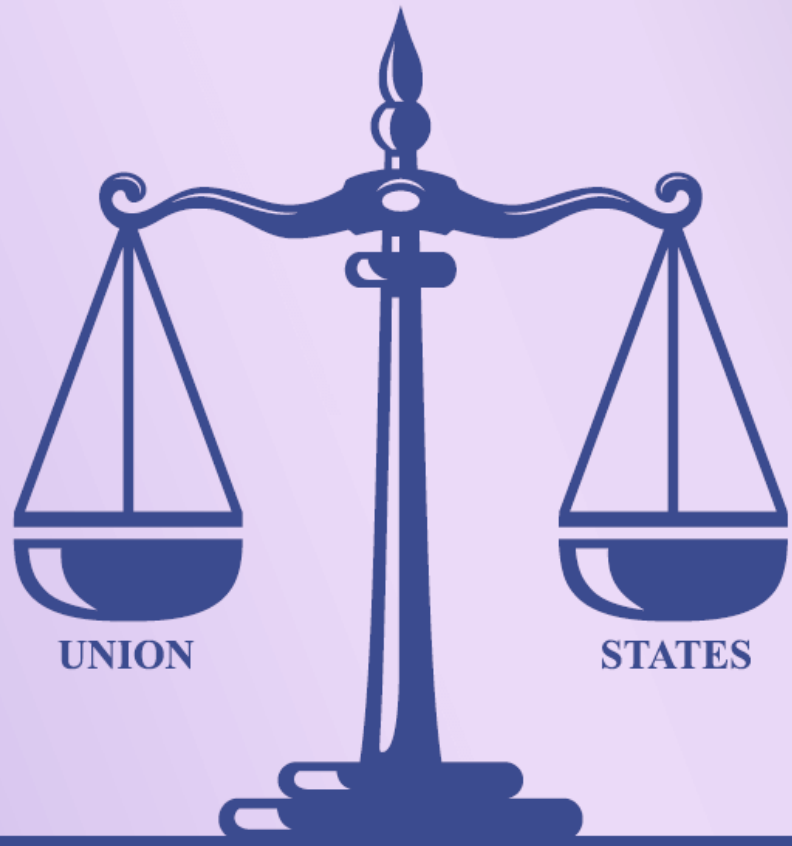




XV FINANCE COMMISSION

**FIFTEENTH
FINANCE
COMMISSION
(FC-XV)- HEALTH
GRANTS
THROUGH
LOCAL
GOVERNMENT**



Introduction to XV Finance Commission

XV FC mandated to recommend measures needed to augment the Consolidated Funds of the States for the FY 2021-22 to 2025-26

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 (Contd..)

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.

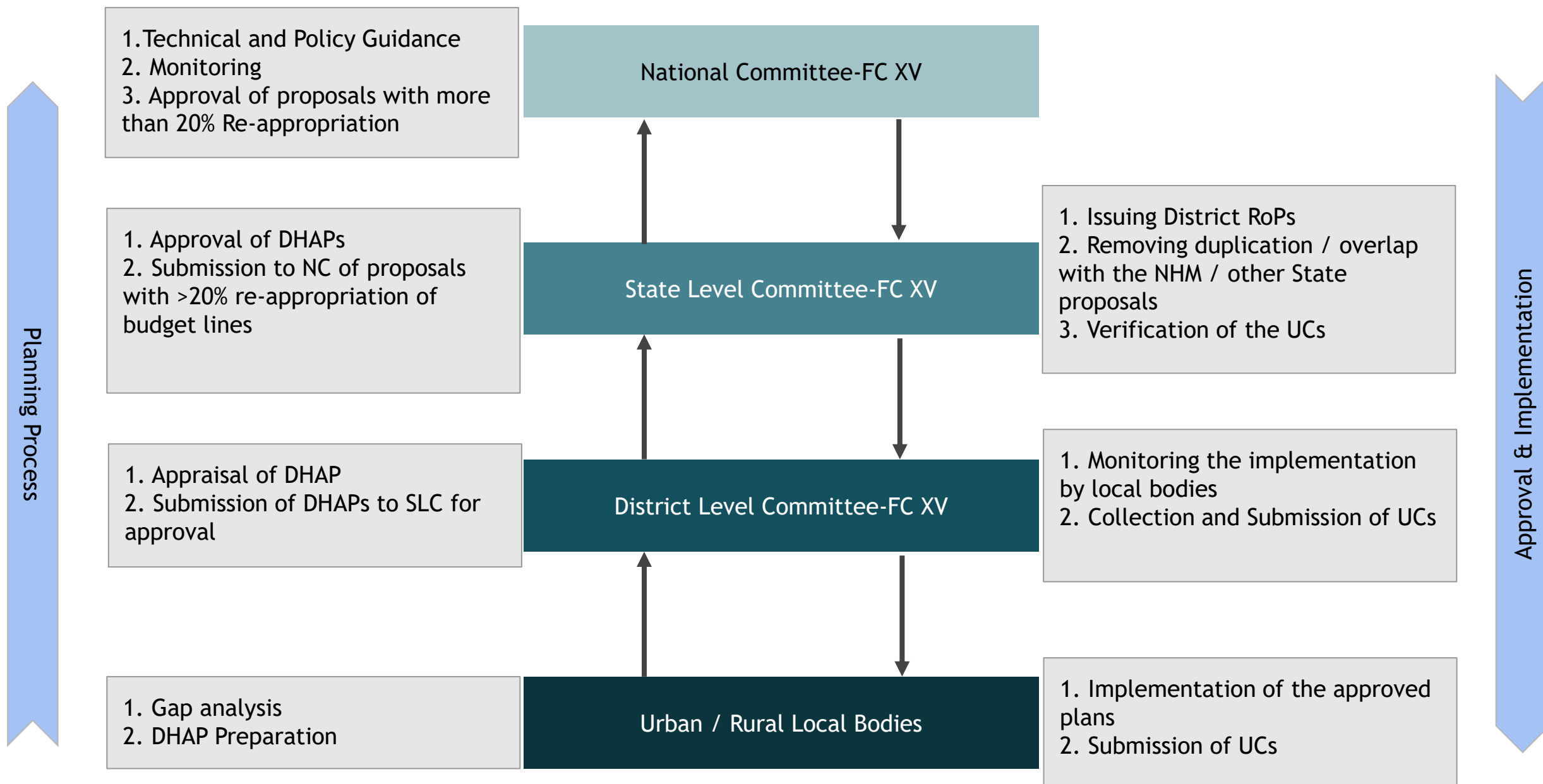


Introduction (Contd..)

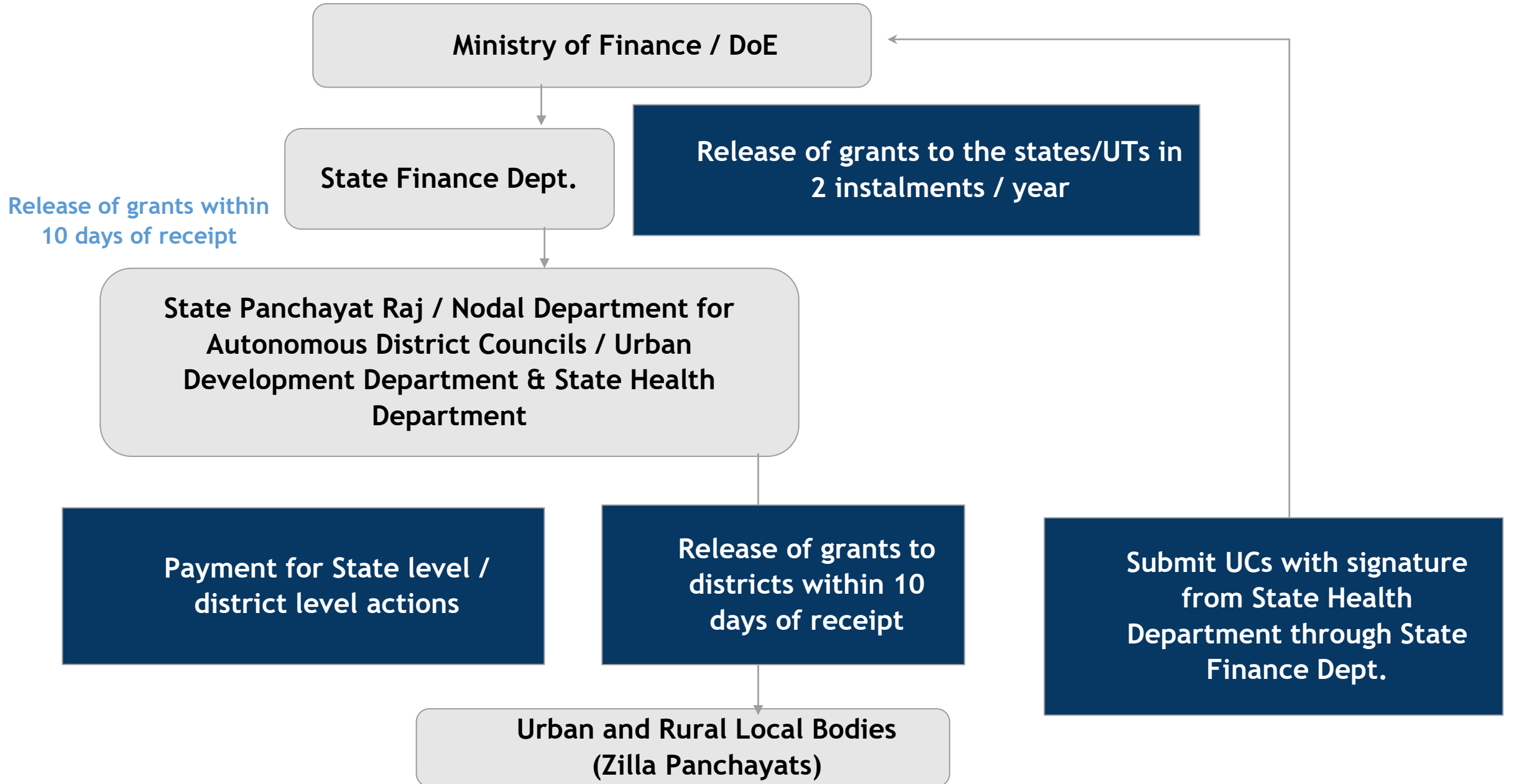
- Health is a technical subject and the FC-XV grant is a tied grant, meant for specific initiatives and elements that are largely technical in nature
- As capacities of ULBs and RLBs to undertake health activities varies, for handling specific public health functions, local bodies would require technical guidance from the State Health Department
- 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 as processes for recruitment/ procurement are already established under health department



Planning, Preparation, Implementation and Monitoring of the Proposals



Fund Flow Mechanism



Objectives

- Focus on Strengthening Urban Primary Health Care Systems.
- District wise fund allocation based on population norms and equity.
- Ensure the availability of a minimum set of diagnostics appropriate to the primary level of care
- Facilitate early detection, prevention and containment of any chronic /infectious disease - towards strengthening the public health surveillance, reporting and analysis
- Leverage the approved technology for expeditious use of Point of Care diagnostics
- Reduce Out of Pocket Expenditure (OOPE) incurred by patients on diagnostics.
- Adequate availability and training for the Human Resources at HWCs
- Contribute towards achieving Universal Health Coverage

Need to Strengthen Urban Health Care System

Urbanization is one of the major phenomenon of Tamil Nadu as it may have a significant impact on the Health care system.

As per 2011 Census, 48.45% (3,49,49,729) of the population are living in urban areas. Among them, 57,98,459 population live in urban slums, which is 16.59% of the total urban population.

It is projected that proportion may increase to 68% by 2050.

Chennai alone accounts for 1/8th of Tamil Nadu's population.

The major proportion of OP care and IP Care in urban context is taken care by the Medical College Hospitals.

Hence it is critical to strengthen the urban primary health systems especially in the context of Tamil Nadu.

Need to Strengthen Urban Health Care System

- As per NUHM framework, Urban Primary Health Centre is established for every 50,000 population and Urban Community Health Centre is created for every 250,000 population in urban areas.
- GoTN has established 420 Urban Primary Health Centres (UPHCs) in 72 Municipalities and 15 Corporations, and 16 Urban Community Health Centres (UCHCs) are established in Greater Chennai Corporation
- As per the Mid -Year Population 2020-21 the Urban Primary Health Centers based on population categories is as per table below :

Facilities under NUHM TN	No. of Facilities in ULBs
Upto 50000 Population	25
50000 to 80000 Population	308
>80000 Population	87
Total	420

**395/420 Centres (94%) are
above the prescribed
population norms**

State Level Committee	
Chief Secretary	Chairman
Principal secretary, Health and Family welfare Department	Convenor
Additional Chief Secretary, Finance Department	Member
Principal Secretary, Rural Development and Panchayat Raj Department	Member
Additional Chief Secretary, Municipal Administration and Water Supply Department	Member
Additional Chief Secretary, Public Works	Member
Principal Secretary/Commissioner, GCC	Member
Mission Director, NHM-TN	Member
Director of Public Health and Preventive Medicine	Member
Managing Director, TNMSC	Member
Project Director, TNHSP	Member
Director of Rural Development and Panchayat Raj	Member
Commissioner of Municipal Administration	Member
Director of Town Panchayat	Member
Engineer in Chief, Buildings Chennai	Member

District Level Committee	
District collector	Chairman
Deputy Director of Health Services	Convenor
Commissioner, Corporation (if any)	Member
Commissioner of Municipality	Member
Assistant Director (Town Panchayat)	Member
Assistant Director (Panchayat)	Member

- **G.O.(D)No. 792, Health and Family Welfare (N1) Department, dated 02.07.2021**
- **G.O.(D)No. 864, Health and Family Welfare (N1) Department, dated 27.07.2021**

Roles and Responsibility of State Level Committee

Planning

- District wise resource allocations worked out by the **Health and Family Department**
- Set target and physical deliverables for the districts

Implementation

- Identify of local bodies based on State specific structure
- Delegation of powers to RLBs/ ULBs
- Provide all the assistance for implementation of FC XV - Health Grants to the districts.

Monitoring

- Review progress
- Facilitate Collection and sending of the UCs of FC-XV grants to GoI through H&FW Dept.
- Ensuring timely submission of progress reports

Roles and Responsibility of District Level Committee

Planning

- Prepare District Level Action Plan
- Validate district specific gap assessment report prepared by the district planning team
- Prioritizing within district
- Ensuring there is no duplication of activity within FC grants or any other source of funds
- Finalize Costing of plan of the district as per guidelines

Implementation

- Provide overall guidance to RLB/ULBs on implementation
- Mobilize the District Health team to support RLB/ULB in planning and provide technical support
- Appraise the proposals received from RLB/ULB and recommend to SLC.

Monitoring

- Mobilize the District Health team to support RLB/ULB in planning and provide technical support Review progress
- Coordinate with Local Bodies for collection of UCs and submitting to the State
- Check and prevent any duplication
- Ensuring timely submission of progress reports

Roles and Responsibility of Rural and Urban Local Bodies

Rural and Urban Local Bodies are the fulcrum to implement the FC XV scheme.

Assessing existing gaps in coordination with the District Health Department.

On the basis of approval received under FC XV, the RLBs and ULBs should implement the activities/projects in coordination with the District Health Department.

Periodical Monitoring of Work execution in the identified facilities has to be done.

Reports and UC to be submitted to the District Authorities periodically.

Procurement Cell

Procurement should be made only through **Tamil Nadu Medical Services Corporation (TNMSC)**, Chennai.

Procurement Cell at each District should be established with a nodal officer to coordinate procurement functions with TNMSC, to ensure timely and efficient procurement.

State level / District level HRH services:

Recruitment should be made through State / District Health Society as per the existing norms under National Health Mission.

As per Tamil Nadu HR policy Medical Officers and Staff Nurses should be recruited only through Medical Recruitment Board.

Components



XV Finance Commission Urban Components



XV Finance Commission Rural Components

- For the State of Tamil Nadu **Rs. 4280 Crore** has been approved under the FC-XV for the above stipulated period of 5 years.

Financial Approval for Tamil Nadu	2021-22	2022-23	2023-24	2024-25	2025-26	Total (Rs in crore)
RURAL COMPONETS						
Grants for Building-less Sub-centres, PHCs, CHCs	71 (9%)	71	75	79	82	378
Establishing Block Level Public Health Units	77 (10%)	77	81	85	90	411
Support for diagnostic infrastructure to the Primary Healthcare Facilities - Sub Centres	64 (8%)	64	67	71	74	341
Support for diagnostic infrastructure to the Primary Healthcare Facilities - PHCs	69 (9%)	69	73	76	80	368
Conversion of Rural PHCs and SCs into Health and Wellness Centre	149 (18%)	149	156	164	172	789
URBAN COMPONENTS						
Support for diagnostic infrastructure to the Primary Healthcare Facilities - UPHCs	19 (2%)	19	20	21	22	100
Grants for Urban Health and Wellness Centres (UHCs)	356 (44%)	356	374	393	413	1893
Total	806	806	846	889	933	4280

Rural Components

Building-less SHCs, PHCs and CHCs



To address infrastructure gaps in Rural areas

Block Public Health Units



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



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

Conversion of rural PHCs and SHCs to HWCs



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

Urban Components

Support for Diagnostic Infrastructure at primary healthcare facilities



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

Urban Health and Wellness Centres



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

COMPONENT 1

AYUSHMAN BHARAT - HEALTH & WELLNESS CENTERS IN URBAN AREAS

Objective	Improve PH action especially focusing on the slums & similar habitations, vulnerable population and areas with limited access to public health interventions
Services	Comprehensive primary health care (12 package), outreach services (UHNDs), public health functions- surveillance, timely reporting, and analysis
Medicine & diagnostics	As per CPHC guidelines and EDL as per govt. guidelines
Promote	Community engagement to ensure universal reach
Unit Cost	70 lakhs per Urban-HWC per annum for both recurring and non-recurring component and Rs. 5 lakh/Urban-HWC for Polyclinic services
Outcome envisaged	Improved access to high quality care, Minimize the out-of-pocket expenditure and decongest secondary and tertiary health care facilities.

AYUSHMAN BHARAT - HEALTH & WELLNESS CENTRES IN URBAN AREAS

One Urban-HWC per 15,000-20,000 population catering predominantly to poor and vulnerable populations, residents of slum and slum-like areas

One polyclinic set up per 2.5 - 3 Lakh population to ensure access to specialist services

Envisaged to deliver comprehensive primary health care (12-Package of services) to the community, and public health related actions

Linked to the UPHC-HWCs per 50,000 population.

All the HWC-UPHCs are required to have a National Identification Number (NIN-ID) and register on the AB-HWC portal.

States may also plan, providing few Urban HWCs under each UPHC, based on the requirement and vulnerable population to be provided with outreach and healthcare services.

ULBs should be actively involved for identifying already existing infrastructure in ULB/ government buildings as well as rented commercial spaces/residential facilities

COMMUNITY ENGAGEMENT AT URBAN HWCS

- The Urban-HWC will provide outreach services (UHND) through MPW (F)/MPW (M), ASHA & supported by MAS on a targeted basis for slums & similar habitations and vulnerable population in a defined geographic area of the Urban-HWC
- Location based Resident Health Associations (Sthanniya Swasthya Sabhas) to be formed
- Create mechanism for representatives of Service Providers and Resident Welfare Associations (RWAs) to converge into a Sthaniya Swasthya Sabha
- Discuss and disseminate public health related issues on a monthly / quarterly basis
- Schools for screening of early childhood diseases, through an active School Health Programme

POLYCLINICS

- Polyclinics are envisaged for every 2.5-3 lakh population depending on the local context.
- Polyclinic services planned at one of the UPHCs which serves as a hub for teleconsultation, surveillance, reporting, capacity building, monitoring and supervision of the Urban HWCs in its coverage area
- Services for specialist consultation (Medicine, Obstetrics & Gynaecology, Paediatrics, Ophthalmology, Dermatology, Psychiatry/Psycho-social care), to be provided on a rotational basis

FUNDS AVAILABILITY - UNIT COST

Rs. 75 lakhs per Urban HWC per annum

- Rs.70 lakhs/year for UHWCs
- Rs.5 lakhs/year/UHWC for provision of specialist services at select UPHC
- One UHWC should not be funded from both FC-XV funds and NHM
- All components of a particular HWC should be funded entirely and exclusively from one source- viz: either FC-XV or NHM
- The funds under this component cannot be utilized for repair and renovation works already undertaken under NHM Funds

a. Components of Urban HWCs

Non-Recurring components	Recurring Components
Arrangements of premises / Rental / upgradation of Infrastructure	Drugs
Tele-consultation	Human Resource (GDMO-1, Staff Nurse-1, MPW (M)-1, Support staff-2)
Basic equipment's and furniture (excluding diagnostics support for UPHCs)	Capacity building for HR
	Team Based Incentives
	Drugs
	Quality Assurance activities for Infection Prevention control
	Operational expenses for running UHWC (other than rent, untied grants, consumables etc.)
	IEC/Branding
	Wellness Activities
	Untied fund
	Tele-consultation
	Monitoring
	Other items (convergence, Provision of specialist services, consumables, etc.)
@ 70 lakhs per Urban-HWC per annum for both recurring and non-recurring component	
@ Rs. 5 lakh/Urban-HWC for Polyclinic services	

**SUGGESTED BY
GOI
(CURRENTLY HR
SUPPORT
DISCONTINUED
FOR HR)**

b. Indicative Unit cost particulars

	Items	Budget outlay (in Rs.)	Remarks
One-time cost	Arrangements of premises / Rental / up-gradation of Infrastructure	25,00,000	Wherever ULB provides the building on free of cost, this component may be utilized for other activities to create more urban HWCs. • If the rented premises are arranged, max ceiling of Rs.1 lakh per premises per month may be adopted.
	Tele-consultation	1,00,000	
	Basic equipment and furniture (excluding diagnostics support for UPHCs)	2,00,000	

INDICATIVE UNIT
COST FOR
URBAN HWC
SUGGESTED BY
GOI

	Items	Budget outlay (in Rs.)	Remarks
Recurring cost	Human Resource (GDMO, Staff Nurse, MPW (M), Support staff)	20,00,000	
	Capacity building of Human Resource	1,00,000	
	Team Based Incentives	2,00,000	
	Drugs	12,00,000	
	Quality Assurance activities for Infection Prevention control	1,00,000	
	Operational expenses for running UHWC (other than rent, untied grants, consumables etc.)	1,20,000	This activity may be added for operational expenses for UHWCs @ Rs. 10,000/mon
	IEC/Branding	75,000	
	Wellness Activities	1,00,000	This activity may be added for wellness activities
	Untied fund	1,00,000	This activity may be added for untied fund @ Rs. 1 lakh/UHWC
	Teleconsultation	5,000	
	Monitoring	1,00,000	
	Other items (convergence, Provision of specialist services, consumables, etc.)	1,00,000	This activity may be added for undertaking other activities such as provision of specialist services, convergence etc.
Total of urban HWC components		70,00,000	
	For Polyclinic services @ Rs. 5 lakh/UHWC*	5,00,000	
	Grand Total	₹75,00,000	

*-To be pooled at the level of Urban PHC or Urban CHC where the specialist services are being provided

INDICATIVE UNIT
COST FOR URBAN
HWC SUGGESTED
BY GOI
(CURRENTLY HR
SUPPORT
DISCONTINUED FOR
HR)

	Items	Budget outlay (in Rs.)	Remarks
Recurring cost	Human Resource (GDMO, Staff Nurse, MPW (M), Support staff)	20,00,000	
	Capacity building of Human Resource	1,00,000	
	Team Based Incentives	2,00,000	
	Drugs	12,00,000	
	Quality Assurance activities for Infection Prevention control	1,00,000	
	Operational expenses for running UHWC (other than rent, untied grants, consumables etc.)	1,20,000	This activity may be added for operational expenses for UHWCs @ Rs. 10,000/mon
	IEC/Branding	75,000	
	Wellness Activities	1,00,000	This activity may be added for wellness activities
	Untied fund	1,00,000	This activity may be added for untied fund @ Rs. 1 lakh/UHWC
	Teleconsultation	5,000	
	Monitoring	1,00,000	
	Other items (convergence, Provision of specialist services, consumables, etc.)	1,00,000	This activity may be added for undertaking other activities such as provision of specialist services, convergence etc.
Total of urban HWC components		70,00,000	
	For Polyclinic services @ Rs. 5 lakh/UHWC*	5,00,000	
	Grand Total	₹75,00,000	

*-To be pooled at the level of Urban PHC or Urban CHC where the specialist services are being provided

INDICATIVE UNIT
COST FOR URBAN
HWC SUGGESTED
BY GOI
(CURRENTLY HR
SUPPORT
DISCONTINUED FOR
HR)

Urban-HWC



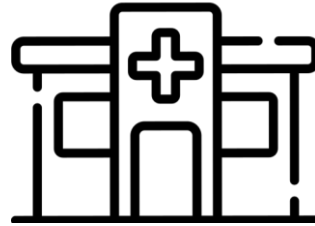
15,000-20,000 population

First port of call for individuals and families in urban areas, predominantly to poor and vulnerable populations

Linked to the UPHC-HWCs per 50,000 population

Facility based, outreach services, PH functions

UPHC –HWC



50,000 population

Expected to have 2-3 UHWCs

(NIN-ID) and register on the AB-HWC portal, on par with the Urban-HWCs, duly mapping the hierarchy.

Administrative control

CPHC services

Polyclinic



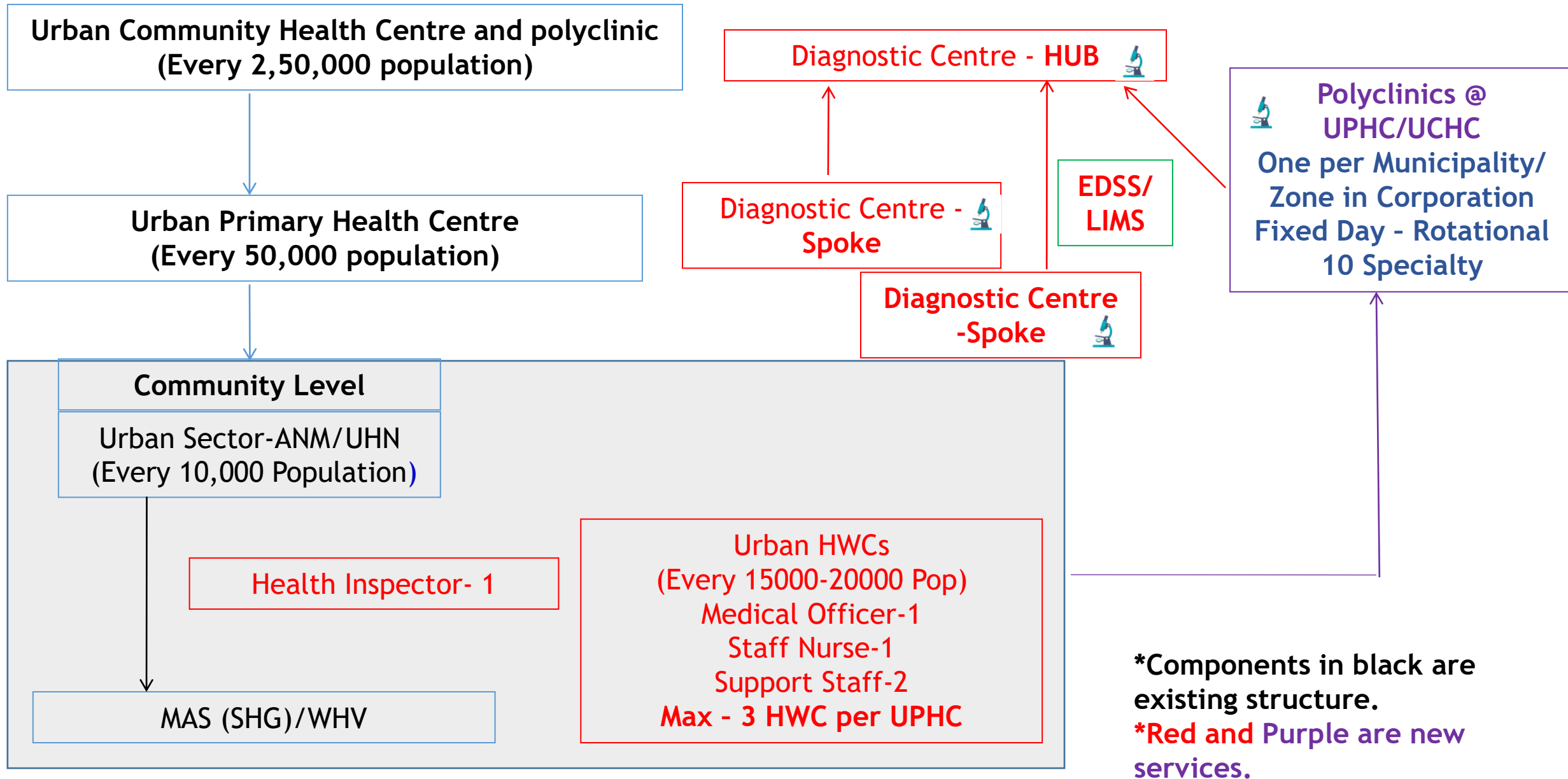
2.5-3 Lakh population

One UPHC among 5-6 UPHCs identified and upgraded as a Polyclinic

Specialist & Telemedicine service

Referral to secondary/tertiary care facilities

Proposed Urban Health Delivery Structure



Type of staff	Nos. required
Specialist each for Medicine, Obstetrics & Gynaecology, Paediatrics, Ophthalmology, Dermatology and Psychiatry*	6
Dentist (May be on fixed days)	1
Staff Nurse	2
Optometrist	1
Physiotherapist	1
Integrated counsellor	1
Multipurpose Worker/Guard (Outsourced)	1
Cleaning staff (Outsourced)	1
Total	14

**STAFF
REQUIREMENT
AT POLYCLINICS
(CURRENTLY HR
SUPPORT
DISCONTINUED
FOR HR)**

ALL SERVICES OF THE STAFF WILL BE PLACED BASED ON HIRING OF SERVICES BASIS.

NEGATIVE LIST FOR UHWCS

- Repair and Renovation works already undertaken under the NHM Funds.
- Construction of boundary walls, entrance, pavements, footpaths etc.
- Purchase of Solar panels etc.
- Purchase of electronic items like TVs, cameras etc. which are not listed as part of the guidelines.
- Purchase of IT hardware: (these are covered under the non-recurring costing of the HWCs as per CPHC guidelines).
- Cost of Diagnostic Infrastructure including purchase of refrigerators, etc (except for 30,000/- which is provided for Point of Care Diagnostics as recurring expenditure).

COMPONENT 2

INFRASTRUCTURE SUPPORT TO 'BUILDING-LESS' SUB CENTRES,, PHC & CHC IN RURAL AREAS

- SHCs and PHCs provide the first level of healthcare close to the community.
- Support will be provided for necessary infrastructure for **Subcentres, PHC & CHCs in rural areas in 28 States**, over a five-year duration from FY 21-22 to FY 25-26 as per the gap in the facilities as per RHS 2019.
- Operational costs for managing AB-HWCs, would be met through the existing scheme and mechanisms, i.e., through the National Health Mission.
- Depending on the resources available, States are required to finalize a five-year plan for the total number of building less facilities that can be covered under this component of FC-XV and then work out its year-wise phasing.
- Unit cost for construction of new buildings:
 - SHC- Rs. 55.5 Lakhs (maximum)
 - PHC- Rs. 1.43 Crore (maximum)
 - CHC- Rs. 5.75 Crore (maximum)

INFRASTRUCTURE SUPPORT TO 'BUILDING-LESS' (SHC-HWCS) IN RURAL AREAS (CONTD.)

Suggestive factors to be considered while deciding the facilities are:

- Run-down / dilapidated SHC building structures which are required to be re-built
- Construct new SHC buildings, where services are being provided from rented buildings which lack required space and infrastructure to provide the comprehensive package of services
- Priority may be given to Sub Health Centres in Aspirational districts, Tribal and remote areas, to reduce time to care and geographical barriers
- New SHC buildings in lieu of Rent-Free Panchayat / Voluntary Society Building
- New buildings, if required as per shortfall of population norms (details given in RHS 2020)

Sr. No.	Type	Suggestive Area in sq. ft	Suggestive Cost
1	SHC- HWC with Residential Facility	3766.0	Rs. 55.50 Lakhs
	SHC-HWC without Residential Facility	2098.0	Rs. 50.00 Lakhs
2	Primary Health Centres		Rs. 1.43 Crore
	PHCs/ PHC level HWCs	8369.8	
3	Community Health Centre	22596.0	Rs. 5.75 Crore

SUGGESTIVE AREA FOR FACILITIES

Building less SHCs, PHCs and CHCs

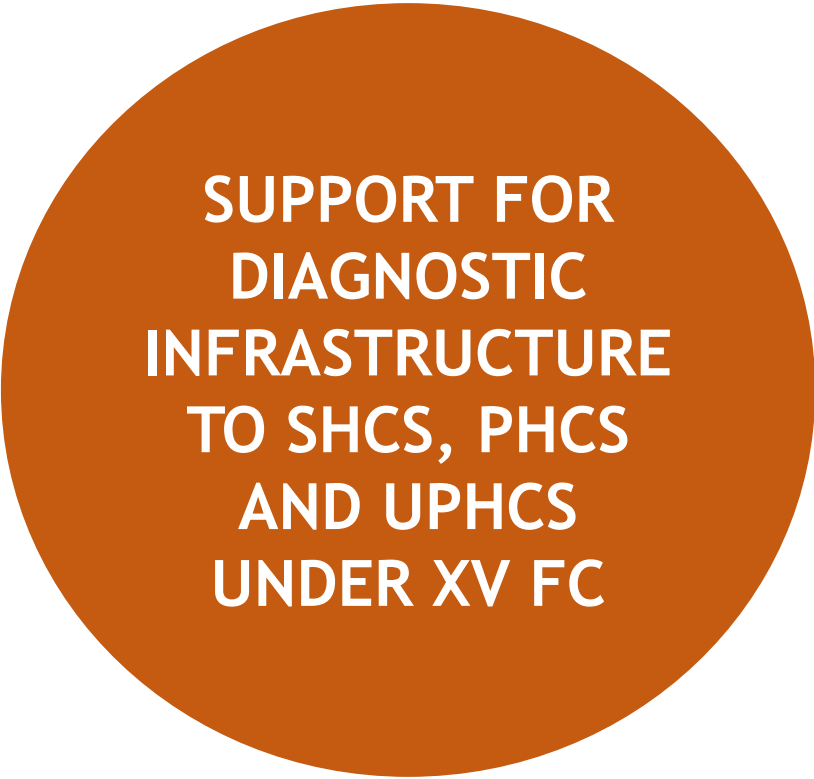
Negative List:

- Repair and Renovation works already undertaken under the NHM Funds.
- This amount should not be used for the construction of a single room /wellness area or any other single project like boundary wall, toilets, water tanks etc.
- Construction of boundary walls, entrance, pavements, footpaths etc.
- Purchase of Solar panels etc.

COMPONENT 3

SUPPORT FOR DIAGNOSTIC INFRASTRUCTURE TO PRIMARY HEALTH FACILITIES-SHCS, PHCS AND UPHCS UNDER XV FC

Objective	To strengthen/ fully equip laboratories at primary healthcare facilities in both rural and urban areas
Services	The tests encompass hematology, serology, biochemistry, clinical pathology, microbiology and any other test for improved public health surveillance/clinical condition.
Planning	Gap-analysis of these facilities with the required diagnostic infrastructure, duly factoring-in the available HR and diagnostic-care-policy of the State,
Linkages	Ensure basic diagnostic facilities with linkages for advanced testing facilities at Block Public Health Units / Block level facilities or SDHs +/- DHs or specially, IPHL at the District level.
Mode	In-house through hub and spoke model
Outcome envisaged	Achievement of universal health coverage through strengthening primary care services and overall reduction in OOPEx.



SUPPORT FOR DIAGNOSTIC INFRASTRUCTURE TO SHCS, PHCS AND UPHCS UNDER XV FC

- Ensure the availability of a minimum set of diagnostics appropriate to the level of care as per Comprehensive Primary Health Care package for HWCs and as per IPHS norms.
 - Sub Centre level- 13
 - PHC level- 63
- Ensure adequate availability and training of the Human Resources at HWCs in performing laboratory functions and equipment maintenance
- Facilitate early detection, prevention and containment of any chronic /infectious disease - towards strengthening the public health surveillance, reporting and analysis
- A detailed gap-analysis of these facilities with the required diagnostic infrastructure, duly factoring-in the available HR and diagnostic-care-policy of the State, is a prerequisite to effectively utilize this component of FC-XV

Unit Cost for New/greenfield diagnostic infrastructure for SHC or PHC-

- Rs 3.91 lakhs per SHC and
- Rs 25.86 lakhs per PHC

Support for Diagnostic Infrastructure to primary health facilities- SHCs, PHCs and UPHCs

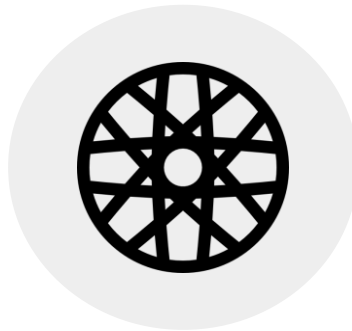
The Free Diagnostic Service initiative may be adopted by the State in different models contextual to their needs:

In House Model



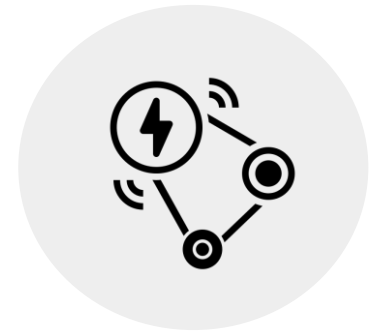
Laboratory services are provided through in-house laboratories of the respective health laboratory services.

In House system with Hub and Spoke Model



Samples are collected at peripheral facilities/collection centres and safely transported to a central laboratory which acts as the Hub.

Hybrid Model



High volume and low-cost tests are done within public health facilities and high cost, lower frequency diagnostic services are outsourced mode as a way of gap filling

DIAGNOSTIC INFRASTRUCTURE SUPPORT AREAS

Diagnostic and Laboratory
Equipment including
storage

Software/ IT Infrastructure

Rapid/point of care test
Kits, reagents, etc. and
their optimal storage
conditions

State specific diagnostic
kits for early detection of
disease conditions like
Filaria/ Kala-Azar / Leprosy
in specific endemic areas or
blocks or districts

Sample Transportation

Diagnostic Equipment
Maintenance and time
bound repairs

Monitoring of the
Equipment uptime, Cost-
effective utilization and
replenishment of the
reagent

Capacity Building of Staff

4. Support for Diagnostic Infrastructure to primary health facilities-SHCs, PHCs and UPHCs

Negative List for this component of FC-XV:

- High End equipment such as PET SCAN / CT SCAN to the higher level facilities.
- Construction of boundary walls, entrance, pavements, footpaths etc.
- Purchase of Solar panels etc.
- Purchase of electronic items like TVs, cameras etc. which are not listed as part of the guidelines.

COMPONENT 4

BLOCK PUBLIC HEALTH UNITS (BPHU)

Every block in the country is envisaged as having a CHC/ Block PHC/ SDH at the Block Headquarter (HQ) which serves as a hub for referral from the SHCs and PHCs of the block.

Block Public Health Units are proposed in all blocks in 28 States

The BPHU would encompass the service delivery facility (CHC/PHC/SDH), a Block Public Health Laboratory, and a Block HMIS Cell

Unit Cost-
Capital cost- Rs. 80.96 lakhs
& Operational cost- Rs. 20.14 lakhs

BLOCK PUBLIC HEALTH UNITS (CONTD.)

Service Delivery (Health Facility)

- Strengthening of blocks by integrating clinical and public health services to protect & improve health of population in a block

Public Health Unit

- Develop a Block Level Plan, that sets block specific targets for national health programs, and improves population health outcomes, including focus on social and environmental determinants of health

Public Health Laboratory

- Provide comprehensive diagnostic facilities for infectious and non-infectious diseases to enable public health surveillance and improve disease surveillance (both human and animal) to support in generating evidence/forecasting potential outbreaks

HMIS Cell

- Collect, compile and analyze clinical, program and public health data to ensure effective monitoring, enable early detection of outbreaks, and serve to hold service providers accountable

i. **Block Public Health Unit:**

BLOCK PUBLIC HEALTH UNIT			
S. No.	Particulars	Cost per Block Public Health Unit	Total (in Rs.)
		(in Rs.)	
1	Infrastructure		
1.1	Area (sq. ft.)	1000	
1.2	Cost (2000 per sq. ft.) (one time)	20,00,000	20,00,000
2	IT Equipment		
2.1	Set up Cost (one time)	2,00,000	2,00,000
	Total non-recurring		22,00,000
2.2	Recurring cost	4,000 per month	48,000
3	Monitoring and Supervision	2,000 per month	24,000
4	Human resource (all HR will be as existing IPHS & BPMU some add on HR is reflected here for one year)		
4.1	Epidemiologist/Entomologist	42,500 per Epidemiologist (1 per Unit)	42,500
4.2	Public Health Personnel	42,500 per specialist (1 per Unit)	42,500
4.3	Veterinary Doctors (Hiring/linkages with veterinary department)	42,500 per doctor (1 per Unit)	0
4.4	Lab Technician	24000 per technician (1 per Unit)	24,000
	HR Cost per month		1,09,000
	HR Cost per Year		13,08,000
	Recurring cost per year (HR+ Others)		13,80,000

INDICATIVE UNIT
COST AS
SUGGESTED BY
GOI (SUPPORT
FOR HR
CURRENTLY
DISCONTINUED)

ii. Block Public Health Laboratory

BLOCK PUBLIC HEALTH LABORATORY			
S. No.	Particulars	Unit cost (in Rs.) * Unit	Total cost (in Rs.)
1	Infrastructure (already available at CHC as per IPHS)		
1.1	Area (sq. ft.)	1,000	
1.2	Cost (2000 per sq. ft.)	20,00,000	20,00,000
2	Equipment as per IPHS 2012 are presently available, additional equipment indicated below is required		
2.1	Hemoglobinometer electronic	6,500 (2 per Unit)	13,000
2.2	a) Semiautomated Biochemistry analyser OR b) Fully automated Biochemistry analyser	13,00,000	13,00,000
2.3	Hematology analyser	5,00,000	5,00,000
2.4	Spirometer	4,500 (4 per Unit)	18,000
2.5	Rotor/shaker	15,000	15,000
2.6	ESR analyser	1,50,000	1,50,000
2.7	TrueNat (Chip based Real time micro PCR)	7,00,000	7,00,000
	Total		46,96,000
2.8	Consumables including masks, PPE, etc. Bio medical waste		58,500
3	Human resource (all HR will be as per IPHS, some add on HR is reflected here)		
3.1	Lab Technician	24,000 per technician (2 per unit)	24,000
	HR Cost per month		24,000
	HR Cost per Year		2,88,000
	Recurring Cost per year (HR+ Others)		3,46,500

INDICATIVE
UNIT COST AS
SUGGESTED BY
GOI

iii. HMIS Unit

S. No.	Particulars	Cost per Block HMIS Cell (in Rs.)	Total (in Rs.)
1.1	Infrastructure		
1.2	Area (sq. ft.)	500	
2	Cost (2000 per sq. ft.)	10,00,000	10,00,000
2.1	IT Equipment		
2.2	Set up Cost	2,00,000	2,00,000
3	Total		12,00,000
	Recurring cost	4,000	48,000
3.1	Human resource <i>(supported by existing staff some add on HR is reflected here)</i>		
	Data Manager	20,000 per manager (1 per Unit)	20,000
	HR Cost per month		20,000
	HR Cost per Year		2,40,000
	Recurring Cost per year (HR+ Others)		2,88,000

iv. Composite Unit cost per BPHUs

Total capital cost (in Rs) of the Block PH Unit with Labs	80,96,000
Total recurring cost (in Rs) of Block PH Unit with Labs	20,14,500

INDICATIVE UNIT
COST AS
SUGGESTED BY
GOI
(SUPPORT FOR
HR CURRENTLY
DISCONTINUED)

BLOCK PUBLIC HEALTH UNITS

Negative List for this component of FC-XV: The funds under this component cannot be utilized for the following:

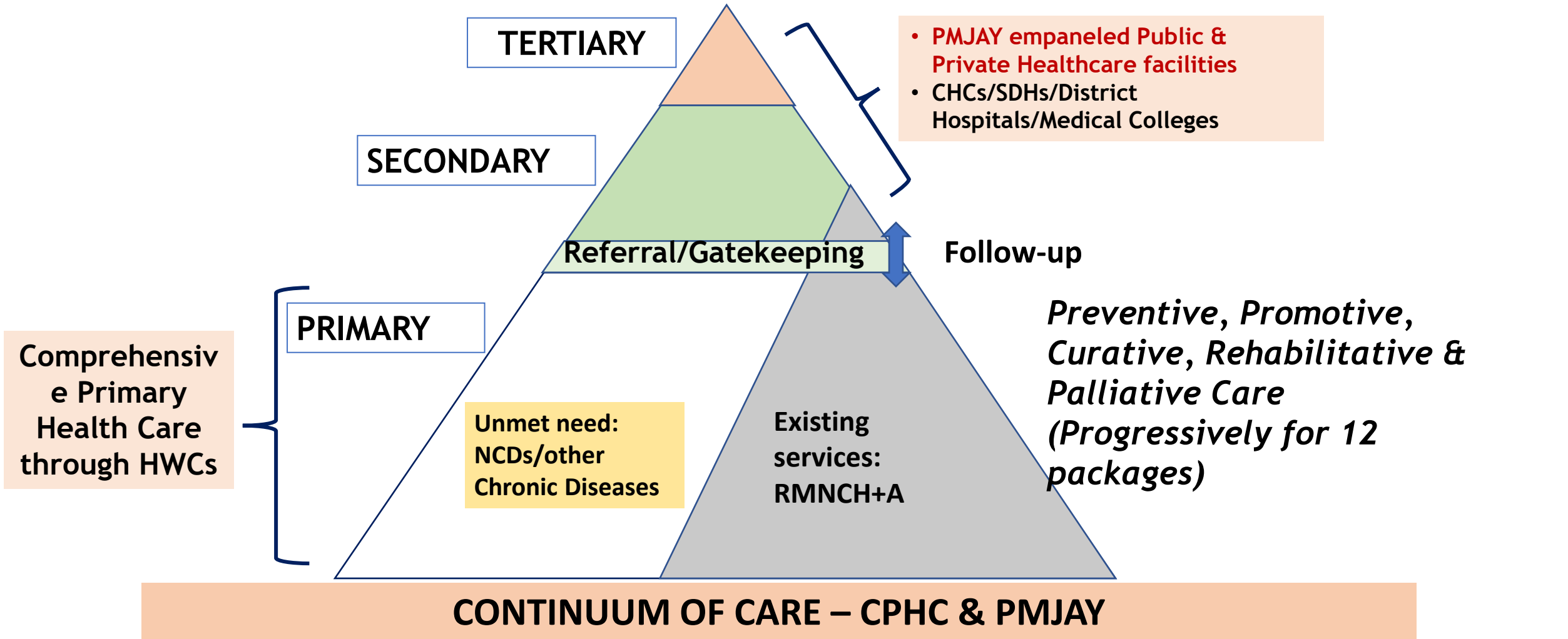
- Repair and Renovation works of Block level facilities already undertaken under the NHM Funds.
- Construction of boundary walls, entrance, pavements, footpaths etc.
- Purchase of Solar panels etc.
- Purchase of electronic items like TVs, cameras etc.

COMPONENT 5

CONVERSION OF RURAL SHCS AND PHCS TO AB-HWCS UNDER XV FC

- FC-XV allocations to a State / District not sufficient to cover recurring expenditures of all the functional SHC and PHC level HWCs in a State / District.
- Decide accordingly, the no of SHC HWCs that can be supported under FC-XV grants for five years from FY 21-22 onwards.
- SHC-HWCs that are functional since 2018 may be given preference, as they have stabilized over time to implement various activities of HWCs
- Support for following activities:
 - Remuneration to CHOs
 - Team Based Incentives to primary healthcare team at SHCs (ANMs, ASHAs & CHOs)
 - ASHA Incentives for delivery of expanded range of services @1000 per month (ceiling)
 - Refresher Training of CHOs and Multi-skilling of MPWs and ASHAs
 - IEC
 - IT support
 - Recurring cost for diagnostics
 - Independent Monitoring costs for performance assessment
- Maximum unit cost of Rs. 7.81 lakhs per year for a SHC-HWC and Rs. 4.29 lakhs for a PHC-HWC per year.

Universal Health Coverage: Ayushman Bharat



Overview - Comprehensive Primary Health Care

**Focus on both
WELLNESS &
ILLNESS**

Infrastructure

Space for OPD, dispensing medicines & wellness

Expanded Service Delivery

Expanded package of services from existing RMNCHA and NCD to oral, Eye, ENT, MNS, Elderly, Palliative and Emergency care

**Services for
ALL PEOPLE
throughout the
life-cycle**

Robust IT System

AB-HWC portal
CPHC-NCD app

Comprehensive Primary Health care through AB-HWCs

**1.5 lakh AB-HWCs to
be operational by Dec
2022**

Expanded HR- CHO & Multi Skilling

SHC-HWC: Introduction of CHO cadre
PHC-SHC: HR as per IPHS
Multiskilling of primary healthcare team in expanded range of services

Community Mobilization & Health Promotion

Strengthening VHSNC/MAS/JAS
Wellness activities in the community

Expanded Medicine and Diagnostics

Medicines: SHC-HWC: 105, PHC-HWC: 172 Diagnostics: SHC-HWC: 14, PHC-HWC: 63

Linkages with Medical Colleges

Adoption; Support for capacity building, quality assurance and implementation research

Continuum of Care - Telehealth

Bi-directional referral for assured continuum of care
Leveraging technology for specialist care closer home

Expanded Package of Services



Care in Pregnancy
& Childbirth



Neonatal & Infant
Healthcare Services



Childhood & Adolescent
Healthcare Services



Reproductive & Family
Planning Services



Management of
Communicable
Diseases



Outpatient Care
for Acute Simple Illness



Screening Prevention
& Control of NCDs



Eye & ENT
Care



Oral
Care



Elderly & Palliative
Care



Emergency Care



Mental health
Care

PRIORITIES

Location

Aspirational Districts, Tribal Districts

Infrastructure

Facilities that have basic infrastructure in place (Low hanging fruits)

Facilities that require augmentation/modification

Drugs & Diagnostics

HR

In Position Staff at the facility (E.g. MO at PHC)
Performance linked payment and Team based indicators

Capacity Building

MO and CHO

Services

Mental Health,
Elderly Care and Palliative Care

Key Elements: Capacity Building

**Capacity Building
for Expanded
Package of
Services (for CPHC
in capsules of 3-4
days each)**

Cadre	Total Number of Training Days
MOs	13.5 Days
CHOs	14 Days
Staff Nurse	11 Days
MPW-M/F	12 Days (Face to Face training)
ASHA	14 Days (Face to Face training)

Key Elements: Drugs and Diagnostics

Free medicines

105 @SHC-HWC

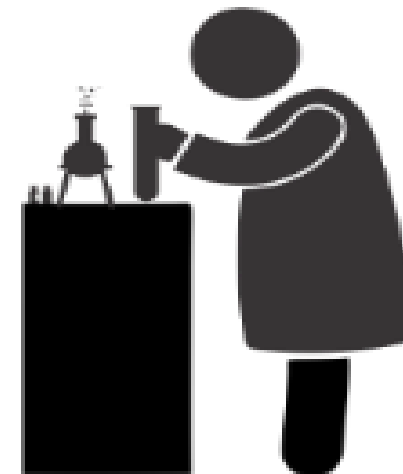
172@PHC-HWC



Free diagnostics

14 @SHC-HWC

63 @PHC-HWC



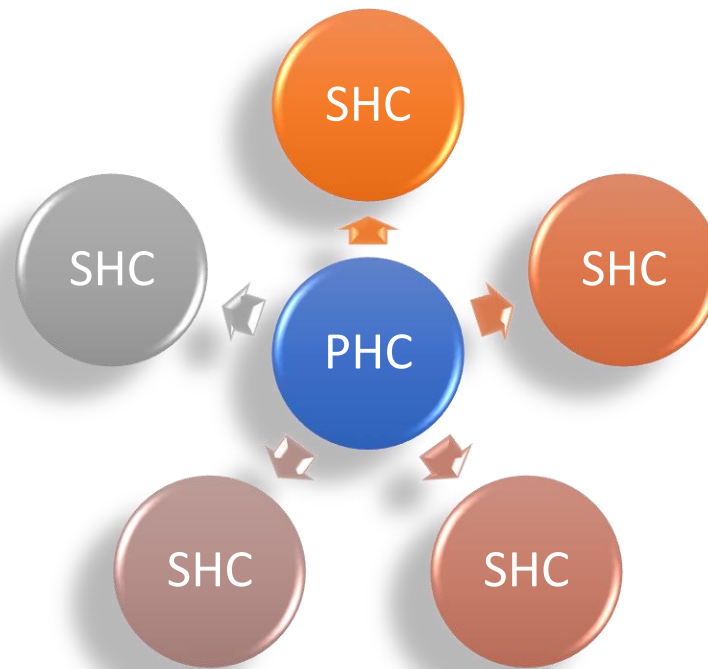
Key Elements: Human Resources

(Support for HR Currently Discontinued)

- **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)
- 1 MPW Females
- 1 MPW Male/Female
- 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)

Key Elements - Technology

IT Applications/
Software

AB- HWC portal /app

CPHC NCD

ANMOL

E-SANJEEVANI

RCH portal

NIKSHAY

NIKUSHTH portal

DVDMS

Mera Aspataal

HMIS

State specific applications

Key Elements: Technology



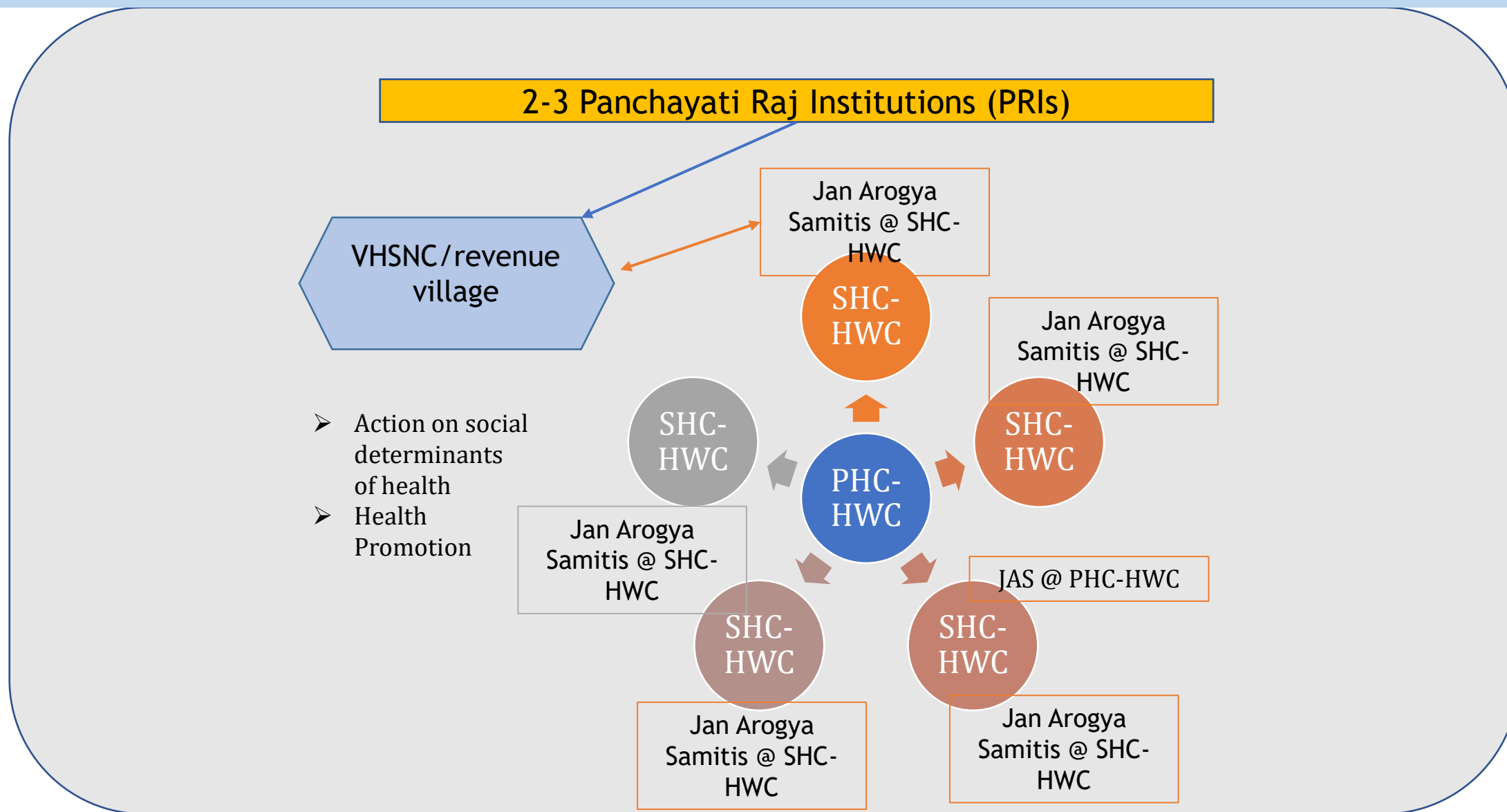
**CPHC NCD Application
AB-HWC Portal / Application**



Teleconsultation services

E Sanjeevani HWC
E Sanjeevani OPD

AB-HWC to develop an Ecosystem of Primary Healthcare



Note: Jan Arogya Samiti (JAS) are being formed at Urban PHC - HWCs

(Support for HR Currently Discontinued)

Appendix 4.2 Conversion of SHCs and PHCs into HWCs in Rural Areas: Unit Cost

A. Unit cost for SHC-HWCs (Only Recurring Cost (as per CPHC guidelines))

Recurring items	Amount per SHC per annum (lakhs)
Remuneration to CHOs	4.80
Team Based Incentives to primary healthcare team at SHCs (ANMs, ASHAs & CHOs)	1.00
ASHA Incentives for delivery of expanded range of services @1000 per month (ceiling)	0.60
Refresher Training of CHOs and Multi-skilling of MPWs and ASHAs	0.30
IEC	0.25
IT support	0.05
Recurring cost for diagnostics	0.30
Independent Monitoring costs for performance assessment	0.51
Total per SHC per annum (lakhs)	7.81

(Support for HR Currently Discontinued)

B. Unit cost for Rural PHC-HWCs (Only Recurring Cost (as per CPHC guidelines))

Recurring items	Amount per SHC per annum (lakhs)
Training of Medical officers (two) @10k per MO, Staff Nurses (two) @7500 per SN and Multi-skilling of MPWs and ASHAs for co-located SHC	0.55
Team Based Incentives to primary healthcare team at PHC level HWCs	2.00
ASHA Incentives for delivery of expanded range of services @1000 per month (ceiling)	0.60
IEC	0.50
IT support	0.05
Recurring cost for diagnostics	0.30
Independent Monitoring costs for performance assessment	0.29
Total per SHC per annum (lakhs)	4.29

(Source-Ayushman Bharat Comprehensive Primary Healthcare through Health and Wellness Centres Operational Guidelines 2018)

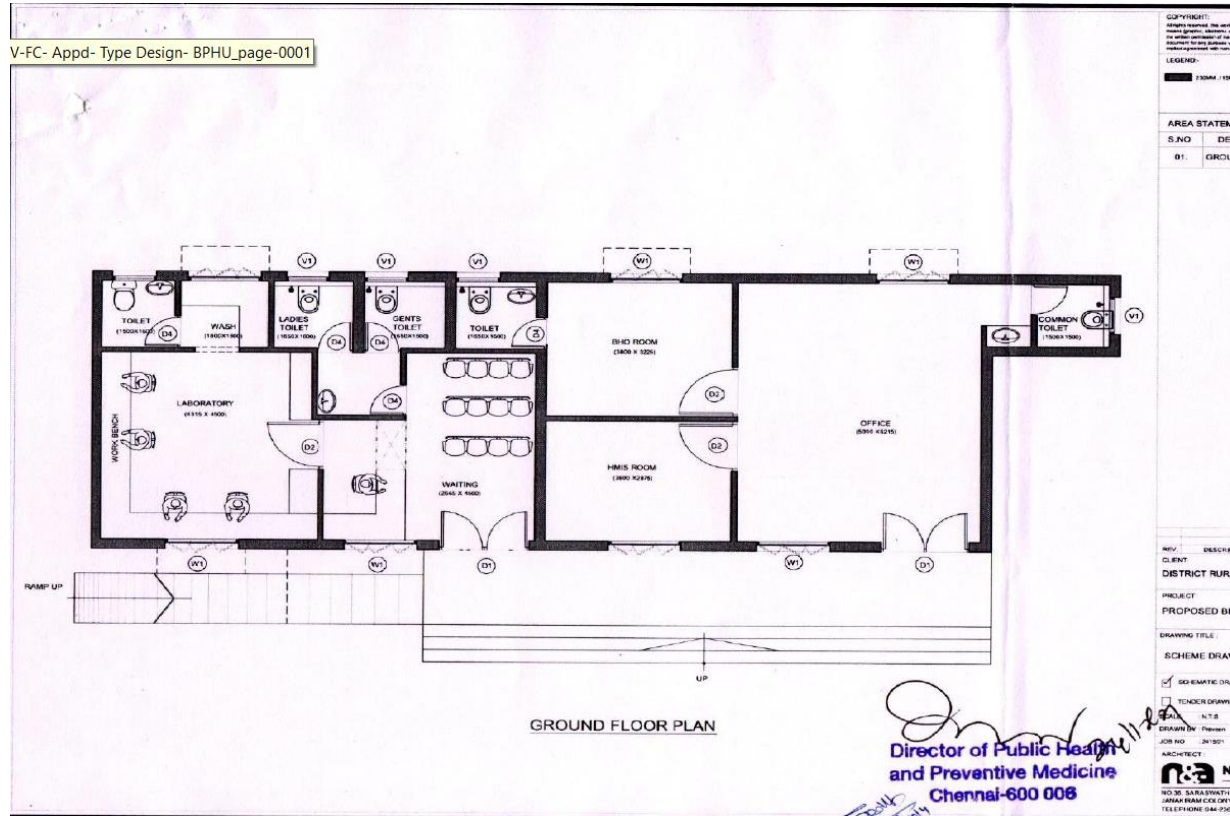
Conversion of Rural Sub Health Centres and Primary Health Centres to AB-HWCs

Negative List for this component:

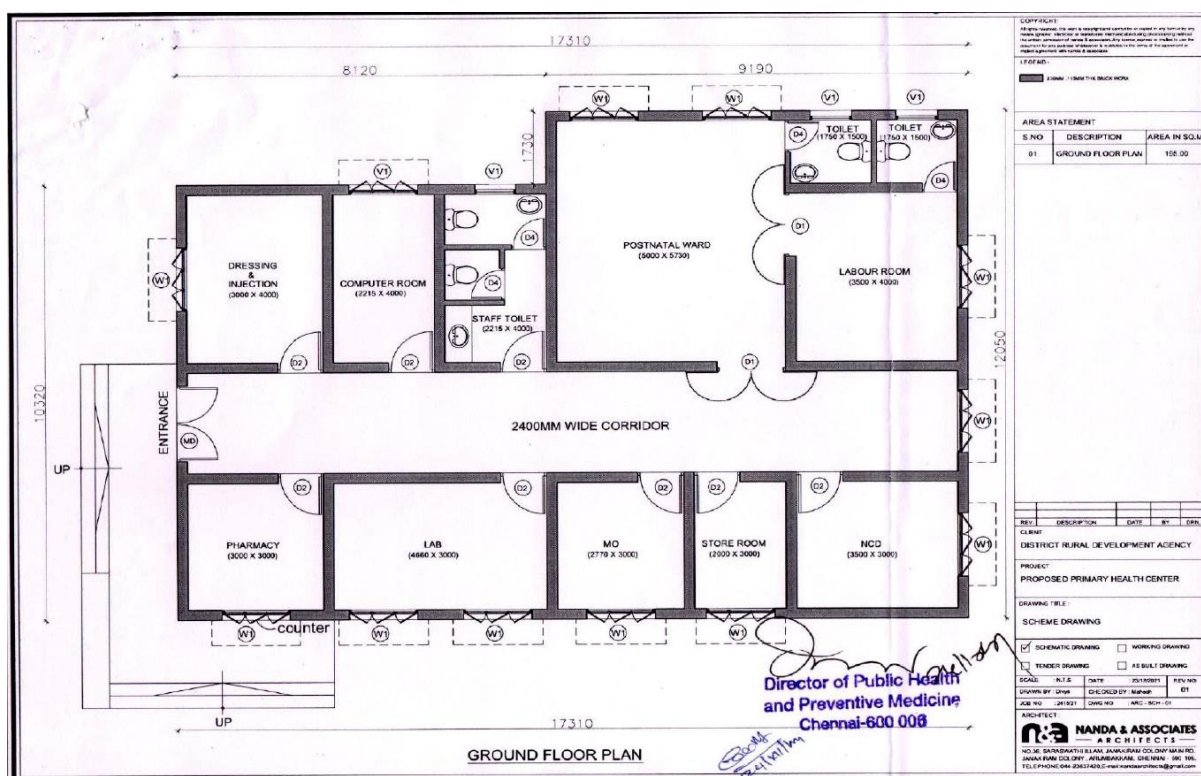
- Repair and Renovation works already undertaken under the NHM Funds.
- Construction of boundary walls, entrance, pavements, footpaths etc.
- Purchase of Solar panels etc.
- Purchase of electronic items like TVs, cameras etc. which are not listed as part of the guidelines.
- Purchase of IT hardware: (these are covered under the non-recurring costing of the HWCs as per CPHC guidelines).
- Cost of Diagnostic Infrastructure including purchase of refrigerators, etc (except for 30,000/- which is provided for Point of Care Diagnostics as recurring expenditure).

Institution	Cost per Unit (Rs. In Lakhs)
SHC-HWC	7.81
PHC-HWC	4.59

BPHU - Type Design & Simulated Images



PHC - Type Design & Simulated Images



Approvals for FY 2021-22 and 2022-23

(Amount in Rs. Crores)

Component	2021-22			2022-23		Total (2021-2026)
	Nos	Fund allotted	Funds utilized (As per NHM PMS)	Nos	Fund allotted	Fund allotted
Building-less Sub-Centres, PHCs, CHCs	212	71.21	51.30	152	71.20	378
Urban HWCs	721	356.48	173.98	115	356.77	1893
Conversion of Rural PHCs and SCs into HWCs	4848	148.60	145.60	4848	148.61	789
Block Public Health Units	96	77.47	38.82	82	72.75	411
Diagnostic infrastructure for SHCs	8713	64.16	64.16	8713	64.16	341
Diagnostic infrastructure for PHCs	2042	69.24	69.24	2042	69.25	368
Diagnostic infrastructure for UPHCs	26	18.75	14.75	458	18.88	100

FC XV Health Grants Utilization status

FC XV Health Grants through Local Government										(Rs in lakhs)	
FY 2021-22					FY 2022-23					Status of compliance to Conditions for subsequent release	
Available grant	Approved by NLC	Released by DoE	% Mapped	% Expenditure	Available grant	Approved by NLC	Released by DoE	% Mapped	% Expenditure		
805.93	805.93	805.93	100 %	71%	805.93	801.22	801.07	100 %	44%	No	No

Summary of Approvals & Progress - FY 2021-22 & 2022-23

Component	Approval in 21-22	Approval in 22-23	Status/Progress so far
Building-less Sub Health Centres, PHCs, CHCs	186 SC, 26 PHC	130 SC, 22 PHC	FY 2021-22: Work has been completed in 13 SHCs and work under progress in 162 SHCs. Work has been completed in 5 PHCs and work under progress in 21 PHCs. FY 2022-23: Work under progress in 36 SHCs and work to be started in 94 SHCs. Work under progress in 6 PHCs and work yet to be started in 16 PHCs.
Block Public Health Units	96	82 BPHU	FY 2021-22: 14 BPHU PHC Work completed and 78 BPHUs work is under progress. FY 2022-23: Work Commenced in 62 BPHU PHCs and work to be commenced in 20 BPHU PHCs.
Support for diagnostic infrastructure - SC	8713 SCs	8713 SCs	FY 2021-22: Procurement and supply of reagents were done for 8713 HSCs through TNMSC FY 2022-23: Integrated Essential Lab services Planning Phase under progress, Hub and Spoke will commence on completion of planning activities.

FC XV Health Grants

Summary of Approvals & Progress - FY 2021-22 & 2022-23

Component	Approval in 21-22	Approval in 22-23	Status/Progress so far
Support for diagnostic infrastructure - PHC	1807 recurring, 387 non-recurring	2042 recurring, 501 non-recurring	FY 2021-22: Procurement and supply of Diagnostic Equipment to PHCs based on gap analysis and USG Equipm.ent to 389 PHCs through TNMSC completed. FY 2022-23: Procurement and supply of Diagnostic Equipment to PHCs based on gap analysis. Work will commence once gap analysis is completed.
Conversion to AB HWCs	8713 SCs	4848 SCs, 1384 PHCs	FY 2021-22: Funds has been utilized towards MLHP Salary, WHV Incentives and other Operational expenses for AB-HWC. FY 2022-23: Proceedings has been issued towards MLHP Salary, WHV Incentives and other Operational expenses for AB-HWC.
Support for diagnostic infrastructure - CPHL	26 CPHL	9 CPHL	FY 2021-22: The Funds has been utilized towards Establishment of 26 City Public Health Labs. FY 2022-23: All 9 CPHLs are under construction.
Urban health and wellness centres (HWCs)	593 UHWCs, 128 Pol. Clinic	115 UHWCs	FY 2021-22: 500 UHWC has been inaugurated and made functional, work under progress for 93 UHWC. 99 Poly clinics has been identified and functioning. FY 2022-23: 112 UHWCs are under construction and 3 UHWCs Preliminary works are under progress

FC XV Health Grants

Summary of Approvals - FY 2023-24

Abstract - FC-XV Health Grants for FY 2023-24 (In Lakhs)		
Code	Activities	Total Budget Approved
FR	Rural Components	45,170.45
FR.1	Building -less Sub Health Centers PHCs, CHCs,	29,575.00
FR.2	Block Public Health Units	4,044.00
FR. 3	Support for Diagnostic infrastructure to the primary health care facilities	11,551.45
FR. 4	Conversion of Rural Sub Health Centers and PHCs to HWCs	-
FU	Urban component	38,723.95
FU.1	Support for diagnostic infrastructure to the primary health care facilities	1,043.00
FU.2	Urban Health and wellness centers (HWCs)	37,680.95
	Total FC-XV Grants	83,894.40

- Conditions for release for 2023-24: For release of Grants for the FY 2023-24, 75% financial progress (in each component) as per the NHM PMS portal against the approval of 2021-22 and 50% financial progress (in each component) as per the NHM PMS portal against the approval for 2022-23.
- Along with this, state needs to submit Grant Transfer Certificate (GTC) for releases under FY 22-23.

Thank You

