National Health Mission (NHM)
-An Overview-

Moving From MDGs to SDGs

Sustainable Development Goals

- 17 Goals, 169 targets & 230 indicators
- 1 Health Goal, 13 targets & 26 indicators

Health is linked to other SDGs and targets

as contributor and beneficiary

Background

National Rural Health Mission (NRHM) launched on April, 2005
National Health Mission (NHM) - 2012

To provide technical and financial support to States to strengthen health systems

To bring sharper focus on high focus States and rural population, particularly marginalized and vulnerable population

Architectural correction through integration of vertical programmes, decentralization and communitization

National level Structures under NHM

Mission Steering Group – chaired by Union Minister of H&FW

- Provides broad policy direction
- Ministers & Secretaries from related ministries, public health representatives etc.

Empowered Programme Committee – chaired by Secretary (H&FW)

- Executive Committee
- Secretaries from related ministries, two public health professionals etc.
- All the Proposals brought before the MSG are first placed before EPC for examination by EPC.

NPCC –chaired by AS & MD (NHM)

- Under AS&MD, NHM
- Recommends PIPs for approval to Secretary

Exercise of the powers by MSG and EPC are subject to the condition that a progress report on NHM, along with deviation in financial norms, modifications in ongoing schemes and details of new schemes are placed before the Cabinet for information on an annual basis.

State level Structures under NHM

State Health Mission – chaired by State Chief Minister

- Provides broad policy direction
- State Ministers, MPs, MLAs, Chairpersons of ULBs and ZPs, CS, Secretaries, DHS, PH experts, NGOs, DPs, etc.

State Health Society

- **Governing Body- chaired by Chief Secretary**
- Secretaries from related ministries, DHS, AYUSH Director, PH Professionals, NGOs, DPs & Regional Directors
- Endorsement of Annual state action plan and inter-sectoral coordination

- **Executive Committee- chaired by State Principal Secretary, Health** with MD, NHM as Convener
- DHS, AYUSH Director, Regional Directors and Technical Officers from related departments
- Execution of approved State Action Plan and Follow up action on decisions of the Governing Body

Similar structure of District Health Mission, District Health Society, City Urban Health Mission and Society are functional at District level and Urban Local Bodies level.

PIP Process : Planning and PIP (Programme Implementation Plan)

1. • PIP Guidelines Issued by MoHFW
   • Resource envelope communicated
2. • DHAP and PIP prepared
   • State PIP sent to MoHFW
3. • Divisions appraise PIPs, Consolidated Comments sent to State
   • States revise PIPs
4. • NPCC(National Program Co-ordination Committee Meeting)
5. • Revised PIP (if communicated so during NPCC) sent by State
6. • Divisions send recommendations
   • Record of Proceedings (RoP) issued as per discussions in NPCC

Flexibilities for Planning

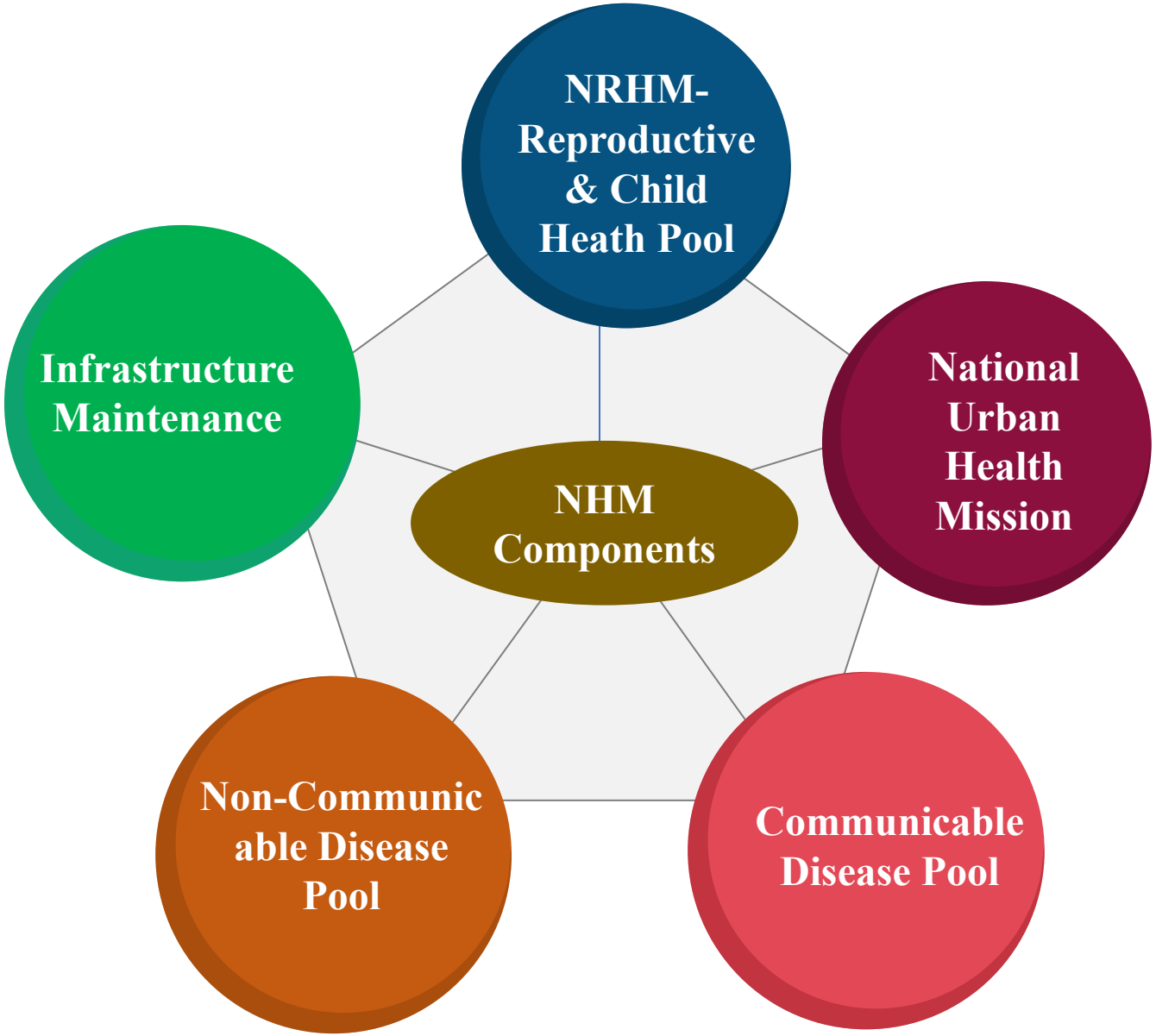
- State/UTs can plan according to National priorities, State priorities, Disease Burden, etc.
- Funds are available in separate flexipools.
- State share can be appropriated to any pool.
- State can re-appropriate up to 10% approval amount for an activity within a pool.
- Untied Funds are given to all levels of Institutions.
- Not Allowed: Using funds of one pool for activities of another pool.

NHM Conditionality Framework : 2021-22

- **Full Immunization Coverage (%) to be treated as the screening criteria:**
  - **EAG, NE and hilly States-minimum 85%.**
  - **Others States/UTs-minimum 90%.**

Sl. No.	Conditionalities	Incentives/ Penalty
1	Incentive or penalty based on NITI Aayog ranking of states on 'Performance on Health Outcomes	**+40 to - 40**
2	AB-HWCs State/UT Score	**+ 25 to - 25**
3	Implementation of Ayushman Bharat-School Health and Wellness Ambassador initiative	**+ 5 to 0**
4	Implementation of DVDMS or any other logistic management IT software with API linkages to DVDMS up to PHC level	**+ 5 to - 5**
5	Increase in proportion of 'in-place' regular service delivery HR	**+ 10 to - 10**
6	District wise ROP uploaded on NHM website within 30 days of issuing of RoP by MoHFW to State	**+ 5 to - 5**
7	Implementation of National Viral Hepatitis Control Programme (NVHCP)	**+ 10 to - 10**
8	Implementation of National Mental Health Program (NMHP)	**+ 10 to - 10**

National Health Mission Components



Pools under National Health Mission (NHM)

NRHM & NUHM- Health System Strengthening (HSS) Pool

- Ayushman Bharat- Health & Wellness Centre (AB-HWCs)
- Free Essential Drugs
- Free Essential Diagnostics
- National Ambulance Service (NAS) & Mobile Medical Units (MMUs)
- Quality Assurance
- Untied Fund
- Human Resource for Health

⟺ **Infrastructure Maintenance Pool**

RCH Flexi-pool

- Reproductive Maternal Newborn Child Adolescent Health & Nutrition (RMNCAH+N)
- Intensified Pulse Polio Programme Immunization (IPPI) & Routine Immunization (RI)
- Rashtriya Bal Swasthya Karyakram (RBSK)
- Rashtriya Kishor Swasthya Karyakram (RKSK)

Communicable Disease (CD) Programme Pool

- TB Elimination Programme
- Vector Borne Disease Control Prog.
- Leprosy Elimination Prog.
- Integrated Disease Surveillance Programme
- Viral Hepatitis Control Programme

Non Communicable Disease (NCDs) programmes Pool

- Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke
- Control of Blindness and Deafness
- Mental Health Programme
- Oral Health Programme
- Programme for Prevention and Control of Fluorosis (NPPCF)
- Tobacco Control
- Care of Elderly and Palliative Care
- Pradhan Mantri National Dialysis Programme

National Health Mission Components

NRHM-RCH Flexi Pool

RCH Flexipool

- **RMNCAH+N -** Reproductive, Maternal, Neonatal, Child, Adolescent Health Plus Nutrition
- **Immunization-** Routine Immunization & Pulse Polio Immunization.
- **NIDDCP-** National Iodine Deficiency Disorder Control Programme

National Health Mission Components

NRHM-RCH Flexi Pool

- **Health System Strengthening**

  - Ayushman Bharat- Health and Wellness centres
  - ASHAs , ASHA Benefit Packages,
  - Human Resources including AYUSH,
  - Quality Assurance & Kayakalp
  - Referral Transport-National AS
  - Mobile Medical Units
  - Free Drugs & Free Diagnostics
  - Biomedical Equipment Management
  - Infrastructure
  - Control and management of COVID-19
  - Untied Funds, RKS and VHSNCs

National Health Mission Components

National Urban Health Mission (NUHM)

- To strengthen the existing primary health care facilities and provide new facilities for the un-served population in urban areas & urban poor.
- Major components Planning & Mapping, Programme Management, Training, Human Resources, Community process.

National Health Mission Components

Communicable Diseases Pool

- National Tuberculosis Elimination Programe **(NTEP)**
- National Vector Borne Disease Control Programe **(NVBDCP)**
- National Leprosy Eradication Programe **(NLEP)**
- Integrated Disease Surveillance Programe **(IDSP)**
- National Viral Hepatitis Control Programme **(NVHCP)**

National Health Mission Components

Non Communicable Diseases Pool

- National Prog. For Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke **(NPCDCS)**
- National Prog. for Control of Blindness & Visual Impairment **(NPCB&VI)**
- National Mental Health Prog**. (NMHP)**
- National Tobacco Control Prog. **(NTCP)**
- National Prog. for Health Care of Elderly **(NPHCE)**

National Health Mission Components

Infrastructure Maintenance

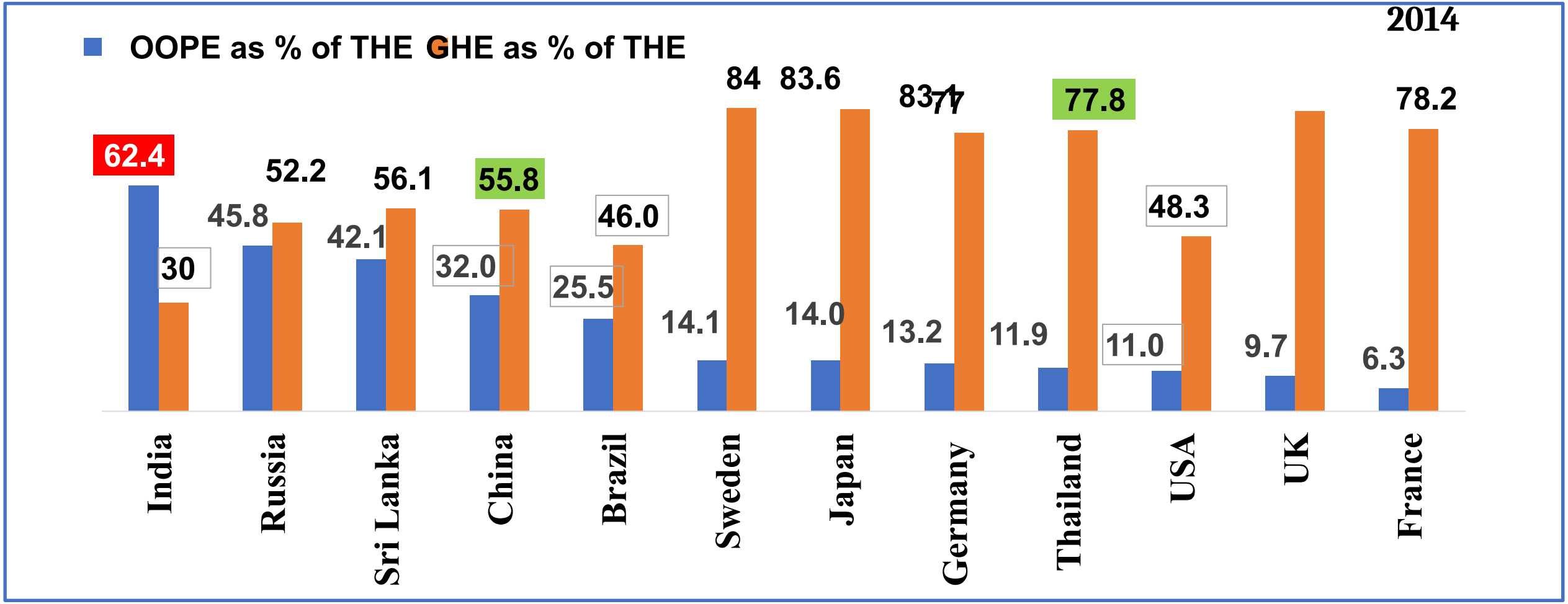
- To meet salary requirement of Auxiliary Nurse Midwives (ANMs) and the Lady Health Visitors (LHVs) etc.

Health Financing

National Health Policy 2017

- Increase public health expenditure **to 2.5% of GDP, in a progressive manner, by 2025.**
- **Primary Health Expenditure to be 2/3rd** of the total health expenditure.
- Increase State sector health spending to **more than 8% of their budget by 2020.**

Government Health Expenditure (GHE) and Out of Pocket Expenditure (OOPE) as % of Total Health Expenditure (THE)



GHE as % THE - India ranks 176 out of 191 countries

OOPE as % of THE - India ranks 182 out of 191 countries

Year wise Expenditure to achieve 2.5% of GDP

(Rs. in Lakh Crore)

Year	Expenditure on Health as a % of GDP	Expenditure on Health	35% of Expend. for Centre	65% of Expend. for State
2018-19*	1.40%	2.60	0.91	1.69
2019-20*	1.40%	2.91	1.02	1.89
2020-21	1.58%	3.67	**1.28**	2.39
2021-22	1.76%	4.57	1.60	2.97
2022-23	1.98%	5.75	2.01	3.74
2023-24	2.22%	7.21	2.52	4.68
2024-25	2.50%	9.07	**3.17**	**5.90**

*Assuming that the Govt. health expenditure is 1.4% of GDP, as in 2017-18, as per Economic Survey, 2017-18.

Allocation for 2021-22 under different Pools of NHM

Sl. No.	Name of the Flexible Pools	Allocation (Rs. in crore)
1	NRHM-RCH Flexible Pool	20,691.59
	a. RCH Flexible pool including RI, PPI, NIDDCP	6,273.32
	b. Health System Strengthening under NRHM including AB-HWC, ABP	14,418.27
2	National Urban Health Mission-Flexible Pool	1,000.00
3	Flexible Pool for Communicable Diseases	2,178.00
4	Flexible Pool for Non-Communicable Diseases, Injury & Trauma	717.00
5	Infrastructure Maintenance	6,343.41
6	Others including Pilot Projects, NPMU	170.00
Grand Total		31,100.00

Funding pattern under NHM: (Central Share : Matching State Share)

Sl. No.	States/UTs	Funding Pattern (Centre : State)
1	Hilly and NE States (10)	90:10
2	UTs without Legislature (05)	100% Centrally funded
3	UTs with legislature (03) *Delhi and Puducherry* *J & K*	 60:40 90:10
4	Other States (18)	60:40

Health System Strengthening (HSS)

Universal Health Coverage : Ayushman Bharat

TERTIARY

SECONDARY

PRIMARY

- PMJAY empanelled Public & Private Healthcare facilities
- CHCs/SDHs/District Hospitals/Medical Colleges

Referral and return linkages for follow-up

Referral/Gatekeeping

Comprehensive Primary Health Care through AB-HWCs

Preventive, Promotive, Curative, Rehabilitative & Palliative Care

(Progressively for 12 expanded packages)

Unmet need: NCDs/other Chronic Diseases

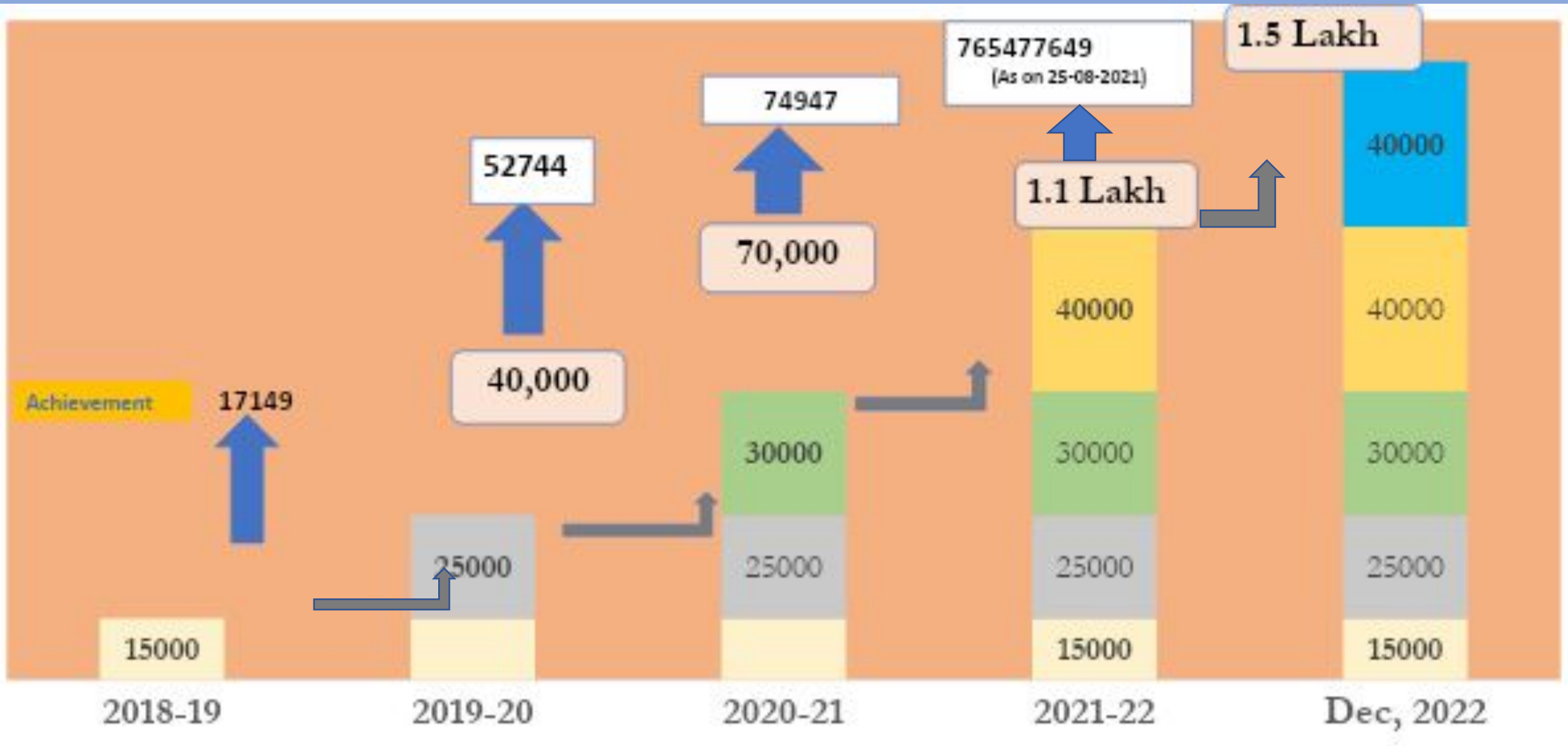
Existing services: RMNCAH+N

CONTINUUM OF CARE – CPHC & PMJAY






Roll out Plan of Health and Wellness Centres



AYUSHMAN BHARAT-HEALTH AND WELLNESS CENTRES

Service Package

Services made available at HWC

1. Care in Pregnancy and Child-birth.
2. Neonatal and Infant Health Care Services
3. Childhood and Adolescent Health Care Services.
4. Family Planning, Contraceptive Services and other Reproductive Health Care Services
5. Management of Communicable Diseases: National Health Programmes
6. General Out-patient Care for Acute Simple Illnesses and Minor Ailments

7. Screening, Prevention, Control and Management of Non-communicable Diseases and Chronic Communicable diseases like Tuberculosis and Leprosy.

Services* being added in incremental manner

8. Basic Oral Health Care
9. Screening and Basic Management of Mental Health Ailments
10. Care for Common Ophthalmic and ENT Problem
11. Elderly and Palliative Health Care Services
12. Emergency Medical Services including Burns and Trauma

**Many states in south have started adding above services*

Continuum of Care is key

Village/Urban Ward

- Community Based Assessment Checklist(CBAC)
- Awareness Generation
- Counselling: Lifestyle changes; treatment compliance

SHC-HWC

- First Level Care
- NCD Screening
- Use of Diagnostics
- Medicine Dispensation
- Record keeping
- Tele-health (evolving)
- Referral to PHC for confirmation based on clinical pathways

PHC-HWC

- Conformation of diagnosis
- Prescription and Treatment Plan
- Gate Keeping role for out patient and inpatient referral
- Teleconsultation with specialists

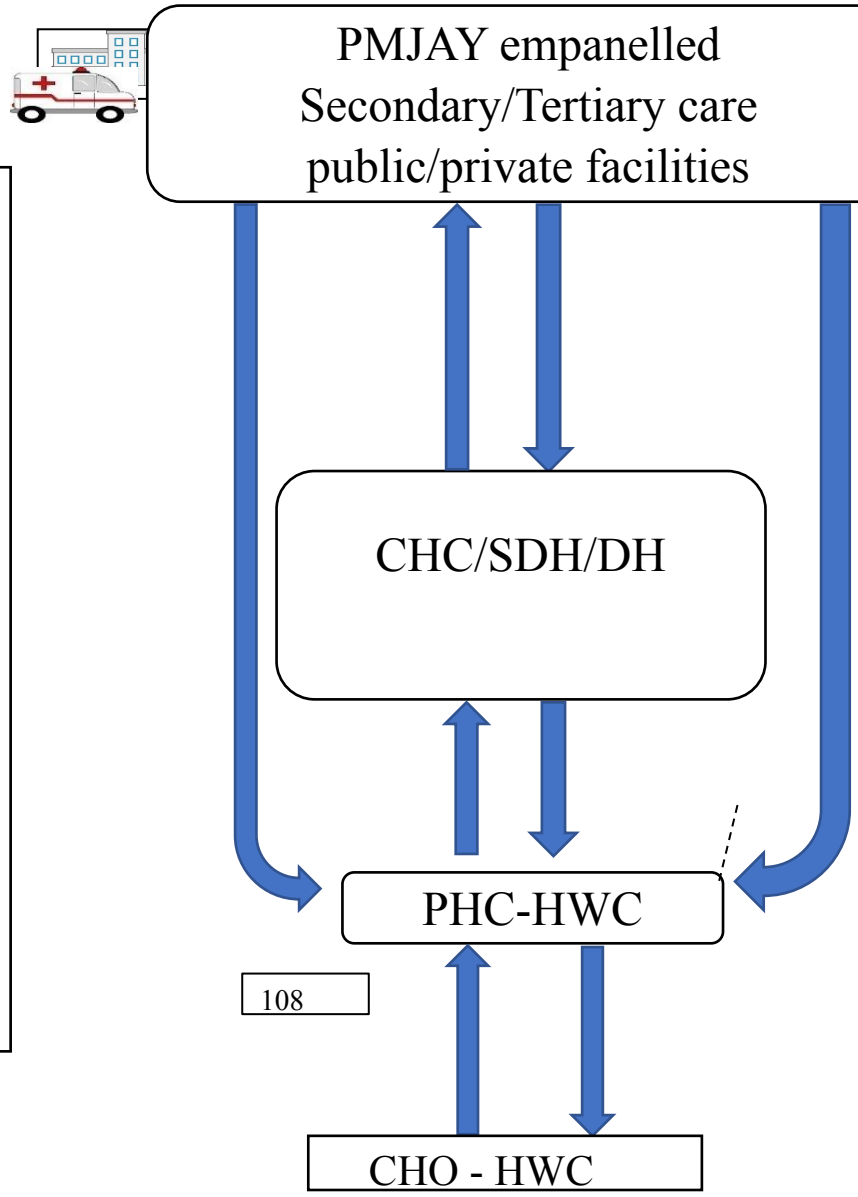
Follow up

CHC/SDH/DH

- Advanced diagnostics
- Complication assessment
- Hospitalization
- Tertiary linkage/PMJAY referral

Continuum of Care : AB - HWC and PMJAY

- **Upward Referrals** take place from primary health care facilities to CHC/SDH/DH
- PMJAY eligible beneficiaries in need of hospitalization, shall have choice to opt for PMJAY empanelled facilities.
- No referral necessary.



Downward Referrals

- Take place from tertiary\secondary care facilities to secondary\primary care facilities
- DH nodal unit to facilitate.

Increasing trends of service utilization at AB-HWCs

Functional AB-HWC: 77,649

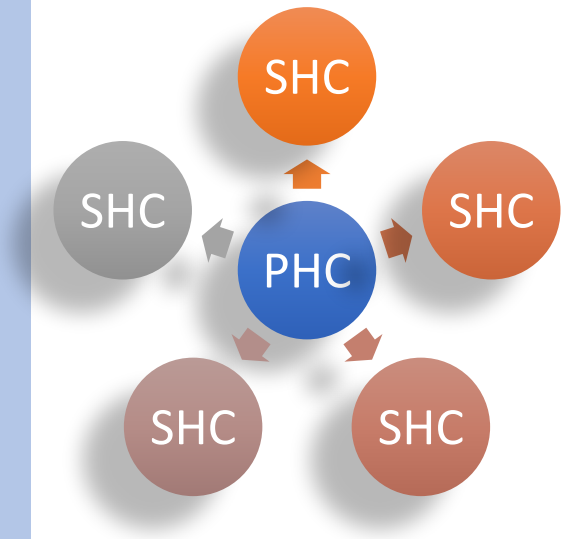
Service Utilization	Cumulative Progress till 25th August, 2021) *(In Crore)*
Cumulative Footfalls in AB-HWCs	59.47
No of Wellness sessions including Yoga conducted	0.78
Screening of NCDs	
Total Hypertension Screenings	12.41
Total Diabetes Screenings	10.16
Total Oral Cancer Screenings	6.49
Total Breast Cancer Screenings	3.29
Total Cervical Cancer Screenings	2.24

Expanding HR- Comprehensive Primary Health Care Team

- ***Health & Wellness Centre – SHC (@5000 in plain areas and 3000 in hilly and tribal areas)***

SHC Team

- **Community Health Officer:** BSc/ GNM or Ayurveda Practitioner, Trained in 6 months Certificate Programme in Community Health/ Community Health Officer (BSc-CH)
- 2 MPW Females (per SHC)
- 1 MPW Male (to be provided from state resource)
- 5 ASHAs (@1 per 1,000 population)



- ***Health & Wellness Centre – PHC (@30,000) / UPHC (@50,000)***

PHC team as per IPHS –

Minimum Requirement-

- 1 MBBS Doctor
- 1 Staff nurse
- 1 Pharmacist
- 1 Lab Technician
- LHV
- Rural- 1 MPW + 5 ASHAs
- Urban- 5 MPWs (@1 per 10,000 population) and 20-25 ASHAs (@1 per 2,000-2,500 population)

Who is a Community Health Officer?

Qualification

- A BSc. in Community Health or
- A Nurse (GNM or B.SC) or
- An Ayurveda practitioner
- Trained and certified through IGNOU/other State Public Health/Medical Universities for a set of competencies in delivering public health and primary health care services.

Eligibility criteria

Less than 35 years for general category

- Less than 40 years for SC/ ST
- At least 2 years of relevant work experience in health sector

Models of Training Community Health Officers

- 6 months **Certificate programme in community health** – by IGNOU (Implemented in 25 States and UTs)

- **Certificate programme in community health** – by state specific universities (Maharashtra, Tamil Nadu, Gujarat, West Bengal etc)

- 3 and half years B. Sc in Community Health-Assam, Chhattisgarh and Jharkhand(ongoing)

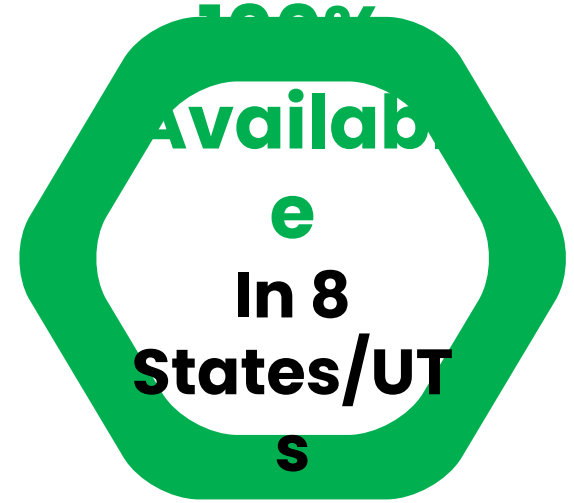
- All basic and post-basic nursing colleges and universities have been recently notified to integrate CHO training in existing curriculum of nursing. Will enable production of 1,12,546 eligible candidates annually to serve as CHOs

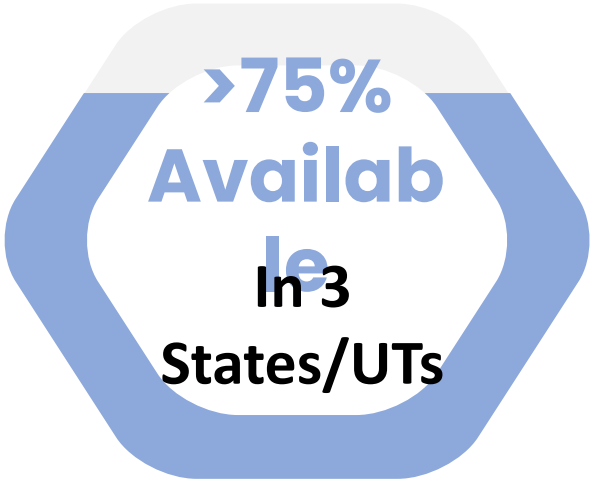
Snapshot of CHO Status

Sl no	Details	Numbers
1	*TOTAL CHOs needed to meet the AB-HWC operationalization National target for FY 21-22* ***(A)***	89,946
2	CHOs In position as on 25-8-2021 **(B)** *(source :HWC portal)*	53,831
3	Number of CHO additionally required **(C=A-B)**	36,125

Status of CHOs to achieve the target of FY 2021-22

Sl no	Name of State	AB-HWC at SC -Operationalization target - FY 21-22	CHOs In position as on 25-8-2021	Number of CHOs additionally required by March 2022	Gap
1	Arunachal Pradesh	87	181	Not required	0%
2	DNH and D&D	58	78		0%
3	Jammu and Kashmir	1057	1067		0%
4	Maharashtra	5888	6984		0%
5	Meghalaya	215	217		0%
6	Nagaland	165	193		0%
7	Punjab	1725	2272		0%
8	Sikkim	83	114		0%
9	A&N Islands	68	58	10	14%
10	Gujarat	5218	4727	491	9%
11	Manipur	224	207	17	8%





Status of CHOs to achieve the target of FY 2021-22

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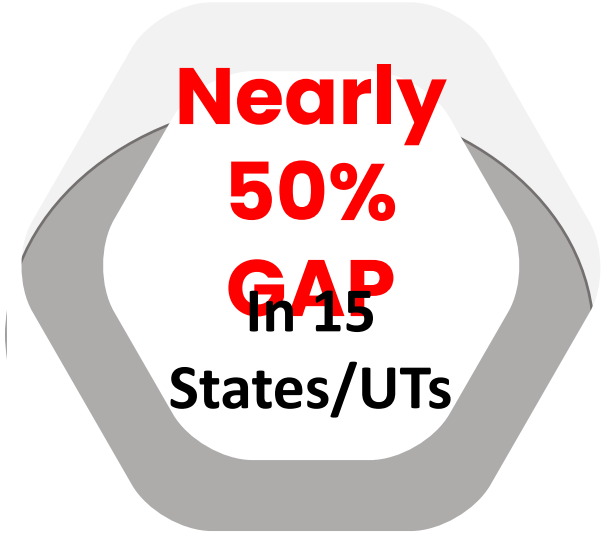
1	Andhra Pradesh	4308	2910	1398	32%
2	Assam	2476	1546	930	38%
3	Chhattisgarh	3043	2297	746	25%
4	Himachal Pradesh	964	705	259	27%
5	Jharkhand	2534	1407	1127	44%
6	Karnataka	4534	3304	1230	27%
7	Kerala	3111	1553	1558	50%
8	Madhya Pradesh	7044	5113	1931	27%
9	Mizoram	215	146	69	32%
10	Tamil Nadu	4917	2443	2474	50%
11	Telangana	2803	1939	864	31%
12	Tripura	645	424	221	34%
13	Uttar Pradesh	11411	6690	4721	41%
14	Uttarakhand	1100	735	365	33%
15	West Bengal	6632	4041	2591	39%



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1.	Haryana	1522	573	949	62%
2.	Ladakh	150	69	81	54%
3.	Bihar	5437	1148	4289	79%
4.	Odisha	3636	317	3319	91%
5	Rajasthan	8518	293	8225	97%

Nearly 75% GAP In 3 States/UT

Nearly 100% GAP In 2 States

2 States and 3 UT have a different model

Lakshadweep and Chandigarh upgrade PHC instead of SHC
Goa- MO posted on rotational basis
Puducherry-MO posted at SHC
Delhi does not have AB-HWCs

Strengthening Community Processes

5.54 lakh Village Health Sanitation and Nutrition Committees constituted (VHSNCs)

80,906 Mahila Arogya Samitis formed (covering 50-100 urban slum households)

34,102 Rogi Kalyan Samitis constituted (Patient Welfare Societies)

Status as on 31.03.2021 (Quarterly NHM MIS report)

Key elements of community processes

- ASHA and her support network at block, district and state levels.
- Village Health Sanitation and Nutrition Committee (**VHSNC**) and Mahila Arogya Samiti (**MAS**)
- Rogi Kalyan Samitis (**RKS**).
- Community Based Monitoring
- Engagement with NGOs /civil society organizations to support implementation,

ASHA

ASHAs emerged as the first contact point in the local community ***particularly for health care seeking for women and children.***

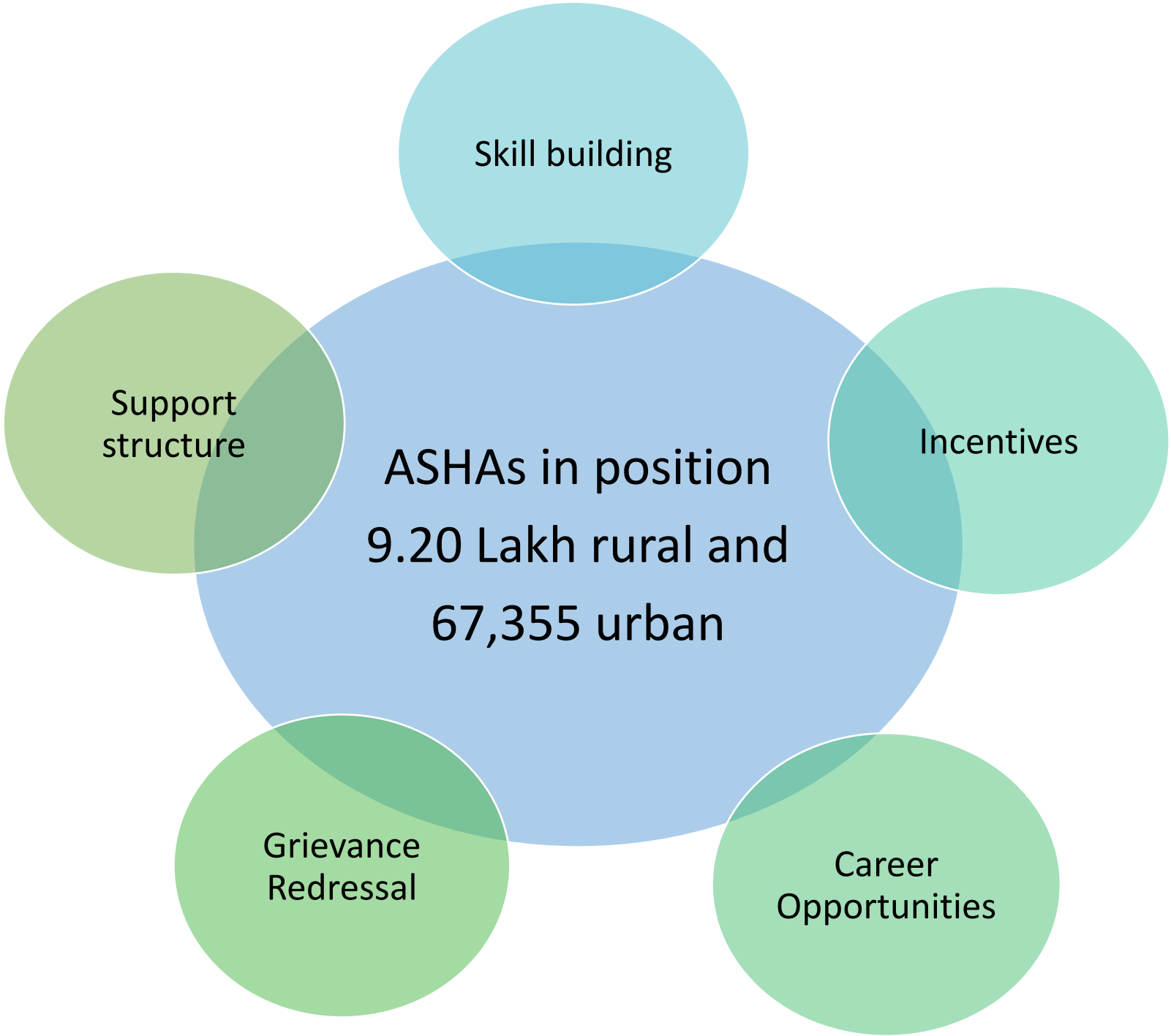
Incentives/ASHA Benefit Package

Routine and Recurring Incentives increased to Rs 2000 pm as part of ASHA Benefit Package

Enrollment of eligible ASHAs and AFs in (as part of ASHA Benefit Package)

- Pradhan Mantri Jeevan Jyoti Beema Yojana (premium of Rs. 330 contributed by GOI)
- Pradhan Mantri Suraksha Beema Yojana (premium of Rs. 12 contributed by GOI)
- Pradhan Mantri Shram Yogi Maan Dhan (50% contribution of premium by GOI and 50% by beneficiaries)

ASHA as a key member of Primary Health care team at HWC to deliver home and community based components of Comprehensive Primary Health Care


Skill building
Support structure
ASHAs in position
9.20 Lakh rural and
67,355 urban
Incentives
Grievance Redressal
Career Opportunities

Skill Building

Cascade model of Training

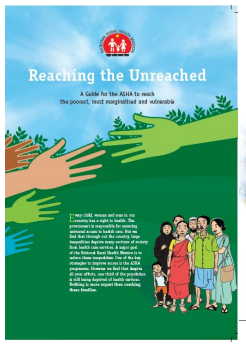
National Trainers trained National Training Sites

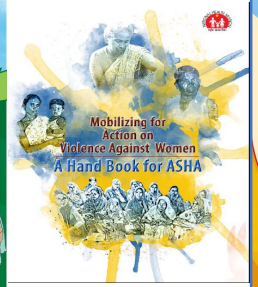
State Trainers trained at National or State Training Site

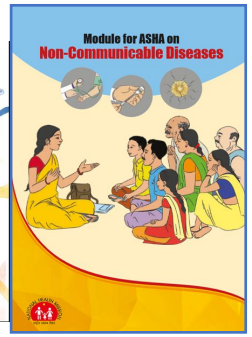
ASHA Trainers trained at State Training sites

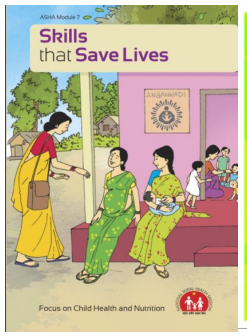
ASHA facilitators(1/20 ASHAs) trained at District/Sub block training sites.

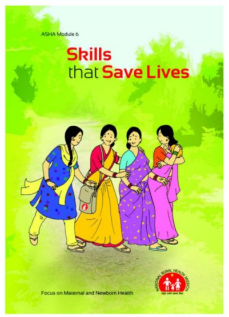
ASHA training at district/Sub block training site.











1. **Induction Training – (Modules 1-5) -** Originally consisted of 21 days of training in five modules ; now modified to **an eight days training in one Induction Module**
2. **Module 6 & 7- 20 day training** to be completed in four rounds.
3. ***Supplementary or refresher Trainings*** **-** At least **15 days of training annually**

Introduction of Home Based young child care and Non communicable diseases module training

Contextualization: States specific training according to the local context and healthcare needs.

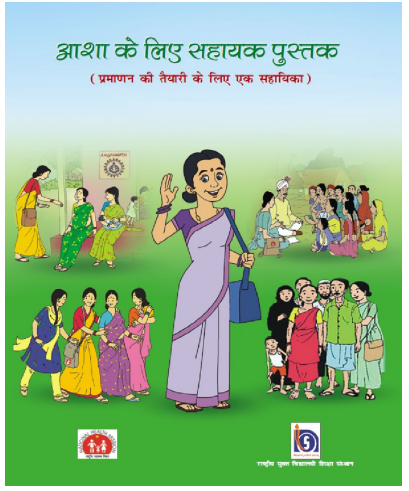
- Uttarakhand, Jammu & Kashmir and Assam - disaster response.
- Punjab - state wide cancer awareness and symptom-based detection campaign through ASHAs.
- Kerala - palliative care training for ASHAs

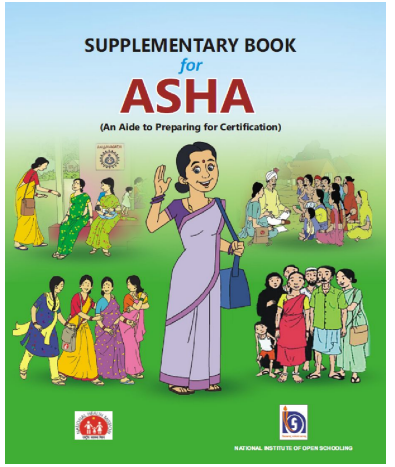
ASHA Certification

- Enhance competency and professional credibility of ASHAs
- Improve quality of training and ensure desired programme outcomes.
- Enhance quality of services being provided by the ASHA.
- Provides credibility and promotes sense of self recognition.
- *A sub-portal is developed for ASHA* ***asha.nios.ac.in*** *within NIOS portal* *nios.ac.in* with online registration system and information about the Norms, Process, Roles and responsibilities, Guidelines, etc.
- 9.5 lakh ASHAs are targeted to be certified in the next 2 years.

Components of Certification

- **Training Curriculum**
- **Trainers**
- **Training Sites**
- **ASHAs and ASHA Facilitators**



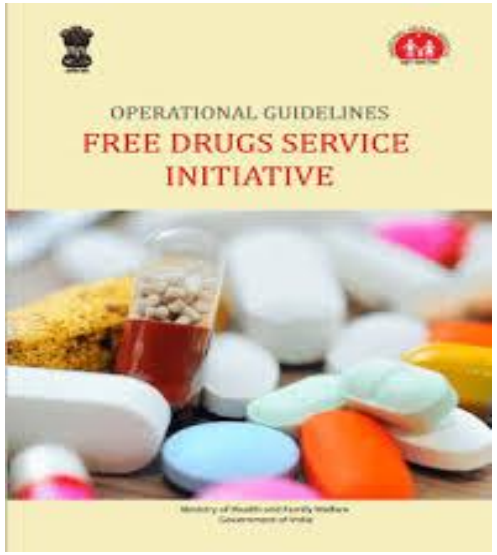


Support Structures

Free Drugs Service Initiative

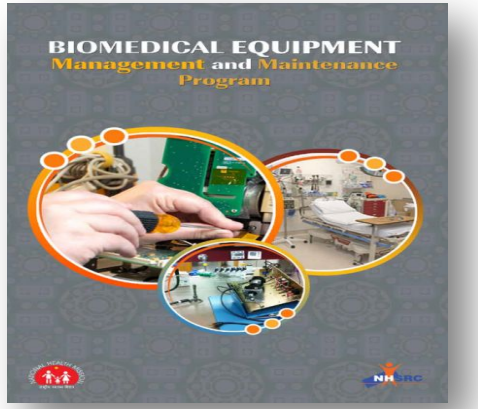
- **Free Drug Policy** – Notification
- **Centralized procurement**
- **NABL accredited labs** to ensure quality of drugs provided
- **Facility wise EDL (Development, regular updates and display)**.
- **Prescription audit mechanism** to be developed and monitored
- **Call Centre** based grievance redressal mechanism to be ensured
- **DVDMS -** Strengthening of Drugs and Vaccine management systems till AB-HWC-SHC level

- **Essential Medicine List**
  - 105 - SHC/ HWC,
  - 172 - PHC level,
  - 455 - CHC level,
  - 544 - DH level.



Free Diagnostics Initiative (FDI)

- Guidance document of Implementation of Free Laboratory Services in States/ UTs released in 2019 – **Hub & Spoke Model**
- **Expanded range** of Diagnostics tests
  - 7 tests to 14 tests at SC/ HWC,
  - 19 tests to 63 tests at PHC level,
  - 39 tests to 97 tests at CHC level
  - 56 tests to 134 tests at DH level



FDI Laboratory services Implemented in **33** States/UTs

FDI CT Scan services Implemented in **23** States/UTs

FDI Teleradiology services Implemented in 12 States

Biomedical Equipment Maintenance and Management Program (BMMP)

- Implemented in **31** States/ UTs
- Equipment available with uptime (DH-95%, CHC-90 & PHC-80%)

National Ambulance Service

Dial 102:

- Basic patient transport

- pregnant women and infants up to 1 year of age – JSSK

Dial 108: Patients of critical care, trauma and accident victims etc.

BLS: patients who do not require ventilator support or cardiac monitoring

- For an average population of 1 Lakh

ALS: ventilator support or cardiac monitoring available

- For an average population of 5 Lakh

- Trained EMT
- IT enabled centralized call center
- Support on Opex model

Shortage in HRH

Ranking of State/UT based on HRH Gap

Name of State/UT	MPW (M+F) (Gap in %)	Staff Nurse (Gap in %)	LT (Gap in %)	Pharmacists (Gap in %)	MO MBBS (Gap in %)	Specialist (Gap in %)	Ranking: HR Gap Index
Weightage	15	15	15	15	20	20	
Bihar	56.94	40.34	77.79	71.68	30.55	50.44	**53.21**
Odisha	38.13	57.01	82.35	37.81	29.63	65.35	**51.29**
Jharkhand	32.67	87.44	57.46	57.82	1.36	77.76	**51.13**
Karnataka	57.16	58.93	41.38	32.58	49.5	41.64	**46.74**
Himachal Pradesh	55.22	56.87	73.62	11.87	0	72.16	**44.07**
Gujarat	10.81	35.37	74.46	57.49	5.31	78.07	**43.39**
Uttar Pradesh	52.35	62.87	51.38	22.43	9.27	60.34	**42.28**
Uttarakhand	56.92	72	77.83	0	0	54.91	**41.99**
Sikkim	0	40.63	42.55	65.71	34.9	61.31	**41.58**

Gap%= (IPHS requirement – HR in Place) x 100

Ranking of State/UT based on HRH Gap

Name of State/UT	MPW (M+F) (Gap in %)	Staff Nurse (Gap in %)	LT (Gap in %)	Pharmacists (Gap in %)	MO MBBS (Gap in %)	Specialist (Gap in %)	Ranking: HR Gap Index
Weightage	15	15	15	15	20	20	
Chhattisgarh	6.56	52.97	48.24	28.06	23.69	80.43	**41.20**
Lakshadweep	0	68.86	36.84	0	17.02	92.65	**37.79**
Nagaland	0	49.74	54.8	15.79	29.58	66.49	**37.26**
Madhya Pradesh	34.44	45.57	50.43	0	0	86.14	**36.79**
Rajasthan	24.72	14.9	40.66	23.17	40.35	64.85	**36.56**
Tamil Nadu	43.64	40.73	56.32	5.71	30.54	40.9	**36.25**
Ladakh	10.66	60.4	48.04	0	19.05	68.46	**35.37**
A&N Islands	17.06	43.88	50.51	17.86	0	72.09	**33.81**
Delhi	41.6	53.46	15.56	13.98	20.48	54.75	**33.73**

Gap%= (IPHS requirement – HR in Place) x 100

Ranking of State/UT based on HRH Gap

Name of State/UT	MPW (M+F) (Gap in %)	Staff Nurse (Gap in %)	Lab Technician (Gap in %)	Pharmacists (Gap in %)	MO MBBS (Gap in %)	Specialist (Gap in %)	Ranking: HR Gap Index
Weightage	15	15	15	15	20	20	
Arunachal Pradesh	0	66.74	47.84	18.12	8.4	60.66	**33.72**
Telangana	17.43	42.37	47.43	39.26	37.2	17.32	**32.88**
Kerala	53.7	48.95	49.64	7.22	2.86	41.73	**32.84**
Meghalaya	30.98	45.58	39.29	0	0	67.95	**30.97**
Manipur	0	60.2	60.21	0	0	61.25	**30.31**
DNH and D&D	3.21	61.39	32.22	2.17	23.14	51.57	**29.79**
Maharashtra	24.03	53.36	55.74	0.08	2.14	40.87	**28.59**
Puducherry	16.05	21.38	56.31	0	0	66.77	**27.41**
Andhra Pradesh	0	27.16	52.33	28.88	38.03	17.35	**27.33**

Gap%= (IPHS requirement – HR in Place) x 100

Ranking of State/UT based on HRH Gap

Name of State/UT	MPW (M+F) (Gap in %)	Staff Nurse (Gap in %)	LT (Gap in %)	Pharmacists (Gap in %)	MO MBBS (Gap in %)	Specialist (Gap in %)	Ranking: HR Gap Index
Weightage	15	15	15	15	20	20	
Haryana	11.13	40.3	60.03	2.4	0	42.8	**25.64**
Mizoram	0	38.66	29.13	34.29	6.17	40.63	**24.67**
J&K	12.04	63.77	18.33	0	0	52.7	**24.66**
Punjab	23.45	50.43	33.9	0	0	41.39	**24.44**
Assam	6.24	50.79	26.54	0	0	47.1	**21.96**
West Bengal	36.77	0	39.64	0	0	31.67	**17.80**
Tripura	15.99	8.59	27.55	0	0	26.77	**13.17**
Chandigarh	0	39.42	9.26	0	0	0	**7.30**
Goa	5.61	0	0	0	0	31.25	**7.09**

Gap%= (IPHS requirement – HR in Place) x 100

HR under NHM – A Support for filling existing gaps

Flexibility for ensuring availability of Specialists

Lucrative salaries

Utilize flexibility under NHM

Fixed tenure posting

Performance based incentive

Outsourced where required

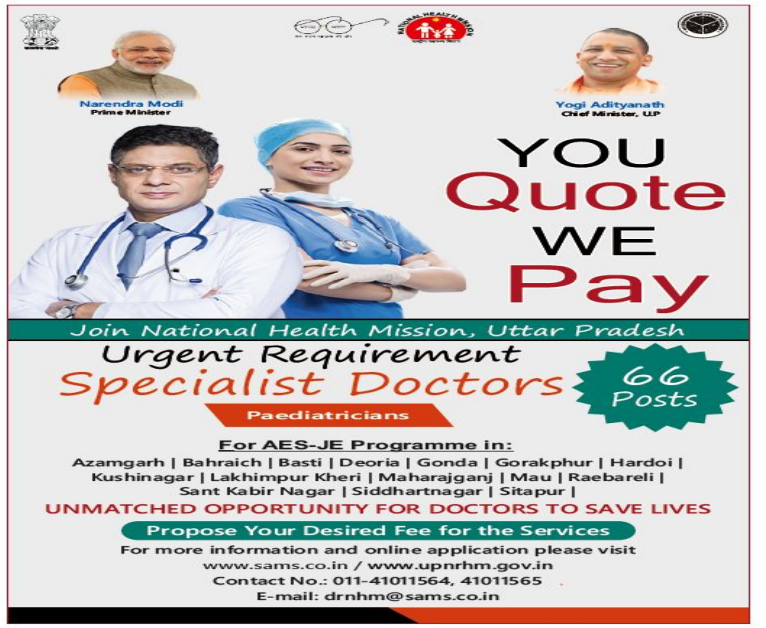
DNB and CPS courses

Provide top-up to regular as well as contractual

Insourcing : Empanel private doctors

Short term training and Post-training monitoring EmOC LSAS

Attracting Specialists



Key Strategies for improving HRH

- Creation of posts in the health facilities as per IPHS 2012.Integrated HRH Planning as per IPHS and caseload. No Vertical Approach
- Creation of Specialist Cadre to ensure availability & need based rational deployment
- Implementation of comprehensive HRIS for evidence based decision making
- States encouraged to take Health HR Recruitment out of PSC and create their own recruitment boards for faster recruitment as done by Haryana, TN etc.

Key Strategies for improving HRH

- Skill assessment: to be part of recruitment, also to be done for in service HR
- Performance Monitoring: Implementation of Minimum Performance Benchmark helps to assess if HR performing minimum required functions
- HRH requires ‘out of the box’ thinking, many states still following old processes. Campus placement still not taken up for specialists, doctors and nurses
- MPW male cadre

Flexibilities in NHM for HR

- ‘You Quote We Pay’: salaries kept flexible for specialists
  - Could be a mix of – base + performance based top up
- Hard area allowance
- Performance Based Incentive: Individual and team
- Provision of top-up incentive for in-service specialists
- In-sourcing and out-sourcing allowed

Flexibilities in NHM for HR

- ‘Fixed tenure posting recommended
- DNB and CPS in district hospitals to increase the availability of specialists
- Over all 5% HR budget available for annual increment and 3% for salary rationalization
- Standard Advertisements designed for Attracting the Right kind of HR and to avoid legal complications

Public Health Management Cadre

Public Health Management Cadre

Mandate

- **National Health Policy (NHP) 2017** envisages creation of Public Health Management Cadre (PHMC) in all states (Para 11.8).
- **13th CCHFW** members resolved to commit to constitute Public Health Management Cadre in their States by March 2022 to achieve the goal of Health for All. (held on 10th-11th October, 2019)

Essential Core Principles:

1. **Public Health Cadre** will consist of MBBS doctors with a public health degree post MBBS- such as MD (PSM) or PG (Public Health).
2. **Health Management Cadre** will consist of other health professionals & will support Public Health Cadre in running programs and public health functions. These non-clinicians entering block level will mostly be from Public Health background (70%) and remaining will be MBA (HR), MBA (Procurement/ Supply Chain), MBA (Finance), MBA (Operations), MBA (hospital management) etc. (30%). States will have the flexibility to change the percentage as per the local context.
3. **Specialists** will be clinical specialists with PG MD/MS in streams like Medicine, Surgery, Orthopedics, Eye, ENT, Obs/Gyn, Skin, Psychiatry etc.
4. **Teaching** Cadre will be as per NMC guidelines.
5. The career progression for each cadre whether specialist's services, public health cadre and health management cadre will be distinctive in their own respective streams only.
6. Specialists and Super-specialists will join at a higher scale in specialist cadre to attract them in Government sectors.

National Quality Assurance Program

MusQan:
Quality Certification of Pediatrics Services

SUMAN: **NQAS certification of SUMAN Services**

Kayakalp:
Swachh Bharat Swasth Bharat

AEFI Surveillance:
Ensuring Quality in AEFI Surveillance

LaQshya:
Ensuring Quality of care during delivery & immediate post-partum

National Quality Assurance Standards:
For DH, CHC, PHC and UPHC

Mera-Aspataal:
Platform to capture voice of Patients for improving Quality Services

Overview

National Quality Assurance Program

Road-map for NQAS certification of Health Facilities

Identify

Identification of leaders/quality champions at the state & facility level

Mentoring

- NAQS external assessors
- Experienced Internal Assessors
- NQAS certified facilities
- Professionals trained at TISS

Monitor

Progress Review - Monthly

Target setting

Set target for different level of HCFs

Level	Total Functional Public Health Facilities (RHS 2019-20)	Current National Certification status	Target FY 2025-26
DH	828	16%	75%
SDH	1193	3%	50%
CHC	5649	1%	50%
PHC	30813	2%	50%
UPHC	4889	1%	50%

Indian Public Health Standards

- Indian Public Health Standards first drafted in 2007, revised in 2012, for ensuring delivery of assured quality services. It includes components on services, infrastructure, human resource, medicines and equipment.
- Revision of IPHS 2012 underway - draft prepared after consultations with experts, programme divisions, states and districts for levels of DH/SDH, CHC, PHC, and HWC- SHC in both urban and rural areas.
- Revised IPHS includes components of NHP 2017 and has a vision for district requirements based on disease burden and local situation and linked with DHAP.
- Added Components:
  - Norms for Urban Health facilities:- UHWCs, UPHCs and UCHCs.
  - Calculation of beds: one bed per 1000 population as 'essential' norm for every district while two beds per 1000 as 'desirable'
  - Critical care areas such as Emergency care services, HDU/ICU , MNCU, DEIC etc. to reduce OOPE.
  - Support services – Dietary services, CSSD, mechanized laundry services
  - District Hospitals to be developed as Knowledge Hub- DNB/CPS, nursing and para medical curses.
  - Green and climate resilient building concept
  - Performance based norms for human resource
- IPHS Compliance – all such facilities that provide all essential services listed under IPHS will be **certified as IPHS compliant**.

Implementing Indian Public Health Standards

- 13th CCHFW resolved to achieve IPHS in public health facilities in a time bound manner.

- **As per RHS 2020, there are 3.45% Sub-Centres, 13.15% PHCs, 8.46% CHCs are functional as per IPHS norms.**

- **By 2025-26, the target is to achieve 50% IPHS compliance in all levels of public health facilities.**

Action requested from States:

- Systematic planning for gap identification, effective implementation of IPHS, continuous monitoring and allocation of required resources is required for achieving IPHS in the public health facilities in a time-bound manner

- Support from NHSRC can be taken for checklist and other technical guidance.

IT Initiatives

IT Initiatives

HMIS

- Government to Government (G2G) web-based Monitoring Information System
- Analytical reports for gap analysis and evidence based course correction

RCH Portal

- Early identification and tracking of the individual beneficiary throughout the reproductive lifecycle
- Facilitates antenatal, postnatal & delivery services and tracking of children for complete immunization services

ANMOL

- Application based setup to support RCH Portal

NCD App

- Digital setup used for NCD screening of individuals above 30 years of age and maintain their health records
- Health ID, Enrollment, Family Folder, CBAC
- Linked with DVDMS

HWC Portal

- Facility wise information on all functionality criteria
- Daily Reporting on service utilization
- Monthly Servicer Delivery Reporting Format

IT Initiatives

Nikshay portal

- Monitoring of universal access to TB patients data
- Database of all TB patients
- Analysis and Research

DVDMS

- Drugs and Vaccines Distribution Management System (DVDMS)
- Automating the workflow of the Procurement, Supply Chain, Quality Control and Finance
- Statistical and analytical reports

eVIN

- Electronic Vaccine Intelligence Network
- Digitizes the entire vaccine stock management, their logistics and temperature tracking at all levels of vaccine storage

FP-LMIS

- Family Planning-Logistics Management Information System
- Stock information from National level to ASHA level
- Auto forecasting and auto information for Indenting contraceptives

Mera Aspataal

- Initiative to capture patient feedback for the services received at the hospital through user-friendly multiple channels such as Short Message Service (SMS), Outbound Dialling (OBD) mobile application and web portal.

IT Initiatives

Hospital Information System (HIS)
eHospital application(NIC)
eSushrut application (C-DAC)

- Hospital Information Systems used to ease day to day functioning of Health Facilities

PMSMA Portal

- National Portal for PMSMA and a Mobile application developed to facilitate the engagement of doctors from private/ voluntary sector for providing special ANC services

Integrated Disease Surveillance Program (IDSP)/IHIP

- Integrates data from various sources to provide real-time information on human health from across India
- Reduces data and information fragmentation and provides a single operating platform of the health data and information of India.

15th Finance Commission

Health Grants through Local Governments

Introduction to XV Finance Commission

XV FC was constituted by the Hon. President in November 2017, and was mandated to recommend measures needed to augment the Consolidated Funds of the States for the period spanning FY 2020-25.

Key Recommendations of XV Finance Commission-

1. **Health spending by States** should be increased to **more than 8 percent** of their budget by 2022

2. **Primary healthcare expenditure should be two-thirds of the total health expenditure by 2022 and,**

3. **Centrally Sponsored Schemes (CSS) in health should be flexible enough to allow states to adapt and innovate, with the focus shifting from inputs to outcomes.**

Introduction to XV Finance Commission

Total Grants Recommended by XV FC for the Health Sector-

- Grants aggregating to **Rs. 70,051 Crores** through **local governments**
- **sectoral grants** aggregating to **Rs. 31,755 Crores** to States.
- **State-specific grants** for health amounting to **Rs. 4,800 Crore**

The Union Government has accepted the grant of **Rs. 70,051 crores for local governments**. This grant is split into urban and rural components as follows-

Urban Health Grant	**Rs 26,123 Crores**	37% of total funds
Rural Health Grant	**Rs. 43,928 Crores**	63% of total funds

While making district wise allocations, State has to factor-in-
(i) Urban and rural population of the district;
(ii) preferential allocation to aspirational districts including tribal, hilly, hard to reach, insurgency affected areas.

XV FC > Urban components

Support for Diagnostic Infrastructure at primary healthcare facilities

Rs.2,095 Cr **(2.9%)**

Fully equip the urban primary health care facilities so that they can provide some **necessary diagnostic services**

Urban Health and Wellness Centres

Rs. 24,028 Cr **(34.3%)**

Enable decentralised delivery of primary health care to **smaller populations**, increasing the reach to cover the **vulnerable and marginalised.**

XV FC > Rural components

Building-less SHCs, PHCs and CHCs

Rs.7,167 Cr

(10.23%)

To address infrastructure gaps in Rural areas

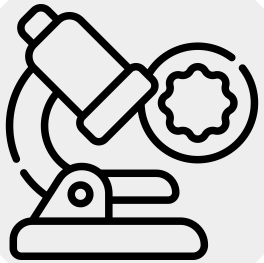
Block Public Health Units

Rs.5,279 Cr

(7.54%)

Integrate service delivery, public health action, strengthened lab services for disease surveillance and diagnosis; Hub for health-related reporting

Support for Diagnostic Infrastructure at primary healthcare facilities



Rs.16,377 Cr

(23.4%)

Fully equip the rural primary health care facilities to provide necessary diagnostic services

Conversion of rural PHCs and SHCs to HWCs

Rs. 15,105 Cr

(21.56%)

Convert existing primary health care facilities i.e. SHCs & PHCs into HWCs

Unit costs and Units possible under each component

Sr.No	Components	Grants for five years in Cr	Unit Cost	
1	Support for diagnostic infrastructure to the primary healthcare facilities	2,095	Per UPHC	Depending on gap analysis
		16,377	Per PHC	
			Per SHC	
2	Urban Health and Wellness Centres	24,028	Rs. 75 Lakhs	
3	Building-less Sub Health Centres (SHCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs):	7,167	SHC	55.5 Lakhs
			PHC	1.43 Cr
			CHC	5.75 Cr
4	Block Public Health Units	5,279	Capex	80.96 Lakhs
			Opex	20.14 Lakhs
5	Conversion of rural PHCs and Sub-Centres to HWCs	15,105	SHC	7.81 lakhs
			PHC	4.59 Lakhs
	Total Grant for five years	70,051	-	-
Requirement of diagnostic infrastructure, for a new PHC or UPHC @25.86 lakhs and for a new SHC, it is 3.91 lakhs				

Local Bodies and Health : Factors to consider

Health is a technical subject and the **FC-XV grant is a tied grant,** meant for specific initiatives and elements that are largely technical in nature.

Several ULBs and RLBs have not handled specific public health functions and would require technical guidance from the State Health Department.

The structure and powers of ULBs and RLBs differs from state to state;

Similarly, capacities of ULBs and RLBs to undertake health activities also varies

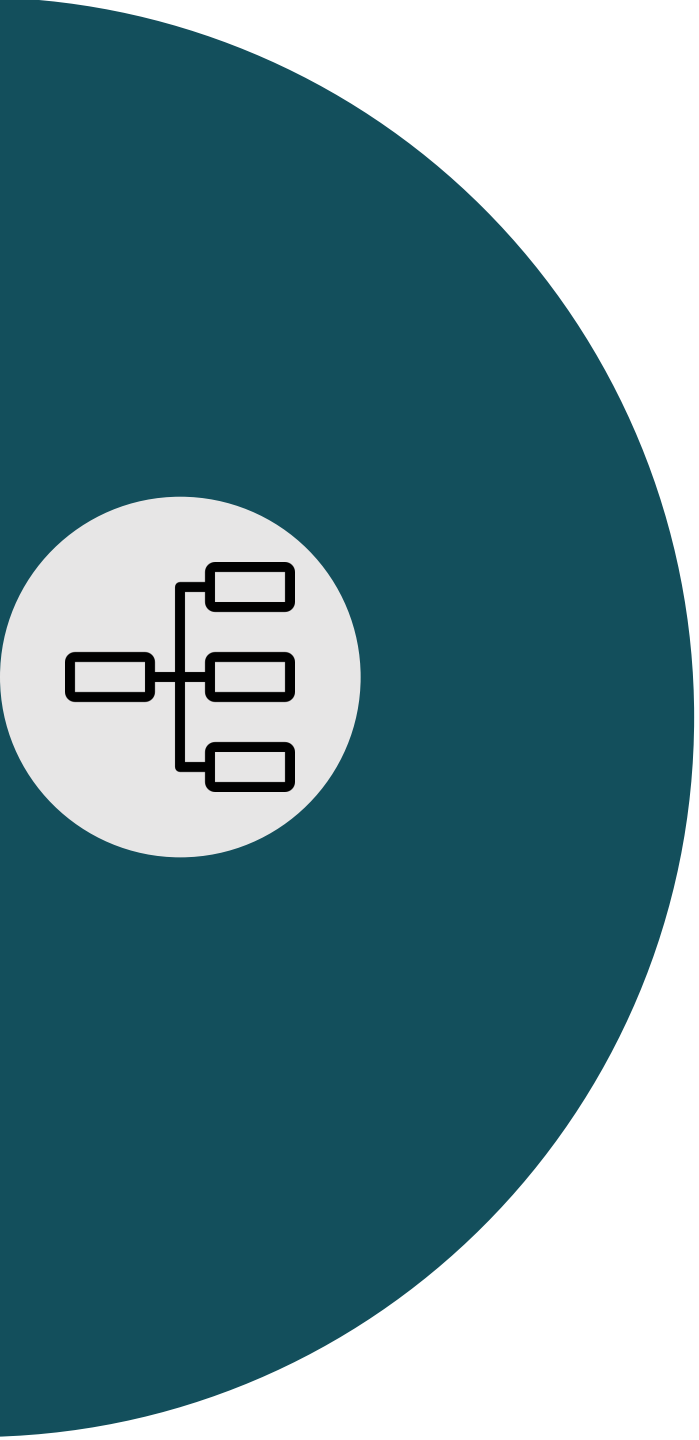
States have established processes for recruitment of HR for Health, procurement of drugs and equipment etc., and have the advantage of economies of scale.

Keeping the above in mind, **implementation of certain technical aspects of the XV FC may be taken up at the state/district level by State Health Societies, Medical Corporations etc.**

Local Bodies and Health : Factors to consider

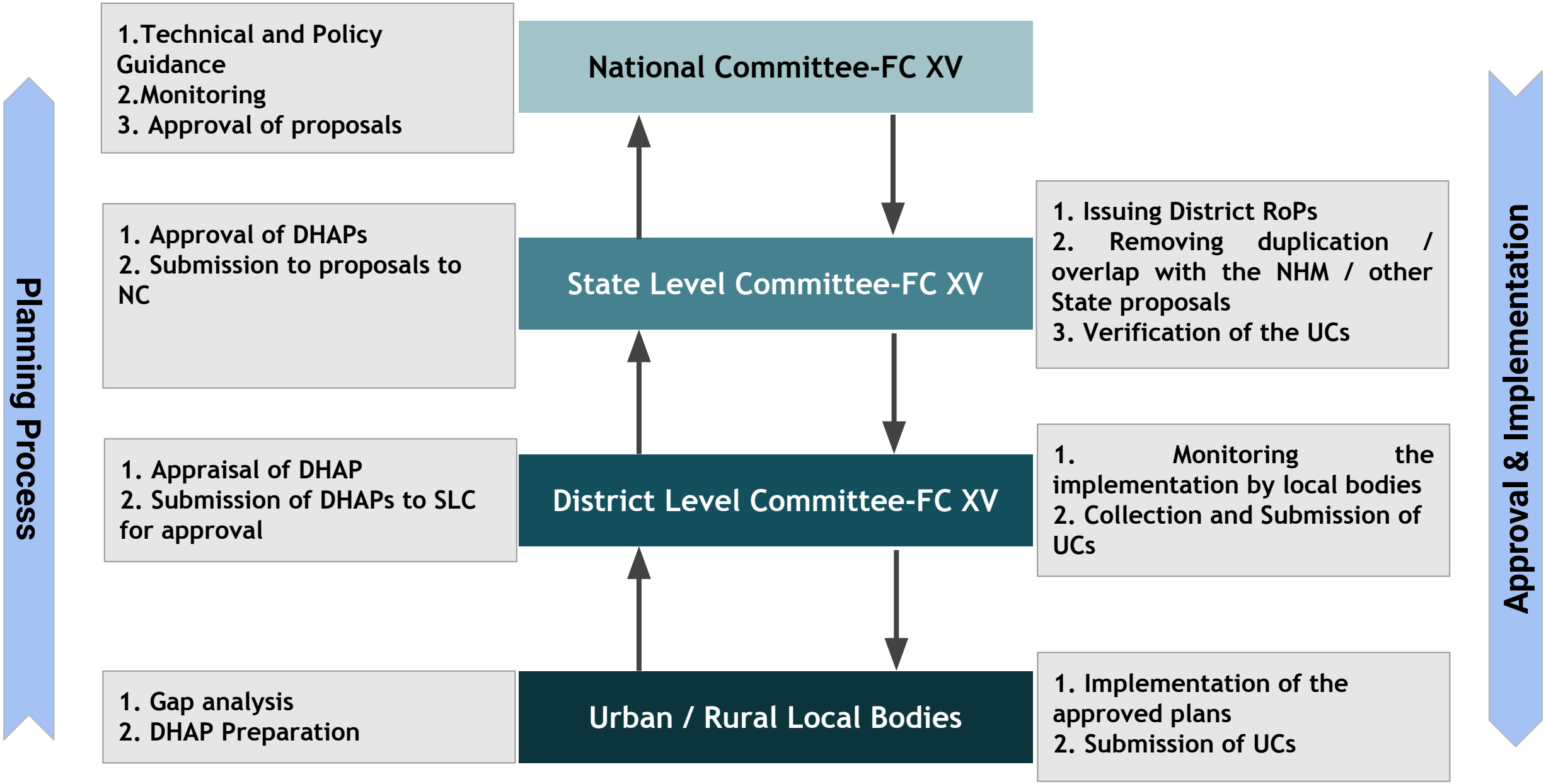
1. All local bodies - RLBs (ZPs, Block Panchayats, Intermediary ones, GPs) & ULBs, to be involved in **planning, gap analysis, selection of locations and continuous monitoring of the implementation of these components** located in their jurisdiction.
2. ZP is better capacitated in terms of having a **Health Division**, a Public Health Engineering Division, etc., that could undertake the functions entailed.
3. ZPs and ULBs to establish a **Procurement Cell**, with a nodal officer to coordinate procurement functions with the State Health Society/Medical Service Corporation, to ensure timely and efficient procurement.
4. Required activities may be handled and implemented by the ULBs and RLBs in **close coordination of the District Health Department under the supervision of District Collector /** chairperson of the District Health Society

Institutional Structures, Compositions and Roles



1	National Committee (NC)
2	State Level Committee (SLC)
3	District Level Committee (DLC)
4	Urban / Rural Local Body (Municipal Corporations /Municipalities/ Zilla Parishads)

Flow diagram of Planning, Preparation, implementation and monitoring of the Proposals



India COVID19 Emergency Response and Health Systems Preparedness Package (ECRP)

Action Points for ECRP – I

1. Share details of monthly expenditure format containing both up to Rs.3 lakhs and more than 3 lakhs in the Monthly Expenditure Format (shared as per Annexure III of **DO no. Z-18015/19/2020-NHM-II-Part (I) dt. 09th November 2020** & **DO letter dated 16th June 2021)**

2. Value of procurement up to Rs.3 Lakh

- Consumables and other day to day recurring expenses may be considered operational expenditure.
- Details to be maintained at the State and not to be uploaded in HWC portal
- No ACG undertaking required

Action Points for ECRP – I

3. Value of procurement more than Rs.3 Lakh

- Details to be maintained at the State and to be uploaded in **HWC Portal**
- The Anti-corruption undertaking (a legal and mandatory requirement against the Grant-in aid) for procurement (of value above 3 lakh rupees) to be scanned and uploaded in the Ayushman Bharat – HWC portal.
- Ensure that the anti-corruption undertaking is legible and bears the name/stamp of NHM official and supplier on all pages (not just on first page) and should be properly scanned
- Purchase Order (PO) copy for contracts valued more than INR 18 lakhs (to be scanned along with the ACG document and uploaded on the portal) **(DO letter dated 16th June 2021).**
- Ensure that the dates of signing of contract and date of LOA/Purchase order are valid
- Please refer ***DO No. 15/2020/India COVID-19 ER&HSPP (Part-1)***, dated 04th February, 17th March 2021 and 16th June 2021)

States yet to upload/share requirements under ECRP-I

S.No	States	Amount released in ECRP-I (In cr)	Expenditure reported under procurement B.31- 2,3,6 (In Cr)	Details uploaded in HWC portal
1	Andaman & Nicobar Islands	14.80	4.81	No information uploaded
2	Dadra & Nagar Haveli & Daman and Diu	4.67	0.60	
3	Lakshadweep	0.79	0.24	
4	Manipur	19.92	3.53	
5	Meghalaya	14.82	4.12	
6	Odisha*	146.44	0.00	
7	Sikkim	7.16	2.85	
8	Tripura	23.21	3.18	
9	West Bengal	295.28	76.48	

***Odisha has reported NIL expenditure under procurement**

25 State/UTs with incomplete data or incorrect data/documents under ECRP-I

Arunachal Pradesh, Bihar, Goa, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Karnataka, Ladakh, Nagaland, Puducherry, Punjab, Andhra Pradesh, Chandigarh, Chattisgarh, Delhi, Kerala, Maharashtra, Mizoram, Rajasthan, Tamil Nadu, Telangana, Uttar Pradesh, Uttrakhand

Action Points

1. Incorrect formats of anti-corruption undertaking document used
2. Name/signature/stamp of state official missing from Anti-corruption undertaking document or is only on first page of the document
3. Purchase Order (PO) copy for contracts valued more than INR 18 lakhs not uploaded
4. Invalid dates of signing of contract and date of LOA/Purchase order
5. Reconciliation of difference in procurement details uploaded and reported in PFMS/SoE

- **Gujarat, Himachal Pradesh, Haryana, Punjab and Ladakh are in process of revising data/resharing correct documents**

Timelines for Submission of Procurement Details

1) Procurement details for the period April 2020 – March 2021 – 5th September, 2021

2) Procurement details for the period April 2021 – June 2021 – 15th September, 2021

3) List of consultants to support the States has been shared via email on 24th August 2021.

Emergency COVID-19 Response Package (ECRP): Phase-II

Implementation arrangements and Status on State Proposals

Ministry of Health & Family Welfare
Govt. of India

ECRP-II

- On **8th July 2021,** the Cabinet approved ECRP – Phase II package for **Rs. 23,123.4 Crores** during the FY 2021-22.

- The activities approved under ECRP-Phase II are time bound and to be completed within 9 months (July 2021- March 2022).

ECRP: Phase-II

- **Total approved ECRP-II scheme** – Rs. 23123.4 Cr
- **Central Sector component** - Rs. 2814.7 Cr
- **Support of Central Share to States/UTs through NHM Framework with applicable State share** - Rs. 12,185.30 Cr
- **Total Central share for ECRP-II** – Rs. 15000 Cr
- **Implementation agencies-** DoHFW for central components and for support to State/UTs through NHM.

States/UTs to send Supplementary Proposals under ECRP (II)

S. No.	State/ UT	Resource Envelope (Cr.)	Total Approved amount (Cr.)	Balance amount to be approved (Cr.)	% of Approvals against RE
1	Lakshadweep	1.49	1.50	-0.01	100.40%
2	A&N Island	14.22	14.23	-0.01	100.05%
3	Chandigarh	5.68	5.68	0.00	100.00%
4	Delhi	50.34	50.34	0.00	100.00%
5	D & N Haveli and Daman & Diu	9.52	9.38	0.14	98.55%
6	Tamil Nadu	799.32	763.37	35.95	95.50%
7	Andhra Pradesh	696.52	662.09	34.43	95.06%
8	Maharashtra	1367.96	1294.69	73.27	94.64%
9	Tripura	93.02	87.33	5.69	93.88%
10	Uttarakhand	271.73	254.78	16.95	93.76%
11	Karnataka	840.06	785.41	54.65	93.49%
12	Kerala	289.82	267.35	22.47	92.25%

States/UTs to send Supplementary Proposals under ECRP (II)

S. No.	State/ UT	Resource Envelope (Cr.)	Total Approved amount (Cr.)	Balance amount to be approved (Cr.)	% of Approvals against RE
13	Telangana	497.79	456.08	41.71	91.62%
14	Odisha	861.96	789.66	72.30	91.61%
15	Manipur	85.95	78.07	7.88	90.83%
16	Goa	19.63	17.51	2.12	89.20%
17	Jharkhand	638.9	569.80	69.10	89.19%
18	Haryana	304.04	266.46	37.58	87.64%
19	Meghalaya	91.94	80.06	11.88	87.08%
20	Nagaland	62.46	53.77	8.69	86.09%
21	Sikkim	21.85	18.80	3.05	86.02%
22	Mizoram	44.3	37.93	6.37	85.61%
23	Himachal Pradesh	240.56	203.87	36.69	84.75%
24	Arunachal Pradesh	141.94	118.50	23.44	83.48%

States/UTs to send Supplementary Proposals under ECRP (II)

S. No.	State/ UT	Resource Envelope (Cr.)	Total Approved amount (Cr.)	Balance amount to be approved (Cr.)	% of Approvals against RE
25	Gujarat	798.7	661.99	136.71	82.88%
26	Assam	812.46	670.94	141.52	82.58%
27	Chhattisgarh	626.78	514.06	112.72	82.02%
28	Puducherry	9.03	7.18	1.85	79.55%
29	Uttar Pradesh	3,133.14	2411.59	721.55	76.97%
30	West Bengal	1007.93	757.72	250.21	75.18%
31	Jammu & Kashmir	286.27	211.04	75.23	73.72%
32	Bihar	1,721.45	1235.02	486.43	71.74%
33	Madhya Pradesh	1457.24	1020.74	436.50	70.05%
34	Ladakh	62.51	34.51	28.00	55.21%
35	Punjab	331.48	138.06	193.42	41.65%
36	Rajasthan	1472.29	425.50	1046.80	28.90%
Total		**19170.28**	**14974.99**	**4195.29**	**78.12%**

Major Approvals under ECRP-II

1 Ramping up Health Infrastructure, with focus on Paediatric Infrastructure, including Referral Transport :

- 827 Dedicated Paediatric Care Units approved at Medical Colleges/District Hospitals.

Dedicated Paediatric care units in the districts	827
32 bedded units at Medical Colleges/District Hospitals	170
42 bedded its at Medical Colleges/District Hospitals	657

- Addition of 19,297 Oxygen supported beds and 10,473 HDU/ICU Beds.
- Establishment of 42 Paediatric Centres of Excellence (CoE) to provide Tele-ICU, mentoring and technical hand-holding to District Paediatric units.

Major Approvals under ECRP-II

1 Ramping up Health Infrastructure, with focus on Paediatric Infrastructure, including Referral Transport :

- Support to establish 75,248 additional beds through 8010 Prefab units at SHC/PHC (6 bedded) and CHC (20 bedded).
- Strengthening ICUs (23,373 beds) including 20% Pediatric ICU beds.
- Support to create 13,750 beds through 203 Field Hospitals for COVID management.
- Augmentation of 5749 ALS/BLS ambulances for timely referral transport.
- Support for 961 Liquid Medical Oxygen Storage Tanks with 1450 MGPS.

Major Approvals under ECRP-II

2 Enhanced Human Resources for Health:

- Support to States to utilize the UG and PG Interns, Final Year MBBS, B.Sc. and GNM Nursing students for effective COVID-19 management.

Category	HR approved
MBBS interns (UG)	13190
Residents (PG)	7281
Final year MBBS students	12941
Final year BSc Nursing students	9273
Final year GNM Nursing students	15687
Total	**58372**

Major Approvals under ECRP-II

3 Support for procurement of Drugs and Diagnostics :

- Support to States for 6.13 lakh RAT and 6.9 lakh RT-PCR tests for maintaining 13.03 lakh tests a day.
- Support to strengthen 433 RT-PCR lab facility / machine in public healthcare facilities.
- Support to 740 districts to ensure availability of essential drugs for COVID management, including to maintain a buffer stock.

Major Approvals under ECRP-II

4 IT Interventions - Hospital Management Information System and Tele-consultations in all Districts :

- Infrastructure support to 621 District Hospitals and 933 other facilities such as MC/SDH/CH/area hospital for Implementation of Hospital Management Information System (HMIS).
- Establishing / Strengthening 733 Hubs and 15632 Spokes for Tele-consultation including at COVID Care Centres (CCCs).

Major Approvals under ECRP-II

5 Support to States Capacity Building and Training:

- Capacity Building and Training of the engaged HR in the COVID management including CME of the professionals and required implementation of IT interventions such as:
  - Training on Paediatric COVID19 management,
  - HMIS implementation in District Hospitals

Key Actionable Points for States/UTs

1. States/UTs to immediately initiate the process for calling tenders for civil works, renovation/upgradation, procurement activities etc. under different heads approved under ECRP-II.
2. States/UTs to submit Month-wise Action Plans with details, as to when the approved works/activities will be completed.
3. States/UTs to report the progress under ECRP-II through the NHM-PMS portal- NHM Progress Monitoring System on a fortnightly basis.
4. States/UTs to create State/District level Users in the NHM-PMS portal (https://nhmpms.gov.in/).
5. States/UTs to ensure that District-wise and Facility-wise Allocation is made in the NHM-PMS portal.

GeM Procurement issues

a. There should not be any duplication in the procurement being done by various agencies at the State level.
b. All procurements should be undertaken through GeM using the resources under ECRP-II and this is a mandatory condition that the States/UTs would need to adhere to.
c. Wherever exceptions are to be made on this condition, the same should be processed urgently, with the concurrence of AS&FA of MoHFW and after an appraisal of the State's proposal regarding the same and as assessment of the States capabilities to undertake this procurement through other robust mechanisms and institutions.

स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Ministry of Health & Family Welfare

National Health Mission
Progress Monitoring System

https://nhmpms.gov.in

एनआईसी
National Informatics Centre

Oxygen Concentrators (OCs) to States/UTs under PM-CARES

Oxygen Concentrators under PM-CARES

- One Lakh OCs under PM-CARES are proportionately allocated by giving equal weightage to the population (mid-year population by 2020) and number of the public healthcare facilities (SHC & PHC-HWCs and CHCs) available in States/UTs.

- 1 Lakh Oxygen Concentrators (5-LPM OCs: 28,337 and 10-LPM OCs: 71,663) – both Imported and Domestic - are planned to be provided at health facilities as under:
  - CHCs – two to four 10-LPM OCs
  - PHCs / PHC–HWCs – two to three 5/10 LPM OCs and,
  - SHCs / SHC–HWCs – one to two 5-LPM OCs

Action Points to States

a. State Nodal Officer to ensure entry of consignee points (not below the district headquarter) for receipt of OCs.
b. State Nodal Officer to ensure allocation of OCs among districts and mapping of districts with consignee points. This exercise has to be completed within one day of allocation made to States/UTs through OC-MIS portal.
c. Designated district Nodal Officers will update health facility and In-charges details in the OC-MIS portal.
d. District Nodal Officer will also be responsible for allocation of OCs to health facilities as per guidance note. This exercise has to be completed same day on allocation of OCs at district level in the OC-MIS Portal.
e. District Nodal Officer will also ensure distribution of OCs within two days on receipt of OCs at District headquarter/consignee point.
f. Facility In-charges to ensure installation of Oxygen Concentrators at the facility. Facility In-charges are required to download OC-MIS app and update receipt of OCs through scanning of QR Code same day. Further Facility In-charges will also be responsible for daily update on the functioning status of OCs in the OC-MIS app. This exercise is to be completed on the same day as and when OCs are received in the facilities.

S. No.	State/UT	Allocated by MoHFW to States/Uts	Allocated by State/UT to District	Consignee finalized by State/UT	Dispatched to consignees	Received	Received finally in PoC	Installed at Health Facility
1	A & N Islands	10	0	0	0	0	0	0
2	Andhra Pradesh	1362	1362	1362	1357	1357	1330	1330
3	Arunachal Pradesh	246	246	246	0	0	0	0
4	Assam	4580	4580	4580	4580	2972	421	310
5	Bihar	789	789	789	789	789	170	112
6	Chhattisgarh	460	460	460	460	390	0	0
7	Goa	30	30	30	30	30	30	26
8	Gujarat	1415	1415	1415	1415	1415	1020	815
9	Haryana	163	163	163	163	0	4	0
10	Himachal Pradesh	1573	1573	1573	1573	1138	688	680

S. No.	State/UT	Allocated by MoHFW to States/Uts	Allocated by State/UT to District	Consignee finalized by State/UT	Dispatched to consignees	Received	Received finally in PoC	Installed at Health Facility
11	J&K	750	750	750	750	750	736	729
12	Jharkhand	1421	1421	1421	1421	1421	252	105
13	Karnataka	1604	1604	1604	1604	1313	397	219
14	Kerala	200	200	200	0	0	0	0
15	Ladakh	49	49	49	49	49	43	12
16	Madhya Pradesh	2110	2110	2110	2110	2003	799	274
17	Maharashtra	2058	2058	2058	2058	2058	1669	1425
18	Manipur	328	328	328	0	0	0	0
19	Meghalaya	374	374	374	374	0	0	0
20	Mizoram	164	164	164	0	0	0	0

S. No.	State/UT	Allocated by MoHFW to States/Uts	Allocated by State/UT to District	Consignee finalized by State/UT	Dispatched to consignees	Received	Received finally in PoC	Installed at Health Facility
21	Nagaland	255	255	255	0	0	0	0
22	Odisha	798	798	798	798	348	4	2
23	Punjab	1769	1769	1769	513	513	484	472
24	Rajasthan	760	760	760	760	0	0	0
25	Sikkim	108	108	0	0	0	0	0
26	Telangana	1891	1891	1891	1342	0	0	0
27	Tripura	724	724	724	724	0	3	0
28	Uttar Pradesh	2513	2513	2513	2497	552	291	266
29	Uttarakhand	824	824	486	486	486	471	442
30	West Bengal	2182	2182	2182	2182	2182	993	764

Welcome to OxyCare – Management Information System (OC-MIS)

URL- https://covid19cc.nic.in/ICMR/PMCares

Thank You!