

UNIT-13

Financial planning in Immunization



Learning objectives

- *Understanding the process flow in Programme Implementation Plan (PIP) preparation under National Health Mission*
- *Overview of the Financial Management Report (FMR) codes and budget utility in immunization*

Key Contents

Sources of funding	257
Process of PIP	258
Details of PIP Norms	261

Financial planning in immunization

13

Financial management is an essential part of organizational management and comprises of more than just keeping accounting records. Financial management involves planning, organizing, controlling and monitoring financial resources in order to achieve organizational objectives. This unit will give you an overview of sources of funding and focuses on the details of the program implementation plan and its norms.

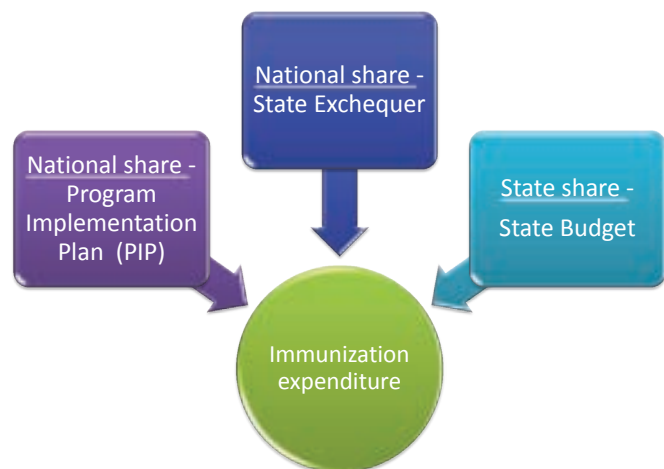
Sources of funding:

The state financial resource for health is made up from three sources:

- State Budget
- State Exchequer
- Program Implementation Plan (PIP)

The state budget is the finances allocated by the state in its annual budget and reflects the state's contribution. The state exchequer source refers to funds received by the state from the centre through the Ministry of Finance. These are amounts disbursed for regular activities and represent the centres contribution. The PIP source refers to the flexible funds proposed by the states as per the states PIP reflecting the states proposed needs for funds from the centre in addition to those committed. These funds are committed to the state by the centre through the Recording of Proceedings (ROP).

Fig. 13.1. Source of funds



State Programme Implementation Plans (PIPs) are a proposal of the overall annual activities and budgetary requirements based on which the state health system will function (Including immunization expenditure).

PIPs are made up of five parts, namely: PART I: NRHM plus RMNCH+A (including immunization), PART II: NUHM; PART III: Disease Control Programmes; PART IV: Non-communicable diseases including injury and trauma; and PART V: Infrastructure Maintenance. The MoHFW supports the states immunization programme through the National Health Mission under Part I as mentioned above.

Process of PIP:

The purpose of the PIPs is to make budgetary proposals for both regular as well as need based activities.

The block medical officer with support from the Block Program Management Unit provides inputs for the DHAP in consultation with the District Program Management Unit and district health officials. The DHAPs are a complete action plan which includes budgeting of all health programs including immunization. The DPMU will review the district action plan before submitting it to the District Health Society which under the chairmanship of the District Magistrate will review and finalize it for submission to the state.

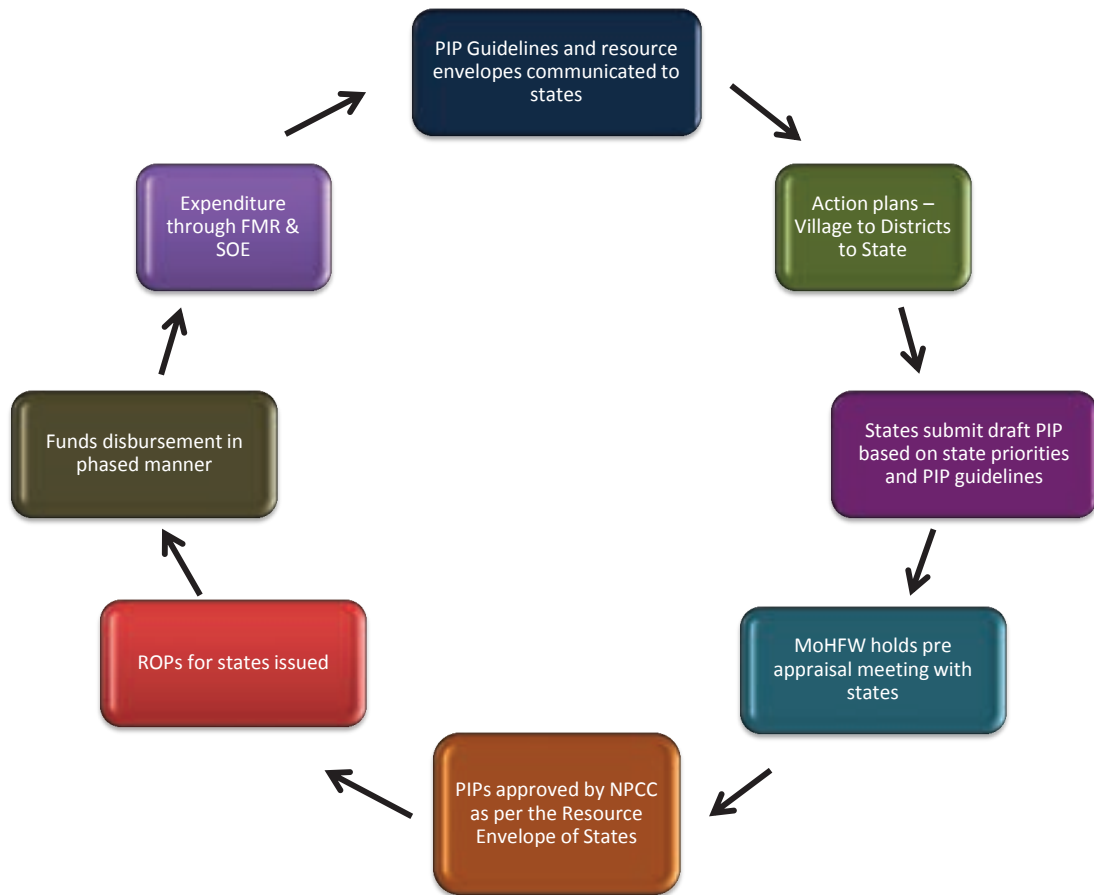
The State Program Management Unit (SPMU) with officials from the Directorate and Mission Director review the action plans which are then sent to the State Health Society where, under the chairmanship of the Principal Secretary they are finalized. The Executive Committee (EC) of the State Health Society can examine this plan and make appropriate modifications based on the states priorities and resource envelope. The State's PIP is consolidated from DHAPs.

The states submit their draft PIPs to the centre where the MoHFW conducts pre-appraisal meetings with the states. The PIP is then appraised by the National Programme Coordination Committee (NPCC), chaired by the Mission Director with officials from various program divisions in MOHFW and with state participation.

Once approved the states are issued with a Record of Proceedings (ROP). Funds from the centre are disbursed to the states in a phased manner.

The State Health Society implements the approved plan, with governance and oversight exercised by the Governing Board and the State Health Mission, in association with District Health Society (DHS). All expenditures should be made using FMR codes and followed by issuance of SOE. See fig. 13.2 for process flow of PIP.

Fig. 13.2. Process flow of PIP



The role of the Medical Officer is crucial for the preparation of village & block health action plans, which form the basis for making DHAPs which are finally merged into the state PIPs.

Programme Implementation Plan - Immunization

(Part C, Financial Management Report (FMR) C.1 to C.6)

Under the National Health Mission (NHM), financial support for various components of immunization is given to all states at all levels to strengthen the Immunization Programme under part C. These are further budgeted under FMR C.1 to C.6 of the PIP.

- C.1** Routine Immunization strengthening project (Review meetings, mobility support, printing, outreach services, innovations, etc.)
- C.2** Salary of contractual staff
- C.3** Training under Immunization
- C.4** Cold chain maintenance
- C.5** ASHA incentive for full immunization
- C.6** Pulse polio operational cost

Most of the activities are covered under C.1 component, which is further sub classified into FMR c.1.a to c.1.v.

There are certain activities which may not fit into part C like additional human resources or budget for IEC/ BCC etc. These can be budgeted under part A/ part B of PIP.

Others (Part A and B) – support for HR and IEC/BCC:

- For other HR related to immunization (technical staff), e.g. refrigerator mechanics
- For IEC/BCC activities related to immunization.

New Activity

The State should provide a brief description, rationale, data/ background information required to appraise the proposal and budget break-up for each new activity

Innovation

Up to a maximum of 10 % of the health systems strengthening budget (Mission Flexi pool and NUHM) may be proposed for innovations which is a part of the overall budget envelope.

Budget Envelope:

As per 2016-17 guidelines, the NHM funding between the Centre and States would be in the ratio of 60:40 (for all states except NE and 3 Himalayan States), 60 from Central government and 40 from State.

States are requested to estimate the resource envelope accordingly. However, FMG communicates the resource envelope separately.

Note:

Budgetary : this refers to norms to be used as guidance for preparing PIP.

Expenditure : this refers to norms to be used while spending as per GoI norms.

Details of PIP Norms

FMR Code	Activities	Purpose	Norms *	Level
C.1				
c.1.a	Mobility Support for supervision for district level officers.	Budgetary: Mobility budget for the entire year is provided to the districts for undertaking monitoring and supervision of Routine immunization programme in the district. The mobility support is provided only for the district level officers.	Rs.2,50,000/ Year / district level officers.	District
c.1.b	Mobility support for supervision at state level	Budgetary: Mobility budget for the entire year is provided for undertaking monitoring and supervision of Routine immunization programme in State Level.	Rs. 1, 50,000 per year.	State
c.1.c	Printing and dissemination of Immunization cards, tally sheets, monitoring forms etc.	Budgetary: The funds allocated under this head are for printing and dissemination of Immunization cards, etc.	Rs. 10 / beneficiary	State/ district
c.1.d	Support for Quarterly State level review meetings of district officer	Budgetary: Funds allocated for conducting quarterly State level review meetings of district officer for maximum of 3 persons per meeting	Rs. 1250/ per participant/day for 3 persons (CMO/ DIO/Dist. Cold Chain Officer)	District

FMR Code	Activities	Purpose	Norms *	Level
c.1.e	Quarterly review meetings exclusive for RI at district level with one Block MOs, CDPO, and other stake holders	Budgetary: Funds allocated for conducting quarterly review meetings at district level for maximum of 5 persons per meeting	Rs. 100/per participant for meeting expenses for 5 persons (lunch, Organization expenses)	Block
c.1.f	Quarterly review meetings exclusive for RI at block level	Budgetary: Funds allocated for conducting quarterly review meetings at block level wherein honorarium is paid to ASHA	Rs. 50/ per person as honorarium for ASHA (Travel) and Rs. 25/person at the disposal of MO-IC for meeting expenses (refreshment, stationary and misc. expenses)	Block
c.1.g	Focus on slum & underserved areas in urban areas/alternative vaccinator for slums	Expenditure: In case the ANM is not available or appointed, an alternate vaccinator can be hired for these session sites.	Hiring of ANM@ Rs 450/session for four session/month/ slum of 10000 population and Rs. 300/- per month as contingency per slum i.e. Rs. 2100/- per month per slum of 10000 population	District/ Block
c.1.h	Mobilization of children through ASHA or other mobilizers	Expenditure: Funds @ 150/- per session for mobilization of Pregnant Women and targeted children for immunization as per the micro-plan are to be paid preferably to ASHA.	Rs. 150 per session	District/ Block

c.1.i	Alternative vaccine delivery in hard to reach areas	Expenditure: Rs. 150 per session for Hilly terrains and geographically hard to reach areas	Rs. 150 per session	District/ Block
c.1.j	Alternative Vaccine Delivery in other areas	Budgetary: Rs. 75 per session for RI session in other areas	Rs. 75 per session	District/ Block
c.1.k	To develop micro plan at sub-centre level	Budgetary: Rs. 100/- paid per subcentre to familiarize the health managers with the steps in developing a comprehensive and equitable micro plan	@ Rs 100/- per subcentre	Block
c.1.l	For consolidation of micro plans at block level	Budgetary: Rs.2000/- for each district and Rs.1000/- for each block or PHC for the purpose of consolidation of micro plans	Rs. 1000 per block/ PHC and Rs. 2000 per district	District/ Block
c.1.m	POL for vaccine delivery from State to district and from district to PHC/CHCs	Budgetary: The POL is provided for transport and distribution of vaccine from State to district and then from district to PHC/CHCs	Rs1,50,000/ district/ year	State/ District
c.1.n	Consumables for computer including provision for internet access for RIMs	Budgetary: The funds is earmarked for petty consumable items for each district	@ 400/ - month/ district	District

FMR Code	Activities	Purpose	Norms *	Level
c.1.o	Red/Black plastic bags etc.	Budgetary: Fund allocated for procurement of red and black plastic bags for containment of medical waste after post RI immunization session	Rs. 3/bags/session	District/ Block
c.1.p	Hub Cutter/ Bleach/Hypochlorite solution/ Twin bucket	Budgetary: For cutting the AD syringe at the hub immediately after administering the injection at the session site. Similarly other items are required for disinfecting medical/bio waste	Rs. 1200 per PHC/ CHC per year	District/ Block
c.1.q	Safety Pits	Budgetary: Funds allocated for the disposal of used needles and syringes that are loose	Rs. 5250/pit	District/ Block
c.1.r	State specific requirement	Expenditure: This head is for any innovation under Immunization. Normally it should not exceed 10% of the total resource envelope under Part C.		At all levels
c.1.s	Teeka Express Operational Cost	Expenditure: Funds allocated for providing operational cost for Teeka Express.		State (as a pilot in only 5 states)
c.1.t	Measles SIA operational Cost	Expenditure: Funds allocated for providing operational cost for Measles SIA		Allocated by GOI

c.1.u	JE Campaign Operational Cost	Expenditure: Funds allocated for providing operational cost for JE SIA		Allocated by GOI
c.1.v	Others	Expenditure: This head is basically for any other Immunization activity which could not be covered under any other head. Alternatively, this head can also be used for innovation in the field of Immunization		At all levels
C.1-Sub Total				
C.2		Expenditure:		
C.2.1	Computer Assistants support for State level	Funds allocated for payment of salary to Computer Assistant at State level		State
C.2.2	Computer Assistants support for District level	Funds allocated for payment of salaries to Computer Assistants at District level		District
C.2.3	Others(service delivery staff)	Funds allocated for payment of salaries to service delivery staff , if any		At any level
C.2-Sub Total				

FMR Code	Activities	Purpose	Norms *	Level
C.3				
C.3.1	District level Orientation training including Hep B, Measles & JE(wherever required) for 2 days ANM, Multi-Purpose Health Worker (Male), LHV, Health Assistant (Male/Female), Nurse Midwives, BEEs & other staff	Expenditure: Fund allocated for conducting 2 days training for ANM, Multi-Purpose Health Worker (Male), LHV, Health Assistant (Male/Female), Nurse Midwives, BEEs & other staff	As per revised norms for trainings under RCH** (See page 286)	
C.3.2	Three day training including Hep B, Measles & JE(wherever required) of Medical Officers of RI using revised MO training module)	Expenditure: Fund allocated for conducting 3 days training for Medical Officers of RI		
C.3.3	One day refresher training of district Computer assistants on HIMS and immunization formats	Expenditure: Fund allocated for conducting 1 day refresher training of Computer assistants on RIMS/HIMS and immunization formats		
C.3.4	Two days cold chain handlers training for block level cold chain handlers by State and district cold chain officers	Expenditure: Fund allocated for conducting 2 days training of cold chain handlers at block level and district level		

C.3.5	One day training of block level data handlers by DIOs and District cold chain officer	Expenditure: Fund allocated for conducting 1 day training of block level data handlers by DIOs and District cold chain officer		
C.3.6	Others	Expenditure: Head reserved for any other training to be conducted under Immunization which could not be covered under the above mentioned training heads		At all levels
C.3-Sub Total				
C.4				
C.4	Cold chain maintenance	Budgetary: Funds are allocated for cold chain maintenance at District Level, PHC and CHC	Rs.750/PHC/CHCs per year District Rs.15000/year	State/ district
C.5				
C.5	ASHA incentive for full Immunization	Expenditure: The ASHAs will receive performance-based incentives for full Immunization of Rs.150/- which is paid in two years.	Rs 100 per child for full immunization in first year	District/ block
			Rs 50 per child for ensuring complete immunization up to 2nd year of age	
Total ROUTINE IMMUNIZATION				

FMR Code	Activities	Purpose	Norms *	Level
C.6	Pulse Polio Operational Cost (Tentative)	Expenditure: Funds allocated for providing operational cost for Pulse Polio Immunization Programme	Allocated by GOI	National level
Total				
A.8	Human Resources	Expenditure: Funds allocated for payment of salary to technical staff e.g. refrigerator mechanics	Any new or ongoing positions	State/ district
A.10	Program Management	Expenditure: Funds allocated for payment of salary to other staff related to Immunization	Any new or ongoing positions	State/ district
B.10	IEC-BCC NHM	Expenditure: Funds allocated for IEC / BCC activities related to Immunization		State / district

Other incentives for ASHAs under NHM

c.1.r/ c.1.v	ASHA incentive for due list preparation	Expenditure: For monthly updating of due list of beneficiaries under immunization	Rs 100/month	District
	ASHA incentive for house to house survey	Expenditure: For conducting house to house survey bi-annually	Rs 100 twice in a year	District

**Please note that under Immunization most of the activities are normatic, and is to be budgeted as the multiplication factor of the mentioned norm. However, there is flexibility provided to the state under innovations head (c.1.r & c.1.v). States should also refer to the conditionality mentioned in the ROP. These conditionalities are provided for C.4 under cold chain maintenance funds, wherein the state may propose for re-appropriation of funds within part C from MoHFW, in case the funds are exhausted as per the actual expenditure. Also, the norms for alternate vaccine delivery are for budgetary purpose only and need based support should be provided for vaccine delivery as per local situation.*

** Revised training norms under RCH (as per GOI letter D.O.No. A-11033/101/07- Trg, dated 28th Jan, 2015)

S No.	Budget Head	Final Proposed Norms
1.	DA to Group A equivalent Participants	Rs 700/- per day
2.	DA to Group B, C & D or equivalent participants	Rs 400/- per day
3.	Honorarium/ per diem to Group A & B equivalent participants	Rs 500/-
4.	Honorarium/ per diem to Group C & D or equivalent participants	Rs 300/-
5.	TA to Group A,B,C & D or equivalent participants	TA rules of Central/ State Govt. (whichever applicable)
6.	Hiring of Vehicle by Trainer	State norms of hiring of vehicle will apply
7.	Honorarium to Guest faculty at District and sub-district, State/Regional/National level (Experts/Specialists of area, faculty of medical college, centre of excellence, program officer dealing with program)	Rs 600 (district) Rs 1000 (State) & 1500 (National Level) per day^
8.	Honorarium to professional/ Faculty/ Trainers from Medical Colleges^^^ for monitoring of trainings in field as Observer <ul style="list-style-type: none"> • Checklist • Handholding the training • Action taken decision 	District to Block- Rs 500/-, State to District/Block 1000/- and National to State/ District/ Block level – 1500/- (one training in a day with complete observer report) Report to be copied to respective concern division, State headquarters/ SIHFW and in Ministry (MOHFW)
9.	Food to participants (breakfast, working tea & lunch & Dinner for residential trainings)	Rs 250/- participants/day at district level and 350 at State and 400 at National level (subject to actual)
10.	Accommodation for Trainers where residential facility is not available	Up to Rs 3000 (district level) Rs 4000 (at state level), & 5000 (National Level) per day (subject to actual). Above are the maximum limits and subject to receipt.

11.	Accommodation for participants where hostel facility is not available	Up to Rs 1000 (district level) Rs 2000 (at state level), & 3500 (National Level) per day (subject to actual). Above are the maximum limits and subject to receipt.
12.	Incidental expenses (Photocopy, job aids, flip charts etc)	Rs 300/- participants/day (subject to actual) ^{^^}
13.	Venue hiring (in absence of training institute)	Rs 5000/- per day at district/block level per day Rs 10,000 per day at State level per day and Rs 20,000 per day at National level per day ^{^^}
14.	Institutional overhead for the use of institutional facilities	15% of total training expense

[^] Subject to two lectures/Guest faculty/per day

^{^^}Subject to keeping it minimum

^{^^^}In principle, honorarium to impart training/taking sessions is not to be paid to any type of in-house faculty from NIHFW/SIHFWS/ DTC/ HFWTC/ ANMTC/ DTT/ HTT or similar institute of training since training is their defined job.

The Medical Officer may refer to the link <http://nhm.gov.in/nrhm-in-state/state-program-implementation-plans-pips.html>, for updated guidelines and ROPs of all states/ UTs at MoHFW National Health Mission website.

Medical Officer's role	Activity	How
Providing inputs during preparation of the block & district health action plans.	<ol style="list-style-type: none"> 1. Ensuring all activities related to routine immunization are included in BHAP (Block Health Action Plans) of PIPs. 2. MOIC can share his ideas with the District Immunization Officer (DIO) during preparation of District Health Action Plans for adding any need based innovation. 	During preparation of BHAP for PIPs, interact with BPMs (Block Programme Manager), NHM & DPMs (District Programme Manager)
Utilization of Budget provided to the state as per ROP	<ol style="list-style-type: none"> 1. A Medical officer can view activities under state ROP which has been approved for his state in a particular financial year and accordingly incur expenditure on various activities. 2. The utilization is to be shared with the district regularly. 	ROP can be viewed at NHM website of GOI or can be taken from SPMU/ DPMU.
Any additional requirement can be projected in the Supplementary PIP.	Are all activities covered under ROP? If not, you may propose a new activity within your budget envelope, explaining in a short write-up, why you need this and may propose under supplementary PIP.	Any time after the issue of final ROP.

Notes: