



Resource Mobilization for Capacity Building and SSC: *Experience from India*



By:

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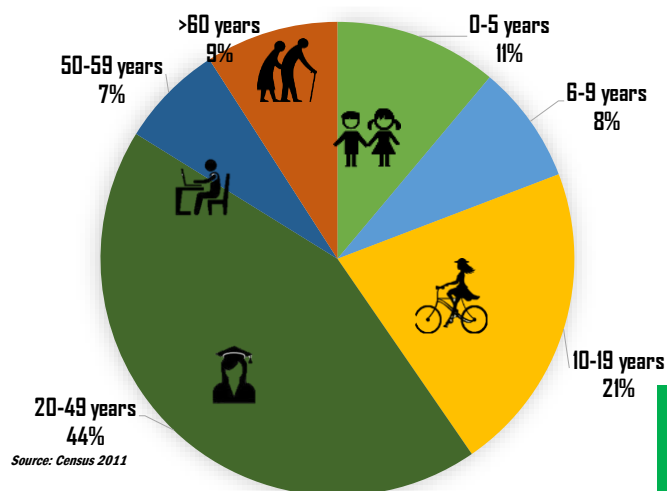
In-charge: Family Planning and

Aspirational District Program

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India-Huge population: Strength as well as a challenge



1.3 Billion + People

27 Million+ Deliveries per year

253 Million+ Adolescents

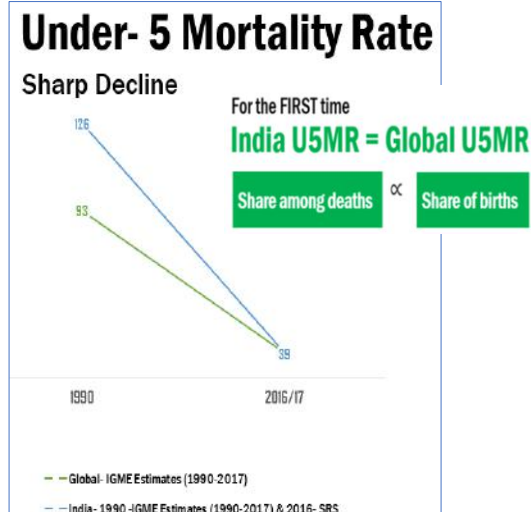
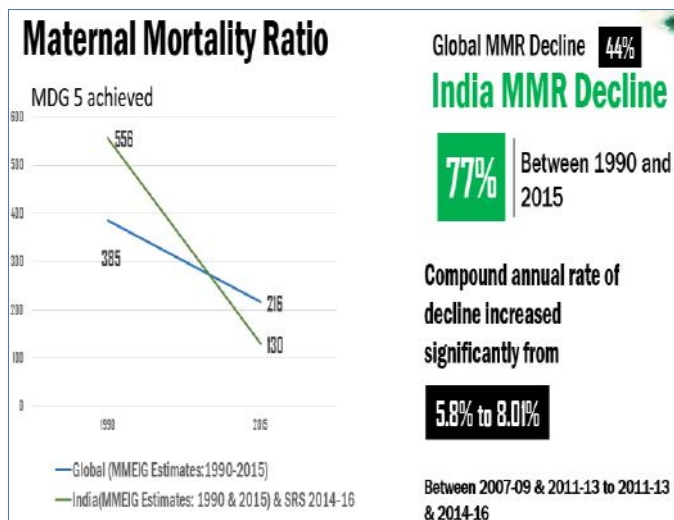
Every minute 38 live births

Every hour 2200 institutional deliveries
Every day 53,000 institutional deliveries





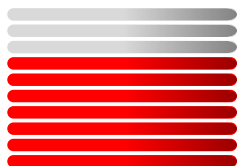
Gains has been substantial in past few years...



RMNCH+A- Family Planning

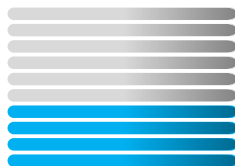
Towards smaller, happier, and healthier families

51% decline



Decline in Teenage fertility (from 16% to 7.9%)*

43% decline



Decline in Teenage Marriage (from 47.4% to 26.8%)*



35% Decline in **Total Fertility Rate**

NFHS 1 (1992-93) –
NFHS 4 (2015-16)

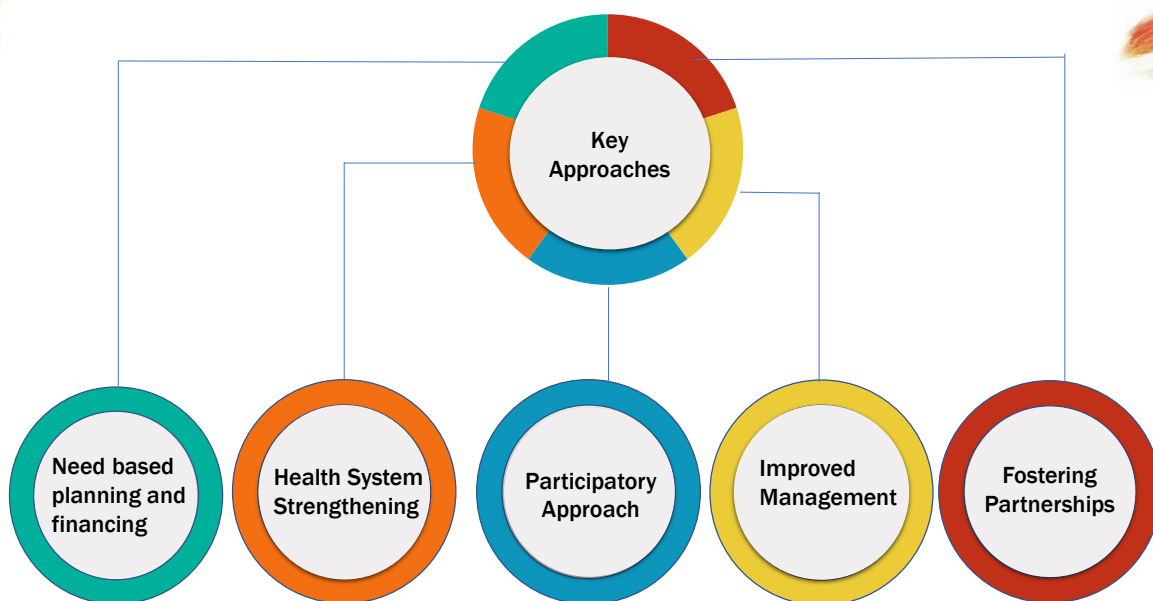
2.2 National Family Health Survey **IV (2015-16)**





**For Us Resource Mobilization
is a holistic approach
involving Strategic Planning**





Our Key Principles for ensuring resource mobilization



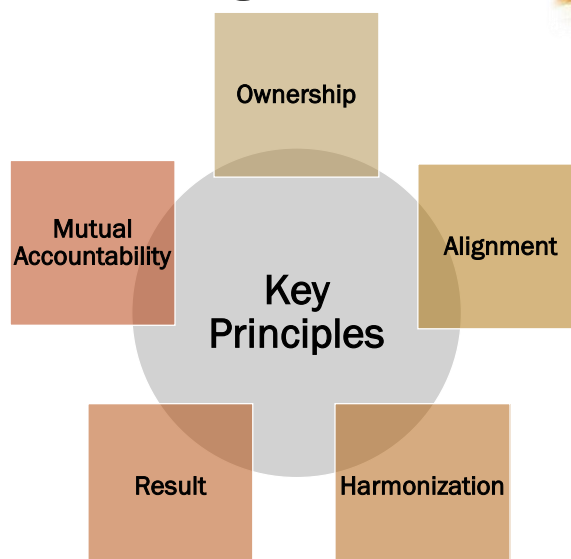
Ownership: Decentralized Planning helps in development of specific strategies by states themselves.

Alignment: Development partners encouraged to align with these objectives/strategies and synergise with local systems.

Harmonization: Development partners coordinate, simplify procedures and share information to avoid duplication (regular meetings/discussions)

Results: Overall focus is shifted towards outputs which gets measured.

Mutual accountability: Development partners and states are made accountable for results.





Resource Mobilization for intra country capacity building



- Regular Budget and Earmarked Funding: Decentralized model has been the key to successful implementation of capacity building
- Peer to peer learning exchange models are promoted
- Exchange platforms for innovations and best practices
- Involvement of donor partners in a judicious way in line with our priorities
- Setting up National Task Force for Family Planning for advocacy, experience sharing etc. and policy formulations
- Fostering positive political environment



Moving Towards Comprehensive Primary Health Care





AYUSHMAN BHARAT

Government launched **"Ayushman Bharat"** to advance UHC with two key components:

1. **Pradhan Mantri Jan Aarogya Yojana (PMJAY)** to provide free inpatient care to 40% of population
2. **150,000 Health and Wellness Centres** for Comprehensive Primary Health Care to all



Ayushman Bharat – 1. (PMJAY)



More than half a million hospital admissions since its launch



Cover of up to \$7000/- per family per year, for secondary and tertiary care hospitalization.

Over 100 million families – 500 million beneficiaries

Cashless and paperless access to services

States given flexibility to decide on Mode of implementation

Benefits portable across the country





Health and Wellness Centres (Bringing quality healthcare closer to communities)



Expanded package of 12 healthcare services closer to communities



Free access to medicines and diagnostics through HWCs, thereby reducing out-of-pocket expenditure for communities



Engaging communities and developing community mobilization strategy to increase awareness and demand for services



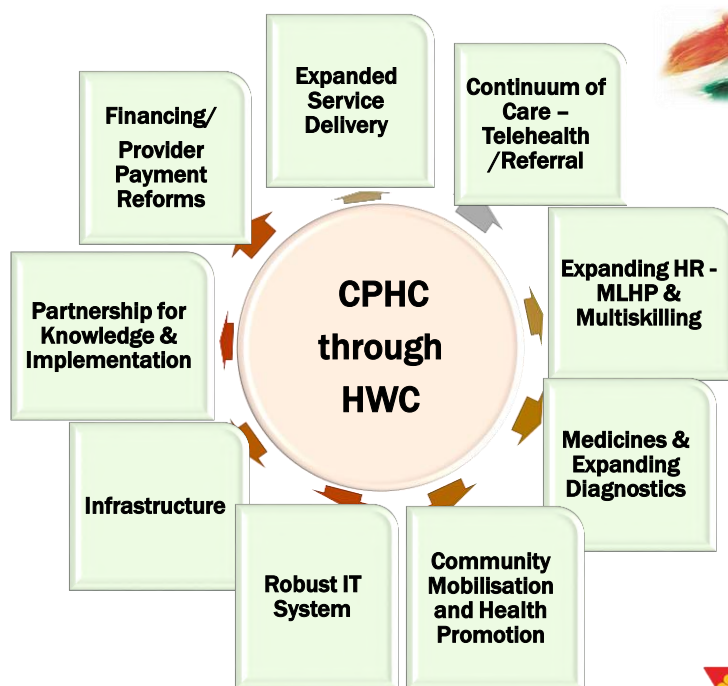
Promoting wellness activities to ensure preventive health for communities



Ensuring continuum of care



Key Elements-CPHC





Service Packages



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 the south have started adding above services*

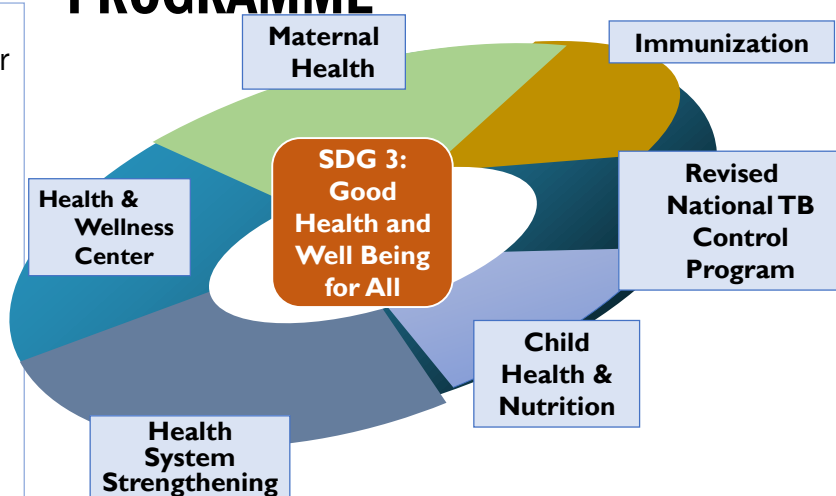


Addressing Equity: ASPIRATIONAL DISTRICTS PROGRAMME



117 aspirational districts identified across 28 States for transformation by the year 2022 based on the status of indicators related to health & nutrition, education, employment, agriculture, and infrastructure

A set of 13 core and 31 sub-core indicators identified for demonstrating the progress on health & nutrition in these districts





Special Provisions for Aspirational Districts



Ensuring Availability of Critical HR

Flexibility to hire specialists and propose salaries/top up allowances (fixed/performance based)

"YOU QUOTE I PAY".



Ensuring Critical Infrastructure

Upgradation and operationalization of critical units such as MCH wings, SNCUs, NRCs etc. for uninterrupted service provision on priority.



Enhancement of Resources

Higher resource envelope (30% extra budget allocation), relaxation of norms for manpower and focussed monitoring and supervision.



Community Health Goals





40,000+

Renovations and upgradations



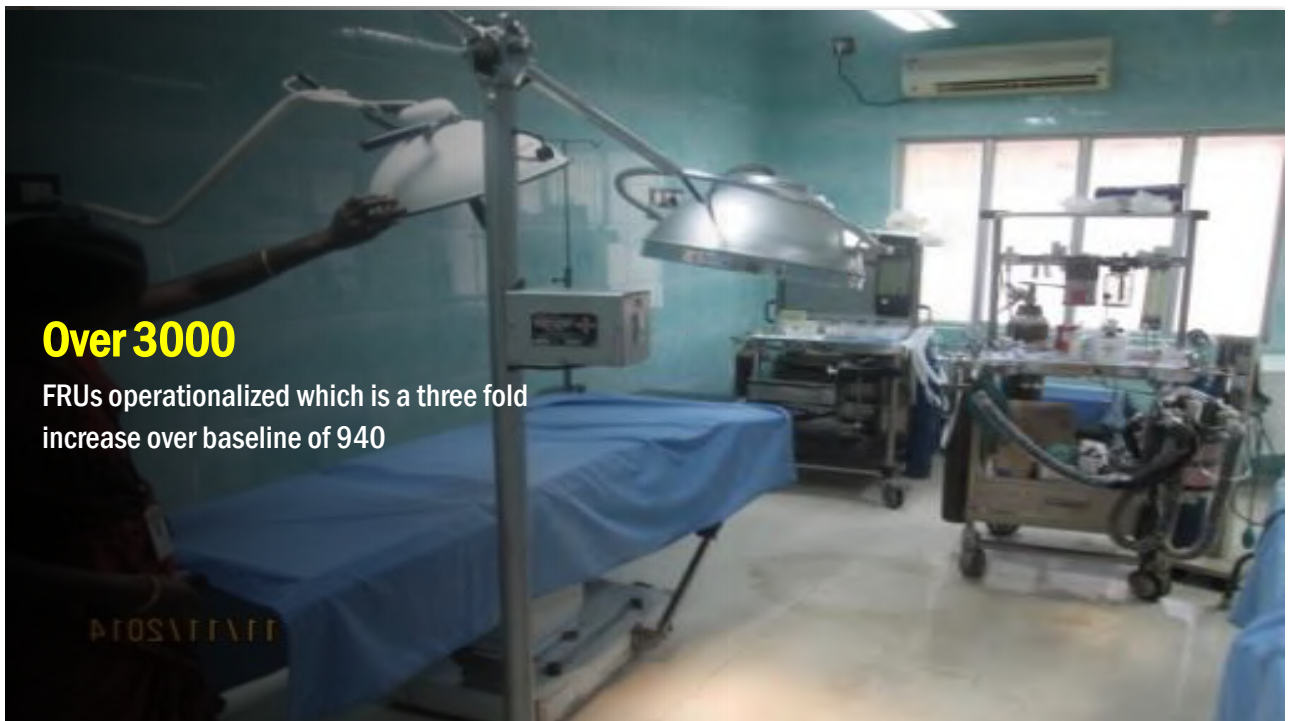
More than 25,000

Ambulances made operational



About 1.3 million

Additional Human Resources including ASHAs



Over 3000

FRUs operationalized which is a three fold increase over baseline of 940







Key collaboration between MOHFW of India and PPD



- India joined PPD in **1998** at Cairo Board meeting
- India **chaired** the board of PPD in **2008**
- India is providing annually **20 scholarships** to PPD member countries from our *National Institute of Health and Family Welfare*
- India **increased** its membership contribution from US\$ 40.000 to **US\$ 80.000** since 2010.
- India provided **US\$ 100.000** for the **building construction**
- Indian High Commission in Dhaka is supporting MOHFW of Bangladesh through PPD in building **36 community clinics**. With a grant of **US\$ 1000,000**. All the the clinics are ready.



If we want the world to be a better place to live, we have to treat it as one unit.

If we want economic growth to be pervasive, we have to make people its partners.

If we want the process of development to be sustainable, we have to work with the environment.

-Shri Narendra Modi



Thank You

