PLANNING PROCESS UNDER NRHM: HIMACHAL PRADESH

Himachal Pradesh prepared District Health Action Plans for all of its 12 districts in 2008-09.

Technical Support for planning

The responsibility for planning was entrusted to the State Health and Family Welfare Training Centre (SHFWTC). The State Health Mission (Mission Director) signed a MoU with the State Health and Family Welfare Training Centre for preparation of ten DHAPs. These DHAPS were prepared by a team of resource persons from SHFWTC. The state had outsourced district plans for two districts, Solan and Sirmaur to two external agencies, EPOS and MODE. This report aims to document the processes followed by the different institutions in preparing the district health plans. Block plans were prepared for a sample of the blocks from each district except Shimla where block plans were prepared for 100% blocks.

It will be pertinent to mention that the one of the earliest plans of the State (State PIP) for 2006-07 was prepared by an external agency, EPOS, India. Until 2008-09, the planning process in the state was limited to the preparation of State Plans.

Process

The process of planning was initiated in March 2007. A State Core team was formed with Dr. Mahanta (a former Principal of the SIHFW), Dr. S.N. Joshi and Dr. R.K. Mehta (Faculty/Epidemiologist in the SIHFW) for leading the planning process at the state and district level. Contractual staff in the form of District Health Facilitators were recruited for each district for 4-5 months. A meeting was held with a meeting of all CMOs, Health Officers and State Programme Officers of all districts. In this meeting the Secretary briefed the participants on NRHM. Besides this the members of the State Core team briefed the participants on DHAPs and shared all GOI guidelines on NRHM. A CD of all guidelines, state level guidelines, planning formats were circulated to the district staff. A visit schedule was prepared and the composition of the District Core Team was shared on the same day.

Pre-planning preparations

District planning teams were formed for each district under the leadership of the Deputy Commissioner. The members of the district planning teams were:

- CMO
- Deputy CMO
- District Health Officers
- All Programme Officers
- Members of MNGOs
- District Planning Officer (from DC’s office)
- CDPOs
- BMOs

Facility Surveys were done prior to the planning and the information from the survey was used for informing the plans. The formats of the Operating Manual for RCH and the formats
for FGDs were translated by the respective District Health Facilitators from the respective districts and disseminated to the persons responsible for the planning.

The state began with a broad framework of planning based on assessment of current situation, resources and NRHM priorities. This was followed by a draft outline of block health plans which were disseminated to the Block health authorities. Similarly, a draft outline of the district plan was developed based on which district plans were prepared for all the districts.

The first plan was prepared for Kinnaur district (one of the smallest district). Each district planning process as per the timeline drawn by the State Core team was for three days. On day one the Deputy Commissioner of each district inaugurated the meeting; Day 2 discussions were held on district planning process, on NRHM programmes. On day three, thematic groups were formed for preparing strategies for each programme /issue. These groups included Programme Officers, PRI members and in some cases Chairman of the Zilla Parishad, Chairman BDC and NGOs. Schedule for Block Planning were prepared on that day.

For preparing the district plans and block plans secondary data was collected from the results of the Facility Surveys, DLHS-2 data for the districts and State, district and block level data from the State MIS.

Village plans

Village plans have not been developed so far in the State. However, an attempt has been made in one district Solan. In this plan, the district has made an attempt to identify the common problems for a cluster of villages based on the hot spots from the Gram Panchayat plans.

Block plans

For the purpose of preparing the block plans, Block Planning Teams were formed of:

- Block Development Committee member (PRI)
- BDO
- CDPO
- BPEO
- SDMO (ISM)

Focus Group Discussions were carried out through random sampling of 3000 panchayats. These discussions were held with Health Workers, CBOs and PRI members for each component, e.g. unmarried women, mothers with children on various aspects. The topics of the FGDs were chosen from some of the areas in which the state's performance is low as per NFHS-3 data. The discussions were held in most of the blocks of the districts. The discussions provided information on the problems and needs of the communities. Based on this, the constraints, action to be taken, support required for the same and time line was worked out by the Block Planning Team.

The block planning process was facilitated by a State Programme Officer. For the block plans, the Block Planning team used a matrix which was translated by the District Health Facilitators. Need assessment was done for the blocks based on the data from the facility
Surveys. The draft block plans were discussed and shared with the Block Health Authorities, PRI representatives and block level NGOs. The block health plans were approved by the Block Health Committees. The approved plans were consolidated to form the basis for strategies and activities for district plans by the team from SHFWTC with inputs from the district health officials.

**District plans**

A Consultant, who is familiar with the district, was put in charge of each district plan by the SHFWTC. Focus Group discussions held with target groups provided the information for the situational analysis for each technical component (details of the Summary is provided in Chapter 4-5 in the DHAPs). The DHMs, under the Chairmanship of the Deputy Commissioner, reviewed the plans, took into consideration the issues raised in the plan against the backdrop of the socio-economic conditions of the district.

Draft District Health Action Plans were presented by the Member Secretaries of the District Health Societies to the State Core /Planning team. A technical appraisal of the draft District Plan was done by the State Core Team for checking quality, standards, norms and taking corrective actions by the District Planning Committee. The District Appraisal team looked into the content, quality and reach of the health services while appraising the plans. The plans were further edited by the State team. Budgets were also prepared for the districts by this team.

The external agency which prepared the DHAP for a district, Solan formed a District Core Group from members of the Health and Family Welfare department, Departments of Irrigation and Public Health, AYUSH, Rural Development, Panchayat Raj and Education. The list of the members of the group is provided below:

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<th>Sl no.</th>
<th>Name</th>
<th>Designation</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mr. Mohan Chauhan</td>
<td>Deputy Commissioner, Solan</td>
<td>Department of Rural development and Panchayati</td>
</tr>
<tr>
<td>2</td>
<td>Mr. Amandeep Garg</td>
<td>Deputy Commissioner, Solan</td>
<td>Department of Rural development and Panchayati</td>
</tr>
<tr>
<td>3</td>
<td>Dr. S N Sharma</td>
<td>Chief Medical Officer, Solan</td>
<td>Department of H&amp;FW</td>
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<tr>
<td>4</td>
<td>Dr. Shashi Pal Singh</td>
<td>MoH, Solan</td>
<td>Department of H&amp;FW</td>
</tr>
<tr>
<td>5</td>
<td>Shakti Prasad</td>
<td>District welfare Officer</td>
<td>Department of H&amp;FW</td>
</tr>
<tr>
<td>6</td>
<td>Dr. N K Gupta</td>
<td>DAPO</td>
<td>Department of H&amp;FW</td>
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This group was responsible for management of the entire planning process in the district and also for provision of the technical support. The DCG as the standing body also responsible for the implementation and monitoring of the plan. A Block Level planning team was formed for planning for each block. Meetings of all the Block level Core teams were held in which they were oriented regarding the formulation of the District Action Plan.

Based on the inputs received from the Blocks and the Block level planning team, a draft of each chapter was developed after discussions. These were further improved upon through individual consultations with groups and nodal officers.

Prior to the planning, the members of the DCG were oriented by the agency on the approach of NRHM, key components and strategies, on managing the planning process and developing the District Action Plan. The DCG met a number of times and the individual members reviewed the situation of their respective sectors/areas and collectively developed the strategic vision for improving the health status of the district population. Meetings of the District Core Group were held in which the strategies, activities proposed and the budgets were discussed and the District Action Plan was finalized based on the discussion. The District Action Plan was approved by the District Health Society and the District Health Mission.

The plan for Sirmaur was made in Hindi by the external agency. The plan was prepared for a period of four year (2008-20012). A District Planning Team was constituted by the agency for preparing and implementing the plan. The district plan includes socio-economic and
demographic indicators of the five blocks. However, no village or block plans have been
developed. Moreover there is no evidence of community participation in the planning
process. It is not clear whether the plan has been vetted and approved the District Health
Society or District Health Mission.

The state PIP was prepared based on the issues which evolved from the district plans and
the block plans.

Structure and content of the district Plans

The district plans of Himachal Pradesh follow a common structure which was recommended
to the districts by the State Planning Team. All district plans includes situational analysis for
each programme, write up on the planning process, and goals and objectives for each
component. Focus Group Discussions held at the blocks and the districts for need
assessment, details of which have been provided in each district plan under the section on
district plan and the block plans.

Every district plan includes the following:

- Fact sheet for each district providing details of the demographic and socio-economic
  indicators have been provided at Annex 1
- Annex 2 includes the results of the Facility Surveys
- Block health plans have been provided in Annex 3
- Reports based on Focus Group Discussions of selected blocks have been provided
  in Annex 4
- Annex 5 provides the approval to SHFWT for preparation of the District Health Plans
  for 10 districts
- Annex 6 includes the list of contributors and the resource persons involved in the
  preparation of the district plan.

Strengths of the District Health Action Plans

The District Health Action Plans of the state have been prepared through consultative
processes with the district authorities, members of Village Water and Sanitation Committees,
PRI members, officials of the department of Education, Women and Child Development.
This also indicates that there have been efforts to prepare integrated plans. Facility Surveys
results have been used extensively for identification of issues and needs of the facilities at
the ground level. Perception, opinion and suggestions from the community (through Focus
Group Discussions) were factored in the DHAPs

The DHAPs are well structured, comprehensive and includes component wise situational
analysis, objectives, strategies, activities and budgets as prescribed in the ‘Broad
Framework for preparation of District Health Action Plans’ of the Ministry of Health and
Family Welfare. The plans provide information on the availability of the range of health
services in the districts and the status of manpower. There is a clear plan for community
action in all the DHAPs. Inter sectoral convergence strategies are well defined. A highlight of
the plans is that vulnerable groups residing in some of the districts have been identified.
Further underserved areas have also been specified. Infrastructure status provides details of
the gaps in coverage and overconcentration of facilities and strategies for relocation of facilities for ensuring improved coverage of population.

**Gaps in the District Health Action Plan**

Programme management aspects have not been included in the situational analysis of the district plans. There has been inadequate attention to Child health strategies in the district plans. The plans in the DHAPs have been limited to information and educational strategies. There seems to be no plans for IMNCI. Provision of comprehensive abortion services (in PHCs and FRUs) and monitoring of abortion services have not been given emphasised in the district plans. There is a need for strong action in the area of IEC/BCC in the districts on some priority areas such as sex selection, gender bias, preference for home deliveries by TBAs, risk behaviours among adolescents, RTI/STI among others. However, due to the large number of vacancies in the IEC positions in the districts this has not been possible. This area has not been given the due importance in the DHAPS. Infection Management and Environmental Plan appears has been missed out in most of the DHAPs (except Solan) although this component has been included in the State PIP. Implementation of PC and PNDT Act should have been a priority considering the state is plagued by issues of sex selection and gender biasness. Comprehensive training plan (specifying targets, duration etc.) for skill based trainings have not been included in most the DHAPs. Presence of a wider range of stakeholders in the block level consultations/focus group discussions including NGOs, CBOs and community leaders would have been useful for integrating getting community perspectives into the planning process.

**Allocation of resources to districts**

The district plans have projected the district requirement in terms of annual budgets for the most of the programmes under NRHM for 2008-09 except Blindness Control Programme, anti Malaria programme, Leprosy programme and integrated Disease Surveillance Programme. However, detailed budget has not been prepared. Quarter wise work plan and corresponding budgets have not been prepared for the districts. There is no evidence of district wise budget allocation to the districts in the State PIP.

**Budgets:** Although budgets per se were prepared for 12 districts (as a lump sum) for RCH, NRHM Additionalities, Immunization and the other vertical programme, these have not been aggregated to form the budget for the state PIP. During a visit to the state by the NHSRC team, it was informed that the state is planning to reclassify /categorise and relocate its health facilities for which the budgets prepared for the districts would not be realistic and will have to be reworked. The budget prepared by the external agency for Solan is for five years (2007-12) and is based on projections. However, the budget does not appear to be realistic since costs for activities in the subsequent do not reflect a progression remained the same in all the years, amount have been budgeted for activities which would be not be undertaken for the all the years.

**Use of DHAPs**

The district plans of Himachal Pradesh provide rich information on the various health issues of the districts. However, the information from the plans were not adequately incorporated into the State PIP, the probable reason being that the district level planners were not
included in the preparation of the State PIP. The situational analysis in the district plans clearly articulates the status of health infrastructure in the districts including gaps in infrastructure and coverage and over concentration of institutions. However, this information has not been articulated in the PIP. Overall the PIP lacks detailing and has not been able to capture the robust information present in the situational analysis and other sections in the district plans.

Further, there appears to be inconsistency between the district plans and the State Plan (PIP): none of district plan includes plans for infection management and environment plan whereas the state plan contains a section on IMEP. An analysis of the IEC/BCC sections in the district plans shows that there are several vacancies of BCC Coordinators, Health Educators and Block Extension Educators at the district and block level. The plans also mention of lack of a communication strategy in the districts. Some of the district plans include strategies for developing communication strategies by a Technical Support Agency. However, these strategies have not been incorporated in the State Plan. This indicates the sub optimal use of the District Health Action Plans in planning for the State PIP.