

2012

Ministry of Health & Family
Welfare

GOVERNMENT OF INDIA



[APPROVAL OF STATE PROGRAMME
IMPLEMENTATION PLAN 2012- 13;
MANIPUR]

Preface

I truly believe that the National Rural Health Mission affords us a unique opportunity to be aspirational and to bring about transformational change.

This document evolves out of a shared vision – about where the State of Manipur must reach and the path to be traversed. Strides in the right direction get the State more money while there is danger too of losing funds for slippages.

As NRHM embarks on the second phase of its journey, let us be inspired by what Mahatma Gandhi said *“A small body of determined spirits fired by an unquenchable faith in their mission can alter the course of history.”*

Let us believe in ourselves and our ability to make a difference.

Anuradha Gupta
Additional Secretary & Mission Director

M-11011/7/2012-NRHM-III
Government of India
Ministry of Health and Family Welfare
(National Rural Health Mission)

Nirman Bhavan, New Delhi
Dated June 9, 2012

To,
Devesh Deval
Mission Director (Health & Family Welfare)
New Secretariat Building
Room No. 206
Imphal-795001
Manipur

Subject: Approval of NRHM State Programme Implementation Plan for the year 2012-13

1. This refers to the Programme Implementation Plan (PIP) for the year 2012-13 submitted by the State and subsequent discussions in the NPCC meeting held on April 24, 2012 at New Delhi.
2. Against a resource envelope of Rs 119.70 crores, the administrative approval of the PIP for your State is conveyed for an amount of Rs. 85.78 crores. Details are provided in Table A, B and C below:

TABLE-A

	Rs. Crores
Uncommitted Unspent Balance available under NRHM as on 01.04.2012	0.00
GOI Resource Envelope for 2012-13 under NRHM	107.80
10 % State Share (2012-13)	11.90
Total	119.70

TABLE-B

Break up of total resources under NRHM (Rs. crores)				
Sr. No.	Programme	Uncommitted Unspent balance available as on 01.04.2012	GoI Resource Envelope under NRHM	Total
1	RCH Flexible Pool	0.00	37.56	37.56
2	NRHM Flexible Pool	0.00	30.65	30.65
3	Immunization (from RCH	0.00	1.34	1.34

	Flexible Pool)			
4	NIDDCP	0.00	0.41	0.41
5	IDSP	0.00	0.60	0.60
6	NVBDCP	0.00	6.89	6.89
7	NLEP	0.00	0.46	0.46
8	NPCB	0.00	3.58	3.58
9	RNTCP	0.00	4.09	4.09
10	Direction & Administration	0.00	20.23	20.23
11	PPI Operation Cost	0.00	1.28	1.28
12	10% State Share			11.90
	Total Resource Envelope	0.00	107.09	119.70
	Committed Unspent Balance up to 2011-12 to be revalidated in 2012-13		Rs. 81.85 Crore	

TABLE-C

SUMMARY OF APPROVAL			
Sr. No.	Scheme /Programme	Approved Amount (Rs. Crores)	Annex ref
1	RCH Flexible Pool	26.42	1
2	NRHM Flexible Pool	19.57	2
3	Immunization and PPI operation cost	2.20	3
4	NIDDCP	0.53	4A
5	IDSP	1.19	4B
6	NVBDCP	7.98	4C
7	NLEP	0.46	4D
8	NPCB	3.58	4E
9	RNTCP	3.63	4F
10	Infrastructure maintenance(Treasury route)	20.23	
	Total	85.78	

Thus, there is a cushion of Rs. 33.92 crores (Rs. 119.70 less Rs. 85.78 crores) for which, State is advised to send a supplementary PIP urgently.

Targets, conditionalities and road maps for priority action

3. State has been assigned mutually agreed goals and targets. The state is expected to achieve them, adhere to key conditionalities introduced this year and implement the road map provided in each of the sections of the approval document.
4. District resource envelope as indicated in the PIP should be respected by the State
5. All buildings/vehicles supported under NRHM should prominently carry NRHM logo in English/ Hindi & regional languages.

Mandatory disclosures

6. In addition, the State is directed to ensure mandatory disclosure on the state NRHM website of the following:
 - Facility wise deployment of all contractual staff engaged under NRHM with name and designation.
 - MMUs- total number of MMUs, registration numbers, operating agency, monthly schedule and service delivery data on a monthly basis.
 - Patient Transport ambulances and emergency response ambulances- total number of vehicles, types of vehicle, registration number of vehicles, service delivery data including clients served and kilometres logged on a monthly basis.
 - All procurements- including details of equipments procured (as per directions of CIC which have been communicated to the States by this Ministry vide letter No..Z.28015/162/2011-H dated 28th November 2011.
 - Buildings under construction/renovation –total number, name of the facility/hospital along with costs, executing agency and execution charges (if any), date of start & expected date of completion

Release of second tranche of funds

7. Action on the following issues would be looked at while considering the release of second tranche of funds:
 - Compliance with conditionalities.
 - Physical and financial progress made by the State.
 - It is expected that 10% of the State share, based on release of funds by Government of India is credited to the account of the State Health Society as early as possible.
 - Timely submission of Statutory Audit Report for the year 2011-12 is a must for release of 2nd tranche of funds.
 - Before the release of funds up to 100% of BE of your state for the year 2012-13, State needs to provide Utilization Certificates against the grant released to the State up to 2010-11 duly signed by Mission Director and Auditor.

Monitoring requirements

8. State shall ensure submission of quarterly report on progress against targets and expenditure including an analysis of adverse variances and corrective action proposed to be taken.
9. All approvals are subject to the observations made in this document.
10. The State shall not make any change in allocation among different budget heads without approval of Gol.
11. The accounts of State/ grantee institution/ organization shall be open to inspection by the sanctioning authority and audit by the Comptroller& Auditor General of India under the provisions of CAG (DPC) Act 1971 and internal audit by Principal Accounts Officer of the Ministry of Health & Family Welfare.¹
12. State shall ensure submission of details of unspent balance indicating inter alia, funds released in advance & funds available under State Health Societies. The State shall also intimate the interest amount earned on unspent balance. This amount can be spent against activities already approved.

Yours faithfully,

Preeti Pant
Director (NRHM-III)

APPROVAL OF STATE PROGRAMME IMPLEMENTATION PLAN, 2012-13: MANIPUR

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Annex (Detailed budgets)

1. RCH Flexible Pool
2. Mission Flexible pool
3. Immunization and PPI operation cost
- 4A. National Iodine Deficiency Disorders Control Programme (NIDDCP)
- 4B. Integrated Disease Surveillance Programme (IDSP)
- 4C. National Vector Borne Disease Control Programme (NVBDCP)
- 4D. National Leprosy Eradication Programme (NLEP)
- 4E. National Programme for control of Blindness (NPCB)
- 4F. Revised National Tuberculosis Control Programme (RNTCP)

SUMMARY

STATE-SPECIFIC GOALS

The following are the goals and service delivery targets specifically laid out for the state of Manipur:

INDICATOR	INDIA		Manipur			STATE TARGETS		
	Current status	RCH II/ NRHM (2012) goal	Trend (<i>year & source</i>)			2012-13	2013-14	2014-15
MATERNAL HEALTH								
Maternal Mortality Ratio (MMR)	212 (SRS 07-09)	<100	NA	NA	NA			
CHILD HEALTH								
Under 5 Mortality	59 (SRS 2010)		NA	NA	NA			
Infant Mortality Rate (IMR)	47 (SRS 2010)	<30	14 (SRS 2008)	16 (SRS 2009)	14 (SRS 2010)	12	11	10
Neonatal Mortality Rate (NMR)	33 (SRS 2010)		NA	NA	NA			
Early NMR	25 (SRS 2010)		NA	NA	NA			
FAMILY PLANNING								
Total Fertility Rate (TFR)	2.5 (SRS 2010)	2.1	1.6 (SRS 2007)	NA	NA	Maintain TFR level		

SERVICE DELIVERY TARGETS:

Indicators	DLHS-2 (2002-04)	DLHS-3 (2007-08)	CES (2009)	State Targets		
				2012-13	2013-14	2014-15
Maternal Health						
Mothers who had 3 or more Ante Natal Check-ups				44650 (4ANCs)		
Institutional delivery in public health facilities(%)						
Line listing and follow up of Severely Anaemic pregnant women (nos)				555		
Child Health						
Full Immunisation (%)	35.1	48.5	51.9	70	75	80
Line listing and follow up of Low Birth Weight babies RURAL Nos; (% of live births)	28606 4% of live births (State HMIS)			572 2%	801 3%	1087 4%
Family Planning						
Female sterilisations (lakhs)			1246 (HMIS; 2010-11)	2000	2250	2500
Post-Partum sterilizations (lakhs)			373 (HMIS; 2010-11)	600	700	800
Male sterilisations (lakhs)			222 (HMIS; 2010-11)	300	400	500
IUD insertions (lakhs)			5097 (HMIS; 2010-11)	6000	6250	6500
Disease Control						
ABER for malaria (%)				To sustain the ABER at least about >10%		
API for malaria (per 1000 population)				<1		
Annualized New Smear Positive Detection Rate of TB (%)				52-65%		
Success Rate of New Smear Positive Treatment initiated on DOTS (%)				90		
Cataract operations(lakhs)				0.158		

KEY CONDITIONALITIES AND INCENTIVES

As agreed, the following key conditionalities would be enforced during the year 2012-13.

- a) Rational and equitable deployment of HR with the highest priority accorded to high focus districts and delivery points¹.
- b) Facility wise performance audit and corrective action based thereon².
Non-compliance with either of the above conditionalities may translate into a reduction in outlay upto 7 ½% and non-compliance with both translating into a reduction of upto 15%.
- c) Gaps in implementation of JSSK may lead to a reduction in outlay upto 10%.
- d) Continued support under NRHM for 2nd ANM would be contingent on improvement on ANC coverage and immunization as reflected in MCTS.
- e) Vaccines, logistics and other operational costs would also be calculable on the basis of MCTS data.

INCENTIVES

Initiatives in the following areas would draw additional allocations by way of incentivisation of performance:

- a) Responsiveness, transparency and accountability (upto 8% of the outlay).
- b) Quality assurance (upto 3% of the outlay).
- c) Inter-sectoral convergence (upto 3% of the outlay).
- d) Recording of vital events including strengthening of civil registration of births and deaths (upto 2% of the outlay).
- e) Creation of a public health cadre (by states which do not have it already) (upto 10% of the outlay)
- f) Policy and systems to provide free generic medicines to all in public health facilities (upto 5% of the outlay)

Note:

The Framework for Implementation of NRHM to be strictly adhered to while implementing the approved PIP.

¹ Rational and equitable deployment would include posting of staff on the basis of case load, posting of specialists in teams (eg. Gynaecologist and Anaesthetist together), posting of EmOC/ LSAS trained doctors in FRUs, optimal utilization of specialists in FRUs and above and filling up vacancies in high focus/ remote areas.

² Performance parameters must include OPD/ IPD/ normal deliveries/ C. Sections (wherever applicable).

FINANCE: KEY ISSUES AND GUIDING PRINCIPLES

Quality FMRs must be submitted on time with both physical and financial progress fully reflected.

1. Status of 15% Contribution

Year	Amounts required on basis of releases (Rs. in Crore)	Amount Credited in SHS Bank A/C (Rs. in Crore)	Short/ (Excess) (Rs. In Crore)
2007-08	8.7	0	8.7
2008-09	9.98	0	9.98
2009-10	14.37	5	9.37
2010-11	12	5	7
2011-12	10.82	5	5.82
Total	55.87	15	40.87

State is yet to deposit Rs 40.87 into the bank account of State Health Society, as per the table given above.

- Before the release of funds upto 100% of BE of your state for the year 2012-13, State need to provide Utilization Certificates against the grant released to the State up to 2010-11. The pending details for such pending UCs is as under:

Rs. In Crores

Programme	2009-10	2010-11	Total
RCH-II	18.74	0.00	18.74
Mission flexipool	6.10	42.36	48.46

- Before the release of funds up to 100% of BE of your state for the year 2012-13, State needs to provide Utilization Certificates against the grant released to the State up to 2010-11
- Release of 100% of funds for the year 2012-13 would be contingent on the state providing utilisation certificates upto 2010-11, duly signed by Mission Director and Auditor.
- The appointment of Concurrent Auditor for the year 2012-13 is a prerequisite for release of 2nd Tranche of funds.
- Timely submission of Statutory Audit Report for the year 2011-12 is must for release of 2nd Tranche of funds.
- State has to comply with the instructions and/or guidelines issued for maintenance of bank account vide D. O. No. G-27017/21/2010-NRHM-F dated January 23, 2012.
- State should provide a confirmation of submission of Action Taken Report/ Compliance Report on the FMR Analysis (2011-12) and Audit Report Analysis for FY 2010-11.
- State need to prioritise the internal control procedures for all kind and procurements within the State.
- State should ensure proper maintenance of books of accounts at all districts and blocks within the State.
- There is mismatch of the closing and opening balance of fixed assets.
- The state must ensure monitoring of the funds released to districts.

13. The state must ensure due diligence in expenditure and observe, in letter and spirit, all rules, regulations, and procedures to maintain financial discipline and integrity particularly with regard to procurement; competitive bidding must be ensured and only need-based procurement should take place.
14. The State may consider upward revision of remuneration of DAM and Staff to ensure uniformity in pay scales

ROAD MAP FOR PRIORITY ACTION

NRHM must take a 'systems approach' to Health. It is imperative that States take a holistic view and work towards putting in place policies and systems in several strategic areas so that there are optimal returns on investments made under NRHM. For effective outcomes, a sector wide implementation plan would be essential. Some of the key strategic areas in this regard are outlined below for urgent and accelerated action on the part of the State:

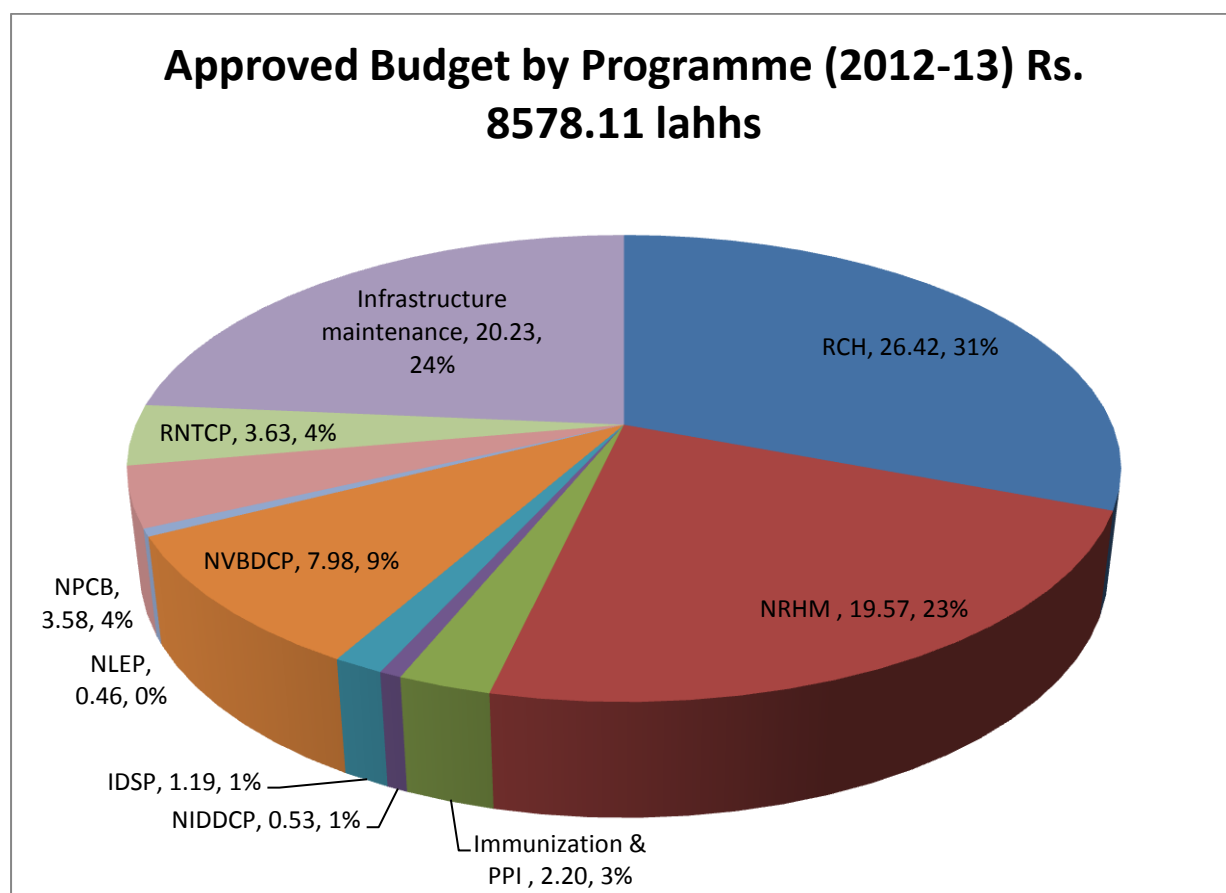
S. NO.	STRATEGIC AREAS	ISSUES THAT NEED TO BE ADDRESSED
PUBLIC HEALTH PLANNING & FINANCING		
1.	Planning and financing	Mapping of facilities, differential planning for districts / blocks with poor health indicators; resources not to be spread too thin / targeted investments; at least 10% annual increase in state health budget (plan) over and above State share to NRHM resource envelope; addressing verticality in health programmes; planning for full spectrum of RCH services; emphasis on quality assurance in delivery points
2.	Management strengthening	Full time Mission Director for NRHM and a full-time Director/ Jt. Director/ Dy. Director Finance, not holding any additional responsibility outside the health department; fully staffed programme management support units at state, district and block levels; training of key health functionaries in planning and use of data. Strong integration with Health & FW and AYUSH directorates
3.	Developing a strong Public Health focus	Separate public health cadre, induction training for all key cadres; public health training for doctors working in health administrative positions; strengthening of public health nursing cadre, enactment of Public Health Act
HUMAN RESOURCES		
4.	HR policies for doctors, nurses paramedical staff and programme management staff	Minimising regular vacancies; expeditious recruitment (eg. taking recruitment of MOs out of Public Service Commission purview); merit –based and transparent selection; opportunities for career progression and professional development; rational and equitable deployment; effective skills utilization; stability of tenure; sustainability of contractual human resources under RCH / NRHM and plan for their inclusion in State budget
5.	HR Accountability	Facility based monitoring; incentives for both the health service provider and the facility based on functioning; performance appraisal against benchmarks; renewal of contracts/ promotions based on performance; incentives for performance above

S. NO.	STRATEGIC AREAS	ISSUES THAT NEED TO BE ADDRESSED
		benchmark; incentives for difficult areas
6.	Medical, Nursing and Paramedical Education (new institutions and upgradation of existing ones)	Planning for enhanced supply of doctors, nurses, ANMs, and paramedical staff; mandatory rural posting after MBBS and PG education; expansion of tertiary health care; use of medical colleges as resource centres for national health programmes; strengthening/revamping of ANM / GNM training centres and paramedical institutions; re-structuring of pre service education; developing a highly skilled and specialised nursing cadre
7.	Training and capacity building	Strengthening of State Institute of Health & Family Welfare (SIHFW)/ District Training Centres (DTCs); quality assurance; availability of centralised training log; monitoring of post training outcomes; expanding training capacity through partnerships with NGOs / institutions; up scaling of multi skilling initiatives, accreditation of training
STRENGTHENING SERVICES		
8.	Policies on drugs, procurement system and logistics management	Articulation of policy on entitlements on free drugs for out / in patients; rational prescriptions and use of drugs; timely procurement of drugs and consumables; smooth distribution to facilities from the district hospital to the sub centre; uninterrupted availability to patients; minimisation of out of pocket expenses; quality assurance; prescription audits; essential drug lists (EDL) in public domain; computerised drugs and logistics MIS system; setting up dedicated corporation eg: TNMSC
9.	Equipments	Availability of essential functional equipments in all facilities; regular needs assessment; timely indenting and procurement; identification of unused/ faulty equipment; regular maintenance and MIS/ competitive and transparent bidding processes
10.	Ambulance Services and Referral Transport	Universal availability of GPS fitted ambulances; reliable, assured free transport for pregnant women and newborn/ infants; clear policy articulation on entitlements both for mother and newborn; establishing control rooms for timely response and provision of services; drop back facility; a prudent mix of basic level ambulances and emergency response vehicles
11.	New infrastructure and Maintenance of buildings; sanitation, water,	New infrastructure, especially in backward areas; 24x7 maintenance and round the clock plumbing, electrical, carpentry services; power backup; cleanliness and sanitation; upkeep of toilets; proper

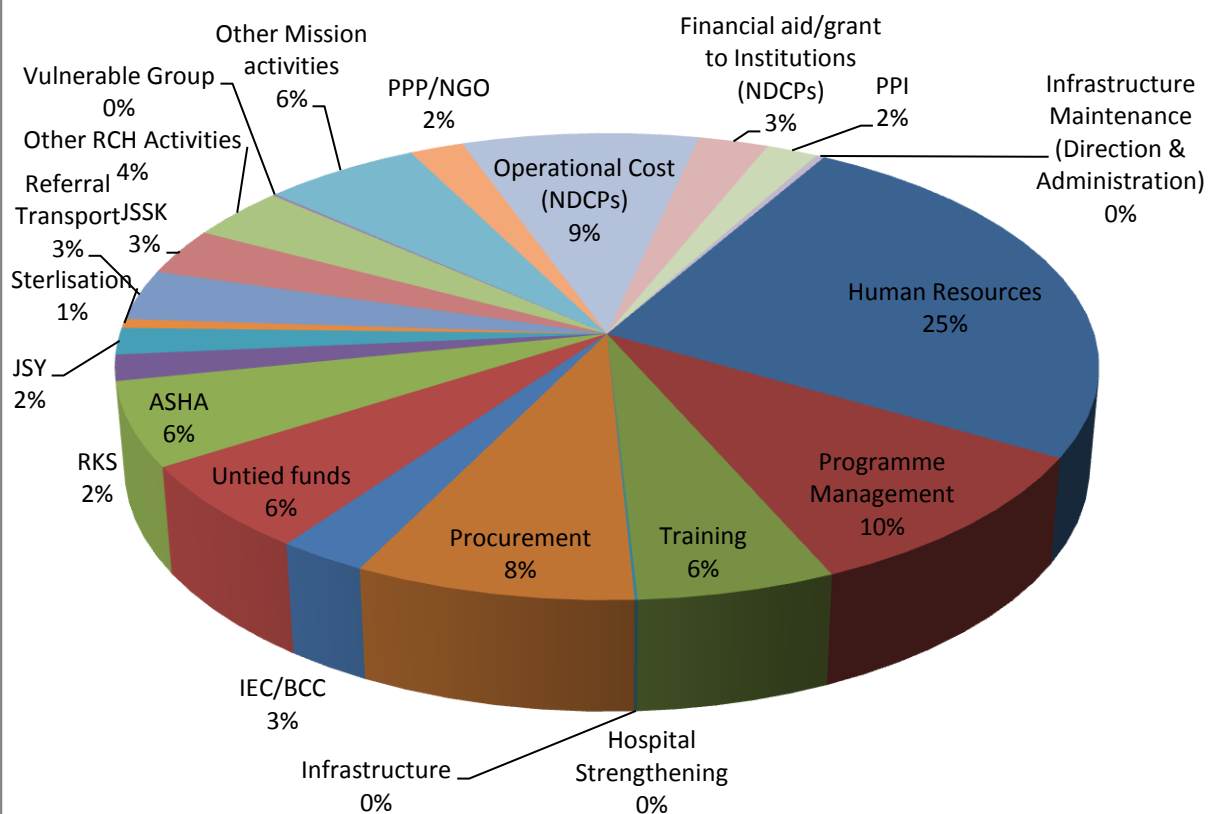
S. NO.	STRATEGIC AREAS	ISSUES THAT NEED TO BE ADDRESSED
	electricity, laundry, kitchen, facilities for attendants	disposal of bio medical waste; drinking water; water in toilets; electricity; clean linen; kitchens, facilities for attendants
12.	Diagnostics	Rational prescription of diagnostic tests; reliable and affordable availability to patients; partnerships with private service providers; prescription audits, free for pregnant women and sick neonates
COMMUNITY INVOLVEMENT		
13.	Patient's feedback and grievance redressal	Feedback from patients; expeditious grievance redressal; analysis of feedback for corrective action
14.	Community Participation	Active community participation; empowered PRIs; strong VHSNCs; social audit; effective Village Health & Nutrition Days (VHNDs), strengthening of ASHAs, policies to encourage contributions from public/ community
15.	IEC	Comprehensive communication strategy with a strong behaviour change communication (BCC) component in the IEC strategy; dissemination in villages/ urban slums/ peri urban areas
CONVERGENCE, COORDINATION & REGULATION		
16.	Inter Sectoral convergence	Effective coordination with key departments to address health determinants viz. water, sanitation, hygiene, nutrition, infant and young child feeding, gender, education, woman empowerment, convergence with SABLA, SSA, ICDS etc.
17.	NGO/ Civil Society	Mechanisms for consultation with civil society; civil society to be part of active communitisation process; involvement of NGOs in filling service delivery gaps; active community monitoring
18.	Private Public Partnership (PPP)	Partnership with private service providers to supplement governmental efforts in underserved and vulnerable areas for deliveries, family planning services and diagnostics
19.	Regulation of services in the private sector	Implementation of Clinical Establishment Act; quality of services, e.g. safe abortion services; adherence to protocols; checking unqualified service providers; quality of vaccines and vaccinators,

S. NO.	STRATEGIC AREAS	ISSUES THAT NEED TO BE ADDRESSED
		enforcement of PC-PNDT Act
MONITORING & SUPERVISION		
20.	Strengthening data capturing, validity / triangulation	100% registration of births and deaths under Civil Registration System (CRS); capturing of births in private institutions; data collection on key performance indicators; rationalising HMIS indicators; reliability of health data / data triangulation mechanisms
21.	Supportive Supervision	Effective supervision of field activities/ performance; handholding; strengthening of Lady Health Visitors (LHVs), District Public Health Nurses (DPHNs), Multi Purpose Health Supervisors (MPHS) etc.
22.	Monitoring and Review	Regular meetings of State/ District Health Mission/ Society for periodic review and future road map; clear agenda and follow up action; Regular, focused reviews at different levels viz. Union Minister/ Chief Minister/ Health Minister/ Health Secretary/ Mission Director/ District Health Society headed by Collector/ Officers at Block/ PHC level; use of the HMIS/ MCTS data for reviews; concurrent evaluation
23.	Quality assurance	Quality assurance at all levels of service delivery; quality certification/ accreditation of facilities and services; institutionalized quality management systems
24.	Surveillance	Epidemiological surveillance; maternal and infant death review at facility level and verbal autopsy at community level to identify causes of death for corrective action; tracking of services to pregnant women and children under MCTS
25.	Leveraging technology	Use of GIS maps and databases for planning and monitoring; GPS for tracking ambulances and mobile health units; mobile phones for real time data entry; video conferencing for regular reviews; closed user group mobile phone facility for health staff; endless opportunities- sky is the limit!

PROGRAMME WISE BUDGET

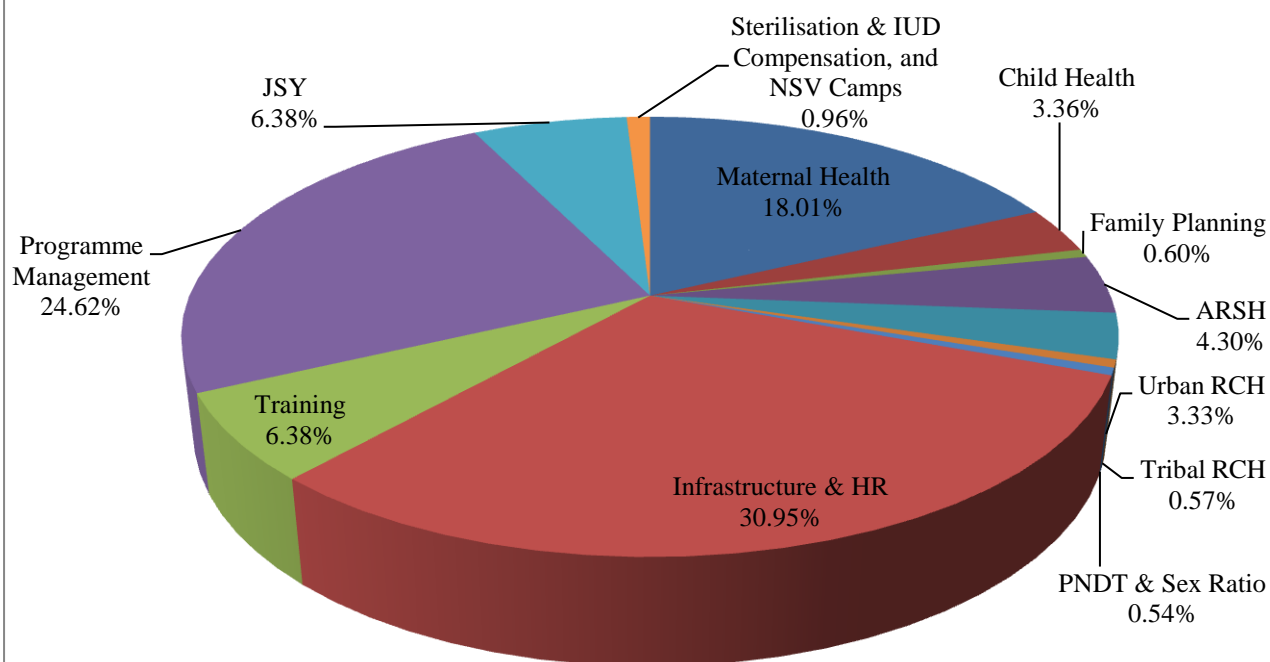


Summary of Budget as per Broad Functional Heads MANIPUR PIP 2012-13 (Budget in percentage)

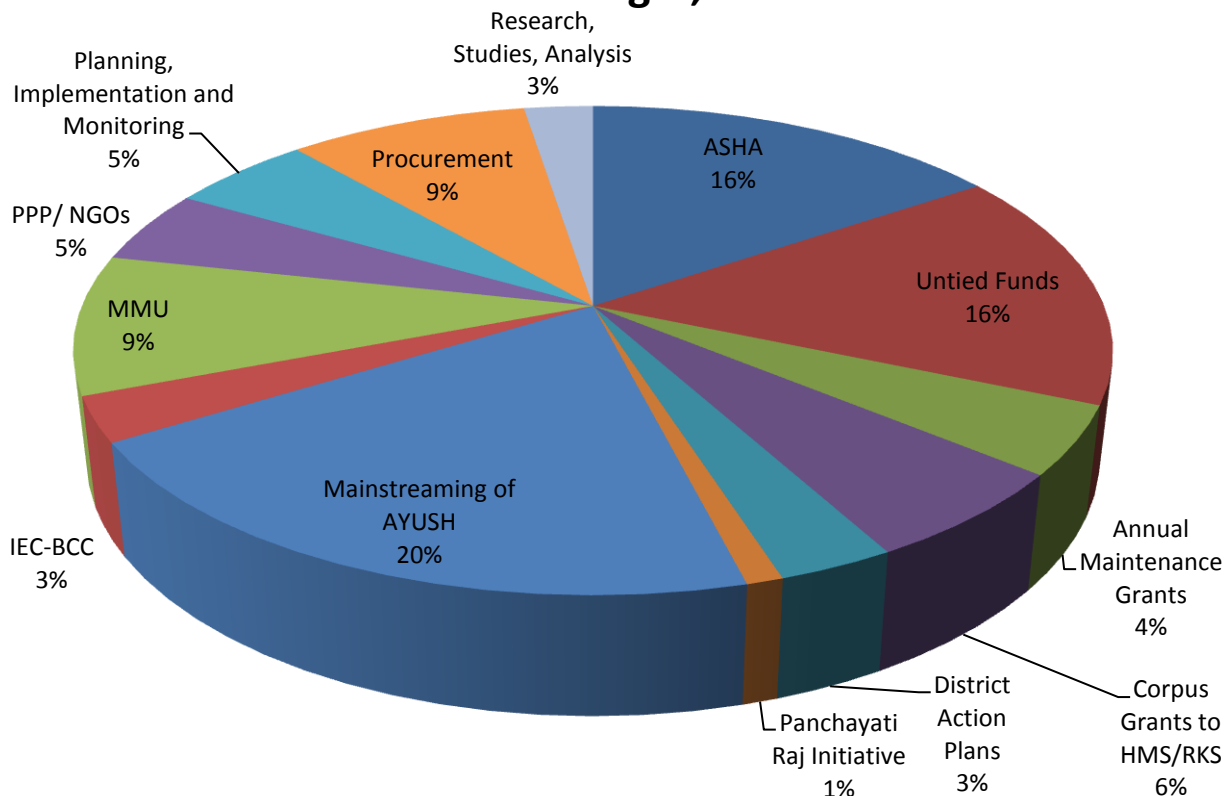


RCH FLEXIBLE POOL BUDGET

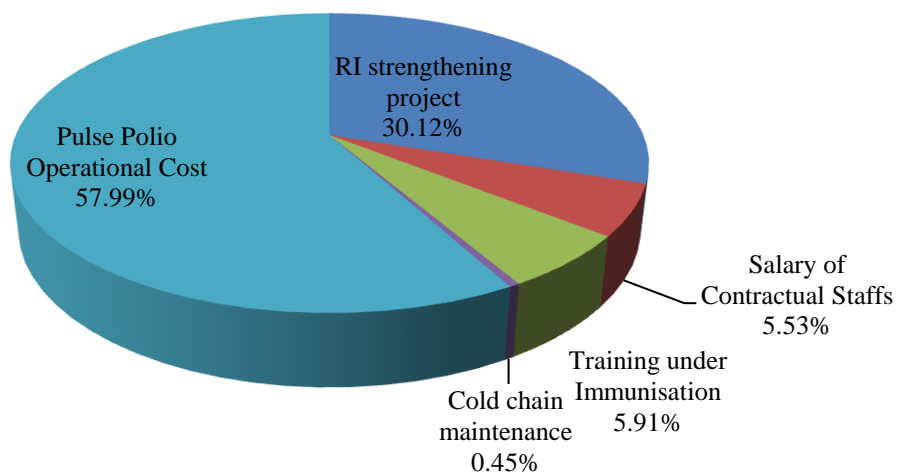
Rs 2641.85 Lakhs



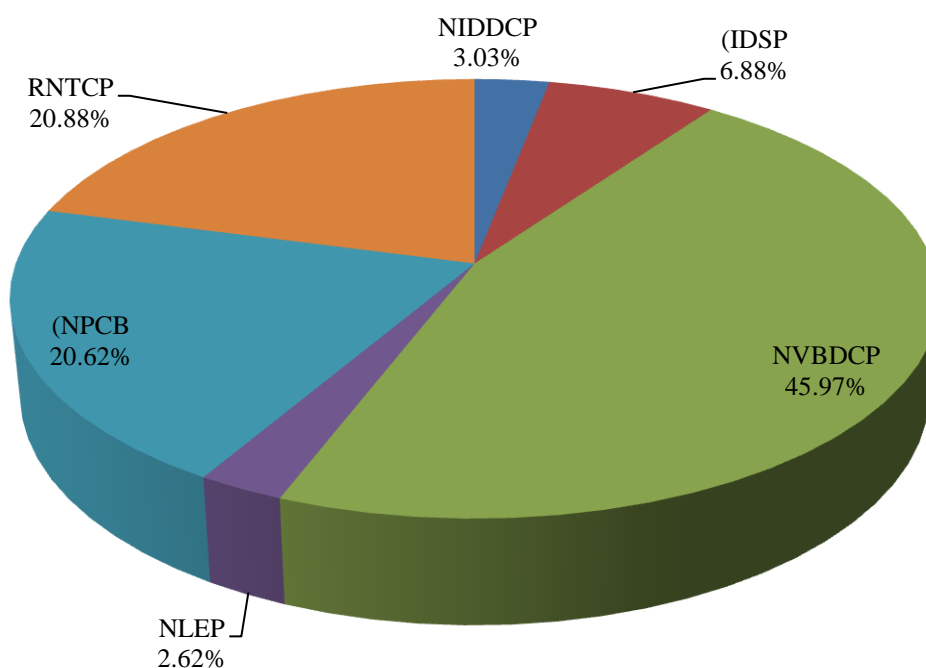
Mission Flexible Pool Budget, Rs. 1957.18 Lakhs



IMMUNIZATION BUDGET Rs 219.96 Lakhs



DISEASE CONTROL BUDGET Rs 1736.11 Lakhs



SUMMARY BUDGET 12-13: Manipur

S. No.	Budget Head	FY 2012-13 Budget (Rs lakhs)		
		Proposed	Approved	%
1. RCH				
A1	Maternal Health	825.01	475.89	5.55
A2	Child Health	147.00	88.72	1.03
A3	Family Planning	26.66	15.80	0.18
A4	ARSH	189.38	113.51	1.32
A5	Urban RCH	88.00	88.00	1.03
A6	Tribal RCH	15.17	15.17	0.18
A7	PNDT & Sex Ratio	34.12	14.16	0.17
A8	Infrastructure & HR	889.01	817.74	9.53
A9	Training	185.11	168.62	1.97
A10	Programme Management	696.87	650.30	7.58
A11	Vulnerable groups	0.00	0.00	0.00
	Total Base Flexi Pool	3096.33	2447.92	28.54
A12	JSY	202.83	168.54	1.96
A13	Sterilisation & IUD Compensation, and NSV Camps	26.80	25.40	0.30
	Total Demand Side	229.63	193.94	2.26
	Total RCH Flexi Pool	3325.96	2641.86	30.80
2. MFP				
B1	ASHA	387.80	304.78	3.55
B2	Untied Funds	429.90	309.60	3.61
B3	Annual Maintenance Grants	99.20	88.60	1.03
B4	Hospital Strengthening	379.00	0.00	0.00
B5	New Constructions/ Renovation and Setting up	2664.80	0.00	0.00
B6	Corpus Grants to HMS/RKS	136.00	118.06	1.38
B7	District Action Plans (including block, village)	60.50	60.50	0.71
B8	Panchayati Raj Initiative	18.95	18.95	0.22
B9	Mainstreaming of AYUSH	422.05	395.40	4.61
B10	IEC-BCC NRHM	232.87	58.22	0.68

S. No.	Budget Head	FY 2012-13 Budget (Rs lakhs)		
		Proposed	Approved	%
B11	Mobile Medical Units (Including recurring expenditures)	180.54	180.54	2.10
B12	Referral Transport	1081.00	0.00	0.00
B13	PPP/ NGOs	108.29	95.22	1.11
B14	Innovations (if any)			0.00
B15	Planning, Implementation and Monitoring	258.23	102.99	1.20
B16	Procurement	670.12	174.32	2.03
B17	Regional drugs warehouses	445.00	0.00	0.00
B18	New Initiatives	150.50	0.00	0.00
B19	Health Insurance Scheme			0.00
B20	Research, Studies, Analysis	55.00	50.00	0.58
B21	State level Health Resources Center			0.00
B22	Support Services			0.00
B23	Other Expenditures (Power Backup, Convergence etc)	14.50	0.00	0.00
	TOTAL MFP	8294.76	1957.18	22.82
3. IMMUNIZATION				
C1	RI strengthening project (Review meeting, Mobility support, Outreach services etc)	79.74	66.25	0.77
C2	Salary of Contractual Staffs	13.57	12.16	0.14
C3	Training under Immunisation	13.00	13.00	0.15
C4	Cold chain maintenance	1.00	1.00	0.01
C5	ASHA Incentive			0.00
	Total Immunization	107.31	92.41	1.08
C6	Pulse Polio Operational Cost		127.55	1.49
	Total RI & PPO costs	107.31	219.96	2.56
4. NATIONAL DISEASE CONTROL PROGRAMMES				
4A.	National Iodine Deficiency Disorders Control Programme (NIDDCP)	40.50	52.63	0.61
4B.	Integrated Disease Surveillance Programme(IDSP)	135.08	119.39	1.39
4C.	National Vector Borne Disease Control Programme (NVBDCP)	793.84	798.08	9.30

S. No.	Budget Head	FY 2012-13 Budget (Rs lakhs)		
		Proposed	Approved	%
4D.	National Leprosy Eradication Programme (NLEP)	59.22	45.55	0.53
4E.	National Programme for control of Blindness (NPCB)	712.28	357.95	4.17
4F.	Revised National Tuberculosis Control Programme (RNTCP)	485.09	362.51	4.23
	Total NDCP	2226.01	1736.11	20.24
5. INFRASTRUCTURE MAINTENANCE				
	Total Infrastructure Maintenance	2023.00	2023.00	23.58
	GRAND TOTAL	15977.04	8578.11	100.00

MATERNAL HEALTH

GOALS AND SERVICE DELIVERY TARGETS: MATERNAL HEALTH

Indicator	Target
Maternal Mortality Ratio	-
4 ANC's	44650 in 2012-13
Institutional Deliveries (out of the total estimated deliveries) to be conducted in Public health institutions from 40% in 2010-11 to 45% in 2012-13	22728 in 2012-13
Caesarean Section rate in public health facilities from 8% in 2010-11 to 10% in 2012-13	4025 in 2012-13
Severely anaemic pregnant women out of total anaemic pregnant women (@2%) to be line listed and managed	555 in 2012-13

DELIVERY POINTS:

Level of Facility	Target
DHs & DH Women's Hospitals	7
CHCs and other health facilities at sub district level	1
24*7 PHCs and Non FRUs	8
SCs	All identified SCs

TRAINING:

Training Programme	Target
LSAS	8
EmOC	4
BEmOC	24
SBA	48ANM/SNs
MTP	40
RTI/STI	90MOs, 60 SNs/ANMs

ROAD MAP FOR PRIORITY ACTION: MATERNAL HEALTH

Commitment No. 1- Operationalizing Delivery Points

Gaps in the identified delivery points to be assessed and filled through prioritized allocation of the necessary resources in order to ensure quality of services and provision of comprehensive RMNCH (Reproductive Maternal Neonatal and Child Health) services at these facilities. These must be branded and positioned as quality RMNCH 24x7 Service Centres within the current year.

The targets for different categories of facilities are:

- A) All District Hospitals and other similar district level facilities to provide the following services:
 - 24*7 service delivery for CS and other Emergency Obstetric Care.
 - 1st and 2nd trimester abortion services.
 - Facility based MDR.
 - Essential newborn care and facility based care for sick newborns.
 - Family planning and adolescent friendly health services
 - RTI/STI services.
 - Functional BSU/BB.
- B) 1 CHCs and other health facilities at sub district level (above block and below district level) functioning as FRUs to provide the same comprehensive RMNCH Services as the district hospitals.
- C) 8, 24*7 PHCs and Non FRUs to provide the following services:
 - 24*7 BeMOC services including conducting normal delivery and handling common obstetric complications.
 - 1st trimester safe abortion services. (MVA upto 8 weeks and MMA upto 7 weeks)
 - RTI/STI services.
 - Essential newborn care and facility based care for sick newborns.
 - Family planning
- D) All identified SCs/ facilities will:
 - Conduct Delivery by SBAs.
 - Provide IUD Services
 - Provide Essential New born care services.
 - Provide ANC, PNC and Immunization services.
 - Provide Nutritional and Family planning counseling.
 - Conduct designated VHND and other outreach services.

Commitment No. 2- Implementing free entitlements under JSSK

- A) JSSK entitlements to be ensured to all pregnant women and sick newborns accessing Public health facilities.
- B) Drop back to be ensured to at least 70% of pregnant women delivering in the public health facilities.
- C) Effective IEC and grievance redressal to be ensured.

Commitment No. 3- Centralized Call Centre and Assured Referral

- A) To ensure availability of a centralized call centre for referral transport at State or district level as per requirements along with GPS fitted ambulances.
- B) Response time for the ambulance to reach the beneficiary not to exceed 30 minutes.

Commitment No. 4- Essential Drug List

- A) To formulate an Essential Drug List (EDL) for each level of facility viz. SC, PHCs, CHCs, DHs, and Medical colleges
- B) Ensure timely procurement and supply linked to case load.
- C) The EDL should include drugs for maternal and child health, safe abortion services, RTI/STI.

Commitment No. 5- Capacity Building

- A) Delivery points to be first saturated with trained HR. High focus/ remote areas to be covered first.
- B) Shortfall in trained human resource at delivery points particularly sub centres and those in HFDs/ tribal/ remote areas to be addressed on priority.
- C) Training load for skill based trainings to be estimated after gap analysis.
- D) Certification /accreditation of the training sites is mandatory.
- E) Training plan to factor in reorientation training of HR particularly for those posted at non functional facilities and being redeployed at delivery points. Orientation training of field functionaries on newer interventions e.g.MDR.
- F) Performance Monitoring during training/post-deployment need to be ensured
- G) Specific steps to strengthen SIHF/ any other nodal institution involved in planning, implementation, monitoring and post training follow up of all skill based trainings under NRHM.

Commitment No. 6– Tracking severe anaemia

- A) All severely anaemic pregnant woman (2% of the anaemic pregnant woman) to be tracked and line listed for providing timely treatment of anaemia followed by micro birth planning.

Commitment No. 7– For High Focus Districts

- A) The State to make use of the MCH sub plans made for these districts in the recent past and develop and operationalise the identified facilities as delivery points.
- B) At least 25% of all sub centres under each PHC to be made functional as delivery points in the HFDs.

Commitment No. 8—Demarcation /Division of population and job clarity between the two ANMs working at the Sub-centre. Ensuring availability of one ANM at the SC, while the other visits the assigned population/villages.

Commitment No. 9: For 12 High Focus States: Pre service Nursing Training

- A) At least one state Master Nodal centre shall be created and made functional.
- B) State nursing cell will be created and made functional.

Commitment No.10: Proper implementation of JSY:

- A) JSY guidelines to be strictly followed and payments made as per the eligibility criteria.
- B) No delays in JSY payments to the beneficiaries and full amount of financial assistance to be given to the beneficiary before being discharged from the health facility after delivery.
- C) All payments to be made through cheques and preferably into bank/ post office accounts.
- D) Strict monitoring and physical (at least 5%) verification of beneficiaries to be done by state and district level health authorities to check malpractices.
- E) Grievance redressal mechanisms as stipulated under JSY guidelines to be activated at the district and state levels.
- F) Accuracy of JSY data reported at the HMIS portal of MOHFW to be ensured besides furnishing quarterly progress reports to the Ministry within the prescribed timeframe.

Commitment No. 11: Strengthening Mother & Child Tracking System

- A) State level MCTS call centre to be set up to monitor service delivery to pregnant women and children .

MCTS to be made fully operational for regular and effective monitoring of service delivery including tracking and monitoring of severely anaemic women, low birth weight babies and sick neonates.

DETAILED BUDGET: MATERNAL HEALTH

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
A.1	MATERNAL HEALTH					
A.1.1	Operationalise facilities					
	Operationalise FRUs (Monitor Progress and quality of service delivery)					
A1.1.1	Organize dissemination workshopd for FRU guidelines	0.5000		1.00	0.00	
	Monitor progress and quality of service delivery/hiring of consultant for MCH	0.2600		3.12	0.00	Approved. Shifted to Infrastructure and Human Resources.
A.1.1.2	Operationalise 24x7 PHCs (Monitor progress and quality of service delivery)					
A.1.1.3	MTP services at health facilities					
A.1.1.4	RTI/STI services at health facilities					
A.1.1.5	Operationalise Sub-centres					
	Monitor quality and service delivery and utilization through field visits			2.10	0.00	Not approved
A.1.2	Referral Transport			444.80	0.00	Not approved; to be met from last year's fund.
A.1.3	Integrated outreach RCH services					
A.1.3.1	RCH Outreach Camps/ Others	20000 in Normal areas & 50000 in difficult areas	136(46 camps in normal areas and 90 camps in difficult areas)	45.20	35.30	Approved @ Rs20000 per camp in Normal areas and Rs 29000 per camp in Difficult areas.

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
A.1.3.2	Monthly Village Health and Nutrition Days		120	7.80	0.00	Not approved. State to prepare a comprehensive monitoring plan
A.1.4	Janani Suraksha Yojana / JSY					
A.1.4.1	Home Deliveries	500.0	2011	10.06	7.31	Approved for 1462 beneficiaries
A.1.4.2	Institutional Deliveries			101.41		
A.1.4.2.a	Rural	700.0			81.03	Approved for 11576 beneficiaries
A.1.4.2.b	Urban	600.0			20.38	Approved for 3397 beneficiaries
A.1.4.2.c	C-sections (Hiring of Doctors and anesthetist)	1500.0	299	4.49	4.49	
A.1.4.3	Administrative expenses			10.63	8.02	Allowable expense are for printing of formats, registers, monitoring of JSY project implementation , IEC etc
A.1.4.4	Incentive to ASHAs	200 & 600		76.24		
	Rural	600.00			40.52	ASHA incentive @Rs. 350 for 11,576 Rural beneficiaries. Since Pregnant Women are guranteed free transport and drop back from health facility under JSSK
	Urban	200.00			6.79	ASHA incentive @Rs 200 for 3,397 Urban beneficiaries.

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
A.1.5	Maternal Death Review (Both institutions and community)		110	27.90		The activities proposed have been approved in the training section
A.1.6	Other strategies/ activities (incentive for tracking mothers who avail private facilities)					
	Co-ordination meeting on RTI/STI					
A.1.7	JSSK- Janani Shishu Surakhsha Karyakram					
A.1.7.1	Drugs and Consumables					
	Drugs and Consumables for Normal Deliveries			74.50	80.50	For 23000 cases @ 350
	Drugs and Consumables for Caesarean Deliveries			6.96	6.96	For Rs 435 cases @ Rs 1600
A.1.7.2	Diagnostic		21718 mothers & 2672 Child	120.39	50.00	Only mothers. Approved for 25000 ANC's @ 200/- including USG in some cases.
A.1.7.3	Blood Transfusion			1.09	1.09	Approved for Rs1.09 lakhs for Blood Transfusion @ 250/- *436cases
A.1.7.4	Diet					
	3 days for Normal Delivery			75.15	69.00	For 23000 cases @ Rs 100 per day
	7 days for for C section				3.04	For 435 cases @ Rs 100 per day
	Child Care			15.00	0.00	Not approved
A.1.7.5	Referral Transport (under JSSK for mothers and sick new borns from home to facility)				230.00	Can be approved for 23000 deliveries @ Rs 1000/-= 230 lakhs ; transportation to be provided to all the
	Referral Transport (under JSSK for mothers and sick new borns from facility to home)					

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
						beneficiaries for coming to public health facilities and drop back.
	Call Centres for JSSK at all District Hospital, CHC, PHC, UHC					
	Sub-total Maternal Health (excluding JSY)			825.01	475.89	
	Sub-total JSY			202.83	168.54	
A.9.3	Maternal Health Training					
A.9.3. 1	Skilled Birth Attendance / SBA training					
A.9.3. 1.1	TOT for SBA					
A.9.3. 1.2	Training of Medical Officers in Management of Common Obstetric Complications (BEmOC)					
A.9.3. 1.3	Training of Staff Nurses in SBA		68	17.11		Not approved
A.9.3. 1.4	Training of ANMs / LHV in SBA				11.18	Approval given by MH for 48 ANM in 12 batches @0.932 lakhs
					5.94	aApproval given by MH for 20 MO in 5 batches @1.187 lakhs
A.9.3. 2	Comprehensive EmOC training (including c-section)					
A.9.3. 3	Training of MO in Life saving Anaesthesia skills training		12	11.38		
					8.06	Approval given by MH for 8 MO in 2 batches @4.032 lakhs
					3.41	Approval given by MH for reorientation of 9 MO
A.9.3. 4	Safe abortion services training (including MVA/ EVA and Medical abortion)					

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
A.9.3.4.1	TOT on safe abortion services for MO & SN					
A.9.3.4.1	ToT of Medical Officers in safe abortion					
A.9.3.4.1	Training of Medical Officers in safe abortion		40	6.60	6.60	The state needs to provide the unit cost
A.9.3.5	RTI / STI training					
A.9.3.5.1	TOT for RTI/STI training					
A.9.3.5.2	Training of laboratory technicians in RTI/STI		60	0.90	0.90	Approved for 2 batches @ 0.4318 lakhs
A.9.3.5.3	Training of Medical Officers in RTI/STI		90	1.52	1.52	Approved for 3 batches @0.505 lakhs
A.9.3.5.4	Training of Staff Nurses in RTI/STI		540	7.47	7.47	Approved for 18 batches @0.415 lakhs
A.9.3.5.5	Training of ANMs / LHV in RTI/STI					
A.9.3.6	BEmOC training		24	4.09	4.09	Approved for 6 batches @ 0.68 lakhs
A.9.3.7	Other MH training					
	Exposure training of SN, G IV for OT assistant			7.33	3.73	Approved for 16 SN in 4 batches @ 0.93 lakhs. Grade IV not approved.
	State level MDR Dissemination Workshop				0.50	Rs 0.50 lakhs for 1 state level dissemination workshop
	Distict & Facility level MDR sensitization workshop				2.75	Rs 2.75 for 9 district level sensitization @0.30 lakhs
	District level training on emphasises FBMDR and CBMDR				2.75	Rs 2.75 for 9 district level training on emphasised FBMDR and CBMDR @0.30

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
						lakhs
	Facility level MDR training				6.00	Rs 6.00 lakhs for 20 facility level MDR training @ 0.30 lakhs
A.9.4	IMEP Training					
	IMEP training for MO		90	0.96	0.96	Approved for 3 batches @0.319 lakhs.
A.9.4.4	IMEP Training for staff nurses					
	Sub Total MH Training			57.35	65.85	
B16.1.1	Procurement of equipment: MH					
	RTI/STI: 89 Refrigerator @ Rs 5000 and 89 Centrifuge @ Rs 30000 = Rs 27.05			27.05	27.05	Approved
	CHC Jiribam : Ventouse Suction Machine (Rs.0.40 lacs), Shadowless lamp (Rs. 0.35 lacs), one resuscitation kit (Rs.0.40) for= Rs. 1.15 L			1.15	1.15	Approved
	PHC Oinam: Ventouse Suction Machine (Rs.0.40 lacs) and one diesel generator (3.00 lacs) 5KVA .Rs. 3L			3.00	3.00	Approved
	DH Tamenglong:ultrasound machine for implementing JSSK scheme			8.00	8.00	Approved
	Setting up Blood Bank DH, Thoubal:			50.00	0.00	Not Approved.NACO supported activity. Not funded under NRHM.

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
	Hospitals Equipments & Instruments for CHCs, PHCs & Sub Centres			207.58	0.00	Approval pended.State to rework the proposal with facility wise analysis.
	Sub Total Equipments Maternal Health			296.78	39.20	
B.16. 2.1	Drugs & supplies for MH					
	RTI/STI diagnostic kits		11406	27.71	27.69	Approved for Rs27.2 lakhs to purchase 10583 color coded kits 1-7 and Rs 0.49 lakhs to purchase 823 RPR test kits @ Rs 60/-
	Whole Blood finger prick test	25.00	15704	3.93	3.93	Approved
	Procurement of drugs and drug kits for School health programs	3900.00	717	27.97	27.97	Approved
	Sub Total Drugs & Supplies MH			59.61	59.59	
	Grand Total Maternal Health			1441.57	809.07	

CHILD HEALTH & IMMUNIZATION

TARGETS: CHILD HEALTH AND IMMUNIZATION

A	OUTCOME INDICATORS						
				Current Status (SRS 2010)	2013	2014	2015
	IMR			14	10	9	8
				Current Status	Target for 2012-13	2013-14	2014-15
B	KEY PERFORMANCE INDICATORS (CUMULATIVE)						
1	Establishment & operationalisation of SNCUs			1	2		
2	Establishment & operationalisation of NBSU			0	3		
3	NBCC at delivery points			41	41		
4	Establishment of NRCs			0	0		
5	Personnel trained in IMNCI (ANM+LHV)	No.		1062	1062		
		%		98%	98%		
6	Personnel trained in F-IMNCI (MO+SN)	No.		0	150		
		%		0%	150%		
7	Personnel trained in NSSK (MO+ANM+SN)	No.		168	200		
		%		84%	100%		
8	ASHA trained in Module 6&7	No.		3878	3878		
		%		100%	100%		
C	KEY PERFORMANCE INDICATORS (NON CUMULATIVE)						
1	New borns visited by ASHA (as per HBNC guidelines)	No.		0	6600	9350	11000
		%		0	60%	85%	100%
2	New borns breastfed with one hour of birth (CES 2009)	No.		8261	9350	10450	11000
		%		75.10%	85%	95%	99%
3	LBW children (state HMIS)	No.		440	220	330	55
		%		4%	2%	3%	0.5%
D	KEY PERFORMANCE INDICATORS- IMMUNIZATION (NON CUMULATIVE)						
1	Fully immunized children by age of 12-23 months (CES 2009)	No.		5709	8250	9350	9900
		%		51.90%	75%	85%	90%
2	DPT-3 coverage for 12-23 months (CES 2009)	No.		9097	9900	10450	10890
		%		82.70%	90%	95%	99%
3	DPT 1st booster in children aged 18-23months (CES 2009)	No.		4389	6050	7150	8250
		%		39.90	55%	65%	75%

ROAD MAP FOR PRIORITY ACTION: CHILD HEALTH AND IMMUNIZATION

A. Priority Actions to be carried out by state for Child Health

1. All the delivery points must have a functional Newborn Care Corner consisting of essential equipment and staff trained in NSSK. All staff must be trained in a 2 days NSSK training package for skills development in providing Essential Newborn Care.
2. Special Newborn care Units (SNCU) for care of the sick newborn should be established in all Medical Colleges and District Hospitals. All resources meant for establishment of SNCUs should be aligned in terms of equipment, manpower, drugs etc. to make SNCUs fully operational.(Refer to facility based new born care guidelines)
3. SNCUs are referral centres with provision of care to sick new born in the entire district and relevant information must be given to all peripheral health facilities including ANM and ASHA for optimum utilisation of the facility. Referral and admission of outborn sick neonates should be encouraged and monitored along with inborn admissions.
4. NBSUs being set up at FRUs should be utilised for stabilization of sick newborns referred from peripheral units. Dedicated staff posted to NBSU must be adequately trained and should have the skills to provide care to sick newborns.
5. All ASHA workers are to be trained in Module 6 & 7 (IMNCI Plus) for implementing Home Based Newborn Care Scheme. The ASHA kit and incentives for home visits should be made available on a regular basis to ASHAs who have completed the Round 1 of training in Module 6 .
6. All ANMs are to be trained in IMNCI. All Medical Officers and Staff Nurses, positioned in FRUs/DH and 24x7 PHCs should be prioritised for F-IMNCI training so that they can provide care to sick children with diarrhoea, pneumonia and malnutrition.
7. Infant and Under fives Death Review must be initiated for deaths occurring both at community and facility level.
8. In order to promote early and exclusive breastfeeding, the counselling of all pregnant and expectant mothers should be ensured at all delivery points and breastfeeding initiated soon after birth. At least two health care providers should be trained in 'Lactation Management' at District Hospitals and FRUs; other MCH staff should be provided 2 days training in IYCF and growth monitoring.
9. Nutrition Rehabilitation Centres are to be established in District Hospitals (and/or FRUs), prioritising tribal and high focus districts with high prevalence of child malnutrition. The optimum utilisation of NRCs must be ensured through identification and referral of Severe Acute Malnutrition cases in the community through convergence with Anganwadi workers under ICDS scheme (refer to guidelines on NRCs).
10. Line listing of newly detected cases of SAM and Low birth weight babies must be maintained by the ANM and their follow-up must be ensured through ASHA.
11. In order to reduce the prevalence of anaemia among children, all children between the ages of 6 months to 5 years must receive Iron and Folic Acid tablets/ syrup (as appropriate) as a preventive measure for 100 days in a year. School health teams can , in addition assess children below 6 years of age at AWCs. Accordingly appropriate formulation and logistics must be ensured and proper implementation and monitoring should be emphasised through tracking of stocks using HMIS.

12. Use of Zinc should be actively promoted along with use of ORS in cases of diarrhoea in children. Availability of ORS and Zinc should be ensured at all sub-centres and with ASHAs.
13. Data from SNCU, NBSU and NRC utilisation and child health trainings (progress against committed training load) must be transmitted on a regular basis to the Child Health Division, MoHFW.

B. Priority Actions to be carried out by state for Immunisation

1. The year 2012 has been declared as the '**Year of Intensification**' of Routine Immunisation. Therefore, state must prepare a detailed district plan for *Intensification of Routine Immunization* with special focus on districts with low coverage.
2. The birth dose of immunisation should be ensured for all newborns delivered in the institutions, before discharge. Daily Immunisation services should be available in PHCs, CHCs, SDHs/DHs.
3. A dedicated State Immunisation Officer should be in place. District Immunisation Officer should be in place in all the districts. The placement of ANMs at all session sites must be ensured. For sub centres without ANMs, special strategy should be formulated.
4. Due list of beneficiaries must be available with ANM and ASHA and village wise list of beneficiaries should be available with ASHA after each session. MCTS should be made full use of for generating due lists for ANMs, sending SMS alerts to beneficiaries and maintaining actual service delivery.
5. The immunisation session must be carried out on a daily basis in District Hospitals and FRUs/ 24x7 PHCs with considerable case load in the OPD.
6. Cold chain mechanics must be placed in every district with a definite travel plan so as to ensure that at least 3 facilities are visited every month as a preventive maintenance of cold chain equipment.
7. The paramedic person instead of a clerical staff should be identified as the Cold Chain Handler in all cold chain points and their training must be ensured along with one more person as a backup.
8. It has been observed that the coverage of DPT 1st booster and Measles 2nd dose to be given at the age of 18 months is less than 50% across the country. Therefore coverage of DPT 1st booster and measles 2nd dose must be emphasised and monitored.
9. District AEFI Committees must be in place and investigation report of every serious AEFI case must be submitted within 15 days of occurrence.
10. Rapid response team should be in place in priority districts of the states to identify pockets of low immunization coverage and to respond to any threat of polio.
11. Special micro plans are to be developed for inaccessible, remote areas and urban slums. The micro plans developed under polio programme must be utilised and special focus should be given to the migrant population (Refer to guidelines).

DETAILED BUDGET: CHILD HEALTH & IMMUNIZATION

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
A.2	CHILD HEALTH					
A.2.1	IMNCI					
A.2.1.1	Prepare detailed operational plan for IMNCI across districts					
A.2.1.2	Implementation of IMNCI activities in districts					
A.2.1.3	Monitor progress against plan; follow up with training, procurement, etc					
A.2.1.4	Pre-service IMNCI activities in medical colleges, nursing colleges, and ANMTCs					
A.2.2	Facility Based Newborn Care/FBNC (SNCU, NBSU, NBCC)					
A.2.2.1	Prepare detailed operational plan for FBNC across districts (including training, BCC/IEC, drugs and supplies, etc.; cost of plan meeting should be kept).	0.00	89	0.23	0.00	Not approved
	Operational cost of NBCC (23 existing and 21 newly proposed)					
	Operational cost of NBCU (2 existing and 5 newly proposed)					
A.2.2.2	Monitor progress against plan; follow up with training, procurement, etc.					
A.2.3	Home Based Newborn Care/HBNC					

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
	Prepare detailed operational plan for HBNC across districts (including training, BCC/IEC, drugs and supplies, etc.; cost of plan meeting should be kept).		3878	5.00	0.00	Not approved
A.2.4	Infant and Young Child Feeding/IYCF					
A.2.4.1	Prepare and disseminate guidelines for IYCF.					
A.2.4.2	Prepare detailed operational plan for IYCF across districts (including training, BCC/IEC, drugs and supplies, etc.; cost of plan meeting should be kept).					
A.2.4.3	Monitor progress against plan; follow up with training, procurement, etc.					
A.2.5	Care of Sick Children and Severe Malnutrition at facilities (e.g. NRCs, CDNCs etc.)					
A.2.5.1.	Prepare and disseminate guidelines.					
A.2.5.2	Prepare detailed operational plan for care of sick children and severe malnutrition at FRUs, across districts (cost of plan meeting should be kept).					
A.2.5.3	Implementation of activities in districts - Treatment cost of sick new born					
A.2.5.4	Monitor progress against plan; follow up with training,					

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
	procurement, etc.					
A.2.6	Management of Diarrhoea, ARI and Micronutrient Malnutrition	0.5000	1	0.50	0.50	State level workshop for Diarrhoea, ARI and Micronutrient Malnutrition
A.2.7	Other strategies/ activities		40 including STING of SCNU at rims	57.65	0.00	Not approved
A.2.8	Infant Death Audit					
A.2.9	Incentive to ASHA under Child Health	0.0025	40989	83.62	83.62	
A.2.10	JSSK (for Sick neonates up to 30 days)				4.60	Approved for Rs 4.6 lakhs for 2300 sick newborns @ 200/-
A.2.10.1	Drugs and consumables (other than reflected in Procurement)					
A.2.10.2	Diagnostic					
A.2.10.3	Free Referral Transport (other than A1.2 and A1.7.5)					
	Sub-total Child Health			147.00	88.72	
A.9.5	Child Health Training					
A.9.5.1	IMNCI Training					
A.9.5.1.1	TOT on IMNCI (pre-service and in-service)					
A.9.5.1.2	IMNCI Training for ANMs / LHVs					
A.9.5.1.3	IMNCI Training for Anganwadi Workers					
A.9.5.2	F-IMNCI training					
A.9.5.2.1	TOT on F-IMNCI					
A.9.5.2.2	F-IMNCI Training for Medical Officers					
A.9.5.2.3	F-IMNCI Training for Staff Nurses					
A.9.5.3	Home Based Newborn Care training					

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
A.9.5.3.1	TOT on HBNC					
A.9.5.3.2	Training on HBNC for ASHA					
A.9.5.4	Care of Sick Children and severe malnutrition training					
A.9.5.4.1	TOT on Care of sick children and severe malnutrition					
A.9.5.4.2	Training on Care of sick children and severe malnutrition for Medical Officers					
A.9.5.5	Other CH training (pls specify)					
A.9.5.5.1	NSSK Training					
A.9.5.5.1.1	TOT for NSSK					
A.9.5.5.1.2	NSSK Training for Medical Officers		100	2.18	2.18	Approved for 100 SN 1 batch
A.9.5.5.1.3	NSSK Training for SNs		100	1.63	1.63	Approved for 100 SN 1 batch
A.9.5.5.1.4	NSSK Training for ANMs					
	Sub Total Child Health Training			3.81	3.81	
	Grand Total Child Health			150.81	92.53	

FAMILY PLANNING

5 YEARS PROJECTION OF KEY INDICATORS

SN.	Indicator	Current Status	Target/ ELA				
			2012-13	2013-14	2014-15	2015-16	2016-17
1	Goal Indicators:						
1.1	Total Fertility Rate (TFR)	1.6 (SRS-2007)	Maintain TFR level				
1.2	Contraceptive Prevalence Rate (CPR)	19.5 (DLHS-3)	25.0	30.0	35.0	45.0	50.0
1.3	Unmet Need	25.8 (DLHS-3)	20.0	18.0	16.0	15.0	13.0
2	Service delivery:						
2.1	IUCD - Total	5097 (HMIS; 2010-11)	6000	6250	6500	6750	7000
2.2	Post-partum IUCD (subset of IUCD-total)		500	600	650	700	750
2.3	Female Sterilisation	1246 (HMIS; 2010-11)	2000	2250	2500	2750	3000
2.4	Post-partum sterilisation (subset of tubectomy)	373 (HMIS; 2010-11)	600	700	800	900	1000
2.5	Male sterilisation	21115 (HMIS; 2010-11)					
3	Input/ facility operationalization:						
3.1	Fixed Day service delivery:						
3.1.1	IUCD (daily at DH, SDH, CHC)	SHC-30 & PHC-40	Weekly @ PHC + CHC	Weekly @ PHC + CHC	Weekly @ PHC + CHC	Weekly @ PHC + CHC	All SHC
3.1.2	Sterilisation	FS (RIMS & JNIMS) MS (16 DH/ CHC/ PHC)	All DH	DH + 1 SDH/ FRU per dist	DH + all FRU per dist	DH + all FRU + 25% PHC per dist	DH + all FRU + 50% PHC per dist
3.2	Appointment of FP counsellors	Not proposed	All DH	DH + 1 SDH/ FRU per dist	DH + all FRU per dist	DH + all FRU per dist	DH + all FRU per dist

CONDITIONALITIES FOR 2012-13: FAMILY PLANNING

SN.	Indicator	Target / ELA- 2012-13	Minimum Level of Achievement		Remarks
			By Sep. 2012	By March 2013	
1	Goal (target):				
1.1	Reduction in TFR – 2013	Maintain TFR level	NA	NA	Current TFR - 1.6(SRS-2007)
2	Service delivery (ELA):				
2.1	<i>IUCD:</i>				
2.1.1	Post-partum IUCD	500	200	450	
2.1.2	Interval IUCD	5500	2200	4950	
2.2	<i>Sterilisation:</i>				
2.2.1	Tubectomy	2000	600	1600	
2.2.2	Post-partum sterilisation (subset of tubectomy)	600	180	480	
2.2.3	Vasectomy	300	90	240	
3	Training of personnel (target):				
3.1	<i>Post-partum IUCD</i>				
3.1.1	MO	40	10	30	
3.1.2	SN/ ANM				
3.2	<i>interval IUCD</i>				
3.2.1	MO	120	30	90	51 trained
3.2.2	SN	540	135	405	185 trained
3.2.3	ANM/ LHV				
3.3	Minilap				10 trained
3.4	NSV				39 trained
3.5	Laparoscopic				
4	Others (target):				
4.1	Appointment of FP Counsellors	100% DH	100% DH	NA	Not proposed
4.3	Regular reporting of the scheme of “home delivery of contraceptives by ASHAs”	Regular reporting	Monthly reporting till Sep 12	Quarterly reporting after Sep 12	4 districts under the scheme
4.4	Fixed Day Services for IUCD	SHC-30 & PHC-40	NA	100%	
4.5	Fixed Day Services for Sterilisation	FS(RIMS & JNIMS) MS(16DH/CHC/PHC)	NA	100%	

ROAD MAP FOR PRIORITY ACTION: FAMILY PLANNING

MISSION: “The mission of the national Family Planning Program is that all women and men (in reproductive age group) in India will have knowledge of and access to comprehensive range of family planning services, therefore enabling families to plan and space their children to improve the health of women and children”.

GUIDING PRINCIPLES: Target-free approach based on unmet needs for contraception; equal emphasis on spacing and limiting methods; promoting ‘children by choice’ in the context of reproductive health.

STRATEGIES:

1. Strengthening spacing methods:
 - a. Increasing number of providers trained in IUCD 380A
 - b. Strengthening Fixed Day IUCD services at facilities. Increased focus on IUCD services at sub centres for at least 2 fixed days a week
 - c. Introduction of Cu IUCD 375
 - d. Delivering contraceptives at homes of beneficiaries (in pilot states/ districts)
2. Emphasis on post-partum family planning services:
 - a. Strengthening Post-Partum IUCD (PPIUCD) services at least at DH level
 - b. Promoting Post-partum sterilisation (PPS)
 - c. Establishing Post-Partum Centres at women & child hospitals at district levels
 - d. Appointing counsellors at high case load facilities
3. Strengthening sterilization service delivery
 - a. Increasing pool of trained service providers (minilap, lap & NSV)
 - b. Operationalising FDS centers for sterilisation
 - c. Holding camps to clear back log
4. Strengthening quality of service delivery:
 - a. Strengthening QACs for monitoring
 - b. Disseminating/ following existing protocols/ guidelines/ manuals
 - c. Monitoring of FP Insurance
5. Development of BCC/ IEC tools highlighting benefits of Family Planning specially on spacing methods
6. Focus on using private sector capacity for service delivery (exploring PPP availability):
7. Strengthening programme management structures:
 - a. Establishing new structures for monitoring and supporting the programme
 - b. Strengthening programme management support to state and district levels

KEY PERFORMANCE INDICATORS:

- a. % IUD inserted against ELA
- b. % PPIUCD inserted against total IUCD
- c. % PPIUCD inserted against institutional deliveries
- d. % of sterilisations conducted against ELA
- e. % post-partum sterilisation against total female sterilisations
- f. % of male sterilisation out of total sterilisations conducted
- g. % facilities delivering FDS services against planned
- h. % of personnel trained against planned
- i. % point decline in unmet need
- j. point decline in TFR
- k. % utilisation of funds against approved

DETAILED BUDGET: FAMILY PLANNING

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
A.3	FAMILY PLANNING					
A.3.1	Terminal/ Limiting Methods					
A.3.1.1	Orientation workshop and dissemination of manuals on sterilisation standards & QA of sterilisation services	0.2500	10	2.50	2.50	
A.3.1.1.1	Prepare operational plan for provision of sterilisation services at facilities (fixed day) as well as camps , review meetings	0.3200	10	3.20	0.00	Not approved
A.3.1.1.2	Implementation of sterilisation services by districts(including fixed day services and PP sterilization)			1.10	0.00	Not approved
A.3.1.2	Female Sterilisation camps	0.1000	10	1.00	1.00	
A.3.1.3	NSV camps	0.1000	10	1.00	1.00	
A.3.1.4	Compensation for female sterilisation			20.20	20.20	
A.3.1.5	Compensation for male sterilisation			3.00	3.00	
A.3.1.6	Accreditation of private providers for sterilisation services					
A.3.2	Spacing Methods					
A.3.2.1	IUD camps					
A.3.2.2	Provide IUD services at health facilities / compensation			2.60	1.20	Approval for 6000 IUCD insertions
	PPIUCD services			2.20	0.00	Not approved

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
A.3.2.3	Accreditation of private providers for IUD insertion services					
A.3.2.4	Social Marketing of contraceptives			3.00	0.00	State was requested to provide breakup of cost (Rs. 20000); however, no such details provided. Not approved
A.3.2.5	Contraceptive Update seminars			0.64	0.00	No details provided (either in write-up or in budget sheet) and hence not approved.
A.3.3	POL for Family Planning/ Others					
A.3.4	Repairs of Laparoscopes					
A.3.5.						
A.3.5.1	Monitor progress, quality and utilisation of services (both terminal and spacing methods) including complications / deaths / failure cases. Note: cost of insurance / failure and death compensation NOT to be booked here	25000	4	1.00	0.20	Approved @Rs 5000/visit
	State Review Meetings				0.50	Have not been reflected in the budget sheet. 2 meetings have been approved @

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
						Rs 25000
	District Review Meetings				2.70	Have not been reflected in the Budget sheet. 18 meetings have been approved @ 15000
A.3.5.2	Performance reward if any			0.75	0.75	
A.3.5.3	World Population Day' celebration (such as mobility, IEC activities etc.): funds earmarked for district and block level activities	9 Districts at CHC/PHC		11.27	8.15	State has proposed Rs. 11.27 in the budgetsheets; however, as per breakup provided in the write-up total budget is Rs. 8.15, accordingly approved.
	Sub-total Family Planning (excluding compensation)			26.66	15.80	
	Sub-total Sterilisation and IUD compensation & NSV camps			26.80	25.40	
A.9.6	Family Planning Training					
A.9.6.1	Laparoscopic Sterilisation training					
A.9.6.1.1	TOT on laparoscopic sterilisation					
A.9.6.1.2	Laparoscopic sterilisation training for doctors (teams of doctor, SN and OT assistant)					
A.9.6.2	Minilap training					

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
A.9.6.2.1	TOT on Minilap					
A.9.6.2.2	Minilap training for medical officers					
A.9.6.3	NSV training					
	Refresher training in NSV				0.64	State has proposed for 64000 for NSV training in the write up (4 batches @16000) , however the same has not been reflected in the budget sheet. The Amount has been approved
A.9.6.3.1	TOT on NSV					
A.9.6.3.2	NSV Training of medical officers					
A.9.6.4	IUD Insertion training					
A.9.6.4.1	TOT for IUD insertion				0.20	State has proposed for 20000 for ToT in IUCD insertion in the write up (2 gynaecologist, 1 batch @10000), however same has not been relected in the budget sheet. The amount has been approved
A.9.6.4.2	Training of Medical officers in IUD insertion		120	7.41	7.41	Approved for 20 batches @Rs37040
A.9.6.4.3	Training of staff nurses in IUD insertion		540	19.80	19.80	Approved for 540 Sn/ANM in 45 batches @ Rs 44000

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
A.9.6.4.4	Training of ANMs / LHV's in IUD insertion					
A.9.6.5	Contraceptive Update training					
A.9.6.6	Other FP training (pls specify)					
	PPS services at 5 centres - RIMS, JNIMS, DH/CCP, TBL, BPR (2 doctors each from DH/TBL & BPR)				0.20	State has proposed Rs 20000 (4batches @ Rs 5000) for training of doctors in PPS, however the same has not been relected in the budget sheet. State needs to rectify the inconsistency. The amount has bee approved

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
	ToT for PPIUCD				0.25	(1) State has proposed for ToT for 2 days, state may note that ToT in PPIUCD should be minimum for 3 days for those who have already undergone IUCD training, otherwise, 6 days training should be organised (2) Further, this activity has not been included in the budget sheet. (3) Proposed rate/ batch is Rs. 40000 for 2 participants, which is very high; recommended for approval @ Rs. 25000
	Training of MO in PPIUCD insertion				1.60	State has proposed Rs. 1.60 lakhs for training of doctors in PPIUCD; however, same has not been reflected in the budget sheet. State needs to rectify the inconsistency. Recommended for approval.
	Sub Total FP Training			27.21	30.10	

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
B16.1.3	Procurement of equipment: FP					
	NSV Kit (20 @ Rs 300)		20	0.06	0.06	Approved
	IUD insertion Kit (200 @ Rs 700)		200	1.40	1.40	Approved
	Laparoscopes (3 @ R3 L)	3.00	3	9.00	3.00	Approved
	Sub Total Equipments:FP			10.46	4.46	
	Grand Total FP					

ADOLESCENT HEALTH

ROAD MAP FOR PRIORITY ACTION: ADOLESCENT HEALTH

SETTING UP OF AH CELL

A unit for adolescent health at state level with a nodal officer supported by four consultants one each for ARSH, SHP, Menstrual hygiene and WIFS; one nodal officer (rank of ACMHO) for all the components of Adolescent Health at district level to take care of Adolescent health programme including the SHP.

PROGRAMME SPECIFIC ESSENTIAL STEPS FOR IMPLEMENTATION:

I. Adolescent Reproductive Sexual Health (ARSH) Programme

- **Clinics**
 - Number of functional clinics at the DH, CHC, PHC and Medical Colleges(dedicated days, fixed time, trained manpower).
 - Number of clinics integrated with ICTCs
 - Quarterly Reporting from the ARSH clinics to be initiated to GoI.
 - Establish a Supportive supervision and Monitoring mechanism
- **Outreach**
 - Utilisation of the VHND platform for improving the clinic attendance.
 - Demand generation in convergence with SABLA and also through Teen Clubs of MOYAS
- **Capacity Building/Training:**
 - Calculation of the training load and development of training plans/ refresher trainings.
 - Deployment of trained manpower at the functional clinics.

II. School Health Programme:

- GoI Guidelines including terms of reference of stakeholders adapted by States and operational plan in place..
- School health committee with diverse stakeholders beyond the health department; this committee with representation of academia will be responsible for implementation and monitoring of the programme.
- Involvement of nodal teachers from schools in the programme (Screening and communication - preventive and promotive) is to be ensured.
- Height / weight measurement and BMI calculation should be part of School Health Card.
- All children in government and government aided schools should be covered.
- The programme should focus on three Ds- Deficiency, Disease and Disability.
- Referral of children must be tied up and complete treatment at higher facilities to be ensured.
- An effort should be made to have dedicated teams for school health. The teams should also conduct health check- ups for children below 6 years at AWCs.

III. Menstrual Hygiene Scheme (MHS):

- Formation of State and district level steering committees.
- Training / re-orientation of service providers(MOs, ANMs, ASHAs)
- Monthly meeting with BMO.
- Regular feedback on quality of sanitary napkins to be sent to GoI
- Identification of appropriate storage place for sanitary napkins.
- Mechanism of distribution of SN right upto the user level.
- Reporting and accounting system in place at various levels.
- Utilizing MCTS for service delivery by checking with ASHAs and ANMs about supply chain management of IFA tabs and Sanitary napkins.

- Distribution of Sanitary Napkins to school going adolescent girls to be encouraged in schools and preferably combined with Weekly Iron Folic Acid Supplementation (WIFS).

IV. Weekly Iron and Folic Acid Supplementation programme (WIFS):

- Procurement policy in place for procurement of EDL including IFA and deworming tablets.
- Establish “Monday” as a fixed day for WIFS.
- Plan for training and capacity building of field level functionaries of concerned Departments (i.e. Department of Women and Child Development and Department of Education) and plan for sensitization of Programme Planners on WIFS.
- Ensure that monitoring mechanism as outlined in the operational framework (Shared with the States during the National Adolescent Health Workshop) are put in place across levels and departments.

DETAILED BUDGET: ADOLESCENT HEALTH

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
A.4	ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH / ARSH					
A.4.1	Adolescent services at health facilities					
A.4.1.1	Disseminate ARSH guidelines.	0.8000	2	1.60	1.60	
A.4.1.2	Establishment of new clinics at DH/SDH level					
A.4.1.3	Establishment of new clinics at CHC/PHC level					
A.4.1.3.1	Operating expenses for existing clinics			106.32	99.51	Cost for buying laptop, datacard, almirah and hiring of vehicle @ Rs30000 per month is not approved
A.4.1.4.	Outreach activities including peer educators					
A.4.2	School Health Programme					
A.4.2.1	Prepare and disseminate guidelines for School Health Programme.					
A.4.2.2	Prepare detailed operational plan for School Health Programme across districts (cost of plan meeting should be kept)		128000	1.48	1.40	Overhead charges @6% (Rs4200) is not approved

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
A.4.2.3	Implementation of School Health Programme by districts.	0.0090	330	8.54	8.60	As per the narrative the estimated cost is 860400
A.4.2.4	Monitor progress and quality of services.			27.44		
A.4.3	Other strategies/activities (please specify) Details of the menstrual Hygiene project to be provided and budgeted under this head	0.2000		44.00	2.40	Helpline approved
A.4.3.2	Weekly Iron Folic Acid Supplementation (WIFS) Scheme					
	Sub-total ARSH			189.38	113.51	
A.9.7	ARSH Training					
A.9.7.1	TOT for ARSH training/WIFS, School Health Program Training		1573	45.31	45.31	
A.9.7.2	Orientation training of state and district programme managers					
A.9.7.3	ARSH training for medical officers		90	2.84	2.84	
A.9.7.4	ARSH training for ANMs/LHVs (staff nurse)		136	4.55	4.55	
	ASRH training for counsellors		68	2.28	2.28	
A.9.7.5	ARSH training for AWWs					
A.9.7.6	Training of master trainers under School Health					

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
A.9.7.7	Training of school teacher under School Health					
A.9.7.8	Training of ANM/HW under school health					
	Sub Total School Health Training			54.98	54.98	
	Procurement of equipments for School health			11.55	11.55	Approved.
	Procurement of drugs and drug kits for School health programs	3900.00	717	27.97	27.97	Approved
	Procurement of Drugs & Supplies for WIFS					
	IFA procurement (including 20% buffer Stock)	0.10	313693	27.40	27.40	Approved
	Albendazol (including 10% buffer Stock)	0.80	313693	7.72	7.72	Approved
	Sub Total Equipments and Drugs & Supplies ARSH			74.64	74.64	
	Grand Total School Health			319.00	243.134	

URBAN RCH

ROAD MAP FOR PRIORITY ACTION: URBAN RCH

Carry out a comprehensive third party evaluation of UHCs/ NGO performance including an assessment of reasons for low expenditure (9.6 % in the first 9 months of 2011-12). State to apprise MoHFW of action taken on the basis of the findings of the evaluation by September 2012.

Monitor performance of UHCs/NGOs against targets.

Staffing at UHCs to be linked to case load.

BUDGET: URBAN RCH

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
A.5	URBAN RCH					
A.5.1	<i>Urban RCH Services</i>					
A.5.1.1	Identification of urban areas / mapping of urban slums					
A.5.1.2.	Prepare operational plan for urban RCH					
A.5.1.3	Implementation of Urban RCH plan/ activities - Building rent, electricity, telephone, Water bill etc					
A.5.1.3.1	Recruitment and training of link workers for urban slums					
A.5.1.3.2	Strengthening of urban health posts and urban health centres		67	88.00	88.00	Continued services for 8UHC. Amount proposed is towards salary support and administrative cost
A.5.1.3.3	Provide RCH services (please specify)					
A.5.1.4	Monitor progress, quality and utilisation of services.					
A.5.1.5	<i>Other Urban RCH strategies/activities (please specify) salary of support staff</i>					
	Sub-total Urban Health			88.00	88.00	

TRIBAL HEALTH

ROAD MAP FOR PRIORITY ACTION: TRIBAL HEALTH

State to closely monitor progress (physical, expenditure) on all health activities in notified tribal areas.

On a quarterly basis, a progress report, including constraints faced and action proposed to be sent to MoHFW.

The State shall focus on health entitlements of vulnerable social groups like SCs, STs, OBCs, minorities, women, disabled, migrants etc.

BUDGET

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
A.6	TRIBAL RCH					
A.6.1	<i>Tribal RCH services</i>					
A.6.1.2	Prepare operational plan for tribal RCH					
A.6.1.3	Implementation of Tribal RCH activities					
	Salary of 1 MO, 2 ANM and 1 Helper			6.09	6.09	
	Vehicle charges to conduct the mobile clinics			3.60	3.60	
	Mothers meeting and nutritious meal for PW			5.48	5.48	
A.6.1.4	Monitor progress, quality and utilisation of services.					
A.6.1.5	Other Tribal RCH strategies/activities (please specify)					
	Sub-total Tribal Health			15.17	15.17	

PC-PNDT

ROAD MAP FOR PRIORITY ACTION: PNDT

MISSION:

The mission of PNDT program is to improve the sex ratio at birth by regulating the pre-conception and prenatal diagnostic techniques misused for sex selection.

Guiding Principle:

Deterrence for unethical practice sex selection to ensure improvement in the child sex ratio

STRATEGIES:

- **Strengthening programme management structures:**
 - Appointment of Nodal officer
 - Strengthening of Human resource
 - Formation of PNDT Cell at state and district level
- **Establishment of statutory bodies under the PC&PNDT Act**
 - Constitution of 20 member State Supervisory Board
 - Reconstitution every three years (other than ex-officio members)
 - Four meetings in a year
 - Notification of three members State Appropriate Authority,
 - Constitution of 8 member State Advisory Committee
 - Reconstitution in every 3 years
 - At least 6 meetings in a year
 - Notification of District Appropriate Authorities
 - Constitution of 8 member district Advisory Committees
 - Reconstitution in every 3 years
 - At least 6 meetings in a year
- **Strengthening of monitoring mechanisms**
 - Monitoring of sex ratio at birth through civil registration of birth data
 - Formulation of Inspection and Monitoring committees
 - Increasing the monitoring visits
 - Review and evaluation of registration records
 - Online availability of PNDT registration records
 - Online filling and medical audit of form Fs
 - Ensure regular reporting of sales of ultrasound machines from manufacturers
 - Enumeration of all Ultrasound machines and identification of un-registered ultrasound machine
 - Ensure compliance for maintenance of records mandatory under the Act
 - Ensure regular quarterly progress reports at state and district level
- **Capacity building and sensitisation of program managers**
 - Appropriate Authorities
 - Advisory committee members
 - Nodal officers both State and District

- **Sensitisation and Alliance building with**
 - Judiciary
 - Medical Council / associations
 - Civil society
- **Development of BCC/ IEC/ IPC Campaigns highlighting provisions of PC& PNDT Act and promotion of Girl Child**
- **Convergence for Monitoring of Child sex Ratio at birth**

KEY PERFORMANCE INDICATORS:

- Improvement in child sex ratio at birth
- % of civil registration of births
- Statutory bodies in place
- % registrations renewed
- Increase in inspections and action taken
- No. of unregistered machines identified
- % of court cases filed
- % of convictions secured
- No. of medical licences of the convicted doctor cancelled or suspended

DETAILED BUDGET: PNDT

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
A.7	PNDT & Sex Ratio					
A.7.1.	Support to PNDT Cell			2.70		
	Formulation of PNDT Cell					
	Programme Officer				1.80	Approved
	Legal Officer				1.20	Approved
	Data Manager				0.96	Approved
	Incidental expenses					
	Office maintenance				1.20	Approved
	Mobility support including hiring of vehicle				1.80	Approved
	Provision of xerox machine, printer, LCD etc.					
A.7.1.1	Operationalise PNDT Cell					
A.7.1.2	Orientation of programme managers and service providers on PC & PNDT Act			31.42		
A.7.2	Other PNDT activities					
	Inspection and Monitoring				1.80	Approved
	Capacity building of AAs, Doctors, NGOs, Women organization etc.				5.40	State may also include Nodal Officers, Judiciary for the capacity building workshops. Approved.
	Sub-total PNDT & Sex Ratio			34.12	14.16	

HUMAN RESOURCES AND PROGRAM MANAGEMENT

ROAD MAP FOR PRIORITY ACTION: HUMAN RESOURCES

- A comprehensive HR policy to be formulated and implemented; to be uploaded on the website too.
- Underserved facilities particularly in high focus districts/ areas, to be first strengthened through contractual staff engaged under NRHM. Similarly high case load facilities to be supplemented as per need
- All appointments under NRHM to be contractual; contracts to be renewed not routinely but based on structured performance appraisal
- Decentralized recruitment of all HR engaged under NRHM by delegating recruitment process to the District Health Society under the chairpersonship of the District Collector/ Rofi Kalyan Samitis.
- Preference to be given to local candidates to ensure presence of service providers in the community. Residence at place of posting to be ensured.
- Quality of HR ensured through appropriate qualifications and a merit- based, transparent recruitment process.
- Vacant regular posts to be filled on a priority basis: at least 75% by March 2013.
- **It has been observed that contractual HR engaged under NRHM i.e. Specialists, Doctors (both MBBS and AYUSH), Staff Nurses and ANM are not posted to the desired extent in inaccessible/hard to reach areas thereby defeating the very purpose of the Mission to take services to the remotest parts of the country, particularly the un-served and under-served areas. It must therefore be ensured that the remotest Sub-Centres and PHCs are staffed first. Contractual HR must not be deployed in better served areas until the remotest areas are adequately staffed. No Sub-Centre in remote/difficult to reach areas should remain without any ANM. No PHC in these areas should be without a doctor. Further, CHCs in remote areas must get contractual HR ahead of District Hospitals. Compliance with these conditionalities will be closely monitored and salaries for contractual HR dis-allowed in case of a violation.**
- **Special financial incentives for difficult areas have been approved in view of the proposal made by the State. However, it is felt that these special financial incentives need to be further graded keeping in view the distance of the place of posting from the District HQs and other relevant factors such as accessibility, time taken to reach a particular facility on account of geographical terrain, road connectivity etc. The issue should be examined on priority and a suitable proposal in this regard formulated and sent to MoHFW for consideration. In the interim, incentives as approved may be implemented.**
- Details of facility wise deployment of all HR engaged under NRHM to be displayed on the state NRHM web site.
- For SHCs with 2 ANMs, population to be covered to be divided between them. Further, one ANM to be available at the sub-centre throughout the day while the other ANM undertakes field visits; timings for ANM's availability in the SHC to be notified.
- AYUSH doctors to be more effectively utilised eg for supportive supervision, school health and WIFS.

- All contractual staff to have job descriptions with reporting relationships and quantifiable indicators of performance.
- Performance appraisal and hence increments of contractual staff to be linked to progress against indicators.
- Staff productivity to be monitored. Continuation of additional staff recruited under NRHM for 24/7 PHCs/FRUs/SDH, etc , who do not meet performance benchmarks, to be reviewed by State on a priority basis.
- All performance based payments/ difficult area incentives should be under the supervision of RKS/ Community Organizations (PRI).

DETAILED BUDGET: HUMAN RESOURCES

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
A.8	INFRASTRUCTURE & HUMAN RESOURCES					Budget approved at last years unit rate and staffing levels plus an additional 4 X ray technicians
A.8.1	Contractual Staff & Services					
A.8.1.1	ANMs,supervisory nurses, LHV/SNs			630.00		Approved; break up provided below
	ANMs,supervisory nurses, LHV/SNs	7500	436		392.40	
	Supervisory Nurses	9000	220		237.60	
A.8.1.2	Laboratory Technicians/MPW/Xray technicians			92.52		Approved; break up provided below
	Laboratory Technicians	8500	38		38.76	
	MPW		69		49.68	
	X ray Technicians	8500	4		4.08	
A.8.1.3	Specialists (Anaesthetists, Paediatricians, Ob/Gyn, Surgeons, Physicians, Dental Surgeons, Radiologist, Sonologist, Pathologist, Specialist for CHC)	45000	11	59.40	59.40	
A.8.1.4	PHNs at CHC/ PHC level	14000	14	23.52	23.52	
A.8.1.5	Medical Officers at PHCs and CHCs					
A.8.1.6	Additional Allowances/ Incentives to M.O.s of PHCs and CHCs					
A.8.1.7	Others -			83.57		
	Pharmacist	8500	9		9.18	Approved
	Grade IV		108			Not approved
	Family Planning Counsellor					

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
	Hiring of a consultant to monitor progress and quality of service delivery	26000			3.12	Shifted from MH.
A.8.1.8	Incentive/ Awards etc. to SN, ANMs etc.					
A.8.1.9	Human Resources Development (Other than above)					
A.8.1.10	Other Incentives Schemes (Pl. Specify)					
A.8.2	Minor civil works					
A.8.2.1	Minor civil works for operationalisation of FRUs					
A.8.2.2	Minor civil works for operationalisation of 24 hour services at PHCs					
	Sub-total Infrastructure & HR			889.01	817.74	
B9.1	Medical Officers at CHCs/PHCs only AYUSH					
	SNO AYUSH(Monthly Honarium @Rs.26,500)	3.18	1	3.18	3.18	Approved Salary same as the last year. Conditionality-State to access the AYUSH OPD load. AYUSH Doctor should be involved in National Health Program, RKS Committe and Supportive supervision visits along with the pharmacisits.AYUSH Doctors, Pharmacists team will go for School Health Program for 3 days in a week. State to ensure the capacity building of the
	Specialist AYUSH Doctor(Monthly Honarium @Rs.26,500)	3.18	4	12.72	12.72	
	AYUSH Doctor(Monthly Honarium @Rs.24,000)	2.88	95	273.60	273.60	
	AYUSH Pharmacists(Monthly Honarium @Rs.7500)	0.90	101	90.90	90.90	

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
						AYUSH staff.
B11	Mobile Medical Units (Including recurring expenditures)					
	Salary of Staff					
	Driver(Monthly @Rs. 5500)	0.66	18	11.88	81.54	Approved. Salary same as the last year.
	Lab Techs (Monthly@Rs.8500)	1.02	9	9.18		
	X-Ray Techs (Monthly@Rs.8500)	1.02	9	9.18		
	MBBS Doctor (Monthly@Rs.30000)	3.60	9	32.40		
	Ultra Sound Techs (Monthly@Rs.8500)	1.02	9	9.18		
	Staff Nurses (Monthly@Rs.9000)	1.08	9	9.72		
	Sub Total Staff for MMU			81.54	81.54	
B 13	PPP/NGOs					
	Karuna Trust -Running 3 PHCs (Tousem, Patpuimun, Borobekha) in PPP model		3			
A	Personal Cost PHC Staff					
	Medical Officer	3.60	6	21.6	58.02	Approved salary same as the last year Rs.58.02 Lakhs (ongoing activity)
	Pharmacist	1.44	3	4.32		
	Staff Nurses	1.44	6	8.64		
	Lab Techs	1.08	6	6.48		
	ANM	1.08	24	25.92		
	Continuation of PPP With CHSRC for emergency Obstetric care, ukhrul district.					
	MBBS (Monthly@Rs.39700)	4.76	1	4.76	7.20	Approved salary same as the last year Rs7.20 Lakhs (ongoing activity)
	Lab Techs (Monthly@Rs.10000)	1.20	2	2.40		
	ANM (Monthly @Rs.10000)	1.20	1	1.20		

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
	MHW(Monthly@Rs6000)	0.72	1	0.72		
	Driver(Monthly @Rs. 7100)	0.85	1	0.85		
	Sub Total Staff Salary for PPP /NGO			76.892	65.22	
	Grand Total Human Resource			1047.44	964.5	

ROAD MAP FOR PRIORITY ACTION: PROGRAMME MANAGEMENT

- A full time Mission Director is a prerequisite. Stable tenure of the Mission Director should also be ensured.
- A regular full time Director/ Joint Director/ Deputy Director (Finance) (depending on resource envelope of State), from the State Finance Services not holding any additional charge outside the Health Department must be put in place, if not already done, considering the quantum of funds under NRHM and the need for financial discipline and diligence.
- Regular meetings of state and district health missions/ societies must take place.
- Key technical areas of RCH to have a dedicated / nodal person at state/ district levels; staff performance to be monitored against targets and staff sensitised across all areas of NRHM such that during field visits they do not limit themselves only to their area of functional expertise.
- Performance of staff to be monitored against benchmarks; qualifications , recruitment process and training requirements to be reviewed.
- Delegation of financial powers to district/ sub-district levels in line with guidelines should be implemented.
- Funds for implementation of programmes both at the State level and the district level must be released expeditiously and no delays should take place.
- Evidence based district plans prepared, appraised against pre determined criteria; district plans to be a “live” document. Variance analysis (physical and financial) reports prepared and discussed/action taken to correct variances.
- Supportive supervision system to be established with identification of nodal persons for districts; frequency of visits; checklists and action taken reports.
- Remote/ hard to reach/ high focus areas to be intensively monitored and supervised. An integrated plan and budget for providing mobility support to be prepared and submitted for review/approval; this should include allocation to State/ District and Block Levels.

DETAILED BUDGET: PROGRAMME MANAGEMENT

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
A.10	PROGRAMME MANAGEMENT					Approved at last year's unit rate. Except two positions - Dy Dir Finance and 1 store keeper at the SPMU no new position has been approved.
A.10.1	Strengthening of SHS/ SPMU (Including HR, Management Cost, Mobility Support, field visits)					
A.10	Contractual Staff for SPMSU recruited and in position (for School Health Programme at the state)			142.11	125.84	
	Dy Director Finance	35000.00			4.20	These two new positions have been approved
	Store Keeper	6000.00			0.72	
A.10.2	Strengthening of DHS/ DPMU (Including HR, Management Cost, Mobility Support, field visits)					
	Contractual staff for DPMSU recruited and in position			143.96	143.10	
A.10.3	Strengthening of Block PMU (Including HR, Management Cost, Mobility Support, field visits)			390.30	360.44	
A.10.4	Strengthening (others) office expenses etc					
A.10.5	Audit Fees			4.00	4.00	
A.10.6	Concurrent Audit			16.50	12.00	

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
A.10.7	Mobility Support to BMO/ MO/ Others					
	Sub-total Programme Management			696.87	650.30	
A.9.8	Programme Management Training					
A.9.8.1	Training of SPMU staff			15.00		
	Public Health Management Training for Officers, Senior Nursing Staff, DPMU and BPMUs.				5.00	
	Postgraduate Diploma in Public Health Management (PGDPHM) for MBBS Doctors				5.00	
	Capacity Building or on Job holding Training for quality improvement of Health Facility of the delivery points.				0.00	Not Approved
	Exposure cum training for SPMU, DPMU and BPMU staff			10.00	0.00	Not Approved
	Finance training for BFM and PHC finance manager		82	0.64	0.64	
	Reorientation program on tally		91	0.93	0.93	
	E-Banking for medical and finance person		91	1.04	1.04	
A.9.8.2	DPMU Training					
	Finance training for MO		121	1.29	1.29	Training to be given to MO handling NRHM finance

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
A.9.9	Other training (pls specify) Ayush training		593	10.50	0.00	Not approved (details not available)
	Accounts Training for HW/ANM					
	Grand Total Programme Management Training			39.39	13.89	
	Grand Total Programme Management			736.26	664.19	

MISSION FLEXI POOL (MFP)

ASHA

TARGETS:

S. No.	Activity	Targets
1.	ASHAs with Drug kits	3878
2.	ASHAs trained in 6 th and 7 th modules	3878

ROAD MAP FOR PRIORITY ACTION:

- Clear criteria for selection of ASHA
- Well functioning ASHA support system including ASHA days, ASHA coordinators
- Performance Monitoring system for ASHAs designed and implemented (including analysis of pattern of monthly payments; identification of non/under-performing ASHAs and their replacement; and reward for well performing ASHAs). State to report on a quarterly basis on ASHA's average earnings/ range per month.
- Timely replenishment of ASHA kits.
- Timely payments to ASHAs and move towards electronic payment.
- Detailed data base of ASHAs created and continuously updated; village wise name list of ASHA to be uploaded on website with address and cell phone number

DETAILED BUDGET:

FMR Code	Activity	Unit Cost	Physical target	Amount proposed	Amount Approved	Remarks
B1	ASHA					
B1.1	ASHA Cost					
B1.1.1	Selection & Training of ASHA					
	DToT on ASHA Module 6 & 7 at State level (3 rd Round)	0.08	72 Trainers	5.98	1.31	Approved. Honorarium of SToT at Rs.700 approved.TA on actuals needs to be provided.TA/DA for SAMG members and Contingencies not approved.
	ASHA level training on ASHA Module 6 & 7 at District/Block Level (4 th Round)5days	0.02	3878	77.98	72.91	Approved Rs. 77.98 Lakhs except contingency Rs. 5.07 Lakhs

FMR Code	Activity	Unit Cost	Physical target	Amount proposed	Amount Approved	Remarks
B1.1.2	Procurement of ASHA Drug Kit	350.00	3878		13.57	Approved ASHA drug kit at Rs 350 for 3878 ASHA. The State needs to ensure and budget for the HBNC drugs, cotrimoxazole and tetracycline eye ointment, as part of the drug kit.
B1.1.3	Performance Incentive/Other Incentive to ASHAs (if any)					
	Incentive to ASHAs under JSY					
	Incentive under Family Planning Services					
	Incentive under Child Health					
	Other Incentives to ASHAs (Transport package for meeting, sum of Rs 200 provided for ASHAs in 5 hill district. 200*2518*12)					
	Awards to ASHA's/Link workers (Observance of District level ASHA convention. @Rs 1.50 L * 9 districts)					
B.1.1.4	Awards to ASHA's/Link workers					
B.1.1.5	ASHA resource centre/ASHA mentoring group					
	State ASHA Mentoring Group	0.80	4	3.20	3.20	Approved. Field visit Report needs to be shared by AMG members.
	ARC-State level					
	State ASHA Program Manager	2.96	1	2.96	2.96	Approved. Detailed monitoring plan with number of visits to be made needs to be shared.
	Monitoring Visit workshops, seminars, Meetings etc			4.00	4.00	
	Dara Assistant	1.20	1	1.20	1.20	

FMR Code	Activity	Unit Cost	Physical target	Amount proposed	Amount Approved	Remarks
	ARC- District level	0.023	9	39.10	24.84	Approved except management cost.
	ARC- Block level	0.050	194	116.40	116.40	Approved. Detailed breakup of performance incentive needs to be shared.
	Newly selected ASHA Resource Center Staff Orientation (State ASHA Program Manager & District Community Mobilizer) at state level		10	0.20	0.62	Approved. Calculation error in the proposal needs to be rectified. Amount approved at Rs.700 honorarium per resource person and contingency not approved.
	Communication kit for ASHAs			32.80	8.00	NHSRC has already developed the communication kit and the budget is approved for Rs. 8.00 lakhs, for translation and printing of communication kit 1st and 2nd set at @ Rs.200 for 4000 copies.
	Newly selected ASHA Resource Center Staffs Orientation (ASHA Facilitators) at District/Block (5 days)			4.01	3.56	Approved except contingency.
	Training of ASHA Facilitator on Module 6 & 7 (Round 1 to Round4)			16.04	16.04	Approved
	Monthly meetings of ASHAs	200*12	2518	60.43	22.66	Approved @ Rs.100 for 9 months.
	ASHA Convention	1.50	9	13.50	4.50	Approved @ Rs. 0.50 lakhs for 9 Districts

FMR Code	Activity	Unit Cost	Physical target	Amount proposed	Amount Approved	Remarks
	JSY Evaluation	10.00		10.00	9.00	Approved @ Rs. 1 L per district. Detailed breakup needs to be shared.
	Sub Total ASHA			387.80	304.78	

UNTIED FUNDS/ RKS/ AMG

ROAD MAP FOR PRIORITY ACTION:

- Timely release of untied funds to all facilities; differential allocation based on case load. Funds to be utilized by respective RKS only and not by higher levels.
- Review of practice of utilising RKS funds for procurement of medicines from commercial medical stores and accordingly revisit guidelines for fund utilisation by RKS.
- Well functioning system for monitoring utilization of funds as well as purposes for which funds are spent.
- Plan for capacity building of RKS members developed and implemented.
- RKS meetings to take place regularly.
- Audit of all untied, annual maintenance grants and RKS funds.
- The State must take up capacity building of Village Health & Sanitation Committees Rogi Kalyan Samitis and other community/ PRI institutions at all levels
- The State shall ensure regular meetings of all community Organizations/ District / State Mission with public display of financial resources received by all health facilities
- The State shall also make contributions to Rogi Kalyan Samitis

DETAILED BUDGET:

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
B2	Untied Funds					
B2.1	Untied Fund for CHCs	0.50	17	8.50	8.50	Approved Rs. 8.50 Lakhs for 16 CHC and 1 SDH as per RHS 2011. Approved completely as 100% utilisation.
B2.2	Untied Fund for PHCs	0.25	80	20.00	20.00	Approved Rs. 20 Lakhs for 80 PHC as per RHS 2011. Approved completely as 100% utilisation.
B2.3	Untied Fund for Sub Centres	0.10	423	42.30	42.00	Approved Rs 420 Lakhs for 420 SC as per RHS 2011. Approved completely as 100% Utilisation.

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
B2.4	Untied fund for VHSC	0.10	3591	359.10	239.10	Approved Rs239.10 Lakhs for 2391villages as per MIS 31.12.11,this amount may be shared among the 3878 VHSNC constituted ,as per the need..
	Sub Total Untied Funds			429.90	309.60	
B.3	Annual Maintenance Grants					
B3.1	CHCs (16 CHC & 1 SDH)	1.00	17	17.00	17.00	Approved Rs 17 Lakhs for 16 CHC and 1 SDH in Govt. building as per RHS 2011. Approved completely as 100% Utilisation.
B3.2	PHCs	0.50	80	40.00	40.00	Approved Rs. 40 Lakhs for 80 PHC in Govt. Building as per RHS 2011. Approved completely as 100% utilisation.
B3.3	Sub Centers	0.10	420	42.20	31.60	Approved Rs. 31.60 Lakhs for 316 SC in govt building as per RHS 2011.Approved completely as 100% utilisation.
	Sub Total AMG			99.20	88.60	
B.6	Corpus Grants to HMS/RKS					

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
B6.1	District Hospitals	5.00	7	40.00	28.06	Approved Rs 28.06 Lakhs as per actual expenditure in FY 2011-12 till 4th quarter (80.16%) for 7 DH registrered as RKS as per MIS(31.12.11)
B6.2	CHCs	1.00	17	17.00	17.00	Approved Rs 17 Lakhs for 16 CHC and 1 SDH registrered as RKS as per MIS(31.12.11) Approved completely as 100% Utilisation.
B6.3	PHCs	1.00	79	79.00	73.00	Approved RS 73 Lakhs for 73 PHCs registered as RKS (MIS 31.12.11). Approved completely as 101.98%utilisation.
B6.4	Other or if not bifurcated as above					
	Sub Total RKS			136.00	118.06	
	Grand Total funds			665.10	516.26	

NEW CONSTRUCTIONS/ RENOVATION AND SETTING UP

Construction of new SCs only in high focus districts. All newly constructed SCs to be strengthened with 2 ANMs and service delivery closely monitored.

ROAD MAP FOR PRIORITY ACTION:

- Works must be completed within a definite time frame. For new constructions upto CHC level, a maximum of two and a half years and for a District Hospital, a maximum period of four and a half years is envisaged. Renovation/ repair should be completed within one and a half year. Requirement of funds should be projected accordingly. Funds would not be permissible for constructions/ works that spill over beyond the stipulated timeframe. Progress of works being executed to be closely monitored
- Standardized drawing/ detailed specifications and standard costs must be evolved keeping in view IPHS.
- Third party monitoring of works through reputed institutions to be introduced to ensure quality.
- Information on all ongoing works to be displayed on the NRHM website
- Approved locations for constructions/ renovations will not be altered
- All government health institutions in rural areas should carry a logo of NRHM as recognition of support provided by the Mission in English/ Hindi & Regional languages.

DETAILED BUDGET:

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
B5	New Constructions/ Renovation and Setting up					
B5.1	CHCs Upgrade PHC Chakpikarong CHC Moirang CHC Parbung		3	744.00	0.00	Approval pending. State to rework the proposal with Gap analysis and case load of the facilities
B5.2	PHCs					

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
	PHCs Upgradation of PHSC to PHC (6). Sangaiyupham, Kwakta, Karong, Khonghampat, Bashikhong, and Lai.			1123.00	0.00	including manpower and delivery load.
B5.3	SHCs/Sub Centers	22.00	31	682.00	0.00	
B5.4	Setting up Infrastructure wing for Civil works (new activity)			29.80	0.00	
B5.5	Govt. Dispensaries/ others renovations					
	The State has proposed Rs. 10 L for construction of septic tank for FW conference hall & construction of toilet complex for NRHM office Rs. 10 lakhs			20.00	0.00	
B5.6	Construction of BHO, Facility improvement, civil work, BemOC and CemOC centers					
B.5.7	Major civil works for operationalisation of FRUS			17.00	0.00	
B.5.8	Major civil works for operationalisation of 24 hour services at PHCs-		5	49.00	0.00	
B.5.9	Civil Works for Operationalise Infection Management & Environment Plan at health facilities					

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
B.5.10	Infrastructure of Training Institutions					
B.5.10.1	Strengthening of Existing Training Institutions/Nursing School (Other Than HR)-- Infrastructure & Equipments for GNM Schools and ANMTC					
B.5.10.2	New Training Institutions/Schools (Other than HR)					
	Sub total construction			2664.80	0.00	

PROCUREMENT

ROAD MAP FOR PRIORITY ACTION:

- Strict compliance of procurement procedures for purchase of medicines, equipments etc as per state guidelines.
- Competitive bidding through open tenders and transparency in all procurements to be ensured.
- Only need based procurement to be done strictly on indent/requisition by the concerned facility.
- Procurement to be made well in time & not to be pushed to the end of the year.
- Audit of equipment procured in the past to be carried out to ensure rational deployment.
- Annual Maintenance Contract (AMC) to be built into equipment procurement contracts.
- A system for preventive maintenance of equipment to be put in place.

DETAILED BUDGET:

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
B.16	PROCUREMENT					
B16.1	Procurement of Equipment					
B16.1.1	Procurement of equipment: MH					
	RTI/STI: 89 Refrigerator @ Rs 5000 and 89 Centrifuge @ Rs 30000 = Rs 27.05			27.05	27.05	Approved
	CHC Jiribam : Ventouse Suction Machine (Rs.0.40 lacs), Shadowless lamp (Rs. 0.35 lacs), one resuscitation kit (Rs.0.40) for= Rs. 1.15 L			1.15	1.15	Approved
	PHC Oinam: Ventouse Suction Machine (Rs.0.40 lacs) and one diesel generator (3.00 lacs) 5KVA .Rs. 3L			3.00	3.00	Approved

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
	DH Tamenglong:ultrasound machine for implementing JSSK scheme			8.00	8.00	Approved
	Setting up Blood Bank DH, Thoubal:			50.00	0.00	Not Approved. NACO supported activity. Not funded under NRHM.
	Hospitals Equipments & Instruments for CHCs, PHCs & Sub Centres			207.58	0.00	Approval pended. State to rework the proposal with facility wise analysis.
B16.1.2	Procurement of equipment: CH					
B16.1.3	Procurement of equipment: FP					
	NSV Kit (20 @ Rs 300)		20	0.06	0.06	Approved
	IUD insertion Kit (200 @ Rs 700)		200	1.40	1.40	Approved
	Laparoscopes (3 @ R3 L)	3.00	3	9.00	3.00	Approved
B16.1.4	Procurement of equipment: IMEP					
B16.1.5	Procurement of Others (Oxygen cylinder filling station) (New Activity)					
	Oxygen filling station unit (4 unit @Rs 20.60 L)	20.60	4	82.40	20.60	Approved only for Churhandpur District.
	Portable oxygen concentrators(6 unit @ Rs 0.60 L)	0.60	6	3.6	3.60	Approved. Portable oxygen concentrators for 3 DHs- Chandel, Tamenglong and Ukhrul can be approved.
	Other accessories- Humidifier(6 unit @ Rs 0.10 L)	0.10	6	0.6	0.20	

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
	Procurement of equipments for School health			11.55	11.55	Approved.
	Sub Total: Procurement of Equipments			405.39	79.61	
B.16.2	Procurement of Drugs and supplies					
B.16.2.1	Drugs & supplies for MH					
	RTI/STI diagnostic kits		11406	27.71	27.69	Approved for Rs27.2 lakhs to purchase 10583 color coded kits 1-7 and Rs 0.49 lakhs to purchase 823 RPR test kits @ Rs 60/-
	Whole Blood finger prick test	25.00	15704	3.93	3.93	Approved
	Procurement of drugs and drug kits for School health programs	3900.00	717	27.97	27.97	Approved
B.16.2.2	Drugs & supplies for CH					
B.16.2.3	Drugs & supplies for FP					
B.16.2.4	Supplies for IMEP					
B.16.2.5	General drugs & supplies for health facilities			170.00	0.00	Approval Pended. State to rework on the proposal. State to prepare EDL and Drug list.
	Common essential medicines (DH/SDH/CHC/SC) 181 medicine list					
	Medicine for secondary and tertiary health facilities:106 medicine list					
	Medicine for Tertiary level FRU & above health FacilityL:61 medicine list					
	Others (RTI/STI/ASHA/Child Health/JSSK etc)					

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
	Procurement of Drugs & Supplies for WIFS					
	IFA procurement (including 20% buffer Stock)	0.10	313693	27.40	27.40	Approved
	Albendazol (including 10% buffer Stock)	0.80	313693	7.72	7.72	Approved
	Sub Total Procurement of Drugs & supplies			264.73	94.71	

MOBILE MEDICAL UNIT (MMU)

ROAD MAP FOR PRIORITY ACTION:

- Route chart to be widely publicised
- GPS to be installed for tracking movement of vehicles
- Performance of MMUs to be monitored on a monthly basis (including analysis of number of patients served and services rendered).
- MMUs to be well integrated with Primary Health Care facilities and VHND.
- Engagement with village panchayats / communities for monitoring of services
- AWCs to be visited for services to children below 6 years of age
- AWCs to maintain record of services rendered
- Service delivery data to be regularly put in public domain on NRHM website.
- A universal name 'Rashtriya Mobile Medical Unit' to be used for all MMUs funded under NRHM. Also uniform color with emblem of NRHM (in English/ Hindi & Regional languages), Government of India and State Government to be used on all the MMUs.

BUDGET:

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
B11	Mobile Medical Units (Including recurring expenditures)					
	Salary of Staff					
	Driver(Monthly @Rs. 5500)	0.66	18	11.88	180.54	Approved Rs 180.54 lakhs for existing MMUs . Salary approved same as the last year with no new staff. <u>Conditionality-</u> State to ensure every PHC area should have two trips of MMU per month with the involvement of AYUSH doctors. MMU utilisation must be
	Lab Techs (Monthly@Rs.8500)	1.02	9	9.18		
	X-Ray Techs (Monthly@Rs.8500)	1.02	9	9.18		
	MBBS Doctor (Monthly@Rs.30000)	3.60	9	32.40		

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
	Ultra Sound Techs (Monthly@Rs.8500)	1.02	9	9.18	180.54	reviewed on monthly basis. Manpower/ performance of MMU should be uploaded on web portal from this month.
	Staff Nurses (Monthly@Rs.9000)	1.08	9	9.72		
	Drugs	5.00	9	45.00		
	POL & Maintenance of MMU	3.00	9	27.00		
	Repairing & Maintenance of gadget	2.00	9	18.00		
	Misc Expenditure/Mangement Cost	1.00	9	9.00		
	Sub Total MMU			180.54	180.54	

REFERRAL TRANSPORT

- Free referral transport to be ensured for all pregnant women and sick neonates accessing public health facilities.
- Universal access to referral transport throughout the State, including to difficult and hard to reach areas, to be ensured.
- A universal toll free number to be operationalized and 24x7 call centre based approach adopted.
- Vehicles to be GPS fitted for effective network and utilization.
- Rigorous and regular monitoring of usage of vehicles to be done
- Service delivery data to be regularly put in public domain on NRHM website.

DETAILED BUDGET

B12	Referral Transport					
B12.1	Ambulance/ EMRI		43	1081.01	0.00	Approval Pended- The state may rework the proposal and include networking of all the ambulances, by fitting them with GPS & linking them with the call center with dial no.108
B12.2	Operating Cost (POL)					
	Grand Total Referral Transport			1081.01	0.00	

MAINSTREAMING OF AYUSH

ROAD MAP FOR PRIORITY ACTION:

- State to co-locate AYUSH in district hospitals and provide post graduate doctors for at least two streams: Ayurveda and homoeopathy (or Unani, Siddha, Yoga as per the local demand). Panchakarma Unit should also be considered.
- OPD in Ayush clinics will be monitored alongwith IPD/OPD for the facility as a whole.
- The AYUSH pharmacist/compounder to be engaged only in facilities with a minimum case load.
- Adequate availability of AYUSH medicines at facilities where AYUSH doctors are posted to enable them to practice their own system of Medicine without difficulty.
- At CHCs and PHCs any one system viz., Homeopathy/Ayurveda/ Unani/Sidha to be considered depending on local preference.
- At CHC/PHC level, Post-Graduate Degree may not be insisted upon.
- District Ayurveda Officer should be a member of District Health Society in order to participate in decision making with regard to indent, procurement and issue of AYUSH drugs.
- Infrastructure at facilities proposed to be collocated would be provided by Department of AYUSH.
- Those PHC/CHC/Sub-Divisional hospitals which have been identified as delivery points under NRHM should be given priority for collocation of AYUSH as these are functional facilities with substantial footfalls.
- AYUSH medical officers should increasingly be involved in the implementation of national health programmes and for the purpose of supportive supervision and monitoring in the field. They should be encouraged to oversee VHND and outreach activities and in addition programmes such as school health, weekly supplementation of iron and folic acid for adolescents, distribution of contraceptives through ASHA, menstrual hygiene scheme for rural adolescent girls etc.
- AYUSH medical officer should also be member of the RKS of the facility and actively participate in decision making.
- AYUSH doctors need to be provided under NRHM first in the remotest locations and only thereafter in better served areas.
- Graded incentives based on the difficulty of location of posting may be considered for AYUSH doctors. State may submit a proposal in this regard.

DETAILED BUDGET:

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
B9	Mainstreaming of AYUSH					
B9.1	Medical Officers at CHCs/PHCs only AYUSH					Approved Salary same as the last year for the existing staff. <u>Conditionality</u> -State to access the AYUSH OPD load. AYUSH Doctor should be involved in National Health Program, RKS Committee and Supportive supervision visits along with the pharmacists. AYUSH Doctors, Pharmacists team will go for School Health Program for 3 days in a week. State to ensure the capacity building of the AYUSH staff.
	SNO AYUSH(Monthly Honarium @Rs.26,500)	3.18	1	3.18	3.18	
	Specialist AYUSH Doctor(Monthly Honarium @Rs.26,500)	3.18	4	12.72	12.72	
	AYUSH Doctor(Monthly Honarium @Rs.24,000)	2.88	95	273.60	273.60	
	AYUSH Pharmacists(Monthly Honarium @Rs.7500)	0.90	101	90.90	90.90	
B9.2	Other staff Nurses and Supervisory Nurses (Only AYUSH)					
B9.3	Other Activities (Excluding HR)					
	M& E of AYUSH units	0.30	12	3.60	5.00	Approved Rs.5 Lakhs including 1 lakh for capacity building.
	Review meeting of AYUSH Doctors at state	0.05	4	0.20		
	Procurement of Computers for AYUSH Unit		2	1.05		
	State level workshop on Mainstreaming of AYUSH under NRHM	2.50	2	5.00		

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
	IEC/BCC under NRHM for Mainstreaming of AYUSH (16.1)			31.80	10.00	Approved
	Sun Total Mainstreaming of AYUSH			422.05	395.40	

IEC/BCC

ROAD MAP FOR PRIORITY ACTION:

- Comprehensive IEC/ BCC strategy prepared. IPC given necessary emphasis and improved inter-sectoral convergence particularly with WCD.
- Details of activities carried out to be displayed on the website

BUDGET:

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
B10	IEC-BCC NRHM					
B.10	Strengthening of BCC/IEC Bureaus (State and district levels)			.	58.22	25% approved on interim basis. Final approval for the component of IEC/BCC is kept pending. The state is required to provide a comprehensive and integrated IEC/ BCC strategy which addresses all the components of NRHM including AYUSH. The State is also to specify proposed allocation of funds for IEC/BCC at State, District and Block level. The State is requested to provide the strategy at the earliest to facilitate timely approval and release of funds.
	Capacity building of State IEC/BCC Bureau on effective IEC/BCC strategy			1.00		
	State level review of the beaurus on quarterly basis @Rs20000 per quarter			0.80		
B.10.1	Development of State BCC/IEC strategy					
	Consultative workshop at the state level			0.50		
B.10.2	Implementation of BCC/IEC strategy					
B.10.2.1	BCC/IEC activities for MH			73.80		
B.10.2.2	BCC/IEC activities for CH			11.70		
B.10.2.3	BCC/IEC activities for FP					
	2 Workshops @ Rs. 10,000/- per Block (36 Block)			7.20		
	2 Workshops @ Rs. 10,000/- per District (9 District)			1.80		

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
B.10.2.4	BCC/IEC activities for ARSH			21.20	58.22	
B.10.2.5	Other activities (please specify)			35.65		
B.10.3	Health Mela			45.00		
B.10.4	Creating awareness on declining sex ratio issue(20 wall paintings (7*8) @ Rs 1960/- each @ Rs 35 per square feet)			3.53		
B.10.5	Other activities					
	Comic strips for awareness through a leading newspaper			5.00		
	BCC/IEC under PNDT			25.69		
	Sub Total IEC/BCC			232.87	58.22	

MONITORING AND EVALUATION (HMIS)/ MCTS

ROAD MAP FOR PRIORITY ACTION:

- Data is uploaded, validated and committed; data for the month available by the 15th of the following month.
- Uploading of facility wise data by the first quarter of 2012-13.
- Facility based HMIS to be implemented. HMIS data to be analysed, discussed with concerned staff at state and district levels and necessary corrective action taken.
- Program managers at all levels use HMIS for monthly reviews.
- MCTS to be made fully operational for regular and effective monitoring of service delivery including tracking and monitoring of severely anemic women, low birth weight babies and sick neonates.
- Pace of registration under MCTS to be speeded up to capture 100% pregnant women and children
- Service delivery data to be uploaded regularly.
- Progress to be monitored rigorously at all levels
- MCTS call centre to be set up at the State level to check the veracity of data and service delivery.

DETAILED BUDGET:

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
B15.3	Monitoring and Evaluation					
B15.3.1	Monitoring & Evaluation / HMIS/ MCTS					
Strengthening of M&E/HMIS/ MCH Tracking						
	Salaries of M&E, MIS & HMIS Consultants					
B.15.3.1a	Remuneration for 36 Data Assistant(MCTS) at blocks and 1(one) HMIS Assistant at State reflected in Program Management Cost					No budget has been provided under this head
B.15.3.1b	Monitoring visit by the M&E team at the State level one time per month @ Rs.20,000/- per visit at state			2.4	21.3	Approved 25 % of the proposed amount for Monitoring Visits.Rs 21.3 Lakhs
B.15.3.1c	Monitoring level at the Chairman, DC level for NRHM activities @ Rs 30,000 per month			32.4		
B.15.3.1d	Monitoring per month @Rs.15,000/- per visit at 24 hill blocks			43.2		

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
B.15.3.1e	Monitoring per month@ Rs 5000 per month per visit at 12 valley blocks			7.2		
	Workshops/Training on M & E and MCTS					
B.15.3.1h	2 times per annum @Rs.50,000/-per training at state			1	1	Approved
B.15.3.1i	2 times per annum @Rs. 20,000/-per training at district level			3.6	3.6	Approved
B.15.3.1j	2 times per annum @Rs. 20,000/-per training at block level			14.4	14.4	Approved
	M&E quality review meeting. (the review meeting shall encompass both physical and financial review)				-	
B.15.3.1k	1 time per month @Rs.1,0000/-per month at state (Participants : District staffs)			1.2	1.2	Approved
B.15.3.1l	1 time per month @Rs.5000 per month at district			5.4	5.4	Approved
B.15.3.1m	1 time per month @Rs.3000 per month at block (Participants : Staffs at health facilities)			12.96	12.96	Approved
	Procurement of HW/SW and other equipments					
	Hardware/Software Procurement					
B.15.3.2 a	Internet connectivity Currently dependant on mobile data cards; Process initiated for connectivity of all block & district office from NIC through newly launched SWAN					
B.15.3.2 b	Annual Maintenance for mobile data card Rental charge @Rs.1300/- per month for State, 9 Districts & 36 blocks for Internet data card			7.18	7.18	Approved
B.15.3.2 c	Operational Costs (consumables etc.)					

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
	Operationalising HMIS at Sub District level					
B.15.3.2 d	Review of existing registers – to make them compatible with National HMIS & MCTS 800 copies X 10 types of health facility registers @Rs. 200/- per register (printing to be done at state)			16	16	<i>Approved</i> (Fresh Proposal)
	Operationalising MCH tracking				-	
B.15.3.2 e	Printing of MCTS cards for PW & child (English and Local dialects) Printing to be done at state			5	5	Approved
B.15.3.2 f	Capacity building of teams					
B.15.3.2 g	Ongoing review of MCH tracking activities					
B.15.3.2 h	Monitoring data collection and data quality					
B.15.3.2 i	Incentive for ASHAs under MCTS			36	0	Not Approved. State to submit detail proposal
B.15.3.3	Other IT initiative (Computerization HMIS, e-Health)					
B.15.3.3 a	Mobile recharging cost for ANMs/staff s posted at 500 health facilities @ Rs. 100/- per month per ANM/staff			0		
B.15.3.3 b	Mobile recharging cost for 3878 ASHAs @Rs.1200/- per ASHA			0		
B.15.3.3 c	Overhead expenditure for printing of multi-coloured work-plans, reports etc. Generated from MCTC application at block office for regular dissemination to health facilities		-	0.45	0.45	Approved
B.15.3.3 d	Fast & reliable multi- coloured printer at all district & block HQ Rs. 20,000/- for 9 district & 36 blocks for colour printer			9	0	Not Approved

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
B.15.3.3 e	Operational cost for consumables items like printer cartridge & maintenance cost Rs. 20,000/- district & block for printer cartridge (colour) & maintenance			4.5	4.5	Approved
B15.3.2	Computerization HMIS and e-governance, e-health					
B15.3.3	Other M & E					
	Sub Total Monitoring and Evaluation			201.89	92.99	

OTHERS

BUDGET: HOSPITAL STRENGTHENING

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
B.4	Hospital Strengthening					
B.4.1	Upgradation of CHCs, PHCs, Dist. Hospitals to IPHS)					
B4.1.1	District Hospitals The State has budgeted for the following :1. Thoubal DH – grill fitting – Rs. 10 L 2. Churachandpur DH – internal electrification – Rs. 5 L. 3. Bishnupur DH – construction of lab and MRD room – Rs. 20 L 4. Chandel – Mini trauma centre – Rs. 25 L. 5. Ukrul DH – extension of OPD – Rs. 15 L		5	75.00	0.00	Approval Pended. State to rework the proposal as per delivery points. The progress and status of earlier sanctioned works to be provided.
B4.1.2	CHCs					
	CHC Kakching (Renovation of ceiling floor, wall poster, doors & windows and electrical fittings for wards.	25.00	1	25.00	0.00	
	CHC Yairipok (Barb wire fencing with angle iron post and PCC footing=10 L)(Construction of 2 nos. Of type-III quarters @ 29 L = 58 L)	68.00	1	68.00	0.00	
	CHC Mao (Construct a retaining wall on the southern side)	15.00	1	15.00	0.00	
	CHC Heirok (Construction of conference hall)	30.00	1	30.00	0.00	
	Construction of CGI roofing with tubular truss @ Rs 50 Lakhs at CHC Nambol	50.00	1	50.00	0.00	

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
	CHC Kamjong (Renovation of Ceiling , floor, wall plasters, doors and windows and electrical fittings)	25.00	1	25.00	0.00	
B4.1.3	PHCs					
	PHC Lambui and PHC Phungyar water supply system at the cost of Rs. 8 lacs each. • PHC Maphou of Senapati District drainage system @Rs.10 lakhs and fencing Rs. 15 lakhs.			41.00	0.00	
B4.1.4	Sub Centers					
	One toilet block for PHSC Molkom and PHSC Changangei.	2.50	2	5.00	0.00	
	PHSC Lilong Chajing(located at the place inhabited by different caste, it is propose to construct a brick fencing Brick fencing)	5.00	1	5.00	0.00	
B4.1.5	Others					
	Moreh SDH construction of boundary wall 20 L and drainage system 20 L			40.00		
B 4.2	Logistics management/ improvement					
B.4.3	Sub Centre Rent and Contingencies					
B.4.4	Logistics management/ improvement					
	Sub Total Hospital Strengthening			379.00	0.00	

BUDGET: DHAPs and PANCHAYATI RAJ INITIATIVE

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
B7	District Action Plans (Including Block, Village)					
	District Action Plans (Including Block, Village) (2Lakhs for state, 1 lakh per district , 1 L & 1.50 L per block in valley & Hill district respectively.)		37 Blocks	60.50	50.00	Approved.
	Sub Total District Action Plan			60.50	50.00	
B8	Panchayati Raj Initiative					
B8.1	Constitution and Orientation of Community leader & of VHSC,SHC,PHC,CHC etc					
B8.2	Orientation Workshops, Trainings and capacity building of PRI at State/Dist. Health Societies, CHC,PHC.			18.95	18.95	Approved amount same as last year. Utilisation- 28.09%
B8.3	Others					
	Sub Total Panchayati Raj Initiative			18.95	18.95	

Budget PPP/ NGOs and Innovations

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
B13	PPP/ NGOs					
B13.1	Non governmental providers of health care RMPs/TBAs					
B13.2	Public Private Partnerships					
	Karuna Trust-Running 3 PHCs (Tousem, Patpuimun, Borobekha) in PPP model		3			
A	Personal Cost PHC Staff					
	Medical Officer	3.60	6	21.6	88.02	Approved. Salary same as the last year.(Rs. 58.02 Lakhs).Ongoing activity
	Pharmacist	1.44	3	4.32		
	Staff Nurses	1.44	6	8.64		
	Lab Techs	1.08	6	6.48		
	ANM	1.08	24	25.92		
B	Medicine & Health Care Consumables	4.70	3	14.1		
C	Maintenance , Furniture , Equipment	1.20		1.20		
D	Administrative Expenses	2.70	3	8.10		
E	Management. Monitoring & Supervision	2.00	3	6.00		
	Continuation of PPP With CHSRC for emergency Obstetric care, ukhrul district.					
	MBBS (Monthly@Rs.39700)	4.76	1	4.76	7.20	Approved. Salary same as the last year (Rs. 7.2 Lakhs). Ongoing Activity.
	Lab Techs (Monthly@Rs.10000)	1.20	2	2.40		
	ANM (Monthly @Rs.10000)	1.20	1	1.20		
	MHW(Monthly@Rs6000)	0.72	1	0.72		
	Driver(Monthly @Rs. 7100)	0.85	1	0.85		
	POL and Maintenance			2.00		
B13.3	NGO Programme/ Grant in Aid to NGO					
	Grand Total PPP/NGOs			108.29	95.22	

BUDGET: NEW INITIATIVES/ STRATEGIC INTERVENTIONS

FMR Code	Activity	Unit Cost (in lakhs)	Physical target	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
B.18	New Initiatives					
	Biometric attendance monitoring			48.64	0.00	Not Approved.
	Awareness through colourful umbrella/umbrella scheme			101.86	0.00	Not Approved.
	Sub Total New Initiatives/ Strategic Interventions			150.50	0.00	

NATIONAL DISEASE CONTROL PROGRAMMES (NDCP)

NATIONAL IODINE DEFICIENCY DISORDERS CONTROL PROGRAMME (NIDDCP)

TARGETS:

- Bring the prevalence of IDD to below 5% by 2017
- To ensure 100% consumption of adequately iodated salt (15ppm) at the household level.

ROAD MAP FOR PRIORITY ACTION:

Priority Actions to be carried out by State/UTs (i) to achieve goal to bring the prevalence of IDD to below 5% in the entire country by 2017 and **(ii)** to ensure 100% consumption of adequately iodated salt (15ppm) at the household level under **National Iodine Deficiency Disorders Control programme:**

1. Establishment of State IDD Cell, if not established in the State/UT for implementation programme activities.
2. Establishment of State IDD monitoring laboratory, if not established in the State/UT for conducting quantitative analysis of iodated salt and urine for iodine content and urinary iodine excretion.
3. All the sanctioned posts i.e. Technical Officer, Statistical Assistant, LDC/DEO, Lab Technician and Lab Assistant of State IDD Cell and State IDD Monitoring Laboratory should be filled on regular/contractual basis on priority for smooth implementation of programme.
4. Supply, availability and consumption of adequately iodated salt in the state should be monitored.
5. District IDD survey/re-surveys should be undertaken as per NIDDCP guidelines to assess the magnitude of IDD in the respective districts as approved in the PIP and reports accordingly submitted.
6. Use of Salt testing kits by ASHA/Health Personnel being supplied in the endemic districts for creating awareness & monitoring of iodated salt consumption at household level should be monitored and monthly reports are to be submitted as per the prescribed proforma.
7. ASHA incentives Rs. 25/- per month for testing 50 salt samples per month in endemic districts should be made available on regular basis to ASHA.
8. Health education and publicity should be conducted with more focus in the endemic districts emphasizing about IDD and promotion of consumption of adequately iodated salt. Should observe Global IDD Celebrations on 21st October by conducting awareness activities at various level and submission of reports

DETAILED BUDGET:

NIDDCP						
FMR Code	Activity	Unit cost	Physical target	Amount Proposed (in lakhs)	Amount Approved (in lakhs)	Remarks
D	IDD					
D.1	Establishment of IDD Control Cell-		Implementation & monitoring of the programme	7.00	13.00	Filling up of sanctioned vacant posts i.e Technical Officer on regular/contract basis on priority. State Government may conduct and co-ordinate approved programme activities and furnish quarterly financial & physical achievements as per prescribed format.
D.1.a	Technical Officer	1				
D.1.b	Statistical Assistant	1				
D.1.c	LDC Typist	1				

	NIDDCP					
FMR Code	Activity	Unit cost	Physical target	Amount Proposed (in lakhs)	Amount Approved (in lakhs)	Remarks
D.2	Establishment of IDD Monitoring Lab-		Monitoring of district level iodine content of salt and urinary iodine excretion as per Policy Guidelines.	4.00	7.00	The vacant sanctioned posts of Lab Technician & Lab Asst. should be filled on regular/contract basis on priority. State Government may conduct quantitative analysis of salt & urine as per NIDDCP Guidelines and furnish monthly /quarterly statements.
D.2.a	Lab Technician	1				
D.2.b	Lab. Assistant	1				
D.3	Health Education and Publicity	Rs. 50,000 per district	Increased awareness about IDD and iodated salt.	25.00*	20.00	IDD publicity activities including Global IDD Day celebrations at various level.
D.4	IDD survey/resurveys		2 districts	4.50	1.00	State. Govt. may under take 6 districts IDD survey as per guidelines and furnish report.
D.5	Salt Testing Kits supplies by GOI inform of kind grant for 21	12 STK per annum per	Creating iodated salt demand and			State Govt. to monitor the qualitative analysis of

	NIDDCP					
FMR Code	Activity	Unit cost	Physical target	Amount Proposed (in lakhs)	Amount Approved (in lakhs)	Remarks
	endemic districts	ASHA	monitoring of the same at the community level.			iodated salt by STK through ASHA in 8 endemic districts i.e. Bishnupur, Chandel, Churgandhpur, Imphal, Senapati, Tamenglong, Thoubal and Ukhurul.
D.6	ASHA Incentive	Rs. 25/- per month for testing 50 salt samples/ month	50 salt samples per month per ASHA in 21 endemic districts		11.63	
TOTAL				40.50	52.63	

INTEGRATED DISEASE SURVEILLANCE PROGRAMME (IDSP)

- There are 10 vacant posts of technical contractual staff (7 Epidemiologists, 2 Microbiologist & 1 Entomologist) under IDSP in the State as on March 2012. The State needs to expedite the recruitment of these staff by September 2012.
- The training of Master trainers (ToT) and 2-week FETP for District Surveillance Officers under IDSP has been completed for the State/Districts. However, the State may give the additional list of participants to be trained for ToT and 2-week FETP.
- In 2011, 27% of all the Reporting Units are reporting weekly surveillance data in P-form through IDSP Portal. The State needs to ensure regular weekly reporting of all surveillance data (S, P, L) by all the Reporting Units of all Districts through IDSP Portal.
- Following district are reporting irregularly (50% or less reporting) /not reporting in portal.
 - Kolasib
 - Mamit
 - Serchhip
 - Aizwal East
 - Aizwal West
 - Saiha
 - Champhai
 - Lawngtlai
 - Lunglei

The State has to ensure regular reporting from all districts by September 2012.

- The State has to ensure reporting of L form in portal by the district priority labs at Lunglei and Aizawal. The Referral lab network has to be established in 2012-13.
- The State has to ensure reporting of outbreaks from all districts. Even weekly “NIL” reporting under IDSP is mandatory.
- In 2011, clinical samples were sent for laboratory investigation for 3 of 4 the disease outbreaks and all 3 were lab confirmed. Appropriate clinical samples need to be sent for the required lab investigations for all outbreaks.
- The State needs to send full investigation report for each disease outbreak.
- State has to ensure submission of quarterly FMR and annual audit report in time.

DETAILED BUDGET:

FMR Code	Activity	Unit Cost (where-ever applicable)	Amount Proposed (Rs. in lakhs)	Amount Approved (Rs in lakhs)	Remarks
E.1	Operational Cost				
	Field Visits	Rs 2,40,000 per District Surveillance Unit per annum Rs 5,00,000 State Surveillance Unit per annum	26.60	26.6 (5.0x1+2.40x9)	
	Office Expenses				
	Broad Band expenses				
	Outbreak investigations including Collection and Transport of samples				
	Review Meetings etc				
	Any other				
	Sub Total		26.60	26.6	
*	Laboratory Support				
	District Priority Lab	Rs. 4,00,000 per district priority lab per annum	4.0(4.0x1)	4.0	
	Referral Network Lab	Rs. 5,00,000 per referral lab per annum	4,99,300(4,99,300x1)	5.0	
	Newly identified labs	Rs. 2,00,000 per referral lab per annum			
	Sub Total		8,99,300	9.0	
E.2	Human Resources				
E.2.1	Remuneration of Epidemiologists	Rs.25,000 - Rs. 40,000/ per month	45,36,000 (37,800 x10x12)	37.42 (37,800 x3x 12+37,800 x7x 9)	The remunerations for vacant positions are calculated for 9
E.2.2	Remuneration of Microbiologists	Rs. 25,000 - Rs. 40,000 (Medical Graduates) Rs. 15,000 - Rs. 25,000 (Others)	7,72,800 (32,200 x2x12)	5.80 (32,200 x2x9)	
E.2.3	Remuneration of Entomologists	Rs. 15,000 - Rs. 25,000	2,83,200 (23,6000 x 1 x 12)	2.12 (23,600 x 1 x 9)	
	Veterinary Consultant	Rs. 25,000 - Rs.40,000	3,86,400 (32,200 x1x12)	0.00	
E.3	Consultant-Finance/ Procurement	Rs. 14,000	1.68 (14400 x 1 x 12)	1.26 (14000 x 1 x 9)	
E.3.1	Consultant-Training/ Technical	Rs. 28,000	3,36,000 (28,000 x 1 x 12)	2.52 (28000 x 1 x 9)	

FMR Code	Activity	Unit Cost (where-ever applicable)	Amount Proposed (Rs. in lakhs)	Amount Approved (Rs in lakhs)	Remarks
			12)		months.
E.3.2	Data Manager	Rs. 14,000 (State) Rs. 13,500 (District)	16.26	16.26 (14,000 x 1 x 12 + 13500x9x12)	
E.3.3	Data Entry Operator	Rs. 8,500	12.24	12.24 (8,500 x12 x 12)	
	Sub Total		93.32	77.62	
E.8	Training	As per NRHM Guidelines			
	One day training of Hospital Doctors		2.80	2.80	
	One day training of Hospital Pharmacist / Nurses		1.32	1.32	
	One day training of Medical College Doctors		0.4	0.4	
	One day training for Data Entry and analysis for Block Health Team		1.32	1.32	
	One day training of DM & DEO		.33	.33	
	Sub Total		6.17	6.17	
	Total		135.08	119.39	

*FMR Code not allotted.

Comments

- The following heads will be approved once approval from EFC is obtained.
 - Remuneration of Veterinary Consultant @ Rs. 25,000 - Rs.40, 000
- Based on past trend, Rs. 60 lakhs has been approved for Manipur under IDSP for 2012-13. However, if there is increase in expenditure by State as per IDSP approved norm, the budget for State could be increased at RE stage

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDGP)

TARGETS :

Physical Targets					
Sl.No.	Indicator	2010	2011	2012	Remarks
1	Annual Blood Examine Rate (ABER) i.e. persons screened annually for Malaria	4.40%	4.40%	>10%	ABER in all 12 endemic districts is less than 10. In some districts ABER is lower than the state average. Surveillance activity should be strengthening to increase the ABER in all districts. Involve ASHAs to improve the surveillance.
2	Annual Parasite Incidence (API) i.e. Malaria cases per 1000 population annually	0.4	0.26	<1	District Tamenglong reporting API >2. There is urgent need to take appropriate measures to decrease the number of malaria cases.
3	Sentinel Surveillance Hospital made functional for Dengue & Chikungunya	1	1	2	JNIMS hospital is proposed to be SSSL.
4	Sentinel Surveillance Hospital made functional for JE	1	1	1	

Sr. No.	Priority Area for Focused Attention				
1	All endemic districts require to enhance surveillance activity to improve the ABER.				
2	Two districts namely Tamenglong and Ukhrul have reported malaria death. It is required to Involve ASHAs for the early case detection and timely case management to prevent further death due to malaria.				
	Essential Conditionality				
Sr.No.	Post	Sanctioned	In position	Vacant	Target for 2012-13
1	District Malaria Officer (DMO)	10	10	0	District Malaria Officer (DMO) to be redesignated as District VBD Officer (DVBO)
2	Contractual Posts under EAC Project	16	14	2	Fill up the vacant posts as early as possible
2.a	Malaria Technical Supervisors	16	14	2	

2.b	Lab Technicians	60	60	0		
	PSCM Manager (for state head office)	1	0	1		
2.d	Secretarial Asstt.(for state head office)	1	0	1		
2.e	Statistical Assistant cum Data Entry Operator (for 10 district)	10	0	10		
3	Two review meetings in a year to be conducted under the Chairmanship of Principal Secretary (Health)/Mission Director - one before transmission period and second during transmission period.					
4	Recent Malaria drug pollicy(Laminated) shold be displayed in all the PHCs/CHCs/Sub-centres					
	Desirable Conditionality					
1	Assistant DMO	0	0	0		
2	Health Worker	784	782	2	Fill up the vacant post as early as possible.	
3	Multi Purpose Health Worker (M)	391	284	107		
Sr. No.	District wise goals (To be done by State)	ABER	API	Deaths	Mf Rate	
	Name of Districts	2011 2012	2011 2012	2011 2012	2011 2012	
1						
2						
3						
<p align="center">Road Map for Priority Action:</p> <p>Surveillance & monitoring under NVBDCP is done throughout the year. Following salient points are to monitor the implementation of programme activities in different quarters.</p> <ul style="list-style-type: none"> • February to April - 1st round spraying to be ensured and accordingly funds availability at districts to be ensured • May to July. - 2nd round of spray and observance of anti-dengue month. • August to Dec.-Review and Monitor physical and financial performance and preparation of next annual plan. • Jan - Consolidation of previous year's physical and financial achievement and plan for next year. 						

BUDGET:

S. No.	Component (Sub-Component)	Unit Cost (wherever applicable)	Physical target/ Deliverables	Amount Proposed	Amount Approved	Remarks
F.1	DBS (Domestic Budget Support)					
F.1.1	Malaria					
F.1.1.a	Contractual Payments					
F.1.1.a.i	Human Resource including MPW contractual			0.00	20.00	
F.1.1.a.ii	Lab Technicians (against vacancy)					
F.1.1.a.iii	VBD Technical Supervisor (one for each block)					
F.1.1.a.iv	District VBD Consultant (one per district) (Non-Project States)					
F.1.1.a.v	State Consultant (Non – Project States) - M& E Consultant (Medical Graduate with PH qualification) - VBD Consultant (preferably entomologist)					
F.1.1.b	ASHA Incentive			4.00	10.00	ASHA to be involve for improovin g surveillan ce
F.1.1.c	Operational Cost					
F.1.1.c.i	Spray Wages			33.84	100.00	The ammount includes 100% operation al cost
F.1.1.c.ii	Operational cost for IRS					
F.1.1.c.iii	Impregnation of Bed nets- for NE states			20.00		
F.1.1.d	Monitoring , Evaluation & Supervision &			50.00	15.00	

S. No.	Component (Sub-Component)	Unit Cost (wherever applicable)	Physical target/ Deliverables	Amount Proposed	Amount Approved	Remarks
	Epidemic Preparedness including mobility					
F.1.1.e	IEC/BCC			24.00	8.00	
F.1.1.f	PPP / NGO and Intersectoral Convergence					
F.1.1.g	Training / Capacity Building			50.00	8.00	
F.1.1.h	Zonal Entomological units					
F.1.1.i	Biological and Environmental Management through VHSC					
F.1.1.j	Larvivorous Fish support					
F.1.1.k	Construction and maintenance of Hatcheries					
F.1.1.l	Any other Activities (Pl. specify)					
	Total Malaria (DBS)			181.84	161.00	
F.1.2	Dengue & Chikungunya					
F.1.2.a	Strengthening surveillance (As per GOI approval)					
F.1.2.a(i)	● Apex Referral Labs recurrent					
F.1.2.a(ii)	● Sentinel surveillance Hospital recurrent			3.00	2.00	In view of risk of Dengue and Chikungunya, the state has to plan the activity as per national guidelines on mid term plan and utilize the
F.1.2.a(ii)	ELISA facility to Sentinel Surv Labs			0.00	5.00	
F.1.2.b	Test kits (Nos.) to be supplied by Gol (kindly indicate numbers of ELISA based NS1 kit and Mac ELISA Kits required separately)					
F.1.2.c	Monitoring/Supervision and Rapid Response			0.50	4.00	
F.1.2.d	Epidemic Preparedness			1.50	2.00	

S. No.	Component (Sub-Component)	Unit Cost (wherever applicable)	Physical target/ Deliverables	Amount Proposed	Amount Approved	Remarks
F.1.2.e	Case management			0.00	2.00	funds for the activities indicated
F.1.2.f	Vector Control & environmental management			0.00	5.00	
F.1.2.g	IEC BCC for Social Mobilization			2.00	8.00	
F.1.2.h	Inter-sectoral convergence			0.00		
F.1.2.i	Training including Operational Research			1.00	5.00	this ammount included Training, Printing of mannuals , guidelines and formats also.
	Total Dengue/Chikungunya			8.00	33.00	
F.1.3	Acute Encephalitis Syndrome (AES)/ Japanese Encephalitis (JE)					
F.1.3.a	Strengthening of Sentinel sites which will include Diagnostics and Case Management, supply of kits by Gol			3.00	3.00	
F.1.3.b	IEC/BCC specific to J.E. in endemic areas			1.00	1.00	
F.1.3.c	Capacity Building			1.00	2.00	including training materials
F.1.3.d	Monitoring and supervision			3.00	3.00	
F.1.3.e	Procurement of Insecticides (Technical Malathion)			0.00	5.00	start focal spraying of houses in condition of

S. No.	Component (Sub-Component)	Unit Cost (wherever applicable)	Physical target/Deliverables	Amount Proposed	Amount Approved	Remarks
						occurrence of JE cases in the community.
F.1.3.f	Fogging Machine					
F.1.3.g	Operational costs for malathion fogging					
F.1.3.h	Operational Research					
F.1.3.i	Rehabilitation Setup for selected endemic districts					
F.1.3.j	ICU Establishment in endemic districts					
F.1.3.k	ASHA Insentivization for sensitizing community					
F.1.3.l	Other Charges for Training /Workshop Meeting & payment to NIV towards JE kits at Head Quarter					
	Total AES/JE			8.00	14.00	
F.1.4	Lymphatic Filariasis	NA		NA	NA	
F.1.4.a	State Task Force, State Technical Advisory Committee meeting, printing of forms/registers, mobility support, district coordination meeting, sensitization of media etc., morbidity management, monitoring & supervision, mobility support for Rapid Response Team and contingency support			Not Applicable		
F.1.4.b	Monitoring by					

S. No.	Component (Sub-Component)	Unit Cost (wherever applicable)	Physical target/ Deliverables	Amount Proposed	Amount Approved	Remarks
	Microfilaria Survey					
F.1.4.c	Post MDA assessment by medical colleges (Govt. & private)/ICMR institutions					
F.1.4.d	Training/sensitization of district level officers on ELF and drug distributors including peripheral health workers					
F.1.4.e	Specific IEC/BCC at state,district, PHC, Sub-centre and village level including VHSC/GKs for community mobilization efforts to realize the desired drug compliance of 85% during MDA					
F.1.4.f	Honorarium for Drug Distribution including ASHAs and supervisors involved in MDA					
F.1.4.g	Verification and validation for stoppage of MDA in LF endemic districts					
F.1.4.g.i	a) Additional MF Survey					
F.1.4.g.ii	b) ICT Survey					
F.1.4.g.iii	c) ICT Cost					
F.1.4.h	Verification of LF endemicity in non-endemic districts					
F.1.4.h.i	a) LY & Hy Survey					
F.1.4.h.ii	b) Mf Survey in Non- endemic distt					
F.1.4.h.iii	c) ICT survey					
F.1.4.i	Post-MDA surveillance					

S. No.	Component (Sub-Component)	Unit Cost (wherever applicable)	Physical target/ Deliverables	Amount Proposed	Amount Approved	Remarks
	Total Lymphatic Filariasis			0.00	0.00	
F.1.5	Kala-azar	NA			NA	
F.1.5	Case search/ Camp Approach			Not Applicable		
F.1.5.a	Spray Pumps & accessories					
F.1.5.b	Operational cost for spray including spray wages					
F.1.5.c	Mobility/POL/supervision					
F.1.5.d	Monitoring & Evaluation					
F.1.5.e	Training for spraying					
F.1.5.f	IEC/ BCC/ Advocacy					
	Total Kala-azar			0.00	0.00	
	Total (DBS)			197.84	208.00	
F.2	Externally aided component					
F.2.a	World Bank support for Malaria (Identified state)					
F.2.b	Human Resource					
F.2.c	Training /Capacity building					
F.2.d	Mobility support for Monitoring Supervision & Evaluation including printing of format & review meetings, Reporting format (for printing formats)					
	Kala-azar World Bank assisted Project					
F.2.e	Human resource					
F.2.f	Capacity building					
F.2.g	Mobility					
F.3	GFATM support for Malaria (NE states)					
F.3.a	Project Management Unit including human			123.00	100	

S. No.	Component (Sub-Component)	Unit Cost (wherever applicable)	Physical target/ Deliverables	Amount Proposed	Amount Approved	Remarks
	resource of N.E. states					
F.3.b	Training/Capacity Building			5.00	5.00	
F.3.c	Planning and Administration(Office expenses recurring expenses, Office automation , printing and stationary for running of project)			153.00	90.00	
F.3.d	Monitoring Supervision (supervisory visits including travel expenses, etc) including printing of format and review meetings,			250.00	100.00	
F.3.e	IEC / BCC activities as per the project			0.00	20.00	
F.3.f	Operational cost for treatment of bednet and Infrastructure and Other Equipment (Computer Laptops, printers, Motor cycles for MTS)			5.00	5.00	
	Total : EAC component			536.00	320.00	state resources can be utilized for additional expenditure
F.4	Any Other Items (Please Specify)			0.00	0.00	
F.5	Operational costs (mobility, Review Meeting, communication, formats & reports)			0.00	0.00	
	Grand total for cash assistance under NVBDCP (DBS +			733.84	528.00	

S. No.	Component (Sub-Component)	Unit Cost (wherever applicable)	Physical target/ Deliverables	Amount Proposed	Amount Approved	Remarks
	EAC)					
F.6	Cash grant for decentralized commodities					
F.6.a	Chloroquine phosphate tablets			4.00	20.00	
F.6.b	Primaquine tablets 2.5 mg			0.00		
F.6.c	Primaquine tablets 7.5 mg			12.00		
F.6.d	Quinine sulphate tablets			2.00		
F.6.e	Quinine Injections			1.00		
F.6.f	DEC 100 mg tablet					
F.6.g	Albendazole 400 mg tablets					
F.6.h	Dengue NS1 antigen kit			0.00		
F.6.i	Temephos, Bti (AS) / Bti (wp) (for polluted & non polluted water)			20.00		
F.6.j	Pyrethrum extract 2% for spare spray					
F.6.k	ACT (For Non Project states)			0.00		
F.6.l	RDT Malaria – bi-valent (For Non Project states)			0.00		
F.6.m	Any Other Items (Please Specify)					
	Synthetic pyrethroid (Insecticide)			20.00	0.00	Not approved as DDT is supplied by Gol
	PCM tablets			1.00	0.00	not included in decentralized commodity may be met from state/Hospital Drug

S. No.	Component (Sub-Component)	Unit Cost (wherever applicable)	Physical target/ Deliverables	Amount Proposed	Amount Approved	Remarks
	Total grant for decentralized commodities			60.00	20.00	
	Grand Total for grant-in-aid under NVBDCP			793.84	548.00	
	Commodity to be supplied by NVBDCP			0.00	250.00	
	Total NVBDCP Cash + Commodity			793.84	798.00	

NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)

TARGETS FOR 2012-13:

S.No	Goals & Target	September'12	March 2013
1	Elimination at State level	NA	NA
2	Elimination at District level	NA	NA
3	Case detection through ASHA	10	20
4	Special activity plan in 20 blocks	NA	NA
5	MCR footwear procurement & supply	100	200
6	RCS	5	10
7	Development of leprosy expertise	50% of Plan	100% of Plan
8	Treatment Completion Rate assessment for 2011-12	Completed	-
9	Audited Report for the year 2011-12	Completed	-
10	Expenditure incurred against approved plan budget	50%	100%

DETAILED BUDGET:

FMR Code	Activity proposed		Unit Cost (In Rupees)	Physical Targets	Amount proposed	Amount approved	Remarks
G 1.	Improved early case detection						
G 1.1	Incentive to ASHA	MB	500	10	0.05	0.05	
		PB	300	10	0.03	0.03	
G1.1 a	Sensitization of ASHA		50	1200	1.20	0.60	
G 1.2	Specific -plan for High Endemic Distrcts		-	-	-	-	
G 2	Improved case management						
G 2.1	DPMR Services, (MCR footwear, Aids and appliances, Welfare allowance to BPL patients for RCS, Support to govt. institutions for RCS)		MCR - 250/- Aids/Apl iance - 12500 Welfare/ RCS - 10,000	200 9 distt 10	0.50 1.80 1.00	0.50 1.12 1.00	
G 2.2	Urban Leprosy Control, (Mega city - 0 , Medium city (1) -3 , Med. City (2)- 1 Township -19)		Meg - 280000 Med (1)- 120000 Med. (2) - 236000 Town - 57000	0 1 0 0	0 0.50 0 0	0 0.50 0 0	
G 2.3	Material & Supplies						
G 2.3 a	Supportive drugs, lab. reagents & equipments and printing works		52,000	9	2.74	2.74	
G 2.4	NGO - SET Scheme		500000	-	-	-	
G 3	Stigma Reduced						
G 3.1	Mass media, Outdoor media, Rural media, Advocacy media		50,000	9	13.50	4.50	
G 4.	Development of Leprosy Expertise sustained						As NLEP rates are very low, higher rates agreed in keeping
G 4.1	Training of new MO		60000	-	-	-	
G 4.2	Refresher training of MO		40000	150	2.00	2.00	
G 4.3	Training to New		30000	600	6.00	6.00	

FMR Code	Activity proposed		Unit Cost (In Rupees)	Physical Targets	Amount proposed	Amount approved	Remarks
	H.S/H.W.						with other programmes
G 4.4	Other training - Physiotherapist		30000	-	-	-	
G 4.5	Training to Lab. Tech.		30000	-	-	-	
G 4.6	Management training for District Nucleus Team		30000	60	2.16	0.60	
G 5.	Monitoring, Supervision and Evaluation System improved						
G 5.1	Travel Cost and Review Meeting						
G 5.1 a	travel expenses - Contractual Staff at State level		30000	1	0.60	0.30	
G 5.1 b	travel expenses - Contractual Staff at District level		15000	9	0.90	0.90	
G 5.1 c	Review meetings		15000	4	0.80	0.60	
G 5.2	Office Operation & Maintenance						
G 5.2 a	Office operation - State Cell		38000	1	0.50	0.38	
G 5.2 b	Office operation - District Cell		18000	9	0.81	0.81	
G 5.2 c	Office equipment maint. State		30000	1	0.50	0.30	
G 5.3	Consumables						
G 5.3 a	State Cell		28000	1	0.50	0.28	
G 5.3 b	District Cell		14000	9	1.35	1.26	
G 5.4	Vehicle Hiring and POL						
G 5.4 a	State Cell		85000	2	1.80	1.70	
G 5.4 b	District Cell		75000	9	8.10	6.75	
G 6.	Programme Management ensured						
G 6.1	Contractual Staff at State level						
G 6.1 a	SMO	1	40000	x12	2.40	2.40	
G 6.1 b	BFO cum Admn. Officer	1	30000	x12	1.44	1.44	
G 6.1 c	Admn. Asstt.	1	16000	x12	1.20	1.20	
G 6.1 d	DEO	1	12000	x12	0.96	0.96	
G 6.1 e	Driver	1	11000	-	-	-	
G 6.2	Contractual Staff at						

FMR Code	Activity proposed		Unit Cost (In Rupees)	Physical Targets	Amount proposed	Amount approved	Remarks
	Disrrict level						
G 6.2 a	Driver	7	11000	x12	5.88	5.88	
G 6.2 b	Contractual Staff in selected States, NMS		20000	-	-	-	
G 7.	Others						
G 7.1	Travel expenses for regular staff for specific programme / training need, awards etc						
	TOTAL			-	-	0.75	Added as essential reuireme nt
	TOTAL				59.22	45.55	

Additionality in Annual Plan						
NRHM				14.50	14.50	
WHO/ILEP/ICMR/Others						

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS (NPCB)

ROAD MAP FOR PRIORITY ACTION:

1. The emphasis will be on primary health care All vision centers will be established immediately after receipt of grant with PMOA is in position to facilitate eye care delivery at the primary health centre.
2. Eye Bank to be established only in Government Hospital and Government Medical College. The names and address may be furnished in the reports submitted to GOI. The amount will not be split up into more than 1 eye bank.
3. Management of Health Society be restricted within Rs.14 lakh only.
4. Payment of Rs.750/- will be made to NGO per operated case if the NGO has used all facilities of their own like Drugs & Consumables, Sutures, Spectacles, Transports/POL, organization and publicity and IOL, Viscoelastics & addl. Consumables including their own Eye Hospital and Doctors.
5. For organizing and motivating identified persons & transporting them to Govt. / NGO fixed facilities, the NGO would be eligible for support not exceeding Rs.175/- per operated case. (Transport/POL and organization & publicity.)
6. No payment will be released towards reimbursement to be made to NGOs w. e. f. 01.04.2012 if data entry on Management Information System (MIS) is not completed by them.
7. Full details of the NGO funded be provided including the facilities created and the free operations being done by them in lieu thereof. The amount will be released for only one NGO and amount will not be split up into more than one NGO.

DETAILED BUDGET:

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS GRANT-IN-AID TO STATES/UTS FOR VARIOUS		PHYSICAL TARGET	FUNDS REQUESTED	FUNDS APPROVED AS PER GUIDELINES	REMARKS
SL.NO.					
H	*Recurring Grant-in aid				
H 1.1	For Free Cataract Operation @ Rs.750/- per case	5300	106.00	39.75	Approved for 5300 cases
H 1.2	Other Eye Diseases@ Rs.1000/-		2.00	2.00	Approved
H 1.3	School Eye Screening Programme@ Rs.200/- per case	70000	8.00	8.00	Approved
H 1.4	Blindness Survey				
H 1.5	Private Practitioners @as per NGO norms				
H 1.6	Management of State Health Society and Distt. Health Society Remuneration (salary , review meeting, hiring of vehicle and Other Activities & Contingency) @ Rs.14 lakh/ Rs.7 lakh depending on the size of state		27.00	7.00	Approved
H 1.7	Recurring GIA to Eye Donation Centers @ Rs.1000/- per pair		1.10	1.10	Approved
H 1.8	Eye Ball Collection by Eye Bank @ Rs.1500/- per pair		0	0	
H 1.9	Training PMOA and MIS training	MO TRG.,PMOA, Ophth nurse, ASHS/HW Trg. & Teacher	11.10	10.00	Approved for PMOA and MIS training for 1time

H 1.10	IEC, Eye Donation Fortnight, World Sight Day & awareness programme in state & districts etc		49.00	11.00	Approved for 1 lac per distt and 2 lac for state
H 1.11	Procurement of Ophthalmic Equipment		80.00	54.10	Approved
H 1.12	Maintenance of Ophthalmic Equipments		0.00	0.00	
H.2	Non- Recurring Grant-in-aid				
H.2.1	For RIO (new) @ Rs.60 lakh		0.00	0.00	
H.2.2	For Medical College@ Rs.40 lakh		0.00	0.00	
H.2.3	For vision Centre @ Rs.50000/-	10	5.00	5.00	Approved for 10 vision centre
H.2.4	For Eye Bank @ Rs.15 lakh	2	30.00	15.00	Approved for 1 Eye Bank in Govt. Hospital
H.2.5	For Eye Donation Centre @ Rs.1 lakh	2	2.00	2.00	Approved for 2 EDC
H.2.6	For NGOs @ Rs.30 lakh	2	60.00	30.00	Approved for 1 NGO
H.2.7	For Eye Wards and Eye OTS @ Rs.75 lakh	3	225.00	75.00	Approved for 1 Eye Ward & Eye OT
H.2.8	For Mobile Ophthalmic Units with tele-network @ Rs.60 lakh	1	60.00	60.00	Approved for 1 tele network
H.2.9	Grant-in-aid for strengthening of Distt. Hospitals @ Rs.20 lakh	1	20.00	20.00	Approved for 1 Distt. Hospital
H.2.10	Grant-in-aid for strengthening of Sub Divisional. Hospitals@ Rs.5 lakh		0	0	
H.3	Contractual Man Power				
H.3.1	Ophthalmic Surgeon@ Rs.25000/- p.m				Approved

H.3.2	Ophthalmic Assistant @ Rs.8000/- p.m		26.08	18.00	Approved
H.3.3	Eye Donation Counsellors @ Rs.10000/- p.m.				
	Total		712.28	357.95	

* The unutilized funds in any of the above said recurring components may be used in any other recurring component.

REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP)

TARGETS:

Annualized New Smear Positive Case Detection rate per lakh population (April to September 2012)	Annualized New Smear Positive Case Detection rate per lakh population (October to March 2013)	for Treatment Success rate (April to September 2012)	Treatment Success rate (October to March 2013)
52%	65%	90%	90%

S. No	Indicators	Current Status (2011)	Target for 2012
1	Annual Suspects Examined Per Lakh Population	120	183
2	Annual Smear Positive Case Notification Rate	52%	70%
3	Treatment Success Rate among new smear positive retreatment cases	90	90
4	Default Rate among New Smear Positive TB cases	4.7	4
5	Treatment Success rate among Smear Positive Re-treatment cases	72	85

ROAD MAP FOR PRIORITY ACTION:

- All the Key RNTCP contractual staff positions at State/Districts should be filled and ensuring timely payment of salaries
- The State level RNTCP review meetings to be chaired by Health Secretary/Mission Director (NRHM) at least once in a quarter
- To conduct State TB control society meeting, State Coordination committee meeting (TBHIV) atleast once in a quarter
- Scaling up of DOTS Plus services as per the State DOTS Plus action plan
- Conduct ACSM/Training activities at State/Districts as per the State annual action plan
- To involve Private Practitioners and NGOs in the RNTCP
- Timely payment of DOT Providers honorarium at Districts
- Strengthening Supervision and Monitoring at all levels
- The state could be approved more funds based on expenditure pattern in the first six months

DETAILED BUDGET:

FMR Code	Activity	Unit cost (wherever applicable)	Physical target/expected output	Proposed amount (in Lakhs)	Approved amount (in Lakhs)	Remarks
I.1	Civil works	As per Revised Norms and Basis of Costing for RNTCP	1) Civil work Up gradation and maintenance completed as planned; 2) Funds in the head utilized against the approved amount	9.475	5.81	Approved the proposal for up gradation of one DTC. Approved as per the norm.
I.2	Laboratory materials	As per Revised Norms and Basis of Costing for RNTCP	1) Sputum of TB Suspects Examined per lac population per quarter; 2) All districts subjected to IRL On Site Evaluation and Panel Testing in the year; 3) IRLs accredited and functioning optimally; 4) Funds in the head utilized against the approved amount	10.6	7.00	Approved as per the norm.
I.3	Honorarium	As per Revised Norms and Basis of	1) All eligible Community DOT Providers are paid	16.00	15.00	Approved as per the norm.

FMR Code	Activity	Unit cost (wherever applicable)	Physical target/expected output	Proposed amount (in Lakhs)	Approved amount (in Lakhs)	Remarks
		Costing for RNTCP	honorarium in all districts in the FY; 2) Funds in the head utilized against the approved amount			
I.4	IEC/ Publicity	As per Revised Norms and Basis of Costing for RNTCP	1) All IEC/ACSM activities proposed in PIP completed; 2) Increase in case detection and improved case holding; 3) Funds in the head utilized against approved amount	21.02	15.00	Approved as per the norm.
I.5	Equipment maintenance	As per Revised Norms and Basis of Costing for RNTCP	1) Maintenance of Office Equipments at State/Districts and IRL equipments completed as planned; 2) All BMs are in functional condition; 3) Funds in the head utilized against approved	17.5	14.03	Approved as per the norm.

FMR Code	Activity	Unit cost (wherever applicable)	Physical target/expected output	Proposed amount (in Lakhs)	Approved amount (in Lakhs)	Remarks
			amount			
I.6	Training	As per Revised Norms and Basis of Costing for RNTCP	1) Induction training, Update and Re-training of all cadre of staff completed as planned; 2) Funds in the head utilized against approved amount	43.59	40.00	Approved as per the norm.
I.7	Vehicle maintenance	As per Revised Norms and Basis of Costing for RNTCP	1) All 4 wheelers and 2 wheelers in the state are in running condition and maintained; 2) Funds in the head utilized against approved amount	45.65	15.25	Approved as per the norm.
I.8	Vehicle hiring	As per Revised Norms and Basis of Costing for RNTCP	1) Increase in supervisory visit of DTOs and MOTCs; 2) Increase in case detection and improved case holding; 3) Funds in the head utilized against approved	15.38	10.00	Approved as per the norm.

FMR Code	Activity	Unit cost (wherever applicable)	Physical target/expected output	Proposed amount (in Lakhs)	Approved amount (in Lakhs)	Remarks
			amount			
I.9	NGO/PP support	As per Revised Norms and Basis of Costing for RNTCP	1) Increase in number of NGOs/PPs involved in signed schemes of RNTCP; 2) Contribution of NGOs/PPs in case detection and provision of DOT 3) Funds in the head utilized against approved amount	48.12	15.00	The approval limited to maximum permissible as per the norm. *If the state is anticipating deficit in laboratory capacity to conduct C&DST test, then state may budget for funds under C&DST scheme in the NGO /PP head as the RNTCP guidelines for NGO and PPs, as a priority.
I.10	Miscellaneous	As per Revised Norms and Basis of Costing for RNTCP	1) All activities proposed under miscellaneous head in PIP completed; 2) Funds in the head utilized against approved amount	29	25.00	Approved as per the norm. The amount for travel support should be met from the honorarium head.
I.11	Contractual services	As per Revised Norms and Basis of Costing for RNTCP	1) All contractual staff appointed and paid regularly as planned; 2) Funds in the head utilized against approved	180.65	159.25	Approved as per the norm. <ul style="list-style-type: none"> Not approved salary of 5 drivers which was against the. The remuneratio

FMR Code	Activity	Unit cost (wherever applicable)	Physical target/expected output	Proposed amount (in Lakhs)	Approved amount (in Lakhs)	Remarks
			amount			<p>n of communication facilitators (CF), should be met from the IEC head.</p> <ul style="list-style-type: none"> Not approved DA of contractual staff as this has to be met from the miscellaneous head. Salary of medical college human resource should be met from Medical College head.
I.12	Printing	As per Revised Norms and Basis of Costing for RNTCP	1) All printing activities at state and district level completed as planned; 2) Funds in the head utilized against approved amount	8.00	4.00	Approved as per the norm.
I.13	Research and studies			0.00	0.00	
I.14	Medical Colleges	As per Revised Norms and Basis of Costing for RNTCP	1) All activities proposed under Medical Colleges head in PIP completed; 2) Funds in the head utilized	4.70	8.88	Re appropriated Rs 6,17,688 budgeted for Human resource salary under contractual head accounted here. Limited the travel

FMR Code	Activity	Unit cost (wherever applicable)	Physical target/expected output	Proposed amount (in Lakhs)	Approved amount (in Lakhs)	Remarks
			against approved amount			budget to Rs 50,000 and deducted Rs 50,000 budgeted for equipment maintenance of nodal center as the state does not have any nodal center.
I.15	Procurement –vehicles	As per Revised Norms and Basis of Costing for RNTCP	1) Procurement of vehicles completed as planned; 2) Funds in the head utilized against approved amount			Approved 5, four wheeler procurement; however the state need to seek approval from CTD before procurement. As the state is having 4 new vehicles they are eligible to replace 5 old vehicle only (total vehicle eligible is 9 (8 district level + 1 state). Approved 4 two wheeler procurement as replacement of old.
	Four wheeler			25.80	21.50	
	Two Wheeler			2.00	2.00	
I.16	Procurement – equipment	As per Revised Norms and Basis of Costing for RNTCP	1) Procurement of equipments completed as planned; 2) Funds in the head utilized against approved amount	7.60	4.80	Approved procurement of 8 computers only.
I.17	Tribal Action Plan					

FMR Code	Activity	Unit cost (wherever applicable)	Physical target/expected output	Proposed amount (in Lakhs)	Approved amount (in Lakhs)	Remarks
Total (A)				485.09	362.51	
B22.4	Additionality funds from NRHM (B)			0	0	
TOTAL (A+B)					Rs 362.51	

RCH Approval 2012-13 Nagaland						
FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
A.1	MATERNAL HEALTH					
A.1.1	Operationalise facilities					
	Operationalise FRUs (Monitor Progress and quality of service delivery)					
A1.1.1	Organize dissemination workshopd for FRU guidelines	50000.0 000		1.00	0.00	
	Monitor progress and quality of service delivery/hiring of consultant for MCH	26000.0 000		3.12	0.00	Approved. Shifted to Infrastructure and Human Resources.
A.1.1.2	Operationalise 24x7 PHCs (Monitor progress and quality of service delivery)					
A.1.1.3	MTP services at health facilities					
A.1.1.4	RTI/STI services at health facilities					
A.1.1.5	Operationalise Sub-centres					
	Monitor quality and service delivery and utilization through field visits			2.10	0.00	Not approved
A.1.2	Referral Transport			444.80	0.00	Not approved; to be met from last year's fund.
A.1.3	Integrated outreach RCH services					

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FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
A.1.3.1	RCH Outreach Camps/ Others	20000 in Normal areas & 50000 in difficult areas	136(46 camps in normal areas and 90 camps in difficult areas)	45.20	35.30	Approved @ Rs20000 per camp in Normal areas and Rs 29000 per camp in Difficult areas.
A.1.3.2	Monthly Village Health and Nutrition Days		120	7.80	0.00	Not approved. State to prepare a comprehensive monitoring plan
A.1.4	Janani Suraksha Yojana / JSY					
A.1.4.1	Home Deliveries	500.0	2011	10.06	7.31	Approved for 1462 beneficiaries
A.1.4.2	Institutional Deliveries			101.41		
A.1.4.2.a	Rural	700.0			81.03	Approved for 11576 beneficiaries
A.1.4.2.b	Urban	600.0			20.38	Approved for 3397 beneficiaries
A.1.4.2.c	C-sections (Hiring of Doctors and anesthetist)	1500.0	299	4.49	4.49	
A.1.4.3	Administrative expenses			10.63	8.02	Allowable expense are for printing of formats, registers, monitoring of JSY project implementation, IEC etc
A.1.4.4	Incentive to ASHAs	200 & 600		76.24		

RCH Approval 2012-13 Nagaland						
FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
	Rural	600.00			40.52	ASHA incentive @Rs. 350 for 11,576 Rural beneficiaries. Since Pregnant Women are guranteed free transport and drop back from health facility under JSSK
	Urban	200.00			6.79	ASHA incentive @Rs 200 for 3,397 Urban beneficiaries.
A.1.5	Maternal Death Review (Both institutions and community)		110	27.90		The activities proposed have been approved in the training section
A.1.6	Other strategies/ activities (incentive for tracking mothers who avail private facilities)					
	Co-ordination meeting on RTI/STI					
A.1.7	JSSK- Janani Shishu Surakhsha Karyakram					
A.1.7.1	Drugs and Consumables					
	Drugs and Consumables for Normal Deliveries			74.50	80.50	For 23000 cases @ 350
	Drugs and Consumables for Caesarean Deliveries			6.96	6.96	For Rs 435 cases @ Rs 1600

RCH Approval 2012-13 Nagaland						
FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
A.1.7.2	Diagnostic		21718 mothers & 2672 Child	120.39	50.00	Only mothers. Approved for 25000 ANC's @ 200/- including USG in some cases.
A.1.7.3	Blood Transfusion			1.09	1.09	Approved for Rs1.09 lakhs for Blood Transfusion @ 250/- *436cases
A.1.7.4	Diet					
	3 days for Normal Delivery			75.15	69.00	For 23000 cases @ Rs 100 per day
	7 days for for C section				3.04	For 435 cases @ Rs 100 per day
	Child Care			15.00	0.00	Not approved
A.1.7.5	Referral Transport (under JSSK for mothers and sick new borns from home to facility)				230.00	Can be approved for 23000 deliveries @ Rs 1000/-= 230 lakhs ; transportation to be provided to all the beneficiaries for coming to public health facilities and drop back.
	Referral Transport (under JSSK for mothers and sick new borns from facility to home)					
	Call Centres for JSSK at all District Hospital, CHC, PHC, UHC					
	Sub-total Maternal Health (excluding JSY)			825.01	475.89	
	Sub-total JSY			202.83	168.54	
A.2	CHILD HEALTH					
A.2.1	IMNCI					
A.2.1.1	Prepare detailed operational plan for IMNCI across districts					

RCH Approval 2012-13 Nagaland						
FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
A.2.1.2	Implementation of IMNCI activities in districts					
A.2.1.3	Monitor progress against plan; follow up with training, procurement, etc					
A.2.1.4	Pre-service IMNCI activities in medical colleges, nursing colleges, and ANMTCs					
A.2.2	Facility Based Newborn Care/FBNC (SNCU, NBSU, NBCC)					
A.2.2.1	Prepare detailed operational plan for FBNC across districts (including training, BCC/IEC, drugs and supplies, etc.; cost of plan meeting should be kept).	0.00	89	0.23	0.00	Not approved
	Operational cost of NBCC (23 existing and 21 newly proposed)					
	Operational cost of NBCU (2 existing and 5 newly proposed)					

RCH Approval 2012-13 Nagaland						
FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
A.2.2.2	Monitor progress against plan; follow up with training, procurement, etc.					
A.2.3	Home Based Newborn Care/HBNC					
	Prepare detailed operational plan for HBNC across districts (including training, BCC/IEC, drugs and supplies, etc.; cost of plan meeting should be kept).		3878	5.00	0.00	Not approved
A.2.4	Infant and Young Child Feeding/IYCF					
A.2.4.1	Prepare and disseminate guidelines for IYCF.					
A.2.4.2	Prepare detailed operational plan for IYCF across districts (including training, BCC/IEC, drugs and supplies, etc.; cost of plan meeting should be kept).					
A.2.4.3	Monitor progress against plan; follow up with training, procurement, etc.					

RCH Approval 2012-13 Nagaland						
FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
A.2.5	Care of Sick Children and Severe Malnutrition at facilities (e.g. NRCs, CDNCs etc.)					
A.2.5.1.	Prepare and disseminate guidelines.					
A.2.5.2	Prepare detailed operational plan for care of sick children and severe malnutrition at FRUs, across districts (cost of plan meeting should be kept).					
A.2.5.3	Implementation of activities in districts - Treatment cost of sick new born					
A.2.5.4	Monitor progress against plan; follow up with training, procurement, etc.					
A.2.6	Management of Diarrhoea, ARI and Micronutrient Malnutrition	0.5000	1	0.50	0.50	State level workshop for Diarrhoea, ARI and Micronutrient Malnutrition
A.2.7	Other strategies/ activities		40 including STING of SCNU at rims	57.65	0.00	Not approved
A.2.8	Infant Death Audit					

RCH Approval 2012-13 Nagaland						
FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
A.2.9	Incentive to ASHA under Child Health	0.0025	40989	83.62	83.62	
A.2.10	JSSK (for Sick neonates up to 30 days)				4.60	Approved for Rs 4.6 lakhs for 2300 sick newborns @ 200/-
A.2.10.1	Drugs and consumables (other than reflected in Procurement)					
A.2.10.2	Diagnostic					
A.2.10.3	Free Referral Transport (other than A1.2 and A1.7.5)					
	Sub-total Child Health			147.00	88.72	
A.3	FAMILY PLANNING					
A.3.1	Terminal/ Limiting Methods					
A.3.1.1	Orientation workshop and dissemination of manuals on sterilisation standards & QA of sterilisation services	0.2500	10	2.50	2.50	
A.3.1.1.1	<i>Prepare operational plan for provision of sterilisation services at facilities (fixed day) as well as camps , review meetings</i>	0.3200	10	3.20	0.00	Not approved

RCH Approval 2012-13 Nagaland						
FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
A.3.1.1.2	Implementation of sterilisation services by districts(including fixed day services and PP sterilization)			1.10	0.00	Not approved
A.3.1.2	Female Sterilisation camps	0.1000	10	1.00	1.00	
A.3.1.3	NSV camps	0.1000	10	1.00	1.00	
A.3.1.4	Compensation for female sterilisation			20.20	20.20	
A.3.1.5	Compensation for male sterilisation			3.00	3.00	
A.3.1.6	Accreditation of private providers for sterilisation services					
A.3.2	Spacing Methods					
A.3.2.1	IUD camps					
A.3.2.2	Provide IUD services at health facilities / compensation			2.60	1.20	Approval for 6000 IUCD insertions
	PPIUCD services			2.20	0.00	Not approved
A.3.2.3	Accreditation of private providers for IUD insertion services					
A.3.2.4	Social Marketing of contraceptives			3.00	0.00	State was requested to provide breakup of cost (Rs. 20000); however, no such details provided. Not approved

RCH Approval 2012-13 Nagaland						
FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
A.3.2.5	Contraceptive Update seminars			0.64	0.00	No details provided (either in write-up or in budget sheet) and hence not approved.
A.3.3	POL for Family Planning/ Others					
A.3.4	Repairs of Laparoscopes					
A.3.5.						
A.3.5.1	<i>Monitor progress, quality and utilisation of services (both terminal and spacing methods) including complications / deaths / failure cases. Note: cost of insurance / failure and death compensation NOT to be booked here</i>	25000	4	1.00	0.20	Approved @Rs 5000/visit
	<i>State Review Meetings</i>				0.50	Have not been reflected in the budget sheet. 2 meetings have been approved @ Rs 25000
	<i>District Review Meetings</i>				2.70	Have not been reflected in the Budget sheet. 18 meetings have been approved @ 15000
A.3.5.2	<i>Performance reward if any</i>			0.75	0.75	

RCH Approval 2012-13 Nagaland						
FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
A.3.5.3	<i>World Population Day' celebration (such as mobility, IEC activities etc.): funds earmarked for district and block level activities</i>	9 Districts at CHC/PH C		11.27	8.15	State has proposed Rs. 11.27 in the budgetsheets; however, as per breakup provided in the write-up total budget is Rs. 8.15, accordingly approved.
	Sub-total Family Planning (excluding compensation)			26.66	15.80	
	Sub-total Sterilisation and IUD compensation & NSV camps			26.80	25.40	
A.4	ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH / ARSH					
A.4.1	Adolescent services at health facilities					
A.4.1.1	Disseminate ARSH guidelines.	0.8000	2	1.60	1.60	
A.4.1.2	Establishment of new clinics at DH/SDH level					
A.4.1.3	Establishment of new clinics at CHC/PHC level					
A.4.1.3.1	Operating expenses for existing clinics			106.32	99.51	Cost for buying laptop, datacard, almirah and hiring of vehicle @ Rs30000 per month is not approved
A.4.1.4.	Outreach activities including peer educators					

RCH Approval 2012-13 Nagaland						
FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
A.4.2	School Health Programme					
A.4.2.1	Prepare and disseminate guidelines for School Health Programme.					
A.4.2.2	Prepare detailed operational plan for School Health Programme across districts (cost of plan meeting should be kept)		128000	1.48	1.40	Overhead charges @6% (Rs4200) is not approved
A.4.2.3	Implementation of School Health Programme by districts.	0.0090	330	8.54	8.60	As per the narrative the estimated cost is 860400
A.4.2.4	Monitor progress and quality of services.			27.44		
A.4.3	Other strategies/activities (please specify) Details of the menstrual Hygiene project to be provided and budgeted under this head	0.2000		44.00	2.40	Helpline approved
A.4.3.2	Weekly Iron Folic Acid Supplementation (WIFS) Scheme					
	Sub-total ARSH			189.38	113.51	
A.5	URBAN RCH					
A.5.1	Urban RCH Services					

RCH Approval 2012-13 Nagaland						
FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
A.5.1.1	Identification of urban areas / mapping of urban slums					
A.5.1.2.	Prepare operational plan for urban RCH					
A.5.1.3	Implementation of Urban RCH plan/ activities - Building rent, electricity, telephone, Water bill etc					
A.5.1.3.1	Recruitment and training of link workers for urban slums					
A.5.1.3.2	Strengthening of urban health posts and urban health centres		67	88.00	88.00	Continued services for 8UHC. Amount proposed is towards salary support and administrative cost
A.5.1.3.3	Provide RCH services (please specify)					
A.5.1.4	Monitor progress, quality and utilisation of services.					
A.5.1.5	<i>Other Urban RCH strategies/activities (please specify) salary of support staff</i>					
	Sub-total Urban Health			88.00	88.00	
A.6	TRIBAL RCH					
A.6.1	<i>Tribal RCH services</i>					

RCH Approval 2012-13 Nagaland						
FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
A.6.1.2	Prepare operational plan for tribal RCH					
A.6.1.3	Implementation of Tribal RCH activities					
	Salary of 1 MO, 2 ANM and 1 Helper			6.09	6.09	
	Vehicle charges to conduct the mobile clinics			3.60	3.60	
	Mothers meeting and nutritious meal for PW			5.48	5.48	
A.6.1.4	Monitor progress, quality and utilisation of services.					
A.6.1.5	Other Tribal RCH strategies/activities (please specify)					
	Sub-total Tribal Health			15.17	15.17	
A.7	PNDT & Sex Ratio					
A.7.1.	Support to PNDT Cell			2.70		
	Formulation of PNDT Cell					
	Programme Officer				1.80	Approved
	Legal Officer				1.20	Approved
	Data Manager				0.96	Approved
	Incidental expenses					
	Office maintenance				1.20	Approved
	Mobility support including hiring of vehicle				1.80	Approved

RCH Approval 2012-13 Nagaland						
FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
	Provision of xerox machine, printer, LCD etc.					
A.7.1.1	Operationalise PNDT Cell					
A.7.1.2	Orientation of programme managers and service providers on PC & PNDT Act			31.42		
A.7.2	Other PNDT activities					
	Inspection and Monitoring				1.80	Approved
	Capacity building of AAs, Doctors, NGOs, Women organization etc.				5.40	State may also include Nodal Officers, Judiciary for the capacity building workshops. Approved.
	Sub-total PNDT & Sex Ratio			34.12	14.16	
A.8	INFRASTRUCTURE & HUMAN RESOURCES					Budget approved at last years unit rate and staffing levels plus an additional 4 X ray technicians
A.8.1	Contractual Staff & Services					
A.8.1.1	ANMs, supervisor y nurses, LHV/SNs			630.00		Approved; break up provided below
	ANMs, supervisor y nurses, LHV/SNs	7500	436		392.40	
	Supervisory Nurses	9000	220		237.60	

RCH Approval 2012-13 Nagaland						
FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
A.8.1.2	Laboratory Technicians/MP W/Xray technicians			92.52		Approved; break up provided below
	Laboratory Technicians	8500	38		38.76	
	MPW		69		49.68	
	X ray Technicians	8500	4		4.08	
A.8.1.3	Specialists (Anaesthetists, Paediatricians, Ob/Gyn, Surgeons, Physicians, Dental Surgeons, Radiologist, Sonologist, Pathologist, Specialist for CHC)	45000	11	59.40	59.40	
A.8.1.4	PHNs at CHC/ PHC level	14000	14	23.52	23.52	
A.8.1.5	Medical Officers at PHCs and CHCs					
A.8.1.6	Additional Allowances/ Incentives to M.O.s of PHCs and CHCs					
A.8.1.7	Others -			83.57		
	Pharmacist	8500	9		9.18	Approved
	Grade IV		108			Not approved
	Family Planning Counsellor					
	Hiring of a consultant to monitor progress and quality of service delivery	26000			3.12	Shifted from MH.
A.8.1.8	Incentive/ Awards etc. to SN, ANMs etc.					

RCH Approval 2012-13 Nagaland						
FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
A.8.1.9	Human Resources Development (Other than above)					
A.8.1.10	Other Incentives Schemes (Pl. Specify)					
A.8.2	Minor civil works					
A.8.2.1	Minor civil works for operationalisation of FRUs					
A.8.2.2	Minor civil works for operationalisation of 24 hour services at PHCs					
	Sub-total Infrastructure & HR			889.01	817.74	
A.9	TRAINING					
A.9.1	Strengthening of Training Institutions (SIHFW, ANMTCs, etc.)					
A.9.1.1	Carry out repairs/ renovations of the training institutions					
A.9.1.2	Provide equipment and training aids to the training institutions					
A.9.1.3	Developing systems for monitoring & evaluations of training programmes.					
A.9.1.4	Other activities (SHSRC)					

RCH Approval 2012-13 Nagaland						
FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
A.9.2	Development of training packages					
A.9.2.1	Development/ translation and duplication of training materials					
A.9.2.2	Other activities Provision of TA					
A.9.3	Maternal Health Training					
A.9.3.1	Skilled Birth Attendance / SBA training					
A.9.3.1.1	TOT for SBA					
A.9.3.1.2	Training of Medical Officers in Management of Common Obstetric Complications (BEmOC)					
A.9.3.1.3	Training of Staff Nurses in SBA		68	17.11		Not approved
A.9.3.1.4	Training of ANMs / LHV in SBA				11.18	Approval given by MH for 48 ANM in 12 batches @0.932 lakhs
					5.94	Approval given by MH for 20 MO in 5 batches @1.187 lakhs
A.9.3.2	Comprehensive EmOC training (including c-section)					
A.9.3.3	Training of MO in Life saving Anaesthesia skills training		12	11.38		
					8.06	Approval given by MH for 8 MO in 2 batches @4.032 lakhs

RCH Approval 2012-13 Nagaland						
FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
					3.41	Approval given by MH for reorientation of 9 MO
A.9.3.4	Safe abortion services training (including MVA/ EVA and Medical abortion)					
A.9.3.4.1	TOT on safe abortion services for MO & SN					
A.9.3.4.1	ToT of Medical Officers in safe abortion					
A.9.3.4.1	Training of Medical Officers in safe abortion		40	6.60	6.60	The state needs to provide the unit cost
A.9.3.5	RTI / STI training					
A.9.3.5.1	TOT for RTI/STI training					
A.9.3.5.2	Training of laboratory technicians in RTI/STI		60	0.90	0.90	Approved for 2 batches @ 0.4318 lakhs
A.9.3.5.3	Training of Medical Officers in RTI/STI		90	1.52	1.52	Approved for 3 batches @0.505 lakhs
A.9.3.5.4	Training of Staff Nurses in RTI/STI		540	7.47	7.47	Approved for 18 batches @0.415 lakhs
A.9.3.5.5	Training of ANMs / LHV's in RTI/STI					
A.9.3.6	BEmOC training		24	4.09	4.09	Approved for 6 batches @ 0.68 lakhs
A.9.3.7	Other MH training					

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FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
	Exposure training of SN, G IV for OT assistant			7.33	3.73	Approved for 16 SN in 4 batches @ 0.93 lakhs. Grade IV not approved.
	State level MDR Dissemination Workshop				0.50	Rs 0.50 lakhs for 1 state level dissemination workshop
	Distict & Facility level MDR sensitization workshop				2.75	Rs 2.75 for 9 district level sensitization @0.30 lakhs
	District level training on emphasises FBMDR and CBMDR				2.75	Rs 2.75 for 9 district level training on emphasised FBMDR and CBMDR @0.30 lakhs
	Facility level MDR training				6.00	Rs 6.00 lakhs for 20 facility level MDR training @ 0.30 lakhs
A.9.4	IMEP Training					
	IMEP training for MO		90	0.96	0.96	Approved for 3 batches @0.319 lakhs.
A.9.4.4	IMEP Training for staff nurses					
A.9.5	Child Health Training					
A.9.5.1	IMNCI Training					
A.9.5.1.1	TOT on IMNCI (pre-service and in-service)					
A.9.5.1.2	IMNCI Training for ANMs / LHV's					
A.9.5.1.3	IMNCI Training for Anganwadi Workers					
A.9.5.2	F-IMNCI training					
A.9.5.2.1	TOT on F-IMNCI					

RCH Approval 2012-13 Nagaland						
FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
A.9.5.2.2	F-IMNCI Training for Medical Officers					
A.9.5.2.3	F-IMNCI Training for Staff Nurses					
A.9.5.3	Home Based Newborn Care training					
A.9.5.3.1	TOT on HBNC					
A.9.5.3.2	Training on HBNC for ASHA					
A.9.5.4	Care of Sick Children and severe malnutrition training					
A.9.5.4.1	TOT on Care of sick children and severe malnutrition					
A.9.5.4.2	Training on Care of sick children and severe malnutrition for Medical Officers					
A.9.5.5	Other CH training (pls specify)					
A.9.5.5.1	NSSK Training					
A.9.5.5.1.1	TOT for NSSK					
A.9.5.5.1.2	NSSK Training for Medical Officers		100	2.18	2.18	Approved for 100 SN 1 batch
A.9.5.5.1.3	NSSK Training for SNs		100	1.63	1.63	Approved for 100 SN 1 batch
A.9.5.5.1.4	NSSK Training for ANMs					
A.9.6	Family Planning Training					
A.9.6.1	Laparoscopic Sterilisation training					

RCH Approval 2012-13 Nagaland						
FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
A.9.6.1.1	TOT on laparoscopic sterilisation					
A.9.6.1.2	Laparoscopic sterilisation training for doctors (teams of doctor, SN and OT assistant)					
A.9.6.2	Minilap training					
A.9.6.2.1	TOT on Minilap					
A.9.6.2.2	Minilap training for medical officers					
A.9.6.3	NSV training					
	Refresher training in NSV				0.64	State has proposed for 64000 for NSV training in the write up (4 batches @16000) , however the same has not been reflected in the budget sheet. The Amount has been approved
A.9.6.3.1	TOT on NSV					
A.9.6.3.2	NSV Training of medical officers					
A.9.6.4	IUD Insertion training					

RCH Approval 2012-13 Nagaland						
FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
A.9.6.4.1	TOT for IUD insertion				0.20	State has proposed for 20000 for ToT in IUCD insertion in the write up (2 gynaecologist, 1 batch @10000), however same has not been relected in the budget sheet. The amount has been approved
A.9.6.4.2	Training of Medical officers in IUD insertion		120	7.41	7.41	Approved for 20 batches @Rs37040
A.9.6.4.3	Training of staff nurses in IUD insertion		540	19.80	19.80	Approved for 540 Sn/ANM in 45 batches @ Rs 44000
A.9.6.4.4	Training of ANMs / LHV's in IUD insertion					
A.9.6.5	Contraceptive Update training					
A.9.6.6	Other FP training (pls specify)					
	PPS services at 5 centres - RIMS, JNIMS, DH/CCP, TBL, BPR (2 doctors each from DH/TBL & BPR)				0.20	State has proposed Rs 20000 (4batches @ Rs 5000) for training of doctors in PPS, however the same has not been relected in the budget sheet. State needs to rectify the inconsistency. The amount has bee approved

RCH Approval 2012-13 Nagaland						
FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
	ToT for PPIUCD				0.25	(1) State has proposed for ToT for 2 days, state may note that ToT in PPIUCD should be minimum for 3 days for those who have already undergone IUCD training, otherwise, 6 days training should be organised (2) Further, this activity has not been included in the budget sheet. (3) Proposed rate/ batch is Rs. 40000 for 2 participants, which is very high; recommended for approval @ Rs. 25000
	Training of MO in PPIUCD insertion				1.60	State has proposed Rs. 1.60 lakhs for training of doctors in PPIUCD; however, same has not been reflected in the budget sheet. State needs to rectify the inconsistency. Recommended for approval.
A.9.7	ARSH Training					
A.9.7.1	TOT for ARSH training/WIFS, School Health Program Training		1573	45.31	45.31	

RCH Approval 2012-13 Nagaland						
FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
A.9.7.2	Orientation training of state and district programme managers					
A.9.7.3	ARSH training for medical officers		90	2.84	2.84	
A.9.7.4	ARSH training for ANMs/LHVs (staff nurse)		136	4.55	4.55	
	ASRH training for counsellors		68	2.28	2.28	
A.9.7.5	ARSH training for AWWs					
A.9.7.6	Training of master trainers under School Health					
A.9.7.7	Training of school teacher under School Health					
A.9.7.8	Training of ANM/HW under school health					
A.9.8	Programme Management Training					
A.9.8.1	Training of SPMU staff			15.00		
	Public Health Management Training for Officers, Senior Nursing Staff, DPMU and BPMUs.				5.00	
	Postgraduate Diploma in Public Health Management (PGDPHM) for MBBS Doctors				5.00	

RCH Approval 2012-13 Nagaland						
FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
	Capacity Building or on Job holding Training for quality improvement of Health Facility of the delivery points.				0.00	Not Approved
	Exposure cum training for SPMU, DPMU and BPMU staff			10.00	0.00	Not Approved
	Finance training for BFM and PHC finance manager		82	0.64	0.64	
	Reorientation program on tally		91	0.93	0.93	
	E-Banking for medical and finance person		91	1.04	1.04	
A.9.8.2	DPMU Training					
	Finance training for MO		121	1.29	1.29	Training to be given to MO handling NRHM finance
A.9.9	Other training (pls specify) Ayush training		593	10.50	0.00	Not approved (details not available)
	Accounts Training for HW/ANM					
A.9.10	Training (Nursing)					
A.9.10.1	Strengthening of Existing Training Institutions/ Nursing School					
A.9.10.2	New Training Institutions/ School					
A.9.11	Training (Other Health Personnel)					
A.9.11.1	Promotional Trg					

RCH Approval 2012-13 Nagaland						
FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
	of health workers females to lady health visitor etc.					
A.9.11.2	Training of AMNs, Staff nurses, AWW, AWS					
A.9.11.3	Other training and capacity building programmes			2.38	0.00	Not approved. Details not provided.
	Sub-total Training			185.11	168.62	
A.10	PROGRAMME MANAGEMENT					Approved at last year's unit rate. Except two positions - Dy Dir Finance and 1 store keeper at the SPMU no new position has been approved.
A.10.1	Strengthening of SHS/ SPMU (Including HR, Management Cost, Mobility Support, field visits)					
A.10	Contractual Staff for SPMSU recruited and in position (for School Health Programme at the state)			142.11	125.84	
	Dy Director Finance	35000.00			4.20	These two new positions have been approved
	Store Keeper	6000.00			0.72	

RCH Approval 2012-13 Nagaland						
FMR Code	Activity	Unit Rate (Rs.)	Physical Target/ Expected Output	Budget Proposed	Budget Approved	Remarks
A.10.2	Strengthening of DHS/ DPMU (Including HR, Management Cost, Mobility Support, field visits)					
	Contractual staff for DPMSU recruited and in position			143.96	143.10	
A.10.3	Strengthening of Block PMU (Including HR, Management Cost, Mobility Support, field visits)			390.30	360.44	
A.10.4	Strengthening (others) office expenses etc					
A.10.5	Audit Fees			4.00	4.00	
A.10.6	Concurrent Audit			16.50	12.00	
A.10.7	Mobility Support to BMO/ MO/ Others					
	Sub-total Programme Management			696.87	650.30	
A.11	VULNERABLE GROUPS					
A.11.1	Implementation of RCH activities					
	Total RCH II Base Flexi Pool			3096.33	2447.92	
	Total RCH II Demand Side			229.63	193.94	
	GRAND TOTAL RCH II			3325.96	2641.86	

FMR Code	Activity	Unit Cost	Physical target	Amount proposed	Amount Approved	Remarks
Mission Flexible Pool						
B1	ASHA			.		
B1.1	ASHA Cost					
B1.1.1	Selection & Training of ASHA					
	DTot on ASHA Module 6 & 7 at State level (3 rd Round)	0.08	72 Trainers	5.98	1.31	Approved. Honorarium of STot at Rs.700 approved.TA on actuals needs to be provided.TA/DA for SAMG members and Contingencies not approved.
	ASHA level training on ASHA Module 6 & 7 at District/Block Level (4 th Round)5days	0.02	3878	77.98	72.91	Approved Rs. 77.98 Lakhs except contingency Rs. 5.07 Lakhs
B1.1.2	Procurement of ASHA Drug Kit	350.00	3878		13.57	Approved ASHA drug kit at Rs 350 for 3878 ASHA. The State needs to ensure and budget for the HBNC drugs, cotrimoxazole and tetracycline eye ointment, as part of the drug kit.
B1.1.3	Performance Incentive/Other Incentive to ASHAs (if any)					
	Incentive to ASHAs under JSY					
	Incentive under Family Planning Services					
	Incentive under Child Health					

FMR Code	Activity	Unit Cost	Physical target	Amount proposed	Amount Approved	Remarks
	Other Incentives to ASHAs (Transport package for meeting, sum of Rs 200 provided for ASHAs in 5 hill district.200*2518*12)					
	Awards to ASHA's/Link workers (Observance of District level ASHA convention. @Rs 1.50 L * 9 districts)					
B.1.1.4	Awards to ASHA's/Link workers					
B.1.1.5	ASHA resource centre/ASHA mentoring group					
	State ASHA Mentoring Group	0.80	4	3.20	3.20	Approved. Field visit Report needs to be shared by AMG members.
	ARC-State level					
	State ASHA Program Manager	2.96	1	2.96	2.96	Approved. Detailed monitoring plan with number of visits to be made needs to be shared.
	Monitoring Visit workshops, seminars, Meetings etc			4.00	4.00	
	Dara Assistant	1.20	1	1.20	1.20	
	ARC- District level	0.023	9	39.10	24.84	Approved except management cost.
	ARC- Block level	0.050	194	116.40	116.40	Approved. Detailed breakup of performance incentive needs to be shared.
	Newly selected ASHA Resource Center Staff Orientation (State ASHA Program Manager & District Community Mobilizer) at state level		10	0.20	0.62	Approved. Calculation error in the proposal needs to be rectified. Amount approved at Rs.700 honorarium per resource person and contingency not approved.

FMR Code	Activity	Unit Cost	Physical target	Amount proposed	Amount Approved	Remarks
	Communication kit for ASHAs			32.80	8.00	NHSRC has already developed the communication kit and the budget is approved for Rs. 8.00 lakhs, for translation and printing of communication kit 1st and 2nd set at @ Rs.200 for 4000 copies.
	Newly selected ASHA Resource Center Staffs Orientation (ASHA Facilitators) at District/Block (5 days)			4.01	3.56	Approved except contingency.
	Training of ASHA Facilitator on Module 6 & 7 (Round 1 to Round4)			16.04	16.04	Approved
	Monthly meetings of ASHAs	200*12	2518	60.43	22.66	Approved @ Rs.100 for 9 months.
	ASHA Convention	1.50	9	13.50	4.50	Approved @ Rs. 0.50 lakhs for 9 Districts
	JSY Evaluation	10.00		10.00	9.00	Approved @ Rs. 1 L per district. Detailed breakup needs to be shared.
	Sub Total ASHA			387.80	304.78	
B2	Untied Funds					
B2.1	Untied Fund for CHCs	0.50	17	8.50	8.50	Approved Rs. 8.50 Lakhs for 16 CHC and 1 SDH as per RHS 2011. Approved completely as 100% utilisation.
B2.2	Untied Fund for PHCs	0.25	80	20.00	20.00	Approved Rs. 20 Lakhs for 80 PHC as per RHS 2011. Approved completely as 100% utilisation.

FMR Code	Activity	Unit Cost	Physical target	Amount proposed	Amount Approved	Remarks
B2.3	Untied Fund for Sub Centres	0.10	423	42.30	42.00	Approved Rs 420 Lakhs for 420 SC as per RHS 2011. Approved completely as 100% Utilisation.
B2.4	Untied fund for VHSC	0.10	3591	359.10	239.10	Approved Rs239.10 Lakhs for 2391villages as per MIS 31.12.11,this amount may be shared among the 3878 VHSNC constituted ,as per the need..
	Sub Total Untied Funds			429.90	309.60	
B.3	Annual Maintenance Grants					
B3.1	CHCs (16 CHC & 1 SDH)	1.00	17	17.00	17.00	Approved Rs 17 Lakhs for 16 CHC and 1 SDH in Govt. building as per RHS 2011. Approved completely as 100% Utilisation.
B3.2	PHCs	0.50	80	40.00	40.00	Approved Rs. 40 Lakhs for 80 PHC in Govt. Building as per RHS 2011. Approved completely as 100% utilisation.
B3.3	Sub Centers	0.10	420	42.20	31.60	Approved Rs. 31.60 Lakhs for 316 SC in govt building as per RHS 2011.Approved completely as 100% utilisation.
	Sub Total AMG			99.20	88.60	
B.4	Hospital Strengthening					
B.4.1	Upgradation of CHCs, PHCs, Dist. Hospitals to IPHS)					

FMR Code	Activity	Unit Cost	Physical target	Amount proposed	Amount Approved	Remarks
B4.1.1	District Hospitals The State has budgeted for the following :1. Thoubal DH – grill fitting – Rs. 10 L 2. Churachandpur DH – internal electrification – Rs. 5 L. 3. Bishnupur DH – construction of lab and MRD room – Rs. 20 L 4. Chandel – Mini trauma centre – Rs. 25 L. 5. Ukrul DH – extension of OPD – Rs. 15 L(Pg 206)		5	75.00	0.00	Approval Pended. State to rework the proposal as per delivery points. The progress and status of earlier sanctioned works to be provided.
B4.1.2	CHCs					
	CHC Kakching (Renovation of ceiling floor, wall poster, doors & windows and electrical fittings for wards.	25.00	1	25.00	0.00	
	CHC Yairipok (Barb wire fencing with angle iron post and PCC footing=10 L)(Construction of 2 nos. Of type-III quarters @ 29 L = 58 L)	68.00	1	68.00	0.00	
	CHC Mao (Construct a retaining wall on the southern side)	15.00	1	15.00	0.00	
	CHC Heirok (Construction of conference hall)	30.00	1	30.00	0.00	
	Construction of CGI roofing with tubular truss @ Rs 50 Lakhs at CHC Nambol	50.00	1	50.00	0.00	
	CHC Kamjong (Renovation of Ceiling , floor, wall plasters, doors and windows and electrical fittings)	25.00	1	25.00	0.00	
B4.1.3	PHCs					

FMR Code	Activity	Unit Cost	Physical target	Amount proposed	Amount Approved	Remarks
	PHC Lambui and PHC Phungyar water supply system at the cost of Rs. 8 lacs each. • PHC Maphou of Senapati District drainage system @Rs.10 lakhs and fencing Rs. 15 lakhs.			41.00	0.00	
B4.1.4	Sub Centers					
	One toilet block for PHSC Molkom and PHSC Changangei.	2.50	2	5.00	0.00	
	PHSC Lilong Chajing(located at the place inhabited by different caste, it is propose to construct a brick fencing Brick fencing)	5.00	1	5.00	0.00	
B4.1.5	Others					
	Moreh SDH construction of boundary wall 20 L and drainage system 20 L			40.00		
B 4.2	Logistics management/ improvement					
B.4.3	Sub Centre Rent and Contingencies					
B.4.4	Logistics management/ improvement					
	Sub Total Hospital Strengthening			379.00	0.00	
B5	New Constructions/ Renovation and Setting up					Approval pended. State to rework the proposal with Gap analysis and case load of the facilities including manpower and delivery load.
B5.1	CHCs Upgrade PHC Chakpikarong CHC Moirang CHC Parbung		3	744.00	0.00	
B5.2	PHCs					
	PHCs Upgradation of PHSC to PHC (6). Sangaiyupham, Kwakta, Karong, Khonghampat, Bashikhong, and Lai.			1123.00	0.00	
B5.3	SHCs/Sub Centers	22.00	31	682.00	0.00	

FMR Code	Activity	Unit Cost	Physical target	Amount proposed	Amount Approved	Remarks
B5.4	Setting up Infrastructure wing for Civil works (new activity)			29.80	0.00	
B5.5	Govt. Dispensaries/ others renovations					
	The State has proposed Rs. 10 L for construction of septic tank for FW conference hall & construction of toilet complex for NRHM office Rs. 10 lakhs			20.00	0.00	
B5.6	Construction of BHO, Facility improvement, civil work, BemOC and CemOC centers					
B.5.7	Major civil works for operationalisation of FRUS			17.00	0.00	
B.5.8	Major civil works for operationalisation of 24 hour services at PHCs-		5	49.00	0.00	
B.5.9	Civil Works for Operationalise Infection Management & Environment Plan at health facilities					
B.5.10	Infrastructure of Training Institutions					
B.5.10.1	Strengthening of Existing Training Institutions/Nursing School (Other Than HR)-- Infrastructure & Equipments for GNM Schools and ANMTC					
B.5.10.2	New Training Institutions/Schools (Other than HR)					
	Sub total construction			2664.80	0.00	
B.6	Corpus Grants to HMS/RKS					

FMR Code	Activity	Unit Cost	Physical target	Amount proposed	Amount Approved	Remarks
B6.1	District Hospitals	5.00	7	40.00	28.06	Approved Rs 28.06 Lakhs as per actual expenditure in FY 2011-12 till 4rth quarter (80.16%) for 7 DH registrered as RKS as per MIS(31.12.11)
B6.2	CHCs	1.00	17	17.00	17.00	Approved Rs 17 Lakhs for 16 CHC and 1 SDH registrered as RKS as per MIS(31.12.11) Approved completely as 100% Utilisation.
B6.3	PHCs	1.00	79	79.00	73.00	Approved RS 73 Lakhs for 73 PHCs registered as RKS (MIS 31.12.11). Approved completely as 101.98%utilisatio n.
B6.4	Other or if not bifurcated as above					
	Sub Total RKS			136.00	118.06	
B7	District Action Plans (Including Block, Village)					
	District Action Plans (Including Block, Village) (2Lakhs for state, 1 lakh per district , 1 L & 1.50 L per block in valley & Hill district respectively.)		37 Blocks	60.50	60.50	Approved
	Sub Total District Action Plan			60.50	60.50	
B8	Panchayati Raj Initiative					
B8.1	Constitution and Orientation of Community leader & of VHSC,SHC,PHC,CHC etc					

FMR Code	Activity	Unit Cost	Physical target	Amount proposed	Amount Approved	Remarks
B8.2	Orientation Workshops, Trainings and capacity building of PRI at State/Dist. Health Societies, CHC,PHC.			18.95	18.95	Approved amount same as last year. Utilisation- 28.09%
B8.3	Others					
	Sub Total Panchayti Raj Initiative			18.95	18.95	
B9	Mainstreaming of AYUSH					
B9.1	Medical Officers at CHCs/PHCs only AYUSH					Approved Salary same as the last year for the existing staff. <u>Conditionality</u> - State to access the AYUSH OPD load. AYUSH Doctor should be involved in National Health Program, RKS Committe and Supportive supervision visits along with the pharacisits.AYU SH Doctors, Pharmacists team will go for School Health Program for 3 days in a week. State to ensure the capacity building of the AYUSH staff.
	SNO AYUSH(Monthly Honarium @Rs.26,500)	3.18	1	3.18	3.18	
	Specialist AYUSH Doctor(Monthly Honarium @Rs.26,500)	3.18	4	12.72	12.72	
	AYUSH Doctor(Monthly Honarium @Rs.24,000)	2.88	95	273.60	273.60	
	AYUSH Pharmacists(Monthly Honarium @Rs.7500)	0.90	101	90.90	90.90	
B9.2	Other staff Nurses and Supervisory Nurses (Only AYUSH)					
B9.3	Other Activities (Excluding HR)					
	M& E of AYUSH units	0.30	12	3.60	5.00	Approved Rs.5 Lakhs including 1 lakh for capacity building.
	Review meeting of AYUSH Doctors at state	0.05	4	0.20		
	Procurement of Computers for AYUSH Unit		2	1.05		

FMR Code	Activity	Unit Cost	Physical target	Amount proposed	Amount Approved	Remarks
	State level workshop on Mainstreaming of AYUSH under NRHM	2.50	2	5.00		
	IEC/BCC under NRHM for Mainstreaming of AYUSH (16.1)			31.80	10.00	Approved
	Sun Total Mainstreaming of AYUSH			422.05	395.40	
B10	IEC-BCC NRHM					
B.10	Strengthening of BCC/IEC Bureaus (State and district levels)			.	58.22	25% approved on interim basis. Final approval for the component of IEC/BCC is kept pending. The state is required to provide a comprehensive and integrated IEC/ BCC strategy which addresses all the components of NRHM including AYUSH. The State is also to specify proposed allocation of funds for IEC/BCC at State, District and Block level. The State is requested to provide the strategy at the earliest to facilitate timely approval and release of funds.
	Capacity building of State IEC/BCC Bureau on effective IEC/BCC strategy			1.00		
	State level review of the beaurus on quarterly basis @Rs20000 per quarter			0.80		
B.10.1	Development of State BCC/IEC strategy					
	Consultative workshop at the state level			0.50		
B.10.2	Implementation of BCC/IEC strategy					
B.10.2.1	BCC/IEC activities for MH			73.80		
B.10.2.2	BCC/IEC activities for CH			11.70		
B.10.2.3	BCC/IEC activities for FP					
	2 Workshops @ Rs. 10,000/- per Block (36 Block)			7.20		
	2 Workshops @ Rs. 10,000/- per District (9 District)			1.80		
B.10.2.4	BCC/IEC activities for ARSH			21.20		
B.10.2.5	Other activities (please specify)			35.65		
B.10.3	Health Mela			45.00		
B.10.4	Creating awareness on declining sex ratio issue(20 wall paintings (7*8) @ Rs 1960/- each @ Rs 35 per square feet)			3.53		

FMR Code	Activity	Unit Cost	Physical target	Amount proposed	Amount Approved	Remarks
B.10.5	Other activities					
	Comic strips for awareness through a leading newspaper			5.00		
	BCC/IEC under PNDT			25.69		
	Sub Total IEC/BCC			232.87	58.22	
B11	Mobile Medical Units (Including recurring expenditures)					
	Salary of Staff					
	Driver(Monthly @Rs. 5500)	0.66	18	11.88	180.54	Approved Rs 180.54 lakhs for existing MMUs . Salary approved same as the last year with no new staff. <u>Conditionality-</u> State to ensure every PHC area should have two trips of MMU per month with the involvement of AYUSH doctors. MMU utilisation must be reviewed on monthly basis. Manpower/ performance of MMU should be uploaded on web portal from this month.
	Lab Techs (Monthly@Rs.8500)	1.02	9	9.18		
	X-Ray Techs (Monthly@Rs.8500)	1.02	9	9.18		
	MBBS Doctor (Monthly@Rs.30000)	3.60	9	32.40		
	Ultra Sound Techs (Monthly@Rs.8500)	1.02	9	9.18		
	Staff Nurses (Monthly@Rs.9000)	1.08	9	9.72		
	Drugs	5.00	9	45.00		
	POL & Maintenance of MMU	3.00	9	27.00		
	Repairing & Maintenance of gadget	2.00	9	18.00		
	Misc Expenditure/Management Cost	1.00	9	9.00		
	Sub Total MMU			180.54	180.54	
B12	Referral Transport					
B12.1	Ambulance/ EMRI		43	1081.01	0.00	Approval Pended- The state may rework the proposal and include networking of all the ambulances, by fitting them with GPS & linking them with the call center with dial no.108
B12.2	Operating Cost (POL)					

FMR Code	Activity	Unit Cost	Physical target	Amount proposed	Amount Approved	Remarks
	Sub Total Referral transport			1081.01	0.00	
B13	PPP/ NGOs					
B13.1	Non governmental providers of health care RMPs/TBAs					
B13.2	Public Private Partnerships					
	Karuna Trust-Running 3 PHCs (Tousem, Patpuimun, Borobekha) in PPP model		3			
A	Personal Cost PHC Staff					
	Medical Officer	3.60	6	21.6	88.02	Approved. Salary same as the last year.(Rs. 58.02 Lakhs).Ongoing activity
	Pharmacist	1.44	3	4.32		
	Staff Nurses	1.44	6	8.64		
	Lab Techs	1.08	6	6.48		
	ANM	1.08	24	25.92		
B	Medicine & Health Care Consumables	4.70	3	14.1		
C	Maintenance , Furniture , Equipment	1.20		1.20		
D	Administrative Expenses	2.70	3	8.10		
E	Management. Monitoring & Supervision	2.00	3	6.00		
	Continuation of PPP With CHSRC for emergency Obstetric care, ukhrul district.					
	MBBS (Monthly@Rs.39700)	4.76	1	4.76	7.20	Approved. Salary same as the last year (Rs. 7.2 Lakhs). Ongoing Activity.
	Lab Techs (Monthly@Rs.10000)	1.20	2	2.40		
	ANM (Monthly @Rs.10000)	1.20	1	1.20		
	MHW(Monthly@Rs6000)	0.72	1	0.72		
	Driver(Monthly @Rs. 7100)	0.85	1	0.85		
	POL and Maintenance			2.00		
B13.3	NGO Programme/ Grant in Aid to NGO					
				108.29	95.22	
B14	Innovations (if any)					

FMR Code	Activity	Unit Cost	Physical target	Amount proposed	Amount Approved	Remarks
B15	Planning, Implementation and Monitoring					
B15.1	Community Monitoring (Visioning workshops at State, Dist, Block level)				10.00	Approved Rs.10 L, state to resend the detailed proposal.
B15.1.1	State level			13.20		
B15.1.2	District level	11.94	3	35.82		
B15.1.3	Block level					
B15.1.4	Other					
	Sub Total Community Monitoring			49.02	10.00	
B15.2	Quality Assurance					
	ISO certification of DH, Churachandpur District.			7.32	0.00	Not Approved this year. The existing ISO certification expires in 2014.
	Sub Total Quality Assurance			7.32	0.00	
B15.3	Monitoring and Evaluation					
B15.3.1	Monitoring & Evaluation / HMIS/ MCTS					
Strengthening of M&E/HMIS/ MCH Tracking						
	Salaries of M&E, MIS & HMIS Consultants					
B.15.3.1 a	Remuneration for 36 Data Assistant(MCTS) at blocks and 1(one) HMIS Assistant at State reflected in Program Management Cost					No budget has been provided under this head
B.15.3.1 b	Monitoring visit by the M&E team at the State level one time per month @ Rs.20,000/- per visit at state			2.4	21.3	Approved 25 % of the proposed amount for Monitoring Visits.Rs 21.3 Lakhs
B.15.3.1 c	Monitoring level at the Chairman, DC level for NRHM activities @ Rs 30,000 per month			32.4		
B.15.3.1 d	Monitoring per month @Rs.15,000/- per visit at 24 hill blocks			43.2		

FMR Code	Activity	Unit Cost	Physical target	Amount proposed	Amount Approved	Remarks
B.15.3.1 e	Monitoring per month@ Rs 5000 per month per visit at 12 valley blocks			7.2		
	Workshops/Training on M & E and MCTS					
B.15.3.1 h	2 times per annum @Rs.50,000/-per training at state			1	1	Approved
B.15.3.1 i	2 times per annum @Rs. 20,000/-per training at district level			3.6	3.6	Approved
B.15.3.1 j	2 times per annum @Rs. 20,000/-per training at block level			14.4	14.4	Approved
	M&E quality review meeting. (the review meeting shall encompass both physical and financial review)				-	
B.15.3.1 k	1 time per month @Rs.1,0000/-per month at state (Participants : District staffs)			1.2	1.2	Approved
B.15.3.1 l	1 time per month @Rs.5000 per month at district			5.4	5.4	Approved
B.15.3.1 m	1 time per month @Rs.3000 per month at block (Participants : Staffs at health facilities)			12.96	12.96	Approved
	Procurement of HW/SW and other equipments					
	Hardware/Software Procurement					
B.15.3.2 a	Internet connectivity Currently dependant on mobile data cards; Process initiated for connectivity of all block & district office from NIC through newly launched SWAN					

FMR Code	Activity	Unit Cost	Physical target	Amount proposed	Amount Approved	Remarks
B.15.3.2 b	Annual Maintenance for mobile data card Rental charge @Rs.1300/- per month for State, 9 Districts & 36 blocks for Internet data card			7.18	7.18	Approved
B.15.3.2 c	Operational Costs (consumables etc.)					
	Operationalising HMIS at Sub District level					
B.15.3.2 d	Review of existing registers – to make them compatible with National HMIS &MCTS 800 copies X 10 types of health facility registers @Rs. 200/- per register (printing to be done at state			16	16	Approved (Fresh Proposal)
	Operationalising MCH tracking				-	
B.15.3.2 e	Printing of MCTS cards for PW & child (English and Local dialects) Printing to be done at state			5	5	Approved
B.15.3.2 f	Capacity building of teams					
B.15.3.2 g	Ongoing review of MCH tracking activities					
B.15.3.2 h	Monitoring data collection and data quality					
B.15.3.2 i	Incentive for ASHAs under MCTS			36	0	Not Approved. State to submit detail proposal
B.15.3.3	Other IT initiative (Computerization HMIS, e-Health)					
B.15.3.3 a	Mobile recharging cost for ANMs/staff s posted at 500 health facilities @ Rs. 100/- per month per ANM/staff			0		

FMR Code	Activity	Unit Cost	Physical target	Amount proposed	Amount Approved	Remarks
B.15.3.3 b	Mobile recharging cost for 3878 ASHAs @Rs.1200/- per ASHA			0		
B.15.3.3 c	Overhead expenditure for printing of multi-coloured work-plans, reports etc. Generated from MCTC application at block office for regular dissemination to health facilities		-	0.45	0.45	Approved
B.15.3.3 d	Fast & reliable multi-coloured printer at all district & block HQ Rs. 20,000/- for 9 district & 36 blocks for colour printer			9	0	Not Approved
B.15.3.3 e	Operational cost for consumables items like printer cartridge & maintenance cost Rs. 20,000/- district & block for printer cartridge (colour) & maintenance			4.5	4.5	Approved
B15.3.2	Computerization HMIS and e-governance, e-health					
B15.3.3	Other M & E					
	Sub Total Monitoring and Evaluation			201.89	92.99	
B.16	PROCUREMENT					
B16.1	Procurement of Equipment					
B16.1.1	Procurement of equipment: MH					
	RTI/STI:89 Refrigerator @ Rs 5000 and 89 Centrifuge @ Rs 30000 = Rs 27.05			27.05	27.05	Approved

FMR Code	Activity	Unit Cost	Physical target	Amount proposed	Amount Approved	Remarks
	CHC Jiribam : Ventouse Suction Machine (Rs.0.40 lacs), Shadowless lamp (Rs. 0.35 lacs), one resuscitation kit (Rs.0.40) for= Rs. 1.15 L			1.15	1.15	Approved
	PHC Oinam: Ventouse Suction Machine (Rs.0.40 lacs) and one diesel generator (3.00 lacs) 5KVA .Rs. 3L			3.00	3.00	Approved
	DH Tamenglong:ultrasound machine for implementing JSSK scheme			8.00	8.00	Approved
	Setting up Blood Bank DH, Thoubal:			50.00	0.00	Not Approved. NACO supported activity. Not funded under NRHM.
	Hospitals Equipments & Instruments for CHCs, PHCs & Sub Centres			207.58	0.00	Approval pended. State to rework the proposal with facility wise analysis.
B16.1.2	Procurement of equipment: CH					
B16.1.3	Procurement of equipment: FP					
	NSV Kit (20 @ Rs 300)		20	0.06	0.06	Approved
	IUD insertion Kit (200 @ Rs 700)		200	1.40	1.40	Approved
	Laparoscopes (3 @ R3 L)	3.00	3	9.00	3.00	Approved
B16.1.4	Procurement of equipment: IMEP					
B16.1.5	Procurement of Others (Oxygen cylinder filling station) (New Activity)					
	Oxygen filling station unit (4 unit @Rs 20.60 L)	20.60	4	82.40	20.60	Approved only for Churchandpur District.

FMR Code	Activity	Unit Cost	Physical target	Amount proposed	Amount Approved	Remarks
	Portable oxygen concentrators(6 unit @ Rs 0.60 L)	0.60	6	3.6	3.60	Approved. Portable oxygen concentrators for 3 DHs- Chandel, Tamenglong and Ukhrul can be approved.
	Other accessories- Humidifier(6 unit @ Rs 0.10 L)	0.10	6	0.6	0.20	
	Procurement of equipments for School health			11.55	11.55	Approved.
	Sub Total: Procurement of Equipments			405.39	79.61	
B.16.2	Procurement of Drugs and supplies					
B.16.2.1	Drugs & supplies for MH					
	RTI/STI diagnostic kits		11406	27.71	27.69	Approved for Rs27.2 lakhs to purchase 10583 color coded kits 1-7 and Rs 0.49 lakhs to purchase 823 RPR test kits @ Rs 60/-
	Whole Blood finger prick test	25.00	15704	3.93	3.93	Approved
	Procurement of drugs and drug kits for School health programs	3900.00	717	27.97	27.97	Approved
B.16.2.2	Drugs & supplies for CH					
B.16.2.3	Drugs & supplies for FP					
B.16.2.4	Supplies for IMEP					
B.16.2.5	General drugs & supplies for health facilities			170.00	0.00	Approval Pended. State to rework on the proposal. State to prepare EDL and Drug list.
	Common essential medicines (DH/SDH/CHC/SC) 181 medicine list					
	Medicine for secondary and tertiary health facilities:106 medicine list					
	Medicine for Tertiary level FRU & above health FacilityL:61 medicine list					
	Others (RTI/STI/ASHA/Child Health/JSSK etc)					

FMR Code	Activity	Unit Cost	Physical target	Amount proposed	Amount Approved	Remarks
	Procurement of Drugs & Supplies for WIFS					
	IFA procurement (including 20% buffer Stock)	0.10	313693	27.40	27.40	Approved
	Albendazol (including 10% buffer Stock)	0.80	313693	7.72	7.72	Approved
	Sub Total Procurement of Drugs & supplies			264.73	94.71	
B.17	Regional drugs warehouses					
	Regional drugs warehouses			445.00	0.00	Approval pended. State to rework the proposal
	Sub Total Regional Drug Warehouse			445.00	0.00	
B.18	New Initiatives					
	Biometric attendance monitoring			48.64	0.00	Approved.
	Awareness through colourful umbrella/umbrella scheme			101.86	0.00	Not Approved.
	Sub Total New Initiatives/ Strategic Interventions			150.50	0.00	
B.19	Health Insurance Scheme					
B.20	Research, Studies, Analysis					
	IMR/MMR study			50.00	50.00	Approved. Study to be done in consultation with NE-RRC
	Analysis of impact of BCC/IEC on community			5.00	0.00	Not Approved
	Sub group Research Studies analysis			55.00	50.00	
B.21	State level health resources centre(SHSRC)					
B22	Support Services					
B22.1	Support Strengthening NPCB					

FMR Code	Activity	Unit Cost	Physical target	Amount proposed	Amount Approved	Remarks
B22.2	Support Strengthening Midwifery Services under medical services					
B22.3	Support Strengthening NVBDCP					
B22.4	Support Strengthening RNTCP					
B22.5	Contingency support to Govt. dispensaries					
B22.6	Other NDCP Support Programmes			14.50	0.00	No detail given . No budget proposed.
B.23	Other Expenditures (Power Backup, Convergence etc)					
				8294.76	1957.18	

Manipur Immunization Approval 2012-13						
FMR Code	Activities(As proposed by the State)	Unit Cost (wherever applicable)	Physical Target	Amount Proposed	Amount Approved	Remarks
C.1	RI Strengthening Project (Review meeting, Mobility Support, Outreach services etc					
c.1.a	Mobility Support for supervision for district level officers.	Rs.50000/ Year /district level officers.		4.50	4.50	
c.1.b	Mobility support for supervision at state level	Rs. 100000 per year.		1.00	1.00	
c.1.c	Printing and dissemination of Immunization cards, tally sheets, monitoring forms etc.	Rs. 5 beneficiaries		5.00	4.66	
c.1.d	Support for Quarterly State level review meetings of district officer			3.00	1.35	
c.1.e	Quarterly review meetings exclusive for RI at district level with one Block Mos, CDPO, and other stake holders			10.00	1.60	
c.1.f	Quarterly review meetings exclusive for RI at block level			9.00	9.00	
c.1.g	Focus on slum & underserved areas in urban areas/alternative vaccinator for slums			1.50	1.50	
c.1.h	Mobilization of children through ASHA or other mobilizers	Rs. 150 per session		15.37	15.37	
c.1.i	Alternative vaccine delivery in hard to reach areas	Rs. 100 per session		15.00	15.00	
c.1.j	Alternative Vaccine Delivery in other areas	Rs. 50 per session		0.00	0.00	

c.1.k	To develop microplan at sub-centre level	@ Rs 100/- per subcentre		0.50	0.42	
c.1.l	For consolidation of microplans at block level	Rs. 1000 per block/ PHC and Rs. 2000 per district		1.10	1.10	
c.1.m	POL for vaccine delivery from State to district and from district to PHC/CHCs	Rs100,000/ district/year		9.00	9.00	
c.1.n	Consumables for computer including provision for internet access for RIMs	@ 400/ - month/ district		0.45	0.43	
c.1.o	Red/Black plastic bags etc.	Rs. 2/bags/session		0.42	0.42	
c.1.p	Hub Cutter/Bleach/Hypochlorite solution/ Twin bucket	Rs. 900 per PHC/CHCper year		0.90	0.90	
c.1.q	Safety Pits					
c.1.r	State specific requirement			3.00	0.00	
C.1-Sub Total				79.74	66.25	
C.2	Salary of Contractual Staffs -Sub Total					
c.2.a	Computer Assistants support for State level	Rs.12000-15000 per person per month		1.36	1.36	
c.2.b	Computer Assistants support for District level	8000-10000 per person per month		12.21	10.80	
C.2-Sub Total				13.57	12.16	
C.3	Training under Immunization					

c.3.a	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 Mid Wives, BEEs & other staff (as per RCH norms)			5.00	5.00	
c.3.b	Three day training including Hep B, Measles & JE(wherever required) of Medical Officers of RI using revised MO training module)			4.00	4.00	
c.3.c	One day refresher training of district Computer assistants on RIMS/HIMS and immunization formats			0.30	0.20	
c.3.d	One day cold chain handlers training for block level cold chain handlers by State and district cold chain officers			3.00	3.00	
c.3.e	One day training of block level data handlers by DIOs and District cold chain officer			0.80	0.80	
C.3-Sub Total				13.10	13.00	
C.4	Cold chain maintenance	Rs.500/PHC/CHCs per year District Rs.10000/year		1.00	1.00	
C.5	ASHA incentive for full Immunization					It has been noted that Rs 60.43 lakhs is projected under B.1.1.3 under 'Other incentives to ASHAs which as per the state's write up includes ASHA incentive for full immunization

						@200. However incentive for full immunization is to be factored under Part C (C.5) and if factored it is to be provided as per norms i.e. Rs 100 per child fully immunized in 1st year and Rs 50 per child for ensuring complete immunization upto 2nd year of age
	Total			107.41	92.41	
C.6	Pulse Polio Operational Cost (Tentative)				127.55	
	Total			107.41	219.96	
	There is provisioning of Pulse Polio Operational Cost (Tentative)					

NATIONAL IODINE DEFICIENCY DISORDERS CONTROL PROGRAMME (NIDDCP)

NIDDCP						
FMR Code	Activity	Unit cost	Physical target	Amount Proposed (in lakhs)	Amount Approved(in lakhs)	Remarks
D	IDD					
D.1	Establishment of IDD Control Cell-		Implementation & monitoring of the programme	7.00	13.00	Filling up of sanctioned vacant posts i.e Technical Officer on regular/contract basis on priority. State Government may conduct and co-ordinate approved programme activities and furnish quarterly financial & physical achievements as per prescribed format.
D.1.a	Technical Officer	1				
D.1.b	Statistical Assistant	1				
D.1.c	LDC Typist	1				

	NIDDCP					
FMR Code	Activity	Unit cost	Physical target	Amount Proposed (in lakhs)	Amount Approved(in lakhs)	Remarks
D.2	Establishment of IDD Monitoring Lab-		Monitoring of district level iodine content of salt and urinary iodine excretion as per Policy Guidelines.	4.00	7.00	The vacant sanctioned posts of Lab Technician & Lab Asst. should be filled on regular/contract basis on priority. State Government may conduct quantitative analysis of salt & urine as per NIDDCP Guidelines and furnish monthly /quarterly statements.
D.2.a	Lab Technician	1				
D.2.b	Lab. Assistant	1				
D.3	Health Education and Publicity	Rs. 50,000 per district	Increased awareness about IDD and iodated salt.	25.00*	20.00	IDD publicity activities including Global IDD Day celebrations at various level.
D.4	IDD survey/resurveys		2 districts	4.50	1.00	State. Govt. may under take 6 districts IDD survey as per guidelines and furnish

	NIDDCP					
FMR Code	Activity	Unit cost	Physical target	Amount Proposed (in lakhs)	Amount Approved(in lakhs)	Remarks
						report.
D.5	Salt Testing Kits supplies by GOI inform of kind grant for 21 endemic districts	12 STK per annum per ASHA	Creating iodated salt demand and monitoring of the same at the community level.			State Govt. to monitor the qualitative analysis of iodated salt by STK through ASHA in 8 endemic districts i.e. Bishnupur, Chandel, Churgandhpur , Imphal, Senapati, Tamenglong, Thoubal and Ukhrul.
D.6	ASHA Incentive	Rs. 25/- per month for testing 50 salt samples / month	50 salt samples per month per ASHA in 21 endemic districts		11.63	
TOTAL				40.50	52.63	

INTEGRATED DISEASE SURVEILLANCE PROGRAMME (IDSP)

FMR Code	Activity	Unit Cost (where-ever applicable)	Amount Proposed (Rs. in lakhs)	Amount Approved (Rs in lakhs)	Remarks
E.1	Operational Cost				
	Field Visits	Rs 2,40,000 per District Surveillance Unit per annum Rs 5,00,000 State Surveillance Unit per annum	26.60	26.6 (5.0x1+2.40x9)	
	Office Expenses				
	Broad Band expenses				
	Outbreak investigations including Collection and Transport of samples				
	Review Meetings etc				
	Any other				
	Sub Total		26.60	26.6	
*	Laboratory Support				
	District Priority Lab	Rs. 4,00,000 per district priority lab per annum	4.0(4.0x1)	4.0	
	Referral Network Lab	Rs. 5,00,000 per referral lab per annum	4,99,300(4,99,300x1)	5.0	
	Newly identified labs	Rs. 2,00,000 per referral lab per annum			
	Sub Total		8,99,300	9.0	
E.2	Human Resources				
E.2.1	Remuneration of Epidemiologists	Rs.25,000 - Rs. 40,000/ per month	45,36,000 (37,800 x10x12)	37.42 (37,800 x3x 12+37,800 x7x 9)	The remunerations for vacant positions are
E.2.2	Remuneration of Microbiologists	Rs. 25,000 - Rs. 40,000 (Medical Graduates) Rs. 15,000 - Rs. 25,000 (Others)	7,72,800 (32,200 x2x12)	5.80 (32,200 x2x9)	
E.2.3	Remuneration of Entomologists	Rs. 15,000 - Rs. 25,000	2,83,200 (23,6000 x 1 x 12)	2.12 (23,600 x 1 x 9)	
	Veterinary Consultant	Rs. 25,000 - Rs.40,000	3,86,400 (32,200 x1x12)	0.00	
E.3	Consultant-Finance/ Procurement	Rs. 14,000	1.68 (14400 x 1 x 12)	1.26 (14000 x 1 x 9)	

FMR Code	Activity	Unit Cost (where-ever applicable)	Amount Proposed (Rs. in lakhs)	Amount Approved (Rs in lakhs)	Remarks
E.3.1	Consultant-Training/ Technical	Rs. 28,000	3,36,000 (28,000 x 1 x 12)	2.52 (28000 x 1 x 9)	calculated for 9 months.
E.3.2	Data Manager	Rs. 14,000 (State) Rs. 13,500 (District)	16.26	16.26 (14,000 x 1 x 12 + 13500x9x12)	
E.3.3	Data Entry Operator	Rs. 8,500	12.24	12.24 (8,500 x12 x 12)	
	Sub Total		93.32	77.62	
E.8	Training	As per NRHM Guidelines			
	One day training of Hospital Doctors		2.80	2.80	
	One day training of Hospital Pharmacist / Nurses		1.32	1.32	
	One day training of Medical College Doctors		0.4	0.4	
	One day training for Data Entry and analysis for Block Health Team		1.32	1.32	
	One day training of DM & DEO		.33	.33	
	Sub Total		6.17	6.17	
	Total		135.08	119.39	

Comments

- The following heads will be approved once approval from EFC is obtained.
 - Remuneration of Veterinary Consultant @ Rs. 25,000 - Rs.40, 000
- Based on past trend, Rs. **60** lakhs has been approved for Manipur under IDSP for 2012-13. However, if there is increase in expenditure by State as per IDSP approved norm, the budget for State could be increased at RE stage

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDP)

FMR Code	Component (Sub-Component)	Unit Cost (wherever applicable)	Physical target/ Deliverables	Amount Proposed	Amount Approved	Remarks
F.1	DBS (Domestic Budget Support)					
F.1.1	Malaria					
F.1.1.a	Contractual Payments					
F.1.1.a.i	Human Resource including MPW contractual			0.00	20.00	
F.1.1.a.ii	Lab Technicians (against vacancy)					
F.1.1.a.iii	VBD Technical Supervisor (one for each block)					
F.1.1.a.iv	District VBD Consultant (one per district) (Non-Project States)					
F.1.1.a.v	State Consultant (Non – Project States) - M& E Consultant (Medical Graduate with PH qualification) - VBD Consultant (preferably entomologist)					
F.1.1.b	ASHA Incentive			4.00	10.00	ASHA to be involve for improving surveillance
F.1.1.c	Operational Cost					
F.1.1.c.i	Spray Wages			33.84	100.00	The ammount includes 100% operational cost
F.1.1.c.ii	Operational cost for IRS					
F.1.1.c.iii	Impregnation of Bed nets- for NE states			20.00		
F.1.1.d	Monitoring , Evaluation & Supervision &			50.00	15.00	

FMR Code	Component (Sub-Component)	Unit Cost (wherever applicable)	Physical target/ Deliverables	Amount Proposed	Amount Approved	Remarks
	Epidemic Preparedness including mobility					
F.1.1.e	IEC/BCC			24.00	8.00	
F.1.1.f	PPP / NGO and Intersectoral Convergence					
F.1.1.g	Training / Capacity Building			50.00	8.00	
F.1.1.h	Zonal Entomological units					
F.1.1.i	Biological and Environmental Management through VHSC					
F.1.1.j	Larvivorous Fish support					
F.1.1.k	Construction and maintenance of Hatcheries					
F.1.1.l	Any other Activities (Pl. specify)					
	Total Malaria (DBS)			181.84	161.00	
F.1.2	Dengue & Chikungunya					
F.1.2.a	Strengthening surveillance (As per GOI approval)					
F.1.2.a(i)	● Apex Referral Labs recurrent					
F.1.2.a(i)	● Sentinel surveillance Hospital recurrent			3.00	2.00	In view of risk of Dengue and Chikungunya, the state has to plan the activity as per national guidelines on mid term plan and utilize the funds for the activities indicated
F.1.2.a(ii)	ELISA facility to Sentinel Surv Labs			0.00	5.00	
F.1.2.b	Test kits (Nos.) to be supplied by GoI (kindly indicate numbers of ELISA based NS1 kit and Mac ELISA Kits required separately)					
F.1.2.c	Monitoring/Supervision and Rapid			0.50	4.00	

FMR Code	Component (Sub-Component)	Unit Cost (wherever applicable)	Physical target/ Deliverables	Amount Proposed	Amount Approved	Remarks
	Response					
F.1.2.d	Epidemic Preparedness			1.50	2.00	
F.1.2.e	Case management			0.00	2.00	
F.1.2.f	Vector Control & environmental management			0.00	5.00	
F.1.2.g	IEC BCC for Social Mobilization			2.00	8.00	
F.1.2.h	Inter-sectoral convergence			0.00		
F.1.2.i	Training including Operational Research			1.00	5.00	this ammount included Training, Printing of mannuals, guidelines and formats also.
	Total Dengue/Chikungunya			8.00	33.00	
F.1.3	Acute Encephalitis Syndrome (AES)/ Japanese Encephalitis (JE)					
F.1.3.a	Strengthening of Sentinel sites which will include Diagnostics and Case Management, supply of kits by GoI			3.00	3.00	
F.1.3.b	IEC/BCC specific to J.E. in endemic areas			1.00	1.00	
F.1.3.c	Capacity Building			1.00	2.00	including training materials
F.1.3.d	Monitoring and supervision			3.00	3.00	
F.1.3.e	Procurement of Insecticides (Technical Malathion)			0.00	5.00	start focal spraying of houses in condition of occurance of JE cases in the community.
F.1.3.f	Fogging Machine					

FMR Code	Component (Sub-Component)	Unit Cost (wherever applicable)	Physical target/ Deliverables	Amount Proposed	Amount Approved	Remarks
F.1.3.g	Operational costs for malathion fogging					
F.1.3.h	Operational Research					
F.1.3.i	Rehabilitation Setup for selected endemic districts					
F.1.3.j	ICU Establishment in endemic districts					
F.1.3.k	ASHA Insentivization for sensitizing community					
F.1.3.l	Other Charges for Training /Workshop Meeting & payment to NIV towards JE kits at Head Quarter					
	Total AES/JE			8.00	14.00	
F.1.4	Lymphatic Filariasis	NA		NA	NA	
F.1.4.a	State Task Force, State Technical Advisory Committee meeting, printing of forms/registers, mobility support, district coordination meeting, sensitization of media etc., morbidity management, monitoring & supervision, mobility support for Rapid Response Team and contingency support			Not Applicable		
F.1.4.b	Monitoring by Microfilaria Survey					

FMR Code	Component (Sub-Component)	Unit Cost (wherever applicable)	Physical target/ Deliverables	Amount Proposed	Amount Approved	Remarks
F.1.4.c	Post MDA assessment by medical colleges (Govt. & private)/ICMR institutions					
F.1.4.d	Training/sensitization of district level officers on ELF and drug distributors including peripheral health workers					
F.1.4.e	Specific IEC/BCC at state,district, PHC, Sub-centre and village level including VHSC/GKs for community mobilization efforts to realize the desired drug compliance of 85% during MDA					
F.1.4.f	Honorarium for Drug Distribution including ASHAs and supervisors involved in MDA					
F.1.4.g	Verification and validation for stoppage of MDA in LF endemic districts					
F.1.4.g.i	a) Additional MF Survey					
F.1.4.g.ii	b) ICT Survey					
F.1.4.g.iii	c) ICT Cost					
F.1.4.h	Verification of LF endemicity in non-endemic districts					
F.1.4.h.i	a) LY & Hy Survey					
F.1.4.h.ii	b) Mf Survey in Non- endemic distt					
F.1.4.h.iii	c) ICT survey					

FMR Code	Component (Sub-Component)	Unit Cost (wherever applicable)	Physical target/ Deliverables	Amount Proposed	Amount Approved	Remarks
ii						
F.1.4.i	Post-MDA surveillance					
	Total Lymphatic Filariasis			0.00	0.00	
F.1.5	Kala-azar	NA			NA	
F.1.5	Case search/ Camp Approach			Not Applicable		
F.1.5.a	Spray Pumps & accessories					
F.1.5.b	Operational cost for spray including spray wages					
F.1.5.c	Mobility/POL/supervision					
F.1.5.d	Monitoring & Evaluation					
F.1.5.e	Training for spraying					
F.1.5.f	IEC/ BCC/ Advocacy					
	Total Kala-azar			0.00	0.00	
	Total (DBS)			197.84	208.00	
F.2	Externally aided component					
F.2.a	World Bank support for Malaria (Identified state)					
F.2.b	Human Resource					
F.2.c	Training /Capacity building					
F.2.d	Mobility support for Monitoring Supervision & Evaluation including printing of format & review meetings, Reporting format (for printing formats)					
	Kala-azar World Bank assisted Project					
F.2.e	Human resource					

FMR Code	Component (Sub-Component)	Unit Cost (wherever applicable)	Physical target/ Deliverables	Amount Proposed	Amount Approved	Remarks
F.2.f	Capacity building					
F.2.g	Mobility					
F.3	GFATM support for Malaria (NE states)					
F.3.a	Project Management Unit including human resource of N.E. states			123.00	100	
F.3.b	Training/Capacity Building			5.00	5.00	
F.3.c	Planning and Administration(Office expenses recurring expenses, Office automation , printing and stationary for running of project)			153.00	90.00	
F.3.d	Monitoring Supervision (supervisory visits including travel expenses, etc) including printing of format and review meetings,			250.00	100.00	
F.3.e	IEC / BCC activities as per the project			0.00	20.00	
F.3.f	Operational cost for treatment of bednet and Infrastructure and Other Equipment (Computer Laptops, printers, Motor cycles for MTS)			5.00	5.00	
	Total : EAC component			536.00	320.00	state resources can be utilized for additional expenditure
F.4	Any Other Items (Please Specify)			0.00	0.00	

FMR Code	Component (Sub-Component)	Unit Cost (wherever applicable)	Physical target/ Deliverables	Amount Proposed	Amount Approved	Remarks
F.5	Operational costs (mobility, Review Meeting, communication, formats & reports)			0.00	0.00	
	Grand total for cash assistance under NVBDCP (DBS + EAC)			733.84	528.00	
F.6	Cash grant for decentralized commodities					
F.6.a	Chloroquine phosphate tablets			4.00	20.00	
F.6.b	Primaquine tablets 2.5 mg			0.00		
F.6.c	Primaquine tablets 7.5 mg			12.00		
F.6.d	Quinine sulphate tablets			2.00		
F.6.e	Quinine Injections			1.00		
F.6.f	DEC 100 mg tablet					
F.6.g	Albendazole 400 mg tablets					
F.6.h	Dengue NS1 antigen kit			0.00		
F.6.i	Temephos, Bti (AS) / Bti (wp) (for polluted & non polluted water)			20.00		
F.6.j	Pyrethrum extract 2% for spare spray					
F.6.k	ACT (For Non Project states)			0.00		
F.6.l	RDT Malaria – bi-valent (For Non Project states)			0.00		
F.6.m	Any Other Items (Please Specify)					
	Synthetic pyrethroid (Insecticide)			20.00	0.00	Not approved as DDT is supplied by GoI
	PCM tablets			1.00	0.00	not included in decentralized commodity may be met from

FMR Code	Component (Sub-Component)	Unit Cost (wherever applicable)	Physical target/ Deliverables	Amount Proposed	Amount Approved	Remarks
						state/Hospital Drug
	Total grant for decentralized commodities			60.00	20.00	
	Grand Total for grant-in-aid under NVBDCP			793.84	548.00	
	Commodity to be supplied by NVBDCP			0.00	250.00	
	Total NVBDCP Cash + Commodity			793.84	798.00	
	Cash assistance required under NRHM flexi fund					
	Componets			Ammount Proposed	Ammount Approved	Remarks
	ACT and RDT				0	25% buffer stock of ACT and RDT is reuired to be procured from NRHM additionality as per MOHFW order No.T.14014/2/20 10-VBD dated 21.03.11.
	Total (Flexi funds)				0	

NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)

FMR Code	Activity proposed		Unit Cost (In Rupees)	Physical Targets	Amount proposed	Amount approved	Remarks
G 1.	Improved early case detection						
G 1.1	Incentive to ASHA	MB	500	10	0.05	0.05	
		PB	300	10	0.03	0.03	
G1.1 a	Sensitization of ASHA		50	1200	1.20	0.60	
G 1.2	Specific -plan for High Endemic Distrcts		-	-	-	-	
G 2	Improved case management						
G 2.1	DPMR Services, (MCR footwear, Aids and appliances, Welfare allowance to BPL patients for RCS, Support to govt. institutions for RCS)		MCR - 250/- Aids/Appliance - 12500 Welfare /RCS - 10,000	200 9 distt 10	0.50 1.80 1.00	0.50 1.12 1.00	
G 2.2	Urban Leprosy Control, (Mega city - 0 , Medium city (1) -3 , Med. City (2)- 1 Township -19)		Meg - 280000 Med (1)- 120000 Med. (2) - 236000 Town - 57000	0 1 0 0	0 0.50 0 0	0 0.50 0 0	
G 2.3	Material & Supplies						
G 2.3 a	Supportive drugs, lab. reagents & equipments and printing works		52,000	9	2.74	2.74	
G 2.4	NGO - SET Scheme		500000	-	-	-	
G 3	Stigma Reduced						
G 3.1	Mass media, Outdoor media, Rural media, Advocacy media		50,000	9	13.50	4.50	
G 4.	Development of Leprosy Expertise sustained						As NLEP rates are very low, higher rates agreed in keeping with
G 4.1	Training of new MO		60000	-	-	-	
G 4.2	Refresher training of		40000	150	2.00	2.00	

FMR Code	Activity proposed		Unit Cost (In Rupees)	Physical Targets	Amount proposed	Amount approved	Remarks
	MO						other programmes
G 4.3	Training to New H.S/H.W.		30000	600	6.00	6.00	
G 4.4	Other training - Physiotherapist		30000	-	-	-	
G 4.5	Training to Lab. Tech.		30000	-	-	-	
G 4.6	Management training for District Nucleus Team		30000	60	2.16	0.60	
G 5.	Monitoring, Supervision and Evaluation System improved						
G 5.1	Travel Cost and Review Meeting						
G 5.1 a	travel expenses - Contractual Staff at State level		30000	1	0.60	0.30	
G 5.1 b	travel expenses - Contractual Staff at District level		15000	9	0.90	0.90	
G 5.1 c	Review meetings		15000	4	0.80	0.60	
G 5.2	Office Operation & Maintenance						
G 5.2 a	Office operation - State Cell		38000	1	0.50	0.38	
G 5.2 b	Office operation - District Cell		18000	9	0.81	0.81	
G 5.2 c	Office equipment maint. State		30000	1	0.50	0.30	
G 5.3	Consumables						
G 5.3 a	State Cell		28000	1	0.50	0.28	
G 5.3 b	District Cell		14000	9	1.35	1.26	
G 5.4	Vehicle Hiring and POL						
G 5.4 a	State Cell		85000	2	1.80	1.70	
G 5.4 b	District Cell		75000	9	8.10	6.75	
G 6.	Programme Management ensured						
G 6.1	Contractual Staff at State level						
G 6.1 a	SMO	1	40000	x12	2.40	2.40	
G 6.1 b	BFO cum Admn. Officer	1	30000	x12	1.44	1.44	
G 6.1 c	Admn. Asstt.	1	16000	x12	1.20	1.20	

FMR Code	Activity proposed		Unit Cost (In Rupees)	Physical Targets	Amount proposed	Amount approved	Remarks
G 6.1 d	DEO	1	12000	x12	0.96	0.96	
G 6.1 e	Driver	1	11000	-	-	-	
G 6.2	Contractual Staff at Disrrict level						
G 6.2 a	Driver	7	11000	x12	5.88	5.88	
G 6.2 b	Contractual Staff in selected States, NMS		20000	-	-	-	
G 7.	Others						
G 7.1	Travel expenses for regular staff for specific programme / training need, awards etc						
	TOTAL			-	-	0.75	Added as essential reuirement
	TOTAL				59.22	45.55	

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS (NPCB)

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS GRANT-IN-AID TO STATES/UTS FOR VARIOUS		PHYSICAL TARGET	FUNDS REQUESTED	FUNDS APPROVED AS PER GUIDELINES	REMARKS
SL.NO.					
H	*Recurring Grant-in aid				
H 1.1	For Free Cataract Operation @ Rs.750/- per case	5300	106.00	39.75	Approved for 5300 cases
H 1.2	Other Eye Diseases@ Rs.1000/-		2.00	2.00	Approved
H 1.3	School Eye Screening Programme@ Rs.200/- per case	70000	8.00	8.00	Approved
H 1.4	Blindness Survey				
H 1.5	Private Practitioners @as per NGO norms				
H 1.6	Management of State Health Society and Distt. Health Society Remuneration (salary , review meeting, hiring of vehicle and Other Activities & Contingency) @ Rs.14 lakh/ Rs.7 lakh depending on the size of state		27.00	7.00	Approved
H 1.7	Recurring GIA to Eye Donation Centers @ Rs.1000/- per pair		1.10	1.10	Approved
H 1.8	Eye Ball Collection by Eye Bank @ Rs.1500/- per pair		0	0	
H 1.9	Training PMOA and MIS training	MO TRG.,PMOA , Ophth nurse, ASHS/HW Trg. & Teacher	11.10	10.00	Approved for PMOA and MIS training for 1time
H 1.10	IEC, Eye Donation Fortnight, World Sight Day &		49.00	11.00	Approved for 1 lac

	awareness programme in state & districts etc				per distt and 2 lac for state
H 1.11	Procurement of Ophthalmic Equipment		80.00	54.10	Approved
H 1.12	Maintenance of Ophthalmic Equipments		0.00	0.00	
H.2	Non- Recurring Grant-in-aid				
H.2.1	For RIO (new) @ Rs.60 lakh		0.00	0.00	
H.2.2	For Medical College@ Rs.40 lakh		0.00	0.00	
H.2.3	For vision Centre @ Rs.50000/-	10	5.00	5.00	Approved for 10 vision centre
H.2.4	For Eye Bank @ Rs.15 lakh	2	30.00	15.00	Approved for 1 Eye Bank in Govt. Hospital
H.2.5	For Eye Donation Centre @ Rs.1 lakh	2	2.00	2.00	Approved for 2 EDC
H.2.6	For NGOs @ Rs.30 lakh	2	60.00	30.00	Approved for 1 NGO
H.2.7	For Eye Wards and Eye OTS @ Rs.75 lakh	3	225.00	75.00	Approved for 1 Eye Ward & Eye OT
H.2.8	For Mobile Ophthalmic Units with tele-network @ Rs.60 lakh	1	60.00	60.00	Approved for 1 tele network
H.2.9	Grant-in-aid for strengthening of Distt. Hospitals @ Rs.20 lakh	1	20.00	20.00	Approved for 1 Distt. Hospital
H.2.10	Grant-in-aid for strengthening of Sub Divisional. Hospitals@ Rs.5 lakh		0	0	
H.3	Contractual Man Power				

H.3.1	Ophthalmic Surgeon@ Rs.25000/- p.m		26.08	18.00	Approved
H.3.2	Ophthalmic Assistant @ Rs.8000/- p.m				Approved
H.3.3	Eye Donation Counsellors @ Rs.10000/- p.m.				
	Total		712.28	357.95	

*** The unutilized funds in any of the above said recurring components may be used in any other recurring component.**

REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP)

FMR Code	Activity	Unit cost (wherever applicable)	Physical target/expected output	Proposed amount (in Lakhs)	Approved amount (in Lakhs)	Remarks
I.1	Civil works	As per Revised Norms and Basis of Costing for RNTCP	1) Civil work Up gradation and maintenance completed as planned; 2) Funds in the head utilized against the approved amount	9.475	5.81	Approved the proposal for up gradation of one DTC. Approved as per the norm.
I.2	Laboratory materials	As per Revised Norms and Basis of Costing for RNTCP	1) Sputum of TB Suspects Examined per lac population per quarter; 2) All districts subjected to IRL On Site Evaluation and Panel Testing in the year; 3) IRLs accredited and functioning optimally; 4) Funds in the head utilized against the approved amount	10.6	7.00	Approved as per the norm.
I.3	Honorarium	As per Revised Norms and Basis of Costing for	1) All eligible Community DOT Providers are paid honorarium in	16.00	15.00	Approved as per the norm.

FMR Code	Activity	Unit cost (wherever applicable)	Physical target/expected output	Proposed amount (in Lakhs)	Approved amount (in Lakhs)	Remarks
		RNTCP	all districts in the FY; 2) Funds in the head utilized against the approved amount			
I.4	IEC/ Publicity	As per Revised Norms and Basis of Costing for RNTCP	1) All IEC/ACSM activities proposed in PIP completed; 2) Increase in case detection and improved case holding; 3) Funds in the head utilized against approved amount	21.02	15.00	Approved as per the norm.
I.5	Equipment maintenance	As per Revised Norms and Basis of Costing for RNTCP	1) Maintenance of Office Equipments at State/Districts and IRL equipments completed as planned; 2) All BMs are in functional condition; 3) Funds in the head utilized against approved amount	17.5	14.03	Approved as per the norm.

FMR Code	Activity	Unit cost (wherever applicable)	Physical target/expected output	Proposed amount (in Lakhs)	Approved amount (in Lakhs)	Remarks
I.6	Training	As per Revised Norms and Basis of Costing for RNTCP	1) Induction training, Update and Re-training of all cadre of staff completed as planned; 2) Funds in the head utilized against approved amount	43.59	40.00	Approved as per the norm.
I.7	Vehicle maintenance	As per Revised Norms and Basis of Costing for RNTCP	1) All 4 wheelers and 2 wheelers in the state are in running condition and maintained; 2) Funds in the head utilized against approved amount	45.65	15.25	Approved as per the norm.
I.8	Vehicle hiring	As per Revised Norms and Basis of Costing for RNTCP	1) Increase in supervisory visit of DTOs and MOTCs; 2) Increase in case detection and improved case holding; 3) Funds in the head utilized against approved amount	15.38	10.00	Approved as per the norm.

FMR Code	Activity	Unit cost (wherever applicable)	Physical target/expected output	Proposed amount (in Lakhs)	Approved amount (in Lakhs)	Remarks
I.9	NGO/PP support	As per Revised Norms and Basis of Costing for RNTCP	1) Increase in number of NGOs/PPs involved in signed schemes of RNTCP; 2) Contribution of NGOs/PPs in case detection and provision of DOT 3) Funds in the head utilized against approved amount	48.12	15.00	The approval limited to maximum permissible as per the norm. *If the state is anticipating deficit in laboratory capacity to conduct C&DST test, then state may budget for funds under C&DST scheme in the NGO /PP head as the RNTCP guidelines for NGO and PPs, as a priority.
I.10	Miscellaneous	As per Revised Norms and Basis of Costing for RNTCP	1) All activities proposed under miscellaneous head in PIP completed; 2) Funds in the head utilized against approved amount	29	25.00	Approved as per the norm. The amount for travel support should be met from the honorarium head.
I.11	Contractual services	As per Revised Norms and Basis of Costing for RNTCP	1) All contractual staff appointed and paid regularly as planned; 2) Funds in the head utilized against approved amount	180.65	159.25	Approved as per the norm. <ul style="list-style-type: none"> Not approved salary of 5 drivers which was against the. The remuneration of communication facilitators

FMR Code	Activity	Unit cost (wherever applicable)	Physical target/expected output	Proposed amount (in Lakhs)	Approved amount (in Lakhs)	Remarks
						(CF), should be met from the IEC head. <ul style="list-style-type: none"> Not approved DA of contractual staff as this has to be met from the miscellaneous head. Salary of medical college human resource should be met from Medical College head.
I.12	Printing	As per Revised Norms and Basis of Costing for RNTCP	1) All printing activities at state and district level completed as planned; 2) Funds in the head utilized against approved amount	8.00	4.00	Approved as per the norm.
I.13	Research and studies			0.00	0.00	
I.14	Medical Colleges	As per Revised Norms and Basis of Costing for RNTCP	1) All activities proposed under Medical Colleges head in PIP completed; 2) Funds in the head utilized against approved	4.70	8.88	Re appropriated Rs 6,17,688 budgeted for Human resource salary under contractual head accounted here. Limited the travel budget to Rs 50,000 and

FMR Code	Activity	Unit cost (wherever applicable)	Physical target/expected output	Proposed amount (in Lakhs)	Approved amount (in Lakhs)	Remarks
			amount			deducted Rs 50,000 budgeted for equipment maintenance of nodal center as the state does not have any nodal center.
I.15	Procurement –vehicles	As per Revised Norms and Basis of Costing for RNTCP	1) Procurement of vehicles completed as planned; 2) Funds in the head utilized against approved amount			Approved 5, four wheeler procurement; however the state need to seek approval from CTD before procurement. As the state is having 4 new vehicles they are eligible to replace 5 old vehicle only (total vehicle eligible is 9 (8 district level + 1 state).
	Four wheeler			25.80	21.50	
	Two Wheeler			2.00	2.00	Approved 4 two wheeler procurement as replacement of old.
I.16	Procurement – equipment	As per Revised Norms and Basis of Costing for RNTCP	1) Procurement of equipments completed as planned; 2) Funds in the head utilized against approved amount	7.60	4.80	Approved procurement of 8 computers only.
I.17	Tribal Action Plan					
Total (A)				485.09	362.51	

FMR Code	Activity	Unit cost (wherever applicable)	Physical target/expected output	Proposed amount (in Lakhs)	Approved amount (in Lakhs)	Remarks
B22.4	Additionality funds from NRHM (B)			0	0	
TOTAL (A+B)			485.09	Rs 362.51		