



PLANNING FOR INCREASED ALLOCATION OF BUDGETS FOR FAMILY PLANNING THROUGH THE PROGRAM IMPLEMENTATION PLAN OF THE NATIONAL HEALTH MISSION AND ITS OPTIMAL UTILIZATION

PURPOSE

To provide guidance to district officials and NGO partners on the specific steps for planning and budgeting for family planning (FP) through the annual Program Implementation Plan (PIP) of the National Health Mission (NHM).

AUDIENCE

1. Chief Medical Officer (CMO)
2. Chief Medical Superintendents (CMS)
3. Nodal Officers -Urban Health and FP
4. Persons In-Charge/ Medical Officers In Charge (MOIC) of facilities
5. District Program Managers (DPM)
6. Urban Health Coordinator/ Assistant Program Manager, NUHM
7. NGO representatives

BACKGROUND

Reduction of unmet need for FP can improve maternal and child health and reduce the high levels of mortality. By recognizing this linkage between FP and maternal and child health, it becomes important to maximize funding for family planning activities through the annual PIP. NHM's annual PIP is the mechanism through which districts can plan, budget and request for funds for FP.

Apart from the funds required for District Women's Hospitals (DWH), medical colleges and district hospitals, separate funds are especially required for proper functioning of the Urban Primary Health Centers (UPHCs) and the Urban Community Health Centers (UCHCs). These facilities require, but often lack adequate human resources, equipment and supplies to provide services to urban population of the district. They also lack other required resources to implement innovative FP approaches such as workplace interventions, strategies for male engagement in FP, induction training of private providers on sterilization and Post-Partum Intra Uterine Contraceptive Device (PPIUCD) insertion services. The mechanism of the NHM's PIP can be used to allocate funds to meet these FP needs of the urban population.

Inadequate planning and under-utilization of available funds have been major reasons for underperformance of FP services in the public sector. These factors have resulted in low demand and limited access to FP services especially for marginalized populations including the urban poor.

EVIDENCE OF THE IMPACT

Better planning at the city level and inclusion of listed and unlisted slums in UHI supported intervention cities helped increase the total amount of funds allocated for FP in the state and district PIPs, by which the following positive changes could be made:

1. Increased allocation of Urban Accredited Social Health Activists (ASHAs) in UHI supported intervention cities
2. Increased budget for male and female sterilization procedures and associated client incentives (wage loss compensation) resulting in an increased number of clients
3. Better utilization of FP budget. For example, the Contraceptive Technology Updates (CTU) workshops were conducted in UHI supported cities with funding through the PIP
4. The PIP was also used to increase the number of contracted doctors and counsellors to provide services in the public sector hospitals
5. Procurement of additional supplies and commodities



Support to district level officials by Urban Health Initiative (UHI) in planning, budgeting and requesting for funds to support FP through the PIP route provided substantial increase in allocation and utilization of fund for FP activities.

SIFPSA and NHM-UP, with technical assistance from the EAQ project led by Population Services International (PSI): facilitated the establishment of a Public Private Partnership model known as Hausala Sajheedari for strategic purchase of FP services. The districts were able to mobilize 180 million rupees from the PIP to reimburse the private sector for FP services over a period of one and a half years (2016-2017).



GUIDANCE ON PLANNING, BUDGETING AND REQUESTING FOR FP FUNDING IN THE PIP

ESTIMATE THE NEED:

Estimate the population of Married Women of Reproductive Age (MWRA) in need of FP services at the UPHC/ DWH/ District Combined Hospital (DCH) level in urban areas, keeping in mind the slum population of the city (Refer to: TCIHC's urban mapping and listing tool).

Communication and resource envelop to states by GoI	October
Communication and resource envelop to districts by states	October
Preparation of districts/ city and other plans	November

Preparation of state PIPs, approval by State Health Mission/ Society and submission to MoHFW December

Appraisal and approval of PIPs by MoHFW January-March

ESTIMATE THE RESOURCES REQUIRED:

Based on the estimated population in need of FP services, calculate the requirement of human resources (including available government doctors trained on FP methods, number of counselors, ASHAs etc.), supplies and operating funds (which are presently available, as well as additional requirements to be included in the PIP including those necessary for private accredited facilities) to provide essential services.

PREPARE THE DISTRICT PIP AND BUDGET:

Before any PIP is formulated, the CMO should invite the Additional Chief Medical Officers (ACMOs), Nodal Officers - Urban Health and FP, Deputy CMO, CMSs, DPMs, Assistant Research Officers (AROs), MOICs of UPHCs in the district, development partners (national and international NGOs) and representatives of the accredited private sector facilities. They should be explained the PIP process as per the PIP guidelines received from the state and the central government. Their requests should be sought in a participatory manner, on areas / issues/ activities to be continued in the coming PIP as well as additional budget required for new activities, such as renovation of facilities, additional facilities in urban areas, additional staff, equipment and supplies, IEC materials and their distribution, cost for Fixed Day Static (FDS) services, community activities related to FP and health and proposed innovations (Refer to: NHM PIP guideline 2018-19).

ASSESS THE PROGRESS:

In the subsequent meetings, assess the physical (program activities) and financial progress. This may include activities that were approved in the previous year's Record of Proceedings (ROP) but have not been undertaken. Once this process is completed, the Nodal Officers - Urban Health and FP and DPM proceed with completing the relevant FP sections in the PIP and present these to the District Health Society (DHS) for approval. Once approved, the district PIP is sent to the state.

COMPLETE AND SUBMIT THE PIP (PLAN AND BUDGET):

Requests for funds should be submitted in the PIP format. For compilation, the CMO may designate a dedicated officer or engage an external consultant through development partners to facilitate the district PIP process.

DISSEMINATE INFORMATION ON APPROVED FUNDS:

Based on the approved PIP/ROP and funds allocated to the district, the CMO should convene a meeting of all concerned units to share the line item allocations to each thematic area of the PIP. The district officials and facility managers should be made aware of the line item allocations and they should have copies of the guidelines for making decisions for future planning and utilization of funds.

Based on the approved PIP and the guidelines received from the state, FP activities should be planned, implemented and



monitored on monthly and quarterly basis.

ENSURE THE AVAILABILITY OF APPROVED FUNDS:

The CMO in coordination with the Nodal Officer-Urban Health and FP, DPM, District Accounts Manager (DAM) and others should ensure availability of funds for FP activities prior to their planned implementation.

This tool can be adapted for other health interventions also such as MNH, NCD etc.

ROLES AND RESPONSIBILITIES TOWARDS PIP DEVELOPMENT AND FINALIZATION

CMO

1. Conduct a meeting of all units of the health department with the support of DPM
2. Before the PIP preparation, orient various stakeholders on FP and health outcomes and share GOI guidelines on the preparation of PIP
3. Conduct a meeting with MOICs, persons in-charge of facilities, CMSs and heads of accredited facilities to estimate the needs for FP program implementation before commencing the PIP preparation
4. Request all the concerned nodal officers including Nodal Officers - Urban Health and FP, to provide information on all the activities which are to be continued in the new financial year, the activities which need to be discontinued, and any innovative activity that needs to be included. Review the draft PIP and ensure that funds for FP services, logistics, supplies and HR requirements are included in the PIP
5. Ensure that funds for new accreditations or empanelment of private facilities are included in the PIP
6. Get approval for the finalized PIP activities and funds at the DHS meeting and send the DHS-approved PIP to the state for approval
7. Inform all units about the approved PIP and activities
8. Monitor the progress according to the planning and expenditure benchmarks

MOIC, CMS & FACILITY IN-CHARGE

1. Conduct an assessment of the workload and the Expected Levels of Achievement (Community Needs Assessment Approach) for FP and share with the person who is compiling the PIP
2. Conduct meetings with the field functionaries and the Auxiliary Nurse Midwives (ANMs) to discuss estimates on the resource requirements for FP services and logistics
3. Assess the HR requirements and send the request to the team compiling the PIP

ANM

Conduct an assessment of unmet needs with the support of ASHAs and provide data to the head of the facility/ MOIC for additions to be made to the PIP

MONITORING BENCHMARKS FOR PLANNING AND EXPENDITURE

The CMO, with assistance from the Nodal Officer-Urban Health and FP, DPM or other team members, regularly monitor the following indicators:

1. Whether PIP is completed and submitted on time
2. Whether at least three key city level stakeholders have been involved (e.g. ICDS, DUDA, Municipal Corporation, accredited private hospitals or ward level representatives)
3. Number of private facilities accredited for FP services are also actively engaged
4. Monthly and quarterly review of physical and financial progress of all approved FP activities

COST ELEMENTS

The unit cost of all existing FP activities is shared by the state. The following line items in the PIP can be used for requesting the FP funds. Each city can also propose innovative FP activities, with allocation of unit costs together with proper justification for the same. Any innovations requested in FP proposals have to be budgeted under the Reproductive and Child Health (RCH) flexi-pool, and under the heading 'Family Planning'.

The table below is indicative and illustrates the manner in which cost elements are provided in a government PIP, thus giving guidance to the audience on where to look for elements related to a particular task, such as planning and budgeting for FP in the PIP.

Strengthening FP services	1.1.3
Terminal/ limiting methods	1.1.3.1
Spacing methods	1.1.3.2
Beneficiary compensation under FP Services	1.2.2
Family planning indemnity scheme	1.2.2.3
Incentive for FP services	3.1.1.2
Selection & training of ASHA	3.1.2; U.3.1.2
Procurement of bio-medical equipment: FP	6.1.1.3
Drop-back scheme for sterilization clients	7.3
Family planning trainings	9.5.3
IEC/ BCC activities under FP	11.6
Printing activities under FP	12.3
Implementation of FP-LMIS	14.2.3
PPP under family planning	15.1
Innovations (if any)	18
Quality assurance implementation	U.13.1.1
Support for implementation of Kayakalp	U.13.2.1

Source: NHM PIP Guideline, 2018-19



SUSTAINABILITY

Sustainability of FP activities is dependent on the CMO making the necessary requests in the PIP each year. To ensure proper utilization of the FP budget as laid out in the approved PIP, detailed monthly plans of the physical and financial progress should be prepared and monitored by the Nodal Officer – Urban Health and FP who should also update the CMO on the same. The CMO should share this physical and financial progress with the DHS in the monthly/ quarterly meetings.

AVAILABLE RESOURCES

1. NHM PIP guidelines 2018-19
 2. NHM PIP, RCH annexure: FP annexure I-VII
 3. NHM PIP, MFP annexure: ASHA & CA4H annexure I-V
 4. NHM PIP, MFP annexure: procurement annexure I-III
 5. NHM PIP, MFP annexure: quality assurance annexure I-II
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