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सत्यमेव जयते

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110108
GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
NIRMAN BHAVAN, NEW DELHI - 110108

D.O. No. 10 (37)/20011-NRHM-I
December 21, 2011

SUBJECT: NRHM-PLANNING PROCESS 2012-2013.

Dear Sir / Madam,

1. You have already been requested to initiate the preparation of PIP of NRHM for the year 2012-13vide JS (P)'s letter dated 9.12.11. In the first phase of NRHM, the focus was on bridging infrastructure gaps and augmentation of manpower to improve delivery of health care services. NRHM is now poised to enter the second phase and the focus in this phase would be more on health systems reforms for sustainable turnaround of health systems in the States. States should articulate a clear vision for the next 5 years and formulate the reforms agenda and strategies. Clear State specific targets should be set for various health indicators viz reduction of MMR, IMR, stabilization of TFR and prevalence of various diseases for the next 5 years. It should be ensured that the proposed strategies/interventions are completely aligned with the key goals of NRHM.

2. NRHM framework envisages a decentralized planning process from the village to block, block to district and finally to State, involving the Stakeholders. The bottom up planning process with wide stakeholder participation must be ensured while formulating the PIP. Increase in resource envelope by 15% over the current year's resource envelope as the indicative figure should be assumed. Based on this, tentative resource envelopes should immediately be communicated to the districts. The district resource envelope should be determined on the basis of population of district, giving a weightage of 1.3 to the High Focus District and weightage of 1.0 to rest of the districts. State PIP should not exceed the resource envelope indicated. District wise approval of plans must also be communicated in a time bound manner, once the RoP of NPCC is conveyed to the States.

3. Many States have got funding for health related activities from 13th Finance Commission. In the PIP, it will have to be certified that the activities mentioned are not being financed by 13th Finance Commission. Further, it may be noted that proposals for reappropriation will be entertained only after six months from date of communication of RoP.

4. For the year 2012-13, Monitoring and Evaluation will also be a key focus area. State should provide clear road maps for facility level monitoring at the State, district and blocks in order to ensure effective implementation of the activities proposed in the Annual Plan. Mechanism and plan for external evaluation of Infrastructure and Programmes should be reflected in PIP. Use of Information Technology for monitoring and improving service delivery should be promoted. Mother and Child Tracking System (MCTS) should also be fully operationalised and validity as well as completeness of data should be ensured. In HMIS, facility based reporting and quick commitment of data needs to be ensured. A road map for ensuring connectivity of all health facilities should be prepared. Data analysis and its utilization for planning and monitoring must be ensured.

5. Out of pocket expenditure on health care is still high. Janani Shishu Suraksha Karyakram (JSSK) is a step forward in this direction. Other areas of out of pocket must also be addressed. There should also be a clear plan for augmentation of the human resources in the next 5 years by creation of posts. States should move from contractual appointment to creation of regular posts both for health human resources and programme management and the clear strategy for the same should be indicated in PIP. Plan to fill up the regular vacant posts must also be clearly articulated along with the timeline.

6. Information on Infrastructure Maintenance, funds for which are routed through treasury should be provided in PIP. A separate chapter on this has been provided in PIP guidelines. In addition, National Programme for Prevention & Control of Flourosis has been brought under NRHM fold from 2012-13 and information & budget requirement for the same must also be indicated in relevant chapter of PIP.

7. Framework for implementation of NRHM provides for one MMU per district. Many States have been operating more than one MMU in many districts. In the 12th Plan

period, the expenditure on additional MMUs will have to be borne by respective State/UT governments.

8. While asking for operational costs for Emergency Medical Response vehicles, the year of its operation and admissible amount on reducing balance basis (60%, 40%, and 20%) should be clearly mentioned.

9. Financial Assistance for the 2nd ANM will be provided only for the facilities having sufficient delivery load upto a maximum of 10% of the total sub health centers. Progress of creation and filling up of posts of MPHW and status of their availability in the health centers should also be clearly indicated in the PIP.

10. The following is the timeline for the 2012-13 planning process:
    - District Plans based on Village / Block Plans: 27th December, 2011.
    - First Draft of PIP before State Health Mission: 14th January, 2012.
    - Receipt of PIP 2012-13 in MOHFW, GOI: 19th Jan 2012
    - Pre appraisal / sub group meetings: 30th Jan to 20th Feb 2012
    - Submission of Revised PIP: 1st March 2012 (Strictly 10 days before NPCC)
    - Final NPCC Meetings: 12th March to 30th March 2012

I am certain that your personal oversight of the Planning Process would go a long way in enriching the quality of the plan in 2012-13.

With regards,

Yours Sincerely,

21.12.11

(Amit Mohan Prasad)

To

Health Secretaries of all States/UTs