INTEGRATED
MANIPUR STATE
NRHM PIP
2007-08

DEPARTMENT OF
HEALTH & FAMILY WELFARE
GOVT. OF MANIPUR

PREFACE

The Integrated Program Implementation Plan (PIP) for the State of Manipur is prepared for the year 2007-08 as per the Government of India guidelines and directions. An elaborate exercise was undertaken for reflecting the state needs in the PIP. All the districts conducted Household Surveys, Workshops, Consultation meetings, Open sessions and Facility Surveys for unearthing the problems and issues in the health sector of the respective districts. At the state level, workshops were done where all the Chief Medical Officers along with the District Program Managers and the State Program Officers of the various National Disease Control Programs were invited. Also desk reviews, analysis of the available state / district data and indicators, NFHS-2, NFHS-3 Survey reports, DLHS-2 reports, SRS reports were done for preparing the State PIP. The requirements of the state for NRHM initiatives are projected reasonably in the PIP. Work Plan for the activities, timeline for completion of the activities and budgeting are done as per the guidelines. The State will ensure adequate monitoring and evaluation for assessing the improvement in the progress of activities and for taking corrective measures wherever necessary. Specific activities for the vulnerable groups are also reflected in the state PIP.

The State is thankful to the Government of India officials for their timely directions and help without which it would have been difficult to frame the State PIP. Also, the State is grateful to the Regional Resource Centre for North-east States (RRC-NE) for their technical support and guidelines during preparation of the Integrated State PIP.

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MESSAGE

National Rural Health Mission (NRHM) was introduced in India with the purpose of improving the health of Children and Mothers and reaching out to meet the health needs of the people in the most remote areas of the nation. NRHM is a blessing to the State of Manipur. Implementation of NRHM in the State and in all the districts of Manipur has progressed tremendously during 2006-07. The State and District Health Mission Societies were formed along with the establishment of the State and District Program Management Units during this period. The Societies have accomplished many tasks through their sincere and dedicated hard work and cooperation of the Program Management Units and the work teams. Further, work plans have been chalked out to improve the health facilities in Manipur taking into consideration the special needs of each and every district. The future of NRHM in Manipur is very promising. Taking this opportunity, I congratulate all the concerned State level Officers including the State Mission Director and the State Program Management Unit staffs, Chief Medical Officers, District Family Welfare/Immunization Officers, Concerned National Disease Program Officers, Doctors, Nurses, Village level workers, NGOs, etc. for having played crucial roles. Lastly but not the least, I would also like to appreciate the District Program Management Units for their support and hard work in planning, implementing and monitoring the NRHM activities.

Jarnail Singh

Chief Secretary, Govt. of Manipur
Chairman-Governing Body,
State Health Mission Society, Manipur

MESSAGE

National Rural Health Mission was launched in the North-East States of the country in November 2005. From the beginning, the State Health indicators were better than the National Health indicators. Nevertheless, in order to maintain and to further improve the status, NRHM activities were introduced in Manipur. So as to have a better coordination and progress, the Departments of Health and Family Welfare Services got merged at all levels. The government policy of introducing immunization weeks under Part "C" of NRHM, in Manipur has resulted into improved immunization coverage, the present status of fully-immunized children being 49%. With the formation of State and District Program Management Units, and filling the gaps of manpower through appointment of contractual staff, the performance of the State and of the Districts is improving. As NRHM has a bottom-up approach, all the Districts have identified gaps and improvements needed in every health sphere and have reflected in their District Health Action Plans.

When NRHM is implemented with full commitment and sincerity, all the health needs of the people would be fulfilled; mortality and morbidity especially among the vulnerable groups like, women, children, SC/ST, BPL families would be reduced leading to achievement of NRHM goals.

P. Vaiphei
Mission Director, NRHM
Secretary (Health & Family Welfare)
Govt. of Manipur
Chairman-Executive Committee,
State Health Mission Society, Manipur

EXECUTIVE SUMMARY

Manipur is a small hilly State situated in the north-eastern part of the country having a population of 24 lakhs. In spite of the relatively weak health infrastructure, poor transport and communication facilities and bad law & order situation prevailing in the State, the Health Indicators of the State are better than that of the National figure (e.g. IMR-30, MMR-374, TFR- 2.8, CBR-16.8, CDR-4.6, Sex Ratio-978, Female Literacy Rate-59.7 etc).

The Integrated Project Implementation Plan (PIP) of National Rural Health Mission was prepared with a vision to achieve the National Millennium Goals and the National Population Policy Goals. The present PIP has five parts viz.

1. Part "A" - RCH-II
2. Part "B" - New Initiatives under NRHM
3. Part "C" - Routine Immunization Strengthening
4 Part "D" - Disease Control Programs & Integrated Surveillance and
5. Part "E" - Program Convergence

Under Part "A", emphasis is given to operationalization of health facilities, Janani Suraksha Yojana, ASHA scheme etc.

Under Part "B", new Initiatives like District Mobile Medical Units, and maintenance of existing health facilities through Rogi Kalyan samitis, construction of building-less health facilities, and up-gradation of health facilities to Indian Public Health Standards level are incorporated.

Under Part "C", alternate vaccine delivery for difficult to be accessed areas is given importance.

Under Part "D", National Disease Control Programs like, National Vector Borne Disease Control Program (NVBDCP), Revised National Tuberculosis Control Program (RNTCP), National Leprosy Elimination Program (NLEP), National Blindness Control Program (NBCP), National Iodine Deficiency Disorders Control Program (NIDDCP) and the Integrated Disease Surveillance Program (IDSP) are discussed.

Lastly, under Part "E", convergence of Health & Family Welfare Programs with relevant Departments like Department of Women & Child Development, Panchayati Raj Institutions, Manipur AIDS Control Society, AYUSH and PHED/PWD are emphasized.

The summary budget requirement of these five components for the year 2007-08 is:

Sl. No.	NRHM Component	Rs. in lakhs
1	Part "A" – RCH II	1306.955
2	Part "B" – New Initiatives	4236.80
3	Part "C" – RI Strengthening	112.9043
4	Part "D" – Disease Control Programs & Surveillance	1194.45
5	Part "E" – Program Convergence	0
Total		**6851.1093**

1. STATE PROFILE

Sl. no	Background characteristics	State
1	Geographic Area (in Sq. Kms)	22,327
2	Number of districts	09 (5 hilly districts)
3	Number of blocks	36
4	Size of Villages *(Census 2001)* <100 100 -1000 >1000	 229 1653 433
5	Total Population *(Census 2001)* -Urban -Rural - SC population - ST population	23.88 Lakhs 5,70,410 (23.8%) 18,18,224 (76.2%) 5% 38%
6	Sex Ratio *(Census 2001)* • Sex Ratio • Under 6 Child Sex Ratio	 978 957
7	Decadal Growth Rate *(Census 2001)*	30.02%
8	Density- per sq. km. *(Census 2001)*	107
9	Literacy Rate *(Census 2001)* -Male -Female	 77.87% 59.7%
10	No. of schools *(DHAP 2007-08)* No. of Anganwadi Centres (*DHAP 2007-08)*	4089 4501
11	Length of road per 100 sq. km	49
12	% of villages having access to safe drinking water facility *(NFHS-3)*	32.7
13	% of households having sanitation facility *(NFHS-3)*	95.5 (NFHS-3)
14	% of household having electricity connection *(NFHS-3)*	87 (NFHS-3)
15	% of population below poverty line	32.1
16	Mortality MMR *(SRS)* IMR *(NFHS-3)*	 374 30
17	Crude Birth Rate *(SRS)*	16.8
18	Crude Death Rate *(SRS)*	4.6
19	Total Fertility Rate *(NFHS-3)*	2.8
20	Mild-moderate under-nourished children *(NFHS-3)* Severely under-nourished children *(NFHS-3)*	23.8 8.3
21	No of Primary schools *(DHAP 2007-08)* No of Primary school teachers No of children enrolled in Primary Schools	2,552 12,550 3,42,966
22	Health Facilities *(DHAP 2007-08)*	1 RIMS,1 SH, 7 DHs, 16 CHCs, 72, PHCs, 420 SCs, 33 Pvt. Clinics / Hosp.

2. Introduction to NRHM and State Planning

The Hon'ble Prime Minister launched the NRHM on 12th April, 2005 throughout the country with special focus on 18 States, including eight Empowered Action Group (EAG) States, the North-Eastern States, Jammu & Kashmir and Himachal Pradesh.

The NRHM seeks to provide accessible, affordable and quality health care to the rural population, especially the vulnerable sections. It also seeks to reduce the Maternal Mortality Ratio (MMR) in the country from 407 to 100 per 1,00,000 live births, Infant Mortality Rate (IMR) from 60 to 30 per 1000 live births and the Total Fertility Rate (TFR) from 3.0 to 2.1 within the 7 year period of the Mission.

2.1 About NRHM

The National Rural Health Mission (NRHM) aims to provide for an accessible, affordable, acceptable and accountable health care through a functional public health system.

It is designed to galvanize the various components of primary health system, like preventive, promotive and curative care, human resource management, diagnostic services, logistics management, disease management and surveillance, and data management systems etc. for improved service delivery.

This is envisioned to be achieved by putting in place an enabling institutional mechanism at various levels, community participation, decentralized planning, building capacities and linking health with its wider determinants. It also aims to expedite achievements of policy goals by facilitating enhanced access and utilization of quality health services, with an emphasis on addressing equity and gender dimension.

Vision:

- To provide effective healthcare to rural population throughout the country with special focus on 18 states, which have weak public health indicators and/or weak infrastructure.
- To increase public spending on health from 0.9% GDP to 2-3% of GDP, with improved arrangement for community financing and risk pooling.
- To undertake architectural correction of the health system to enable it to effectively handle increased allocations and promote policies that strengthen public health management and service delivery in the country.
- To revitalize local health traditions and mainstream AYUSH into the public health system.
- Effective integration of health concerns through decentralized management at district, with determinants of health like sanitation and hygiene, nutrition, safe drinking water, gender and social concerns.
- Addresses inter State and inter district disparities.
- Time bound goals and report publicly on progress.
- To improve access to rural people, especially poor women and children to equitable, affordable, accountable and effective primary health care.

Objectives of NRHM

- Reduction in child and maternal mortality
- Universal access to public services for food and nutrition, sanitation and hygiene and universal access to public health care services with emphasis on services addressing women's and children's health and universal immunization
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.
- Access to integrate comprehensive primary health care.
- Population stabilization, gender and demographic balance.
- Revitalize local health traditions & mainstream AYUSH.
- Promotion of healthy life styles.

2.2. Components of NRHM

NRHM has the following five components

- Part "A" deals with RCH -II and FP Programs
- Part "B" deals with new components / additionalities of NRHM. This part contains Untied funds to Subcentres, Up-gradation of institutions to IPHS, RKS, AYUSH mainstreaming etc.
- Part "C" consists of Immunization Strengthening interventions
- Part "D" contains all the National Health Programs and IDSP
- Part "E" deals with Convergence of activities with the Health Determinant Departments whose activities are indirectly connected with Health activities

2.3 Core Strategies of the Mission

- Train and enhance capacity of Panchayati Raj Institutions (PRIs) to own, control and manage public health services.
- Promote access to improved healthcare at household level through the female health activist (ASHA).
- Health Plan for each village through Village Health Committee of the Panchayat.
- Strengthening Sub-centre through better human resource development, clear quality standards, better community support and provision of untied fund to enable local planning and action.
- Strengthening existing health facilities through better staffing and human resource development policy, clear quality standards, better community support and an untied fund to enable the local management committee to achieve these standards.
- Provision of 30-50 bedded CHC per lakh population for improved curative care to a normative standard. (IPHS defining personnel, equipment and management standards, its decentralized administration by a hospital management committee and the provision of adequate funds and powers to enable these committees to reach desired levels)

- Preparation and implementation of an inter sector District Health Plan prepared by the District Health Mission, including drinking water, sanitation, hygiene and nutrition.
- Integrating vertical Health and Family Welfare programmes at National, State, District and Block levels.
- Technical support to National, State and District Health Mission, for public health management
- Strengthening capacities for data collection, assessment and review for evidence based planning, monitoring and supervision.
- Formulation of transparent policies for deployment and career development of human resource for health.
- Developing capacities for preventive health care at all levels for promoting healthy life style, reduction in consumption of tobacco and alcohol, etc.
- Promoting non-profit sector particularly in underserved areas.

2.4 State Planning Process:

2.4.1. Origin of study:

Under the chairmanship of the State Mission Director a 7-membered State Planning Team comprising of an Additional Director (HFW), State Facilitator (NRHM), State Program Manager, two Deputy Directors (HFW) and State Data Manager was formed. Similarly at District level, District Planning Teams comprising of District Mission Director, District Program Management Unit staffs, District level Program Officers of Health and Family Welfare, District Head of Health Determinant Departments and representatives of leading NGOs were formed. At Block levels also Block Planning Teams led by SMO/MO CHC/PHC were formed.

As the first step a one-day workshop was arranged for the State and District Planning Teams which was facilitated by consultants from RRC-NE, Govt. of India. The State Planning Team after getting further training in Mussoorie for 05 days on preparation of District Health Action Plan trained the District Planning Teams for 05 days. The State Training Team got further trained on preparation of RCH-PIP in Sikkim and on coming back trained and disseminated relevant documents to the Districts.

Documents available in the State regarding the health indicator issues were studied by the State Planning Team. This desk review gave the State Planning Team information regarding the various problems in the State and preventive and promotive measures which may be taken under NRHM implementation.

District was asked to conduct Household Surveys using the format supplied by the Govt of India. All the 09 Districts conducted the survey. Due to lack of time all the households could not be covered by seven of the existing nine Districts. Even then a sampling picture of the District Health scenario could be obtained. The Districts after the compilation and

analysis of the Household Survey Reports projected the various Health issues which needed prioritization.

Facility Survey was also conducted in all the Districts. All the District Hospitals, Community Health Centres, Primary Health Centres and Sub-centres were surveyed for assessing the gaps.

Districts further organized Focused Group Discussions, Public Hearings, Workshops and other Discussion sessions with line departments for reflecting the District issues in their DHAPs. Thus, all the Districts prepared and submitted their District Health Action Plans (DHAPs) to the State.

The State Planning Team appraised the DHAPs. After that, all the Chief Medical Officers and District Program Managers were called to the Directorate and workshop was conducted for presentation of DHAPs.

At the State level discussion with line departments and different State Program Officers were conducted.

A Team of Consultants from RRC-NE conducted workshops for the State and District Officials on two occasions which helped the State to formulate the final District and State NRHM PIP.

2.4.2. Approaches of NRHM

Communitize: The State is having a good convergence with the PRI, which is helping in the implementation of the Program. Rogi Kalyan Samitis are formed in all the District Hospitals, CHCs and PHCs and are functioning for the improvement of the respective institutions. All these Committees are registered. In the Panchayat areas, Panchayat Pradhan is made the joint signatory. Similarl4y, in the Village areas and the hilly areas, the Pradhan and Chairman respectively is the joint signatory. They jointly deal in the cash transaction for the various health activities. All the villages except a few new villages have Village Health & Sanitation Committees. These Committees helped in selection of ASHAs and for conducting Village Health Nutrition Days.

Strengthening Management: For strengthening the management capacity throughout the State regular interaction is conducted with RRC-NE. The State level/ District level Program Management Units are in action and are putting up a satisfactory performance. From this year onwards we have proposed to form Block Level Program Management Units which will help the Districts in further strengthening their programs. At the State level we are proposing Consultants for HMIS, BCC, Training/HRD/ M & E for further strengthening the existing arrangement.

Flexible financing: The PIP is prepared based on the bottoms-up approach. Flexibility of funding is considered so as to sustain the activities under NRHM. Untied funds are placed at the Sub-centre level and are being operated with the PRI representative. The Corpus Fund and

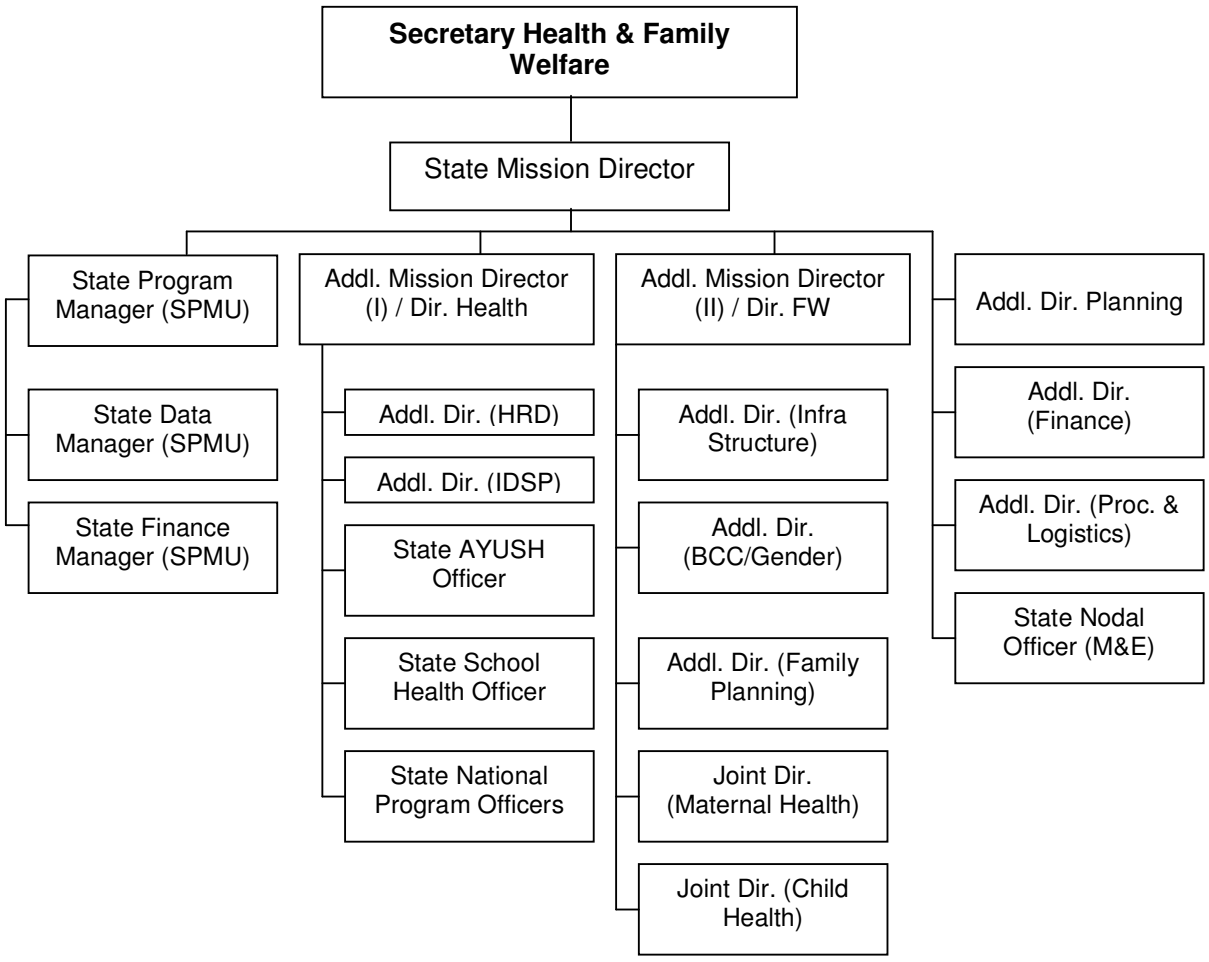
Grants received by RKS are used for development activities of the concerned institutions. The Program aims for making available untied funds at different levels of health care delivery system so that service guarantees as spelled out in the “Indian Public Health Standard” can be achieved

Monitoring and evaluation: For monitoring the progress of Program Implementation, M & E Committees are put up at State and District levels. A Monitoring & Evaluation Consultant is also proposed to be put in place. These Committees will monitor and evaluate the activities on a regular basis and corrective actions will be taken wherever needed. Reporting Formats are developed for various activities which will be used for proper reporting and evaluating the performance. In NRHM/RCH Work Plan, different goals are set up for various activities specifying the time needed for achieving them. This also will help in assessing the situation and back-log of activities

For ensuring service delivery from health facilities locally resident health workers are being appointed on contractual basis wherever needed. Human Resource Development is also taken up as a major activity for ensuring quality of service. Multi-skilling trainings are being taken up in the State for different categories of Health Providers. The non-availability of Training institutions is causing a major concern in carrying out the multi-skilling exercise. 34 AYUSH Doctors are in position in 14 CHCs and 20 PHCs. This has helped in providing the round the clock service in these institutions.

2.4.3. Management structure at state level

The management structure at State level is as given below. Various Sub-Committees led by Additional/ Joint Directors are identified, some Sub-Committees functioning directly under State Mission Director and some under the two identified Additional Mission Directors.



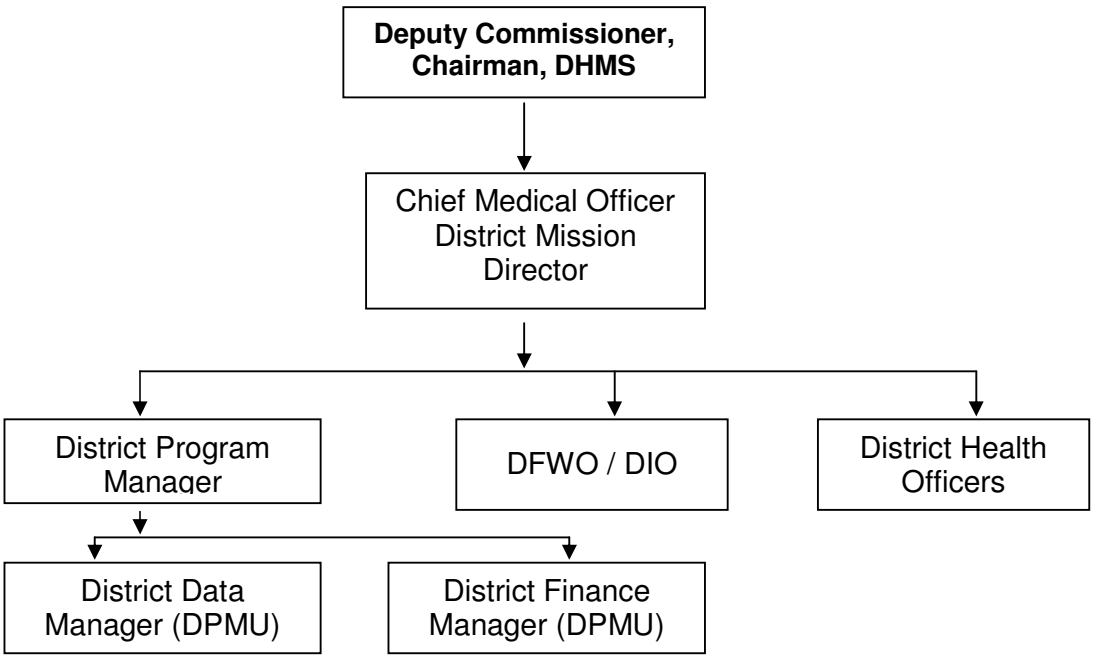
2.4.4 Sampling procedure for preparation of SPIP

Districts were asked to conduct Household Surveys using the format supplied by the GoI. All the 09 Districts conducted this survey. Due to lack of time all the households could not be covered by some of the Districts. Even then a representative picture of the District Health scenario could be derived. The Districts were asked to compile the Household Survey Results and to project the various Health issues and prioritize them. All the Districts submitted District Health Action Plans (DHAPs). The Districts were called to the Directorate and workshop was conducted for presentation of the District PIPs. CMO, DFWO/DIO, DPMU Staff and District Program Officers took part in the workshop from each District. It was a fruitful exercise, which could reflect the poor performing districts.

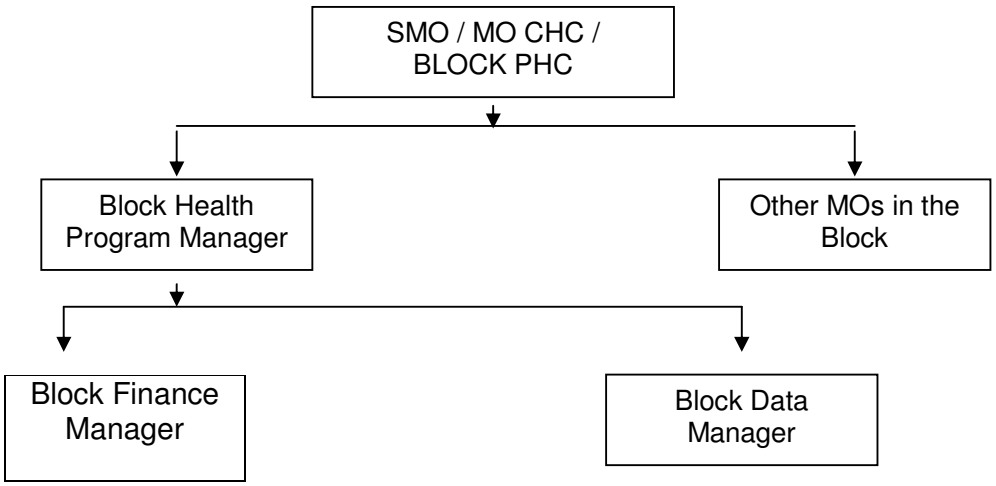
Facility Survey was conducted in all the Districts. All the institutions starting from Sub-Centres to the Civil Hospitals were surveyed for assessing the gaps.

2.4.5 Proposed District/ Block level structure:

A. At District level



B. At Block Level



3. Situational analysis

3.1 Public Health Facilities in the state

Health Facility	Number		
	Total	Government Buildings	Rented
Medical College Hospital	**1**	**1**	**0**
State Hospital	**1**	**1**	**0**
District Hospital	**7**	**7**	**0**
UFWC	**2**	**2**	**0**
CHC	**16**	**16**	**0**
PHC	**72**	**70**	**2**
Subcentre	**420**	**198**	**222**
Homeopathic Dispensary	**6**	**6**	**0**

The State has 222 building-less Sub-centres out of the total 420 Sub-centres which hampers progress in institutional delivery. Under Part "B" already there is sanction of constructing 100 Sub-centre buildings. Necessary fund @ Rs. 6.00 lakh per unit have been released to the District Societies for constructing these buildings. All the remaining building-less Subcentres need to be constructed. Again, it is envisaged that all Sub-Centres should have additional ANMs. And DPC of recruiting 230 additional ANMs based on local criteria (190 already in place) has been held in April 2007.

3.1.1 Current status and target for Public health infrastructure

No.	Facility	Required (as per 2001 Census)	Sanctioned	In Position (as on 31/03/07)	Target in 2007-08 (Cumulative)
1	Sub-centres	487	420	420	420
1.1	Sub-centres functional			420	420
2	Primary Health Centres	79	72	72	72
2.1	PHCs offering 24 hour services			15	20
3	Community Health Centres	21	16	16	16
3.1	CHCs functioning as FRUs			0	2
4	District Hospitals	9	7	7	8
4.1	DHs functioning as FRUs			1	3

67 more Subcentres are needed if based on 2001 Census. But the State will be giving emphasis on the construction of 222 building-less Sub-centres. For PHCs emphasis will be given to up-gradation to 24/7 Service Delivery Centres. Similarly emphasis will be given for up-gradation of CHCs to IPHS level.

There are only 07 District Hospitals for the 09 Districts. Under NLCPR there is provision of constructing a new District Hospital at Jiribam Sub-Division

of Imphal East District. The State Hospital (J N Hospital) is currently functioning as the District Hospital of Imphal East and Imphal West Districts.

Out of 7 DHs and 16 CHCs , only 1 DH is fully functioning as FRU. This is due to the shortage of adequate manpower especially Gynecologists /anesthetists/ pediatrician.

Out of 4 CHCs envisaged to be up-graded to FRU status in 2006-07, none could be up-graded due to lack of Anesthetists and Gynecologists (regular or contractual) in the rural areas. Hence multi-skilling of MBBS Doctors is the only viable option. 02 Doctors are completing training on Life Saving Anesthesia Skill in RIMS. As only 02 doctors can be trained in one batch, the process of training Medical Officers from all CHCs will take time.

Again out of 20 PHCs planned to be up-graded to 24/7 Service Centres, although civil works are completed by 90%, only 15 PHCs have really started working as 24/7 Centres due to lack of GNMs. The DPC for recruitment of 20 GNMs for this purpose was held and within April 2007 all the posts will be filled.

To operationalize 24/7 PHCs and Subcentres, Skilled Birth Attendance training is contemplated and a State Team of Trainers after getting trained has trained District Team of Trainers. Districts have just started training of GNMs and ANMs having core-skills.

To facilitate early referral, advertisement for out-sourcing referral vehicles for all the fourteen CHCs identified to be up-graded to IPHS level under Part “B” of NRHM and twenty 24/7 PHCs has been made.

3.2 Private Health Facilities

Private Services Facilities	Number and location.
Multi-Specialty Nursing Homes	8 (1 Imphal east and 6 Imphal West and 1 Senapati)
Solo Qualified Practitioners	19 (18 in valley districts; 01 in Ukhrul District))
Practitioners from AYUSH	5 (1 Imphal east and 4 Imphal West)
Approved MTP centres in Private sector	Nil
RMPs (Less than formal qualified practitioner)	2 (in Imphal West)
Number of nursing homes with facilities for comprehensive emergency obstetric care	6 (2 IW, 2IE, 1SNP. 1UKL)
Accredited centres for sterilization service	Nil
Accredited centres for IUD services	Nil

Majority of the private institutions are in the valley districts. Only one multi specialty private clinic (CMC Kangpokpi in Senapati District) and one nursing home (Leishiphung Hospital in Ukhrul District) having facilities of Comprehensive Emergency Obstetric Care (CEmOC) are in the hilly districts. There was no Public Private Partnership (PPP) with these institutions in 2007-08. The possibility of establishing partnership with these institutions in 2007 -08 will be explored.

3.3 Human Resources in the state

Staff	Sanctioned	In-Position	Vacant
Chief Medical Officer	8	8	0
State Health Program Officers	7	7	0
District Health Program Officers	45	45	0
Specialist Doctors	112	64 (2 Contractual -1 O & G, 1 AYUSH)	48
Medical Officers	584	584 (33 Contractual AYUSH)	0
Lab technicians	110	110 (34 Contractual)	0
X-ray technicians	26	26 (8 Contractual)	0
Staff Nurse	238	218 (74 Contractual)	20
LHV	72	72	0
ANMs in Sub-centre	840	610 (190 contractual)	230
Male MPWs	420	395	25

There is lack of 48 specialist doctors in the State resulting to non-availability of them in District Hospitals and CHCs. Hence CEmOC services can be provided in only 01 District Hospital (DH Churachandpur). The problem of lack of specialist doctors is to be solved by training of MBBS Doctors in Life Saving Anesthesia Skill and Emergency Obstetric Care and also by convergence with RIMS (rural posting of Senior Residents) and by Public Private Partnership in Districts having Private Clinics offering good quality care. PPP could not be effectively implemented during 2006-07 as the private institutions from urban area were not interested in working in the rural areas.

The DPC of the vacant posts of 20 Additional Staff Nurses and 230 Additional ANM under Part “B” of NRHM is already held and will be filled up soon.

Various much-needed trainings could not be taken up due to lack of a well planned strategy for training. This gap needs to be filled up by hiring an HRD/Training Consultant. Again, Regional Health & Family Welfare Training Centre, Porompat which is going to be identified as the State Training Nodal Agency need infrastructure strengthening. Also Training Centres at District levels need to be set up. At present none of the Districts has District Training Centres. For development of GNMs and ANMs the State does not have any problem as there are many registered private schools producing more than adequate numbers of GNMs and ANMs.

3.4 Status of Logistics

Logistics Elements	Description
Availability of a dedicated District warehouse for health department	Available for only 3 districts, needed for State and remaining 6 districts.
Stock outs of any vital supplies in last year.	Procurement of drug/medicine kits under RCH/NRHM was not done in 2006-07. Only some drugs procured through State budget was supplied to the districts
Indenting Systems (from districts to state)	Done quarterly, except during emergencies where indent may be made at any time. Computerized indenting and supply not in place.
Existence of a functional system for assessing Quality of Vaccine	Suspected samples sent to Kolkata

The State does not have a warehouse, which is causing difficulties in storage and distribution of medicines, consumables, instruments, equipments etc. The State is proposing 01 State Warehouse to be built during 2007-08. All Districts need warehouses. 3 such warehouses were built in 2006-07 under RCH-II. 6 more need to be built.

Districts collect their required items from the State Headquarters. Other peripheral units again collect their quota from the District Headquarters. The provision of computerized indent and supply may be tried earliest by 2008-09. Currently, almost all the districts do not have vehicle on-road. Due to financial constraint in the State, these off-road vehicles cannot be repaired. As new purchase is not possible with the RCH-Flexipool, hiring of vehicles is the only option.

A Procurement and Logistics Committee headed by an Additional Director is already formed in the State level to have a transparent procurement policy. As there is lack of technical capacity in the districts, the State Procurement Committee will procure all items except certain drugs/ medicines having very short life span and during emergencies or calamities.

3.5 Training Infrastructure

1. **Regional Health & FW Training Centre, Porompat**
2. **FHWs' Training School, Lamphelpat**
3. **GNM Training School, Lamphelpat**

Details	Key issues		
	RHFWTC	**FHWTS**	**GNMTS**
Physical Infrastructures	• Inadequate accommodation facility (existing 20 single bedded) in RHFWTC. Need to be strengthened to 100 capacity • Furniture need replenishment • Toilet facility needs construction/renovation	• Dining hall needs extension • 4 more Toilets need to be constructed	• New construction including accommodation facility going on outside RIMS campus
Faculty	• Principal, 1 MLCD, 2 PHNI, 3 PHN, 1 Stats.Officer, 1 Epidemiologist 1 Lab Tech., 1 AV tech. with support staffs available • Communication Officer vacant	• Adequate	• Available
Teaching Aids	• Computer, LCD, VCD Player, TV, PA System available. Need for connecting Internet facility.	• Computer, LCD, VCD Player, TV, PA System available	• Computer, LCD, VCD Player, TV, PA System available
Annual Training Plans	• Prepared & being followed for ASHA training • Other Training Plans being formulated for 2007-08	• Available	• Available
Training calendar	• Preparation started	• Available	• Available

3.6 BCC Infrastructure in the State

• Human Resources • Any trainings the staff in past five years • Any functional Mass media audio- visual aids such as 16 mm projectors, Video cameras, VCD/DVD players	• Yes but need BCC consultant • No • Available
• Did the district prepare a BCC plan in the past year? • BCC activities undertaken in Districts	• No • Hoarding and wall painting for JSY and Immunization
• Private sector for conducting communication activities using modern media or folk media (jatrawali)	• Yes

At State level the officers available for BCC are 01 State Health Education Officer and 01 State AV Officer. Districts have District Media Extension Officers and Blocks have Extension Educators/Block Extension Educators/Health Educators. These officials need Capacity Development Trainings so that they can bring forward more effective ways of changing the health behavior of the community. The State does not have BCC Consultant which is proposed during 2007-08.

3.7 ICDS Programme

Sl. No.	Name of district	Number of AWCs		CDPOs and ACDPOs		Supervisors		AWWs		AWH	
		S	IP	S	IP	S	IP	S	IP	S	IP
1	Imphal East	680	680	4	4	23	23	680	680	680	680
2	Imphal West	537	537	2	2	14	14	537	537	537	537
3	Bishnupur	384	384	2	2	18	18	384	384	384	384
4	Thoubal	637	637	6	6	21	21	637	637	637	637
5	Ukhrul	339	339	5	5	19	19	339	339	339	339
6	Chandel	533	263	4	4	13	12	533	263	533	263
7	Senapati	556	556	5	5	19	19	556	551	556	551
8	Churanchandpur	537	537	6	6	5	5	537	537	537	537
9	Tamenglong	286	286	4	4	10	10	286	286	286	286
	TOTAL	4489	4219	38	38	142	141	4489	4214	4489	4214

ICDS is implemented in all the districts of the State. The huge human resource available under the scheme may be utilized for making NRHM services reach the grass-root.

3.8 Elected representatives to Panchayat institutions/ Village Council

Sl. No.	Name of the district	Total panchayat villages	Total ZP Members		Total Panchayat Pradhans		Village Council	
			Male	**Female**	**Male**	**Female**	**Male**	**Female**
1	Imphal East	56	1	-	39	17	NA	NA
2	Imphal West	44	1	-	29	15	NA	NA
3	Bishnupur	100	7	4	16	8	NA	NA
4	Thoubal	127	12	4	26	16	NA	NA

Sl. No.	Name of the district	Total panchayat villages	Total ZP Members		Total Panchayat Pradhans		Village Council	
			Male	**Female**	**Male**	**Female**	**Male**	**Female**
5	Ukhrul	NA	NA	NA	NA	NA	198	0
6	Chandel	NA	NA	NA	NA	NA	557	0
7	Senapati	NA	NA	NA	NA	NA	512	0
8	Churanchandpur	NA	NA	NA	NA	NA	607	0
9	Tamenglong	NA	NA	NA	NA	NA	218	0
	TOTAL	327	21	8	130	46	2092	0

PRI System is available only in the 04 Valley Districts. Yet the remaining 05 Hilly Districts have got similar administrative structure in the form of Village Councils. Both the PRIs and Village Councils may be tapped for NRHM implementation.

3.9 NGOs & CBOs

Names of MNGOs	Key Activities	Districts of operations
Family Planning Association of India Manipur Branch	MCH	Chandel, Churachandpur
Lamding Cherapur Unani Association	MCH	Thoubal , Imphal

08 FNGOs under these two identified MNGOs are working in the above mentioned 04 Districts for providing MCH activities. The process of identifying 03 more MNGOs @ 01 MNGO per two Districts is in the finalization stage.

3.10 District / sub-district variations:

The services in the 05 hilly districts mainly inhabited by Tribal population need to be given priority. Among them again Senapati District and Tamenglong District need to be given top priority. Within the District again, Thanlon Block in Churachandpur District, Khengjoi Block of Chandel District, Tamei Block in Tamenglong District and Mao-Maram Block in Senapati District needs to be given impetus. Taking into consideration, the poor performance these districts, an award scheme is worked. The best performing district is awarded with certificate of honour and cash incentives. Performance is also discussed in the monthly Review meeting chaired by CS. The possibility of awarding best performing Blocks and individuals by the Districts is to be explored in 2007-08.

3.11 Gender Equity

The Sex Ratio of the State is 978, but the under-6 sex ratio is declining (957) showing that selected abortion is taking place. Hence, PcPNDT Act needs to be enforced more strictly so that the figure does not go down.

3.12 HMIS/ M&E

The State does not have State HMIS Consultant, which is proposed this year. A State HMIS Team is already identified with the State Data Manager as the Nodal Officer. Similarly Districts need to have District Teams led by the

District Data Managers which they have already got. Blocks also need to have Team led by Block Data Managers which are to be recruited soon (DPC already held). Internet facility is so far available in the State Headquarters. Districts and Blocks need to have it too. More numbers of Computer Sets are needed in the State, District and Block levels.

3.13 Convergence/ coordination

So far convergence/coordination with Department of Women and Child Development (WCD), Education, PRI and AYUSH has been established. Coordination with PHED and PWD needs to be strengthened. This component is taken care of during 2007-08 to 2009-10.

3.14 Finance Utilization

Under NRHM, in 2005-07 an amount of Rs. 4221.92 lakhs was received, out of which Rs. 911.20 lakhs was utilized, giving a utilization rate of 21.58%.

The poor utilization was mainly due to non-submission of SoEs from Districts, undergoing civil works, pending procurement of District Mobile Medical Units and drug/medicine kits. Most of these pending works are finalized and by the end of 1st quarter of 2007-08 the utilization percentage will rise up.

In addition to the above allocation, the State allocated its share in the Health and Family Welfare sector, which is as given below:

2005-06 - Rs. 7986.82 lakhs (Plan-564.76; Non-plan-6522.06)
2006-07 - Rs. 9053.80 lakhs (Plan-3073.00; Non-plan-5980.58)
2007-08 - Rs. 10455.71 lakhs (Plan-3700.00; Non-plan-6755.71)

The yearly increase in state budget outlay since 2005-06, is 27.75% and 15.49% respectively.

3.15 Key RCH Indicators

	Past Trends	***Current status***
Maternal Health		
% of institutional deliveries		
• **Overall**	34.5 *(NFHS-2)*	49.6 *(NFHS-3)*
• **SC/ST**	20.1 *(NFHS-2)*	NA
% of deliveries by SBA		
• **Overall**	53.9 *(NFHS-2)*	61.7 *(NFHS-3)*
• **SC/ST**	36.1 *(NFHS-2)*	NA
Child Health		
% of 13-24 months of age fully immunized		
• **Overall**	42.3 *(NFHS-2)*	46.8 *(NFHS-3)*
• **SC/ST**	29.6 *(NFHS-2)*	NA
% of children with Diarrhoea treated with ORS	50.7 *(NFHS-2)*	36.8 *(NFHS-3)*
% of children with pneumonia taken to health facility	NA	49.1 *(NFHS-3)*

	Past Trends	*Current status*
Family Planning		
Unmet need for spacing methods • **Overall** • **SC/ST**	 13.6 *(NFHS-2)* 14.6 *(NFHS-2)*	 25.6 *(DLHS-2)* NA
Unmet need for terminal methods	10 *(NFHS-2)*	15.3 *(DLHS-2)*
Contraceptive prevalence rate	38.7 *(NFHS-2)*	48.7 *(NFHS-3)*

Regarding ***Maternal Health*** the proportion of institutional delivery and delivery by SBA are 49.6% and 61.7% respectively.

To improve institutional delivery the strategy of up-gradation of PHCs to 24/7 service centres along with SBA training and JSY scheme are adopted in the State.

Out of 20 PHCs planned to be up-graded to 24/7 Service Centres in 2006-07, although civil works are completed by 90%, only 15 PHCs have really started working as 24/7 Centres due to lack of GNMs. The DPC for recruitment of 20 GNMs for this purpose was held and within April 2007 all the posts will be filled.

To operationalize 24/7 PHCs and Subcentres, SBA training is contemplated and a State ToT after getting trained has trained District ToTs. Districts have just started training of GNMs and ANM having core-skills.

To facilitate early referral, advertisement for out-sourcing referral vehicles for all the fourteen CHCs and twenty 24/7 PHCs has been made under Part "B" of NRHM.

Regarding **Child Health** the current IMR is 30 per 1000 live births. The proportion of exclusive breast-feeding for 4 months, fully immunized and anemic children are 61.7, 46.8 and 52.8 respectively.

IMNCI has not been implemented in all the districts. Trainings are still awaited. Only trainings for strengthening Immunization are taken up in all the districts.

As drug-kits under RCH-II could not be procured in time in 2006-07, IFA, ORS and antibiotics for pneumonia could not be supplied to the districts.

Regarding **Family Planning** the high unmet need according to DLHS-2 (26.5 for Spacing methods and 15.3 for Limiting methods) is mainly due to pressure groups opposing sterilization operations and lack of trained surgeons and lack of awareness for accessing the services. The male Sterilization is 0.5% only and Female Sterilization is 8.1% (NFHS-3). Steps will be taken for increasing the limiting methods and spacing methods. Effort will be made to meet the Unmet needs so as to achieve the target of population stabilization.

3.16 Institutional arrangements and organizational development: issues and gaps

Currently the implementation of NRHM Program in the State is mainly supported by Directorate of Family Welfare Services. The Health programs are managed by another Director. Director (FW) is assisted by 02 Addl. Directors, 3 Joint Directors and 4 Deputy Directors.

Director (FW) is the State RCH Officer and so, activities under RCH are implemented through the existing infrastructure available in the State. The SPMU comprising of 1. State Program Manager 2. State Financial Consultant 3. State Data Manager and 4. State Accounts Manager is set up for providing efficient management of RCH interventions during RCH Program. During implementation period of RCH –II, the State is proposing contractual appointment of HMIS Consultant, M & E Consultant, HRD/Training Consultant and BCC Consultant for effective Human Resource Development, Monitoring & Evaluation and Program Implementation.

Convergence activities with PWD, DWCD, PRIs, private sector/ NGOs, DPs could not be implemented effectively during 2006-07. In the State and District PIPs more emphasis is given for effective convergence during 2007-08. For this purpose Convergence Committees are being set up at the State and District levels.

3.17 DP (donor assisted) programmes in the state:

Under NLCPR assisted by DONER, there is a proposal for Construction of 05 new 50-bedded District Hospitals at Ukhrul, Chandel, Senapati, Tamenglong Districts (all hilly Districts) and at Jiribam Sub-Division of Imphal East District. In 2007-08 efforts will be made for 02 District Hospitals not included in the above mentioned program for up - gradation to IPHS level.

4 Lessons learned: 2005-07

Successes:

NRHM was launched in NE States on 9th Nov 2005. Actual implementation of NRHM in the State could be undertaken only by 2006. As the Program was started late many activities could not be implemented as per the timeline given by the Govt. of India.

NRHM implementation helped the State in decentralizing the program activities. There is a close convergence with the PRI from the Sub-center level institutions to the District-level institutions. This communization has helped in making the people work with the health providers. Rogi Kalyan Samitis (RKS) are functional in all Health Institutions. Funds of RKS are utilized for development of the respective institutions and in managing crisis situation like shortage of medicine etc. There is an increase in the number of institutional deliveries. This is due to the JSY Scheme under NRHM. State could up-grade the infrastructure facilities of the Health Institutions in terms of building, manpower, consumables etc. The decentralization of financial delegation has motivated people in the Districts.

Constraints:

The State is facing many constraints also. Before the SPMU and DPMUs were set up, management capacities both in the State and District levels were weak. After their induction in August of 2006, there is a notable improvement in the management capacity in implementing the program initiatives.

Frequent turn-over of key persons during the last two years have slowed down the progress of implementation of the whole NRHM including RCH-II Program. Health Ministers have been changed thrice, Health & FW Secretary twice and the State Mission Directors thrice during the Program period.

Incomplete functional merger between the Health Department and FW Department also affected the program implementation resulting to duplicity in certain activities. The inadequate convergence is evident in the District level also.

Directors of Department of Health and Director of FW have been identified as Additional Mission Directors, in the various Committees/ Sub-Groups for better management of NRHM activities. Even then the synergy will take place if both are made to work under a single Director.

The National Disease Control Programs and Integrated Disease Surveillance Program (IDSP) activities are not converged with NRHM resulting into poor performance. The State Officials controlling the National Disease Control Programs and IDSP are directly submitting their requirements and activities to the concerned National level offices.

Inadequate infrastructure and non-availability of Specialist Doctors in the State of Manipur has been a major upset for the whole program. Even it is difficult to get Specialists from the Private Sector.

There are certain villages which are frequented by militants resulting to poor coverage of services. Some of the health institutions are occupied by the Military persons. The Health Providers are not in a position to perform their field activities in some of the border areas. Procurement process of commodities has become difficult due to the reason that a share of the budget is to be given to the insurgents. Hence it is felt that for Manipur State drugs or other commodities should be supplied to the State in kind and not in cash. Civil works are also affected due the reason that the militants are demanding for a share of fund sanctioned for the same.

The difficult geographical terrains, poor transport and communication facilities, scattered nature of inhabitations and Health Institutions have hindered the program badly. Also frequent load-shedding of power, lack of safe drinking water has affected the program implementation.

5 Key issues to be addressed

The key strategies are

(i) Operationalizing Health Facilities by up-grading Infrastructure including availability of trained manpower

(ii) Capacity development
- Multi-skilling training of MBBS Doctors (CEmOC, Life Saving Anesthesia, MVA, NSV, Tubectomy)
- SBA Training of LHV, GNM, ANM
- Other trainings (Capacity Development for Program Managers, IMNCI, ARSH, Blood Storage, IUCD, BCC)
- Hiring Consultants (BCC,M&E, HMIS, Trainings)

(iii) Public Private Partnership in places where the Public Health Infrastructure is weak

(iv) Increasing awareness of the Health Facilities available to the people and motivating them to utilize the service provisions through effective BCC.

(v) Strengthening Management Capacity by establishing Program Management Unit at state, district and block level.

(vi) Decentralized planning and implementation of activities through Rogi Kalyan Samitis and Village Health and Sanitation Committees and

(vii) Intra/Intersectoral convergence with Health determinant Departments

PART-"A"

RCH-II

6. Current status and goals by 2010

RCH II GOAL	STATE			INDIA		
	Current status	Target		Current status	Target	
		06-07	09-10		06-07	09-10
MMR	374 *(SRS)*	300	<100	301*(SRS)*	200	<100
IMR	30 *(NFHS-3)*	28	<25	58 *(SRS 2005)*	45	<30
TFR	2.8 *(NFHS-3)*	2.5	2.1	2.9 *(SRS 2004)*	2.3	2.1

6.1 Vision Statement:

To reduce MMR (<100), IMR (<30) and TFR (2.1) by 2010 and to provide client friendly RCH services to the beneficiaries giving special attention the SC/ST/BPL and other vulnerable groups.

6.2 Technical Objectives, Targets, Strategies and Activities

6.2.1 Maternal Health:

Objectives: To improve health status of women

Process Indicators		CURRENT STATUS	Targets		
			07–08	08 – 09	09–10
1.	% of pregnant women receiving full ANC coverage				
	Overall	70.1 *(NFHS-3)*	80	90	95
	SC/ST	NA	75	85	90
2.	% of pregnant women age 15-49 who are anemic				
	Overall	36.4 *(NFHS-3)*	30	25	10
	SC/ST	NA	35	30	15
3.	% of births assisted by a SBA				
	Overall	61.7 (*NFHS-3)*	65	70	85
	SC/ST	NA	40	50	60
4.	% of institutional births				
	Overall	49.3 *(NFHS-3)*	55	60	70
	SC/ST	NA	40	50	60
5.	% of mothers who received post partum care from a doctor/ nurse/ LHV/ ANM/ other health personnel within 2 days of delivery				
	Overall	49.1 *(NFHS-3)*	60	70	80
	SC/ST	NA	40	50	60

Intermediate/ MoU Indicators								
	Indicators	Current status	2007-08				2008-09	2009-10
			1q	2q	3q	4q		
1.	% of ANC registrations in first trimester of pregnancy	50 (NFHS-2)	60	65	70	80	90	100
2.	No. of 24 hrs PHCs conducting minimum of 10 deliveries/month	2 (36)	5	7	10	15	25	36
3.	% of Caesarean Sections in CEmONC centres	NA	0	0	0	10	20	40
4.	No. of health facilities providing RTI/STI services							
	a. DHs	7 (7)						
	b. SDHs	NA						
	c. CHCs	4 (16)	5	8	10	12	15	16
	d. PHCs	0 (72)	2	8	10	12	20	36
5.	No. of health facilities providing MTP services							
	a. DHs	7(7)						
	b. SDHs	NA						
	c. CHCs (Cumulative)	14 (16)	14	14	14	16	16	16
	d. PHCs (Cumulative)	35 (72)	35	35	35	40	50	55
6.	No. of districts where Referral Transport services are functional	0	9 (9)					
7.	No. of planned RCH outreach camps held	0	9	9	9	9	36	36
8.	No. of planned Monthly Village Health and Nutrition Days held	231 (2900)	500	650	1000	1260	1750	2000

STRATEGY 1

6.2.1.1 Operationalise facilities

6.2.1.1.1 *Operationalise Health Facilities in PHC/CHC/DH as FRUs*

Activities

(i) Up-gradation of basic amenities in 14 identified CHC and all 07 District Hospitals. Financial support needed for up-grading basic amenities of 14 CHCs to IPHS level is already available with the State under Part "B" of NRHM. The money is being transferred to the District Societies based on the estimates made based on facility survey for implementation. No further budgetary support may be needed in the year 2007-08 until the currently available fund is utilized.

Regarding District Hospitals, 02 DHs namely DH Bishnupur and DH Churachandpur will be taken up in 2007-08 under Part "B". Facility Survey is completed and estimates are prepared for up-grading the basic amenities.

(ii) Filling up gaps in manpower: Manpower gaps for the 14 identified CHCs are already filled up by hiring contractual staffs except for Specialist Doctors under RCH-II and Part "B" of NRHM. Hence the policy of training MBBS Doctors in Life Saving Anesthesia Skills, Emergency Obstetric Care and Blood Storage is taken up. The first batch of 02 Doctors is currently undergoing training in Life Saving Anesthesia Skills. The training details are discussed under the heading of "Trainings".

(iii) Filling gaps in equipment: The gaps are identified, estimates made and fund is available. The process of procurement is started under Part B of NRHM. Hence no further fund may be needed for the CHCs in 2007-08.

(iv) Filling gaps in drugs: No drugs except for AYUSH drugs were procured in 2006-07 out of the sanctioned amount of Rs. 160.00 lakhs under Part "B" of NRHM. The process of procurement has been finalized with Karnataka Antibiotics & Pharmaceuticals Ltd, Bangalore (KAPL). These drugs will be sufficient for the CHCs. The DH drugs will be borne by the State Government.

6.2.1.1.2 For making PHCs 24/7 Service Delivery Centres

Activities

(i) 20 PHC were targeted for up-gradation to 24/7 Service Delivery Centres. Civil works needed to up-grade basic amenities is completed by 90%. Extra doctor in the form of AYUSH Doctors, one additional GNM were posted in these identified PHCs. The recruitment process of the third GNM is also finalizing. As only 15 PHCs have really started to work as 24/7 out of the targeted 20, in this year the target will remain unchanged. In 2008-2010, 16 more PHCs (08 in each year) will be up-graded to 24/7 Service Delivery Centres so that by end of 2010, 36 (50% of all PHCs) may be up-graded. The honorarium of these contractual staffs are discussed under Part "B".

(ii) SBA Training of Staff Nurses: Discussed under the heading of "Trainings".

6.2.1.1.3 Operationalise MTP services at health facilities

Activities

(i) Training of MBBS Doctors in MVA. Details discussed under the heading of "Trainings".
(ii) Procurement/ repair of equipments.
(iii) IEC activities to curb illegal abortion.
(iv) Encouraging confidential counseling through ASHAs/ AWWs
(v) Accrediting private clinics for MTP services.

6.2.1.1.4 Operationalise RTI/STI services at health facilities

Activities

(i) Operational plan for training and procurement of equipments and drugs prepared and disseminated to districts
(ii) Regular monitoring of progress
(iii) Monitoring quality of services provided

6.2.1.1.5 Operationalise Sub-centres

Activities

(i) Construction of building for building-less Subcentres: Under Part "B" construction of 100 buildings out of the 222 building-less Subcentres is approved in 2006-07. The money is being transferred to District Societies for implementation.
(ii) Repair/renovation of Subcentres: 60 Subcentres needing major repair / renovation works was taken up in 2006-07. In 2007-08 repair/renovation work of another 60 Subcentres will be taken up @ Rs. 0.50 per Sub-Centre giving a total of **Rs. 30.00 Lakhs**.
(iii) Subcentres working in rented buildings will continue to work in the same buildings until the construction works are completed. Additional ANMs in all existing 420 Sub-centres. 190 additional ANMs are already in place in the hilly districts under RCH-II. Recruitment of remaining 230 Additional ANMs is in the process of finalization under Part "B" of NRHM. The total expenditure of these 420 Addl. ANMs will be borne under Part "B" of NRHM.
(v) SBA Training of ANMs: Discussed under the heading of "Trainings".
(vi) A State Quality Assurance Committee is constituted at the State level and is in process of constitution in all districts. These Committees will monitor the progress of RCH implementations. Quality of services provided will also be monitored.
(vii) Supervision activities (State level and District level Officers-once in a month, CHC/PHC MOs-Fortnightly, FHS/MHS-weekly) will be strengthened……. at all levels and regular field visits will be undertaken for corrective steps.

STRATEGY 2

6.2.1.2 Referral transport

Activities

Implementation of a well operating referral transport system is highly essential for the State taking into consideration the difficult terrain, poor

infrastructure and inadequate pvt./public transport facilities. Referral transport support will be extended to all Pregnant Women, newborns and children

Out-sourcing Referral transport for 34 Centres (14 CHCs and twenty PHCs to be up-graded as 24/7 Service Delivery Centres (based on local criteria): This system is already initiated. For this activity no fund is projected during 2007-08 as fund is already available under Part "B".

For those institutions which are not covered under this scheme a list of vehicles will be exhibited in all such Health Institutions for hiring during emergency need. Payment for the transport will be as per the Govt. approved rate of the area. Payment will be made from the RCH Flexipool. For APL families a nominal charge will be levied. This system will be implemented in all the districts and progress will be monitored.

STRATEGY 3

6.2.1.3 Integrated outreach RCH services

Activities

(i) Outreach RCH camps will be organized in under-served/un-served areas. Two types of such camps are planned, General Camps and Specialty Camps. For each camp sufficient medicine, POL, transport facility, contingencies etc. are proposed. Detailed budget is worked out in this regard. Monitoring of these activities will be conducted on a regular basis. 36 camps (Quarterly in each District) will be held @ Rs. 20,000/- per camp in 2007-08.

(ii) It is proposed to organize **Village Health & Nutrition Days at** Anganwadi Centres on **Wednesdays** involving Village Health & Sanitation Committee members, TBA, ASHA, AWW. All the activities as per the guideline of Village Health & Nutrition Days shall be implemented. Regular monitoring and reporting will be ensured.

STRATEGY 4

Janani Suraksha Yojana (JSY)

A. JSY was implemented in the State since 2006 with an ***objective of increasing the proportion of institutional deliveries to 52% in General population and 42% in SC/ST populations from the baseline of 35%*** (NFHS-2). Initially only women having institutional deliveries were given financial assistance under this scheme. Later on women having home deliveries were included. The amount of financial assistance given to the women was:

1. Rs. 700/- for institutional deliveries in rural areas
2. Rs. 600/- for institutional deliveries in urban areas

3. Rs. 500/- for home deliveries both in rural and urban areas.

In 2007-8 an amount of Rs. 54.25 lakhs was released to the districts as first installment. Later, so as not to disrupt the scheme an amount of Rs. 14.00 lakhs was released as second installment to 05 Districts where the performance was good. The current utilization rate of the money released up-to 31st March 2007 is 51% and the ***current achievement of institutional delivery in the State is 49%*** (NFHS-3) and according to the **State HMIS the figure is 51.13%.**

v

B. ***For 2007-08, the objective is to increase the proportion of institutional delivery to at least 60% and to increase the proportion to >80% by end of Mission period.***

C. The financial assistance given to the mothers as well as the ASHAs will be modified as given below:

1.	Mother's package		
	(i) For institutional delivery in rural areas	-	Rs. 700/- per case
	(ii) For institutional delivery in urban areas	-	Rs. 600/- per case
	(iii) For home delivery both in rural & urban areas	-	Rs. 500/- per case
2.	ASHA's package	-	Rs. 200/- per case
3.	For Caesarian section In Govt. Health facilities	-	Rs. 1500/- per case
4.	Referral package Expenditure	-	Based on exact

For General population the mother's package will be given only to BPL families up-to 02 live expenditure whereas for SC/ST population this limitation will not be applicable.

D. Budget estimation for 2007-08:

D.1. Estimated number of deliveries in 2007-08 (CBR=15.5)

In general population (Pop=1303937)		**In SC/ST population (Pop=1279127)**		**Total estimated Pop.**
Urban (Pop=566946)	**Rural (Pop=861380)**	**Urban (Pop= 25343)**	**Rural (Pop=1253784)**	**2583064**
8788	13351	1394	19434	42967

D.2. JSY budget needed (in Lakhs)

	In General Population		**In SC/ST Population**	
Mother's package	**Urban**	**Rural**	**Urban**	**Rural**
Estimated total No. of deliveries	8788	13351	1394	19434
Estimated No. of deliveries in BPL families in General Population (30% in urban areas and 40% in rural	2636	5340	Not applicable	Not applicable

areas)				

	In General Population		In SC/ST Population	
Mother's package	**Urban**	**Rural**	**Urban**	**Rural**
Estimated No. of deliveries up-to the order of 2 in BPL General Population (50%)	1318	2670	Not applicable	Not applicable
Targeted No. of institutional deliveries (60%) out of above	791	1762	837	11660
Package for institutional delivery (@ Rs. 700/- in rural areas and Rs. 600/- for urban areas	**4.75**	**12.33**	**5.02**	**81.62**
Estimated No. of Home deliveries in SC/ST Population and among BPL families up-to Birth order of 2 in General Population	527	908	557	7774
Package for Home delivery (@ Rs. 500/- per case)	**2.64**	**4.54**	**2.79**	**38.87**
ASHA's package for institutional delivery (@ Rs. 200/- per case)	**1.58**	**3.52**	**1.67**	**23.32**
Assistance for C/S @ Rs. 1500/- (Assuming 2% of all institutional deliveries)	**4.50**			
Referral transport (to be based on exact expenditure)	**4.50**			

STRATEGY 5

6.2.1.4 Other Strategies

6.2.1.5.1 Ensuring early registration and ANC (at least 3) for all pregnant women

Activities

(i) Ensuring that ANMs stay at their place of posting by promoting the environment of the Sub-centres through provision of untied funds. Also by recruitment and posting of ANMs based on local criteria.
(ii) Including 3 ANCs as one of the criteria for claiming financial assistance under JSY.
(iii) District Mobile Medical Units to hold ANC sessions in difficult to be accessed areas.

6.2.1.5.2 For Maternal Death Auditing:

Activities

(i) Formation of a State level Committee.
(ii) Auditing of any maternal death reported.

6.2.1.5.3 Strengthening PNC

Activities

(i) Promoting at least 03 PNC (1st day, 1st week, 6th week) through ASHAs, AWWs, ANMs.
(ii) Making at least one PNC visit a pre-requisite for JSY.
(iii) PNC sessions in Monthly Village Health Days District Mobile Medical Units for hard to reach areas.

6.2.1.5.4 Strengthening PPP

Activities

(i) Considering the inadequate infrastructure, manpower in the Govt. sector, Geographical outlay of the land, poor health seeking behavior and inadequate transportation facilities RCH Program can be implemented efficiently if partnership is worked out with the private sector. For this, it is proposed to accredit suitable Pvt. Institutions in each district for RCH activities. Moreover hiring of specialist service from RIMS is also planned.

6.2.1.5.5. ASHA Scheme:

ASHA selection & induction Training

Sl. No	DISTRICT	Total no. of ASHA	BTT training	ASHA training	
					Remarks
1	Imphal east	381	Completed	Started from 9th May'07	To complete by 1stquarter of 07-08
2	Imphal west	249	Completed	Started from 9th May'07	
3	Thoubal	276	Completed		
4	Churachandpur	539	Completed		
5	Bishnupur	155	Completed	1st batch completed	
6	Senapati	615	Completed		
7	Ukhrul	252	Completed		
8	Chandel	325	Completed		
9	Tamenglong	208	Not started		
	Total	**3000**			

The above mentioned number of ASHA was based on 2001 census. Because of increase in population in the last 6 years the following additional numbers of ASHA need to be in place. 500 more ASHAs need to be developed. Hence additional budget of **Rs. 50.00 Lakhs** @ Rs. 10,000/- per ASHA for selection, training and providing Drug Kits.

6.2.2 Child Health

Objectives:

To improve health status of newborns and children

Process Indicators		CURRENT STATUS	Targets		
			07–08	08 – 09	09–10
1	% of neonates who were breastfed within 1 hour of life				
	Overall	49.1 *(NFHS-3)*	60	70	80
	SC/ST	NA	60	70	80
2	% of infants who were breastfed exclusively till 6 months of age				
	Overall	61.7 *(NFHS-3)*	70	75	80
	SC/ST	NA	45	55	60
3	% of infants receiving complementary feeds apart from breast feeding at 9 months				
	Overall	78.1 *(NFHS-3)*	85	90	95
	SC/ST	NA	85	90	95
4	% of children 12-23 months of age fully immunized				
	Overall	46.8 *(NFHS-3)*	55	68	80
	SC/ST	NA	50	65	75
5	% of children 6-35 months of age who are anemic				
	Overall	52.8 *(NFHS-3)*	40	30	20
	SC/ST	NA	45	35	25
6	% of children under 5 years age who have received all nine doses of Vitamin A				
	Overall	NA	0	30	50
	SC/ST	NA	0	20	40
7	% of children under 3 years age with diarrhea in the last 2 weeks who received ORS				
	Overall	36.8 *(NFHS-3)*	50	65	80
	SC/ST	NA	40	60	70
8	% of children under 3 years age who are underweight				
	Overall	23.8 *(NFHS-3)*	20	15	10
	SC/ST	NA	24	20	15

Intermediate/ MoU Indicators								
	Indicators	**Current status**	**2007-08**				**2008-09**	**2009-10**
			1q	**2q**	**3q**	**4q**		
1	No. of districts where IMNCI logistics are supplied regularly (Cumulative)	0	0	0	2	4	9	9
2	No. of health facilities with at least one provider trained in Facility Based Newborn Care	0	0	0	7 DH	14 CHCs	10 PHCs	20 PHCs
3	No. of sampled outreach session where AD syringe use and safe disposal are followed	535 (535) Safe disposal is planned						
4	No. of districts and schools where School Health Program is implemented	2 (9)	To be expanded to other districts after appraisal					

STRATEGY 1

6.2.2.1 ***Implementation of IMNCI***

Activities

(i) Operational Plan for Implementation of IMNCI across the state is already worked out and a draft copy is submitted.
(ii) Pre-service IMNCI sensitization of service providers are taken up by including in the curriculum at ANM Training School and RIMS.
(iii) Progress of Implementation of the activity will be monitored on a regular basis.

At State Level

□ **Appointing a nodal officer for IMNCI**

The Joint Director (Child Health) has been appointed the Nodal Officer for IMNCI.

□ **Set ting up of a co-ordination Group.**

State Coordination Group for implementing IMNCI has been formed as per guidelines.

□ **Arrange translation, printing and supply of training material.**

Translation of the modules in local languages will be taken up when the fund is available.

□ **Creating pool of State level trainers.** State level trainers identified.

□ **Selecting priority districts for IMNCI implementation**

3 Priority districts selected (Churachandpur, Imphal West and Thoubal) for the first phase of implementation of IMNCI.

In districts not implementing IMNCI the existing interventions including immunization, diarrheal disease control, ARI control, vitamin A supplementation and essential newborn care including promotion of exclusive breastfeeding for 6 months, and starting optimal complementary feeding from 6 months of age onwards should be vigorously implemented to achieve universal coverage.

□ **Monitoring, follow-up and review of implementation of IMNCI**

Plan for these activities will be developed.

□ **Identifying the state nodal institute for IMNCI training**

Regional Institute of Medical Sciences (RIMS) has been identified as state nodal institute for IMNCI training.

□ **Improvement in family and community practices**

BCC strategy to be developed.

At District Level

□ **Appoint District Coordinator for IMNCI**.

DFWOs/DIOs are appointed as District Coordinator for IMNCI.

□ **Set up an IMNCI Coordination Group** District Coordination Group constituted as per guidelines.

□ **Train District Trainers**

Plan for training of district trainers developed.

□ **Develop a detailed plan for IMNCI Implementation in the District.**

Details being worked out.

□ **Ensure timely supplies & logistics, supervision and follow-up**

Fund for logistic materials reflected in the PIP.

□ **IEC activities for improvement in family and community practices**

Plan yet to be developed.

Trainings

Trainings under IMNCI will focus on Skill Development and will be of two types viz., In-service and pre-service trainings. The training Plan is being worked out.

Funding arrangements for IMNCI Trainings:

1. National Level training:

The state has proposed 9 doctors for national level TOT. It is to be funded by MoHFW, GoI

2. State Level training (at the Medical Colleges identified as training centres):

State Level Trainings planned
Venue: RIMS, Imphal
Participants: 40 Doctors in 2 batches of 20

Funding requirements for the training at the State Head Quarter:

Sl. No.	***Activity***	***Details***	***Budget (in lakhs)***
1. Training equipments at State level			
1.1	One Computer		0.60
1.2	One Computer Table		0.08
1.3	One Chair		0.0225
1.4	One LCD Projector with display screen		1.75
2. Training expenditure			0
2.1	DA for trainees	@ 300/- per day X 40 MOs X 11 days	1.32
2.2	TA for trainees	@ 1000/- X 20 trainees (Hills)	0.20
		@ 400/- X 20 (Valley)	0.08
2.3	Other contingencies including lodging arrangement for trainees from Hill Districts	@ 800/- X 20 X 10 days	1.60
2.4	TA for trainers (from Hill Dist.)	@ 1000/- X 4 X 2 batches	0.08
2.5	TA for trainers (from Valley Dist.)	@ 400/- X 5 X 2 batches	0.04
2.6	DA for trainers	@ 400/- X 11 X 10 days X 2 batches	0.792
2.7	Honorarium for trainers	@ 500/- X 11 X 10 days X 2 batches	1.10
2.8	Arrangement for 2 days' Field visit	@ 2500/- X 2 days X 2 batches	0.10
2.9	Teaching materials, working lunch & other overhead expenditure		2.60
		Total	**10.3645**

3. District Level training:

a). At District Training Cell (in the District Hospital):

The State has selected 3 districts: Churachandpur, Imphal West and Thoubal for the first phase of implementation of IMNCI.

District Level trainings planned:

Venue: District Hospital
40 Doctors per District in of 20 for each of the 3 districts
75 HW in batches of 25 for each of the 3 districts
75 PRI in batches of 25 for each of the 3 districts

Sl. No.	***Activity***	***Details***	***Budget (in lakhs)***
1. Training equipments at District level			
1.1	Computer	@ 0.60/- X 3	1.80
1.2	Computer Table	@ 0.08/- X 3	0.24
1.3	Chair	@ 0.0225/- X 3	0.0675
1.4	LCD Projector	@ 1.75/- X 3	5.25
2. Expenditure for District trainers			0
2.1	TA	@ 400/- X 120 MOs	0.48
2.2	DA	@ 300/- X 11 Days X 120 MOs	3.96
2.3	TA of State Trainers	@ 1000/- X 3 X 3 districts	0.09
2.4	TA of District Trainers	@ 400/- X 8 X 3 districts	0.096
2.5	DA of State Trainers	@ 500/- X 10 days X 3 trainers X 3 dist.	0.45
2.6	DA of District Trainers	@ 300/- X 10 days X 8 trainers X 3 dist.	0.72
2.7	Honorarium for Trainers	@ 300/- X 10 days X 11 trainers X 3 dist.	0.99
2.8	Arrangement for field visits	@ 2500/- X 2 days X 2 batches X 3 dist.	0.30
2.9	Teaching materials, working lunch & other overhead expenditure		6.00
3. Expenditure for training of Health Workers			20.4435
3.1	TA of Trainees	@ 200/- X 25 participants X 7 batches X 3 dist.	1.05
3.2	DA of Trainees	@ 200/- X 25 participants X 11days X 7batches X 3 dist.	11.55
3.3	TA of Trainers	@ 400/- X 7 trainers X 7 batches X 3 dist.	0.588
3.4	DA of Trainers	@ 300/- X 7 trainers X	4.851
3.5	Honorarium for Trainers	@ 300/- X 7 trainers X 10 days X 7 batches X 3 dist.	4.41
3.6	Arrangement of field visits	@ 2500/- X 2 days X 7 batches X 3 dist.	1.05
3.7	Teaching materials, working lunch & other overhead expenditure		10.50
		Total	**54.4425**

b). At other Training Centres within the District in identified CHCs/PHCs:

Trainings planned at other training centres: 675 participants in batches of 25 in 3 Identified Health Centres in each of the 3 districts

Sl. No.	*Activity*	*Details*	*Budget (in lakhs)*
1. Training equipments at other training centres			
1.1	Television	@ 0.20/- X 3 HCs X 3 dist.	1.80
1.2	CD player	@ 0.05/- X 3 HCs X 3 dist.	0.45
1.3	Television stand	@ 1500/- X 3 HCs X 3 dist.	0.135
2. Other expenditure			0
2.1	TA for trainees	@100/- X 25 participants X 9 batches X 3 dist.	0.675
2.2	DA for trainees	@ 100/- X 25 participants X 11 days X 9 batches X 3 dist.	7.425
2.3	TA for trainers	@ 200/- X 5 trainers X 9 batches X 3 dist.	0.27
2.4	DA for trainers	@ 200/- X 5 trainers X 11days X 9 batches X 3 dist.	2.97
2.5	Honorarium for trainers	@ 200/- X 5 trainers X 10 days X 9 batches X 3 dist.	2.70
2.6	Arrangement of field visits	@ 2500/- X 2 days X 9 batches X 3 dist.	1.35
2.7	Teaching materials, working lunch & other overhead expenditure		12.15
		Total	**29.925**

4. Translation, printing and supply of training material:

The modules, charts, booklets, videos and facilitators guides will be made available to the Districts and Sub-District levels for facilitating training under IMNCI. These will need to be translated and printed in local languages depending on the needs of each State. Rs. 600000/- will be needed for this activity.

5. Field-level Monitoring Support, Follow up and Coordination:

Field-level Monitoring Support, Follow up visits: Rs. 570000/-
Coordination & review meetings: Rs. 336000/-

6. Provision for support staffs and Mobility:

4 contractual computer assistant (HQ) @ Rs. 8000 x 12 months x 4 = Rs. 384000 /-
Outsourcing of vehicle @ Rs. 15000 with provision of additional charges if the coverage is more than 1000 km pm. Rs. 15000 x 12 months = Rs. 180000/-

7. Fund for logistic materials = Rs. 100000/-

8. Annual budget requirement in addition to the items to be received in kind from GoI (in lakhs)

Table showing budget for IMNCI for 2007-08

	Particulars		*Budget (in lakhs)*
1.	National level training: to be arranged by GOI		-
2.	State level skills training at RIMS, Imphal	State	4.712
		Districts	3.20
3.	Training Equipments	State	2.4525
		Districts	9.7425
4.	District Level skills training		47.085
5.	At other Training Centres within the District		27.54
6.	Translation, printing and supply of training material		6.00
7.	Field-level Monitoring Support, Follow up visits		5.70
8.	Coordination & review meetings		3.36
9.	4 Contractual Computer Assistant @ Rs. 8000pm		3.84
10.	Outsourcing of 1 vehicle @ Rs. 15000 / month		1.80
11.	Logistic materials		1.00
12.	Office contingency		1.20
Total			**117.632**

STRATEGY 2

6.2.2.2 *Facility based New Born Care / FBNC*

Activities

(i) "Guidelines for Implementation of FBNC" is prepared and the guidelines are disseminated.
(ii) The activity will be made operational in all the districts. Adequate care is taken for IEC activities, training etc in this regard.
(iii) Monitoring against the progress made in the implementation will be undertaken by the monitoring committees.

STRATEGY 3

6.2.2.3 *Home-based New Born Care / HBNC*

Activities

(i) "Guidelines for Implementation of HBNC" is to be prepared and disseminated.
(ii) The activity will be made operational in all the districts. Adequate care is taken for IEC activities, training etc in this regard.
(iii) Monitoring against the progress made in the implementation will be undertaken by the monitoring committees.

STRATEGY 4

6.2.2.4 *School Health Program*

Activities

Guidelines for the School Health Program Implementation is already prepared and made operational. The program is already implemented in all schools of o2 districts viz., Ukhrul and Imphal East districts. The program will be extended to all the districts during the RCH program.

(i) A State School Health Committee is constituted for effective monitoring and assessing quality of Service provided. A format is designed and used for monthly reporting.

STRATEGY 5

6.2.2.5 *Infant and Young Child Feeding / IYCF*

Activities

"Guidelines of IYCF" is not available in the state. On receiving the guidelines it will be disseminated to all the institutions.

(i) A detailed operation plan will be worked out including training strategy IEC etc.
(ii) Monitoring of the Activity will be taken-up.

STRATEGY 6

6.2.2.6 *Care of sick children and severe malnutrition at FRUs*

Activities

(i) Guide lines for managing severe malnutrition and illness among children will be prepared and disseminated during the first quarter of 2007-2008 and operational plan for the same will be worked out an implemented in all FRUs
(ii) Monitoring of the activity will be undertaken by the State and District Monitoring Committee.

STRATEGY 7

6.2.2.7 *Management of Diarrhea, ARI and Micronutrient Malnutrition*

Activities

(i) "Guidelines" for this intervention is worked out. Under IMNCI also the activity implementation training of Health providers are worked out.
(ii) The activity will be implemented in all the Health Institutions
(iii) Monitoring of this activity will be undertaken on regular basis.

STRATEGY 8

6.2.2.8 *Others*

Activities

(i) It is decided to have partnership with Private Health providers for effective implementation of various child health interventions, including immunization.

6.2.3 Family Planning

Objectives: To meet the unmet needs of contraception

Process Indicators		CURRENT STATUS	Targets		
			07–08	08 – 09	09–10
1	Contraceptive prevalence rate (any modern method)				
	Overall	48.7 *(NFHS-3)*	50	60	75
	SC/ST	NA	50	55	58
2	Contraceptive prevalence rate (limiting methods)				
	Male Sterilization	0.5 *(NFHS-3)*	1	1.5	2.0
	Female Sterilization	8.1	10	15	17
3	Contraceptive prevalence rate (spacing methods)				
	Oral Pills	5.4 *(NFHS-3)*	15	20	22
	IUDs	5.3 *(NFHS-3)*	15	15	20
	Condoms	4.2	10	10	15
4	Unmet need for spacing methods among eligible couples				
	Overall	25.6 *(DLHS-2)*	20	15	<10
	SC/ST	NA	20	18	15
5	Unmet need for terminal methods among eligible couples				
	Overall	15.3 *(DLHS-2)*	12	8	5
	SC/ST	NA	12	10	8

Intermediate/ MoU Indicators								
	Indicators	Current status	2007-08				2008 -09	2009-10
			1q	2q	3q	4q		
1	No. of health facilities providing Female Sterilization services							
	a. DHs (Cumulative)	4 (7)	4	4	4	7 (7)		
	b. CHCs (Cumulative)	0 (16)	0	0	0	2	4	6
2	No. of health facilities providing Male Sterilization services							
	a. DHs	7 (7)						
	b. CHCs (Cumulative)	6 (16)	6	6	6	10	15	16
	c. PHCs (Cumulative)	25 (72)	25	25	30	40	45	50

Intermediate/ MoU Indicators								
3	No. of health facilities providing IUD insertion services							
	a. CHCs	16 (16)						
	b. PHCs	72 (72)						
	c. Sub centres (Cumulative)	106 (420)	106	150	175	200	300	420
4	No. of accredited private institutions providing:							
	a. Female sterilization services (Cumulative)	0	Subject to availability of interested Private Partners					
	b. Male sterilization services (Cumulative)	0	Subject to availability of interested Private Partners					
	c. IUD insertion services (Cumulative)	0	Subject to availability of interested Private Partners					
5	No. of districts with Quality Assurance Committees (QACs)	0	0	9				
6	No. of district QACs having quarterly meetings	0	0	9				
7	No. of planned Male & Female Sterilization camps held in the quarter	0	9	9	9	9	36	36

STRATEGY 1

6.2.3.1 *Terminal/limiting methods*

The present unmet need of 15.3 in the Limiting methods is to be reduced to 10 by end of 2010.

Activities

(i) Manuals on sterilization standards and Quality assurance for sterilization services are prepared and disseminated to districts for further dissemination to Sub-District level.

(ii) Operational Plan for provision of sterilization services all over the State is prepared. Strategies for training, BCC/IEC, equipment and consumables are worked out.

(iii) Observation of Sterilization Days (Wednesday for Tubectomy and Saturday for Vasectomy)
   a. Weekly at District Hospitals
   b. Fortnightly at identified CHCs where trained manpower are available
   c. Monthly at identified PHCs where trained manpower are available (only for NSVs)

(iv) Training of MBBS Doctors in NSVs and minilap. Plan worked out.

(v) Equipping Health institutions by new procurement or by repair of existing equipments

(vi) Provision of drugs (to be retained at Health Facility)
- Rs. 100/- for tubectomy
- Rs. 50/- for vasectomy

(vii) Forming panel of eligible surgeons and health institutions (both public and private) district-wise

(viii) Monthly NSV mega-camps at the 05 hilly districts by using the trained manpower available at PPPC, Imphal and UFWC, Imphal.

STRATEGY 2

6.2.3.2 *Spacing methods*

Unmet need for Spacing methods will be reduced from the existing 25.6 to <15 by end of 2010.

Activities

(i) An operational Plan is worked out for popularizing spacing methods in the State.

(ii) IUD services will be provided at all health facilities

(iii) Making available ECP, Cu-T 380 in addition to OCP, Condom in all Health Institutions up-to the level of Sub-centres.

(iv) Social marketing Condoms including provision of Condom Vending Machines in strategic areas in collaboration with Manipur AIDS Control Society (MACS)

(v) Training of Doctors, Staff Nurses, LHVs and ANMs for Cu-T insertion will be taken up during the RCH period.

(vi) Contraceptive up-date seminars for health providers are initiated and activities are going on.

(vii) The progress of the activities will be done on regular basis.

STRATEGY 3

6.2.3.3 *Other strategies*

(i) Involving ASHAs, AWW and Community leader in spreading awareness and community mobilization

(ii) Motivators' fee to be increased to
- Rs. 25/- per case for Cu-T insertion
- Rs. 170/- per case for Vasectomy/ Tubectomy (Rs. 150/- for ASHA and Rs. 20/- for AWW/Others). The total incentive per case for BPL families may be increased to Rs. 800/-. This may be applied to private clinics accredited for performing sterilization.

(iii) PPP: Partnership with the private sector in FP activities was tried last year but was not successful. State is re-attempting to tie up FP services with the private sector.

Budget (in lakhs):

Sl. No.	Particulars/Activity	Unit rate	Units	Total
1	Combined tubectomy & NSV Megacamps (4 per district)	0.50	36	18.00
2	Compensation & motivation fee			
	For Tubectomy (Drugs-100, ASHA-150, AWW-20, Incidental charges-80, Client-450)	0.008	1000	8.00
	For Vasectomy (Drugs-100, ASHA-150, AWW-20, Incidental charges-80, Client-450)	0.008	1000	8.00
	Motivators' fee for Cu-T (Rs. 25 per case)	0.00025	20000	5.00
3	Procurement/repair of equipments			5.00
4	Trainings			
4.1	4 days training of District Trainers (outside State)	0.50	9	4.50
4.2	MBBS Doctors training on NSV & tubectomy	Reflected under "Trainings"		
4.3	GNM & ANM training on Cu-T insertion	Reflected under "trainings"		
			Total	**30.50**

6.2.4 Adolescent Reproductive and Sexual Health (ARSH)

Objectives: To improve the health status of adolescents specially that of adolescent girls.

Intermediate/ MoU Indicators								
	Indicators	Current status	2007-08				2008-09	2009-10
			1q	2q	3q	4q		
1	% of ANC registrations in first trimester of pregnancy for women < 19 years of age	NA (Preg < 19 = 16%) (NFHS-3)	10%	15%	20 %	2%	30%	50%
2	No. of health facilities providing ARSH services							
	a. FRUs (Cumulative)	0	0	0	0	2	4	6
	b. CHCs (Cumulative)	0	0	0	0	1	5	7
	c. PHCs (Cumulative)	0	0	0	2	8	10	1O
3	No. of health facilities with at least one provider trained in ARSH (Cumulative)	0	0	0	2	11	19	23

STRATEGY 1

6.2.4.1 ***Provision of Adolescent Friendly Services (ARSH) in Health facilities***

Activities

(i) Preparation and dissemination of ARSH guidelines to District and Sub-district level.
(ii) Preparation of operational plan for ARSH services across districts.
(iii) ARSH clinics will be implemented in District Hospitals and CHCs once in every week.
(iv) Selected Health providers will be trained on ARSH Counseling skills and their services will be utilized for setting up ARSH Counseling in the selected Health Facilities.
(ii) ARSH Services will be operationalized through School Health Program. Question Boxes will be set up in the schools where doubts can be written and posted in these boxes provided without revealing the identity. Every month on a fixed day the doubts will be cleared in the School Assembly. Teachers also will be sensitized on ARSH activities.
(iii) Monitoring of the activities will be ensured.

6.2.5 Urban RCH

Objectives:

To provide quality RCH services in the urban areas of the State focusing on the Urban slums, and also cover the poor floating populations living in the urban areas.

STRATEGY 1

6.2.5.1. ***Strengthening the existing 04 urban health centres already established in the State and to provide 04 more UHCs in selected areas***.

Activities:

(i) Operational Plan for Urban RCH including infrastructure, Human Resources, Training etc are worked out and disseminated.
(ii) ANMs and Doctors are already in position in 04 UHCs. Necessary staff will be provided once the other UHCs are set up.
(iii) Maintenance of four Urban Health Centres viz. (i) Ningomthong UHC (ii) Thambalkhong UHC (iii) Hiyangthang UHC and (iv) Iroishemba UHC which were up-graded in 2006-07 from Sub-centres situated in the suburbs.
(iv) Repair/Renovation & add-on facility for PPP Centre Imphal

(v) Repair/renovation & add-on facility for UFWC Imphal
(vi) Maintenance of technical support unit established in the Directorate of FW services for monitoring.
(vii) Up-gradation of 04 more Sub-Centres lying in peri-urban/suburbs to UHC
(viii) Regular progress monitoring through the Technical Support Unit established.

6.2.6 Tribal health

Objective

Provide adequate RCH services in the tribal areas in the valley districts of the State.

STRATEGY 1

6.2.6.1. ***To make RCH services available and accessible in the hamlets/villages of tribal minority areas in the valley areas of Imphal, Thoubal and Bishnupur districts.***

Activities

(i) A mobile dispensary van fully equipped with medical facilities, and manned by a doctor (preferably a lady), an ANM and an assistant, may be in service covering the 100 odd tribal hamlets/villages identified in the valley area. It may cover 3-4 villages per day on **fixed place, fixed day and fixed time** basis.
(ii) PPP with Private Service providers for providing RCH services.
(iii) Monitoring through the Technical Support Unit established under **6.2.5.**

6.2.7 Vulnerable groups

Intermediate/ **MoU Indicators**								
	Indicators	Current status	2007-08				2008 -09	2009 -10
			1q	2q	3q	4q		
1	No. of district plans with specific activities to reach vulnerable communities	1(5)	9 (9)					

RCH services for the vulnerable groups is already covered in the Tribal/Urban RCH and other activities.

6.2.8. Innovations/PPP/NGO

Objective

To provide RCH services by PPP/NGO/Innovations methods

MoU Indicators								
	Indicators	Current status	2007-08				2008-09	2009-10
			1q	2q	3q	4q		
1	No. of districts covered under MNGO scheme (Cumulative)	4 (9)	4	4	4	9	9	9
2	No. of MNGO proposals under implementation (Cumulative)	2	2	2	2	5	5	5

STRATEGY 1

6.2.8.1. *PNDT*

The sex ratio in the state is 978, which is much better than the National figure. But the U-6 Sex Ratio is 957 indicating that selective abortions are taking place. Hence, the Pre-conception and Pre-natal Diagnostic Techniques Prevention Act, 1991 need to be more strictly enforced in the state.

Activities:

(i) Operationalize PcPNDT Cell:
- State Supervisory Board chaired by Minister (Health & FW): Already formed
- State Advisory Board chaired by a Sr. Paediatrician: Already formed
- State level Appropriate Authority chaired by an Addl. Director: Already formed
- Registration of Private Clinics having USG facility: All 21 Clinics registered.

(ii) Orientation of service providers and Program Managers on PcPNDT is to be taken up.

(iii) Monitoring of the activities will be taken up.

STRATEGY 2

6.2.8.2. *PPP*

Activities

(i) Considering the inadequate infrastructure, poor transport facilities, inadequate manpower, difficult terrains and scattered nature of Health institutions and inhabitation, it is necessary to develop partnership with the

Private sectors for implementing RCH activities. This has been worked out with specific interventions

STRATEGY 3

6.2.8.3 *NGO Program*

Activities

(i) 02 MNGOs are identified who are covering 04 districts. MNGO for the remaining Districts will be implemented during 2007-08.
(ii) Training of the MNGOs in RCH activities will be undertaken.
(iii) Supervision & Monitoring of the MNGO/FNGO activities will be ensured through the State/District Quality Assurance Committees.

6.2.9 Infrastructure (including Infection management and environment protection)

Objective:

Provision of adequate infrastructure and Human resources for effective implementation of RCH activities in the State.

INTERMEDIATE / MoU INDICATOR		CURRENT STATUS (*year, source*)	TARGET					
			07–08 (quarter-wise)				08–09	09–10
			Q1	Q2	Q3	Q4		
Infrastructure								
1	No. of PHCs upgraded to provide 24X7 RCH services (Cumulative)	15 (72)	15	16	18	20	28	36
2	No. of health facilities upgraded to FRUs, fulfilling the minimal criteria per the FRU guidelines							
	a. District Hospitals (Cumulative)	1 (7)	1	1	1	3	5	7
	b. CHCs (Cumulative)	0 (16)	0	0	0	2	6	8
3	No. and % of functional Sub-Centres (ANM is posted and working from the facility) (Cumulative)	420 (100%)						
4	No. of sampled FRUs following agreed infection control and health care waste disposal procedures (Cumulative)	0	0	0	0	2	6	8
5	No. of health facilities that have operationalised IMEP guidelines (Cumulative)	0	0	0	7	21	57	57

STRATEGY 1

6.2.9.1 *Contractual Staff and services*

Activities

(i) 190 ANMs are recruited and they are in position in Sub-Centres, providing RCH services
(ii) 30 Lab Technicians are recruited on contract basis and are in position. They are working in 20 PHCs and 14 CHCs
(iii) 74 Staff Nurses are recruited and are in position. 20 are placed in 24X7 PHCs and 54 in CHCs.
(iv) 7 Specialist Doctors were recruited, but only 1 is in position at present.
(v) 48 Doctors, 20 Staff Nurses and 230 ANMs will be recruited on contract basis during 2007-08 for adequate service provision. These are discussed under Part "B" of NRHM.

STRATEGY 2

6.2.9.2 *Major Civil Works*

Activities

(i) The State has received fund for up-grading 4 CHCs to FRUs @ Rs. 19 Lakhs per CHC. The work is in progress and completed by 90%.
(ii) For operationalisation of 20 PHCs for 24/7 service, Rs. 5.8 Lakhs per PHC is received and the fund is released to the concerned District Health Mission Societies. During 2007-08, it is proposed to provide 24 hour service in 8 more PHCs and 2008-09, 8 more PHCs will be selected for 24/7 service in 2009 -10
(iii) Up-gradation of 02 District Hospitals viz. DH Bishnupur and DH Churachandpur to IPHS level: Based on Facility Survey Report details are worked out and discussed under Part "B" of NRHM. An amount of Rs. 2.00 Crores is already available under Part "B" of NRHM for initiating the up-gradation process. Hence no additional budget will be demanded in 2007-08.
(iv) There are 420 Sub-centres in the state. For 100 Sub-centres, the state received Rs. 600 Lakhs for new construction of Sub-centres under Part B of NRHM i.e.,Rs. 6 Lakhs per Sub-centre. The construction works will be taken up under Part "B".

STRATEGY 3

6.2.9.3 *Minor Civil Works*

Activities

(i) There are 72 PHCs in the state. The PHCs are in old buildings and majorities are in dilapidated conditions. **It is proposed to take up minor civil works of 15 identified PHCs during 2007-08, for which an estimated Rs. 3 lakhs per PHC is worked out making a total of Rs. 45.00 Lakhs**. The quarters attached to the 15 PHCs for 2007-08 are to be repaired/ renovated. **30 quarters are to be repaired in this context for which an amount of Rs. 2.00 lakhs per quarter is estimated and worked out and needs a total budget of Rs. 60.00 lakhs**.

STRATEGY 4

6.2.9.4 *Operationalise Infection Management & Environment Plan (IMEP) at Health Facilities*

Activities

(i) Workshops will be organized and guidelines will be disseminated regarding IMEP
(ii) Necessary infrastructure, provision of equipment, staffing and training to the health providers will be implemented.
(iii) Universal Infection Control will be established in all the health institutions to minimize person to person transmission of diseases.
(iv) The progress made will be monitored.

STRATEGY 5

6.2.9.5 Other add-on facilities at CHCs and 24/7 PHCs

Sl. No.	***Activity***	***No. of units***	***Unit rate (in lakhs)***	***Total (in lakh)***
1	Double Telephone line for CHCs	16	0.06	0.96
2	Single Telephone line for 24.7 PHCs	20	0.03	0.60
3	TV, DVD player for CHCs	16	0.25	4.00
4	Computer sets for 04 FRUs	04	0.50	2.00
5	Blood Auto-analyzer for 04 FRUs	04	3.50	14.00
6	Boyle's apparatus for 04 FRUs	04	1.10	4.40
7	5 kVa DG set for 24/7 PHCs	20	1.00	20.00
8	Installation shed or DG set	20	0.40	8.00
9	Hiring Inspection vehicle for CHCs & PHCs (05 days/ per month)	88	0.30	26.40
	Total			**80.36**

6.2.10 Institutional Strengthening

Objective:

Providing adequate RCH services by Institutional Strengthening

Intermediate/ MoU Indicators								
	Indicators	Current status	2007-08				2008-09	2009-10
			1q	2q	3q	4q		
Human Resources								
1	No. of Addl. ANM positions filled in Sub-Centres(against required)	190 (420)	420	420	420	420	420	420
2	No. of specialist positions filled at CHCs (against required) (Cumulative)	0(48)	1	According to availability or PPP/hiring from RIMS)				
3	Consultants (HMIS, M & E, Training/HRD, BCC	0	0	4				

STRATEGY 1

6.2.10.1 *Human Resource Development*

Activities

(i) HR Consultants recruitment will be undertaken during 2007-08 and will be in position
(ii) For this activity, mapping of Human Resources in the state is done and data collected.
(iii) Adequate steps will be taken to implement transfer and cadre restructuring so as to provide RCH services
(iv) Performance appraisal and reward system will be developed
(v) Policies will be developed for posting in under-served areas after PG.
(vi) Management development programs will be set up for medical officers for upgrading the skills in management

STRATEGY 2

6.2.10.2 Logistics Management / Improvement

Activities

(i) Logistics Management System to be developed in 2nd Quarter of 06-07
(ii) Training for the staff concerned
(iii) Warehousing facilities at State and 06 district levels will be constructed and necessary infrastructure will be developed for storage, distribution etc.

STRATEGY 3

6.2.10.3 Monitoring and Evaluation / HMIS

Intermediate/ MoU Indicators								
	Indicators	Current status	2007-08				2008-09	2009-10
			1q	2q	3q	4q		
1	No. of districts reporting on the new MIES format on time	9 (9)						

Activities

(i) Monitoring Cell is constituted at the state and district levels for effective M&E of RCH services
(ii) M & E Consultant will be in position during 2007-08
(iii) Necessary equipments etc. will be provided. 04 Computer sets with peripherals need to be procured
(iv) Use of Revised MIES format started
(v) Review of existing registers, printing of new forms, training of st being taken up.

6.2.11 Strengthening Training Infrastructure

Objective:

To provide adequate training for all health providers for RCH services

STRATEGY 1

6.2.11.1 Strengthening of Training Institutions (RHFWTC & FHWTS)

Activities

(i) Extension of residential hostel in RHFWTC from existing 20 capacity to 100 by 2007-08
(ii) Repair/renovation of toilets of RHFWTC
(iii) Extension of Dining room and 06 more Toilets for FHWTS
(iv) Extension of all 09 District Hdq. Building for accommodating a minimum of 30 staffs for Training purposes and is discussed under Part "B" of NRHM.

6.2.12 BCC/IEC

Objective:

Strengthening Client friendly RCH services by promoting BCC/IEC

STRATEGY 1

6.2.12.1 ***Strengthening of BCC/IEC bureaus in state and districts Present Scenario***

The technical staff available for planning, implementation and monitoring BCC activities are:

1.	At State level:	-	State Health Education Officer
		-	State AV Officer
2.	At District level	-	District Extension Media Officers
3.	At Block level & below	-	Block Extension Educators/Health Educators

These technical persons will be supported by other health workers according to need.

Activities

(i) Capacity Building Training of State and District Media Officers at NIHFW, New Delhi to gain up-dated knowledge and skills about effective BCC, role of media officers/officials, ways & means to involve community in health program implementation, selection of State specific channels for communication and how to monitor the BCC activities.

(ii) Training of BEEs/EEs at District level by the trained District Media Officers. This may be taken up as a component of the Monthly District level meetings.

(iii) Maintenance of Risograph/Generator/Computer/A-V Aids etc. for State IEC Bureau

(iv) BCC/IEC Consultant at the state level will be put in position to strengthen the BCC/IEC activities

STRATEGY 2

(i) Radio spots
- Production and Broadcasting of serial plays-30 mins
- Jingles on NRHM in 06 major dialects-20 mins.

(ii) TV (DDK & ISTV)
- Production of spot/play ½ - 1 min
- Production of Tele Film of 1 hour duration
- Telecast for Spot/ Tele film
- Sponsoring relevant Programs

(iii) Print media
- Maintenance of hoardings
- Printing of leaflets/ Folders in 06 major dialects
- Printing of wall poster
- Press advertisements and releases

(iv) State level workshops facilitated by State Media Unit for district-wise selected folk theater groups for designing timely and effective BCC scripts/acts.

(v) District level workshops facilitated by District media Units for re-designing the scripts/acts if needed and site selection

(vi) Assessing impact of the activity on-site by District and Block Media Units for taking corrective actions.

(vii) Participating in Health Melas by opening a separate Stall for IEC

(viii) Inauguration/facilitation of State level Programs by popular figures

(ix) Inter sectoral coordination with line departments e.g., PHED, Education, WCD etc. for IEC activities.

(x) 03 Electronic Display Boards at strategic points @ Rs. 2.00 Lakhs per unit making a total of Rs. 6.00 Lakhs.

Sl. No	Activity	State level	District level	Total
1	Maintenance of IEC equipments	0.50	1.80	2.30
2	Capacity Building training of State & District level IEC Staff	0.50	4.50	5.00
3	Training of Block level IEC staffs	0	1.80	1.80
4	13 episode serial play on radio	2.50	0	2.50
5	Jingles in radio	2.00	0	2.00
6	4 Spot/plays in DDK	2.40	0	2.40
7	1 Tele Film in DDK	3.00	0	3.00
8	Tele Film in DDK	4.00	0	4.00
9	Spot/ Plays in ISTV	0.60	0	0.60
10	Sponsoring programs in ISTV	0.96	0	0.96
11	Erection/Maintenance of hoardings	0.50	4.50	5.00
12	Printing 1.50 lakh copies of leaflets/ folder	1.00	0	1.00
13	Printing of 0.10 lakh copies of wall poster (19" X 29")	0.40	0	0.40
14	Press advertisement/release	0.50	0	0.50
15	Workshops	1.00	4.50	5.50
16	Other State level events	1.50	0	1.50
17	Electronic Display Board	18.00	0	18.00
	Total	33.86	17.10	56.46

6.2.13 Procurement

Objective:

To develop a transparent Procurement policy in the state for RCH implementation

Intermediate/ MoU Indicators								
	Indicators	Current status	2007-08				2008-09	2009-10
			1q	2q	3q	4q		
1	No. of districts having adequate stock of							
	a. Measles vaccine	9 (9)	9 (9)	9 (9)	9 (9)	9 (9)	9 (9)	9 (9)
	b. OCP	9 (9)	9 (9)	9 (9)	9 (9)	9 (9)	9 (9)	9 (9)
	c. EC Pills	0 (9)	9 (9)	9 (9)	9 (9)	9 (9)	9 (9)	9 (9)
	d. Surgical Gloves	6 (9)	9 (9)	9 (9)	9 (9)	9 (9)	9 (9)	9 (9)

STRATEGY 1

6.2.13.1 Procurement of equipment

Activities

(i) A Procurement Committee is already formed at the State level

(ii) An operational guide will be prepared following the World Bank and GoI guidelines which will be followed for any procurement process.

STRATEGY 2

6.2.13.2 *Procurement of Drugs and Supplies*

Activities:

(i) A Procurement Committee is already formed at the State level
(ii) An operational guide will be prepared following the World Bank and GoI guidelines which will be followed for any procurement process
(ii) Guidelines also will be formed and disseminated to Districts for procurement of drugs and supplies at local level for certain drugs whose life span is very short and also at times of emergency.

6.2.14 Program Management

Objective: To strengthen the program management at State and district levels

Intermediate/ MoU Indicators								
	Indicators	Current status	2007-08				2008-09	2009-10
			1q	2q	3q	4q		
1	No. of state and districts having full time Program managers for RCH with financial & administrative powers delegated	10 (1 at State and 9 at Districts)						
2	No. of sampled state and district program managers whose performance was reviewed during the past 6	Nil	20%	50%	60%	70%	100%	100%

	months							
3	No. of district action plans ready	Nil	9 (100%)					
4	No. of sampled districts that are implementing M&E triangulation involving community	Nil	-	-	2	4	6	7
5	SPMU staff	4 (100%)						
6	No. of DPMU staff in place	27 (100%)						

STRATEGY 1

6.2.14.1 *Strengthening of State Society/State Program Management Unit*

Activities

(i) Consultants for Program Management, Finance Management, Data Management, Civil Works, Architect, Statistical Assistant and Accounts Assistant are in position. The services of other support staffs viz., 1 Stenographer, 2 Data entry Cum Analysts are also hired on contractual basis. Their services will be utilized in 2007-08 also.

(ii) Necessary furniture, up-gradation of the office set-up, mobility support for effective supervision will be provided.

STRATEGY 2

6.2.14.2 *Strengthening of District Societies/District Program Management Units*

Activities

(i) All the districts are to be provided office for the functioning of DPMU. The staffs are in position now. But office set-up is inadequate. Hence, buildings may be rented for working office @ Rs. 3000/- per month per District. **The total amount needed will be Rs. 3.24 Lakhs**

(ii) Necessary furniture & equipment, up-gradation of the office set-up, mobility support for effective supervision will be provided. Rs. 5.00 lakhs per District may be needed giving a **total of Rs. 45.00 Lakhs.**

STRATEGY 3

6.2.14.3 Strengthening of Finance Management System

MoU Indicators								
	Indicators	Current status	2007-08				2008-09	2009-10
			1q	2q	3q	4q		
9.	% of districts reporting quarterly financial performance in time	100%						

Activities

(i) Training of all the staff at the State, District and Block levels, especially those who are managing the finance will be undertaken in accounting auditing procedures in consultation with RRC-NE
(ii) Annual audit of the program will be strictly undertaken and report on the audit will be submitted to the superior officer
(iii) Concurrent audit system will be developed and put in practice from 2007-08 onwards

6.3 Infrastructure Strengthening: Already discussed under relevant heads.

6.4 Institutional Strengthening

6.4.1 Organization review/ work force management/ HRD: Already discussed

6.4.2 HMIS/ M&E: Already discussed

6.4.3 BCC: Already discussed

6.4.4 Quality assurance

A State Quality Assurance Committee (SQAC) is already formed following the GoI guidelines. Similarly, Districts under the chairmanship of the District Deputy Commissioner, districts are in the process of forming District Quality Assurance Committees (DQAC). These Teams were initially designed to look after the quality of care provided for Sterilization Services. But gradually these Teams will look after all the services provided under RCH-II.

The claiming of insurance money under Special Contingency Plan for any death or complication following Sterilization operations will be the sole responsibility of the DQACs.

6.5

Trainings including for private sector/ NGOs

The trainings to be taken up under RCH-II are:

MoU Indicators								
	Indicators	Current status	2007-08				2008-09	2009-10
			1q	2q	3q	4q		
1	No. of Medical Officers trained in							
	a. SBA	27	0	30	30	0	0	0
	b. Life-saving anesthesia skills	2	2	2	0	2	4	4
	c. EmOC	0	0	0	0	2	8	14
	d. RTI/STI	30	0	30	0	30	0	0
	e. MTP using MVA	0	0	0	10	10	20	20
	f. MTP using other methods	30	6	0	6	8	22	0
	g. IMNCI	0	0	10	15	15	30	28
	h. Facility Based Newborn care	0	0	0	0	16	16	16
	i. Care of sick children and severe malnutrition	0	0	10	10	10	20	22
	j. NSV	25	0	5	5	15	10	25
	k. Laparoscopic sterilization (Cumulative)	15	0	6	7	12	12	0
	l. Minilap	0	0	0	0	0	0	0
	m. IUD insertion	50	0	0	5	5	6	6
	n. ARSH	30	0	30	20	0	0	0
	o. IMEP	0	0	0	15	0	33	7
								52

MoU Indicators								
	Indicators	Current status	2007-08				2008-09	2009-10
			1q	2q	3q	4q		
2	No. of Staff trained in SBA							
	a. ANM	0	0	10	10	10	100	100
	b. LHV	0	0	10	10	10	20	22
	c. Staff nurse	0	0	20	20	20	30	0

3	No. of Staff trained in IMNCI							
	b. ANM	0	0	25	25	25	0	0
	c. LHV	0	0	0	0	0	0	0
	d. PRI	0	0	25	25	25	0	0
	e. Staff nurse	0	0	0	0	0	0	0
4	No. of staff nurses trained in Facility Based Newborn Care	0	0	0	20	30	20	30
5	No. of ASHAs trained in Home Based Newborn Care	0	0	250	250	500	1000	1000
6	No. of Staff trained in IUD insertion							
	a. ANM	400	0	20	30	50	550	100
	b. LHV	70						
	c. Staff nurse	150	New recruitments					
7	No. of staff trained in ARSH							
	a. ANM	0	0	100	100	100	150	100
	b. LHV	0	0	15	15	15	27	0
	c. Staff nurse	0	0	15	15	15	15	40
	d. Program Managers	0	0	10				
8	No. of state and District Program Managers trained on IMEP	0	0	8 State Officer	20 Dist Officers	25 Dist Officers		
9	No. of health personnel who have undergone Contraceptive Update/ISD Training	0	30	30	40	100	200	200
10	School Health for School Teachers	0	0	50	100	150	500	1000
11	Logistics for State & District officials	0	0	5	5			

The RHFWTC will be identified as the Nodal Agency of the trainings and the detailed Training Plan is under preparation. Resource persons from outside may be hired by paying honorarium.

6.6 Gender Equity

The sex ratio in the state is 978, which is much better than the National figure. But the U-6 Sex Ratio is 957 which threaten the figure. To improve the figure, the Pre-conception and Pre-natal Diagnostic Techniques Prevention Act, 1991 need to be strictly enforced in the state.

Activities:

(i) Operationalize PcPNDT Cell:

- State Supervisory Board chaired by Minister (Health & FW): Already formed
- State Advisory Board chaired by a Sr. Pediatrician: Already formed

- State level Appropriate Authority chaired by an Addl. Director: Already formed
- Registration of Private Clinics having USG facility: All 21 Clinics registered.

(ii) Orientation of service providers and Program Managers on PcPNDT is to be taken up.

(iii) Monitoring of the activities will be taken up.

6.7 Financial management:

Fund from Centre to the State is through e-banking system. Such system is yet to develop in the districts as there in no e-banking facility in them. The money within 15 days of receipt by the State is released to the Districts for program implementation. The Districts further releases the money to Sub-district level wherever needed for program implementation. All the financial encashment at State to Village Health Committees are done through joint signatories.

6.8. Convergence/Coordination

So far convergence/coordination with WCD, Education, PRI and AYUSH has been established. Coordination with PHED and PWD needs to be strengthened. This component is taken care of during 2007-08 to 2009-10. Activities needing intervention from the Health determinant Departments may be highlighted to the concerned Department in the Society Meetings at State and District Levels.

6.9 District and block plans

Rs. 10.00 lakhs per district was allocated to each of the Districts for preparation of District Plans. The Districts identified District Planning Teams. These teams after getting trained by Consultants from RRC-NE and the State Planning Team undertook Facility Surveys, Household Surveys, and various FGDs, Workshops, Public Hearings at various Sub-district levels. Also Workshops for District level Officers and Draft District Plans were submitted to the State.

6.10 Role of State, District and Block

Details reflected in Work-Plan.

6.11 Synergy with NRHM Additionalities:

Sub-centre Construction for building-less Sub-centres, Up-gradation of District Hospitals and Community Health Centres to IPHS level, Decentralization of power to DHs/CHCs/PHCs by forming Rogi Kalyan Samitis will have synergistic effect with RCH-II.

6.12 Others

Strengthening of nursing cadre is in the process of formulation of a plan and may be finalized in 2008-09.

6.13 Workplan (enclosed in annexure 3d)

7. PROGRAMME MANAGEMENT ARRANGEMENTS

The detail management organ gram is already showed under 2.4.3 and 2.4.5. The Mission Director at State and District levels are identified as RCH Project Directors at State and District levels respectively. The model of financial delegation power given by the GOI is adopted in Toto in State of Manipur.

8. BUDGET

Enclosed as Annexure 3e and 3 f.

9. MONITORING AND EVALUATION

The key indicators for monitoring physical progress are already given in 3b. The financial indicators used by the GoI for monitoring Financial Progress of States will be adopted by the State.

The New MIES format prepared by GoI is already implemented in the State. Necessary modification in registration is done and printing of formats at various evels of reporting is done through the District Societies

10. SUSTAINABILITY

User charges to be maintained at the health facilities for service provided in them is already approved by the State Govt. and is to be notified soon. There is a criterion for waiving of the user charge to beneficiaries belonging to BPL families and the victims of calamities.

Also, the state budget allocation is being increased from Rs. 7074.02 lakhs(2004-05) to Rs. 7086.82 lakhs (2005-06), Rs. 9053.58 (2006-07) and Rs. 10455.71 lakhs (2007-08) giving a percentage increase of 27.75% and 15.49 % respectively in the last 02 years.

ANNEX 3 c

SUMMARY BUDGET (Rs. in Lakhs)

Budget head	05-06 (Actual expenditure)	06-07 (Actual/ estimated expenditure)	2007-08 RCH II					
			Qtr I	Qtr II	Qtr III	Qtr IV	Total	
							Rs. in lakhs	% of total
1 Maternal Health								
(a) JSY			46.885	48.385	48.385	48.385	192.04	
(b) Other interventions			1.8	52.73	2.28	2.23	59.04	
Sub total			48.685	101.115	50.665	50.615	251.08	
2 Child Health			5.05	19.92	31.49	36.7	93.16	
3 Family Planning (a) Sterilization compensation (b) NSV acceptance			8.85	14.15	15.25	14.10	52.35	
4 Adolescent Reproductive and Sexual Health			1.375	4.145	6.58	6.59	18.69	
5 Urban RCH			15.83	15.83	15.83	132.99	180.48	
6 Tribal RCH			2.36	2.36	2.36	2.36	9.44	

Budget head	05-06 (Actual expenditure)	06-07 (Actual/ estimated expenditure)	2007-08 RCH II					
			Qtr I	Qtr II	Qtr III	Qtr IV	Total	
							Rs. in lakhs	% of total
7 Vulnerable groups (included in relevant Sub-Heads(			0	0	0	0	0	
8 PNDT			0.3	0.3	2.5	0.3	3.40	
9 Infrastructure and Human Resources			0	75.15	75.31	70.68	221.14	
10 Institutional strengthening			0.16	14.56	7.64	4.81	27.17	
11 Training			1.48	61.565	52.815	37.275	153.135	
12 BCC/ IEC		50.00	0	13.08	16.3	11.25	40.63	
13 Procurement			10	28.4	34.7	27.8	100.90	
14 Program management			33.98	48.80	32.80	39.80	155.38	
TOTAL	450.38	519.11	128.07	399.375	344.24	435.27	1306.955	

ANNEXURE 3 d

ANNUAL WORK PLAN (BAR CHART) Year: 2007-08

Strategy / Activity		Timeline						Responsibility State/District	Source of funds
		2007-08				2008-09	2009-10		
		Q1	Q2	Q3	Q4				
1. MATERNAL HEALTH									
1.1.	***Operationalise facilities***								
1.1.1.	*Operationalise Block PHCs/CHCs/ SDHs/DHs as FRUs*								
1.1.1.1.	Organise dissemination workshops for FRU guidelines							State	RCH
1.1.1.2.	Prepare plan for operationalisation across districts								
1.1.1.3.	Monitor progress against plan; follow up with training, procurement, etc							State and District	RCH
1.1.1.4.	Monitor quality of service delivery and utilisation including through field visits.							State and District	RCH
1.1.2.	*Operationalise PHCs to provide 24-hour services*								
1.1.2.1.	Prepare plan for operationalisation across districts							State	RCH
1.1.2.2.	Monitor progress against plan; follow up with training, procurement, etc							St/Dist	RCH
1.1.2.3.	Monitor quality of service delivery and utilization including through field visits.							St/Dist	RCH
1.1.3.	*Operationalise MTP services at health facilities*								
1.1.3.1.	Prepare plan for operationalisation across districts							State	RCH
1.1.3.2.	Monitor progress against plan; follow up with training, procurement, etc								
1.1.3.3.	Monitor quality of service delivery and utilization including through field visits.							St/Dist	RCH
1.1.4.	*Operationalise RTI/STI services at health facilities*								
1.1.4.1.	Prepare plan for operationalisation across districts							State	RCH

Strategy / Activity		Timeline						Responsibility State/District	Source of funds
		2007-08				2008-09	2009-10		
		Q1	Q2	Q3	Q4				
1.1.4.2.	Monitor progress against plan; follow up with training, procurement, etc								
1.1.4.3.	Monitor quality of service delivery and utilisation including through field visits.							St/Dist	RCH
1.1.5.	*Operationalise sub-centres*								
1.1.5.1.	Prepare plan for operationalising services at sub-centres (for a range of RCH services including antenatal care and post natal care)							St/Dist	RCH
1.1.5.2.	Monitor quality of service delivery and utilization including through field visits							St/Dist	RCH
1.2.	***Referral Transport***								
1.2.1.	Prepare and disseminate guidelines for referral transport for pregnant women and sick newborns / children							State	RCH
1.2.2.	Implementation by districts	Included in Part "B"						Dist	RCH
1.3.	***Integrated outreach RCH services***								
1.3.1.	*RCH Outreach Camps in un-served/ under-served areas*								
1.3.1.1.	Implementation by districts of RCH Outreach Camps in un-served/ under-served areas							Dist	RCH
1.3.1.2.	Monitor quality of services and utilisation.							Dist	RCH
1.3.2.	*Monthly Village Health and Nutrition Days at Anganwadi Centres*								
1.3.2.1.	Implementation by districts of Monthly Village Health and Nutrition Days at Anganwadi Centres	Included in part "C"						Dist	RCH
1.3.2.2.	Monitor quality of services and utilisation							St/Dist	RCH
1.4.	***Janani Suraksha Yojana / JSY***								
1.4.1.	Dissemination of JSY guidelines to districts and sub-districts.							St/Dist	RCH
1.4.2.	Implementation of JSY by districts.							Dist	RCH
1.4.3.	Monitor quality and utilisation of services.							St/Dist	RCH

Strategy / Activity	Timeline						Responsibility State/District	Source of funds
	2007-08				2008-09	2009-10		
	Q1	Q2	Q3	Q4				
1.5. ***Other strategies***								
1.5.1 Selection, training and Kits for Additional ASHAs							Dist	RCH
2. CHILD HEALTH								
2.1. ***IMNCI***								
2.1.1. Prepare detailed operational plan for IMNCI across districts							State	RCH
2.1.2. Implementation of IMNCI activities in districts							Dist	RCH
2.1.3. Monitor progress against plan; follow up with training, procurement, etc.							St/Dist	RCH
2.1.4. Pre-service IMNCI activities in medical colleges, nursing colleges, and ANMTCs							State	RCH
2.2. ***Facility Based Newborn Care/FBNC***								
2.2.1. Prepare and disseminate guidelines for FBNC.							State	RCH
2.2.2. Prepare detailed operational plan for FBNC across districts							State	RCH
2.2.3. Implementation of FBNC activities in districts.							Dist	RCH
2.2.4. Monitor progress against plan; follow up with training, procurement, etc.							Dist	RCH
2.3. ***Home Based Newborn Care/HBNC***								
2.3.1. Prepare and disseminate guidelines for HBNC.							Dist	RCH
2.3.2. Prepare detailed operational plan for HBNC across districts							State	RCH
2.3.3. Implementation of HBNC activities in districts.							Dist	RCH
2.3.4. Monitor progress against plan; follow up with training, procurement, etc.							State	RCH
2.4. ***School Health Program***								
2.4.1. Prepare and disseminate guidelines for School Health Program.							State	NRHM
2.4.2. Prepare detailed operational plan for School Health Program across districts.							State	NRHM
2.4.3. Implementation of School Health Program by districts.							District	NRHM, SSA
2.4.4. Monitor progress and quality of services.							State/District	SSA, NRHM

Strategy / Activity	Timeline						Responsibility State/District	Source of funds
	2007-08				2008-09	2009-10		
	Q1	Q2	Q3	Q4				
2.5. ***Infant and Young Child Feeding/IYCF***								
2.5.1. Prepare and disseminate guidelines for IYCF.							State	RCH
2.5.2. Prepare detailed operational plan for IYCF across districts							State	RCH
2.5.3. Implementation of IYCF activities in districts.							Dist	RCH
2.5.4. Monitor progress against plan; follow up with training, procurement, etc.							Dist	RCH
2.6. ***Care of Sick Children and Severe Malnutrition at FRUs***								
2.6.1. Prepare and disseminate guidelines.							State	RCH
2.6.2. Prepare detailed operational plan for care of sick children and severe malnutrition at FRUs, across districts							State	RCH
2.6.3. Implementation of activities in districts.							Dist	RCH
2.6.4. Monitor progress against plan; follow up with training, procurement, etc.							State/Dist	RCH
2.7. ***Management of Diarrhoea, ARI and Micronutrient malnutrition***								
2.7.1 Implementation in institutions where IMNCI is not feasible							Dist	RCH
3. FAMILY PLANNING								
3.1. ***Terminal/Limiting Methods***								
3.1.1. Dissemination of manuals on sterilization standards & quality assurance of sterilization services.							State	RCH
3.1.2. Prepare operational plan for provision of sterilization services across districts							Dist	RCH
3.1.3. *Implementation of sterilization services by districts*								
3.1.3.1. Provide female sterilization services on fixed days at health facilities in districts							District	RCH

Strategy / Activity		Timeline						Responsibility State/District	Source of funds
		2007-08				2008-09	2009-10		
		Q1	Q2	Q3	Q4				
3.1.3.2.	Provide NSV services on fixed days at health facilities in districts							District	RCH
3.1.3.3.	Organize female sterilization camps in districts.							State& District	RCH
3.1.3.4.	Organize NSV camps in districts.								
3.1.4.	*Accreditation of private providers to provide sterilization services (Cumulative)*	0	2	4	6	Subject to availability of eligible private providers		Dist	RCH
3.1.5.	*Monitor progress, quality and audit of services through Quality Assurance Committees*							St/Dist	RCH
3.2.	***Spacing Methods***								
3.2.1.	*Prepare operational plan for provision of spacing methods across districts (Already Done)*								
3.2.2.	*Implementation of IUD services by districts.*								
3.2.2.1.	Provide IUD services at all health facilities in districts.							Dist	RCH
3.2.3.	*Accreditation of private providers to provide IUD insertion services*	Subject to availability of interested and eligible Pvt. Partners						State/Dist	RCH
3.2.4.	*Social Marketing of contraceptives*							Dist	RCH
3.2.4.1.	Set up CBD Outlets							Dist	RCH
3.2.5.	*Organize Contraceptive Update seminars for health providers*							St/Dist	RCH
3.2.6.	*Monitor progress, quality and utilization of services.*							St/Dist	RCH
4.	**ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH / ARSH**								
4.1.	***Adolescent friendly services***								
4.1.1.	Disseminate ARSH guidelines.								
4.1.2.	Prepare operational plan for ARSH services across districts							State	RCH
4.1.3.	Implement ARSH services in districts.								
4.1.3.1.	Setting up of Adolescent Clinics at health facilities.							Dist	RCH

Strategy / Activity		Timeline						Responsibility State/District	Source of funds
		2007-08				2008-09	2009-10		
		Q1	Q2	Q3	Q4				
4.1.4.	Monitor progress, quality and utilisation of services.							St/Dist	RCH
5.	**URBAN RCH**								
5.1.	***Urban RCH Services***								
5.1.1.	Identification of urban areas / mapping of urban slums							State	RCH
5.1.2.	Prepare operational plan for urban RCH							State	RCH
5.1.3.	Implementation of Urban RCH plan/ activities							State	RCH
5.1.3.1.	Recruitment and training of link workers for urban slums								
5.1.3.2.	Strengthening of urban health posts and urban health centres							State	RCH
5.1.3.3.	Provide Maternal Health services							State	RCH
5.1.3.4.	Provide Child Health services							State	RCH
5.1.3.5.	Provide Family Planning services							State	RCH
5.1.3.6.	Provide ARSH services							State	RCH
5.1.4.	Monitor progress, quality and utilisation of services.							State	RCH
6.	**TRIBAL RCH**								
6.1.	***Tribal RCH services***								
6.1.1.	Mapping of tribal areas Done							State	RCH
6.1.2.	Prepare operational plan for tribal RCH Done							State	RCH
6.1.3.	Implementation of Tribal RCH activities							State	RCH
6.1.3.1.	Provide Maternal Health services (ANC, PNC, Referral)								
6.1.3.2.	Provide Child Health services (Immunization, Management of common ailments & referral)								
6.1.3.3.	Provide Family Planning services (Counseling and Spacing Methods)								
6.1.3.4.	Provide ARSH services (Counseling and referral)								

Strategy / Activity		Timeline						Responsibility State/District	Source of funds
		2007-08				2008-09	2009-10		
		Q1	Q2	Q3	Q4				
6.1.4.	Monitor progress, quality and utilization of services.	Done routinely through Monthly Performance Reports						State	RCH
6.2.	Mobile clinic							State	RCH
7.	**VULNERABLE GROUPS**								
Specific health activities targeting vulnerable communities such as SCs, STs, and BPL populations living in urban and rural areas (not covered by Urban and Tribal RCH)									
7.1.	***Services for Vulnerable groups***	Already included in specific headings							
7.1.1.	Mapping of vulnerable groups								
7.1.2.	Prepare operational plan for vulnerable groups								
7.1.3.	Implementation of activities								
7.1.3.1.	Provide Maternal Health services (please specify)								
7.1.3.2.	Provide Child Health services (please specify)								
7.1.3.3.	Provide Family Planning services (please specify)								
7.1.3.4.	Provide ARSH services (please specify)								
8.	**INNOVATIONS/ PPP/ NGO**								
8.1.	***PNDT and Sex Ratio***								
8.1.1.	Operationalise PNDT Cell	Already done						State	RCH
8.1.2.	Orientation of program managers and service providers on PC & PNDT Act							State	RCH
8.1.3.	Monitoring of Sex Ratio at Birth							Districts	RCH
8.1.4.	Other PNDT activities (Registration of Pvt.USG clinics) Existing 23 USG clinics already registered	Subject to coming up of new pvt. USG clinics							
8.2.	***Public Private Partnerships***	Subject to availability of interested partners							

Strategy / Activity		Timeline						Responsibility State/District	Source of funds
		2007-08				2008-09	2009-10		
		Q1	Q2	Q3	Q4				
8.3.	***NGO Programme***							State	RCH
9.	**INFRASTRUCTURE AND HUMAN RESOURCES**								
9.1.	***Contractual Staff & Services***								
9.1.1.	ANMs recruited and in position (Cumulative)	190	420					State	190RCH, 230 NRHM NRHM
9.1.2.	Laboratory Technicians recruited and in position (Cumulative)	30						State	RCH
9.1.3.	Staff Nurses recruited and in position (Cumulative)	74	94					State State	RCH 20 RCH, 20 NRHM
9.1.4.	Specialists (Anesthetists, Pediatricians, Ob/Gyn, Surgeons, Physicians) recruited and in position (Cumulative)	1	Subject to availability					State	NRHM
9.1.5.	Others (MBBS Doctors) recruited and in position (Cumulative)	47 Activity over						State	NRHM
9.2.	***Major civil works (New constructions/ extensions/additions)***								
9.2.1.	Major civil works for operationalisation of FRUs (Cumulative)	4 CHCs	These activities are undertaken under Part B of NRHM – Upgradation to IPHS					District	RCH, NRHM
9.2.2.	Major civil works for operationalisation of 24 hour services at PHCs							District	RCH
9.3.	***Minor civil works***								
9.3.1.	Minor civil works for operationalisation of FRUs/DH								
9.3.2.	Minor civil works for operationalisation of 24 hour services at PHCs							State	RCH
9.4.	***Operationalise Infection Management & Environment Plan at health facilities***								

Strategy / Activity		Timeline						Responsibility State/District	Source of funds
		2007-08				2008-09	2009-10		
		Q1	Q2	Q3	Q4				
9.4.1.	Organize dissemination workshops for IMEP guidelines (workshop for District level officers)							State & Districts	RCH
9.4.2.	Prepare plan for operationalisation across districts							Dist	RCH
9.4.3.	Monitor progress against plan; follow up with training, procurement, etc							St/Dist	RCH
9.5.	Implementing IMEP in Health Facilities							St/Dist	RCH
10.	**INSTITUTIONAL STRENGTHENING**								
10.1.	***Human Resources Development***								
10.1.1.	HR Consultant(s) recruited and in position							State	RCH
10.1.2.	Mapping of human resources done							State	RCH
10.1.3.	Transfer and cadre restructuring policy developed	Subject to state policy						State	
10.1.4.	Performance appraisal and reward system developed	To be taken up when HR Consultant is in place						St/Dist	RCH
10.1.5.	Incentive policies developed for posting in under-served areas		To be taken up when HR Consultant is in place					St/Dist	RCH
10.1.6.	Management Development Program for Medical Officers							State	RCH
10.2.	***Logistics management/ improvement***								
10.2.1.	Logistics consultant(s) recruited and in position	NA							
10.2.2.	Review of logistics management system done								
10.2.3.	Training of staff in logistics management							State	RCH
10.2.4.	Strengthening of warehousing facilities (construction/ repair/ renovation, furniture, computers, software, etc.)							Dist	RCH
10.3.	***Monitoring & Evaluation / HMIS***								
10.3.1.	*Strengthening of M&E Cell*								
10.3.1.1.	M&E consultant(s) recruited and in position							State	RCH
10.3.1.2.	Provision of equipment at state and district levels							State	RCH
10.3.2.	*Operationalising the new MIES format*								
10.3.2.1.	Review of existing registers	Already done						State	NRHM

Strategy / Activity		Timeline						Responsibility State/District	Source of funds
		2007-08				2008-09	2009-10		
		Q1	Q2	Q3	Q4				
10.3.2.2.	Printing of new forms	Already done						Districts	NRHM
10.3.2.3.	Training of staff	Done for State & Dists.						State	NRHM
11.	**TRAINING**								
11.1.	***Strengthening of Training Institutions (SIHFW, ANMTCs, etc.)***								
11.1.1.	Carry out repairs/ renovations of the training institutions		RHFWTC & ANM TC					State	RCH
11.1.2.	Provide equipment and training aids to the training institutions	Done							
11.1.3.	Contractual staff recruited and in position	NA							
11.2.	***Development of training packages***								
11.2.1.	Development/ translation and duplication of training materials (Module 1 of ASHA done)							State	RCH
11.2.2.	Specialized training equipment (for skills trainings) provided							State	RCH
11.3.	***Maternal Health Training***								
11.3.1.	*Skilled Attendance at Birth / SBA*								
11.3.1.1.	Setting up of SBA Training Centres							State & District	RCH
11.3.1.2.	TOT for SBA	trained						State	RCH
11.3.1.3.	Training of Medical Officers in SBA	Started						District	RCH
11.3.1.4.	Training of Staff Nurses in SBA							District	RCH
11.3.1.5.	Training of ANMs / LHVs in SBA							District	RCH
11.3.2.	*EmOC Training*								
11.3.2.1.	Setting up of EmOC Training Centres							State	RCH
11.3.2.2.	TOT for EmOC	Already done							
11.3.2.3.	Training of Medical Officers in EmOC			2	4	8	14	State	RCH
11.3.3.	*Life saving Anesthesia skills training*								

Strategy / Activity		Timeline						Responsibility State/District	Source of funds
		2007-08				2008-09	2009-10		
		Q1	Q2	Q3	Q4				
11.3.3.1.	Setting up of Life saving Anesthesia skills Training Centres							Dist	RCH
11.3.3.2.	TOT for Anesthesia skills training	Already trained							
11.3.3.3.	Training of Medical Officers in life saving Anesthesia skills	2	4	8	12	14	20	State	RCH
11.3.4.	*MTP Training*								
11.3.4.1.	TOT on MTP using MVA		State ToT	Dist. ToT				State	RCH
11.3.4.2.	Training of Medical Officers in MTP using MVA			10	10	2	2	District	RCH
11.3.4.3.	Training of MOs in MTP using other methods (MR, D & C)	30 already done		36	6	8	12	State & District	RCH
11.3.5.	*RTI / STI Training*								
11.3.5.1.	TOT for RTI/STI training								
11.3.5.2.	Training of laboratory technicians in RTI/STI		20		20			State	RCH
11.3.5.3.	Training of Medical Officers in RTI/STI		30		30			State	RCH
11.3.6.	Orientation of Dai / TBAs on safe delivery	Already done							
11.4.	***IMEP Training***								
11.4.1.	TOT on IMEP							State	RCH
11.4.2.	IMEP training for state and district program managers							State	RCH
11.4.3.	IMEP training for medical officers							State	RCH
11.5.	***Child Health Training***								
11.5.1.	*IMNCI Training (pre-service and in-service)*								
11.5.1.1.	TOT on IMNCI *(pre-service and in-service)*							State	RCH
11.5.1.2.	IMNCI Training for Medical Officers							State	RCH
11.5.1.3.	IMNCI Training for Health Workers							Dist	RCH
11.5.1.4.	IMNCI Training for Health workers at sub- district level							Dist	RCH
11.5.1.5.	IMNCI Training for Anganwadi Workers							Dist	RCH
11.5.2.	*Facility Based Newborn Care / FBNC*								
11.5.2.1.	TOT on FBNC							State	RCH

Strategy / Activity		Timeline						Responsibility State/District	Source of fur
		2007-08				2008-09	2009-10		
		Q1	Q2	Q3	Q4				
11.5.2.2.	Training on FBNC for Medical Officers							State	RCH
11.5.2.3.	Training on FBNC for SNs							Dist	RCH
11.5.3.	*Home Based Newborn Care / HBNC*								
11.5.3.1.	TOT on HBNC							Dist	RCH
11.5.3.2.	Training on HBNC for ASHA							Dist	RCH
11.5.4.	Care of sick children and severe malnutrition								
11.5.4.1.	TOT on Care of sick children and severe malnutrition								
11.5.4.2.	Training on Care of sick children and severe malnutrition for Medical Officers							State	RCH
11.6.	***Family Planning Training***								
11.6.1.	*Laparoscopic Sterilization Training*								
11.6.1.1.	TOT on laparoscopic sterilization	**Done**							
11.6.1.2.	Laparoscopic sterilization training for medical officers							State	RCH
11.6.2.	*Minilap Training*								
11.6.2.1.	TOT on Minilap								
11.6.2.2.	Minilap training for medical officers								
11.6.3.	*Non-Scalpel Vasectomy (NSV) Training*								
11.6.3.1.	TOT on NSV								
11.6.3.2.	NSV training for MOs (already 25 trained)							State	RCH
11.6.4.	*IUD Insertion*								
11.6.4.1.	TOT for IUD insertion (Available)								
11.6.4.2.	Training of Medical officers in IUD insertion		**For newly recruited only**					Dist	RCH
11.6.4.3.	Training of staff nurses in IUD insertion							Dist	RCH
11.6.4.4.	Training of ANMs / LHVs in IUD insertion							Dist	RCH
11.6.5.	*Contraceptive Update/ISD Training*							Dist	RCH
11.7.	***Adolescent Reproductive and Sexual Health/ARSH Training***								
11.7.1.	TOT for ARSH training (Available)								
11.7.2.	Orientation training of state and district program managers							State	RCH

Strategy / Activity		Timeline						Responsibility State/District	Sour fur
		2007-08				2008-09	2009-10		
		Q1	Q2	Q3	Q4				
11.7.3.	ARSH training for medical officers	30 MO done							
11.7.4.	ARSH training for ANMs/LHVs							Dist	RCH
11.7.5.	ARSH training for AWWs								
11.8.	***Program Management Training***								
11.8.1.	Training of SPMSU staff	Already done							
11.8.2.	Training of DPMSU staff	Already done							
11.9.	Training of BPMU staff							State	RCH
12.	**BCC / IEC**								
12.1 Strengthening of BCC/IEC Bureaus (state and district levels)									
12.1.1 Contractual staff recruited and in position								State	RCH
12.2 Development of State BCC strategy									
12.3 implementation of BCC strategy									
12.3.1 BCC/IEC activities/campaigns for maternal health								St/Dist	RCH
12.3.1.1 BCC/IEC activities for maternal health interventions								St/Dist	RCH
12.3.1.2 BCC/IEC activities for JSY								St/Dist	RCH
12.3.2 BCC/IEC activities/campaigns for child health								St/Dist	RCH
12.3.3 BCC/IEC activities/campaigns for family planning								St/Dist	RCH
12.3.4 BCC/IEC activities/campaigns for ARSH								St/Dist	RCH
13.	**PROCUREMENT**								
13.1.	***Procurement of Equipment***								
13.1.1.	*Procurement of equipment for Maternal Health*								
13.1.1.1.	Procurement of equipment of skills based services (anaesthesia, EmOC, SBA)							State	RCH
13.1.1.2.	Procurement of equipment of blood storage facility							State	RCH
13.1.1.3.	Procurement of MVA/EVA equipment for health facilities							State	RCH

Strategy / Activity		Timeline						Responsibility State/District	Source of funds
		2007-08				2008-09	2009-10		
		Q1	Q2	Q3	Q4				
13.1.1.4.	Procurement of RTI/STI equipment for health facilities							State	RCH
13.1.2.	*Procurement of equipment for Child Health*								
13.1.2.1.	Procurement of equipment for IMNCI							State	RCH
13.1.2.2.	Procurement of equipment for facility based newborn care							State	RCH
13.1.2.3.	Procurement of equipment for care of sick children and severe malnutrition							State	RCH
13.1.3.	*Procurement of equipment for Family Planning*								
13.1.3.1.	Procurement / repair of Laparoscopes / Laprocators							State	RCH
13.1.3.2.	Procurement of NSV kits								
13.1.3.3.	Procurement of IUDs								
13.1.3.4.	Procurement of operating microscopes/accessories for recanalisation services								
13.1.4.	*Procurement of equipment for IMEP*								
13.2.	***Procurement of Drugs and supplies***								
13.2.1.	Procurement of drugs and supplies for maternal health		Fund already available					State	RCH
13.2.2.	Procurement of drugs and supplies for child health								
13.2.3.	Procurement of drugs and supplies for family planning								
13.2.4.	Procurement of supplies for IMEP								
13.2.5.	Procurement of general drugs and supplies for health facilities		Fund already available						
13.4	Training of staff in Logistics management								
14.	**PROGRAMME MANAGEMENT**								
14.1.	***Strengthening of State society/State Programme Management Support Unit***								

Strategy / Activity		Timeline						Responsibility State/District	So f
		2007-08				2008-09	2009-10		
		Q1	Q2	Q3	Q4				
14.1.1.	Contractual Staff for SPMSU recruited and in position	Already done						State	RCH
14.1.2.	Provision of equipment/furniture and mobility support for SPMSU staff							State	RCH
14.2.	***Strengthening of District society/District Programme Management Support Unit***								
14.2.1.	Contractual Staff for DPMSU recruited and in position	Already done						State	RCH
14.2.2.	Provision of equipment/furniture and mobility support for DPMSU staff							Dist	RCH
14.3.	***Strengthening of Financial Management systems***								
14.3.1.	Training in accounting procedures							State	RCH
14.3.2.	*Audits*								
14.3.2.1.	Annual audit of the program							State	RCH
14.3.2.2.	Concurrent audit							St/Dist	RCH
14.3.3.	Operationalise E-banking system upto district levels	Subject to availability of facility							

ANNEX 3e

DETAILED BUDGET (RCH II FLEXIPOOL): 07 – 08

Budget Head		Physical Target						Rate	Amount (Rs. In lakhs)				Total / Remarks
		Unit of Measure	Base line status	Target for the quarter									
				1 Q	2 Q	3 Q	4 Q		1 Q	2 Q	3 Q	4 Q	
1.	**MATERNAL HEALTH**												
1.1.	***Operationalise facilities***												
1.1.1.	*Operationalise Block PHCs/CHCs/ SDHs/DHs as FRUs*												
1.1.1.1.	Organize dissemination workshops for FRU guidelines	No. of workshop (trainees)	0	0	1 (15)	1 (15)	0	0.15	0	0.15	0.15	0	0.30
1.1.1.2.	Prepare plan for operationalisation across districts	Plan prepared & Disseminated (Copies)	0	0	1 (25)	0	0	0.05	0	0.05	0	0	0.05
1.1.1.3.	Monitor progress against plan; follow up with training, procurement, etc	Visits by St/Dist. Off	0	0	3	3	3	0.01	0	0.03	0.03	0.03	0.09
1.1.1.4.	Monitor quality of service delivery and utilization including through field visits.	Visits by S/DQAC	0	0	3	3	3	0.01	0	0.03	0.03	0.03	0.09
1.1.2.	*Operationalise PHCs to provide 24-hour services*												
1.1.2.1.	Prepare plan for operationalisation across districts	Plan prepared & disseminated (copies)	0	1 (50)	0	0	0	0.10	0	0.10	0	0	0.10
1.1.2.2.	Monitor progress against plan; follow up with training, procurement, etc												
1.1.2.3.	Monitor quality of service delivery and utilization including through field visits.	Visits by S/DQAC	0	0	5	5	5	0.01	0	0.01	0.01	0.01	0.03
1.1.3.	*Operationalise MTP services at health facilities*												
1.1.3.1.	Prepare plan for operationalisation across districts	Plan prep. & disseminated (copies)	0	0	1 (100)	0	0	0.20	0	0.20	0	0	0.20
1.1.3.2.	Monitor progress against plan; follow up with training, procurement, etc												

Budget Head		Physical Target						Rate	Amount (Rs. In lakhs)				Total / Remarks
		Unit of Measure	Base line status	Target for the quarter									
				1 Q	2 Q	3 Q	4 Q		1 Q	2 Q	3 Q	4 Q	
1.1.3.3.	Monitor quality of service delivery and utilization including through field visits.	Visits by S/DQAC	0	0	0	10	10	0.01	0	0	0.10	0.10	0.20
1.1.4.	*Operationalise RTI/STI services at health facilities*												
1.1.4.1.	Prepare plan for operationalisation across districts	Plan prep. & disseminated (copies)	0	0	1 (50)	0	0	0.10	0	0	0	0.10	0.10
1.1.4.2.	Monitor progress against plan; follow up with training, procurement, etc												
1.1.4.3.	Monitor quality of service delivery and utilization including through field visits.	Visits by S/DQAC	0	0	0	5	5	0.01	0	0	0.05	0.05	0.10
1.1.5.	*Operationalise sub-centres*												
1.1.5.1.	Prepare plan for operationalising services at sub-centres	Plan prep. & disseminated (copies)	0	1 (500)	0	0	0	0.25	0	0.25	0	0	0.25
1.1.5.2.	Monitor quality of service delivery and utilization including through field visits	Visits by MOs	0	0	100	100	100	No financial support needed					0
1.2.	***Referral Transport***	Plan prep. & disseminated	Done										
1.2.1.	Prepare and disseminate guidelines for referral transport for pregnant women and sick newborns / children												
1.2.2.	Implementation by districts	Budget for out-sourcing referral vehicles included under Part "B"											
1.3.	***Integrated outreach RCH services***												
1.3.1.	*RCH Outreach Camps in un-served/ under-served areas*												
1.3.1.1.	Implementation by districts of RCH Outreach Camps in un-served/ under-served areas	No. of camps	0	9	9	9	9	0.20	1.80	1.80	1.80	1.80	7.20
1.3.1.2.	Monitor quality of services and utilization.	On-site supervisory visits by DFWO	0	0	2	2	2	0.005	0	0.01	0.01	0.01	0.03
1.3.2.	*Monthly Village Health and Nutrition Days at Anganwadi Centres*												

Budget Head		Physical Target						Rate	Amount (Rs. In lakhs)				Total / Remarks
		Unit of Measure	Base line status	Target for the quarter									
				1 Q	2 Q	3 Q	4 Q		1 Q	2 Q	3 Q	4 Q	
1.3.2.1.	Implementation by districts of Monthly Village Health and Nutrition Days at Anganwadi Centres	Mobilization Fund included in Part "C"											
1.3.2.2.	Monitor quality of services and utilization	Visits by FHS/MO		0	50	50	50	0.002	0	0.10	0.10	0.10	0.30
1.4.	***Janani Suraksha Yojana / JSY***												
1.4.1.	Dissemination of JSY guidelines to districts and sub-districts.		Done										
1.4.2.	Implementation of JSY by districts.												
1.4.2.1.	Home deliveries	No. of Beneficiaries	2636	2441	2441	2441	2441	0.005	12.21	12.21	12.21	12.21	48.84
1.4.2.2.	Normal Institutional deliveries		3260	3762	3762	3762	3762	0.006-0.007	25.93	25.93	25.93	25.93	103.72
1.4.2.3.	Caesarian section		388	75	75	75	75	0.015	1.125	1.125	1.125	1.125	4.50
1.4.2.4.	ASHAs' package	No. of deliveries accompanied by ASHA	0	3762	3762	3762	3762	0.002	7.52	7.52	7.52	7.52	30.08
1.4.2.5.	Referral transport	No. referred	0	Subject to need and actual expenditure					0	1.50	1.50	1.50	4.50
1.4.3.	Monitor quality and utilization of services.	Visits by St/Dist level Officers	24	10	10	10	10	0.01	0.10	0.10	0.10	0.10	0.40
1.5.	***Other strategies***												
1.5.1 Selection, training and Kits for Additional ASHAs		No.	3000	0	500	0	0	0.10	0	50.00	0	0	50.00
2.	**CHILD HEALTH**												
2.1.	***IMNCI***												
2.1.1.	Prepare detailed operational plan for IMNCI across districts	OP prep. & disseminated (copies)	0	0	1 (100)	0	0	0.001	0	0.10	0	0	0.10
2.1.2.	Implementation of IMNCI activities in districts	No. of institutions having IMNCI Clinics	0	0	20	20	20		0	6.15	6.15	6.15	18.45

Budget Head		Physical Target						Rate	Amount (Rs. In lakhs)				Total / Remarks
		Unit of Measure	Base line status	Target for the quarter									
				1 Q	2 Q	3 Q	4 Q		1 Q	2 Q	3 Q	4 Q	
2.1.3.	Monitor progress against plan; follow up with training, procurement, etc								0	1.8	1.95	1.95	5.70
2.1.4.	In service/Pre-service IMNCI training in medical colleges, nursing colleges, and ANMTCs	**Discussed under" Training"**											
2.2.	***Facility Based Newborn Care/FBNC***												
2.2.1.	Prepare and disseminate guidelines for FBNC.	Guideline disseminated (copies)	0	0	1 (25)	0	0	0.025	0	0.025	0	0	0.025
2.2.2.	Prepare detailed operational plan for FBNC across districts	OP prep. & disseminated to DH/ CHC/PHC (copies)	0	0	1 (100)	0	0	0.10	0	0.10	0	0	0.10
2.2.3.	Implementation of FBNC activities in districts.	No. of institutions having NBCC	0	0	5	10	20	0.30	0	1.50	3.00	6.00	10.50
2.2.4.	Monitor progress against plan; follow up with training, procurement, etc.	Visits by DQAC	0	0	3	5	10	Not needed					0
2.3. 2.4.	***Home Based Newborn Care/HBNC***												
2.4.1.	Prepare and disseminate guidelines for HBNC.	Guideline disseminated (copies)	0	0	1 (3000)	0	0	0.60	0	0.60	0	0	0.60
2.4.2.	Prepare detailed operational plan for HBNC across districts	OP prep. & disseminated	0	0	1	0	0	0.01	0	0.01	0	0	0.01
2.4.3.	Implementation of HBNC activities in districts.	No.of ASHAs practicing HBNC	0	0	0	1000	1000	0.005	0	0	5.0	5.0	10.00
2.4.4.	Monitor progress against plan; follow up with training, procurement, etc.	Supervisory Visits by ANMs/MOs	0	0	0	200	300	0 - 100	0	0	1.50	2.50	4.00

Budget Head	Physical Target						Rate	Amount (Rs. In lakhs)				Total / Rer
	Unit of Measure	Base line status	Target for the quarter									
			1 Q	2 Q	3 Q	4 Q		1 Q	2 Q	3 Q	4 Q	

2.5.	***School Health Program***												
2.5.1.	Prepare and disseminate guidelines for School Health Program.		Already disseminated										
2.5.2.	Prepare detailed operational plan for School Health Program across districts.	No. of districts having OP	2	3	4	-	-	0.20	0	0.60	0.80	0	1.40
2.5.3.	Implementation of School Health Program by districts.	No. of districts observing SHP	2	Subject to appraisal in the 2 dist,				2.00	4.00	4.00	4.00	4.00	16.00
2.5.4.	Monitor progress and quality of services.	Visits by St/ Dist. Nodal officer	0	10	10	10	10	0.005	0.05	0.05	0.05	0.05	0.20
2.6.	***Infant and Young Child Feeding/IYCF***												
2.6.1.	Prepare and disseminate guidelines for IYCF.	Guideline disseminated to ASHAs	0	0	1(3000)	0	0	0.75	0	0.75	0	0	0.75
2.6.2.	Prepare detailed operational plan for IYCF across districts	No. of districts having OP	0	0	0	4	5	0.01	0	0	0.04	0.05	0.09
2.6.3.	Implementation of IYCF activities in districts.	No. of districts implementing IYCF	0	0	0	4	5	0.20	0	0	0.80	1.00	1.80
2.6.4.	Monitor progress against plan; follow up with training, procurement, etc.	Visits by ANM/FHS	0	0	0	200	300	0.002	0	0	0.40	0.60	1.00
2.7.	***Care of Sick Children and Severe Malnutrition at FRUs***												
2.7.1.	Prepare and disseminate guidelines.	Guidelines disseminated (copies)	0	-	1(23)	-	-	0.015	0	0.015	0	0	0.015
2.7.2.	Prepare detailed operational plan for care of sick children and severe malnutrition at FRUs, across districts	OP disseminated to FRUs (copies)	0	0	1(23)	-	-	0.02	0	0.02	0	0	0.02
2.7.3.	Implementation of activities in districts.	No. of dist. Implementing CSCSM	0	0	1	2	2	0.50	0	0.50	1.00	1.00	2.50

Budget Head	**Physical Target**			**Rate**	**Amount (Rs. In lakhs)**	**To Remarks**
	Unit of	**Base**	**Target for the quarter**			

		Measure	line status	1 Q	2 Q	3 Q	4 Q		1 Q	2 Q	3 Q	4 Q	
2.7.4.	Monitor progress against plan; follow up with training, procurement, etc.								0	0.20	0.30	0.30	0.80
2.8.	***Management of Diarrhoea, ARI and Micronutrient malnutrition***												
2.7.1	Preparation & dissemination of Guidelines		Done										
2.7.2.	Implementation in institutions where IMNCI is not feasible	No. of Districts	2	3	4	-	-	0.50	1.00	2.50	4.50	4.50	12.50
2.9.	***Other strategies/activities***												
2.8.1.	PPP with NGOs/ Pvt. Hospitals/ Clinics	No. of Clinics	0	0	5	10	18	0.20	0	1.00	2.00	3.60	6.60
3.	**FAMILY PLANNING**												
3.1.	***Terminal/Limiting Methods***												
3.1.1.	*Dissemination of manuals on sterilization standards & quality assurance of sterilization services*	Dissemination of manual (Copies)	Prepared	0	1 (100)	-	-	0.15	0	0.15	-	-	0.15
3.1.2.	*Prepare operational plan for provision of sterilization services across districts*	OP prep. & disseminated (copies)	0	1 (100)	-	-	-	0.10	0.10	-	-	-	0.10
3.1.3.	*Implementation of sterilization services by districts*												
3.1.3.1.	Provide female sterilization services on fixed days at health facilities in districts (Not Cumulative)	No. of DH/CHC	2	0	2	2	2	1.00	0	2.00	2.00	2.00	6.00
3.1.3.2.	Provide NSV services on fixed days at health facilities in districts (Not Cumulative)	No. of DH/selected CHCs & PHCs	0	10	30	0	10	0.005	0.05	0.30	0	0.05	0.40
3.1.3.3.	Organize female sterilization camps in districts.	To be combined with Mega NSV Camps											
3.1.3.4.	Organize NSV camps in districts.	No. of camps	0	9	9	9	9	0.50	4.50	4.50	4.50	4.50	18.00
3.1.3.5.	Compensation & motivation for female sterilization	No. of beneficiaries	212	250	250	250	250	0.008	2.00	2.00	2.00	2.00	8.00

Budget Head	Physical Target			Rate	Amount (Rs. In lakhs)	Remarks
	Unit of	Base	Target for the quarter			

		Measure	line status	1 Q	2 Q	3 Q	4 Q		1 Q	2 Q	3 Q	4 Q	
3.1.3.6.	Compensation & motivation for NSV Acceptance	No. of beneficiaries	12	250	250	250	250	0.008	2.00	2.00	2.00	2.00	8.00
3.1.4.	*Accreditation of private providers to provide sterilization services*	No. of private providers accredited	0	Subject to availability of interested partners									
3.1.5.	*Monitor progress, quality and utilization of services*												
3.1.6.	Re-orientation of District ToT	No. trained	0	0	4	5	-	0.50	0	2.00	2.50	-	4.50
3.1.7.	Repair of instruments/procurement of parts									1.00	2.00	2.00	5.00
3.2.	***Spacing Methods***												
3.2.1.	*Prepare operational plan for provision of spacing methods across districts*	Already done											
3.2.2.	*Implementation of IUD services by districts.*												
3.2.2.1.	Provide IUD services at health facilities in districts.	No. of beneficiaries	2317	5000	5000	5000	5000	0.00025	1.25	1.25	1.25	1.25	5.00
3.2.2.2.	Organize IUD camps in districts.	Not to be taken up											
3.2.3.	*Accreditation of private providers to provide IUD insertion services*	Subject to availability of interested partners											
3.2.4.	*Social Marketing of contraceptives*	To be explored in 2008-09											
3.2.4.1.	Set up CBD Outlets	To be explored in 2008-09											
3.2.5.	*Organize Contraceptive Update seminars for health providers*	No. of participants	0	30	30	40	100	0.05	0.15	0.15	0.20	1.50	2.00
3.2.6.	*Monitor progress, quality and utilization of services.*	S/DQAC visits	0	10	10	10	10	0.005	0.05	0.05	0.05	0.05	0.20
3.3.	***Other strategies/activities***												
4.	**ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH / ARSH**												
4.1.	***Adolescent friendly services***												

Budget Head	Physical Target						Rate	Amount (Rs. In lakhs)				Total / Remarks
	Unit of Measure	Base line status	Target for the quarter					1 Q	2 Q	3 Q	4 Q	
			1 Q	2 Q	3 Q	4 Q						
4.1.1. Disseminate ARSH guidelines.	Prep. & dissemination to DH/CHC/selected PHCs (copies)	0	0	1 (100)	-	-	0.10	0	0.10	-	-	0.10
4.1.2. Prepare operational plan for ARSH services across districts	Dists. Having OP prepared	0	0	2	3	4	0.01	0	0.02	0.03	0.04	0.09
4.1.3. Implement ARSH services in districts.												
4.1.3.1. Setting up of Adolescent Clinics at health facilities.	No. of DH/CHC having ARSH Clinics	0	0	5	10	10	0.50	0	2.50	5.00	5.00	12.50
4.1.4. Monitor progress, quality and utilization of services.	Visits by DQAC	0	0	5	10	10	0.005	0	0.025	0.05	0.05	0.125
4.2. ***Other strategies/activities***												
4.2.1. Anonymous Question Boxes at Schools	No. of schools	0	500	1000	1000	1000	0.025	0.125	0.25	0.25	0.25	0.875
5. URBAN RCH												
5.1. ***Urban RCH Services***												
5.1.1. Identification of urban areas / mapping of urban slums	No. of slums/suburbs	done										
5.1.2. Prepare operational plan for urban RCH	OP preparation	done										
5.1.3. Implementation of Urban RCH plan/ activities												
5.1.3.1. Recruitment and training of link workers for urban slums	No. of trained LW	To be implemented by 2008-09 (only after fully-fledged ASHAs are in place in rural areas)										
5.1.3.2. Strengthening of urban health posts and urban health centres												
5.1.3.2.1. Maintenance of up-graded UHCs (Manpower, drugs)	No. of UHCs functioning	4	4	4	4	4	11.54	11.54	11.54	11.54	11.54	46.16

Budget Head	Physical Target	Rate	Amount	Total /

	Unit of Measure	Base line status	Target for the quarter					(Rs. In lakhs)				Remarks
			1 Q	2 Q	3 Q	4 Q		1 Q	2 Q	3 Q	4 Q	
5.1.3.2.2. Up-gradation of 04 UHCs (Add-on facilities, manpower, drugs, skill development)	No. of new up-graded UHCs	0	0	0	0	4	26.79	0	0	0	107.16	107.16
5.1.3.2.3. Repair/renovation/add-on facility on PPPC & UFWC Imphal											10.00	10.00
5.1.3.3. Provide Maternal Health services (ANC, NVD, PNC etc)	As discussed under Maternal Health											
5.1.3.4. Provide Child Health services (Imm, Mngt. Of ARI, Diarrhoeal diseases etc.)	As discussed under Child Health											
5.1.3.5. Provide Family Planning services (Spacing methods)	As discussed under FP											
5.1.3.6. Provide ARSH services (Counseling, Mngt. Of RTI/STI)	As discussed under ARSH											
5.1.4. Monitor progress, quality and utilization of services.	Sup. Visits by TSU/ Feed-backs & feed-forwards						6.00	1.50	1.50	1.50	1.50	6.00
5.1.4.1. Maintenance of Technical Support Unit at St. Hdqs.	No. of TSU	1	1	1	1	1	11.16	2.79	2.79	2.79	2.79	11.16
6. TRIBAL RCH												
6.1. ***Tribal RCH services***												
6.1.1. Mapping of tribal areas	No. of tribal hamlets in valley areas	Done (101 identified)										
6.1.2. Prepare operational plan for tribal RCH	OP preparation	Done										
6.1.3. Implementation of Tribal RCH activities												
6.1.3.1. Provide Maternal Health services (ANC, PNC, and Health Education)		On-going										
6.1.3.2. Provide Child Health services (Imm., ARI, Diarr Mngt.)		On-going										
6.1.3.3. Provide Family Planning services (Spacing methods		On-going										
6.1.3.4. Provide ARSH services (Counseling, Syndromic Mngt. Of RTI/STI)		On-going										
6.1.4. Monitor progress, quality and utilization of services.												
6.2. ***Mobile Clinic***												

Budget Head	Physical Target	Rate	Amount	Total /

	Unit of Measure	Base line status	Target for the quarter					(Rs. In lakhs)				Remarks
			1 Q	2 Q	3 Q	4 Q		1 Q	2 Q	3 Q	4 Q	
6.2.1. Maintenance of Mobile Clinic catering to Tribal hamlets in Valley Districts	No. of functional Mobile Unit	1	1	1	1	1	9.44	2.36	2.36	2.36	2.36	9.44
7. VULNERABLE GROUPS	Included under relevant Headings)											
7.1. ***Services for Vulnerable groups***												
7.1.1. Mapping of vulnerable groups												
7.1.2. Prepare operational plan for vulnerable groups												
7.1.3. Implementation of activities												
7.1.3.1. Provide Maternal Health services (please specify)												
7.1.3.2. Provide Child Health services (please specify)												
7.1.3.3. Provide Family Planning services (please specify)												
7.1.3.4. Provide ARSH services (please specify)												
7.2. ***Other strategies/activities***												
8. INNOVATIONS/ PPP/ NGO												
8.1. ***PNDT and Sex Ratio***												
8.1.1. Operationalize PNDT Cell	Already in operation											
8.1.2. Orientation of program managers and service providers on PC & PNDT Act	Orientation workshop (No. of participants)	0	3 (20)	3 (20)	3 (20)	3 (20)	0.10	0.30	0.30	0.30	0.30	1.20
8.1.3. Monitoring of Sex Ratio at Birth	Reports & Feedbacks									0.20		0.20
8.1.4. Other PNDT activities (check/supervisory visits to USG Clinics)							Subject to distance			2.00		2.00

Budget Head	Physical Target			Rate	Amount (Rs. In lakhs)	Total / Remarks
	Unit of	Base	Target for the quarter			

		Measure	line status	1 Q	2 Q	3 Q	4 Q		1 Q	2 Q	3 Q	4 Q	
8.2.	***Public Private Partnerships***	No. of pvt. Health providers/clinics established for PPP (Cumulative)	0	2	6	10	18	Included under specific heading					
8.3.	***NGO Program***	No. of MNGOs (Cumulative)	2	2	2	2	5	Rs. 90.00 lakhs released to MNGOs; SOEs awaited					
9.	**INFRASTRUCTURE AND HUMAN RESOURCES**												
9.1.	***Contractual Staff & Services***		Discussed under Part "B" of NRHM										
9.1.1.	ANMs recruited and in position in Sub-Centres (Cumulative)												
9.1.2.	Laboratory Technicians recruited and in position (Cumul.)												
9.1.3.	Staff Nurses recruited and in position (Cumulative)												
9.1.4.	Specialists (Anaesthetists, Paediatricians, Ob/Gyn, Surgeons, Physicians) recruited and in position		Discussed under Part "B" of NRHM										
9.2.	***Major civil works (New constructions/ extensions/additions)***												
9.2.1.	Major civil works for operationalisation of FRUS		Discussed under Part "B"										
9.2.2.	Major civil works for operationalisation of 24 hour services at PHCs		Civil works in 20 targeted 24/7 Centres are completing. Further civil works for more 24/7 Centres to be taken up in 08-09										
9.3.	***Minor civil works***												
9.3.1.	Minor civil works for operationalisation of FRUs												
9.3.2.	Minor civil works for operationalisation at 15	No. of PHCs	0	0	5	5	5	7.00	0	35.00	35.00	35.00	105.00

	PHCs along with 02 quarters each	repaired											
9.3.3	Repair / Renovation of Sub centres	No. of SCs		0	20	20	20	0.50	0	10.00	10.00	10.00	30.00
9.4.	***Operationalise Infection Management & Environment Plan at health facilities***												
9.4.1.	Organize dissemination workshops for IMEP guidelines	No. of workshops	0	0	1	2	2	0.15	0	0.15	0.30	0.30	0.75
9.4.2.	Prepare plan for operationalisation across districts	No. of Districts with OP	0	0	0	1	2	0.01	0	0	0.01	0.02	0.03
9.4.3.	Monitor progress against plan; follow up with training, procurement, etc												
9.4.4	Implementing IMEP in Health Facilities	No. of DH/CHC/PHC	0	0	0	0	2	2.50	0	0	0	5.00	5.00
9.5	***Other add on facilities at CHCs & 24/7PHCs (telephone, TV, DVD, Computer, Blood Analyzer ,Generator, etc.)***								0	30.00	30.00	20.36	80.36
10.	**INSTITUTIONAL STRENGTHENING**												
10.1.	***Human Resources Development***												
10.1.1.	HR Consultant (s) recruited and in position (Cumulative)	No. of HR Consultant	0	0	1	1	1	3.00	0	0.75	0.75	0.75	2.25
10.1.2.	Mapping of human resources												
10.1.3.	Transfer and cadre restructuring policy developed	St. Govt. Order	Nil	To be finalized in 2007-08									
10.1.4.	Performance appraisal and reward system developed	Reward schemes	Best Dist.	Best Dist.	Best Dist.	Best Block in Dist	Best staff in Block	0.01	0.01	0.01	0.09	0.36	0.47
10.1.5.	Incentive policies developed for posting in under-served areas			To be explored in 2007-08									
10.1.6.	Management Development Program for Medical Officers	No. of workshops (MOs)	0	0	1 (20)	2 (40)	2 (40)	0.10	0	0.10	0.20	0.20	0.50
10.2.	***Logistics management/ improvement***												
10.2.1.	Logistics consultant(s) recruited and in position	No. of Log. Consultant	0	Not to be recruited; To be arranged from existing staff									
10.2.2.	Review of logistics management system done		0	0	yes								
10.2.3.	Training of staff in logistics management	No. of St/ Dist. Storekeepers	0	0	0	10	0	0.005	0	0	0	0.05	0.05

10.2.4.	Strengthening of warehousing facilities (construction/ repair/ renovation, furniture, computers, software, etc.)	Discussed under Part "B" of NRHM											
10.3.	***Monitoring & Evaluation / HMIS***												
10.3.1.	*Strengthening of M&E Cell*												
10.3.1.1.	M&E consultant(s) recruited and in position (Cumulative)	No. of M & E Conslt.	0	0	1	1	1	3.00	0	0.75	0.75	0.75	2.25
10.3.1.2.	Provision of equipment at state and district levels												
10.3.1.2.1.	Internet Server at State & Dist. Hdqs. (Cumul.)	No. of servers	1 at State	1	10 (Incl.Dist.)	10	10		0.15	0.15	4.65	1.50	6.45
10.3.1.2.2.	Procurement of Computer sets with peripherals	No. of sets	14	0	4	0	0	0.50	0	2.00	0	0	2.00
10.3.2.	*Operationalising the new MIES format*												
10.3.2.1.	Review & printing of existing registers	No. of registers	Started	0	1000			0.002	0	2.00			2.00
10.3.2.2.	Printing of new forms	No. of reporting forms	Started	0	84000			0.0001	0	8.40			8.40
10.3.2.3.	Training of staff	No. of batches	DPMs trained	0	1	3	3	0.40	0	0.40	1.20	1.20	2.80
11.	**TRAINING**												
11.1.	***Strengthening of Training Institutions (SIHFW, ANMTCs, etc.)***												
11.1.1.	Carry out repairs/ renovations of the training institutions	Discussed under Part "B"											
11.1.2.	Provide equipment and training aids to the training institutions	Comp, Xerox, LCD	Already provided										
11.2.	***Development of training packages***												
11.2.1.	Development/ translation and duplication of training materials	Training modules (copies)	1 (3000)	0	5 (200)	5 (200)	0	0.20	0	1.00	1.00	0	2.00
11.2.2.	Specialized training equipment (for skills trainings) provided	No. of Trg. Centres equipped	1	0	2	2	2	2.00	0	4.00	4.00	4.00	12.00
11.3.	***Maternal Health Training***												
11.3.1.	*Skilled Attendance at Birth / SBA*												
11.3.1.1.	Setting up of SBA Training Centres	No. of DH	1	0	2	3	0	2.00	0	4.00	6.00	0	10.00
11.3.1.2.	TOT for SBA		Already trained										

11.3.1.3. Training of Medical Officers in SBA	No. of MOs trained	27	0	30	30	0	0.01	0	0.30	0.30	0	0.60
11.3.1.4. Training of Staff Nurses in SBA	No. trained	0	0	20	20	20	0.03	0	0.60	0.60	0.60	1.80
11.3.1.5. Training of ANMs / LHVs in SBA	No. trained	0	0	20	20	20	0.03	0	0.60	0.60	0.60	1.80
11.3.2. *EmOC Training*												
11.3.2.1. Setting up of EmOC Training Centres	Training Centres set up	0	0	0	1	1	1.00	0	0	1.00	1.00	2.00
11.3.2.2. TOT for EmOC (District)	No. trained	0	0	0	2	2	0.01	0	0	0.02	0.02	0.04
11.3.2.3. Training of Medical Officers in EmOC	No. trained	0	0	0	2	0	1.00	0	0	2.00	0	2.00
11.3.3. *Life saving Anesthesia skills training*												
11.3.3.1. Setting up of Life saving Anesthesia skills Training Centres	Centres set up	1	0	0	1	1	2.00	0	0	2.00	2.00	4.00
11.3.3.2. TOT for Anesthesia skills training	No. trained	2										
11.3.3.3. Training of Medical Officers in life saving Anesthesia skills	No. trained	2	2	2	0	2	0.50	1.00	1.00	0	1.00	3.00
11.3.4. *MTP training*												
11.3.4.1. TOT on MTP using MVA	No. trained	0	0	4	0	0	0.50	0	2.00	0	0	2.00
11.3.4.2. Training of Medical Officers in MTP using MVA	No. trained	0	0	0	10	10	0.03	0	0	0.30	0.30	0.60
11.3.4.3. Training of Mos in MTP using other methods (pl. specify)	No. trained	30	6	0	6	8	0.03	0.18	0	0.18	0.24	0.60
11.3.5. *RTI / STI Training*												
11.3.5.1. TOT for RTI/STI training	No. trained	2										
11.3.5.2. Training of laboratory technicians in RTI/STI	No. trained	0	0	20	0	20	0.005	0	0.10	0	0.10	0.20
11.3.5.3. Training of Medical Officers in RTI/STI	No. trained	30	0	30	0	30	0.005	0	0.15	0	0.15	0.30
11.3.6. *Orientation of Dai / TBAs on safe delivery*	No. trained	3000	Not to be taken up									
11.4. ***IMEP Training***												
11.4.1. TOT on IMEP (State)	No. trained	0	0	2	0	0	0.50	0	1.00	0	0	1.00
11.4.2. IMEP training for state and district program managers	No. trained	0	0	8	20	25	0.01	0	0.08	0.20	0.25	0.53
11.4.3. IMEP training for medical officers	No. trained	0	0	0	15	0	0.01	0	0	0.15	0	0.15
11.5. ***Child Health Training***												
11.5.1. ***IMNCI Training (pre-service and in-service)***												
11.5.1.1. TOT on IMNCI (pre-service and in-service)	No. trained	0	0	40	0	0		0	10.36	0	0	10.36

11.5.1.2. IMNCI Training for Medical Officers	No. trained	0	0	60	60	0		0	10.22	10.22	0	20.44
11.5.1.3. IMNCI Training for Health Workers at dist. level	No. trained	0	0	25	25	25		0	11.4	11.3	11.3	86

11.5.1.4. IMNCI Training for Health workers at sub-district level	No. trained	0	0	225	225	225		0	10.00	10.00	10.00	30.00
11.5.1.5. IMNCI Training for Anganwadi Workers												
11.5.2. *Facility Based Newborn Care / FBNC*												
11.5.2.1. TOT on FBNC	No. trained	0	0	2	0	0	0.50	0	1.00	0	0	1.00
11.5.2.2. Training on FBNC for Medical Officers	No. trained	0	0	0	0	16	0.02	0	0	0	0.32	0.32
11.5.2.3. Training on FBNC for SNs	No. trained	0	0	0	20	30	0.015	0	0	0.30	0.45	0.75
11.5.3. *Home Based Newborn Care / HBNC*												
11.5.3.1. TOT on HBNC	No. trained	0	0	2	0	0	To be combined with FBNC					0
11.5.3.2. Training on HBNC for ASHA	No. trained	0	0	250	250	500	0.006	0	0.15	0.15	0.30	0.60
11.5.4. *Care of sick children and severe malnutrition at FRUs*												
11.5.4.1. TOT on Care of sick children and severe malnutrition	Already available											
11.5.4.2. Training on Care of sick children and severe malnutrition for Medical Officers	No. trained	0	0	10	10	10	0.01	0	0.10	0.10	0.10	0.30
11.6. ***Family Planning Training***												
11.6.1. *Laparoscopic Sterilization Training*												
11.6.1.1. TOT on laparoscopic sterilization	Already available											
11.6.1.2. Laparoscopic sterilization training for medical officers	No. trained	0	0	6	7	12	0.05	0	0.30	0.35	0.60	1.25
11.6.2. *Minilap Training*												
11.6.2.1. TOT on Minilap	Not to be taken up											
11.6.2.2. Minilap training for medical officers	Not to be taken up											
11.6.3. *Non-Scalpel Vasectomy (NSV) Training*												
11.6.3.1. TOT on NSV	No. trained	2	No more needed									
11.6.3.2. NSV	No. trained	25	0	5	5	15	0.05	0	0.25	0.25	0.75	1.25
11.6.4. *IUD Insertion*												
11.6.4.1. TOT for IUD insertion	No. trained	30	No more needed									
11.6.4.2. Training of Medical officers in IUD insertion	No. trained	50	0	0	5	5	0.02	0	0	0.10	0.10	0.20
11.6.4.3. Training of staff nurses in IUD insertion	No. trained	150	Only for new recruits if any									
11.6.4.4. Training of ANMs / LHVs in IUD insertion	No. trained	400	0	20	30	40	0.02	0	0.40	0.60	0.80	1.80

11.6.5.	Contraceptive update/ISD Training	No. trained	0	30	30	40	100	0.01	0.30	0.30	0.40	1.00	2.00
11.7.	***Adolescent Reproductive and Sexual Health/ARSH Training***												**87**

11.7.1.	TOT for ARSH training	Already available											
11.7.2.	Orientation training of state and district program managers	No. trained	30	0	40	20	0	0.006	0	0.24	0.12	0	0.36
11.7.3.	ARSH training for medical officers												
11.7.4.	ARSH training for ANMs/LHVs	No. trained	0	0	115	115	115	0.005	0	0.575	0.575	0.575	1.725
11.8.	***Program Management Training***												
11.8.1.	Training of SPMSU staff	Already done											
11.8.2.	Training of DPMSU staff												
11.9.	Training of BPMSU staff	No. trained	0	0	72	0	36	0.02	0	1.44	0	0.72	2.16
12.	**BCC / IEC**												
12.1 Strengthening of BCC/IEC Bureaus (state and district levels)													
12.1.1 Contractual staff recruited and in position		No. of conslt	0	1	-	-	-	3.00	0	0.75	0.75	0.75	2.25
12.1.2 capacity building at St/Dist		NO. of Media officials	0	0	0	5	5	0.50	0	0	2.50	2.50	5.00
12.1.3 Capacity building at Block level											1.80		1.80
12.2 Development of State BCC strategy													
12.3 implementation of BCC strategy													
12.3.1 BCC/IEC activities/campaigns for maternal health													
12.3.1.1 BCC/IEC activities for maternal health intervention (except JSY)		Electronic & print media/ Hoarding/B anner/IPC							0	3.00	2.00	2.00	7.00
12.3.1.2 BCC/IEC activities for JSY									0	1.50	1.50	1.00	4.00
12.3.2 BCC/IEC activities/campaigns for child health										2.00	2.00	2.00	6.00
12.3.3 BCC/IEC activities/campaigns for family planning										2.00	2.00	2.00	6.00
12.3.4 BCC/IEC activities/campaigns for ARSH										1.08	1.00	1.00	3.08
12.4 State / District level workshop for designing & holding Folk Based IEC activities		No. of workshop	0	0	10	10	0	0.275	0	2.75	2.75	0	5.50
13.	**PROCUREMENT**												
13.1.	***Procurement of Equipment***												
13.1.1.	*Procurement of equipment for Maternal Health*												

13.1.1.1 Procurement of equipment of skills based services (anesthesia, EmOC, SBA)		1	2	2	3	3	2.00	4.00	6.00	6.00	6.00	22.00
13.1.1.2 Procurement of equipment of blood storage facility	No. Storage cabinets	0	0	2	2	3	0.05	0.00	0.10	0.10	0.15	0.35

13.1.1.3 Procurement of MVA/EVA equipment for health facilities	No. of health facilities	0	0	20	20	30	0.01	0	0.20	0.20	0.60	1.00
13.1.1.4 Procurement of RTI/STI equipment for health facilities	No. of health facilities	0	0	5	10	10	0.50	0	10.00	7.50	0	17.50
13.1.2. *Procurement of equipment for Child Health*												
13.1.2.1. Procurement of equipment for IMNCI	No. of Health facilities	0	0	3	4	5	1.00	0	3.00	4.00	5.00	12.00
13.1.2.2. Procurement of equipment for facility based newborn care	No. of Health facilities	0	0	3	4	5	0.50	0	1.50	2.00	2.50	6.00
13.1.2.3. Procurement of equipment for care of sick children and severe malnutrition	No. of Health facilities	0	0	3	4	5	0.50	0	1.50	2.00	2.50	6.00
13.1.3. *Procurement of equipment for Family Planning*												
13.1.3.1. Procurement / repair of Laparoscopes / Laprocators	No. of functioning equipments	5	0	5	5	0	1.0	0	0	5.00	5.00	10.00
13.1.3.2. Procurement of NSV kits	No. of kits	20	20	20	20	0	0.005	0.10	0.10	0.10	0	0.30
13.1.3.3. Procurement of IUDs	To be received in kind											
13.1.3.4. Procurement of operating microscopes/accessories for recanalisation services	Not to be procured											
13.1.4. *Procurement of equipment for IMEP*		To be explored in 2007-08										
13.2. ***Procurement of Drugs and supplies***												
13.2.1. Procurement of drugs and supplies for maternal health												Discussed under Part "B"
13.2.2. Procurement of drugs and supplies for child health												
13.2.3. Procurement of drugs and supplies for family planning												
13.2.4. Procurement of supplies for IMEP												

13.2.5.	Procurement of general drugs and supplies for health facilities								5.90	6.00	7.80	6.05	25.75

14.	**PROGRAMME MANAGEMENT**												
14.1.	***Strengthening of State society/State Program Management Support Unit***												
14.1.1.	Contractual Staff for SPMSU recruited and in position												
14.1.1.1 State Health Program Manager		No. in position	1	-	-	-	-	3.00	0.75	0.75	0.75	0.75	3.00
14.1.1.2 State Finance Manager		No. in position	1	-	-	-	-	2.76	0.69	0.69	0.69	0.69	2.76
14.1.1.3.State Engineer, State Architect Consultant		No. in position	2	-	-	-	-	2.64	1.32	1.32	1.32	1.32	5.28
14.1.1.4 State Data Manager		No. in position	1	-	-	-	-	2.40	0.60	0.60	0.60	0.60	2.40
14.1.1.5 State Accounts Manager		No. in position	1	-	-	-	-	2.16	0.54	0.54	0.54	0.54	2.16
14.1.1.6 State Stats Officer		No. in position	1	-	-	-	-	1.20	0.30	0.30	0.30	0.30	1.20
14.1.1.7 State Stenographer		No. in position	1	-	-	-	-	0.72	0.18	0.18	0.18	0.18	0.72
14.1.1.8 Data Entry cum Analysis		No. in position	2	-	-	-	-	0.96	0.48	0.48	0.48	0.48	1.92
14.1.2.	Provision of equipment/furniture and mobility support for SPMSU staff								3.75	3.75	3.75	3.75	15.00
14.2.	***Strengthening of District society/District Program Management Support Unit***												
14.2.1.	Contractual Staff for DPMSU recruited and in position												
14.2.1.1 District Health Program Manager		No. in place	9	-	-	-	-	2.40	5.40	5.40	5.40	5.40	21.60
14.2.1.2 District Finance Manager		No. in place	9	-	-	-	-	1.80	4.05	4.05	4.05	4.05	16.20
14.2.1.3 District Data Manager		No. in place	9	-	-	-	-	1.44	3.24	3.24	3.24	3.24	12.96
14.2.2.	Provision of equipment/furniture and mobility support for DPMSU staff		9					5.00	9.00	18.00	9.00	9.00	45.00
14.3.	***Strengthening of Financial Management systems***												
14.3.1.	Training in accounting procedures												
14.3.1.1 State Finance/ Accounts officials		No. of		2				0.50	1.00				1.00

	officials											

14.3.1.2. District Finance officials	No. of officials		9				0.02	0.18				0.18
14.3.2. *Audits*												
14.3.2.1. Annual audit of the program				1		1			7.00		7.00	14.00
14.3.2.2. Concurrent audit			1	1	1	1		2.50	2.50	2.50	2.50	10.00
14.3.3. Operationalise E-banking system up-to district levels	No. of Accounts	1	0	9	0	0						
Total								**128.07**	**399.375**	**344.24**	**435.27**	**1306.955**

ANNEX 3f

ALLOCATION OF RCH II FLEXIBLE FUNDS TO DISTRICTS (07-08)

District / Budget head	IE	IW	TBL	BPR	UKL	CDL	TML	SPT	CCP	State Hdqs.	Total
1 Maternal Health											
(a) JSY	34.56	38.41	30.72	17.28	11.50	9.60	9.60	13.44	19.20	7.73	192.04
(b) Others	10.62	11.80	9.44	5.31	3.54	2.95	2.95	4.13	5.90	2.40	59.04
Sub total	**45.18**	**50.21**	**40.16**	**22.59**	**15.04**	**12.55**	**12.55**	**17.57**	**25.1**	**10.13**	**251.08**
2 Child Health	16.75	18.60	14.90	8.35	5.55	4.65	4.65	6.50	9.30	3.91	93.16
3 Family Planning	9.40	10.47	8.35	4.70	3.10	2.60	2.60	3.65	5.20	2.28	52.35
4 Adolescent Reproductive and Sexual Health	3.35	3.70	2.95	1.65	1.10	0.90	0.90	1.30	1.85	0.99	18.69
5 Urban RCH	42.33	42.33	42.33	42.33	0	0	0	0	0	11.16	180.48
6 Tribal RCH	0	0	0	0	0	0	0	0	0	9.44	9.44
7 Vulnerable groups	0	0	0	0	0	0	0	0	0	0	0
8 Innovations / PPP/ NGO	0	0	0	0	0	0	0	0	0	3.40	3.40
9 Infrastructure and Human Resources	38.00	41.00	31.75	20.50	15.65	14.00	14.00	17.24	22.00	7.00	221.14
10 Institutional strengthening (HRD practices, logistics, M&E/ HMIS, QA)	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	24.92	27.17
11 Training	20.08	22.60	17.00	9.00	5.00	4.00	4.00	6.00	10.00	55.455	153.135
12 BCC/ IEC	1.40	1.40	1.40	1.00	1.00	1.00	1.00	1.42	1.40	29.61	40.63
13 Procurement	0	0	0	0	0	0	0	0	0	100.90	100.90
14 Program management	10.64	10.64	10.64	10.64	10.64	10.64	10.64	10.64	10.64	59.62	155.38
TOTAL	**187.38**	**201.2**	**169.73**	**121.01**	**57.33**	**50.59**	**50.59**	**64.57**	**85.74**	**318.815**	**1306.955**

PART-"B"

NEW

INTERVENTIONS

Goals and current achievement by 2007-08

Sl. No.	Activity	Goal	Achievement
1	No of Village Health and Sanitation Committee constituted and untied grants provided to them.	2391	2004 (not yet registered)
2	No of 2 ANM Sub Health Centres strengthened /established to provide service guarantees as per IPHS,	420	190
3	No of PHCs strengthened/established with 3 Staff Nurses to provide service guarantees as per IPHS.	20	0
4	No of CHCs strengthened to provide service guarantees as per IPHS.	14	0
5	No of District Hospitals strengthened to *IPHS* level.	2	0
6	No of Rogi Kalyan Samitis/Hospital Development Committees established in all CHCs / District Hospitals.	16 CHCs 7 DH	100% 100%
7	No of Untied grants provided to each Village Health and Sanitation Committee, Sub Centre, PHC, CHC to promote local Health action.	420 Subcentre 72 PHCs 16 CHCs	100%
8	Annual maintenance grant provided to every Sub Centre, PHC, CHC and one time support to RKSs at Sub Divisional/ District Hospitals.	72 PHCs 16 CHCs 7 DH	100%
9	Systems of community monitoring put in place.	40% district by 07-08, all by 08-09	0
10	Procurement and logistics streamlined to ensure availability of drugs and medicines at Sub Centres/PHCs/ CHCs.	40% district by 07-08, all by 08-09	0
11	No PHCs/CHCs fully equipped to develop intra health sector convergence, coordination and service guarantees for family welfare, vector borne disease programmes, TB, HIV/AIDS, leprosy etc.	40% district by 07-08, all by 08-09	0
12	District Health Plan reflects the convergence with wider determinants of health like drinking water, sanitation, women's empowerment, child development, adolescents, school education, female literacy, etc.	9	9
13	Facility and household surveys carried out or not	9	9
14	Annual State specific Public Report on Health Published	1	1
15	Institution-wise assessment of performance against assured service guarantees carried out.		
16	Mobile Medical Units provided	9	0
17	No. of Ayush dispensaries re-located to PHCs	40% district by 07-08, all by 08-09	0
18	No. of CHCs/PHCs where AYUSH physicians appointed	34	34

1. Village Health & Sanitation Committees:

During 2006-07, a total of 2004 VHSC were formed out of the target of 2391 (83.81%). A total amount of Rs. 10.00 lakhs are releasing to the VHSCs only if they get themselves registered. All VHSCs are going to be registered soon. Untied Grant to meet local health events @ Rs. 10,000 per VHSC for these 2004 VHSCs is needed in 2007-08. Thus a **total amount of Rs. 200.40 lakhs** is needed out of which Rs. 10.00 is already available with the State. Thus a balance of Rs. 190.40 lakhs are needed in 2007-08.

2. Subcentres strengthened to IPHS by provision of additional ANMs:

Currently 190 Additional Nurses under RCH-II are in position in the Subcentres. The DPC for selection of 230 Additional ANMs based on local criteria was held in April 2007, and very soon the remaining vacant posts of Additional ANMs will be filled up in all the Subcentres.

The honorarium of all these 420 Addl. ANMs @ Rs. 5000/- p.m. will be Rs. 252.00 lakhs. An amount of **Rs. 138.00 lakhs is already available** under NRHM. Hence an additional fund of Rs. 114.00 lakhs is required for 2007-08.

3. PHCs strengthened with 3 GNMs per PHC:

To up-grade 20 PHCs to 24/7 PHCs, the provision of recruiting 02 Additional GNMs per PHC was already sanctioned in 2006-07 (20 under Part "A" and 20 under Part "B"). From 2007-08 onwards the honorarium of all these GNMs will be borne under Part "B". The total budgetary support needed is Rs. 28.80 lakhs. An amount of Rs. **14.40 Lakhs needed to support 20 GNMs under Part "B" of NRHM is already available** and hence an additional fund of Rs. 14.40 lakhs will be needed under Part "B" in 2007-08.

4. CHCs strengthening to IPHS level:

There are 48 vacant posts of Specialist Doctors in the CHCs. Advertisements for hiring Specialists on contractual basis were done thrice in the last two years. The response is almost nil. To attract the Specialist Doctors, it is proposed that the monthly honorarium given to them may be increased from the existing Rs. 18000/- to Rs. 25000/-. The same monthly honorarium may be made applicable to Senior Residents (PG Holders) of RIMS if posted in the CHCs. The budgetary support needed for this activity will be **144.00 lakhs per annum**.

14 Public Health Nurses were recruited in 2005-06 through contractual appointment (one PHN per CHC) by giving an honorarium of Rs. 6000/- per month. In 2007-08 also, their services are to be utilized. It is proposed that their monthly

honorarium be increased to Rs. 7000/-. The budget needed for **supporting th[illegible] PHNs will be Rs. 11.76 Lakhs.**

54 Staff Nurses were already recruited on contractual basis to meet the norm of 7-9 Staff Nurses in 2006-07 in CHCs. The total budgetary support needed to meet the honorarium of these 54 Staff Nurses @ Rs. 6000/- per month will be **Rs. 38.88 lakhs**.

14 ANMs were placed in the 14 CHCs through contractual appointment in 2005-06 and their services will be continued in 2007-08 by paying a monthly honorarium of Rs. 5000/-. The budgetary support needed will be **Rs. 8.40 Lakhs.**

35 Lab. Techs (30 under RCH II and 05 under Part "B") 05 Contractual Lab. Techs. in 200-07 by giving an honorarium of Rs. 5000/- per month. Their services will be needed in 2007-08. The budgetary support needed will be **Rs. 21.00 Lakhs.**

09 Contractual Pharmacists were placed in CHCs in 200-07 by giving an honorarium of Rs. 6000/- per month. Their services will be needed in 2007-08. The budgetary support needed will be **Rs. 6.48 Lakhs.**

06 Contractual Radiographers were placed in CHCs in 200-07 by giving an honorarium of Rs. 5000/- per month. Their services will be needed in 2007-08. The budgetary support needed will be **Rs. 3.60 Lakhs.**

In addition to the above staffs the CHCs were given the provision of hiring support staffs e.g. sweeper, dresser, Ayah, Chowkidar, Dhobi etc. if not posted in the CHCs. Rs. 2000/- per month was allocated for hiring them. **Rs. 20.88 Lakhs** is already available and no extra fund will be needed in 2007-08 for this provision.

The total budget requirement for utilizing the services of the above mentioned staffs will be:

Sl. No.	Category of staff	Unit	Budget in Lakhs
1	Specialist Doctors	48	144.00
2	PHNs	14	11.76
3	Staff Nurses	54	38.88
4	ANMs at CHCs	14	8.40
5	Laboratory Technicians	35	21.00
6	Pharmacists	9	6.48
7	Radiographers	6	3.60
8	Other support staffs	87	20.88
	Total		**255.00**

5 Strengthening of District Hospitals

An amount of **Rs. 200.00 lakhs** was sanctioned for up-grading 02 District Hospitals to IPHS level @ Rs. 100.00 Lakh per DH on 31st March 2007. Estimates based on Facility Survey Report are worked out and soon the money will be released to concerned Rogi Kalyan Samitis to initiate the works. No more funds will be needed in 2007-08.

Sl. No.	Works/Activity	Qty.	Unit Rate in Rs.	Amount in Rs.
1. DH Bishnupur				
1	Extension of 20 bedded Ward with separate Gents' and Ladies' Toilet	1	4474836.00	4474836.00
2	Construction of a 6 Seater Toilet	2	409412.00	818824.00
3	Construction of septic Tank	2	100000.00	200000.00
4	Construction of Water Supply System	1	600000.00	600000.00
5	Construction of T- IV Quarters	5	1013377.00	5066885.00
6	Construction of T- III Quarters	5	759689.00	3798445.00
7	Construction of T- II Quarters	4	558236.00	2232944.00
8	Compound fencing			1744800.00
			Sub-Total A	**18936734.00**
2. DH Chrachandpur				
1	Construction of Hospital Waste management Pit	1	250000.00	250000.00
2	Construction of a 6 Seater Toilet	2	443529.52	887059.04
3	Construction of septic Tank	2	100000.00	200000.00
4	Construction of Water Supply System	1	600000.00	600000.00
5	Construction of T- IV Quarters	5	1097825.00	5489125.00
6	Construction of T- III Quarters	5	822997.00	4114985.00
7	Construction of T- II Quarters	5	604754.00	3023770.00
			Sub-Total B	**14564939.04**
			Grand Total (A + B)	**33501673.04**

6. Rogi Kalyan Samitis at District Hospitals/CHCs/PHCs:

All the existing 07 DHs, 16 CHCs and 72 PHCs have registered RKS formed with their own bank accounts open. Also the J N Hospital which is functioning as District Hospital for Imphal east and Imphal West District (where no DHs are available) is going to have its own RKS. Again Urban Hospital Moreh which is functioning as Sub-District Hospital in Chandel District will have its own RKS.

The seed money required for the above institutions will be:

Sl. No.	Type of Health	Seed money	Units	Total

	Facility	per Unit (in lakhs)		(in lakhs)
1	J N Hospital	5.00	1	5.00
2	District Hospitals	5.00	7	35.00
3	U Hosp. Moreh	1.00	1	1.00
4	CHCs	1.00	16	16.00
5	PHCs	1.00	72	72.00
			Total	**129.00**

7. Annual Untied Fund for CHC/PHC/Subcentre:

The budget requirement for 2007-08 will be:

Sl. No.	Type of Health Facility	Untied Fund per Unit (in lakhs)	Units	Total (in lakhs)
1	Urban Hosp. Moreh	0.50	1	0.50
2	CHCs	0.50	16	8.00
3	PHCs	0.25	72	18.00
4	Subcentres	0.10	420	42.00
			Total	**68.50**

8 Maintenance grant for CHC, PHC & Sub-Centres:

Sl. No.	Type of Health Facility	Maint. grant per Unit (in lakhs)	Units	Total (in lakhs)
1	CHC	1.00	16	16.00
2	Urban Hosp., Moreh	1.00	1	1.00
3	PHCs	0.50	72	36.00
4	Sub-Centres	0.10	420	42.00
			Total	**95.00**

9 Community monitoring:

This will take time and operational plan is being developed. This may be implemented from 2008-09 onwards after re-orientation of the PRI/ Village Authority.

10. Procurement and logistics:

Details of this is already discussed under RCH-II. **Rs. 160.00 Lakhs** was received by the State for procurement of Drug/Medicine Kits for the various health institutions. As no procurement could take place in 2006-07, the same amount will be used in 2007-08.

10 Equipping of CHCs/PHC/Sub-Centres:

An amount of **Rs. 258.00 lakhs** was sanctioned in 2006-07 for equipping 13 CHCs. Since the money is not yet utilized no further fund is needed in 2007-08.

For equipping the existing PHCs a detail estimate is being prepared based on the Facility Survey Report and will be finalized soon. To start with an estimated amount of Rs. 2.00 per PHC giving as total of **Rs. 144.00 is proposed to be sanctioned in 2007-2008** so that vital equipments not available/ not functional in all the PHCs can be procured**.**

It is proposed to provide Bag & Mask (Sizes 0,1), Mucus Extractor and other equipments necessary for Normal Vaginal Delivery to each of the 420 existing Sub-Centres for newborn resuscitation. Currently, none of the Sub-Centres has these equipments or if available, are not functioning at all. Hence an additional budget of **Rs. 4.20 Lakhs** is needed (@ Rs. 1000 per Sub-Centre).

The total budget requirement for this activity will be:

Sl. No.	Particulars	Budget in Lakhs
1	Equipping CHCs	258.00
2	Equipping PHCs	144.00
3	Equipping Sub-Centres	4.20
	Total	**406.20**

12. Strengthening Program Management:

State and District Level Program Management Units are already formed and included in the Part “A” of NRHM. Block Level Program Management Units (BPMUs) are proposed to be established in all the 36 existing Blocks. Each BPMU will consist of 1 Block Program Manager, 1 Block Data Manager and 1 Block Finance Manager. The Monthly Honorarium of these staffs to be recruited on contract basis (already process started for Data Manager and Finance Manager) will be Rs. 10,000/-, Rs. 7,500/- and Rs. 7,500 respectively. Also their offices need to be set up.

The total **budgetary support needed for establishing and maintaining the BPMUs will be:**

Sl. No.	Particulars	Units	Unit Rate in Lakhs	Total in Lakhs
1	Honorarium of BPM	36	1.20	43.20
2	Honorarium of BDM	36	0.90	32.40
3	Honorarium of BFM	36	0.90	32.40
4	Computer sets	36	0.50	18.00
5	Office set up	36	1.00	36.00
6	Contingencies	36	1.50	54.00
	Total			**216.00**

13 District Health Action Plans reflecting convergence with Health determinant Departments:

All the 09 Districts have submitted DHAPs which reflects effective convergence with the relevant Departments. The State Society is going to approve them. Rs. 90.00 lakhs @ Rs. 9.00 lakhs per Districts is already available and are released to the Districts.

14 Facility and Household Survey:

All the Districts have completed Facility Survey of all Health institutions like DHs, CHCs, PHCs and Subcentres. Also Household Surveys are done in all the Districts covering almost all the Households which could reflect a representative sample.

15 Institution-wise assessment of performance against assured service guarantee:

All the RKS formed at the level of DHs, CHCs and PHCs have Monitoring Sub-Committees .for assessing performance. Again the State Quality Assurance Committee and the District Quality Assurance Committees will assure quality in care.

16. DISTRICT MOBILE MEDICAL UNITS (DMMUs)

An amount of **Rs. 374.00 lakhs** was sanctioned by the Ministry of Health & FW, Govt. of India in 2006-07 for establishing the DMMUs in the existing 09 Districts in the State. Following the model adopted the State of Assam, the State of Manipur is going to establish the DMMUs, each unit comprising of 02 vehicles. The vehicles equipped with the necessary equipments and furniture are going to be procured from Specks Systems Ltd., New Delhi. The process of signing contract agreement between the State Govt. and the Firm is on. Within three months all the Districts may have full-fledged DMMUs. All the District Health Societies have been provided necessary guidelines for operationalization of the DMMUs.

The amount required for procuring the DMMU vehicles equipped with necessary equipments will be **Rs. 378.00** lakhs @ Rs. 42.00 per unit. Hence there is a deficit of **Rs. 4.00 lakhs**.

The budget needed for establishment & maintenance of the 09 DMMUs in 2007-08 will be:

Sl. No.	Activity/Particulars	Unit rate (Rs. in Lakhs)	Units	Amount (Rs. in lakhs)
1	Procuring of the equipped units	42.00	09	378.00
2	Training of manpower	0.15	09	1.35
3	Drugs	5.00	09	45.00
4	Maintenance & repair of vehicles	2.00	09	18.00
5	Fuel	2.00	09	18.00
	Total	9.15		**460.35**

17. Mainstreaming AYUSH:

34 AYUSH Doctors including Specialist AYUSH Doctors and 34 AYUSH Pharmacists are recruited on contractual basis in 2006-07 and posted in 14 functioning CHCs and 20 PHCs to be up-graded as 24/7 centres. Also AYUSH Drugs @ Rs. 0.20 lakhs was provided to each of the Health Institutions mentioned above. The above manpower will be continued in 2007-08

In the current year (07-08), additional AYUSH Centres may be established in 40 identified PHCs viz., 1. Andro 2. Sawombung 3, Keirao Makting 4. Yambem 5. Lamlai 6. Nongpok Keithelmanbi 7. Kakwa 8. Khurkhul 9. Phayeng 10. Mayang Imphal 11. Sekmaijin 12. Kakching Khunou 13. Hiyanglam 14. Pallel 15. Wangoo Laipham 16. Khoirom 17. Nongpok Sekmai 18. Wangjing Lamding 19. Serou 20. Thanga 21. Oinam 22. Leimapokpam 23. Thanlon 24. Henglep 25. Singhat 26. Saikot 27. Senvon 28. Khangkhui Khullen 29. Chingai 30. Phungyar 31. Kasom Khullen 32. Saikul 33. Tadubi 34. Paomata 35. Motbung 36. Kalapahar 37. Haochong 38. Tousem 39. Oinam long and 40. Khoupum.

The Infrastructure up-gradation and drugs needed for all the AYUSH Centres will be supported under AYUSH CSS (Rs. 340 for 14 CHCs and twenty 24/7 PHCs and Rs. 400.00 lakhs for the additional AYUSH Centres).

The Budget requirement for mainstreaming AYUSH in 2007-08 will be:

Sl. No.	Activity	Unit rate in lakhs	Units	Total (in lakhs)
1	Honorarium of Specialist AYUSH Doctor @ Rs. 18,000/- per month	2.16	1	2.16
2	Honorariun of AYUSH Doctors @ Rs. 15,000/- per month	1.80	33	59.40
3	Honorarium for 34 AYUSH Pharmacists @ Rs. 6000/- per month	0.72	34	24.48
4	Honorariun of 40 additional AYUSH Doctors @ Rs. 15,000/- per month	1.80	40	72.00
5	Honorarium for 40 AYUSH Pharmacists @ Rs. 6000/- per month	0.72	40	28.80
	Total			**186.84**

18 Construction of building for building-less Subcentres:

Rs. 600.00 lakhs was sanctioned in 2006-07 for construction of 100 buildings @ Rs. 6.00 lakhs out of the identified 222 building-less Subcentres in the State. The money is being released to the District Societies for taking up the Civil works with guidelines

Once the construction of the 100 identified Subcentres is completed, construction of more buildings will be taken up in the successive years.

19. Strengthening RHFWTC:

Extension of 80 more single-bedded rooms along with Construction/ Repair/ renovation of toilets are proposed to be taken up to accommodate the trainees for the various trainings envisaged under NRHM. Estimates are being worked out. To initiate the Civil Works an amount of **Rs. 200.00 Lakhs may be sanctioned n 2007-08.**

20 Strengthening FHWTS:

The Dining Hall needs to be extended to accommodate 50 trainees; and also a six-seater Toilet need to be constructed. Estimates are being worked out. To initiate the Civil Works an amount **of Rs. 25.00 Lakhs may be sanctioned in 2007-08.**

21 Construction of District Training Centres:

To accommodate the various trainees for trainings to be held at District level, District Training Centres having a minimum capacity of 30 need to be constructed. Presently there are no such Training Centres in the Districts. But Imphal East District can use the RHFWTC building situated in the District for this purpose. Hence the remaining 08 Districts need to have them constructed. These Training Centres have to be well equipped with necessary A-V aids. The budgetary support needed is:

Sl. No.	Particulars	Unit rate in Lakhs	Units	Budget (in Lakhs)
1	Construction of District Training Centre (Capacity=30) with in-built toilets with IEI & water supply system	12.00	8	96.00
2	Office Furniture	4.00	8	32.00
3	LCD with accessories and PA System	1.50	8	12.00
	Total			**140.00**

22. Referral transport in CHCs and 24/7 PHCs:

Implementation of a well operating referral transport system is highly essential for the State taking into consideration the difficult terrain, poor infrastructure and inadequate pvt./public transport facilities. Referral transport support will be extended to all Pregnant Women, newborns and children.

Out-sourcing Referral transport for 34 Centres (14 CHCs and twenty PHCs to be up-graded as 24/7 Service Delivery Centres (based on local criteria): This system is already initiated. For this activity no fund is projected during 2007-08 as **Rs. 61.20** is already available @ Rs. 15,000/- per month per vehicle.

23. Health Melas:

Conventionally, Health Melas are sanctioned for the two Parliamentary Constituencies in the State. But due to the scatter-ness of the Districts, two Health Melas are not adequate to cater to the population of all the Districts. Hence, it is proposed to observe Mini Health Melas in each of the 09 existing Districts @ Rs. 4.00 Lakh per mela. The total budget requirement is **Rs. 36.00 Lakhs.**

24. Establishment of State Mission Secretariat Building:

So far the Directorate of FW Services is acting as the State Mission Secretariat. The place is congested. Hence, a suitable building need to be hired. Mapping is already done.

25. Garage, go-down, workshop at JN Hospital:

The State Hospital does not have its own Garage, Go-down/Workshop. It is proposed to have them constructed and established in 2007-08.

26. Warehouses at State and District level:

03 District warehouses were built in 2006-07. The remaining Districts and the State need dedicated warehouses.

27. Further Research/study:

As the State has limited source of information about demographic data, studies will be encouraged through established agencies e.g. Department of Community Medicine (RIMS) or reputed NGOs having adequate infrastructure for taking up community-based studies. Also Operational Research for community-based interventions related to Maternal and Child Health may be taken up. Quantitative as well as qualitative studies will be encouraged. An amount **Rs. 25.00 lakhs** may be sanctioned for taking up the studies.

28. Provision of a State level NRHM library and web-site

A State level NRHM library where both hard-copies as well as soft-copies of all the NRHM related documents will be stored may be established. The library may be

manned by the regular Staffs from State IEC Bureau along with the Assistant Editor already available with the Directorate of Family Welfare Services, Manipur. These staffs will also be responsible for publishing quarterly reviews/ newsletters as well as opening a web-site for State Health Mission Society, Manipur. As the space available in the Directorate of Health as well as Directorate of Family Welfare Services, Manipur are congested, a suitable building which is easily accessible will be hired on rent. The budget needed for this component will be:

Sl. No.	Activity	Total (in lakhs)
1	Room rent @ Rs. 5000/- p.m.	0.60
2	Furniture (Rakes, almirah, chairs, table etc.)	50.00
3	02 Computer sets with peripherals	1.20
4	Internet connectivity & opening web-site	0.80
5	Office maintenance, contingencies etc.	5.00
6	Printing of reviews/ newsletters	5.00
7	Establishment (advance payment for room, printing documents etc.)	5.00
	Total	**67.60**

29. Maternity Waiting-Centres near RIMS and JN Hospital:

As Regional Institute of Medical Sciences, Lamphelpat and JN Hospital, Porompat are the two important multi-specialty public hospitals in the State, poor people of the State who cannot afford to attend the costly private institutions prefer these two institutions for delivery purpose. Due to the limited number of maternity beds in these two institutions, all the needs of the poor people cannot be met by these two institutions and women are compelled to attend to the costly private institutions.

To solve this problem, maternity waiting centres are proposed to be made available as pilot project near these two institutions having a capacity of 50 beds each. Reputed NGOs having adequate manpower will be entrusted for running this project in coordination with RIMS and JN Hospital on Public Private Partnership. One doctor and 3 ANMs should be made available round the clock in each of the Centres to look after the needs of the women. There should be adequate support for community kitchen/ canteen, toilets and washing purposes. Only women belonging to poor families certified by PRI members/pradhan/ Village Chairman/ Village Headman may be admitted in these institutions by giving nominal admittance fee and daily fee which will be deposited in the State Health Mission Society, Manipur. Pregnant women will be shifted to the referral centres for delivery and in case of emergency.

This activity will be closely monitored by the State Nodal Officer (MH) along with Technical Support Unit established in the State Hdqs. and evaluated annually.

To establish and maintain the waiting Centres a budget of Rs. 50.00 lakhs @ Rs. 25.00 per Centre may be sanctioned to the NGO through State Health Mission Society, Manipur.

30. Establishment of GNM Training Schools in Manipur State

The State has got adequate number of unemployed ANMs at present to cover the State demand under NFRHM. However, there is need for establishing GNM Training Schools in

districts where there is no public or private GNM Training School. In the first phase the GNM Schools may be established in 03 remote districts namely,

1. Ukhrul District
2. Tamenglong District and
3. Chandel District

These 03 GNM Schools may be established in rented buildings and may have (i) J.N. Hospital, Porompat or (ii) RIMS, Lamphelpat or (iii) the concerned District Hospitals as their parent institutions where the GNM trainees may undergo clinical course. Due to the long distance between the districts and the RIMS/ JN Hospital, it is proposed that the District Hospitals concerned are identified as the parent institutions in the respective districts. The only hitch is that the case load in the District Hospitals may not fulfill the criteria as given by the Indian Nursing Council (INC). The Ministry of Health and Family Welfare, Govt. of India may intimate the INC to relax the criteria of case load for North- Eastern States where the case load in the District Hospitals are low. Each of the Training Schools will have a capacity of 60 students (an annual intake of 20) and will be accountable to the District Health Mission Society concerned.

1. Manpower: The manpower needed for **each of the Training Schools** will be engaged on contractual basis and their budgetary support will be:

Sl. No.	Manpower	Qualification	Consolidated pay per annum in lakhs	No. of personnel	Total in lakhs
A. Faculty					
1	Principal	MSc Nursing with 6 yrs of teaching experience or BSc Nursing (Basic)/Post basic with 8 yrs experience	1.80	1	1.80
2	Vice Principal	MSc Nursing with 4 yrs of teaching experience or BSc Nursing (Basic)/Post basic with 6 yrs experience	1.68	1	1.68
3	Senior Tutor	MSc Nursing with 2 yrs of teaching experience or BSc Nursing with 4 yrs experience	1.44	1	1.68
4.	Tutors	MSc Nursing or BSc Nursing (Basic)/Post basic or Diploma in Nursing Edn and Adm or its equivalent with 2 yrs experience after graduation	1.20	5	6.00
5	Additional Tutor for Interns	MSc Nursing or BSc Nursing (Basic)/Post basic or Diploma in Nursing Edn and Adm or its equivalent with 2 yrs experience after graduation	1.20	1	1.20
				Subtotal	**12.36**
B. Support staffs					
6	Stenographer	Graduate with Computer Knowledge	0.96	1	0.96
7	Senior Clerk	Graduate with Computer	0.96	1	0.96

	cum Accountant	Knowledge			
8	Junior Clerk cum Typist	Graduate with Computer Knowledge	0.84	1	0.84
9	Librarian		0.84	1	0.84
10	Laboratory Asst	MLTC	0.72	1	0.72
11	Chowkidar	Matriculate	0.48	1	0.48
12	Driver	Matriculate	0.60	1	0.60
13	Cleaner	Matriculate	0.48	1	0.48
14	Peon	Matriculate	0.48	1	0.48
15	Sweeper	Matriculate	0.48	1	0.48
16	Machine operator	Matriculate	0.48	1	0.48
				Subtotal	**7.32**
				Grand total	**19.66**

In addition to the above mentioned Faculty members, Guest Lectures may be needed on relevant topics by experts. These experts may be given honorarium as per State Govt. norms.

The schools should have their own **Management Committee**, the composition of which is as given below.

1. Principal - Chairperson
2. Vice Principal - Member
3. Senior Tutor - Member
4. Nursing Supdt/Chief Nursing Officer - Member
5. Representative of Med. Supdt, DH - Member

2. Infrastructure: Each of the training Schools will be established in rented buildings having a constructed area of 4000 square feet. The building should at least have the following facilities.

1. 04 numbers of classrooms
2. 04 numbers of Laboratories viz. Nursing Practice, Community Practice, Nutrition and Computer laboratories
3. Auditorium
4. Multi-purpose Hall
5. Library with furniture
6. Office rooms for Principal, Vice Principal and Common Faculty Room
7. Record Room
8. Store Room
9. Room for Audio-visual aids
10. Safe drinking water supply and 03 sanitary toilets
11. Garage
12. Playground

The budgetary support needed on infrastructure may be as shown below.

Sl. No.	Particulars	Unit rate in lakhs	Quantity	Total in lakhs
1	Building Rent	0.15	1	0.15
2	Overhead	2.00	1	2.00

	water storage tank			
3	Furniture for Class Rooms	0.50	4	2.00
4	Furniture for offices	0.50	3	1.50
5	Furniture for Library	1.00	1	1.00
6	IEI	2.00		2.00
7	Computer with peripherals	0.60	1	0.60
8	LCD	2.00	1	2.00
9	Xerox Machine	1.00	1	1.00
10.	Other teaching aids	4.00		4.00
11	10 KVa Gen set	2.00	1	2.00
12	Outsourced bus (big)	1.80	1	1.80
13	Outsourced minibus	1.80	1	1.80
14	Laboratory equipments & reagents	3.00	1	3.00
15	Library books, journals etc	3.00	1	3.00
16	Telephone Lines	0.03	2	0.06
			Total	**27.91**

3. Maintenance charges, contingency, honorarium to guest lecturers, stipend to trainees etc. (recurring): Rs. 3.00 lakhs annually

The total budget needed for establishing the new 03 schools will be:

Sl. No.	**Particulars**	**Unit rate**	**Units**	**Total in lakhs**
1	**Manpower**	**19.66**	**3**	**58.98**
2	**Infrastructure**	**27.91**	**3**	**83.76**
3	**Contingency, honorarium to guest lecturers, stipend to trainees etc**	**3.00**	**3**	**9.00**
			Grand total	***151.74***

The total budget required in 2007-08 under Part "B" of NRHM will be:

Sl. No.	Activity	Total (in lakhs)	Fund already available (in lakhs)	Addl. Fund needed (in lakhs)
1	Village Health & Sanitation Committees	200.40	10.00	190.40
2	Honorarium of 420 Addl. ANMs at Sub-Centres	252.00	138.00	114.00
3	Honorarium of 40 Addl. GNMs per PHCs	28.80	14.40	14.40
4	Honorarium of Contractual staffs at CHCs for up-gradation to IPHS level	255.00	20.88	234.12
5	Strengthening 02 DHs to IPHS level	200.00	200.00	0.00
6	Seed money for RKS	129.00	0	129.00
7	Untied fund to CHC/PHC/Subcentre	68.50	0	68.50
8	Maintenance Grant for CHC, PHC, UH Moreh & Sub-Centres	95.00	0	95.00
9	Procurement of Drug/medicine kits	160.00	160.00	0.00
10	Equipping CHC/PHC/Sub-Centres	406.20	258.00	148.20
11	Establishment & maintenance of BPMU	216.00	64.80	151.20
12	DMMU establishment & maintenance	460.35	374.00	86.35
13	Mainstreaming AYUSH	186.84	0.00	186.84
14	Construction of building-less Sub-Centres	600.00	600.00	0.00
15	Strengthening RHFWTS	200.00	0.00	200.00
16	Strengthening FHWTS	25.00	0.00	25.00
17	Establishment of DTC	140.00	0.00	140.00

18	Referral transport for CHCs, 24/7 PHCs	61.20	61.20	0.00
17	Health Melas	36.00	0.00	36.00
20	Contingencies for Program management at State level	30.00	0.00	30.00
21	Establishment of State Mission Secretariat building	60.00	0.00	60.00
22	Out-sourcing 04 vehicles for State Mission Secretariat	7.20	0.00	7.20
23	Construction of garage, go-down & workshop for JN Hospital	50.00	0.00	50.00
24	Construction of State warehouse	15.00	0.00	15.00
25	Construction of 06 District Warehouses	60.00	0.00	60.00
26	Further Research / Study	25.00	0.00	25.00
27	State level NRHM Library and website	67.60	0.00	67.60
28	Maternity Waiting-centres	50.00	0.00	50.00
29	Strengthening of GNM Trg. Schools	151.71	0.00	151.74
	Total	**4236.80**	**1891.28**	**2335.55**

Strategy / Activity	Timeline				Responsibility State/District	Source of funds
	2007-08					
	Q1	Q2	Q3	Q4		
1. Establishment of Village Health & Sanitation Committees					District	NRHM
2. Recruitment of Additional ANMs at sub centres					State	NRHM
3. Recruitment of Additional GNMs at PHCs					State	NRHM
4. Recruitment of Cont. staff at CHCs					State	NRHM
5. Strengthening of District Hospitals					State	NRHM
6. New RKS at State Hospital & Sub District Hosp. Chandel					State/District	NRHM
7. Untied Fund at CHC/ PHC/ SCs					District	NRHM
8. Procurement of Drugs					State	NRHM
9. Equipping of CHCs/PHCs/SCs					State	NRHM
10. Establishment of BPMUs					State	NRHM
11. District Mobile Medical Units (DMMUs)					District	NRHM
12. Recruitment of AYUSH (Phase II)					State	NRHM
13. Construction of Buildingless Sub- centres					State	NRHM
14. Strengthening RHFWTC					State	NRHM
15. Strengthening FHWTS					State	NRHM
16. Construction of District training Centres					District	NRHM
17. Referral transport in CHCs/ 24 X 7 PHCs					District	NRHM
18. Health Melas					District	NRHM
19. Establishing State Mission Secretariat Building					State	NRHM
20. Garage, go-down, workshop at JN Hospital					State	NRHM
21. Warehouses at State & District level					State/District	NRHM
22. Research/ Study					State	NRHM
23. State level NRHM Library & Web- Site					State	NRHM
24. Maternity Waiting- Centres near RIMS, JN hospital					State	NRHM

PART-"C"

ROUTINE IMMUNIZATION STRENGTHENING

1. Background

1.1. State profile

1	Total population (2001)*	23.88 lakhs (ST-38%, SC-5%, OBC-4.5%) 25.54 lakhs (Projected 07-08)
2	Rural population (%)*	76
3	Urban population (%)*	24
4	Infant Mortality Rate †	30
5	Maternal Mortality Ratio ♀	374
6	Below Poverty Line/Low Standards of Living Index (5) †	31
7	Crude Birth Rate†	16.8
8	Pregnancies per year in thousands (estimated)	50.77 (07-08)
9	Infants per year in thousands (estimated)	45.10 (*07-08)*
10	Children (0-5 Years)	35410
11	Districts*	09 (4 in plain & 5 in hilly areas)
12	Blocks*	36
13	Villages*	2391
14	Towns/Urban areas*	33

*(*Census 2001,* †NFHS-3, ♀*SRS)*

1.2. Recent performance

1.2.1. Reported and evaluated *coverage*

Antigen	Reported Coverage 2004-05	Reported coverage 2005-06	Reported coverage 2006-07	NFHS-3
Fully vaccinated	NA	NA		46.80
BCG	86	87	120.51	80.0
DPT-3	74	76	104.88	61.20
OPV-3	75	76	104.88	77.50
Measles	22.1	69	103.34	52.80
BCG-Measles Drop out	64.1	18	17.17	28.00
TT (2/B)	57	58	74.03	70.1

1.2.2 Vaccine preventable diseases

VPD	2004-05	2005-06	2006-07
Measles	230	194	278
Diphtheria	0	0	0
Pertusis	346	105	174
Neonatal tetanus	3	1	0
Poliomyelitis	0	0	0

1.2.3. Outbreaks reported and investigated in last year: **Not reported**

1.2.4. Infrastructure and staffing pattern

a. General staff

Position	Sanctioned	In position	Proposed addition	Trained in last 3 years
MOs at PHC	164 (60 under process of appointment including 34 on contract basis)	104	NA	NA
FHSs at PHC	72	72	NA	NA
MHS	72	72	NA	NA
FHWs at Subcentre	420	420	NA	370
MHW	420	390	30	nil
Contractual FHWs	420	190	230	34

b. Dedicated Immunization staffs

Position	Sanctioned	In position	Proposed addition	Trained in last 3 years
State Immunization Officer	1	1	0	1
Deputy Director (Imm.)	1	1	0	1
State Cold Chain Officer	1	1	0	1
DIO	11	11	0	11
Computer Assistant	10	10	2	0
Cold Chain Mechanic	8	4	5	0

c. Public Health Infrastructure

Health Institutions	Sanctioned	Number functioning	With functional cold chain equipments	Proposed expansion
Subcentres	420	420	420	NA
PHCs	72	72	70	2
CHCs	16	16	16	NA

d. Cold chain Storage Points

Cold Storage Points	Total numbers	Proposed expansion
State Store	1	-
District Stores	9	2
ILR Storage Points	76	12

2. Goals

- To achieve universal immunization by 2010
- To reduce BCG – Measles dropout to < 5 % by 2010
- To sustain the zero polio case
- To eliminate Neonatal Tetanus by 2007
- To reduce measles deaths by half by 2007

3. Assessment of critical bottle necks for full coverage

3.1. Availability:

- Irregular or no electrification in certain PHCs thereby making vaccine storage impossible
- Difficult geographical terrains and poor transport mechanism making most of the hilly villages inaccessible, mainly during rainy season
- Bad law and order situation making movements risky and difficult

3.2. Accessibility: Same as the later two mentioned above

3.3. ***Utilization/adequate coverage***:

- Lack of program ownership
- Inadequate & low quality of supervision & monitoring
- Separate departments as (i) Health and (ii) Family Welfare, thereby making it difficult to enforce MCH activities to Health Staff (likely to improve with the appointment of Mission Director of NRHM)
- Lack of residential quarters for FHWs and MOs
- No established system of working in convergence with the Department of Women and Child Development
- Insufficient private sector/community involvement
- Lack of political commitment
- Overburdening the work-load of FHWs
- Poor HMIS. Incomplete, irregular and inaccurate reporting. No analysis done at local level
- Ineffective BCC

3.4. *Effective coverage/quality (problems in ensuring safe injections*)

- State Quality Assurance Team yet to be identified.

4. Objectives and targets

Specific objectives and targets pertaining to the State of Manipur are made as given below as the road to universal immunization by 2010. Also, efforts will be given so that the BCG → Measles drop-out rate is reduced to <5 by 2010.

Beneficiaries	***Current achievement (NFHS-3)***	***2007-08***	***2008-09***	***2009-10***
% of PW fully immunized with TT				
• ***Overall***	70.1	>80	>90	100
• ***BPL/SC/ST***	NA	>75	>85	>95
% of 13-24 months of age fully immunized				
• ***Overall***	47	>80	>90	100
• ***BPL/SC/ST***	NA	>75	>85	>95

4.1. Improve vaccine/ supply logistics

4.1.1 Key performance indicators

Indicator	**Current 2006-07**	**Planned**		
		07-08	**08-09**	**09-10**
Districts with any antigen stock-out more than 1 month in the last 12 months	Nil	0	0	0
Districts with AD syringe stock-out more than 1 month in the last 12 months	Nil being supplemented by local purchase	0	0	0

4.2. Expand Cold Chain Reach and Improve Performance

4.2.1 Key performance Indicators

Indicator	**Current 2005-06**	**Planned**			
		06-07	**07-08**	**08-09**	**09-10**
Cold Chain assessment done and planned	✓		✓		✓
Proportion of ILR registered (not condemned) non-functional	8%		<2%		< 1%

4.3. Ensure all children in all villages/towns covered with regular monthly/ quarterly) immunization session according to village size

4.3.1. Key performance indicators

Indicator	Current 2006-07	Planned		
		07-08	08-09	09-10
% Districts with RI micro-plans available	100 (but needs improvement)	100	100	100
% Villages(>1,000 pop) covered 1 or more times a month	> 80	>85	>90	100
% Villages(<1,000 pop) covered 1 or more times a month	> 80	>85	>90	100
% of high-risk areas covered monthly	> 80	>90	>95	100
% Urban areas covered monthly	> 90	100	100	100
% Sessions planned Vs sessions held	>90	100	100	100

4.4. Improve injection safety by introducing AD syringes

4.4.1. Key performance indicators

Indicator	Current 06-07	Planned		
		07-08	08-09	09-10
PHCs using ADS for all immunizations (%)	> 95	100	100	100
PHCs with appropriate waste disposal in place (%)	< 30	80	90	100

4.5. Ensure accurate record-keeping/monitoring with improved supervision

4.5.1. Key *performance indicators*

Gap between reported and evaluated full immunization coverage (%)	Current		Planned		
	05-06	06-07	07-08	08-09	09-10
	22	<20	<10	<8	<5

4.6. Train Immunization Staff

4.6.1. Key performance indicators

Indicator	Current 06-07	Planned		
		07-08	08-09	09-10
ANMs having received refresher training in immunization within the last 3 years	370	420	420	420
DIOs having participated in mid-level managers training within the last 3 years	11	11	11	11

5. Action Plan

5.1. Alternative vaccine delivery*:*

Subcentres/ PHCs/ CHCs/ blocks indent vaccines from Storage facilities which are not under the established norms, depending upon their proximity, transport facility and convenience. Porters who have to collect vaccines from Storage Points situated more than 8 kms may be provided a porter fee of Rs. 50/- in the valley districts and Rs. 75 in the hill districts per collection. The vaccines thus issued may be adjusted at the District-level and State-level meetings. Accredited NGOs/community organizations/ Village-level Link Workers may also be involved in vaccine delivery.

Rs. 50 x 192 PHSCs x 12 x 4 = Rs. 460800
Rs. 75 x 220 PHSCs x 12 x 4 = Rs. 792000

Rs. 1252800 say, Rs. 1300000

5.2. Mobilization of children by ASHA

- ASHAs (2500 in nos.) developed under NRHM are involved for this purpose. A compensation package of Rs. 150 per month may be given to them, on the same day, by the FHW.
- Wherever ASHAs are not available AWWs/other Village-level Link workers may be utilized for the same purpose, by giving a compensation package of Rs 150 per month per village. A Health Day on monthly basis on fixed day, fixed place will also be held at AWCs to increase the out-reach sessions.

  @ Rs. 150 x 420 PHSCs x 3 outreach sessions x 6 times per year
  = Rs. 1112400

5.3. Under-served areas:

Utilization of village chief and his associates who can manage vaccination sessions in the hilly districts and under served areas can be identified. An honorarium of Rs. 150/- will be paid for mobilization per session; and an additional amount of Rs. 75/- will be needed as porter charge per session. Retired ANMs/Unemployed ANMs will be utilized as vaccinator for covering these areas by providing an honorarium of Rs. 350/- per session.

Rs. 575 x (250 x 2 underserved outreach sessions in the PHSCs) x 6 times per year = Rs. 1725000

5.4. Strengthening monitoring & supervision and surveillance:

5.4.1. *Strengthening monitoring:*

Monthly PHC level review meetings and District level Review meetings are proposed to be held on 2nd and 4th working days respectively of every month. At these meetings, out-reach sessions planned and held, beat schedule, vaccine pick-up ratio, achievements, accuracy and completeness of reports, problems arising may be reviewed in detail. Monthly and Bi-yearly State-level review meetings may be held on every 10th working day of the month and on the last working day of each half of the year. Computerization of HMIS in each of the nine districts (100% by end of 2007) and at State Headquarter is contemplated to facilitate monitoring.

For accurate and complete HMIS reports training of computer assistants on HMIS is proposed.

5.4.2. *Strengthening supervision*

Making supervisory visits compulsory: Field visits are to made weekly by FHS, fortnightly by MOs of PHCs, monthly by SMOs of CHCs, quarterly by DFWOs/DIOs and State level Officers by using supervisory check-lists. TA/DA may be made accessible, which will be from the State and District RCH Societies pool. The supervisory visits are to be facilitative in nature. A State–level Officer not less than the rank of Deputy Director has been identified as District Supervisor for each of the districts, to supervise and attend the District-level meetings. A provision of two supervisory vehicles for the state immunization cell may be arranged by outsourcing from the private sector.

@ Rs. 20000 x 12 months x 2 vehicles = Rs. 480000.00 say Rs. 500000.00 (with provision for extra charges of covering more than 1000 km per month)

5.4.3. Strengthening surveillance

Coverage evaluation survey of at least one village selected randomly per block per month by a team led by DIOs/DFWOs. Emphasis may be given to cases of drop-outs, missed opportunities and never-reached. Also, facility-based surveys and household surveys may be done every two yearly covering two districts in each round. The fund requirement may be made from the fund of District RCH-Society envisaged under RCH-II. Mid-term and end-evaluations are to be done by independent agencies, the fund requirement of which is already reflected in the RCH-II PIP.

The budget requirement for mobility support for monitoring, supervision and surveillance will be 7.20 lakhs annually (@ Rs 1200/- per health centre in the hill districts and Rs. 960 in the valley district per year with additional provision of Rs. 240000/- annually for the state head quarter

5.5. Computer assistant to DIO and at State level

- The services of the Computer Assistants on contractual basis at the districts and the State Level may be extended. Two additional Computer Assistants may also be appointed for the two hill sub districts. 4 Desktop Computers (two for the 2 hill sub districts, 1 for State Immunization Cell and 1 for the Cold Chain Section), 1 Laptop computer and 1 LCD Projector for the state Immunization Cell may also be provided specifically for Immunization Strengthening at the districts and State Head Quarter. Introduction of RIMS software for monitoring UIP. Five persons per district may be trained for this purpose. Provision for 1 portable electric generator with accessories may also be considered to supplement the irregular power supply at the State Immunization Cell which may also be used during the review meetings and training programmes.

a)	11 contractual computer assistants @ Rs. 7000 x 12 x 11 Nos.	=	Rs. 924000
	1 contractual computer assistant (HQ) @ Rs. 8000 x 12 x 1	=	Rs. 96000
		Total =	Rs.1020000
b)	4 computers @ Rs. 60000 x 4	=	Rs. 240000
	1 laptop @ Rs. 55000 x 1	=	Rs. 55000
	1 LCD Projector of State Immunization Cell	=	Rs. 150000
	1 Portable Electric Generator with accessories	=	Rs. 15000
		Total =	Rs. 460000
c)	one photocopier for State immunization Cell	=	Rs.165990

5.6. Review meetings:

Health Centres @ Rs. 200 x (72+16) health centres x 12 = Rs. 211200
Districts @ Rs. 500 x (9 + 2) districts x 12 = Rs. 66000
State HQ @ Rs. 5000 x 12 + Rs. 50000 x 2 = Rs. 160000

Total = Rs. 437200

5.7. Provision of additional support

- Engagement of FHWs in Subcentres by contractual FHWs recruited from locally available resources under RCH-II Project may be continued. Also, to have a uniform distribution of manpower, a State Transfer Policy may be formed by which all staff will have to work in rural/tribal areas for at least two years.
- Electrification /and provision of stand-by generators for PHCs not having power supply.
- Filling up of vacant posts of MHWs by contractual appointment, so as not to over-burden the work-load of the FHWs.
- Engagement of 2 Office Assistants for State Immunization Cell may be considered Rs. 2000 x 12 months x 2 numbers = Rs. 42000.00

5.8. Cold-Chain Strengthening, Vaccine supplies, AD Syringes and tally sheets

The cold-chain equipments in the State are adequate currently, although in a few PHCs (in remote areas) ILRs are not installed as there are no regular electricity supply or no electrification at all. The current numbers of Cold-Chain Equipments which are currently functioning in the State are given below.

Sl. No.	*Equipment*	*Number functioning*
1.	Walk-in cooler	1
2.	Deep Freezers (large)	15
3.	Deep Freezers (small)	64
4.	ILR (large)	14
5.	ILR (small)	71
6.	Cold boxes (large)	Adequate
7.	Cold boxes (small)	Adequate
8.	Vaccine Carriers	Adequate
9.	Ice-packs	Adequate

But additional inputs/replenishments may be needed depending upon cold-chain equipment sickness rate. And so, the requirements per year are calculated as shown below.

Particulars	2007-08		
	Qty	Rate	Value Rs.
OPV	15045	77	1158465
BCG	24272	23	558256
Measles	15186	82	1245252
DPT	30090	12	361080
DT	7472	7	52304
TT	31200	7.50	234000
Total			3609357
AD syringes			
0.1 ml syringes	62800	3.75	235500
0.5 ml syringes	631500	3.19	2014485
5 ml	19000		
Total			2249985

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1. Improvement of Vaccine storage room at the state and district head quarters = Rs. 100000
2. Provision of Generator for Cold chain Room = Rs. 90000
3. Generator for Sub Districts (Moreh and Kangpokpi) @ Rs. 80000 x 2 = Rs. 160000

Total = Rs. 350000

5.8.1 Cold chain maintenance

- Cold chain technicians: Provision of service for 1 cold chain technician per district may be considered.
- New/Upgrading Power connection with 7.29 mm copper wire for proper functioning of cold chain equipments (Rs. 2000 /institution x (16 + 72 + 11) = 1.98 lakhs
- A maintenance fund (@500/ILR/Deep Freezer), m[illegible] needed per year, so that there is no breach in Cold-ch[illegible]

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- A maintenance fund (@ Rs. 10000/District = 10000x11 = 110000) may be needed per year for the district head quarter.

- Training of MOs on cold chain may be included in the skill up gradation training of the MOs.

Upgrading Power connection Rs. 2000 x (88 Health Centres + 11 district HQ)		= Rs. 198000
Maintenance fund of Health Centres Rs. 500 x 88 x 12 health centres		= Rs. 528000
Maintenance fund of District HQ Rs. 10000 x 11		= Rs. 110000
Maintenance fund for State HQ @ Rs. 1000 x 12		= Rs. 12000
	Total	= Rs. 848000

5.9 *Re-orientation of paramedics:*

The 600 FHWs (including the additional FHWs proposed under RCH-II), 150 Supervisors and 250 other paramedics will need a 3 days refresher training in immunization strengthening including use of AD syringes and their proper disposal. The Regional Health & Family Welfare Training Centre Porompat, District Training Centres under DIOs and accredited NGOs may be entrusted these tasks. The training has to be completed by end of 2007.

Rs. 2.70 lakhs

5.10 Additional Trainings

- A Refresher Training (for 1 day) to DIOs (11 in nos.) and State Cold Chain Officer on rationale & filling up required formats may be needed (TOT)
- Training of MO PHCs/CHCs on Immunisation Strengthening at their respective districts. DIOs may hire trainers from the State Headquarter, if necessary. **Rs. 330800**

5.11 Printing of Immunization Cards and other Logistics

- Immunization Card and other logistics (forms for special immunization weeks) was not available during the year 2005-06 and for which printing was necessitated. But the printing charge amounting Rs. 4.20 lakhs was not released to the concerned firm due to the shortage of fund in the PIP 06-07.

- The printed Immunization Cards and Logistics was used up during the year 2006-07 and printings are required for the 2007-08 also.

Unpaid balance for the printing	Rs. 4.20 lakhs
Printing charges for 2007-08	Rs. 3.50 lakhs
	Rs. 7.70 lakhs

5.12 *Waste disposal pits in the PHC/CHCs*

- Waste disposal pits for the biological waste products to be built in each of the PHC/CHCs at the cost of Rs. 4000 per pit.

  @ Rs. 4000 x (72 PHCs+ 16 CHCs) = Rs. 352000.00

5.13 Monitoring Tools for improving Immunization Coverage

- The following tools for improving immunization coverage (Tickler Box for all health centres, achievement display boards for PHCs and CHCs (4.40), Presto graph for districts, sub districts and state head quarter (1.20) may be considered.

  Tickler Box for all 508 Health Centres
  @ Rs. 500 x 508 = Rs. 254000
  Achievement display boards (4' x 6') for PHCs
  and CHCs @ Rs. 1500 x 88 = Rs. 132000
  Prestrograph for Districts and State HQ
  @ Rs. 10000 x 12= Rs. 120000 = Rs. 506000

5.14 Office furniture for two officers in charge of Immunization:

(Godrej & Boyce)

Office Table (Senior Executive: WT-718-6' x 3')	@ Rs. 25572 x 2	= Rs. 51144/-
Office Chair (Premium ultima chair: PCH-9101)	@ Rs. 15230 x 2	= Rs. 30460/-
Office Chair (General Utility chair: CH-7B)	@ Rs. 2250 x 6	= Rs. 13500/-
Sofa Chair (DCH-558: 3 seater)	@ Rs. 19106 x 2	= Rs. 38212/-
Centre piece (CPR-7E/8E)	@ Rs. 4984 x 2	= Rs. 9968/-
Steel Almirah (Storewel: Model-30	@ Rs. 15771 x 2	= Rs. 31542/-
Book Self (4 – Door)	@ Rs. 14507 x 2	= Rs. 29014/-
Water filter	@ Rs. 3500 x 2	= Rs. 7000/-
	Total	= Rs. 210840/-

6. Annual budget requirement in addition to the items to be received in kind from GoI (in lakhs)

Table showing budget for immunization strengthening

Particulars	*07-08*
Alternate Vaccine delivery: Porter charge for Vaccines @ Rs. 200/- per Subcentre per month for valley and Rs. 300 for hills	13.00
Mobilization of children on out-reach sessions	11.124
Special provision for under-served areas	17.25
Mobility support for Strengthening Monitoring, Supervision & Surveillance at district and state HQ with additional support to the state immunization cell by outsourcing of 2 vehicles from private sector	12.70
Eleven Contractual District Computer Assistants @ Rs 7000/- per head per month and 1 at State Headquarter @ 8000/- per month	10.20
4 Desktop Computers with peripherals for 2 hill sub districts, 1 for state immunization cell and 1 for state cold chain section. 1 Laptop computer for state Immunization Cell 1 LCD Projector for State Immunization Cell 1 Portable Electric Generator for State Immunization Cell 1 Photocopier for State Immunization Cell	6.2599
IS Review Meetings at PHCs, CHCs, District HQ and State HQ	4.372
2 Contractual Office Assistant at State Headquarter @ 2000/- per month	0.42
Cold chain strengthening	3.50
Cold chain maintenance	8.48
Training on UIP for ANMs & HWs	2.7
Training of MOs on Immunization	3.31
Printing of Immunization Card and other logistics Including unpaid printing charge of Rs. 4.2 lakhs for the year 2006-07	7.7
Waste disposal pits in the PHC/CHCs	3.52
Tools for improving immunization coverage (Tickler Box for all health centres, achievement display boards for PHCs and CHCs, Presto graph for districts, sub districts and state head quarter	5.06
Office furniture	**2.1084**
Other office contingency for State Headquarters @ Rs. 10000 x 12	1.20
Total	**112.9043**

PART-"D"

NATIONAL DISEASE CONTROL PROGRAMS

AND

INTEGRATED DISEASE SURVEILLANCE PROGRAM

National Iodine Deficiency Disorders Control Program (NIDDCP)

Background:

State IDD Cell

Established in 1987 as NGCP (National Goiter Control Program) Cell, Medical Directorate, along with the creation of identified posts and subsequent appointment and posting of staff. The staff available are:

Sl. No.	Designation
1	Program Officer (IDD)
2	Statistical Assistant
3	LDC/Typist
4	Lab. Tech (Contract basis)
5	Lab. Asst. (Contract Basis)

IDD Monitoring Laboratory

Established in IDD Cell, Medical Directorate. The Staff currently available are 01Laboratory Technician and 01 Laboratory Assistant. The iodized salt sample submitted by the district functionaries are analyzed in the Monitoring Laboratory to find out the actual iodine content by titration method.

Ban Notification

The State Government had issued three Ban Notification on Entry, Sale, Storage, Transportation and Distribution of Salt other than iodised salt throughout the state in the year 1996, 1975 and 1988.

Distribution System in the State

There is no manufacturer of common salt in the State. Iodised salt is procured by the State Government and distributed to the public by food and civil supply (FCS) Department though PDS (Public Distribution System).

Surveys

NIDDCP, Manipur had conducted four IDD surveys. The first survey was done in 1970 with the Government of India Team, throughout the State, the second in 1986, the third in 1992 and the fourth in 1996. The Prevalence Rates of Iodine Deficiency Disorders detected were 32.0%, 25.60%, 21.1% and 13.0% respectively.

Monitoring of Iodization of salt (Quality control):

Quality control is done with the checking of iodine content of iodised salt. This is done at the IDD Laboratory by Iodometric titration and in other places done by spot testing kits. Analysis of iodised salt sample by using spot testing kits is done by members of Health Department, Education Department, Social Welfare Department, NGOs, local bodies and by the shopkeepers.

1. OBJECTIVE OF NIDDCP, MANIPUR -

To reduce the prevalence of iodine deficiency disorders to <5% by 2012 from the existing 13%.

2. STRATEGY

Provision of making available iodated of salt (from whole-sellers' level to consumption level.

3. Activities:

3.1 Checking iodine levels of iodated salt with wholesalers & retailers and household consumers in all the districts of the State.
3.2 Coordinating with State Food & Civil Supply (FCS) Dept.
3.3. To promote use of low cost Spot Salt-testing Kits at every level from manufacturers, whole sellers, retailers, shopkeepers to consumption level.
3.4 The distribution of iodated salt in the State through open market and Public Distribution Systems (PDS).
3.5 To ensure & monitor consumption of iodated salt by 100% of the population residing in all the districts.
3.6 Conducting IDD Survey to identify magnitude of the problems in all the districts.
3.7 Conducting Training.
3.8 Dissemination of information, education and communication to create positive consumer demand and change consumer behaviour with the objective of ensuring consumption of iodated salt by the total population.

4. PLAN OF ACTION AND BUDGET

4.1. Strengthening of State IDD Cell

In order to facilitate routine work of the State IDD Cell and for developing on effective monitoring and information system the following equipment needs to the provided

Sl. No.	Particulars	Qnty	Amount (in Rs.)
1	Desktop Computer with 17" TFT Flat Monitor	1	50,000/-
2	HP Laserjet Printer	1	9,900/-
3	HP Office Jet (Ink Jet) Printer	1	8,000/-
4	Generator, Portable for back-up	1	25,000/-
5	Digital Camera (Main Stream)	1	25,000/-
6	Lap top Computer	1	75,000/-

7	Projector, LCD	1	95,000/-
8	Photo Copier	1	95,000/-
		TOTAL Rs.	**3,82,900/-**

4.2. IDD Monitoring Lab.

For quality monitoring of iodised salt sample the following reagent, glassware & equipment are needed –

4.2. a) Analysis of iodine content of iodated salt based on IS : 7224 – 1985

The iodine content of iodated salt is estimated by a process called iodometric titration. The following items are required for the process.

4.2 b) Reagent

Reagent	Qnty. liquor	Rate	Amount
1) Sodium thio sulphate ($Na_2S_2O_3$) 500gm packet	2 packet	75	150.00
2) Sulphuric Acid (2N) 500 ml	2 bottle	100	200.00
3) Potassium iodide (10%) 250gm	2 pkt	690	1,380.00
4) Soluble Starch 500 gm	2 pkt	355	710.00
5) Sodium Chloride 500 gm	2 pkt	65	130.00
6) De ionised/Double Distilled water	5 lt.	300	300.00
		Total Rs.	**2,870.00**

4.2 c) Glass Ware

Sl. No.	Particulars	Qnty	Amount
1	Distilled water container	2 nos.	**Rs. 2,50,000/-**
2	Digital Balance (gm)	1 no	
3	Funnel (Medium size)	5 nos	
4	Burelte 50 ml + Cap	5 nos	
5	Burette stand	2 nos	
6	Glass Distellation Plant	1 no	
7	1 KW Eletric Heater	1 no	
8	Bulb pipettes 5ml	5 nos	
9	Conical flask 250 ml	5 nos	
10	Stop Watch	2 nos	
11	Ppipettes (1ml, 2ml, 3ml, 4ml, 5ml)	5 each	

4.3. (a) Estimation of Urinary Iodine Excretion (UIE)

Sl. No.	Particular	Qnty	Rate	Amount
1	Perchloric acid 500 ml	5 bottle	1146	5,730
2	Vanadium Pentoxide 100 mg	2 pkt	1636	3272
3	Arsenite reagent			
	Sodium meta asenite 25 gm	3	2356	7068

	Sodium Chloride 500 gm	3	113	
	Sulphuric acid Conc. 500 ml	2	160	320

Sl. No.	Particular	Qnty	Rate	Amount
4	Citrate Reagent			
	Ceric Ammonium Sulphate 100 gm	3	350	1050
	Con. Sulphuric acid 500 ml	2	160	320
5	Distilled water 500 ml	10	25	250
6	Spirit 5 lt	5lt	500	1000
7	Toluenca (AR Grade) 500	2	500	1000
			TOTAL Rs.	**20349**

Trained staffs/ lab. Techs are available for the above activity.

4.3 (b) Glass Ware

Sl. No.	Particular	Qnty	Rate	Amount
1	Micro pipette 250 ul	2 nos	4500	9000
2	Pipette pump	2 nos	475	950
3	Wash Basic	2 nos	310	620
4	Bursette cap 40 mol	5 nos	62	310
5	Test tube (12 x 100 mm)	20	9	180
6	Plastic Test tube transport with seal / cap for field collection of urine sample	40,000	25	250000
7	Micro pipette tips per 100	5	803	4015
8	Beaker + Cap 250 ml	10	45	450
9	Conical flask 250 ml	5	200	1000
10	Conical Flask 250 ml	5	290	1450
			TOTAL Rs.	**267975**

4.3 (c) Equipment

Sl. No.	Particulars	Qnty	Amount
1	Stand Bath	1 nos	**Rs. 3,00,000/-**
2	Tube stand	2 nos	
3	Water bolts (45^0-60^0C)	1 nos	
4	Photo electronic colonmeter	1 nos	
5	Spectro photo meter (400-460 mu)	1 no	
6	Hot air oven	1 no	
7	Ruffle furnace	1 no	
8	Dry Heating Block (150^0-170^0C)	1 no	

4.4. Strengthening of Monitoring System

Supply of field spot training kits (100 cost) for iodise content in salt sample

MBI Kits @Rs. 25 x 15,000 kits = Rs. 3,75,000/- per year

4.5. Improving Supply of iodated salt

Sensitization training of wholesalers & retailers on IDD at District Level

Rs. 25,000 per training per district per year.
Rs. 25,000 x 2 training x 9 district Rs. 4.50 lakhs.

4.6 Information, Education and Communication.

1. Production of Booklets on iodine
2. Exhibition of IDD
3. Translation adaptation & production of available IEC materials.
4. Production of booklets for school children etc.
5. Production of films, radio spots, TV spots / Jingle

Rs. 5.00 lakhs.

1. Development of District Communication strategy
2. Sensitization meeting at various level (organize inter sectors sensitization meeting on Universal iodisation of salt)

Rs. 2.00 lakhs.

4.7 Surveys/ Re-survey

Survey on Prevalence of iodine deficiency disorders and availability & consumption of iodated salt with adequate level of iodine content in the iodised salt.

Rs. 11.00 lakhs.

The total budgetary support needed for 2007-08 is as given below:

Sl. No.	Activity	Total in lakhs
1	***Strengthening of State IDD Cell***	3.829
2	***Strengthening IDD Monitoring Lab***	
	Reagent for Iodometry	0.00287
	Glass Ware for Iodometry	2.50
	Reagents for UIE	0.20
	Glassware for UIE	2.68
	Equipment for UIE	3.00
3	***Strengthening of Monitoring System***	3.75
4	***Sensitization training onSupply of iodated salt***	4.50

5	IEC	7.00
6	Surveys	11.00
	Total	**38.46187**

National Vector Borne Disease Control Program

Objective:
(i) To reduce Malaria Mortality by 30% by 2012
(ii) To reduce Malaria Morbidity by 50% by 2012

STRATEGY 1

Early Diagnosis & Prompt Treatment

Activity

Both active and passive surveillance need strengthening. The Government health facility is to be augmented through involvement of NGO, FBO and Panchayats where there is shortage of Multi-Purpose Workers (MPWs) and in areas which are >5 kms. away from any Government health facility or in areas where deaths due to Malaria have been reported. ASHAs will be trained and utilized for providing presumptive treatment for malaria.

New Drug Depot Centres (DDCs) and Fever Treatment Depots (FTDs) will be opened by involving NGOs, FBOs, ASHAs and Panchayats in inaccessible areas for rengthening surveillance. Rapid test kit for EDPT will be made available in high-risk areas of the State. ASHAs will be trained for use of this kit. The surveillance system is to be supported by functioning laboratory services in all PHCs and CHCs.

STRATEGY 2

Vector control measures

Activity:

(i) Residual Insecticidal Spray (RIS) will be planned and implemented with sound technical skill and under expert guidance.

(iii) Indoor Residual Spray (IRS) will be done at identified High-Risk areas as per Malaria Action Plan (MAP) 1995 Guidelines
(iv) Regular Larvicidal Spray at breeding places in Urban areas.
(v) Use of Larvivorous fish (Gambusia and Poccilia).
(v) This will be practicable only in the valley districts. The suggested hatcheries will be at State Headquarters (1 no.), Imphal East (2 nos.), Imphal West (2 nos.), Thoubal (3 nos.) and Bishnupur (2nos.).
(vi) Insecticide Treated Bed-nets: This will be done in two categories as given below.
- Free supply of bed-nets and

- Community-owned bed-nets

Long life Medicated Bed-nets will be encouraged in remote and difficult to be accessed villages. ASHAs will be trained for re-treatment of community-owned ITNs and they in turn would educate the community to do the same.

(vii) Convergence with Water and Sanitation Mission

(viii) ASHA and Village Health & Sanitation Team to be oriented to comm bases vector control measures

STRATEGY 3

IEC/BCC

Activity

(i) To inculcate individual/community protection and preventive habit as part of NBVDCP

(ii) To generate a demand for appropriate service from the existing health delivery system.

(iii) Observing Anti-Malaria Month at PHC, CHC, District level and State level in the month of June.

STRATEGY 4

Capacity building

Activity

Training will be taken up for the different categories of staff. The details are enclosed under the heading of "Budget".

At present, the State Headquarter of NVBDCP has no building for office, Store and garage. Similarly, at district levels there are no building for office, Store and garage. Therefore, constructions of these buildings are required.

STRATEGY 5

Rapid Task Force/ Epidemic Control Teams

Activity

In order to combat any outbreak of vector borne diseases specially Malaria and JE, a State Level Epidemic Control Team and District Epidemic Control Teams have been constituted with the following members:

Team	***Category of staffs***	***Number of staffs***
State Epidemic Control Team	Entomologist	1
	Technician	2

	Insect collector Driver Grade iv	2 1 1
District Epidemic Control Teams	District Malaria Officer Medical Officer Technician Spray-men Insect collector Driver	1 2 2 5 1 1

STRATEGY 6

MIS

Activity

All districts/reporting centres have been provided with computer for MIS; and monthly reporting will be done through internet service. Therefore, all the centres should have internet connectivity.

STRATEGY 7

Other Vector Borne diseases

Activity

So far there is no documented evidence of Filariasis and Dengue in the State. However, Japanese Encephalitis (JE) is endemic in the State. All the districts are affected by the disease and cases are more in the valley areas. For control of JE, the following measures are to be taken up.

(i) IEC/BCC through awareness campaigns, print media, electronic media, poster, banner etc.
(ii) Source reduction of breeding places.
(iii) Training of Medical Officers on management of JE.
(iv) Improvement of health facility and diagnostic facility.

STRATEGY 8

Mobility support

Activity

Vehicles for dumping of spray materials and equipments and also for supervisory visits will be required as given below:

Type of vehicle	*State Headquarters*	*District/Reporting centres*	*Total*
Supervisory	2	10	12

vehicles			
Tata 407	1	9	10

STRATEGY 9

Monitoring and evaluation

Activity

Constant monitoring will be done by Government agency whereas, evaluation will be done by approved Private Agencies.

STRATEGY 10

Involvement of ASHAs

ASHAs will be trained and be involved in conducting Fever Surveillance, conducting Rapid Diagnostic Kit for diagnosis, acting as Fever Treatment Depot, referral of patients to hospital for treatment of serious cases, motivating community for acceptance of IRS and promotion of use of Insecticide-treated bed-nets. An incentive of Rs. 5/- each for slide preparation, Performing Rapid Test and Complete treatment of Pf cases may be given to the ASHAs.

Budget (in lakhs) for 2007-08

1. EDPT

Sr. No.	***Items/Activity***	***Recurring***	***Non-recurring***
1	Procurement of microscopes @ Rs. 15,000 X 40		6.00
2	Procurement of Oil Immersion lens @ Rs. 3,500 X 60		2.10
3	Disposable lancet @ Rs. 1.25 X 4 lakhs	5.00	
4	Micro-slides @ Rs. 1.50 X 4 lakhs	6.00	
5	Cotton roll-500 G @ Rs. 90 X 10,000 rolls	9.00	
6	Spirit	6.00	
7	Filter paper, Cover slip, Beakers, etc.	5.00	
8	Kit bag @ Rs. 150 X 1000 nos.		1.50
9	Sign board for DDC, FTD @ Rs. 2000 X 2000 nos.	8.00	
10	Printing of MF forms	5.00	
	Subtotal	**44.00**	**13.60**

2. *Vector Control Measures*

Sr. No.	***Items/Activity***	***Recurring***	***Non-recurring***
1	DDT transportation		

	(a) From Udyog/Rasyani to SHQ (b) From SHQ to DHQ (c) From DHQ to Villages	8.00 1.50 2.00	
2	Spray wages for 1st and 2nd rounds	4.00	
3	Procurement of spray pumps & spare parts	3.00	
4	Repairing of fogging machine	2.00	
5	Construction of hatcheries @ Rs. 0.80 L X 10 nos.		8.00
6	Transportation & distribution of fishes	3.00	
Sr. No.	*Items/Activity*	*Recurring*	*Non-recurring*
7	Maintenance of hatcheries @ Rs. 1000 pm X 10 nos.	1.20	
8	Procurement of items for mITBN treatment/ LLBN	5.00	
9	IEC/Advanced information	3.00	
10	Contingencies	1.50	
11	Cost of treatment of Community-owned bed-nets @ Rs. 10 X 1.50 Lakhs	15.0	
	Subtotal	**49.00**	**8.00**

3. *IEC/BCC*

Sr. No.	***Items/Activity***	***Recurring***	***Non-recurring***
1	Media campaign through DDK, AIR, Cable network	5.60	
2	Awareness campaign at schools and selected high-risk areas	5.00	
3	Jatrawalis, folk plays at market @ public places	10.00	
4	KAP and audience research surveys	2.50	
5	Anti-Malaria Month observation	6.125	
	Subtotal	**29.225**	**0.00**

4. *Training*

Sr. No.	***Items/Activity***	***Recurring***	***Non-recurring***
1	MOs on Rapid Response Team	1.00	
2	MOs on malariology	2.00	
3	Microscopists	1.50	
4	Male Health Supetrvisors	1.00	
5	Male Health Worker	1.50	
6	FTD/DDC/NGO/CBO	8.00	
7	Training equipments (a) LCD (b) Laptop (c) OHP (d) 12 Generators @ Rs. 0.50 Lakh (e) Camera (f) Misc	 2.00 1.50 3.00 6.00 0.20 1.00	
	Subtotal	**15.00**	**13.70**

5. *Office expenses*

Sr. No.	Items/Activity	Recurring	Non-recurring
1	Office expenses	3.00	
2	Computer table & chair @ Rs. 10,000 X 15 nos.	1.50	
3	Franking machine & accessories for SHQ	1.20	
4	Telephone, Electricity, Internet, Newspapers etc.	5.00	
5	Stationeries	2.00	
6	TA	12.00	
	Subtotal	**24.70**	**0.00**

6. *Laboratory expenses:*

Sr. No.	Items/Activity	Recurring	Non-recurring
1	For State Headquarters		1.00
2	For District Headquarters		4.50
3	CHC/PHC @ Rs. 40,000		35.20
	Subtotal	**0.00**	**40.70**

7. *Vehicles*

Sr. No.	Items/Activity	Recurring	Non-recurring
1	Procurement of ten 407 Tata @ Rs. 6,10,400/-		61.04
2	Procurement of twelve Supervisory vehicle @ Rs. 5,02,478/-		60.30
3	Vehicle insurance	2.86	
4	Vehicle tax/ Registration for 15 years		5.00
5	POL	6.00	
	Subtotal	**8.86**	**126.34**

8. *Building*

Sr. No.	Items/Activity	Recurring	Non-recurring
1	Construction of Office building, garage & Store for SHQ		50.00
2	Construction at District level (a) Office @ Rs. 5.00 lakhs (b) Store (c) Garage		 50.00 20.00 10.00
	Subtotal	**0.00**	**146.00**

9. *Honorarium/ incentive for ASHAs:* *Rs. 1.00*

Budget summary (in lakhs):

Sr. No.	Activity/Items	Recurring	Non-recurring
1	Early Diagnosis and Prompt Treatment	44.00	13.60
2	Vector Control Measures	49.00	8.00
3	Information, Education and Communication	29.225	0.00
4	Training/Capacity Development	15.00	13.70

5	Office Expenses	24.70	0.00
6	Laboratory	0.00	40.70
7	Mobility Support	8.86	126.34
8	Building	0.00	146.00
9	Honorarium/ incentive to ASHAs	1.00	0
	Total	***342.57***	***348.34***
	Grand Total (recurring and Non-recurring)	***690.91***	

In words, Rupees Six crore Ninety lakhs and Ninety-one thousands only.

National Program on Control of Blindness

Goal: To reduce the Prevalence of Blindness to less than 3 per 1000 population by end of 2012

Sophisticated instruments received so far from Government of India

Institution	***Microscope for operation***	***A-Scan Biometry***	***Keratometer***	***Yag- Laser***
JN Hospital	1	1	1	1
RIMS, Lamphelpat	1	1	1	1
DH Thoubal	1	1	1	-
DH Bishnupur	1	1	1	-
DH Churachandpur	1	1	1	-
Central Mobile Ophthalmic Unit	1	1	1	-
Total	***7***	***7***	***7***	***2***

STRATEGY 1

Improving Eye Screening (to achieve Eye screening of 1,00,000 children <16 years)

Activities

(i) Organizing eye camps including mobile camps
(ii) Visiting schools for eye screening
(iii) Training 250 School Teachers and Health Workers covering all the 9 districts in the State on vision testing to gear up the NPCB activities
(iv) To organize Eye Camps for identifying "Blind Person" in collaboration with the department of Social Welfare which is continuing program since 2001
(v) To establish 10 Vision Centre in the State
(vi) Regular supervisory visits to District Hospitals, Community Health Centres and Primary Health Centres
(vii) ASHA to play an important role in creating awareness of the program and motivate people to seek treatment.

STRATEGY 2

Strengthening provision of Catops (to achieve 1,200 Catops)

Activities

(i) Strengthening infrastructure
- Construction of Central Mobile Ophthalmic Unit Office, OT & Ward
- Construction of OT for District Hospital Churachandpur
- Construction of State Ophthalmic Cell Office

(ii) Equipping District OTs

Budget requirement for 2007-08 (in lakhs)

Sr. No.	Districts	Impal		Thoubal		Bishnupur		Churachandpur		Other Districts		State Hdq		Total	
		Phy	Fin	Phy	Fin	Phy	Fin	Phy	Fin	Phy	Fin	Phy	Fin	Phy	Fin
1	Catops (RIMS & JNH)	6.00	4.50	100	0.75	100	0.75	100	0.75	100	0.75	-	-	1000	7.50
2	Schools Eye Screening	15,000	0.60	10,000	0.40	10,000	0.70	10,000	0.40	5,000	0.20	-	-	50,000	2.00
3	Training camps for Teachers – 3 at each dist.	70	0.16	60	0.15	60	0.15	60	0.15	-	-	Eye camp	1.70	250	2.31
4	Contingency		0.60		0.60		0.60		0.60		0.70		2.00		5.10
5	Travel expenditure including outsourcing 01 vehicle at State level		0.10		0.10		0.10		0.10		-		2.80		3.20
6	Vision Centre	3	0.75	1	0.25	1	0.25	1	0.25	4	1.00	Eye camp	1.00	10	3.50
7	OT equipments		2.04		1.50		1.50		1.50		-		1.65		8.19

	Sub-Total		**8.75**		**3.75**		**3.75**		**3.75**		**2.65**		**9.15**		**31.80**
8	Const. of CMOU Office, OT, Ward	-	-	-	-	-	-	-	-	-	-	1	75.00	1	75.00
9	Const. of Eye OT at CCP	-	-	-	-	-	-	1	6.00	-	-	-	-	1	6.00
10	Const. of State Ophth. Office	-	-	-	-	-	-	-	-	-	-	1	20.00	-	20.00
11	Xerox machine	-	-	-	-	-	-	-	-	-	-	1	1.00	-	1.00
														Sub-Total	**102.00**
														Grand-Total	**133.80**

National Leprosy Elimination Program

Objective

To sustain the Leprosy prevalence rate of < 1/10,000 (Elimination evel)

STRATEGY

(i) Decentralization and Institutional Development
(ii) Strengthening and integration of services
(iii) Disability care and prevention
(iv) IEC
(v) Training

Services will be continued to be provided at Hospitals, CHCs and PHCs with support from the district nucleus. The Subcentres will be involved in delivery of second and subsequent doses of MDT. NGOs will continue to be involved in reconstructive surgery, disability care and prevention and IEC. Village and District Health Plans will include identification which will ensure referral of cases requiring disability treatment to the appropriate facility.

Activities and Budget requirement for 2007-08 (in lakhs)

Sr. No.	***Activity***	***State Hdq.***	***For districts***	***Total (State + Dist.)***
1	**Contractual services**			
1.1	01 BFO @ Rs. 14,300/- p.m.	1.72	0.00	1.72
1.2	01 Epidemiologist @ Rs. 22,000/- p.m.	2.64	0.00	2.64
1.3	02 DEO @ Rs. 7,150/- p.m.	1.72	0.00	1.72
1.4	09 Drivers at District level @ Rs. 3,850/- p.m.	0.00	4.16	4.16
1.4	Honorarium for account works at District level @ Rs. 400 p.m.	0.00	0.36	0.36
1.5	Travel expenditure	0.30	1.50	1.80
2	**Office expenditure**	**0.30**	**1.35**	**1.65**

3	**Consumables**	**0.30**	**0.90**	**1.20**
4	**Maintenance of office vehicles**	**1.00**	**7.20**	**8.20**
5	**Supportive medicines**	**0.00**	**1.35**	**1.35**
6	**Material & Supplies (Patient Welfare, Printing etc.)**	**0.00**	**1.28**	**1.28**
7	**Trainings*** (Details shown overleaf)			
7.1.	03 days' Technical cum IEC training for newly appointed MPWs and Pharmacists	4.00	0	4.00
7.2	MOs under ULCP	0.80	0	0.80
8	**Review Meeting & Workshops**	**1.00**	0.00	**1.00**
9	**ULCP (**in 04 townships at Imphal, Thoubal, Ukhrul & Churachandpur)	0.00	2.28	2.28
10	**IEC**			
10.1	Wall painting	0.00	2.40	2.40
10.2	Rallies	0.40	0.00	0.40
10.3	Quiz	0.48	0.00	0.48
10.4	Folk shows	0.408	3.672	4.08
10.5	IPC Workshops (MOs & HWs)	0.48	0.00	0.48
10.6	Meeting with PRI/ Village Authority	0.20	0.00	0.20
10.7	Orientation camp with NGO/ Mahila Mandals	0.32	0.00	0.32
10.8	Health Melas	0.24	0.00	0.24
10.9	IPC meeting with Religious/ Opinion leaders	0.24	2.16	2.40
	Total	**16.548**	**28.612**	**45.16**

***Training details:**

A. 03 Days' Technical cum IEC training of newly appointed Health Workers and Pharmacists

Sl. No.	Particulars	Details	Budget (in Rs)
1	600 trainees (MPWs, Pharma) in 20 batches, each batch consisting of 30 trainees)		
2	**Budget for 01 batch**		
2.1	Honorarium of 04 trainers	Rs. 200 X 3 days X 4 Nos.	2400
2.2	TA/DA of 30 trainees	Rs. 100 X 3 days X 30 Nos.	9000
2.3	Training material	Rs. 25 X 34	750
2.4	Working launch/ Refreshment		5400
2.5	Overhead expenditure		2450
	Total		**20000**
3	**Total Training expenditure for 20 batches**	20,000 X 20	**4,00,000**

Objectives:

(i) To maintain 85% Cure Rate of TB cases throughout the Mission period.
(ii) To achieve & maintain at least 70% detection

Section A

A.1 General Information of Manipur State

Sl. No.	Particulars	
1	Projected State Population in 2007-08	26.20 lakhs
2	Number of Districts	09
3	Urban Population	9.50 lakhs
4	Tribal Population	9.30 lakhs
5	Hilly Population	7.40 lakhs
6	No. of Districts without DTC	Nil
7	No. of Districts that submitted annual action plans	09

A.2 Organization of services in the State

Sl.No	Name of the District	Projected population in lakhs	Number o f TUs		No. of DMCs		
			Govt.	NGO	Public sector	NGO	Private sector
1	Imphal West	5.02	2	0	8	0	0
2	Imphal east	4.23	2	0	8	0	0
3	Thoubal	4.00	2	0	6	0	0
4	Bishnupur	2.03	1	0	3	0	0
5	Tamenglong	1.30	1	0	4	0	0
6	Ukhrul	2.00	1	0	4	0	0
7	Churachandpur	2.30	1	0	4	0	0
8	Chandel	1.30	1	0	4	0	0
9	Senapati	2.78	2	0	5	0	0
	Total	24.96	13	0	46	0	0

A.3 RNTCP performance indicators in last quarter

District	No. of pts. on treatment	Annualized case detection rate per 01 lakh popl.	No. of new smear+ve cases on treatment	Annualize new smear+ve cases on treatment d	Cure rate for cases detected in last 04 corresponding Qtrs.	Plan for next year	
						Annualized NSP case detection rate (%)	Cure rate (%)
Imphal east	837	179	195	50	82	75	85
Imphal west	940	170	299	60	86	70	90
Bishnupur	361	142	86	47	86	80	90
Thoubal	665	142	152	48	87	75	95

Ccpur	975	307	34	67	83	75	87
Senapati	379	114	113	67	86	70	85
Tamenglong	80	50	32	27	80	70	85
Chandel	244	145	63	42	88	70	90
Ukhrul	184	81	57	35	77	70	85
Total	4665	1330	1031	443	759	75.85	

Section B

B. 1 Priority areas

Sl. No.	***Priority area***	***Activities planned***
1	Defaulter patients	To intensify defaulters retrieval action
		Distribution of leaflet translated in local dialect
		Motivate DOTS provider to ensure timely sputum checkup and defaulter retrieval
2	NGOs	Quarterly meetings in DTCs
		Training/retraining of MPWs & NGOs
		More participation of NGOs / Clubs/ Women Societies
3	Laboratory measures	Cross checking of pos slide inter district wise
		Strengthening of laboratory manpower & reporting system
4	TB/HIV coordination	Organization of frequent CME of TB&HIV among Health workers
		To increase coordination with DTCs, DMCs (RIMS) & VCTC
5	TB case detection	More IEC activities
		Motivation of Lab. techs.

B.2 Priority Districts for supervision & monitoring by State

Sl. No.	***District***	***Reason***
1	Tamenglong	Low Case detection and low treatment rates
2	Senapati	Low Case detection and low treatment rates

Section C – Consolidated plan for Performance & Expenditure

C.1 Civil Works

Activity	**No. reqd. as per norm**	**No. already present**	**No. planned to be up-graded during 07-08**	**Justification for increase**	**Estimated expenditure (in lakhs)**	**Quarter in which planned activity is to be completed**
STDC/ IRL	1	1	0	NA	NA	
SDS	1	1	0	NA	4.00	
DTCs	9	9	0	NA	0.405	

TUs	9	9	4		1.517	
DMCs	46	46	0	NA	0.46	
Total					6.382	

C.2 Laboratory material

Procurement planned during current year (in lakhs)	Activity	Amount permissible as per norm	Amount spent in last 04 Qtrs	Estimated expenditure in 07-08 (in lakhs)	Justification / remarks
2.00	Purchase of lab materials by districts	4.78	2.54	5.00	
0.25	Lab material by EQA activity at STDC	0.25	0	0.50	

C.3 Honorarium

Activity	Amount permissible as per norm	Amount spent in last 04 Qtr	Expenditure planned for current year (in lakhs)	Estimated expenditure for 07-08	Justification / remarks
Honorarium	0.90	2.79	2.00	4.50	Includes TA for patients & Sputum collector & treatment completion honorarium for ASHA

C.4 IEC / Publicity

Permissible budget as per norm - Rs. 9.50 lakhs
Permissible IEC budget for districts - Rs. 5.85 lakhs
Permissible IEC budget for state - Rs. 7.52 lakhs

Target group	Activities planned at State level						Total activities proposed	Estimated cost	Total cost (in lakhs)
	Activity	No. of activities held in last 04 Qtrs.	No. of activities proposed in 07 - 08						
			1Q	2Q	3Q	4Q			
Pts & gen. public for awareness	Outdoors - wall painting - hoardings - tin plates - banners - bus panel		 200 20 200 200			 20	 200 40 200 200	 600 7000 100 700	 1.20 2.40 0.20 1.40

generation & social mobilization	Outreach - pt. provider meetings - community meetings	18 19	25 18	25 18	25 18	25 18	100 72	200 2000	0.20 1.44
	School activities					09	09	5000	0.45
	Printing - poster - pamphlets - calendar - advertisement	6000	20000	2000 20000	20000	20000 1000 17	2000 80000 1000 17	15 0.50 15 2000	0.30 0.40 0.15 0.34
	Media activities - TV - radio	55	6 84	6 84	6 84	6 84	36 336	300 300	0.108 1.008
	Production cost in radio						7	3000	0.21
Opinion leaders / NGOs for advocacy	Sensitization meetings	1	2	2	2	2	8	15000	1.20
	World TB day					10	10	15000	1.50

Health care providers (pub. & pvt.)	- CMEs - interactions - information booklets			1 1 1	1	1 1	2 3 1	20000 2000 10000	0.40 0.06 0.10
Total budget									**13.366**

C. 5 Equipment maintenance

Item	No. present in State	Amount spent in last 04 qtrs	Amount proposed during current year	Estimated expenditure for 07 – 08 (in lakhs)	Justification / remarks
Computer	11	301822	250000	4.29	Based on new norms
Photo copier	11			0	
Fax	1			0	
OHP	10			0	
Microscopes	53		63000	0.84	
Total				**5.13**	

C. 6 Trainings

Activity	No. in the State	No. already trained	No. planned in 2007-08				Expenditure planned for current year	Estimated expenditure for 07-08 (in lakhs)	Justification/ remarks
			1Q	2Q	3Q	4Q			
Trg. of DTOs at National level	15	14	1						
Trg. of MO-TCs	410	276	20	20	20	20	58600	2.264	
Trg of LTs of DMCs	76	59	17					0.73	

Trg. of MPWs	550	383	30	30	30	30	31695	1.25	
Trg. of Comm. Volunteers/ ASHAs	450	300		50	50	50		0.9351	
Trg of Pvt. Practitioners	40			10	10	10		0.5304	
Retrg. of MOs	410	276	20	20	20	20		1.3216	
Retrg of LTs	76	28		8	8	8		0.3228	
Retrg of CVs/ ASHAs	450	200		50	50	50		0.9351	
TB/HIV trg of STS	13	8	5					0	
Rev. meeting/ other trgs	4	4	1	1	1	1		0.20	
Total								**8.489**	

C. 7 Vehicle maintenance

Type of vehicle	Number permissible as per norm	Number actually present	Amount spent on POL & Maintenance in last 04 Qtrs.	Expenditure planned for current year	Estimated expenditure for 07-08 (in lakhs)	Justification/ remarks
Four - wheelers	10	14	1825048	925000	24.05	Based on new norm
Two - wheelers	4	4			0	
Total					**24.05**	

C. 8 Vehicle hiring (where RBTCP vehicles have not been provided)

Hiring of four-wheelers	Number permissible as per norm	Number actually hired	Amount spent in last 04 Qtrs.	Expenditure planned for current year	Estimated expenditure for 07-08 (in lakhs)	Justification/ remarks
For STC/ STDC	2	2	96000	90000	3.40	
For DTO	1	1	116750	90000	1.70	
For MO-TC	10	10	0	0	3.00	
Total					**8.10**	

C. 9 NGO/PPP Support

Activity	No. currently involved in RNTCP	Addl. Enrollment planned in 07-08	Amt. spent in last 04 Qtrs.	Expenditure planned for current year	Estimated expenditure for 07-08 (in lakhs)	Justification/ remarks
NGO	72	18	185800	80000	2.00	

involvement in Scheme 1						
NGO involvement in Scheme 2	52	22	117500	60000	2.00	
NGO involvement in Scheme 4	2	1	40000	60000	1.50	
Total					**5.50**	

C. 10 Misc.

Activity	Amt. permissible as per norm	Amt. spent in previous 4 Qtrs.	Expenditure planned in current year	Estimated expenditure for 07-08	Justification/ remarks
Office contingency & travel expenses	869000	1443612	500000	15.00	

C. 11 Contractual services

Category of staff	No. permissible as per norm	No. actually present	Addl. Planned in 07-08	Amt. spent in last 4 Qtrs. (in lakhs)	Expenditure planned in current year (in lakhs)	Estimated expenditure for 07-08 (in lakhs)	Justification/ remarks
MO-STCS	1	1	0	2.16	1.134	2.268	
State Acct	1	1	0	1.80	0.945	1.89	
State IEC Officer	1	1	0	1.80	0.945	1.89	
Pharmacist	1	1	0	1.02	0.5255	1.071	
Secretarial Asst	1	1	0	0.84	0.441	0.882	
MO-DTC	1	1	1	1.92	1.008	2.016	
STS	9	9	4	8.10	6.1725	12.285	
STLS	13	13	4	11.70	8.0625	17.025	
TBHV	4	4	0	3.12	1.638	3.276	
DEO	11	11	0	8.16	4.284	8.568	
Accountant (part-time)	9	9	0	2.16	1.134	2.268	
LT	16	16	9	12.48	9.97	22.284	
Driver	14	14	0	7.56	3.969	7.938	
Microbiologist	1	1	0	1.20	1.80	3.60	
Communication facilitator	2	2	0	0.60	0.90	1.80	
Total						**89.061**	

C. 12 Printing

Activity	Amt. permissible as per norm	Amt. spent in last 4 Qtrs.	Expenditure planned for current year	Estimated expenditure for 07-08 (in lakhs)	Justification/ remarks
State level	200000	163894	80000	2.30	

Dist. Level	342300	325182	160000	3.40	
Total				**5.70**	

C. 13 Research & studies

No Operational Research planned.

C. 14 Procurement of vehicles

Vehicles	No. actually present	No. planned for procurement in this year	Estimated expenditure for 07-08 (in lakhs)	Justification/ remarks
Four-wheelers	14	2	8.60	For STDC
Two-wheelers	4	3	1.50	
Total			**10.10**	

C. 15 Procurement of equipment

Equipment	No. actually present	Addl. No. planned for this year	Estimated expenditure for 07-08 (in lakhs)	Justification /remarks
Computer	11	0		
Photocopier	11	1	1.10	
OHP	10	0		
LCD	1	0		
Total			**1.10**	

Section D: Summary of proposed budget

Sl. No.	Category of expenditure	Budget estimate for 07-08 (in lakhs)
1	Civil Works	6.382
2	Laboratory materials	5.50
3	Honoraria	4.50
4	IEC/ Publicity	13.36
5	Equipment maintenance	5.13
6	Trainings	8.489
7	Vehicle maintenance	24.05
8	Vehicle hiring	8.10
9	NGO/ PPP support	5.50
10	Misc.	15.00
11	Contractual services	89.061
12	Printing	5.70
13	Vehicle procurement	10.10
14	Equipment procurement	1.10
	Total	**201.972**

Integrated Disease Surveillance Program

1. Objectives

(i) To establish a decentralized surveillance system for communicable and non-communicable diseases for Manipur, so that timely and effective public health actions can be initiated in response of health challenges at the state level and if necessary at the national level.

(ii) To improve the efficiency of the existing surveillance activities of disease control programs and facilitate sharing of relevant information with the health administration, community and other stakeholders so as to detect disease trends over time and evaluate control strategies.

2. Components

2.1. Surveillance Mechanisms.

a. Decentralize and strengthen disease surveillance and response mechanisms and facilitate sharing surveillance data for health decision making at all levels.

b. Integrate private care delivery systems and medical colleges (whenever set up) both in rural and urban areas and involve village populations and other stakeholders more effectively in the surveillance activity.

c. Integrate and strengthen an effective rural and urban surveillance.

2.2. Laboratory

Strengthen laboratory services at the periphery, district and state level to investigate and confirm important public health diseases.

2.3. Information Technology

Facilitate use of current Information Technology for communication, data management, feedback and dissemination of reports and improving timeliness of responses.

2.4. Human Resource Development

Develop human resources so that concerned people are able to implement the program effectively. This includes development of training

curricula, training manuals and actual training of all involved parties to improve quality of data for surveillance, analysis and links to action.

3. Diseases to be included

3.1. Core Diseases:

A. Regular Surveillance :

Vector Borne Disease:	1. Malaria
Water Bone Disease:	2. Acute Diarrhoeal Disease
	3. Typhoid
Respiratory Diseases:	4. Tuberculosis
Vaccine Preventable Diseases:	5. Measles
Diseases under eradication:	6. Polio
Other Conditions:	7. Road Traffic Accidents
Other International commitments:	8. Plague
Unusual clinical syndromes:	9. Meningoencephalitis ARD, Hemorrhagic fevers and Undiagnosed conditions

B. Sentinel Surveillance

STD/Blood borne:	10. HIV, HBV, HCV
Other conditions:	11. Water quality
	12. Outdoor Air Quality

C. Regular / Periodic surveys

NCD Risk Factors:	13. Anthropometry, Physical Activity Diabetes, BP, Tobacco, Nutrition

3.2. State Specific Diseases:

The following 3 state specific diseases have been identified for which surveillance will be initiated –

1. Japanese Encephalitis
2. Meningitis
3. Substance abuse.

4. Frequency, Responsibility and Type of reporting

Sl.	Disease	Unit	Surveillance	Method	Recording	Confirming/ Reporting	Lab Confirmation
1.	Tuberculosis	SC PHC/CHC DTC	Regular	Passive	Daily Daily Daily	Weekly Weekly DTO	MC DTC
2.	Malaria	SC PHC/CHC DH Other	Regular	Active Pasive	Daily Daily Daily Weekly	 Weekly Weekly Weekly	 Peripheral Lab.
3.	Cholera	SC PHC/CHC DH	Regular	Passive	Daily Daily Weekly	Weekly MO Weekly DMO Weekly	 DH Lab.
4.	Typhoid	SC PHC/CHC DPH Lab	Regular	Passive	Daily Daily Daily	Weekly MO Weekly MO Weekly	 L1 & District Lab.
5.	Measles	SC PHC/CHC DH Other	Regular	Active Passive Passive	Daily HW Daily	Daily by HW Weekly Weekly Weekly DMO	 State Laboratory
6.	Polio	SC PHC/CHC DH Other	Regular	Active Passive	Daily Follow Current system Weekly	 Weekly MO Weekly MO Weekly DMO	Send to Kolkata
7.	Unusual clinical syndromes/diseases with international commitments	SC PHC/CHC DH Other	Regular	Active Passive	Daily Daily Weekly	Weekly Weekly Weekly DMO Weekly	Peripheral District and State Labs.
8.	State specific diseases (as per state PIP) 1. JE 2. Substances abuse	PHC/CHC DH	Regular Regular	Passive Passive	Weekly Daily	Weekly Weekly	L3 L3
9.	Road Traffic Accident	S. Police	Regular	-	Weekly	Weekly	NA
10.	HIV – ANC data	SACS	Sentinel	Active	Weekly	Weekly	District Lab
11.	Water Quality	PHED	Sentinel	Active	Weekly	Weekly	PHED Lab
12.	Out door Air pollution	PCB	Sentinel	Active	Weekly	Weekly	State Lab
13.	NCD Risk Factors	DSO	Sentinel	Active	Yearly	Yearly	State Lab.

5. Structural framework

The focal point of all surveillance related activities at the periphery will be the District Surveillance Unit (DSU). DSU will receive surveillance data from both rural and urban reporting units. There will be active involvement of NGOs, private practitioners, other Government Departments as per given guidelines.

5.1. State Surveillance Unit (SSU):

SSU will be set up under Mission Director, NRHM with the following members:

State Surveillance Officer	-	Additional Director (PH)
Financial Consultants	-	To be appointed on contractual basis
Data Manager	-	To be appointed on contractual basis
2 Data Entry Operator	-	To be appointed on contractual basis
Assistant	-	To be identified from existing staff
1 LDC	-	To be identified from existing staff

SSU will have the following responsibilities:

1. The collection & analysis of all data being received from the districts and transmitting the same to the Central Surveillance Unit
2. Coordinating the activities of the Rapid Response Teams and dispatching them to the field whenever need arises.
3. Monitoring and reviewing the activities of the DSUs including checks on data validity, responsiveness of the system and functioning of laboratories.
4. Coordinating the activities of the State Public Health Laboratories and the Medical College Laboratories.
5. Sending regular feedback to the district units on the trend analysis of data received from them.
6. Coordinating all training activities under the project.
7. Coordinating meetings of the State Surveillance Committee.

5.2. State Surveillance Committee:

A State Surveillance Committee will be set up under the chairmanship of the Secretary (Health & FW) to oversee all the surveillance activities in the State and will be administratively responsible for program activities in the State.

The members of the committee will consist of:

Chairperson	:	Secretary (Health & FW)
Co-chairperson	:	Mission Director, NRHM
Member Secretary	:	State Surveillance Officer
Members	:	Chief Engineer, PHED
		Joint Secretary, Home Department
		Joint Secretary, Finance
		Director, Social Welfare
		President, IMA
		Director, RIMS
		1 representative from State Pollution Control Board
		President, Manipur Journalist Association
Co-opted members	:	State Malaria Officer
		Project Director, MACS
		State TB Officer
		State Data Manager
		State Immunization Officer

The State Surveillance Committee will meet at least once every quarter or as and when required.

5.3. District Surveillance Committee:

The District Surveillance Committee will be chaired by The Deputy Commissioner with the following members:

Chairperson	:	Deputy Commissioner
Co-chairperson	:	Chief Medical Officer
Member-Secretary	:	District Surveillance Officer
Members	:	EE, PHED
		Superintendent of Police
		IMA representative
		NGO representative
		District Health & FW Program Officers
		Project Director, DRDA
		Member, Zilla Parishad
		Representatives of Pvt. Health Care Institutions
		Officer i/c of District Hospitals
		District SW Officer
		ZEO

5.4. District Surveillance Unit (DSU):

DSU will be constituted under the chairmanship of CMO of the District with the following members:

District Surveillance Officer	:	District Epidemiologist
Accountant	:	To be appointed on contractual basis
Data entry operator	:	To be appointed on contractual basis
1 LDC	:	To be identified from existing staff

Pathologist/Biochemist/Microbiologist will be members in the DSU

The DSU will meet once a month and as often as needed during an epidemic. A routine report of this meeting should be forwarded to the State Surveillance Office once a month to give feedback on the progress and problems in various districts. Reports of these meeting will be forwarded to the National Surveillance Cell once in three months.

6. Laboratory strengthening

Laboratory support is essential and is the mainstay for the proper implementation for the success of the program. Therefore, there is need to update and strengthen the facilities at different levels in the State. As the existing facilities available at the peripheral level is very poor, it is extremely essential to renovate laboratory for which minimum amount is earmarked for each unit.

6.1 The following levels of laboratory network for IDSP have been identified for the State:

- Peripheral Laboratories and Microscopic Centres (L-1)
- District Public Health Laboratory (L-2)
- Disease Based state Laboratories (L-3)

6.1.1 Peripheral Laboratories (L-1):

The existing 16 CHCs in the State will be function so as to assist the laboratory diagnosis Malaria, TB, Typhoid, Fecal Contamination of water and Chlorination level of drinking water source in the periphery

6.1.2. District Laboratories (L-2)

Nine District Laboratories would function to assist the laboratory diagnosis of the following diseases:

Sr. No.	Condition/ Disease	Tests	Confirmation
1	TB	Sputum AFB	Confirm 1% (both +ves and –ves from peripheral labs.
2	Malaria	Blood Smear	Confirm 1% from periohery
3	Typhoid	Rapid diagnostic test and culture sensitivity	Confirm 1% +ves typhi dot test from periphery
4	Cholera	Stool culture	
5	Water quality	Chlorination test and colony count and rapid test for fecal contamination	Confirm 1% from periohery
6	Viral hepatitis	Rapid test for HbsAg, HCV	
7	HIV	Rapid test/ELISA	

6.1.2. State Level Laboratory (L-3):

Laboratory at JN Hospital, Imphal will function as the State Laboratory as it has all facilities for Microbiology, Pathology, Biochemistry and Blood Bank which are manned by qualified Specialists in each respective fields. However, improvement of existing facilities will be needed.

The primary roles of the State Level Laboratory will be :

1. Provide quality control of disease laboratories
2. Impart training of Laboratory Personnel at district levels
3. Participate in epidemic investigation in response to surveillance challenges
4. Link up with State and District Surveillance Units so that information transfer is optimized.
5. Function as the Primary Laboratory for NCD risk factor surveillance.

The tests to be conducted at State Level Laboratories will be:

Sr. No.	*Conditions/ Diseases*	*Test*	*Confirmation*	*Objective*
1	TB	AFB culture & Sensitivity	Perform 1% + cultures from district level	Identify magnitude of MDR TB
2	Malaria		Perform 1% + cultures from district level	
3	Typhoid	Sensitivity testing in T. typhae isolate	Confirm 1% of bacterial isolates at district level	Pattern of AMR S. typhae typing
4	Cholera	Cholera culture and	1% of Cholera isolates	Identify pattern of

		typing		bacterial infectio
5	Water quality		Confirm 0.5% from district levels	

Sr. No.	*Conditions/ Diseases*	*Test*	*Confirmation*	*Objective*
6	NCD Surveillance	Blood sugar, HDL, LDL		Risk factor surveillance for NDC
7	Polio	Follow present procedures	NICED, Kolkata	Confirm Polio
8	Measles	Kit for Measles IgM antibody		Confirm Measles
9	Heapatitis	Serology for Hep A,E, B and C	Confirm 1% from district samples	
10	JE	ELISA Reader	Confirm all samples from district	Confirm JE
11	Meningitis	Smear for Ag	Confirm all samples from district	Confirm Meningitis

6.1.4. Reference Laboratory (L-4)

For this purpose, any of the laboratories like NICD at Kolkata and RMRC at Dibrugarh may be used.

6.1.5. Sentinel Private Laboratory sites

Private Hospitals run by NGOs namely, Imphal Hospital and Research Centre at Imphal, Shija Hospital at Lamphelpat will function as Sentinel Private laboratory Sites. In addition, Private Laboratories of Imphal City will be recruited as Urban Peripheral Labs.

6.2. Manpower for laboratory

6.2.1. Laboratory technicians

Proposed norm	*No. needed as per norm*	*Existing number of technicians*	*Additional needed*
• 1 technician per L-1 lab • 2 technicians per L-2 Lab • 3 technicians per L-3 Lab	49	88	Nil

6.3. Materials for laboratory

6.3.1. For peripheral (L-1 Labs)

Sr. No.	Equipment/materials	Available & operational	Additional required
1	Microscopes	Nil	16
2	Table-top Centrifuge	Nil	16
3	Refrigerator	Nil	16
4	Micropipettes – Various sizes	Nil	All

5	Transport medium (Cary Blair)	Nil	All
6	Ice Box	Nil	All
7	Stool Transport Carrier	Nil	All

Sr. No.	Equipment/materials	Available & operational	Additional required
8	Plastic vials	Nil	All
9	Blood culture bottles with broth	Nil	All
10	Smear transporting box	Nil	All
11	Aluminum foil	Nil	All
12	Sterile leak-proof containers	Nil	All
13	Sealing material;	Nil	All
14	Spatulas for Cancer detection & slide fixatives	Nil	All

6.3.2. For district Labs (L-2)

Sr. No.	Equipment/materials	Available & operational	Additional required
1	Table –top Centrifuge	Nil	9
2	Incubator	Nil	9
3	Refrigerator	3	6
4	Autoclave	Nil	9
5	ELISA reader and washer	3	6
6	Hot air oven	3	6
7	Bio-safety Hood	Nil	9
8	Inoculating loops	Nil	Needed
9	Pasteur pipettes	Nil	Needed
10	Vortex mixer	Nil	Needed
11	Blood culture bottles with broth	Nil	Needed
12	Typhoid test kits	Nil	Needed
13	Micropipettes of various sizes	Nil	Needed
14	Dehydrated media	Nil	Needed
15	Diagnostic kit for Water quality testing	Nil	Needed
16	Screw capped bottles	Nil	Needed
17	Basic facilities for Cancer detection	Nil	Needed

6.3.3. For State Laboratory (L-3)

Sr. No.	Equipment/materials/test	Available & operational	Additional required
1	AFB Culture and Sensitivity	Nil	Needed
2	Typhoid test	Nil	Needed
3	Cholera culture and typing	Nil	Needed
4	Reagents & auto-analyzer for Blood sugar, lipid profile	Nil	Needed
5	Kit for Measles IgM antibodies	Nil	Needed
6	Serology for Hep A,E,B. and C	Nil	Needed
7	ELISA reader & kits for JE	Nil	Needed
8	Smear examination for Meningitis Ag detection	Nil	Needed

6.4. Administrative structure

All District Labs will be brought under the control of Senior Medical Officer under the supervision of Chief Medical Officer of districts.

List of Health Institutions to be included under Lab Strengthening

Type of Laboratory	*Name of institution*
L-1	1. CHC Jiribam 2. CHC Sagolmang 3. CHC Wangoi 4. CHC Awang Sekmai 5. CHC Kakching 6. CHC Yairipok 7. CHC Haoreibi 8. CHC Heirok 9. CHC Mao 10. CHC Kangpokpi 11. CHC Moirang 12. CHC Nambol 13. UHC Moreh 14. CHC Patbung 15. CHC Kamjong 16. CHC Nungba
L-2	District Hospitals of nine districts
L-3	3 in nos.

6.6. Information Technology

The application of IT in this program will form centre-stage at levels. The IT network is expected to exist on the L-2 and L-3 levels of laboratory.

7. Human Resource Development

The training will involve four broad categories i.e. (i) Government Health & FW Staffs (ii) Staffs of other Government Departments (iii) Private sector staffs and (iv) community.

7.1. Personnel to be trained

Level	*Government*	*Non-Government*
Periphery	1. Health & FW Staffs 2. Lab. Technicians 3. Medical Officers	1. Village Health Committee 2. Sentinel organizations 3. AWW, ASHA, Trained Dais
District	1. Senior Medical Officer 2. Lab. Technician 3. DEO 4. Micro., Biochem & Pathologists	1. DSC members 2. Sentinel organizations 3. Opinion leaders
State	1. SSO 2. State Health Program Officers	1. SS Committee members 2. Sentinel organizations

	3. Micro., Biochem & Pathologists 4. DHS, DH &ME 5. Commissioner	3. Rapid response Team

7.1.1. Trainees and duration of training courses

Sr. No.	*Categories of trainees*	*Numbers*	*No. of batches*	*Av. Training cost (in lakhs)*
1	MPW Training	489	24	3.84
2	Medical Officers	85	4	1.56
3	State Trainers	5		0.57
4	Lab Technicians	16	1	0.14
5	Data entry operators	9	1	0.28
6	District & State Training team	36	2	1.12
7		36	2	2.50
Total				**10.01**

7.1.2. Trainers

There will be two levels of trainers namely, State Training Group (STG) and District Training Group (DTG). The STG will comprise of

1. State Surveillance Officer as Coordinator
2. State Malaria Officer
3. State AIDS Officer
4. State TB Officer
5. Physicians/Pediatricians
6. Entomologist
7. Microbiologist, Pathologist, Biochemist of JN Hospital, Imphal

The above identified STG will conduct training at State as well as at district levels. DTG will impart training to NGO personnel at district and peripheral level.

8. IEC, Mobilization and Community involvement

The involvement of the following organized groups having State-wide associations will be utilized effectively. The groups are NGOs, Private hospitals, Private practitioners, Panchayat, Councils, Community leaders, Churches, Press etc.

8.1. Social mobilization strategies

The aim of social mobilization campaign under IDSP will be :

- To create awareness among the partners, notably the private practitioners, NGOs and the community about existing Health Programs, IDSP, the potential benefits and areas in which their participation will be solicited.
- To establish an institutional mechanism to involve the community and their leaders

- Develop a system of providing regular feedbacks to the community about disease occurrence the responses t surveillance and impact of disease control programs
- To increase the reach of the campaign through all channels of communication.

In view of the above, resources will be required for the following activities:

8.1.1. State level

- Organizing a media campaign for creating awareness about usefulness of surveillance, about core and State-specific disease surveillance, dispelling of common socio-cultural beliefs and gender disparity.
- Sensitization & mobilization meetings for state and strict level functionaries of Indian Medical Association and other professional bodies, NGOs involved in health, various social groups existing in the state to solicit their support for the program.
- IEC material for health functionaries and selected sentinel private practitioners highlighting technical issues.
- IEC material and messages to be prepared within the local context and in the locally comprehensible language
- Bring out periodic reports on surveillance data and the consequent responses by the health department as feedback to the community and local leadership.

8.1.2. District Level and Periphery Level:

Organize sensitization and mobilization meetings at district head quarters for local IMA executive members, prominent practitioners, NGOs in health, elected representatives of the local as well as state bodies, village council members, teachers, various social groups existing in the district and peripheral level.

IEC material and messages to be prepared within the local context and in the locally comprehensible language; put up hoardings, posters, distribute hand bills to create wide spread awareness. The IEC material has to be displayed in schools, all sentinel sites, prominent locations in the village and busy street crossings in urban areas, and in all places where mass human gatherings occur e.g. festivals, melas, exhibition

At village and block level : organize meetings between medical officers of the area, health workers and village health committees once in three months, with the purpose of revitalizing this institution, enhance community participation in all health related matters and identifying the community as partners in the planning and decision making process.

9. Quality Assurance

All efforts will be made to have a good Quality Assurance Programme (QAP) in order to ensure that quality is being maintained in the implementation of the project. Supervision, monitoring and evaluation will be carried out continuously as per the guidelines given in the project.

9.1. Monitoring:

Monitoring will be based on the important indicators mentioned below :

9.1.1. Process Indicators (Management Indicators)

(i) Available manpower
(ii) Training: number, type, quality, retention of personnel trained
(iii) Financial management

9.1.2. Process Indicators (Program Activities)

(i) Reflect the adequacy and regularity of data collection;
(ii) Regularity of data transmission
(iii) Feedback mechanisms
(iv) Functioning of laboratories.
(v) Functioning of the communication system
(vi) Performance of sentinel sites including private providers and NGOs for above indicators.

9.1.3 Performance Indicators :

Immediate indicators

(i) Actions and response time taken at different administrative levels
(ii) Timely detection of epidemics and appropriate action taken
(iii) Validity of data : sensitivity and specificity of data (clinical and lab data)
(iv) Reliability of data
(v) Identification of secular trends in disease burden
(vi) Use of data for policy and planning at district, state and national level.

9.2. Long term indicators

(i) Development of core capacities at various levels in epidemiology, surveillance and public health
(ii) Decisions on resource management in public health based on surveillance data
(iii) Sustain ability of the program.

9.3. Quality Assurance in Laboratory:

Practice of quality assurance should be an integral part of the program and mandatory for all the constituent laboratories of the Government. Quality assurance comprises of internal quality control and external quality assessment. A list of suggested centres is given below :-

For Peripherals laboratory – State Laboratory L3.
For District laboratory – State Laboratory L3.

10. Financial Management and Costing

10.1. State Level Funding

State Disease Surveillance Committee will be formed under the Chairmanship of Health & Family Welfare, Secretary under the umbrella of the Manipur State Health Society with separate bank accounts. Funds released by cheque / draft from the Central Surveillance Unit of the Government of India would be deposited to the bank accounts to be operated by the State Surveillance Officer. The books of accounts at the state level also would be maintained using double entry book keeping principals. All the cheques will bear two signatures consisting of State Surveillance Officer and Mission Director, NRHM.

The State Surveillance Unit would thereafter release money to the districts through District Aids Control Committee by cheque / draft as per this PIP. The State level committees would maintain vouchers for the various receipts and expenditures.

10.2. District level Funding:

The District Surveillance Committees will receive money by cheque/draft from the State surveillance Unit and the bank account would be operated under the District Health Society. The bank account will be operated by the District Surveillance Officer under supervision of Chief Medical Officer. Funds for the purpose of activities envisaged at the primary health centre and CHC level would also be released at the district level itself and no flow of funds is envisaged at a lower level. Transaction vouchers would be maintained for all receipts and expenditure by the District Disease Surveillance Unit.

10.3. Flow of funds

The State will submit detailed expenditure statement containing details of expenditure under the various heads by components and summarized expenditure categories to GoI on quarterly basis or as laid down by GoI.

At the district level, similarly expenditure statement will be sent by the districts on bimonthly basis to the State Surveillance Unit, in order to allow the State Government to submit the consolidated statement of expenditure to the Central Surveillance Unit.

10.4. Internal control and financial reporting mechanism

Internal control systems would include:

- Establishment of small appropriate budgeting systems and regular monitoring of actual financial performance with budget and targets
- Development and adoption of simple and transparent financial and accounting policies including identification of components and expenditures to be charged to the project, the categories under which expenditure would be charged and policies of transfer of funds and accounting of expenditures
- The State Unit will send a quarterly financial statements which would include
    1. Comparison of budgeted and actual expenditure
    2. Analysis of major variances including in source and application of funds by component and summarized expenditure categories
    3. Progress in key physical parameters
    4. Forecasts of expenditure for next two quarters

10.5. Procurement of goods and services

Procurement of goods and services will be as specified in the section under administration. A manual of procurement will be formulated and guidelines will be followed as laid down in the World Bank Procedures.

11. Costing

Costing will be based on the following units:

1.	Peripheral Units	=	16 nos.
2.	District level Units	=	9 nos.
3.	State level Units	=	1 no.

12. Cost estimate for 2007-2008

Sr. No.	*Components*	*Total Budget (in lakhs)*		
		State	**District**	**Total**
1	**Office equipments**			
1.1	10 Stand-by Generators	0.25	2.25	2.50
1.2	02 Digital camera	0.50	0.00	0.50
1.3	01 Laptop computer with accessories	0.75	0.00	0.75
1.4	01 LCD	0.95	0.00	0.95
1.5	10 Photocopier	0.95	8.55	9.50
2	**IEC** (Sensitization workshops, review meetings, press advertisement, print media, Tele- & broadcasting, folk-media etc.)	5.30	27.00	32.30
3	**Operational cost**(Travel expenses & other contingencies)	5.00	27.00	32.00
4	**Trainings**			
4.1	MOs in 4 batches, each batch consisting of 20	1.46	0	1.46
4.2	Lab. Techs in 2 batches, each batch consisting of 20	1.24	0	1.24
4.3	MPWs in 10 batches, each batch consisting of 20	1.55	0	1.55
4.4	St./ Dist. Surveillance Team in 1 batch	1.40	0	1.40
	Total	**19.35**	**64.80**	**84.15**

Summary Budget for National Health Programs for and IDSP for year 2007-08

Sr. No.	Programs	Budget in lakhs
1	**National Vector Borne Diseases Control Program**	**690.91**
2	**National Program on Control of Blindness**	**133.80**
3	**National Leprosy Elimination Program**	**45.16**
4	**Revised National Tuberculosis Control Program**	**201.97**
5	**National Iodine Deficiency Disorders Control Program**	**38.46**
6	**Integrated Disease Surveillance Program**	**84.15**
Grand Total		**1194.45**

PART-"E"

INTERSECTORAL CONVERGENCE

WITH DEPARTMENT OF WOMEN AND CHILD DEVELOPMENT

1. Village Health Day

Anganwadi Centres (AWC) will serve as the focal point for all health and nutrition services. A Health Day (Wednesday) is fixed every month at the AWC to provide antenatal, postnatal, family planning and child health services, including immunization. On that day, an ANM and preferably an MO from the PHC will be in attendance. AWW and VLLW/ASHA (and other community volunteers) would be responsible for ensuring that all children 0-6 years, pregnant women and lactating women, and children needing immunization and other health services are brought to the AWC on that fixed day.

2. Coordination between AWW and ASHA

AWWs will be mentors of ASHA and will work in tandem for counseling Pregnant Women to have institutional delivery, attend home deliveries as second attendant, motivate newly married on family planning, participate in Routine Immunization Strengthening and NIDs and facilitate referral for institutional delivery.

The compensation package for the above mentioned activities are already discussed under Part "B".

3. Interdepartmental coordination

Representatives from WCD are to be made members in all the Societies and Committees starting from State level to the Village level. Monitoring and Supervision of the different activities may be facilitated through joint review meetings and common reporting formats.

WITH PRI

1. Empowerment of PRIs through assured availability of adequate funds:

Untied funds may be made available to Village Health Committees and all Subcentres to be deposited in a joint Account operated by ANM and PRI representative.

2. Partnership with PRIs

PRI representatives are to be made members in all Societies and Committees viz. State and District Health Mission Societies, Rogi Kalyan Samitis, Subcentre Committees and Village Health Committees.

3. Empowerment during selection of ASHA

ASHA are to be selected by the PRI after facilitating by a trained facilitator.

WITH DEPARTMENT OF AYUSH

There is yet no separate Department of AYUSH in the State. An AYUSH Cell exists under the Directorate of Health Services, Manipur.

1. Mainstreaming AYUSH

All the CHCs and 24/7 PHCs are to have AYUSH manpower with AYUSH drugs. 14 CHCs and 20 24/7 PHCs are identified to be up-graded in 2006-07; and they are provided with AYUSH Doctors including specialist and pharmacists along with necessary drugs. The AYUSH staffs are to be multi-skilled so as to enable them to attend deliveries.

In 2007-08, additional 40 AYUSH Centres are going to be opened in PHCs. The budget needed for support of Manpower is already reflected under Part “B” of NRHM.

The Civil works needed, other infrastructure up-gradation, medicine etc of the AYUSH Centres will be supported by AYUSH under CSS.

WITH MANIPUR AIDS CONTROL SOCIETY (MACS)

The services of MACS counselors posted at District Hospitals, CHCs and 24/7 PHCs are to be utilized for the common goal of MACS and MCH and Adolescent Health. Also in places where trained counselors under MACS are not available, ANMs or Female Health Supervisors will be trained for counseling. The District Mobile medical Units will have trained counselors provided by MACS. The Integrated RCH out-reach camps also will have trained counselors.

Lab. Techs recruited under MACs as well as recruited under NRHM will be used both for RTI/STI and HIV testing services.

RTI/STI Clinics in District Hospitals and identified CHCs will also be run in a coordinated manner along with MACS.

Also the Blood Storage Centres at the FRUs will be made functional with coordination with MACs e.g. consumables may be supplied by MACS.

Trainings of SBAs and health providers for Adolescent Health/ School Health and ASHAs will also have components under HIV/AIDS.

Further IEC activities at Districts will be planned in an integrated manner with MACS.

Finally, coordination meetings will be held monthly.

WITH PUBLIC HEALTH ENGINEERING DEPARTMENT/ PUBLIC WORKS DEPARTMENT

To bring about better Sanitation and Safe Drinking Water Supply available to the community and also to overcome transport problems regarding approach roads to the health institutions, the PHED/PWD representatives are to be made members in all the Societies and Committees starting from State level to Village level. Thus joint planning and implementation of relevant activities will be sought.

Total Budget for 2007-08 (Rs. in lakhs)

Sr. No.	*Part of NRHM*	*Budget*
1	Part “A”	1306.955
2	Part “B”	4236.80
3	Part “C”	112.9043

4	Part “D”	1194.45
5	Part “E”	0
	Grand Total Rs.	**6851.1093**

ANNEX 3 a

FORMAT FOR SELF ASSESSMENT OF STATE PIP AGAINST APPRAISAL CRITERIA

CRITERIA	REMARKS
A. OVERALL	
1 Has the state PIP been reviewed in detail by a single person to ensure internal consistency? If yes, by whom? (Mandatory)	Yes
2 Has a chartered accountant reviewed the budget in detail? (Mandatory)	Reviewed by State financial consultant
B. RCH II PROGRAMME MANAGEMENT ARRANGEMENTS **Has the state PIP spelt out the programme management arrangements already in place and additional steps to be taken. These include:** ***(Mandatory)***	
1 Firming up the background and tenure (at least 3 years) of person having overall responsibility for RCH II at state and district levels; delegation of powers	No at state level, yes at district level
2 Steps to ensure that RCH II is high priority for the District Collector	Yes
3 Extent to which program management support structure at state and district / sub-	Yes

	CRITERIA	REMARKS
	district levels is consistent with expertise required for program strategies; job descriptions including person specifications, delegation of powers and basis for assessment of performance; strategy and time bound plan for sourcing of staff vacancies, if any	
4	Steps to establish financial management systems including funds flow mechanisms to districts; accounting manuals, training, audit	Yes
5	Steps to ensure performance review of district program managers	Yes
6	Capacity building of program management staff at state and district levels	Yes
7	Steps to ensure/establish quality assurance committees in the districts	Yes
8	Step to ensure systems for holistic, monitoring (outcomes, activities, costs) against the state PIP including variance analysis	No
C. INSTITUTIONAL STRATEGIES Has the state PIP spelt out the steps undertaken for the following and additional steps required? **(Mandatory)**		
1	Have DHAPs been prepared for all districts? If not, for how many? Has the approach to incorporating DHAPs in the state PIP been spelt out?	Yes
2	Review of HRD practices in order to motivate staff and increase effectiveness e. g. appropriate criteria for placement of staff (especially CMOs), rationalisation of work load of ANMs, performance appraisal based on e. g. improvement in MMR/ IMR/TFR related process indicators, package of incentives for postings in less developed districts, transfer and posting policies, improved supervision	No
3	Strengthening of HMIS with emphasis on improved decision making/ initiation of corrective action based on timely availability of reliable and relevant information at appropriate levels e. g. community, SHC, block, district and state; system for monitoring of utilisation of health facilities in terms of volume and quality. Steps to ensure implementation of new MIES format.	Yes
4	Improved logistics/ management of drugs & medical supplies in order to ensure continuous availability of essential supplies at various health facilities including SHC and the community	Yes
5	Development of revised criteria (e. g. travel time, cost, potential patient load, referral arrangements, etc) for location of facilities	No
	(Desirable criteria)	
6	Provision for MoU with districts	No
7	Strategy for piloting public-private partnerships and social franchising and subsequent scale up	Yes
8	Functional review of State Health and Family Welfare Department including respective roles of state, district, block and community level (including PRI) institutional structures; delegation of powers; organizational emphasis to key functions such as quality, HRD and training	No

9	Optimising the utilization of existing health facilities/ scope of relocation based on load/ utilisation, distance/ travel time and cost especially for the poor/women and taking into account availability of private/ NGO run facilities, referral transport arrangements	Yes
10	**Training Strategy (Mandatory)** The training strategy should strengthen existing training schools to function as District Health Resource Centres. Training should be channelised through these institutions. The strategy should also indicate target groups (e. g. medical officers, ANMs, AWWs, link workers, community health team, etc), estimate training load and provide broad details of training programmes including objective, broad course content, duration of training, and mechanisms for assessment of quality/ impact. Strengthening the training management function including the institutional arrangement at state/ district levels, especially seniority of head of training function is particularly important.	Yes
11	**BCC strategy (Mandatory)** Development of a service oriented BCC strategy should be based on an assessment of the current status of knowledge, attitudes, beliefs and practices regarding issues concerned with MMR, IMR, TFR and ARSH; and factors likely to influence necessary change in behaviour. Creation of awareness of key aspects such as breast feeding and PNDT act is particularly important. Based on evidence, the strategy should aim to determine appropriate combination of	Yes

messages and media and a mechanism for assessing impact at appropriate stages. The institutional arrangement including role of state and district and strengthening capacities for BCC is again important.	
12 Convergence/ coordination arrangements *(Mandatory)* Have steps taken to ensure convergence within state DHFW (e.g. how to leverage NRHM Additionalities for RCH) and with other key departments such as DWCD and PRI? Have all externally funded programs/projects having a bearing on RCH been reflected in the State PIP and convergence (organization structures; staff; resources) arrangements spelt out ?.	Yes
13 Pro poor strategy *(Mandatory)* Does the SPIP demonstrate how pro poor and gender strategies are mainstreamed into RCH II?	Yes
14 Infection Management and Environmental Plan / IMEP *(Mandatory)* Does the SPIP have a clear plan for dissemination of IMEP guidelines and operationalising IMEP in health facilities in a phased manner?	Yes
15 *Sustainability (Mandatory)* Sustainability could be addressed through e. g. introduction of user charges with cross-subsidy for BPL families, higher allocations in the state budget and taking steps to place family welfare in the community's agenda.	Yes
D. TECHNICAL STRATEGIES *(Mandatory)* *(Has the state spelt out steps taken / or constraints faced so far in RCH II and identified corrective actions for the following?).* 2 Separate goals and strategies for MMR, IMR, TFR and ARSH based on evidence and in consonance with the results of the situational analysis. The SPIP should specify, for example:	
3 MMR: steps to ensure availability of anaesthetists and gynaecologists, at FRUs; 24 hour delivery services at 50% PHCs with skilled providers to provide BEmOC services; coverage of inaccessible villages by ANMs; emergency transportation between village, BEmOC centres and FRUs. If states plan to pursue PPP or demand side financing options these should also be shown as strategies.	Yes
4 IMR: steps to ensure acceleration of immunization activities, essential new born care, promotion of breast feeding and timely initiation of complementary feeding, micronutrient supplementation collaborating arrangements with ICDS for immunisation and IMNCI services and ensuring IMNCI service package is delivered	Yes

5 TFR: steps to increase the availability of quality sterilization services by training more providers or increasing the range of sterilisation methods by emphasizing NSV, minilap and traditional tubectomy in addition to laparoscopy and ensuring service availability on fixed days at specified no of CHCs and PHCs. For increasing the use of spacing methods, approaches to be pursued to increase availability of methods at the community levels through community based distributors, social marketing or private sector	Yes
6 Quality strategy Has the PIP spelt out the strategy and activities for assuring quality of service delivery at public facilities? This would include steps for implementation of GoI guidelines, an accreditation system and necessary institutional arrangements. The institutional arrangement for implementing the accreditation system is particularly important.	Yes
E. WORK PLAN *(Mandatory)* 1 Is the work plan consistent with stated components/ objectives, strategies and activities? And whether the proposed phasing of activities would lead to targeted increase in delivery/ utilisation of services ? The Work Plan should separately address each component of the PIP showing objectives, strategies, activities and should be in quarters for 07-08 with physical targets against activities.	Yes
F. COSTS/ BUDGET *(Mandatory)*	

Key criteria are:		
1	Does the budget follow the prescribed formats?	Yes
2	Are districts allocated a certain amount / % of total allocation as genuinely untied i.e. districts can propose district schemes? If yes, how much?	Yes
3	Absorptive capacity: If very ambitious utilisation of funds is envisaged compared to performance in 05-06/ 06-07, then what are the steps proposed to be taken to bring this about?	Internal audit by State Finance/Acct. Manager

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