

Guidelines for scheme for promotion of PPIUCD through performance linked payment plan to service providers and ASHAs

Date of Notification: 01.01.2014

Financial Package:

- c) Rs. 150 may be paid to the service provider per insertion as compensation for the extra work done in addition to their normal work.
- d) Rs. 150 may be paid to the ASHAs for escorting the client to the health facility for facilitating the insertion.

Note:

- Although the scheme has been designed for rural areas, this would also be applicable in urban areas if similar community workers (such as link worker) are designated and are in place.
- In the states, where ASHAs are not in place, services of AWWs may be utilized.

Coverage of the Scheme:

The scheme is applicable all across the country and will cover the service providers (including MOs and nurses) and the ASHAs.

It is effective from the date of notification of the scheme.

Fund Flow:

Fund for the scheme would be sourced from NHM Flexi-pool and routed through state PIPs and thereafter as per state system of disbursing funds to district and block levels. Approval for fund would be provided in the state PIP. Following points to be considered:

- **Payment will be linked to confirmation of PPIUCD insertion** by the Labour room Incharge in Medical College/ district hospital and the Incharges of the health facilities or the CHC/BPHCs/PHCs/SCs depending on where the insertion was done.
- Incentives to ASHA would be paid at the PHC (or equivalent) level where she comes for monthly meeting or as per the existing system of state for payment to ASHA for various other incentives.
- Incentive to service provider/ ASHAs would be paid through cheques or direct transfer from bank to service providers'/ ASHAs' account (as per the existing system of the state). In any case, cash payment of incentives would not be allowed.
- Block level accountant/District level accountant would keep a record of the payments and the same to be reflected under appropriate budget head of FMR.



Roles and Responsibilities:

Role of States:

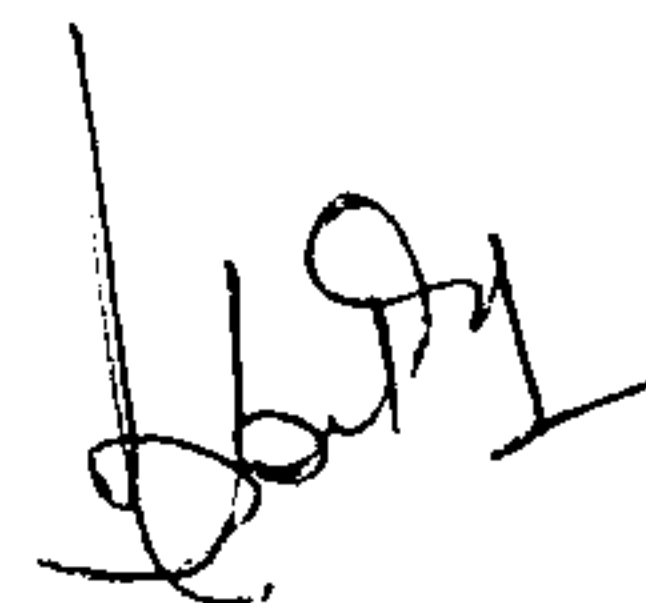
- The state would designate a nodal person to manage and monitor the scheme who could also be the nodal person for the FP programme as a whole.
- The state would orient the CMOs of the districts regarding the scheme.
- Collect report of physical and financial progress from districts on a monthly basis and send a compiled report to Gol as per prescribed format on quarterly basis.
- Monitoring of the scheme would be carried out on regular basis and 10% cases to be verified every year.
- State would translate the PPIUCD Communication material comprising of banners, posters and leaflets etc. in the local language and this must be displayed at all the facilities providing PPIUCD services.
- States would do gap analysis for the service provisioning of PPIUCD (this includes skill building of the service provider, infrastructural strengthening and availability of logistics and equipment)
- States would ensure provision of adequate funds in the state PIP, every year, for the scheme from 2014-15 onwards. However, for payment of incentives in 2013-14, state may utilise funds from RCH Flexi-pool.

Role of districts:

- The district would designate a nodal person to manage and monitor the scheme who could also be the nodal person for the FP programme as a whole.
- District would carry out orientation of MO I/Cs as well as BMOs regarding the scheme, who would further orient the other MOs, Nurses and ASHAs.
- Monitoring of the scheme would be carried out on regular basis and 10% cases to be verified every year.
- Collect report of physical and financial progress from block, District hospitals and medical colleges on a monthly basis and send compiled report to state level for onward transmission to Gol as per prescribed format. (Format A/B)
- District would do gap analysis for the service provisioning of PPIUCD (this includes skill building of the service provider, infrastructural strengthening and availability of logistics and equipment)
- Adequate funds to be provisioned in the district PIP, every year, for the scheme from 2014-15 onwards.

Role of Service Provider:

- The Service provider would ensure proper promotion of the scheme.



- The Service provider must ensure proper counseling of the beneficiary and encourage follow up visit for the same.
- MO I/C PHC would carry out orientation of ANMs/LHVs and ASHA workers regarding the scheme. This may be carried out during the monthly meetings.

Role of ASHA:

- Prepare a line listing of all pregnant mothers in the community, with their expected date of delivery.
- Counsel the pregnant mother and her family for adoption of appropriate post-partum family planning methods.
- Counsel the couple on various benefits of spacing and limiting.
- Escort the beneficiary women to the health center for institutional delivery and subsequent adoption of family planning method and stay with her till the women is discharged.

Monitoring and Reporting Mechanism

PPIUCD Insertion at SC/PHC level:

- Report all the insertions carried out at SC/PHC as per the operational status of facility and availability of trained provider (Format A).
- The format with physical and financial progress will be sent to the block and district level for fund disbursement.

Format A (for Sub centers/PHC offering PPIUCD Services)

Name of Facility:							Block:			
Reporting Month:										
Number of Deliveries (in the reporting month):										
Number of PPIUCD Inserted (in the reporting month):										
Total Amount Claimed:										
<i>Line Listing of Beneficiaries (for which amount is claimed)</i>										
SNo.	Name of Beneficiary	Age	Husband's Name	Address	Date of Delivery	Date of PPIUCD Insertion	Name of ASHA	Name of Service Provider	Amount Claimed	
									ASHA	Service Provider

PPIUCD Insertion at CHC/SDH/DH/Medical College level:

- Report all the insertions carried out at CHC and above level as per the operational status of facility and availability of trained provider (Format B).
- The format with physical and financial progress will be sent to district level for fund disbursement.
- The facility would certify the ASHA attending the beneficiary so that the incentive for ASHA may be cleared along with her monthly incentives at PHC level.

Format B (for CHC and above facilities offering PPIUCD Services)

Name of Facility:												
Reporting Month:												
Total Number of Deliveries (in the reporting month): Cesarean..... Vaginal Delivery.....												
Total Number of PPIUCD Inserted (in the reporting month): Intra cesarean-.....; After Vaginal Delivery-.....												
Total Amount Claimed:												
<i>Line Listing of Beneficiaries (for which amount is claimed)</i>												
SNo.	Name of Beneficiary	Age	Husband's Name	Address	Date of Delivery	Type of Delivery (Put tick in relevant column)		Date of PPIUCD Insertion	Type of PPIUCD insertion (Put tick in relevant column)		Name of Service Provider	Amt. Claimed
						C-Section	Vaginal		Intra cesarean	After Vaginal Delivery		

Reporting from State to Government of India:

- The monthly financial data must be reflected in the FMR and sent to Gol.
- PPIUCD data will be furnished by the state in HMIS and in addition to this the state will share quarterly information of PPIUCD service delivery in the PPIUCD quarterly formats (Format C, D and E)

Format C (For State)

STATE ROADMAP FOR PPIUCD TRAININGS								
Name of the state:								
Reporting Quarter:								
SNo.	District	Name of the facility	Average monthly deliveries	No. of providers already trained in PPIUCD		No. of providers identified for training in 2013-14		Tentative training dates
				MOs	Nurses (SN/LHV/ANM)	MOs	Nurses (SN/LHV/ANM)	

Format D (For State)

SUMMARY - PPIUCD SERVICE DELIVERY							
State:							
Reporting Quarter :							
SNo.	Name of the district	Name of facilities providing PPIUCD	No of deliveries conducted in the facility	PPIUCD inserted		% Acceptors	Remarks
				Intra Caesarean	After Vaginal Delivery		
1							
DISTRICT TOTAL		NR					
2							
DISTRICT TOTAL		NR					

Format E (For State)

PROVIDER-WISE PPIUCD INSERTIONS							
State							
Reporting Quarter							
SNo.	Name of District	Name of the Facility	Name of Service Provider	MOs/ Nurses	No. of PPIUCD inserted in the reporting period	Incentive Amount Paid	Remarks