The District Health Plan (DHAP) of Shimla for 2008-09 has been prepared by a team of Resource persons from the State Health and Family Welfare Training Centre, Parimahal. The State signed a MoU with the SHFWTC whereby the Centre was given the responsibility for providing technical support for preparing the District plans in ten districts. The district plan for Shimla has been prepared through consultations with officials from Health department, Women and Child development, Education department, members of MNGOs, NGOs and MOs from the blocks. Block plans were prepared for all the nine blocks of the district based on Focus Group Discussions held in 128 / 363 Panchayats of the districts.

The DHAP clearly articulates component wise gap analysis, identification of issues which have been done based on the Facility Survey results (provided in Annexure 2) of the Planning document. A set of objectives, strategies and activities have been provided for each technical component. The district plans reflect the ground realities which have emerged from the extensive focus group discussions held with target groups. The issues that emerged from the discussion formed the basis of the Block plans which were subsequently integrated into the district plans. Support required from GOI under each component has been identified. There is considerable focus on inter-sectoral convergence: objectives, strategies and activities for convergence with Education, Rural Development and ICDS departments have been specified in the DHAP. A highlight of the plan is the situational analysis on the vulnerable groups and areas and identification of their issues. Besides identifying the gaps in health institutions in the blocks, the plan includes strategies for relocation of health institutions for optimising the utilization of the existing institutions and for improving the coverage of services. However, the plans for relocation appear to have emerged from the block level functionaries as evident from the block plans. There is scope for including community level participation in decision making for relocation of institutions.

A budget has been provided for all the components under NRHM for 2008-09; however, the figures are in lump sum and quarter wise break up of activities and costs have not been specified. The DHAP does not include a detailed quarter wise work plan for the proposed activities. A comprehensive training plan for the district projecting the training load for the year, details of participants, duration is missing in the plan. The plan does not include an IMEP component.