# Model PIP under National Program for Palliative Care (NPPC) for seeking financial assistance by State Govts. under NRHM flexipool

## 1) Goals & Objectives

Goal: Availability and accessibility of rational, quality pain relief and palliative care to the needy, as an integral part of Health Care at all levels, in alignment with the community requirements

Objectives

i. Improve the capacity to provide palliative care service delivery within government health programs such as the National Program for Prevention and Control of Cancer, Cardiovascular Disease, Diabetes, and Stroke; National Program for Health Care of the Elderly; the National AIDS Control Program; and the National Rural Health Mission.

ii. Refine the legal and regulatory systems and support implementation to ensure access and availability of Opioids for medical and scientific use while maintaining measure for preventing diversion and misuse

iii. Encourage attitudinal shifts amongst healthcare professionals by strengthening and incorporating principles of long term care and palliative care into the educational curricula (of medical, nursing, pharmacy and social work courses).

iv. Promote behaviour change in the community through increasing public awareness and improved skills and knowledge regarding pain relief and palliative care leading to community owned initiatives supporting health care system.

v. Encourage and facilitate delivery of quality palliative care services within the private health centres of the country.

vi. Develop national standards for palliative care services and continuously evolve the design and implementation of the National program to ensure progress towards the vision of the program.

**(Note: NRHM NCD flexi-pool has mandate for the activities for district level and below and hence the PIPs should be for seeking financial assistance for district palliative care unit and activities as well as state palliative care cell for implementing the program)**

## 2) Implementation mechanism

It is envisaged that activities would be initiated through National Program for prevention and control of cancer, CVD, Diabetes & Stroke. The integration of national programs are being attempted under the common umbrella for synergistic activities. Thus strategies proposed will provide essential funding to build capacity within the key health programs for non-communicable disease, including cancer, HIV/AIDS, and efforts targeting elderly populations. Working across ministries of health and finance, the program will also ensure that the national law and regulations allow for access to medical and scientific use of Opioids.

The regulatory aspects as mentioned in the Program, for increasing Morphine availability would be addressed by Department of Revenue in coordination with Central Drug Standards Control Organization. Cooperation of international and national agencies in the field of palliative care would be taken for successful implementation of the program.

The major strategies proposed are provision of national and state cells for palliative care. Additional manpower would also be required. 1 physician & 6 nurses at 170 RCCs & Govt. Medical Colleges and 1 physician & 4 nurses at 629 Distt Hospitals are proposed. Training, IEC and miscellaneous activities by Deptt. of Revenue, DCG(I) and other agencies would also be required.

There is already provision proposed for palliative care wing with defined beds, Out Patient and home based care within the district, State and National Cancer Institute in the 12$^{th}$ Plan on NCDs, in the National programmes for prevention & control of chronic diseases

It is recommended that this may be implemented through defined infrastructure and facilitating trained personnel to provide care. Hence the following recommendations

a. RCC & Medical Colleges up to **16 beds** reserved / allocated specifically for palliative care and OPDs
b. Equipment for palliative care unit as per standards

Personnel and Capacity building

a. One qualified Palliative care physician with at least 6 weeks training from authorized centres, as regular/ contractual staff within the RCC.

b. Specialist palliative care nurse (6 at Medical college & 4 at District) with 6 weeks training as regular/ contractual staff within the RCC. Two counsellors appointed

under the NPCDCS, would be specially trained for 6 weeks in palliative care 3 days training on essentials in pain relief, long term care and palliative care for all medical and nursing professionals of RCCs and within the cancer services of selected government medical colleges.

c. Short term training on essentials in pain relief, long term care and palliative care for district Surgeon, Physicians, Gynaecologist at the cancer services within District hospitals in conjunction with the training programs under the NPCDCS.

State NCD cell also would plan for a systematic capacity building at all levels of health care delivery system through capacity building, infrastructural support and drug availability.

Infrastructure according to levels of care

i. District hospital would have up to **10 beds** dedicated to Palliative care and develop capacity for twice a week afternoon palliative care OPD services
ii. Community health centre are to have palliative care OPD services and home based services (with available staff under NPCDCS) at least three times / week within an area of 25 kilometres around its radius and also empower families to care for the patient through IEC.
iii. Primary health care would coordinate the referrals of patients requiring palliative care support and also empower families to care for the patient through IEC through the senior Health Assistant.

Personnel requirement on regular / contractual basis

i. District hospital- 1 trained palliative care physician and specialist nurses (6 at Medical College & 4 at Distt Hospital) with at least 6 weeks training within the approved training centres
ii. Community health centre, Primary health centres utilises the existing personnel deployed under NPCDCS and NPHCE programs

Training:

i. 6 weeks training from the approved centres for palliative care physician and nurses
ii. Short term trainings for all other categories concerned with palliative care

Brief training programs would be integrated with on-going training programs of national programs and separate focussed training for palliative care as notified from time to time in different settings.

**3) Physical Targets- year wise breakup**

It is expected that the activities would start w.e.f. 1st April 2013. The phasing would be done in similar fashion to NPCDCS program

| S. No. | Year | No. of Medical Colleges & RCCs | No. of Districts |
|---|---|---|---|
| 1 | 2013-14 | 50 | 300 |
| 2 | 2014-15 | 50+50 new=100 | 300+150 new = 450 |
| 3 | 2015-16 | 100 + 50 new = 150 | 450 +150 new = 600 |
| 4 | 2016-17 | 150 + 20 = 170 | 600 + 29 new = 629 |

**Thus a state Govt. may ask for year 2013-14 financial assistance for setup of palliative care unit at 5-10 Districts depending on the size of the state may be asked for by the respective state Govt. (The financial assistance for RCC/Medical College would be provided separately subject to availability of budget and approval of EFC.)**

**4) Requirement of financial resources (Recurring and Non Recurring)-year wise breakup and justification thereof**

**Budget for District Hospital**

Manpower

One Physician @ Rs 60,000 per month x 12 months
Four nurses @ Rs. 30,000 per month x 12 months
One Multi task worker @ Rs. 15,000 per month x 12 months

Training at District Hospital

Rs. 2 lakh per training program consisting of 50 participants @ 1 each at Distt. Hospital = Rs. 2 lakh per training

Infrastructure strengthening

(renovation of PC unit/OPD/beds/ miscellaneous equipments etc.) Rs. 15 lakhs each

Misc. Incl. travel/POL/stationary/communication/drugs etc. Rs. 8 lakh each per year

**Total expenditure required per District = 48.4 Lakhs**

**State Palliative care cell**

One co-ordinator Rs. 60,000 per month x 12 months
One data entry operator Rs. 15,000 per month x 12 months
Misc. expenditure workshop/stationary/POL/communication etc.
Rs. 50,000 to Rs. 1,00,000 per year

**Total expenditure for a state cell Rs. 9.5 – Rs. 10.0 lakhs for a year**

**The GOI:State share would be 75:25 and in NE states it would be 90:10. State Govt. may submit the PIPs for consideration under NRHM NCD flexi-pool.**

**Thus a state may ask for financial assistance for a palliative care cell and 5-10 districts (depending upon the size of state) palliative care units and activities for financial year 2013-14.**