Dear Principal Secretary,

I must, at the outset, thank you and your team for putting in a lot of effort in preparing the PIP for the current year along with supporting annexures. You are aware that this PIP was envisaged to provide a perspective for the next two years. Further there were Parliamentary elections during April – May, 2014. Accordingly, the PIP preparation, review and approval and dissemination process for the current year has been time consuming. Against this backdrop, it has been decided to simplify the PIP process for next year onwards by building upon the extensive work already done for PIP of current year.

2. The Ministry has initiated action on streamlining and simplifying process of PIP preparation, appraisal, approval and dissemination and also to enhance operational flexibility, for the States without compromising focus on key evidence based interventions. Most of the activities outlined in the PIP are generally expected to continue in the following year. In such cases, States/UTs could, using the current ROPs (main and supplementary, if any) as the base budget sheet, submit budget for 2015-16 highlighting only the following:

a) Changes (increase or decrease) in the budget for on-going activities, including unit costs and number of units.

b) Corrections (if any) required in the RoPs (main/supplementary).

c) New activities being planned based on priorities of the programme (including quality assurance, strengthening and institutional mechanism for free drugs & free diagnostics initiatives, strengthening sub-centre etc) along with a brief write-up along with data/gap analysis and budget break up for new activities (referring to the budget code) where new activities are proposed.

For analysis of any theme/ on-going activities, the Ministry would refer to the HMIS and the PIP annexures submitted by the States with their PIP for the current year. States may submit a revised annexure only in cases where there are major changes.

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3. The Ministry anticipates an increase of 15% in the outlay for next year and States are requested to plan accordingly keeping the ratio of State share in mind. Further, States need to also ensure a minimum of 10% increase in their health budget as per the MOU. The other resource allocation criteria under NHM, as communicated last year, would remain unchanged.

4. The states may propose a maximum of 10% of the health systems budget (Mission flexipool i.e. NRHM Part B, and NUHM) as flexible budget for innovations this year subject to availability of resource envelope. Guidelines on this would be communicated shortly.

5. You are all also aware of the government’s intention to launch the National Health Assurance Mission which includes components of free essential drugs and diagnostics and comprehensive primary care. As part of preparatory activities, States/UTs must plan for strengthening infrastructure facilities especially, the sub centre besides basic lab, drug warehouses and IT systems for drugs logistics and supply chain. They should also plan to strengthen the pathology labs in terms of infrastructure, HR and equipment to carry out routine investigations. Further States must plan to strengthen infrastructure at sub centres (non-PHC Headquarter sub centres) while locating them at a place that is safe for providers and convenient to the community. Planning should also include for establishing Quality Assurance mechanisms and strengthening programme management units.

6. As per practice teams from Ministry would provide support to the planning process and visits to States are tentatively scheduled in the 4th week of December 2014 and first fortnight of January, 2015 once States complete the preliminary planning exercise. It may kindly be noted that 31st January, 2015 would be the last date for submitting the NHM PIPs for FY 2015-16 to enable us to accord approval preferably by 31st March, 2015.

I look forward to receiving your PIPs in time.

With regards,

Yours Sincerely,

(C. K. Mishra)

All Principal Secretaries/Health Secretaries of States/UTs
All Mission Directors (NHM)