

Utilization of Program Implementation Plan in the State of Maharashtra

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Abstract: PIP provides an overview of current health, an analysis of infrastructure facilities, and an implementation plan for the year. It focuses on the strategies and activities carried out by the various components of the program to achieve the goals and objectives of the program (2). Various studies and reviews related to the implementation of NRHM were also used to understand different perspectives and issues regarding health services and NRHM spending in the state of Maharashtra. NHM in Maharashtra approved a total amount of rupees 11581.62 (in crores) where rupees 7255.63 (in crores) was the total expenditure of the state and the unused balance provided by the state was rupees 4325.99 (in crores) which was 37.35% for the F.Y. 2013-14, 2014-15, 2015-16, 2016-17 & 2017-18. Where the highest amount was approved in the year 2017-18, Whereas the lowest amount was approved in the year 2013-14.

Index Terms: Health Finance, Programme Implementation Plan, Health Expenditure, National Health Mission, Healthcare Services.

I. INTRODUCTION

Programme Implementation Plan

A state program implementation plan is a document that needs to be prepared each year to help the state identify and quantify the goals needed to implement the program for the proposed year. The document will be finalized at the NPCC (National Program Coordinating Committee) meeting for administrative approval. A resource envelope is created and submitted to the state accordingly. Once the budget is finalized at the NPCC meeting, it becomes a policy document available for general inspection on the department's website. The State Program Implementation Plan (PIP) establishes the policies, budget requirements, and health outcomes to use [1].

In particular, PIP provides an overview of current health, an analysis of national infrastructure facilities, and an implementation plan for the year. It focuses on the strategies and activities carried out by the various components of the program to achieve the goals and objectives of the program [2]. Ideally, PIP should be part of the annual state health plan (not just NHM). District / City Health Action Plans need to be summarized. The various sources of funding available to the State need to be taken into consideration. The actual needs of the nation need to be taken into consideration based on disease burden, epidemiological transition, available resources [3].

PIP should be part of the annual State Health Plan. District / City Health Action Plans need to be summarized. The various sources of funding available to the state need to be taken into consideration. The actual needs of the nation need to be taken into consideration based on disease burden, epidemiological transition, available resources [3]. The health of each country is influenced by both supply and demand factors. Key variables on the supply side are budget allocation, governance structure, and policy making [4]. Maharashtra is the largest economy, second most populous and third largest state in India. Maharashtra is also one of the most industrialized and urbanized states in the country [5].

National Health Mission (NHM) is the Government of India's most comprehensive public health program (GOI). NHM consists of two sub-missions: National Rural Health Mission (NRHM), April 2005, National Urban Health Mission (NUHM) 2012 with the objectives -To provide a technical resource to States to strengthen health systems, to bring a sharper concentration on high specialization in States and rural populations, particularly marginalized and vulnerable population, architectural correction through the mixture of vertical programs, decentralization, and communitization [6].

NHM ALLOCATION OF BUDGETS

India has made great strides in reducing IMR and MMR from 80 in 1990 to 42 in 2012 (MoHFW 2015), but these aggregates hide differences in performance levels between states. increase. With the realization of state-to-state differences in wealth, socio-economic and health indicators, MoHFW is adopting a fairness-based approach to resource allocation to different states. In this approach, the allocation is based on the state's population [7].

Funds in NHM are under 'Mission Flexi Pool'. The key five components are-

- 1) Part A: NRHM RMNCH +A (Including Immunization) Flexipool.
- 2) Part B: NUHM Flexipool.
- 3) Part C: Flexible Pool for Communicable Diseases.
- 4) Part D: Flexible Pool for Non- Communicable Diseases, Injury and Trauma.
- 5) Part E: Infrastructure Maintenance.

The Process of PIP is Situation Analysis, Identification of major challenges, Communication to states on PIP guideline and budget envelope, Communication from state to districts on budget envelope, DHAP - Priority setting, tailor made strategies, detailed

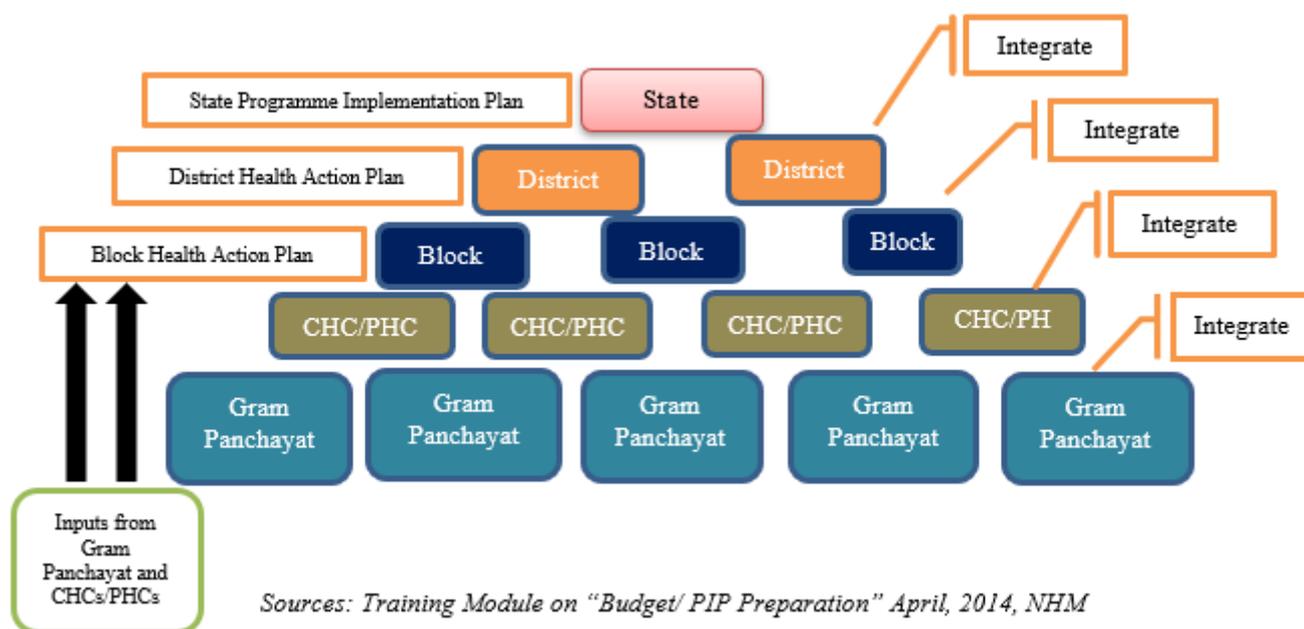
activities and budgeting, Preparation of State Health Action Plan using District health action plan, Ensuring that State perspective implementation plan is within permissible budget and as per Government of India guidelines, Approval and submission of state PIP to MoHFW, Appraisal of PIPs by programme divisions, National programme coordination committee (NPCC), Approval of PIP and issuing state record of proceedings (ROP), Issuing district plan/ district ROP by states, Monitoring of PIP [7].

Budget allocation for Program Implementation Plan under NHM-

- Total Resource Envelope (RE)- Central Share+ State Share+ Unspent Balance.
- Funding Pattern Between the Central and The States/UT Are- NE States, Jammu and Kashmir, Uttarakhand And Himachal Pradesh is 90:10
- All UTs Without Legislature: 100% GOI Funded
- All Other States, Puducherry, Delhi has 60:40
- Tentative Resource Envelope for 2022 is generally 5-10% higher. [3]

Below is the Fig.1 which shows the hierarchy of program implementation plan after reaching to state level.

Figure 1 Hierarchy of PIP's After Reaching to State Level



New features of Program Implementation Plan are - From 2022 onwards all sources of health funding are listed on the PIP by States. Budget allocation of district shared by PIP. Budget Summary are to be made the table makes it easy to identify allocation between pools, programs, and HSS components. It includes: national allocation of program management costs. A wide range of cost critical evaluation, provides both "reasonable" and "uniform" foundations, and saves time [7]

For the PIP 2022-24 there will be new formats and process which are-

1. There will be two years of PIP so as to get more time for implementation and monitoring.
2. PIP will be in a simplified format with 11 budget columns and 52 program rows.
3. There will be focus on the outputs which are financial proposals linked with key deliverables.
4. They will be doing mid-term reviews for course corrections, if requested by state/UT/MoHFW.
5. All previously approved unspent funds used to undertake current PIP activities.

There are several budget lines within each Flexipool. Under the 2012 Financial Management and Operations Guidelines, at least 70% of federal funding will be allocated to districts under the Part A - NRHM-RMNCH+A flexible pool, with high priority districts having at least 30 per capita than non-priority districts. However, according to the report of the Working Group on NRHM of the 12th Five-Year Plan (2012-2017), the total expenditure of the central government from 2005-06 to 2009-10 was 73,606 rupees in NHM [7].

According to a report by the Accounting Auditor (CAG) on the National Rural Health Mission (NRHM 2008), most of the state's funds were allocated based on population rather than socio-economic standards. States with low health indicators receive significantly less money than states with strong health indicators [7].

In 2018-19, the PIP guidelines were changed and NHM-based PIPs were created under 18 broad budget lines. RCH allocation increased by Rs. 450 Crores from Provisional Budget 2019-20 to Core Budget 2019-20 as a result of this budget increase. However, due to the reduced allocation of RCH components compared to the previous year, from Rs. 5728.51 Crore in 2018-19 (RE) to Rs. 5703.52 crore in 2019-20 (BE). In 2017-18 and 2018-19, only about 58-59% of the state-provided funding was used [8].

KEY ISSUES AND CHALLENGES IN USING NRHM NHM FUNDS-

Based on the research conducted on NHM's Program Implementation Plan, the main restrictions associated with underutilization of funds can be broadly categorized as follows: -

Inadequate planning – Decentralized planning flaws in program implementation, inadequate staffing and implementation of planning activities, inadequate attention to capacity building, and the minimal role of community involvement in the planning process. All identified the use of available funds¹⁰ as a factor due to the lack of needs-based budget in the plan [9].

Delayed submission to the State PIP Centre – Budget constraints prevent the state NHM from completing all program activities planned for the fiscal year. The state can carry forward unused funds from the previous year to continue certain approved initiatives, but cannot start new activities this year. The country also needs to submit proposals on time, so the team should start preparing as soon as possible, given enough time for the ministry's review, and meet the deadline [10] found that States typically submit a program implementation plan in the fourth quarter of a fiscal year (January to March), approve the budget in the first quarter (April to June) of the next fiscal year, and then in the second quarter or note that we will announce the budget in the third quarter. The results suggest that the use of funds is marginal, which is the underlying factor behind poor budget execution and underutilization [11].

Delay in sending ROPs from the center to the state – average time delay from the start of the fiscal year to the date of approval by the Government of India (the date the runbook records are available on NHM). Website) was 51 days during the 2013-14 planning period in all states. By providing pregnant women with healthy eating plans, antenatal care, and cash assistance during the pregnancy stage, it delays two births and is usually underfunded and guaranteed to poor women. Focus on it. The program will be available to her in the shortest possible time. It also shows that 97.6% of all funds were used between 2005-06 and 2009-10. However, with the exception of Assam and Tripura, other states in the north eastern region lag behind in using the resources available under JSY [11].

METHODOLOGY

The present study aims to assess and analyses of the utilization of Program Implementation Plan in the state of Maharashtra based on budget documents (2016-21), state health association (SHS) financial management reports, and progress reports published by National Rural Health Mission, Government of India. The NRHM Program Implementation Plan (PIP) and Minutes (RoP) were also used for the analysis. Various studies and reviews related to the implementation of NRHM were also used to understand different perspectives and issues regarding health services and NRHM spending in the state of Maharashtra.

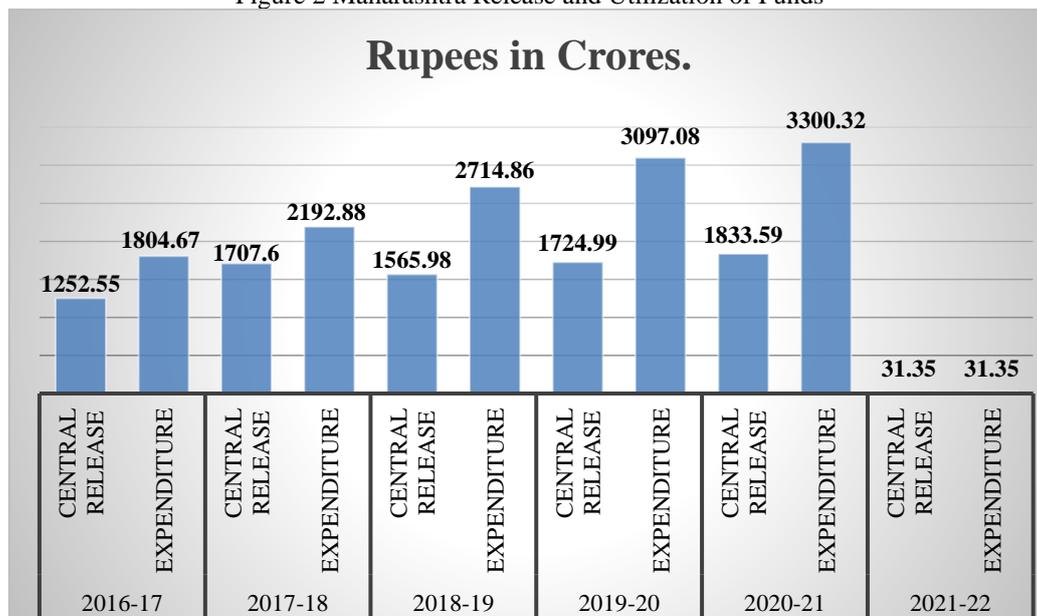
FINDINGS

The proportion of round-the-clock (24x7) functional PHCs are either low or declining, probably due to lack of manpower and equipment. Several urban local bodies in Maharashtra, such as in Mumbai and Pune maintain substantive public health care infrastructure ranging from health posts to large municipal hospitals and are the primary administrative agency for health care delivery in respective cities.

National Health Mission in Maharashtra approved a total amount of rupees 11581.62 (in crores) where rupees 7255.63 (in crores) was the total expenditure of the state and the unused balance provided by the state was rupees 4325.99 (in crores) which was 37.35% for the F.Y. 2013-14, 2014-15, 2015-16, 2016-17 & 2017-18. Where the highest amount was approved in the year 2017-18, Whereas the lowest amount was approved in the year 2013-14. The allocation for NHM in 2020-21 (Rs 33,400 crore) saw a 1% decrease over the revised estimates of 2019-20. NHM's percentage share in the total budget has decreased from 73% in 2006-07 to 50% in 2020-21. In 2020-21, there has been no change in allocation towards all the flexible pools. The funding for the flexible pools is: Rs 5,703 crore for the immunization pool, Rs 2,178 crore towards the flexible pool for communicable diseases, Rs 717 crore towards the flexible pool for non-communicable diseases.

A statement showing State, Maharashtra release and utilization of funds under National Health Mission (NHM) during the last five financial years i.e., from 2016-17 to 2020-21 and the current F Y i.e., 2021-22 in crores in Fig.2

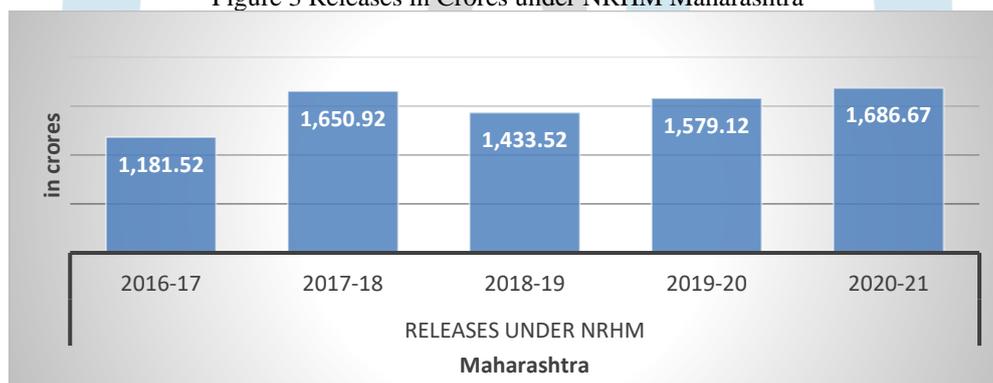
Figure 2 Maharashtra Release and Utilization of Funds



Source- GOI, MoHFW, Lok Sabha Unstarred Question .2021 National Health Mission (NHM)

As we can see the highest expenditure in the state of Maharashtra was in the year 2020-21 which was around 3302.32 crores as well as the central expenditure was also highest in the same year in Fig.3

Figure 3 Releases in Crores under NRHM Maharashtra



Source- GOI, MoHFW, Lok Sabha Unstarred Question .2021 National Health Mission (NHM)

Releases in crores under National rural health mission in Maharashtra was highest in 2020-21 year which was around 1,686.67 crores and lowest in the year 2018-19.

Table 1 Allocation for 2021-22 under different pools of National Health Mission in India.

Sr. 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

Source - National Health Mission (NHM) -An Overview-2021-22

Let us summarize that – For the NRHM- RCH flexible pools the allocation was 20,691.59 crores and for NUHM it was 1,000.00 crores, flexible pool for communicable diseases was 2,178.00 crores, flexible pool for non- communicable diseases was 717.00

crores, infrastructure maintenance was 6,343.41 crores and others pilot projects, NPMU was 170.00crores with the grand total of 31,100.00 crores in the year 2021-22.

Table 2 Represents Reproductive and Child Health and Routine Immunization allocation and expenditure (Rs. In lakhs) in the state of Maharashtra.

	RCH PIP			RI PIP		
Year	Budget	Expenditure	percentage	Budget	Expenditure	percentage
2008-09	36330.45	17024.82	46.86	2188.48	1144.67	52.30
2009-10	22464.35	15897.94	70.77	2073.31	1475.19	71.15
2010-11	24563.69	21457.63	87.36	1710.05	1512.45	88.44
2011-12	40022.24	32973.95	82.39	1796.39	1580.29	87.97
2012-13	45337.28	36786.23	81.14	4535.76	3004.40	66.22
2013-14	63277.42	46892.99	74.11	3608.63	2987.58	82.79
2014-15	65585.86	47136.70	71.87	3867.37	3181.59	82.27
2015-16	62099.51	45319.63	72.98	5059.42	2370.95	46.86
2016-17	80136.79	45567.59	56.86	6557.29	3799.53	57.84
2017-18 up to Dec 2017	39460.38	20786.84	52.68	12204.87	3831.83	31.40

Source- Maharashtra State Public Health Department Part - II, Directorate of Health Services, Mumbai February 2018

Let us summarize that- In the year 2016-17 highest budget was allocated with an amount of 80,136.79 rupees in lakhs and amount spent was 45,567.56 rupees in lakhs i.e., 56.86% was spent of total budget whereas in the year 2009-2010 least budget was allocated with an amount of 22,464.35 and amount spent was 15,897.94 rupees in lakhs i.e., 70.77% was spent of total budget for RCH PIP. In the year 2017-18 highest budget was allocated with an amount of 12204.87 rupees in lakhs and amount spent was 3831.83 rupees in lakhs i.e., 31.40 was spent of total budget whereas in the year 2010-2011 least budget was allocated with an amount of 1710.05 and amount spent was 1512.45 rupees in lakhs i.e., 88.44% was spent of total budget for RI PIP.

CONCLUSION AND RECOMMENDATIONS

Based on the findings of this study, it can be broadly concluded that Maharashtra has implemented the activities of National Rural Health Mission to provide accessible, affordable and equitable health services. Maharashtra is making all efforts towards identifying gaps and adopting measures to achieve the goal and objectives of the mission. NRHM has transformed public health service delivery in the State. The decentralization, responsiveness to local needs, paradigm shift in health system management and availability of untied funds has improved the facilities and their credibility among members of the public.

In the study it was seen that the allocation for the year 2021-22 under different pools of NHM was highest in NRHM-RCH flexible pool in which they had included RCH Flexible pool including RI, PPI, NIDDPC and Health System Strengthening under NRHM including AB-HWC, ABP followed by infrastructure maintenance than Flexible Pool for Communicable Diseases and then National Urban Health Mission-Flexible Pool and the least was for Flexible Pool for Non-Communicable Diseases, Injury & Trauma. Despite pandemic, Maharashtra spends less than 50% of health budget. The National Rural Health Mission has spent less than a third of Rs 1,583 crore of state's share for NRHM and only 41% of Centre's share (to NRHM) of Rs 2,472 crore. The Urban Mission meant for cities has only spent 1% of its allocation. The actual spending fell short of budget estimates every year, and this was largely due to low utilization of plan expenditure, thereby questioning the absorbing capacity and efficiency of the executing agencies in planning and implementing different programme.

Maharashtra have shown how delay in transfer of funds in the NHM leads to underutilization of the funds. Since health is a state subject, it is necessary to look into the various issues related to allocation and utilization of the funds not only at the state but also at district level. Progress of institutional setup of NRHM at state and district level is comparatively slow. Meeting of State Health Mission need to be held regularly, the status of District Health mission meetings is better than the State Mission meetings. The Public Health System in Maharashtra is stagnating due to inadequate finances and various systemic deficiencies.

CONFLICT OF INTEREST- NONE

SOURCE OF FUNDING- NONE

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