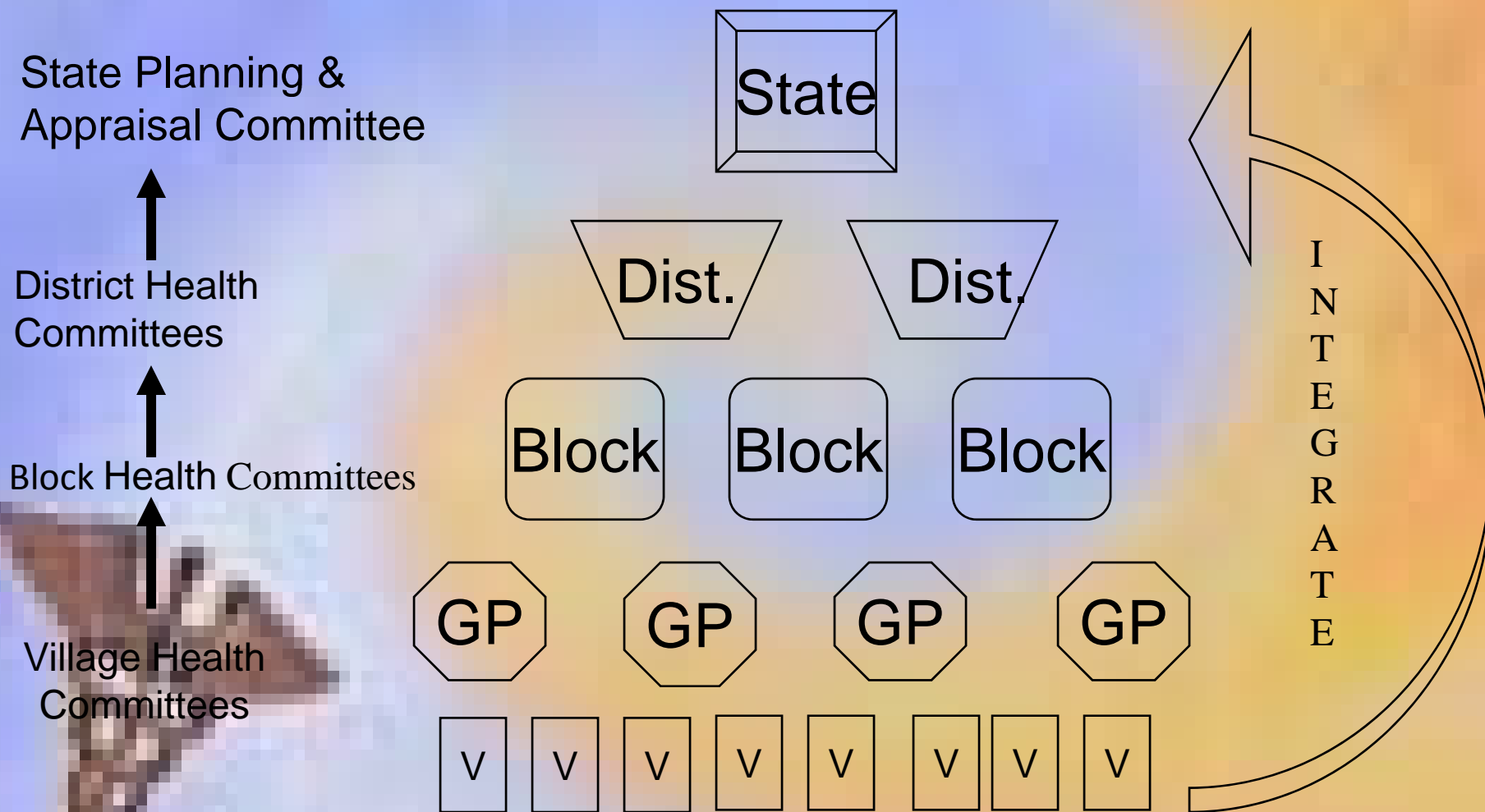


Dist. Planning: Scheduling activities

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



Planning Process...



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



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



- Block /CHC Level
 - The Adhyaksha of the Block Panchayat Samiti
 - Block Medical Officer
 - Block Development Officer
 - NGO /CBO Representative
 - Head of the CHC level RKS/ RMRS.
 - The Block level Health Mission Team will finalize the Block Health Plans.



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



Institutional Framework for Convergent Action

- State Health Mission/Society
- District Health Mission/Society
- Block Level Committees
- VHSC
- Partners and Members -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.	

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		49



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		



S. No.	Objectives to be achieved by the district	Current year	Next year
10	<p>Unmet demand for contraception</p> <ul style="list-style-type: none">-Spacing-Limiting <p>A. Number of Govt. Health Institutions providing:</p> <ul style="list-style-type: none">i) Female sterilization services DH/ SDH / CHC / PHCii) Male sterilization servicesiii) IUD insertion services ----- CHC / PHC / SC <p>B. Number of accredited private institutions providing:</p> <ul style="list-style-type: none">i) Female sterilization servicesii) Male sterilization servicesiii) IUD insertion services		



S. No.	Objectives to be achieved by the district	Current year	Next year
11	Number of health institutions in PHCs/CHCs offering ARSH services		
12.	Number of health institutions providing services for management of STIs and RTIs		
13.	Performance indicator for NVBDPCP -API for MP -Annual blood examination rate for MP increased (over 10 % of all OPD cases) -Slide Postivity Rate -Number of deaths due to malaria		



S. No.	Objectives to be achieved by the district	Current year	Next year
14.	<p>Performance indicator for RNTCP</p> <ul style="list-style-type: none">-Percentage of TB suspects examined out of the total outpatients-Annualized New Smear Positive (NSP) case detection rate per 100,000 populations-Annualized Total Case detection rate per 100,000 populations-Treatment success rate		



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 SCs 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)		



S. No.	Objectives to be achieved by the district	Current Year	Next Year
18.	VHSC -Constituted - Grants given		
19.	Number of SCs strengthened - Additional ANMs hired - Annual maintenance grants given		



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 should be screened for refractive errors - Oral Health Screening for: Community School Children		



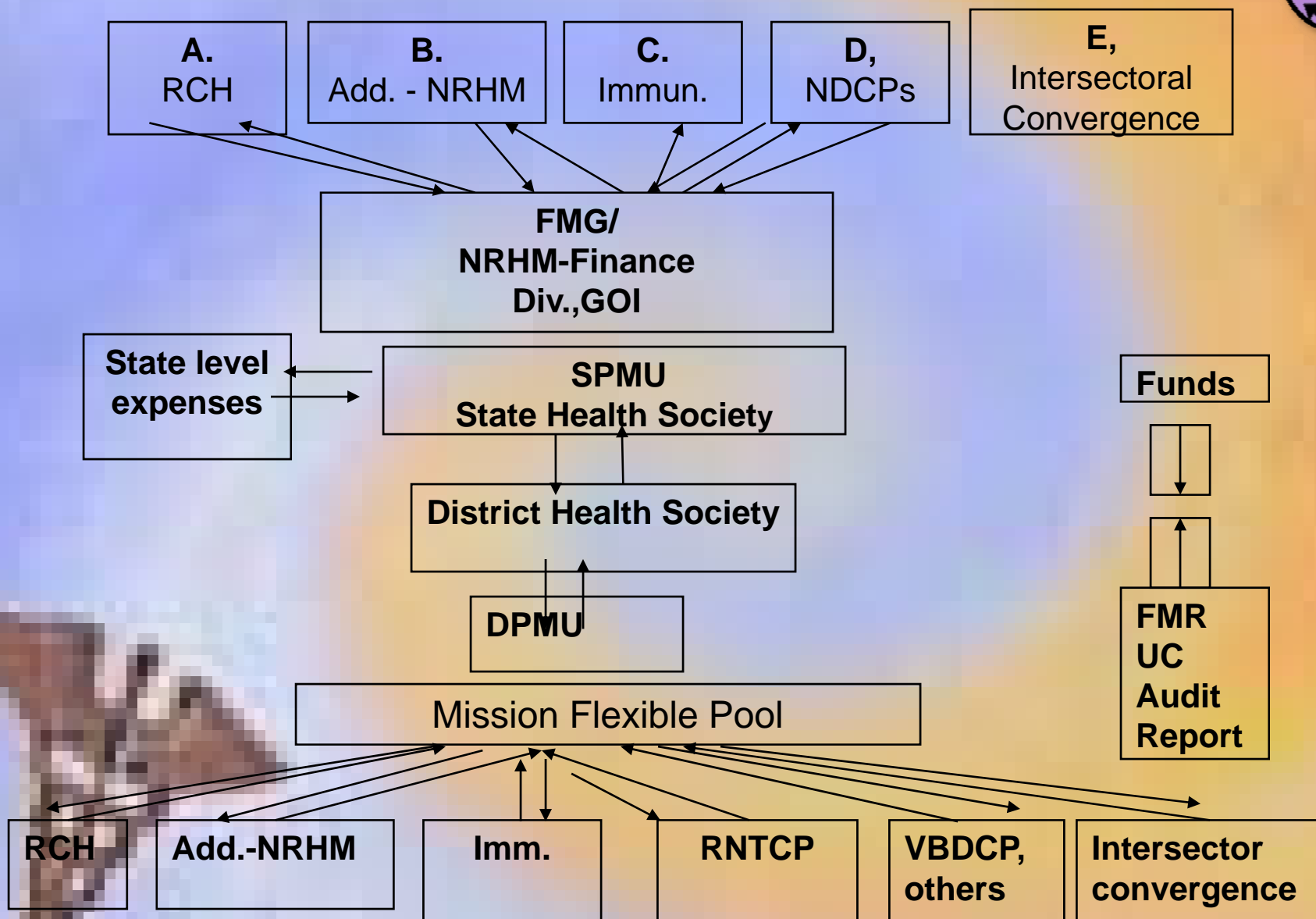
S.NO.	Objectives to be achieved by the district	Current Year	Next Year
22.	<p>National Leprosy Eradication Programme</p> <ul style="list-style-type: none">- PR – Leprosy cases per 10,000 population- ANCDR – New leprosy cases per 1,00,000 population- Proportion of MB, Female, Child, ST, SC cases among the new cases detected- Proportion of Patients completed treatment (RFT)		
23.	<p>Integrated Disease Surveillance programme</p> <ul style="list-style-type: none">- Number of labs to be upgraded (L1 and L2)- Number of staff to be trained in surveillance activities		



S. No.	Objectives to be achieved by the district	Current	Next
24.	Staff for mobile medical units in place		
25.	Number of facilities to be covered for facility survey - SHCs - PHCs - CHCs		



S. No.	Objectives to be achieved by the district	Current year	Next year
26	No. of villages to be covered for HH survey		
27	No. of Community hearings planned		
28	District training plan developed and implemented		
29	District BCCC plan developed and implemented		
30	District procurement and Logistics plan developed		
31	No. of PHC/CHC's where AYUSH physicians posted		



NRHM – Illustrative structure



Chief Block Medical Officer / Block Level Health Office

Accountant

Store Keeper

Accredit private providers for public health goals

100,000 Population
100 Villages

Block Level Hospital

Ambulance
Telephone

Obstetric/Surgical Medical
Emergencies 24 X 7
Round the Clock Services;

Strengthen Ambulance/
transport Services
Increase availability of Nurses
Provide Telephones
Encourage fixed day clinics

30-40 Villages

Cluster of GPs – PHC Level

3 Staff Nurses; 1 LHV for 4-5 SHCs;
Ambulance/hired vehicle; Fixed Day MCH/Immunization
Clinics; Telephone; MO i/c; Ayush Doctor;
Emergencies that can be handled by Nurses – 24 X 7;
Round the Clock Services; Drugs; TB / Malaria etc. tests

5-6 Villages

Gram panchayat – SC Level

Skill up-gradation of educated RMPs / 2 ANMs, 1 male MPW FOR 5-6 Villages;
Telephone Link; MCH/Immunization Days; Drugs; MCH Clinic

1000 Population

Village level – ASHA, AWW, VH & SC

1 ASHA, AWWs in every village; Village Health Day
Drug Kit, Referral chains



State PIP Structure

- Summary
- Process of plan preparation
- Time frame
- Background and current status
 - Demographic and socio economic features
 - Administrative divisions
 - RCH outcomes & service utilization in Maternal Health, Child Health, Family Planning, Adolescent Health (based on RHS/ MICS/ NFHS/ State HMIS)
 - Public health infrastructure
 - Private/ NGO health services/ infrastructure



- Donor assisted programs in State including Institutional inputs & organizational development issues & gaps.
- Program finances
- No. of sub-centers
- Urban family welfare centers
- District wise Training institutes
- Management positions in Directorate
- District Family Welfare Bureaus
- Additional expenditure in state/ district family welfare bureaus



- Additional expenditure on National Maternity Benefit Scheme (NMBS) renamed as Janani Suraksha Yojana
- Inventory of Vehicles
- Commodity assistance (past 3 years)
- Situational Analysis- identifies core issues both outcomes specific and cross cutting in
 - Maternal health
 - Child health
 - Family Planning
 - Adolescent health
 - District/ sub District Variations
 - National Health Programs



- HRD including training
 - Inequities/ Gender
 - Logistics
 - HMIS
 - Other (specify)
-
- RCH-II/ NRHM, Objectives and Strategies.
 - Program management arrangements.
 - Budget
 - Monitoring and evaluation
 - Sustainability



- Annexure
 - Work plan
 - Log frame
 - Examples of District PIPs
- Criteria for appraisal of SPIP:
 - Program management arrangements
 - Institutional strategies
 - Technical strategies
 - Work plan
 - Cost/ budget

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



- 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

- 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



Thank You

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