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संयुक्त सचिव

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भारत सरकार
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निर्माण भवन, नई दिल्ली - 110011
Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

D.O. No: Y-11012/1/2012-FP-II
Dated the 29th March, 2017

Subject: Extension of the existing PPIUCD incentive scheme also covering Post Abortion IUCD (PAIUCD)

Dear *Mission Directors,*

The PPIUCD incentive scheme has paid huge dividends in terms of expanding the services country wide and has also set a platform to generate demand and uptake of Post Abortion IUCD (PAIUCD) services.

Accordingly, following new elements have been added to the scheme:

1. Extension of the existing PPIUCD incentive scheme to beneficiaries

In addition to the existing PPIUCD incentive package of Rs. 150 each to ASHA and provider, Rs. 300 may be paid to the acceptors of PPIUCD after the insertion to cover their incidental and travel cost to enable them to come for follow up.

2. PAIUCD Incentive Scheme (in lines with PPIUCD Incentive Scheme)

- Rs. 300 may be paid to the acceptor of PAIUCD to cover their incidental cost and the travel cost for two follow up visits.
- Rs. 150 may be paid to the PAIUCD service provider per insertion as compensation for the additional work done apart from their normal work
- Rs. 150 may be paid to ASHA for motivating/ escorting the client to the health facility for facilitating the PAIUCD insertion

The incentive is only payable for PAIUCD insertions following induced (surgical) or spontaneous abortions and not for the medical methods of abortion (MMA)

States may provision for adequate funds in the state PIP from financial year 2017-18 onwards as per above norms. The scheme would be operational from 01.04.2017.

The detailed guidelines, roles and responsibilities of various personnel and monitoring modalities are given at Annexure.

with regards

Yours sincerely,

(Vandana Gurnani)

Mission Directors (All States)

Copy to:

- Director Family Welfare (All States)

Copy for information to

- PS to Hon'ble HFM
- PPS to Secretary (H&FW)
- PPS to AS&MD (NRHM)
- PPS to JS(Policy)
- Directors- NHM (Finance), RCH
- NIC (for uploading on Ministry's website)

Guidelines for Extension of the existing PPIUCD incentive scheme and linking performance based payments for PAIUCD

1. Advantages envisaged from the scheme:

- a. The scheme would be instrumental in **enhancing the uptake of PPIUCD and PAIUCD** services.
- b. The incentives would lead to **better willingness of the client** to avail of these services as their travel and incidental expenses would be met.
- c. The scheme would be beneficial in **tapping the high unmet need for spacing** in the post-partum and post abortion period.
- d. It would also help in **improving spacing between subsequent births** thereby improving the maternal and child health outcomes.

2. Financial Package of the scheme

Part 1: Extension of the existing PPIUCD incentive scheme to beneficiaries

Existing package:

1. Rs. 150 is being paid to the service provider per insertion.
2. Rs. 150 is being paid to ASHA for escorting the client.

Extension:

Rs. 300 may be paid to the acceptors of PPIUCD to cover their incidental cost and the travel cost for two follow up visits.

Part 2: Extension of the scheme to PAIUCD

- a. Rs. 300 may be paid to the acceptor of PAIUCD to cover their incidental cost and the travel cost for two follow up visits.
- b. Rs. 150 may be paid to the PAIUCD service provider per insertion as compensation for the additional work done apart from their normal work
- c. Rs. 150 may be paid to ASHA for motivating/ escorting the client to the health facility for facilitating the PAIUCD insertion
- d. **N.B.: No incentives would be paid in case of medical method of abortions (MMA)**

3. Coverage of the scheme:

Incentives would be paid to all clients who opt for PPIUCD/ PAIUCD services at public health facilities and the PAIUCD service provider and ASHA as motivator for PAIUCD. The program is proposed be rolled out in all the 36 states and UTs of India covering all the public health facilities providing PPIUCD/ PAIUCD services.

4. 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 districts and block levels. Approval for fund would be provided in state PIP.

- Payment mechanism will be same as that of PPIUCD i.e. it would be linked to confirmation of PPIUCD/ PAIUCD insertion by labour room In-charge in Medical College/ District Hospital and facility In-charge of CHC/ BPHC/ PHC/APHC depending on where the insertion was done
- Incentives to ASHA would be paid at the PHC (or equivalent) level where she comes for monthly meetings or as per existing system of the state for payment of ASHA incentives
- **All the associated payments would be made through Direct beneficiary transfer (DBT) in the bank account of the concerned person (as per the existing system of the state). In any case, cash payment of incentives would not be allowed.**
- Block/ district level accountants would keep a record of payments and the same to be reflected under appropriate budget head of FMR.

5. Roles and responsibilities

Role of the State Health Department

1. The state would designate a nodal person to manage and monitor the schemes who could also be the nodal person for the FP program as a whole.
2. The state would orient the CMOs and FP nodal person of the districts regarding the scheme.
3. Monitoring of the scheme would be carried out on regular basis and 10% verifications may be done during routine supportive supervision visits by state officials.
4. Collect physical and financial progress report of the scheme from districts and send a compiled report to GoI as per prescribed format
5. State would ensure provision of adequate funds in the state NHM PIP from financial year 2017-18.

Role of the District Health Department

1. The district would designate a nodal person to manage and monitor the scheme who could also be the nodal person for the FP program as a whole.
2. District would carry out orientation of MO I/Cs as well as BMOs regarding the scheme.
3. Monitoring of the scheme would be carried out on regular basis and 10% verifications to be done during routine supportive supervision visits by district officials.
4. Collect physical and financial progress report of the scheme from block and PHCs on a monthly basis and send compiled report to state level for onward submission to GoI as per prescribed format.
5. Adequate funds to be provisioned in the district PIP, every year, for the scheme from 2017-18 onwards

Role of Service Provider

1. Service provider would ensure quality of services (including ensuring infection prevention, obtaining informed consent etc)
2. MO I/C would carry out orientation of ANMs/LHVs and ASHA workers regarding the scheme. This may be carried out during the monthly meetings.
3. Service provider would ensure proper counselling of the client and encourage them for follow up visits.

Role of ASHA

1. Escort the client to the health facility for delivery/ safe abortion service and subsequent adoption of family planning method.
2. Counsel the client (and family member if necessary) for adoption of Post-partum/ post abortion family planning methods.
3. Counsel the couple on importance of healthy spacing between children for improving the health of both mother and child

6. Monitoring and reporting mechanism

PAIUCD Insertion at PHC level:

- Report all the insertions carried out at 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 PHC offering PAFP Services)

Name of Facility:				Block:			
Reporting Month:							
Number of Deliveries (in the reporting month):							
Total No. of PAIUCD insertions:							
Total Amount Claimed:							
1	2	3	4	5	6	7	8
S.no.	No. of 1 st trimester abortions reported in facility	No. of 2 nd trimester abortions reported in facility	No. of client who adopted PAIUCD	No. of clients who adopted Post abortion Sterilization	Total Amount claimed by service provider for PAIUCD insertion	Total Amount paid to acceptors for PAIUCD insertion	Total Amount claimed by ASHA for PAIUCD insertion

PAIUCD 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 PAIUCD Services)

Name of Facility:				Block:		
Reporting Month:						
Number of Deliveries (in the reporting month):						
Total No. of PAIUCD insertions:						
Total Amount Claimed:						
1	2	3	4	5	6	7
S.no.	No. of 1 st trimester abortions reported facility	No. of 2 nd trimester abortions reported in facility	No. of clients who adopted PAIUCD	No. of clients who adopted Post abortion Sterilization	Total Amount claimed by service provider for PAIUCD insertion	Total Amount claimed by acceptors for PAIUCD insertion

Reporting from State to Government of India:

- PAIUCD data will be furnished by the state in HMIS and in addition to this the state will share quarterly information of PAIUCD service delivery in the PAIUCD quarterly formats (Format C)

Format C (For State)

SUMMARY – PAIUCD SERVICE DELIVERY						
State:						
Reporting Quarter:						
1	2	3	4	5	6	7
SNo.	Name of the district	No. of first trimester abortions	No. of second trimester abortions	No. of clients who adopted PAIUCD	No. of clients who adopted Post abortion Sterilization	% Acceptors
1						
DISTRICT TOTAL						
2						
DISTRICT TOTAL						
STATE TOTAL						