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
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

- 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
• 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)
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-infrastructures, HR, NAS, MMUs, ASHAs, JSY, JSSK etc
- Scale up of RBSK & implementation of RKSJK
- 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!!!