



# PIP 2021-22

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# Key Objective

- + Make **PIP** a **planning exercise** rather than only a budgeting exercise
- + Capture **strategies and activities** planned (both requiring budget and those not requiring budget) in a succinct manner

# Points to Remember

- + PIP should ideally be part of the Annual State Health Plan (not only NHM)
- + It should aggregate of the District/ City Health Action Plans
- + It should consider different sources of fund available to the state
- + It should take into consideration the actual need of the state based on disease burden, epidemiological transition, available resources etc.

# Points to Remember

- + **Total Resource Envelope (RE):** Central share + State share + Unspent balance (only uncommitted)
- + **Funding pattern between Central and State/ UT**
  - + NE States, Jammu & Kashmir, Uttarakhand and Himachal Pradesh: **90:10**
  - + All UTs without legislature: **100% Gol funded**
  - + All other states, Puducherry, Delhi: **60:40**
- + Tentative RE for FY 21-22 may be estimated at **10% increase over RE for FY 2020-21**
- + Out of total RE, **80% is assuredly available** to carry out activities approved in ROP; remaining **20% budget** depends on state's performance on **conditionalities**

# Points to Remember

- + Total proposed budget **should not exceed the RE by more than 50%**. States must prioritize before proposing activities
- + Budget proposed in PIP should keep in view the **Pool wise RE**
- + **Budget Ceiling** (as per NHM Framework/ MSG)
  - + Capacity Building: Up to 5% of RE
  - + Programme Management and M&E: 14% for NE States and UTs and 9% for remaining States
  - + Innovation: 10% of RE
  - + Infrastructure: 33% of RE for the EAG states and 25% of RE for remaining states and UTs
  - + SHSRC (HR+activities): 1 Cr
  - + HPDs to be allocated 30% more per capita

# What's New

- + **All source of funding** on Health to be listed by state in the PIP
- + **District wise budget allocation** to be shared in the PIP
- + **Budget Summary:** budget summary tables will briefly provide the allocation across pools, programs and HSS components. It will include:
  - + **Notional Attribution** of Programme Management Cost
  - + **Broad cost norms** to simplify appraisal and bring 'rational' as well as 'uniform' basis and save time
- + **Inclusion of narrative**



# Health Systems Building Block

## + Service Delivery

- + FMR 1: Service Delivery- Facility Based
- + FMR 2: Service Delivery-Community Based
- + FMR 3: Community Interventions
- + FMR 5: Infrastructure
- + FMR 7: Referral Transport
- + FMR 11: IEC/ BCC
- + FMR 12: Printing
- + FMR 13: Quality Assurance

## + Financing

- + FMR 4: Untied Fund
- + FMR 15: PPP

## + Medicines and Equipment

- + FMR 6: Procurement
- + FMR 14: Drug warehousing and Logistics

## + Health Workforce

- + FMR 8: Human Resources
- + FMR 9: Training

## + Leadership/ Governance

- + FMR 16: Programme Management

## + Health Information Systems

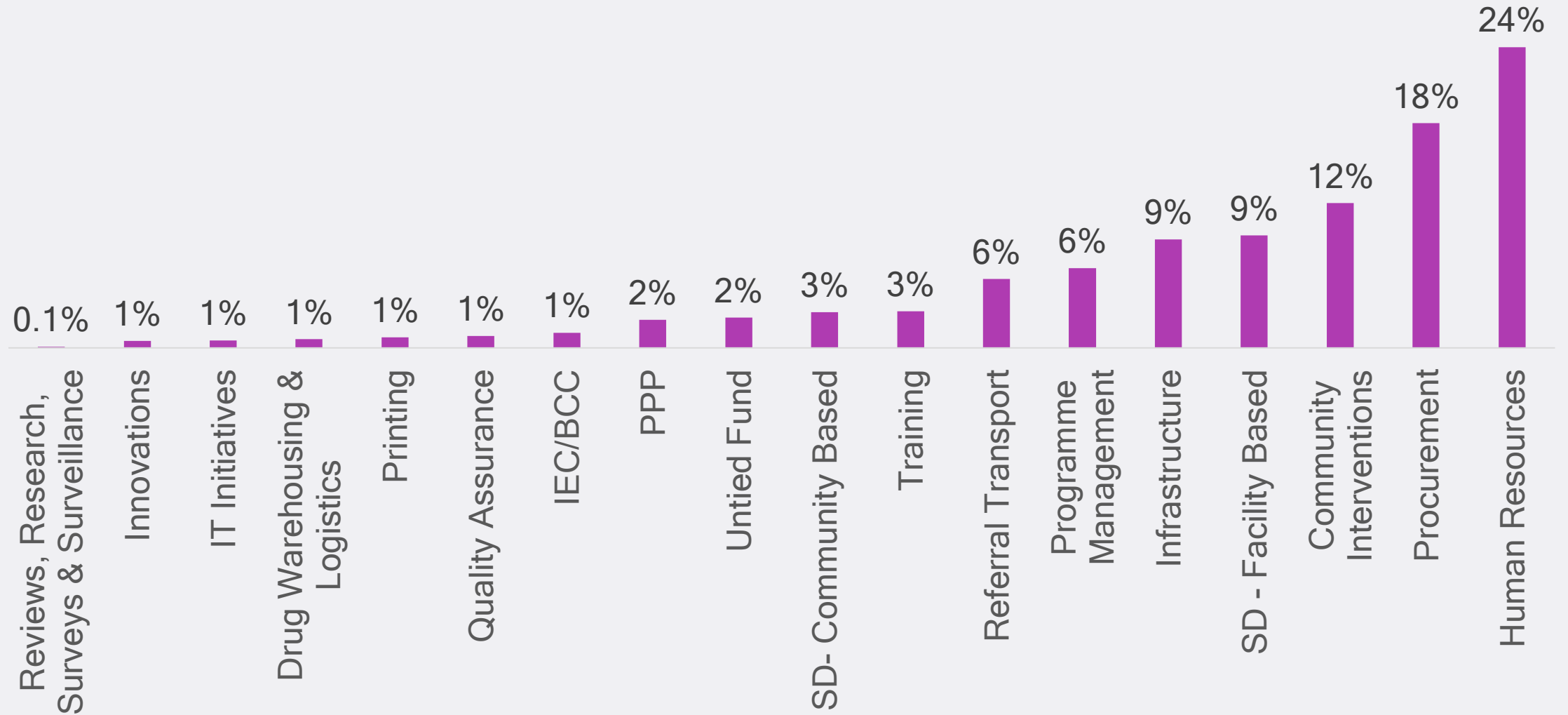
- + FMR 10: Reviews, Research, Surveys and Surveillance
- + FMR 17: IT Initiatives

## + Innovations

- + FMR 18: Innovations



# FMR wise Budget approved in FY 2020-21



# A Good PIP

- + Proposed PIP close to the RE with robust evidence based proposals
- + Know which proposals are essential and which are desirable
- + Caters to the requirement of the State in terms of burden of disease
- + Leverage all other sources of funds and use NHM where no other source is available. Avoid duplication
- + Keep an eye on effectiveness as well as efficiency
- + Evaluate programs/projects which have been implemented for 3 or more years
- + Under each pool and program budget enough to cover Gol share
- + Decide where the State share will go beforehand

# Breakup of Resource Envelope and Budget

Sl.No.	Particulars	GoI Share (including Incentive Pool)	State Share (60:40)	Total Budget Proposed	Total Budget Approved
1	RCH Flexible Pool (including RI, IPPI, NIDDCP)				
2	Health System Strengthening (HSS) under NRHM				
	<b>Total NRHM-RCH Flexible Pool</b>				
3	NUHM Flexible Pool				
4	NDCP Flexible Pool (RNTCP, NVHCP, NVBDCP, NLEP, IDSP)				
5	NCD Flexible Pool (NPCB, NMHP, HCE, NTCP, NPCDCS, PMNDP)				
6	Infrastructure Maintenance (including Direction and Administration)				
	<b>Total</b>				

## Breakup of Resource Envelope and Budget (*Illustrative...*)

Sl.No.	Particulars	Gol Share (including Incentive Pool)	State Share (60:40)	Total Budget Proposed	Total Budget Approved
1	RCH Flexible Pool (including RI, IPPI, NIDDCP)	405.93	1200.52	1,413.79	1,259.46
2	Health System Strengthening (HSS) under NRHM	1,010.79		2,699.38	2,316.96
	<b>Total NRHM-RCH Flexible Pool</b>	<b>1,416.72</b>		<b>4,113.17</b>	<b>3,576.43</b>
3	NUHM Flexible Pool	23.15		66.84	58.13
4	NDCP Flexible Pool (RNTCP, NVHCP, NVBDCP, NLEP, IDSP)	117.53		239.29	234.40
5	NCD Flexible Pool (NPCB, NMHP, HCE, NTCP, NPCDCS, PMNDP)	51.32		90.71	83.41
6	Infrastructure Maintenance (including Direction and Administration)	192.06	192.06	192.06	
	<b>Total</b>	<b>3,001.30</b>		<b>4,702.08</b>	<b>4,144.43</b>

# Breakup of Resource Envelope and Budget

Sl.No.	Particulars
<b>1</b>	<b>RCH Flexible Pool (including RI, IPPI, NIDDCP)</b>
1 (i)	RCH Flexible Pool (including RI, IPPI, NIDDCP) <b>Cash Grant Support</b>
1 (ii)	RCH Flexible Pool ( <b>Kind Grant Support under Immunisation</b> )-Provisional assuming 50% of Cash Grant allocation 1(i) above
<b>2</b>	<b>Health System Strengthening (HSS) under NRHM</b>
2 (i)	Other Health System Strengthening covered under NRHM
2 (ii)	Comprehensive Primary Health Care under HSS
2 (iii)	Additional ASHA Benefit Package including support to ASHA facilitators
	<b>Total NRHM-RCH Flexible Pool</b>
<b>3</b>	<b>NUHM Flexible Pool</b>
3 (i)	Other Health System Strengthening covered under NUHM
3 (ii)	Comprehensive Primary Health Care under NUHM
<b>4</b>	<b>NDCP Flexible Pool (RNTCP, NVHCP, NVBDCP, NLEP, IDSP)</b>
i	NVBDCP (Cash & Kind)
ii	RNTCP (Cash & Kind)
iii	NVHCP (Cash & Kind)
iv	NLEP
v	IDSP
<b>5</b>	<b>NCD Flexible Pool (NPCB, NMHP, HCE, NTCP, NPCDCS, PMNDP)</b>
<b>6</b>	<b>Infrastructure Maintenance (including Direction and Administration)</b>

# Breakup of Resource Envelope and Budget (*Illustrative...*)

Sl.No.	Particulars	GoI Share (including Incentive Pool)	State Share (60:40)	Total Budget Proposed	Total Budget Approved
<b>1</b>	<b>RCH Flexible Pool (including RI, IPPI, NIDDCP)</b>	<b>405.93</b>	1,200.52	<b>1,413.79</b>	<b>1,259.46</b>
1 (i)	RCH Flexible Pool (including RI, IPPI, NIDDCP) <b>Cash Grant Support</b>	281.54		1,289.40	1,135.07
1 (ii)	RCH Flexible Pool ( <b>Kind Grant Support under Immunisation-Provisional</b> assuming 50% of Cash Grant allocation 1(i) above)	124.39		124.39	124.39
<b>2</b>	<b>Health System Strengthening (HSS) under NRHM</b>	<b>1,010.79</b>		<b>2,699.38</b>	<b>2,316.96</b>
2 (i)	Other Health System Strengthening covered under NRHM	817.96		2,349.45	1,940.20
2 (ii)	Comprehensive Primary Health Care under HSS	116.39		347.24	376.77
2 (iii)	Additional ASHA Benefit Package including support to ASHA facilitators	76.43		2.70	-
	<b>Total NRHM-RCH Flexible Pool</b>	<b>1,416.72</b>		4,113.17	3,576.43
<b>3</b>	<b>NUHM Flexible Pool</b>	<b>23.15</b>		<b>66.84</b>	<b>58.13</b>
3 (i)	Other Health System Strengthening covered under NUHM	16.84		59.39	52.46
3 (ii)	Comprehensive Primary Health Care under NUHM	6.31		7.45	5.67
<b>4</b>	<b>NDCP Flexible Pool (RNTCP,NVHCP, NVBDCP, NLEP, IDSP)</b>	<b>117.53</b>		<b>239.29</b>	<b>234.40</b>
i	NVBDCP (Cash & Kind)	53.73		78.28	78.27
ii	RNTCP (Cash & Kind)	55.62		71.33	71.33
iii	NVHCP (Cash & Kind)	3.57		20.20	18.39
iv	NLEP	2.63		21.22	21.03
v	IDSP	1.98	0.90	0.47	
<b>5</b>	<b>NCD Flexible Pool (NPCB, NMHP, HCE, NTCP, NPCDCS, PMNDP)</b>	<b>51.32</b>	<b>90.71</b>	<b>83.41</b>	
<b>6</b>	Infrastructure Maintenance (including Direction and Administration)	<b>192.06</b>	<b>192.06</b>	<b>192.06</b>	
	<b>Total</b>	<b>3,001.30</b>	<b>4,702.08</b>	<b>4,144.43</b>	

Make time for planning: Wars  
are won in the general's tent.

Stephen R. Covey

Thank You