



PLANNING PROCESS 2014-17

Joint Secretary (Policy)

NATIONAL HEALTH MISSION

- NHM envisages:
 - “Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people’s needs, with effective inter-sectoral convergent action to address the wider social determinants of health
 - It encompasses two sub-missions, the existing National Rural Health Mission (NRHM) and a new National Urban Health Mission (NUHM).



PARTS OF SPIP

- ***PART I: NRHM plus RCH/RMNCH+A Flexipool- (RCH, Mission Flexipool and Immunization, NIDDCP)***
- ***PART II: NUHM Flexipool;***
- ***PART III: Flexipool for Disease Control Programmes; (RNTCP, NLEP, NVBDCP, IDSP)***
- ***PART IV: Flexipool for non-communicable diseases incl. injury and trauma; (NPCDCS, NPCB, NTCP, NMHP, NPHCE, NOHP, NPCCD)***
- ***PART V: Infrastructure Maintenance***



CHANGES IN PIP GUIDELINES

- Three year perspective plan for the period 2014-15 to 2016-17
- Detailed Quarterly Targets and budget for 2014-15 to be submitted with this PIP
- Updation on annual basis based on lessons learnt & progress

3 *Years*



NEW INTRODUCTIONS

- ASHA
 - Certification of ASHA by NIOS
 - new ASHA incentives - ASHAs to receive incentives for routine activities - Rs. 1000.
- Roll out of the recently launched Rashtriya Kishor Swasthya Karyakram (RKSK)
- United Funds, Annual Maintenance Grants and RKS Grants merged
 - Allocation for District Hospitals and CHCs doubled
 - 50% of grants being linked to caseloads.



NEW INTRODUCTIONS

- NHM Free Drugs Service and NHM Free Diagnostic Service initiatives
- Provision for rollout of B.Sc (Community Health) Course
- Setting up of Skill Labs as well as onsite mentoring at Delivery Points
- Roll out of Universal health Coverage Pilots
- Strengthen/ roll out quality assurance system
- Collaborations with Medical Colleges and knowledge partners are other focus areas.
- Operationalization of Clinical Establishment Act / similar Acts has also been introduced.



ALLOCATION CRITERIA

(1/3)

30
Minutes

- Construction / upgrading of facilities also on basis of (33 % of RE for EAG States & 25 % for others)
 - time to reach primary health care facility i.e. no more than 30 minutes of walking distance, and
 - secondary care services including C-section and blood transfusion are available within two hours of any habitation,
 - with an assured referral transport system connecting the two.
 - In hard to reach areas, Mobile Medical Units (MMUs) should be used to provide primary healthcare services

ALLOCATION CRITERIA

(2/3)

- Prioritise facilities with higher caseloads (deliveries, OPD/OPD services)
- Up to 5% of state resource envelope may be allocated towards capacity building.
- Up to 5% of state resource envelope may be allocated towards NGO supporting service delivery
 - this may overlap with other activities such as capacity building.
- Programme management costs - 5.5% of the total annual work plan (10% for small states and union territories)
- Upto 2% of the state annual work plan – technical assistance
- Cost of monitoring including MIS – upto 1% of total NHM funds.
- Innovations - Up to 10% of the total NHM RE



OTHER CONSIDERATIONS

- HPDs to receive 30 % per capita higher allocation than average for rest of the districts
- Tribal areas and other vulnerable groups & urban poor to receive special attention
- States to follow 5X5 priority strategies matrix – **Annex 1.3**
- States to adequately consider utilization patterns of previous years while planning
- NHM annual PIP should contain activity details (one pager for each activity) indicating brief summary of the proposed activities and its financial costing along with FMR code
- Description should be drafted separately for each activity along with other Annexures and budget sheet (**Exhibit 6.01**)

DESCRIPTION-

Name of the Activity:

Whether New/ or being continued:

Achievements if continued from previous years:

Justification:

Deliverables:

Funding Proposed:

CHECKLIST FOR SUBMISSION

- PIP should be submitted in the circulated excel format
- Ensure proposals on all components namely NRHM, NUHM, communicable disease control programmes and NCDs
- All applicable annexures should be filled.
- Overall Infrastructure and HR sheet should be filled correctly & completely.
- HR annexures to clearly specify whether the proposed HR is new or on going.
- Complete justification for the need for construction/ upgradation of the facility supported by OPD/IPD/ Delivery figures along with name wise list of facilities
- Complete database of facility wise information of delivery points is a must. All annexures of MH to be completely filled

CHECKLIST FOR SUBMISSION

- Line listing of SNCUs, NBSUs & NRCs to be provided as per format.
- Annexures of Referral Transport to be provided
- Details of the existing MMUs as well as newly proposed MMUs - The names districts where these MMUs are to be stationed, details of the monthly patient load, etc- support only for those MMUs that meet minimum specified benchmark
- PIP must have a proposal for supportive supervision plan and for quality assurance
- PIP to be reviewed by a single person at State level for internal consistency & avoidance of double budgeting

Budgeting for 2014-17

Plan for 5% more resources for NHM, with about 33% for NUHM

Plan for implementation of ongoing programmes- infrastructure, HR, NAS, MMUs, ASHAs, JSY, JSSK etc

Scale up of RBSK & implementation of RKSK

Budget for New ASHA incentives & incentives for routine activities

Plan for HPDs as per Gap analysis

Plan for UHC pilots

Plan for Supportive Supervision

Budget for Equipment Maintenance

Budgeting for 2014-17

Focus on RMNCH + A strategies 5 X5 Matrix

Strengthening of adequately distributed delivery points, BEmOC centres and FRUS

Saturate existing Delivery Points – infrastructure, HR, Equip., Training, Supplies

New facilities as per Time to care approach

Incentives- HR Particularly specialists- Base + Hard area+ performance linked

Top up incentives for regular + LSAS + EmOC

Strengthen nurse practitioner model

Operationalization of HRMIS

Plan for other new initiatives as per resource availability

USSD SERVICE

- **USSD**(Unstructured Supplementary Service Data) is a Global System for Mobile(GSM) technology that is used to send text through an application program.
- At present, the NIC developed USSD Application is available only on network of Airtel ,Tata GSM and BSNL mobile platform only.
- Allows a two-way exchange of a sequence of data.
- At present the service is available in English and Hindi language.
- USSD Application is independent of type of platforms like Android, Symbian, Java etc.
- This security features ensures availability of application to registered users only including ANM/ASHA, health workers, administrators, etc.

REMEMBER

- Refer the NHM (*Jan 2014*) and NUHM framework (*2013*) documents and the PIP manual
- Make sure that the following are included-
 - Allocation criteria
 - Key RMNCH+A 5*5 matrix activities
 - Budget Annexures
 - Programme Information Sheets
 - Descriptions of proposed activities (based on Exhibit 6.01)
 - Abstract sheets

IMPORTANT POINTS TO BE NOTED

- Report on the Status of the Conditionalities outlined in the ROP for 2013-14
- Queries if any should be addressed to pipprocess2014@gmail.com along with the contact number of the person having the query.
 - PIP team at the Ministry will arrange a call back to resolve queries

**Good Luck
as Together
We Can!!!**

