EU SPP Chhattisgarh: Health Sector Proposal in a Nutshell Aug 06

The State Government of Chhattisgarh has sought funding support from The European Union under EU State Partnership Programme for improving the status of various development sectors- particularly health & education. The partnership programme is expected to take off by the end of 2006. SHRC has played a key role in preparing the background paper for health sector partnership as well as in preparing the plan and in initiating the process towards Medium term expenditure framework for health.

Processes So Far

- 3 rounds of consultations have been completed with EC consultants under Identification Mission, Formulation mission-1 & Formulation Mission-2.
- Basic conceptualisation of Medium Term Expenditure Framework (MTEF-working out the overall financial requirements to achieve the policy/plan outcomes for 5 consecutive years and pooling resources accordingly) done. The health financing pattern of the state has been analysed as part of this. The MTEF needs to be prepared and approved by the government within 6 months.
- Overall allocation of 2400 lacks per year has been recommended and the priorities as shown in the budget allocation have been worked out.
- Money release under EUSPP was supposed to occur during current financial year but this has not been materialised so far. Without this the overall planning and implementation of all those programmes for which support is envisaged under EUSPP is getting affected.
- In some of the components like Panchayat Planning, HMIS, infrastructure development etc, some minute details are kept as conditional for granting funds under EUSPP- to gather such a detailed database will be difficult at state level currently as they accord largely to the periphery levels- of course they can be collected as part of district action plans in a later stage.

SPP Overall objective:

To improve health and education status of the citizens of Chhattisgarh and to reduce poverty.

Health Sector objective (mid-term impact):

To improve access, quality and provision of health services at community level, particularly among the poorest and marginalized groups, and particularly of those services which will impact most on poverty reduction

Expected outcomes (long term impact) with regard to Health:

- Achieve targets for reduction in child mortality
- Achieve targets for improved maternal health
- Achieve targets for reduction in HIV/AIDS prevalence and morbidity/mortality due to malaria
- Achieve defined standards of quality of care at PHC and CHC level
- Poor households' health expenditure occurs without loss of family assets

Outcome indicators :

- Infant Mortality rate (IMR) (*)
- Under 5 mortality rate
- Full ANC
- Institutional Delivery
- MM as % of women with skilled ANC and child birth
- HIV/AIDS prevalence rate (ANC & STD clinic rate)
- Morbidity/mortality rate due to malaria
- Annual Parasite Index

Budget Allocation (Per Year basis, though some of the budget priorities may change in consecutive years):

Serial	Item	Allocation in lacs
1.	Strengthening Civil Society Responses:	
a.	SAC & Dist Adv. Committee	17.0
b.	Jeevandeep Samitis	26.0
c.	Social Assistance Cells for Woman	16.0
d.	PRI Capacities in Health	47.0
2.	Strengthening Monitoring HMIS (action Plan for this component needs to be approved by EC delegation before release)	205.0
3.	Strengthening State Health Society	68.0
4.	Strengthening Dist Health Societies	156.0
5.	Strengthening Technical Assitance	115.0
6.	Strengthening SIHFW	80.0
7.	Supporting DTCs	80.0
8.	Enhancing Skill Levels	10.0
9.	Filling Infrastructure Gaps	1251.0
10.	Social Marketing	131.0
11.	Tribal Health	21.0
12.	Urban health	155.0
	Total	**2378.0**
13.	Conditional Allocation for BCC	100.00
	Total with BCC	**2478.0**

Proposed Strategy For Monitoring the achievements

Monitoring will be through specific expected results (medium term impact) in the areas of:

1) devolution ;
2) sector policy, planning and management;
3) sector coverage and standards.

Result 1 (Devolution): State-PRI devolution framework evolved (rules, procedures, local regulations) and implemented for the health sector

Result indicators:

1.1 Procedures and guidelines for involving PRI in health management and planning are in place and implemented by PRI and Health Department

1.2 Percentage of State health budget (own resources plus other resources) that goes through the PRI.

1.3 Number of Local Fund Audit reports which indicate correct application of rules concerning use of funds in the health sector.

1.4 Number of village panchayats that prepare village health micro-plans which include an assessment of the HDI (human development index) at village level.

Result 2 (Sector policy, Planning and Management): Enhanced capacity of PRIs and district teams for sector planning, implementation and monitoring

Result indicators:

2.1 No of District Health AP which show the use of village plans for defining needs; demonstrate an integrated approach to improving health status; show awareness of interventions carried out in areas such as education, rural development, food security and sustainable forest management.

2.2 Number and qualification of the staff working at the district planning units of PRI in charge of the health sector.

2.3 Percentage of State budget released to districts based on district health plans.

2.4 Meetings of District Health Societies and District Health Missions that take place regularly and with active involvement of the PRI representatives.

Result 3: Enhanced community and civil society participation in monitoring and managing the health sector

Result indicator:

3.1 Districts where Health Advisory Committees are created with NGOs competent in Health and with a sufficient variety of participants to avoid conflicts of interest, and where regular meetings are held.

3.2 Minutes of District Health Advisory Committees and State Health Advisory Committee that indicate regular assessment of health performance of the districts/state in relation to the District Action Plans/state Action plan and that follow-up measures are taken.

3.3 Panchayats where their current performance on basic health and related indicators are measured, published and discussed with the community representatives and Metanins.

Result 4: Strengthened monitoring capacity and increased authenticity of data included in the HMIS

Result indicators:

4.1 Reduced number of data non-conformity registered at block and district level by district and central HMIS officers.

4.2 Percentage of blocks and districts with data on key indicators updated monthly. List of blocks with irregular updating available.

4.3 Evidence that HMIS data are available to and used by district advisory committees and by health societies to undertake monitoring of outcomes.

4.4 Districts where HMIS data are compiled in an annual report containing information on the status of the key indicators disaggregated by blocks, and on progress in the district health plan implementation.

4.5 State and District Health Society reports and plans published and available in Hindi from all district health societies and panchayat representatives after 3 months from completion of the year, and inclusive of an analysis of the main indicators of health in an integrated manner for all programmes.

4.6 Number of operational research and performance evaluation studies carried out by SHRC and approved by the GoCG for future policy/strategy decisions.

Result 5: Sector institutions at state and district level are able to provide health services of higher quality

Result indicators:

5.1 DTC that are operational in all districts with staff and appropriate equipment and buildings, with priority given to making DTC operational in districts showing lower health status and poorer service coverage.

5.2 Number of trained staff by category (according to training policy) by gender, by DTC per year.
5.3 Number of training modules developed by SIHFW by year.
5.4 Increase in number of doctors and other medical personnel that receive periodic in- service training/CMI by district and block of duty.
5.5 Increase in expenditure capacity of Health Department and districts (for health) as percentage of budget allocation.

Result 6 (Sector Coverage and Standards): Targets for health service provision in under-served areas achieved.

Result indicators:

6.1 Skilled delivery in SC/ST hamlet increased.
6.2 Institutional delivery increased in under-served areas, especially tribal blocks.
6.3 Ratio of hospital beds to population by district and block, especially tribal blocks.
6.4 Number of CHC/FRU delivering essential emergency and obstetric care as per IPHS standards in under-served areas (tribal blocks).
6.5 Number of SHC in government buildings meeting expected infrastructure standards in tribal blocks.
6.6 Number of PHC operating 24 hours a day in tribal blocks.
6.7 Number of villages in under-served areas (tribal blocks) where the social market outlet has a supply of condoms and OCP without interruption throughout the year.
6.8 IPD and OPD in CHC and PHC by BLP category.

Result 7 (Sector Coverage): Defined institutional health care standards achieved

Result indicators:

7.1 Number of complaints registered by the social assistance cells on unethical behaviour of doctors and paramedical staff and on discriminatory treatment by district and social group.
7.2 IPD and OPD in CHC and PHC by BLP category.
7.3 Number of CHC/FRU delivering essential emergency and obstetric care as per IPHS standards.
7.4 Number of hospitals, CHC and PHC that have achieved quality standards as per certification by JDS.
7.5 Percentage of peripheral drug facilities that have had interruptions in drug supply of more than 1 month for any drug in the list.

Result 8 (Sector Coverage): Regulatory frameworks operational

Result indicators

8.6 Number of Districts which have :
- HMIS integrated for all health programmes;
- A single annual activity plan and expenditure allocation integrated for all health programmes.

8.7 Number of Districts where the application of the new framework has led to change in staff deployment at district and block level.
8.8 Number of CHMO appointed following the GAD procedure for transfer and promotion.
8.9 Vacancies for sanctioned posts for all cadres.