

FINAL DRAFT

FINAL DRAFT (2010-11)



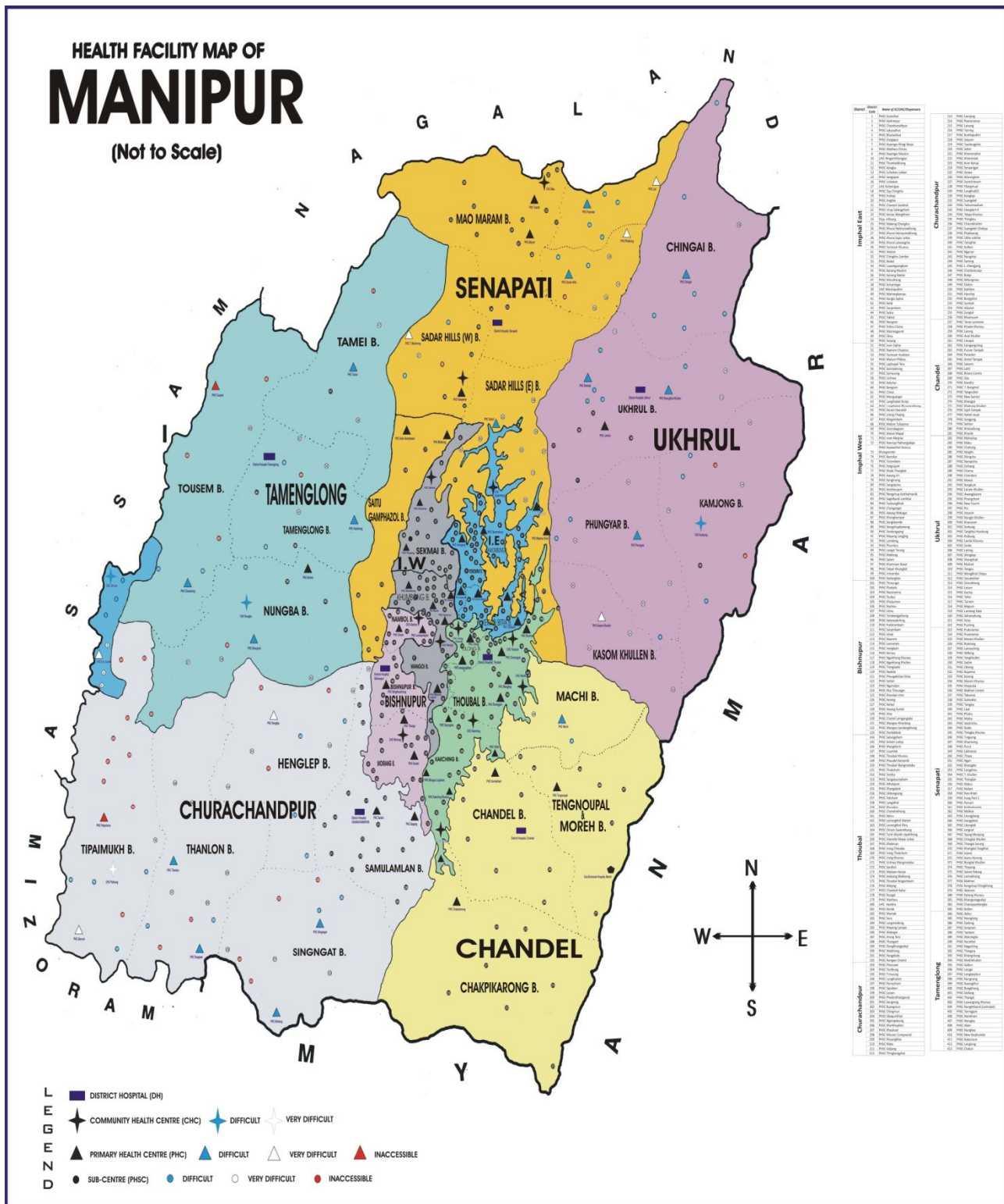
State Program Implementation Plan 2010-11



**State Health Society
Manipur**



State Program Implementation Plan (SPIP) 2010-11, Manipur



State Program Implementation Plan 2010-11 (Modified)

1. Executive Summary

Manipur, a small state in the northeast of the country, has a population of 22, 93,896 residing in an area of 22,372 sq km.¹ A multitude of ethnic tribes comprise the warp and weft of the intricate social fabric of Manipur. Contrary to the general perception that the smaller northeastern states have majority of Christians; Manipur has majority Hindus. At the same time it has more tribes than its neighboring states of Nagaland and Mizoram which are almost fully tribal states.² In many other ways too, it is a land of paradox. The state has a high incidence of drug addiction and HIV among its youth and at the same time, young boys and girls from the state win the highest number of medals in the National Games.³ The perpetual turmoil and strife have failed to dampen the spirit of the populace, which manifests itself in the various festivities, which are celebrated with zest and gusto across the state.

The state has been under the shadow of Gun for decades now and the roads, communication links, health infrastructure and availability of trained medical and paramedical manpower can do with huge improvements. However, the health indicators of the state have been far better than the National average. The State Health Society (SHS), NRHM has understood these strengths and identified the weaknesses in the Healthcare sector. The SHS, NRHM has been able to plan its interventions accordingly, so that it is able to capitalize upon the existing strengths and address the areas of weaknesses.

Impact of NRHM on health indicators and the current status: The relevance and effectiveness of NRHM in the state can be gauged from the improvements in the various health indicators since its inception. The full immunization rate has improved from abysmal 30% to more than 90% as of today.⁴ The rate of institutional delivery which was a mere 19% has risen to more than 55%.⁵ The Infant Mortality Rate of the state has been traditionally low; and in many surveys, it has been lowest in the country.⁶ However, other health indicators like MMR and malnutrition among 0-6 year children have been relatively higher when compared to other health indicators. The various interventions under NRHM are bound to have a positive impact on these indicators as well.

Plan process and situational analysis: The State Program Implementation Plan (SPIP) – 2010-11 is based upon a comprehensive situational analysis, which was a multi-pronged process in itself. The inputs for the situational analysis were garnered, broadly, from three sources, viz. – the village level inputs in form of Village Health Action Plan (VHAP), Block Health Action Plans, District Health Action Plans and Focus Group Discussions (FGD) which gave an insight into the ground realities; the Health Management Information System (HMIS), District Level Health Survey-III (DLHS), Sample Registration Survey 2009 and National Family Health Survey-III which gave us objective and factual information about various achievements and health indicators; and the inputs from the various health experts who have worked in the state for decades, which helped us incorporate the idiosyncratic dimensions of the health issues of the state into the SPIP.

¹ 2001 Census the population of Purul, Paomata and Tadubi is estimated population

² List of Scheduled Tribes in India, as recognised in the Constitution

³ National Games-2007 Guwahati Medal Tally

⁴ RCH and HMIS figures respectively

⁵ Ibid.

⁶ SRS-2007, 2008, 2009.

The various inputs from the above sources have revealed that the state does not face a handicap in any of the traditional health indicators and does not have any major public health concern of alarming proportions which is in the ambit of this plan. The biggest public health concerns for the state are the scourge of HIV and drug addiction, which are inter-related to a large extent, in the state. These issues, however, fall beyond the domain of the NRHM.

IMR and MMR: There is a wide divergence between the maternal and child health indicators of the state. The IMR of the state is one of the lowest in the country at 14/1000 live births.⁷ The latest figures for the MMR are not available since the state does not have 100,000 live births in a year; however, the last available figures of SRS (2001-03) are quite high at 374.⁸ This high figure of MMR is an area of concern, which the SPIP seeks to redress in the current year through focused initiatives.

Public Private Partnership: In the current plan it is to run three PHCs and attached Sub-Centres through the PPP model in the most difficult and inaccessible areas. These areas face a multitude of problems such as absenteeism of health personnel, non-availability of local paramedics like ANM and nurses, extremely poor health infrastructure and poor road connectivity which leads to low rate of ANC visits and fewer institutional deliveries. These factors further lead to higher MMR in these areas. The PPP model enjoins the private partner to ensure that there are 100% institutional deliveries among other things.

This plan also proposes to adopt have PPP model for emergency obstetric care with a private hospital in Ukhrul district. This district is one of the focus districts and does not have even a single specialist in Obstetrics and Gynecology. The institutional delivery rate of the district is mere 16%⁹ compared to the 56% for the state. The district has a private hospital which is offering composite care in Obstetrics and Gynecology and it has have offered to work in PPP model with the NRHM. This proposal will help in offering good quality emergency care to expectant mothers of the high focus district and help the state in reducing MMR.

It is also proposed to establish Emergency Medical Response Services (EMRS) in and around all the District headquarters in the first phase. To begin with three ambulances each, will also be operational in and around all the District headquarters. These 27 ambulances are expected to cater to around 80% of all the emergencies.¹⁰ The distinct impact, however, is likely to be on the MMR as statistically, it has been observed that up to 70% of the cases that utilize EMRS are pregnancy related.¹¹

Health Management Information System: The HMIS has been implemented in the state and the data flow has started from all the health institutions. The HMIS implementation status and degree of real time data flow from the health institutions into the HMIS portal for the state is among the best in the country.¹² The current plan has proposal to strengthen the HMIS in the state further; so as to enable the data flow on all the activities in real time from every health institution. The availability of factual and grass-root level real-time data will enable the SHS, NRHM to plan and implement various interventions in more focused and targeted manner. The proposal

⁷ SRS-2009.

⁸ SRS-2003; current figures for State not available.

⁹ HMIS data 2009.

¹⁰ Projections based on number of deliveries and emergency/ RTA cases in various health institutions.

¹¹ EMRI statistical analysis.

¹² HMIS report by the NHSRC

of pregnant mother tracking through HMIS will ensure better antenatal care, identify high risk deliveries beforehand, increase the rate of institutional deliveries and render improved post-natal care; thus leading to reduced maternal morbidity and MMR. It is also proposed to track every child for full immunization and childhood care through Child Tracking system.

High focus districts: In addition to the above, financial as well as non-financial incentives have been proposed for the health personnel working in inaccessible, most difficult and difficult areas which fall in the four high focus districts viz. Tamenglong, Churachandpur, Chandel and Ukhul. The incentives have been linked to various performance indicators such as rate of immunization, percentage of ANC checkups, rate of institutional delivery and number of village health and sanitation days conducted. This incentive has an inbuilt element of social audit, as it is to be disbursed only after the attendance of the health personnel has been certified by the **Village Health and Sanitation Committee**. These measures will ensure the presence of health personnel at their respective stations which is critical to the success of RCH and delivery of other healthcare services.

All the above measures are an effort to ensure that the maternal healthcare and MMR for the state are improved and the indicators such as IMR and child healthcare, where the state has a good standing, are further consolidated.

Behavior Change Communication: The task of Family planning becomes difficult in the state due to the absence of wide social acceptability as also the intervention of the various insurgent groups. The usual methods of mass media campaign such as the print or electronic media cannot be used here because of the unwillingness of the people to expose themselves to a direct threat by the insurgents on this issue. Therefore, it is proposed to focus on mothers that have just had a delivery as they are the most receptive to these measures. The mother will be given a memento such as a baby carrying bag or a mug etc., by the institution after the delivery. This memento will carry the message of family planning and also the other post natal care messages such as early and exclusive breast feeding, full immunization, and health and hygiene advices. This memento may also include a package comprising post natal care items.

Human Resource Management, Training and Skill up-gradation: Human resource management and training is one of the most important components of any plan. Healthcare delivery is a highly technical activity and the ever changing medical literature and dynamics of health care delivery make it important for us to ensure that all our health personnel are motivated, well trained/skilled and properly placed. In this direction, the skill gaps as well as the training institutions have been identified. An integrated training calendar has been created which will allow us in imparting composite training to our medical and paramedical staff with minimal disruption of their normal duties. We propose to create a data base of all the doctors and paramedical staff that have undergone various trainings/skill up-gradations. This database will be used for manpower redeployment based on the need of the health institution, skills acquired by the health personnel and co-locating health personnel whose skills are complementary to each other. The proposal of 'difficult area allowance' will also help the state in engaging and retaining medical and para-medical staff including the specialists. This proposal will help the state in filling the manpower gap in most critical areas of health care and place them where they are needed most.

Accredited Social Health Activist: ASHAs are the most critical component of the healthcare delivery mechanism under NRHM. Although the state has selected 3878 ASHAs¹³ and has completed the training up to the 5th module for most of them, however, the incentive system for them is not streamlined because of multiple chains of command and control. For example, the incentive for institutional delivery is paid by the MO i/c of the health institution concerned; whereas the incentive for immunization is being paid through the District Immunization Officer and the incentive for DOTS is being disbursed through District Tuberculosis Officer. This has led to fair degree of demoralization and de-motivation for some of the ASHAs and also wastage of their precious time. Therefore, it is proposed to have a single window clearance of all the incentives for ASHAs through the MO i/c of the institution concerned. It is also proposed to open a helpline for the ASHAs where the issues that still remain can be addressed swiftly. An ASHA Resource Centre (ARC) is proposed to streamline their training and other activities, get feedback and facilitate an interchange of ideas and experiences. As the state faces acute power shortage, it is proposed to provide an eco friendly, rechargeable torch to every ASHA which will help them in attending to emergencies in the night.

Physical infrastructure with focus on inaccessible, most difficult and difficult areas : The existing physical infrastructure of health institutions in the state, that was to be further augmented by NRHM, was actually in an abysmal position to begin with. To that extent, the onus on NRHM was huge, as the task of having a standard physical infrastructure of health institutions was effectively to begin from the scratch. In this PIP it is proposed to upgrade the infrastructure of all the 07 District hospitals and the 04 busiest CHCs as per the IPHS norms. In view of the extremely difficult terrain in certain areas, the State Cabinet had approved setting up of 07 new PHCs. As most of these PHCs are in inaccessible and most difficult areas, it is proposed to construct residential accommodations also, along with the PHC building. In addition to this, 10 Barrack Type quarters are also proposed to be built in the PHCs in remote locations, to ensure better attendance of the health personnel in these institutions. There are many sub-centers that are being run from private buildings. It is proposed to build 30 sub-centers, especially in remote areas, to enable the ANMs to reside in this accommodation itself.

The creation of the physical infrastructure has been driven by the location of the health institutions in the inaccessible and most difficult areas. This will ensure better attendance of health care personnel, which is expected to translate into better delivery of the health services to the underserved and the neediest.

AYUSH: Manipur is home to various alternate systems of medicine and traditional healers, also known as 'Maibas' in some communities. Further, the rich biodiversity ensures that there are a variety of medicinal plants easily available, to be used as the raw material for these alternate medications.¹⁴ To that extent, the acceptability of the alternate systems of healing is quite high in the state. However, AYUSH Directorate was almost non-existent in the state earlier, having only 8 doctors on its rolls. NRHM has not only revived this Directorate, but also strengthened it to a great extent. To begin with, 88 doctors and 46 pharmacists have been recruited and placed at every primary health center. It is proposed under the current PIP to place AYUSH doctor at every CHC and District Hospital also. In addition to this, these doctors will also be given the basic training in Maternal and Child Health Care. AYUSH doctors will be manning a separate AYUSH OPD at every health institution. These measures will integrate the various systems of medicine and provide

¹³ DLHS III- Data

¹⁴ Herbal Medicine Of Manipur: A Colour Encyclopaedia by H B Et Al Singh

choice and affordable health care facilities to the people of the state. There is also an increased reliance on the alternate systems of medicine, which have lesser side effects, to redress the lifestyle related diseases which are becoming increasingly common these days.

Immunization: The immunization rate for Manipur has touched almost 90%¹⁵ this year and the mortality because of vaccine preventable diseases is zero in the state.¹⁶ The measures discussed in detail in the foregoing paragraphs such as the selection of ASHAs are going to improve these statistics even further. The focus now is on improving the cold chain management. In this plan, it is proposed to procure solar powered cold chain equipment to improve the last mile delivery system of these vaccines, so that the farthest locations can be reached and the remaining children can also be effectively immunized.

Vertical Control programs: Manipur has been faring much better in the control of vector borne diseases such as Malaria, Dengue and Japanese Encephalitis, as compared to the other North Eastern states.¹⁷ The state had one episode of outbreak of Malaria with 18 positive cases during 2009-2010 and two Pf positive cases however there was no mortality. Nevertheless, the state can ill afford to lower the guard on this front because of the high prevalence of these diseases in the neighboring states. The state itself has a past history of sudden widespread recurrences. In this PIP, it is proposed to continue and strengthen the activities undertaken last year. In this year's plan it is proposed to have Indoor Residual Spray (IRS) in the five high risk districts and also in the border areas. The plan also has incorporated detailed action plan for prevention of Japanese Encephalitis and Dengue; the diseases which have caused serious morbidity and mortality in recent times in the north eastern states.¹⁸

Tuberculosis, per se, is not a major public health problem in the state, the prevalence HIV/AIDS in the population makes Tuberculosis a much more dreaded public health issue. There is an existing system of cross referral between the HIV/AIDS clinics and the TB clinics. In this plan, it is proposed to strengthen the microscopy centers to improve the case detection rates and involve ASHAs as DOTS agent to improve the cure rates.

Vulnerable group: Poverty is quite widespread in the state, yet there is no destitution. The ethos and the customs of society ensure that the old, the orphans or any other such vulnerable sections are looked after either by the kith and kin or the tribesmen, in general. The society is quite egalitarian and there is no feudalism, so there is no particular class or section that is specifically vulnerable. There is positive discrimination, if any, in favour of women in many spheres of activity. However, with the wave of modernization the families are getting nuclear and the geriatric age group is facing problems most of which are healthcare related. The poor people in the remote and inaccessible areas also form a part of the vulnerable section from the point of health care delivery. In this plan there has been special emphasis to reach the poor in the remote locations where the health facilities are negligible and communication is non-existent. The PPP model for running health institutions, additional hardship allowance to the health personnel working in inaccessible, most difficult and difficult areas and greater emphasis on creation of physical infrastructure in these areas are a few of the steps in this direction. This plan also has special focus on the health care issues of the geriatric section in the form of special OPDs, home care and provision of medical/ surgical aids & appliances. The state has a large population of

¹⁵ HMIS data 2009

¹⁶ DLHS data 2009.

¹⁷ DLHS-III data.

¹⁸ <http://timesofindia.indiatimes.com/India/Severe-meningitis-outbreak-in-Meghalaya-Tripura-areas/articleshow/4356441.cms>

fishermen who live in floating huts in the Loktak Lake. These fishermen do not get basic health care services hence this plan proposes to introduce mobile motor boat clinics for about 750 families. This initiative will bring healthcare services to the hitherto un-served poor people who are vulnerable because of their poverty and unhealthy living conditions. The plan also has a proposal for sanitary disposal of human excreta from these floating huts; which is an ongoing activity undertaken through an NGO.

Convergence: The efforts are on to achieve convergence within the Department of Health and Family Welfare as also across the departments and various disease control programmes. Within the department, convergence has been achieved at the strategic, policy and management level to a large extent; however it will take some more time to achieve convergence at the functional level. Healthcare issues transcend the Departmental boundaries and require a cohesive and concerted effort from various Departments/Agencies like Public Health Engineering Department, Department of Social Welfare, Department of Rural Development, Department of Education, Department of Minorities and Department of Tribal Development. The arrival of NRHM on the state health scene has led to an increasing appreciation of the need for convergence and the importance of quality and affordable care for the society. However, convergence is not a goalpost to be crossed, but a process that is ongoing. In the current PIP, various initiatives have been proposed to increase the involvement of the other Departments in this process.

In this plan, a budget of Rs. **12716.82 Lakh** is being proposed based upon a comprehensive situational analysis and extensive consultations with the experts. The requirement of a higher budget for this plan arises from a distinct action plan for the 4 high focus districts, additional remuneration for health personnel working in inaccessible, most difficult and difficult areas, proposals for PPP for EMRS, running of 3 primary health centers in the most difficult areas and PPP for conducting Caesarean sections in Ukhrul District where the public sector does not have the wherewithal to manage complicated deliveries. The entire focus and tenor of this plan has been to reach the last man in the farthest corner of the state and ensure that she/he receives affordable and quality health care service. The proposal of 'difficult area allowance' will also help the state in engaging and retaining medical and para-medical staff including the specialists. This proposal will help the state in filling the manpower gap in most critical areas of health care and place them where they are needed the most. Keeping in view the resource constraints, the effort has been to devise a plan that ensures efficient utilization of every rupee spent and effective reduction of the disease burden on the society.

Budget Summary:

PART	NRHM PARTS	BUDGET (Rs. In Lakh)
A	RCH-II	2181.01
B	NRHM ADDITIONALITIES	7391.21
C	IMMUNIZATION	117.76
D	NATIONAL DISEASE CONTROL PROGRAMME	1273.00
E	INTER SECTORAL CONVERGENCE	0
	Infrastructure Manitenance (Treasury Route)	1753.84
TOTAL		12716.82
Central Share (Rs. In Lakh)		15% State Share (Rs. In Lakh)
11058.10		1658.72

2. STATE PROFILE: AT A GLANCE

2.1. State Profile:

The Manipur is a small but beautiful State lying in the extreme North Eastern corner of India. It is bounded on the north by Nagaland State, on the east by Somra Tract and upper Chindwin District of Myanmar, on the south by the Chin state of Myanmar and on the west by Mizoram and Cachar District of Assam. Manipur is literally known as "Land of Jewel". The State has an area of 22,327 sq.km of which constitutes 0.7 percent of the total land surface of the country. Geographically the State is divided into two parts i. e. the Hill and Plain areas. The State is a land of social, cultural, linguistic and ethnic diversity. There are 29 Scheduled Tribes (ST) and 7 Scheduled Caste (SC) having their distinct languages, tradition and culture. The scheduled Tribe and the scheduled caste population constitute 31 and 2.5 percent of state total population as per census 2001.

The state is divided into 9 revenue Districts and of which 5 Districts are the Hills Districts. They are Chandel, Churachanpur, Tamenglong, Senapati and Ukhrul Districts. The four plain Districts are Imphal East, Imphal West, Bishnupur and Thoubal. In addition to these, there are three sub-district administrative units. They are Jiribam in Imphal East, Kangpokpi in Senapati and Moreh in Chandel District. There are 37 sub Divisions in the State. The state is having 166 Gram Panchayats in four plain districts and six Autonomous Councils in five Hill Districts. The Detailed background characteristics are shown in the table below:

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	Number of Villages (<i>Census 2001</i>) <100 polpulation 100 -1000 polpulation >1000 polpulation	2391 229 1653 433
5	Projected Population 2010 ('000) -Rural ('000) - SC population ('000) - ST population ('000)	2402 76% 5% 38%
6	Sex Ratio (<i>Census 2001</i>) • Sex Ratio • Under 6 Child Sex Ratio	978 957
7	Decadal Growth Rate (<i>Census 2001</i>)	17.94%
8	Density- per sq. km. (<i>Census 2001</i>)	97%
9	Literacy Rate (<i>DLHS-3</i>) -Male -Female	91.9% 77.3%
10	No. of Anganwadi Centre (<i>DHAP 2009-10</i>)	9418
11	% of villages having access to safe drinking water facility (<i>NFHS-3</i>)	32.7
12	% of households having sanitation facility (<i>NFHS-3</i>)	95.5
13	% of household having electricity connection (<i>NFHS-3</i>)	87
14	% of population below poverty line	32.1
15	Mortality MMR (<i>SRS-03</i>) IMR (<i>SRS-09</i>)	374 14
16	Crude Birth Rate (<i>SRS-09</i>)	15.8
17	Crude Death Rate (<i>SRS-09</i>)	4.4
18	Total Fertility Rate (<i>NFHS-3</i>)	2.8
19	Mild-moderate under-nourished children (<i>NFHS-3</i>) Severely under-nourished children (<i>NFHS-3</i>)	23.8 8.3
20	No of Primary school No of Primary school teacher No of children enrolled in Primary School	2,552 12,550 3,42,966
21	Health Facilities	1 RIMS, 1 SH, 7 DHs, 1 SDH, 16 CHCs, 80, PHCs,

2.2 Introduction to NRHM

National Rural Health Mission (NRHM) was launched in the country on 12th April 2005 by the Hon'ble Prime Minister with special focus to 18 High Focus States including the State of Manipur. For North-Eastern states, it was launched in November 2005 by the Hon'ble Union Minister, Health and Family Welfare.

2.2.1 Vision:

- (i) To provide accessible, affordable and quality health care to the rural population, specially the vulnerable sections
- (ii) To increase public spending on health from 0.8% of GDP to 2-3% of GDP by end of Mission period (2012)
- (iii) To undertake architectural correction of the health system to enable it to effectively handle the increased allocations and promote policies that strengthen public health management and service delivery
- (iv) Effective integration of health and family welfare sector with health determinant sector such as sanitation, water supply, nutrition, gender and social sectors
- (v) To improve access to rural people especially poor women and children to equitable, affordable, accountable and effective primary health care.

2.2.2 Objectives:

- (i) Reduction in child and maternal mortality
- (ii) Universal access to food and nutrition, sanitation & hygiene and universal access to public health care services
- (iii) Prevention and control of communicable and non-communicable diseases
- (iv) Access to integrated comprehensive primary health care
- (v) Population stabilization, gender and demographic balance
- (vi) Revitalize local health traditions and mainstream Ayurved, Yoga & Naturopathy, Unani, Siddha and Homeopathy (AYUSH)
- (vii) Promotion of healthy life styles

2.2.3 Components:

- Part A: Reproductive & Child Health Phase II and Family Planning Programs
- Part B: New components/ additional e.g. provision of untied fund to health Institutions
- Part C: Immunization strengthening interventions
- Part D: All National Health Programs (e.g., TB, Leprosy etc.) and Integrated Disease Surveillance Program
- Part E: Convergence of activities with health determinant sectors e.g., safe drinking water supply, sanitation, education, ICDS etc.

2.2.4 Core strategies:

- (i) Train and enhance capacity of PRI to own, control and manage public health services
- (ii) Promote access to improved health care at household level through Accredited Social Health Activists (ASHAs)
- (iii) Health plan for each village through Village Health Committees of the Panchayat/Village Authority.
- (iv) Strengthening existing health facilities through better staffing and HRD Policy, clear quality standards, better community support and an untied fund to enable the local management committee to achieve these standards
- (v) Decentralization in planning, implementation and monitoring
- (vi) Integrating vertical Health and Family Welfare Programs at National, State, District and Block levels

- (vii) Developing capacities for preventive health care at all levels for promoting healthy life style, reduction in consumption of tobacco and alcohol etc.
- (viii) Promoting non-profit sector for Public Private Partnership for rendering health services in under-served areas

2.2.5 State's responsibility:

- (i) 10% annual increase in yearly health budget
- (ii) 15% matching State Share of the total annual NRHM budget (from 2006-07 onwards)
- (iii) Signing of MoU indicating both physical and financial targets

2.3 Management Structure:

Secretary (HFW) is the Chairman of the Executive Committee of State Health Society. An IAS Officer is identified as the State Mission Director who is directly supported by a full-fledged State Program Management Unit. The main role of the SMD is to coordinate among the various health and health related sectors. Also the SMD looks after vital components of NRHM like planning, manpower management of contractual staffs etc. The SMD is supported by the Director of Health and Director of Family Welfare. Both the Directors are looking after related components of NRHM. Yet the system of intra-sectoral convergence between NRHM, Director (H) and Director (FW) needs further strengthening.

At the District level, Deputy Commissioners are identified as the chairman of District Health Society and the Chief Medical Officers are identified as District Mission Director. They are supported by DPMU in all 9 Districts. Both State and District Health Societies, have representations from PRI. The state took initiative to form the Block Health Societies at Block level. Thereafter the Block Health Society will look after the Block Health and Family Welfare and other health related activities. The Block will identify the concerned SDO/BDO as Chairperson of Block Health Society. The CHC/PHC MOs and BPMUs of 36 Blocks will support Block Health Society. In this year planning process the Block Health Action Planning team was led by SDO and BDO.

To strengthen management structure at health facilities, RKS are formed at the level of State Hospital, District Hospitals, Sub-District Hospital, CHCs and PHCs.

2.4 Budget summary (Rs.in Lakhs) for 2009-10

Sl. No.	Component	Central Share	State Share	Total
1	RCH	1030.38	154.557	1184.937
2	NRHM	5113.14	767.061	5880.201
3	RI Strengthening	103.74	15.561	119.301
4	NVBDCP	637.50	95.625	733.125
5	RNTCP	263.14	39.471	302.611
6	NPCB	227.00	34.05	261.05
7	NLEP	51.33	7.6995	59.0295
8	NIDDCP	36.00	5.40	41.40
9	IDSP	45.90	6.885	52.78
10	Infrastructure Maintenance (Treasury Route)	1525.08	0	0
Total		9033.21	1126.3095	10159.5195

3. STATE PLANNING PROCESS

Under the chairmanship of the State Mission Director a State Planning Team was formed which consisted of Additional Director (Planning), Directorate of Health Service, Additional Director (MCH), Directorate of Family Welfare, State Nodal/ Program Officers of Health & Family Welfare sector, Representatives of Health-determinant sectors and State Program Management Unit (SPMU) officials and other key officials trained for District Health Planning under NRHM at National Academy in Mussorie during 29th Jan to 2nd Feb. 2007. The State planning team was trained every year at RRC-NE, Guwahati. The third round of Capacity building (planning) was trained during 5th to 10 October 2009 at Guwahati. Similarly at

District level, District Planning Teams were formed comprising of District Mission Director, District Program Management Unit (DPMU) officials, District level Program Officers of Health and Family Welfare, District Heads of Health-determinant Departments, Senior Medical Officers trained in 55 days' Professional Development Course (PDC) in Kolkata and representatives of leading NGOs. At Block levels also Block Planning Teams were formed consisting of SDO/BDO, SMO/MO of CHC/PHC, two RKS members, CBO and Doctors trained for PDC (wherever available) along with Block Program Management Unit (BPMU) staff. This year village Health Action Plan team were also formed consisting Pradhan/ Village authority, ANM, AWW, ASHA, 2/3 VHSC members, women leaders either of church wing /SHG, youth club secretary. ASHA was the nodal person for coordinating the VHAP preparation.

The State Planning Team trained the District Planning Teams on Planning and anagement in collaboration with RRC-NE, National Health Systems Resource Centre (NHSRC) and Public Health Resource Network of India (PHRN) for a third round of six days (i.e.17th to 21st Nov.2009). Districts were informed and provided the Fact-sheets and Key indicators of DLHS and NFHS 2 & 3 and projected population based on census 2001. The District Program Manager and District Data Manager were trained on how to analyse and use the information of HMIS and DHIS2 for situation analysis and planning at District and Block level. This was done in collaboration with NHSRC and RRC-NE during 23 -24 Nov.2009. In turn, the District Planning Teams in collaboration with the State Planning Team trained the Block Planning Teams for the same and carried out the Block Health Action Plan. The Block Planning team members with assigned responsibility carried out the village health action plan which was carried out involving the villagers.

The orientation of Village Health & Sanitation Committees (178 VHSC) was done during the planning process of village health action plan. The village health action plan was carried out based on the VHAP template and in addition, conducted village social mapping and seasonal disease calendar. The villagers were simply asked to identify key health issues prevailing in their villages and suggest how the Village Untied Fund could be used for improving health status in their respective villages and beyond the untied fund. The under-lying concept was that the villagers should be made to feel that they are implementing activities which were planned by them, and thereby remain accountable.

Thus, Village Health Action Plans (VHAP) was prepared for 178 villages of 36 Blocks and 9 Districts. The villages were selected as per the Block and on an average the state has worked out 4 villages per block but the actual coverage per District is reflected.

Districts with guidance from the State Planning Team, conducted scientific studies on Maternal and Child Health Services, Immunization; HMIS information sharing, BCC need assessment exercises following the Capacity Development on Planning held at State level. The different sources of primary information collected at health facility level were facility survey, input and output assessment, Human resource mapping, Individual based tracking of training need assessment, RKS meeting resolutions, Household survey, Focus Group Discussion, PRA exercise and ASHA Diary for evidence based information. The secondary information was collected mainly on census, NFHS1-3 and DLHS 1-3, SRS and DHIS2 etc.

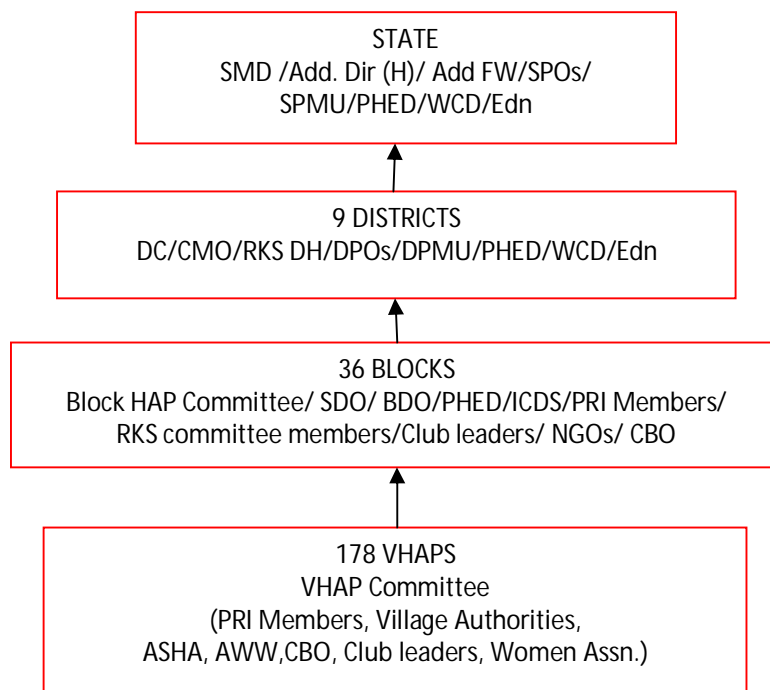
Districts also got useful information from the household survey report which was conducted last year. Facility Survey was also conducted by the District and Block Teams, to appraise the existing gaps. Desk reviews of available documents/ records were also done by the District and Block Planning Teams.

District and Block teams were assisted in facilitation by the State team in workshops and Discussion sessions and also with line departments for reflecting the District issues in their VHAPs, BHAPs & DHAPs. Thus, Block Teams submitted the required Health Plans to the districts. Analysis was done at the District level and the Districts prepared DHAPs by compiling the Block Plans and adding VHAPs. The Districts needs were prioritized after consolidating the BHAPs and submitted the first draft District Health Action Plans (DHAPs) to the State by 15th December 2009 and the 2nd draft was submitted by 31st December 2009. At the State level, relevant chapters of the Village Health Action Plans and Block Health Plans and DHAPs were appraised by the concerned sector Nodal Officers of the State Planning Team. After that, a State level consultation was held on 22nd December 2009. Thus, the 1st Draft SPIP was formulated based on the DHAPs.

After compilation and editing by the State Planning Team, the 1st draft SPIP was presented to the Commissioner, Health & FW, on 28th December 2009. The Governing Body examined the 1st draft SPIP in detail and suggested modifications and additions were incorporated.

The final SPIP was then submitted to the Chairman (Executive Committee), Chairman (Governing Body), Co-Chairperson (Steering Body) and Chairman (Steering Body)/Chief Minister, Manipur for approval.

BOTTOM UP PLANNING STRUCTURE



4. STATE HEALTH BACKGROUND AND CURRENT STATUS

Key RCH Indicators	NFHS 2/DLHS-2	NFHS 3/DHLS-3	HMIS as on Oct.2009
Maternal Health (%)			
% of institutional deliveries			
• Overall	34.5/ 46.2	49.3/ 41.1	62
• SC/ST	20.1/NA	NA/NA	
% of deliveries by SBA			
• Overall	53.9/NA	61.7/NA	59
• SC/ST	36.1/NA	NA/NA	
Child Health			
% of 12-24 months of age fully immunized			
• Overall	42.3/ 35.1	47/ 48.5	50
• SC/ST	29.6/NA	NA/NA	
% of children with diarrhoea treated with ORS	50.7/ 64.4	36.2/ 52.1	NA
% of children with Symptoms ARI/pneumonia taken to health facility	NA/ 57.6	45.1/ 44.9	NA
Family Planning			
Unmet need for spacing methods	13.3/ 8.1 (DLHS-2/DLHS-3)		
Unmet need for terminal methods	21.8/ 17.5 (DLHS-2/DLHS-3)		
Contraceptive prevalence rate	38.7/NA	48.7/NA	NA

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 38 PHCs planned to be up-graded to 24/7 Service Centres 11 PHCs have really started working as 24/7 Centres. In the current year, it is targeted for 20 PHCs to give into 24 x 7 functionality services. The required number of additional GNMs has been filled up in these centres. One AYUSH Doctor is also in place in all these upgraded health facilities. In the coming year no proposal will be there for new 24x7 PHCs but will concentrate on the identified 38 PHCs for 24x7 functionality.

For Operationalisation of DH, efforts are being made for making functional all the 7 District Hospitals as FRUs. All these health facilities have the basic infrastructure but could not be made functional especially due to the following gaps (red-colored) as shown in the table below:

Table No. (5): District Hospital wise facility and manpower status

Sl. No.	Indicators	CCP	BPR	TBL	CDL	TML	UKL	SPT
1	Sanctioned Bed Strength	100	30	100	30	50	50	50
2	No. of Functional Bed	100	30	30	30	20	30	30
3	Number of Doctors with Specialization in							
	Obs & Gynea	1	2	0	1	0	0	1
	Pediatrician	1	0	0	1	0	1	0
	Anaesthetist	2	1	1	0	0	1	1
4	Doctors							
	MBBS	13	4	5	4	7	6	7
	AYUSH	1	1	1	1	1	1	1
5	GNM							
	Regular	26	19	19	16	21	16	14
	Contract	0	0	0	0	0	0	1
	Total	26	19	19	16	21	16	15
6	Pharmacist (regular)	6	3	5	1	5	3	5
7	Pharmacist (AYUSH)	0	0	0	0	0	0	0
8	Radiographer	2	0	2	1	1	1	1
9	Functional Laboratory performing assured laboratory services of the Health Institutions. (YES/ NO)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10	Lab. Tech.							
	Regular	4	2	6	4	5	3	4
	Contract	0	0	0	0	0	0	0
	Total	4	2	6	4	5	3	4
11	Lab Technician trained in Blood safety, etc. looking after Blood Bank/ storage Centre	Yes	Yes	Yes	Yes	No	Yes	Yes
12	MO trained in Blood safety, etc.	Yes	Yes	Yes	No	No	No	Yes
13	Blood Bank/ Storage Facility available (YES/ NO)	Yes	No	Yes	No	No	No	No
14	Functional Labour Room							
	Table for obstetric labour examination with stirrup	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Shadow less lamp	Yes	Yes	Yes	No	Yes	No	No
15	Average Monthly institutional deliveries	127	32	53	25	16	24	34
16	Functional Operation Theatre (YES/ NO)	Yes	No	No	No	Yes	No	No
17	Sick Newborn Stabilization Unit							
	Radiant warmer available (YES/NO)	Yes	Yes	Yes	No	No	No	Yes
	New Born Resuscitation Kit available (YES/ NO)	Yes	Yes	No	Yes	No	No	Yes
	Oxygen Cylinder available (YES/ NO)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
18	Running Water supply in the Health Institution	Yes	Yes	Yes	Yes	Yes	Yes	Yes
19	Power Supply	Yes	Yes	Yes	Yes	Yes	Yes	Yes
20	Back up Power provision, Generator (YES/ NO) (Provided from NRHM fund)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21	Referral Services available (YES/NO)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21	Waste Disposal System	Yes	Yes	Yes	No	No	No	No

Functioning

Gaps

Under process

There are no Hospital managers in 7 DH in the state so fresh engagement of 7 (seven) Hospital Manager (preferably Master in Hospital Management/MBA in health care HealthCare Management) for all the 7 District Hospitals, who will be working under the supervision of Medical Superintendent of concerned District Hospital are needed. Liaisoning of Blood storage Units at all the District Hospitals with State Hospital will be initiated but for District Hospital Churachandpur which is already done. Since there is shortage of Specialist the Doctors following specialist doctors may be engaged. Incentivisation for staffs in hard to reach areas are also proposed.

1. OBG : 3 Nos (for Thoubal, Tamenglong & Ukhul)
2. Pediatrician : 4 Nos (for Bishnupur, Thoubal, Tamenglong & Senapati)
3. Anaesthetist : 2 Nos (for Chandel & Tamenglong)

Training has become an important chapter for SPIP due to shortage of Specialist so EmOC & LSA training of MBBS doctors will be highlighted. For those who have trained, rationalization of staffs has to be initiated. Functioning of Operation Theatre of District Hospital, Chandel is to be taken up. Infrastructure up-gradation of OT is already under process for Ukhul, Thoubal, Senapati and Bishnupur District Hospitals. Other gaps for infrastructure will be bridged. Requirement of drugs, equipment and training will be done.

For Operationalisation of CHC the planning team has proposed to concentrate on 4 CHCs given below.

Table No. (6): 4 CHCs facility and manpower status

Sl. No.	Indicators			IE	IW	BPR	TBL
1	Name of CHC			Sagolmang	Wangoi	Moirang	Kakching
2	Sanctioned bed strength			30	30	30	30
3	No. of functional bed			20	30	25	16
4	Number of Doctors with Specialization in	Obs & Gynea		0	0	0	1
		Pediatrician		0	0	0	0
		Anaesthetist		0	0	0	0
5	Doctors	MBBS	Reg	6	4	4	4
			Cont	1	4	2	2
		AYUSH	Cont	1	1	1	1
			Total	8	8	7	7
6	GNM	Regular		8	8	7	9
		on Contract		2	3	4	3
		Total		10	11	13	12
7	Pharmacist	Regular		2	3	2	1
8	Pharmacist (AYUSH)			1	1	1	1
9	Radiographer			0	1	1	0
10	Functional Laboratory performing assured laboratory services of the Health Institutions. (YES/ NO)			Yes	Yes	Yes	Yes
11	Lab. Tech.	Regular		0	1	1	1
		on Contract		2	1	0	1
		Total		2	2	1	2
12	Lab Technician trained in Blood safety, etc. looking after Blood Bank/ storage Centre			Yes	Yes	Yes	yes
13	MO trained in Blood safety, etc.			no	Yes	No	Yes
14	Blood Bank/ Storage Facility available (YES/ NO)			no	No	No	No
15	Functional Labour Room	Table for obstetric labour examination with stirrup		Yes	Yes	Yes	Yes
		Shadow less lamp		No	No	Yes	Yes
16	Average Monthly institutional deliveries	Yes is indicated since the average figure is not available but on an average more than 10 deliveries takes place		22	7	28	21
18	Sick Newborn Stabilization Unit	Radiant warmer available (YES/NO)		Yes	Yes	Yes	Yes
		New Born Resuscitation Kit available (YES/ NO)		Yes	Yes	Yes	Yes
		Oxygen Cylinder available (YES/ NO)		No	Yes	Yes	Yes
19	Running Water supply in the Health Institution	(Manual collection water facility)		Yes	Yes	Yes	Yes
20	Power Supply			Yes	yes	Yes	Yes
21	Back up Power provision, Generator (YES/ NO) (Provided from NRHM fund)			Yes	yes	Yes	Yes
22	Referral Services available (YES/NO)			Yes	yes	Yes	Yes
21	Wash Disposal System			No	No	No	No

 **Functioning**
 **Gaps**
 **Under process**

One Doctor of CHC Wangoi, Imphal West was already trained in EmOC. Training of MBBS Doctor training on Life-Saving Anesthesia Skills for 18 weeks has been done for 02 Doctors each from CHC Sagolmang and CHC Moirang. Rationalization of 2 Radiographers for CHC Sagolmang and CHC Kakching from District Hospital Thoubal and District Hospital, Churachandpur is requested. One Lab. Tech. each for CHC Moirang, Bishnupur District is needed. Gaps in infrastructure (minors) drugs, equipment and training will be bridged.

Table No.7: Status of 20 targeted 24x7 PHCs

Sl. No.	Indicators		IE		IW		BPR		TBL		
			1	2	3	4	5	6	7	8	9
1	Name of PHC		Heingang	Borobekra	Mekola	Khumbong	Kumbi	Ningthoukhong	Lilong	Leishangthem	Hiyanglam
2	Number of beds		4	5	5	10	10	10	1	1	1
3	Doctors MBBS	Regular	1	1	2	3	2	1	2	1	1
		Contract	0	0	0	0	0	1	0	0	0
4	Doctors AYUSH	Regular	0	0	0	0	0	0	0	0	0
		Contract	1	0	1	1	1	1	1	1	1
5	Nurse	Regular	2	1	0	2	1	2	2	1	2
		Contract	3	1	3	3	2	3	1	2	2
6	Pharmacist		2	1	4	1	2	3	2	2	1
7	Pharmacist (AYUSH)		1	0	1	0	1	1	1	1	0
8	Lab. Tech.	Regular	0	0	0	2	0	0	1	0	0
		Contract	1	0	1	1	1	2	1	1	0
9	Driver	YES/NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
10	Functional Laboratory performing assured laboratory services of the Health Institutions. (YES/ NO)		YES	NO	YES	YES	YES	YES	YES	YES	NO
	Functional Labour Room										
11	Table for obstetric labour examination with stirrup		YES	YES	YES	YES	YES	YES	YES	YES	YES
	shadow less lamps		YES	YES	YES	YES	YES	YES	YES	YES	YES
12	New Born Care Services										
	Radiant warmer available (YES/NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES
	New Born Resuscitation Kit available (YES/ NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES
	Oxygen Cylinder available (YES/ NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES
13	Running Water supply in the Health Institution (YES/NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES
14	Power Supply(YES/NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES
15	Back up Power provison, Generator (YES/ NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES
16	Referral Services avialable (YES/NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES

 **Functioning**
 **Gaps**
 **Under process**

Table No. 7: Status of 20 targeted 24x7 PHCs

Sl. No.	Indicators		CDL			CCP		TML		SPT		UKL	
			10	11	12	13	14	15	16	17	18	19	20
1	Name of the PHCs		Machi	Chakpikarong	Tengnoupal	Sagang	Saikot	Noneh	Tamei	Paomata	Maram	Somdal	Lambui
2	Number of beds		5	10	10	10	0	10	10	10	10	10	10
3	Doctors MBBS	Regular	1	1	1	1	2	1	1	1	2	1	1
		Contract	0	0	0	0	0	0	0	0	0	0	0
4	Doctors AYUSH	Regular	0	0	0	0	0	0	0	0	0	0	0
		Contract	1	1	1	1	1	1	0	1	1	1	1
5	Nurse	Regular	1	3	1	1	0	1	2	0	1	1	1
		Contract	1	1	1	2	1	1	2	2	1	2	2
6	Pharmacist		1	1	1	1	1	2	1	2	1	1	1
7	Pharmacist (AYUSH)		1	1	1	1	0	1	0	0	0	1	0
8	Lab. Tech.	Regular	1	1	1	0	0	0	0	0	0	0	0
		Contract	1	1	1	1	1	1	0	2	1	1	1
9	Driver	YES/NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
10	Functional Laboratory performing assured laboratory services of the Health Institutions. (YES/ NO)		YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES
11	Functional Labour Room												
	Table for obstetric labour examination with stirrup		YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
	shadowless lamps		NO	YES	NO	NO	YES	NO	NO	NO	NO	NO	NO
12	New Born Care Services												
	Radiant warmer available (YES/NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
	New Born Resuscitation Kit available (YES/ NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
	Oxygen Cylinder available (YES/ NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
13	Running Water supply in the Health Institution (YES/NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
14	Power Supply(YES/NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
15	Back up Power provision, Generator (YES/ NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
16	Referral Services avialable (YES/NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
	Remark		Out of 24 PHCs 7 are with less number of Nurses. 3 PHCs are without Lab Technician. Laboratories are not functional in these 3 PHCs. There is no drivers in any of the PHCs. Referral Services is arranged by the RKS on the Case basis.										

 Functioning

 Gaps

 Under process

Table No. 8: Status of Additional 18 targeted for 24x7 PHCs

Sl. No.	Indicators		Imphal East			Imphal West		Thuoubal		Bishnupur	
			1	2	3	4	5	6	7	8	9
1	Name of the PHCs		Akampat	Sawombung	Lamlai	Khurkhul	Mayang Imphal	Wangoo Laiphram	Kakching Khunou	Leimapokpam	Thanga
2	Number of beds		4	4	2	4	12	4	4	2	2
3	Doctors MBBS	Regular	1	3	1	1	3	2	1	1	2
		Contract	0	0	0	0	0	0	0	0	0
4	Doctors AYUSH	Regular	0	0	0	0	0	0	0	0	0
		Contract	0	2	1	1	1	1	1	1	1
5	Nurse	Regular	2	1	2	1	1	1	2	1	1
		Contract	2	2	0	3	3	1	1	2	2
6	Pharmacist		1	1	2	0	0	2	1	1	2
7	Pharmacist (AYUSH)		0	0	0	0	0	0	0	0	0
8	Lab. Tech.	Regular	0	0	1	0	0	0	0	0	0
		Contract	1	0	0	0	2	0	0	0	0
9	Driver	YES/NO	NO	NO	No	NO	NO	YES	NO	NO	NO
10	Functional Laboratory performing assured laboratory services of the Health Institutions. (YES/ NO)		YES	NO	YES	NO	YES	NO	NO	NO	NO
11	Functional Labour Room		NO	NO	Yes	NO	No	YES	NO	NO	YES
	Table for obstetric labour examination with stirrup		YES	YES	Yes	YES	YES	YES	YES	YES	YES
	shadowless lamps		YES	NO	Yes	NO	No	NO	NO	NO	NO
12	New Born Care Services										
	Radiant warmer available (YES/NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES
	New Born Resuscitation Kit available (YES/ NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES
	Oxygen Cylinder available (YES/ NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES
13	Running Water supply in the Health Institution (YES/NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES
14	Power Supply(YES/NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES
15	Back up Power provison, Generator (YES/ NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES
16	Referral Services avialable (YES/NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES

Functioning

Gaps

Under process

Table No. 8: Status of Additional 18 targeted for 24x7 PHCs

Sl. No.	Indicators		Chandel	Churachandpur		Tamenglong		Senapati		Ukhrul	
			10	11	12	13	14	15	16	17	18
1	Name of the PHCs		Moreh	Sinzwal	Singhat	Khoupum	Oinamlong	Motbung	Saikhul	Chingai	Kasom Khullen
2	Number of beds		5	4	10	4	2	6	5	10	10
3	Doctors MBBS	Regular	1	0	2	1	1	2	2	1	0
		Contract	0	0	0	0	0	0	0	0	0
4	Doctors AYUSH	Regular	0	0	0	0	0	0	0	0	0
		Contract	1	1	1	1	1	2	1	1	1
5	Nurse	Regular	0	0	0	0	0	2	1	1	0
		Contract	1	1	1	1	1	1	0	1	1
6	Pharmacist		1	1	1	1	1	1	0	1	1
7	Pharmacist (AYUSH)		0	0	0	0	0	0	1	0	0
8	Lab. Tech.	Regular	0	0	0	0	0	0	0	0	0
		Contract	0	0	0	0	0	2	1	0	1
9	Driver	YES/NO	NO	NO	NO	NO	NO	YES	YES	NO	NO
10	Functional Laboratory performing assured laboratory services of the Health Institutions. (YES/ NO)		NO	NO	NO	NO	NO	YES	YES	NO	YES
11	Functional Labour Room		YES	NO	NO	NO	NO	NO	NO	NO	NO
	Table for obstetric labour examination with stirrup		YES	NO	NO	NO	NO	NO	NO	NO	NO
	shadowless lamps		YES	NO	NO	NO	NO	NO	NO	NO	NO
12	New Born Care Services										
	Radiant warmer available (YES/NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES
	New Born Resuscitation Kit available (YES/ NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES
	Oxygen Cylinder available (YES/ NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES
13	Running Water supply in the Health Institution (YES/NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES
14	Power Supply(YES/NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES
15	Back up Power provision, Generator (YES/ NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES
16	Referral Services available (YES/NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES

 **Functioning**
 **Gaps**
 **Under process**

The mapping reflected in the above table has shown the existing manpower and its services availability gaps in the 20 identified PHCs for 24x7 during 2006-2007 and additional 18 PHCs for 24x7 during 2010-11. The overall assessment has given a picture of 11 PHCs 24x 7 functional status in terms of infrastructure and manpower position whereas, the remaining PHCs are having some gaps and indicated in red as alert signal. The PHCs having gap in terms of Doctor posting are Borobeka PHC, Imphal East District and Tamei PHC, Tamenglong District which is having only 1 Doctor. The rest of the PHCs are having 2 -3 Doctors including one AYUSH Doctor. The State has completed the recruitment of 2 additional staff nurses for each of these PHCs but there is a gap in terms of posting gap in 7 PHCs i.e. Maram, Paomata, None, Saikot, Tenoupal, Machi and Borobeka. The remaining 13 PHCs are having 3-5 staff nurses. In overall, there is excess manpower than the basic requirement in these 20 PHCs for example in case of Doctor and staff nurse. The total requirement is 40 Doctor and 60 staff nurse taking the minimum requirement of 2 Doctor (1 MBBS & 1 AYUSH Dr) and 3 staff nurses per PHC. But it is found that there is excess of 6 Doctors and 1 staff nurse. The major gaps are found to be in the areas of Female/ male Health Supervisors, Health educator and Health Assistant.

In the year 2010 -11, the state will focus more to these 20 PHCs and 18 PHCs identified for 24x7 in the year 2009-10 will continue the activities for full implementation in the year 2010-11. During the mission period, the targeted number of PHCs that will function 24x7 shall be limited to 38 PHCs. So far, infrastructure up-gradation and procurement of equipment have been done. The additional staff selection are completed as per the latest report of 9 Districts. Simultaneously, activities are in progress to fill up the gaps in infrastructure and manpower. The State is targeting to complete the civil work by last quarter of 2009-10. The State will follow up strictly under the supervision of SMD for the progress and completion of work in time.

5. SITUATIONAL ANALYSIS

5.1 Public Health Facilities in the state

Health Facility	Number		
	Total	Government Buildings	Rented
Medical College Hospital (Central Government)	1	1	0
State Hospital	1	1	0
District Hospital	7	7	0
Sub-District Hospital	1	1	0
CHC	16	16	0
PHC	80	73	0
Sub-Centre	420	312	70
Homeopathic Centres	74	74	0

In 2007-08, Construction of 100 building-less Sub-Centres were targeted; and 86 are completed till date and the rest are in completion stage. During 2008-09 building of 66 Sub-Centres was approved each having a floor area of 73 sq.m. and having two in-built residential quarters for ANMs. The work could not be taken up as the aforementioned rates (MSR-2005) were not able to support the actual work in the field. Out of 66 approved PHSC Building 38 PHSC could start work with the revised estimate as per MSR-2009 (Rs. 15.52 lakh per unit in valley and Rs. 17.27 lakh per unit in hills).

5.2 Public Health Facilities in the State

Sl. No.	Facility	Required (as per 2001 Census)	Sanctioned	In Position (as on 31/12/09)	Target in 2010-11 (Cumulative)
1	Sub-centres	487	420	420	420
1.1	Sub-centres functional			397	420
2	Primary Health Centres	80	80	73	7
2.1	PHCs offering 24 hour services			11	38
3	Community Health Centres	21	16	16	16
3.1	CHCs functioning as FRUs			0	4
4	District Hospitals	9	7	7	7
4.1	DHs functioning as FRUs			1	6

There are 73 functional PHCs in the State. During 2009-2010, construction of building of existing 6 PHCs with 5 barrack type Quarters have been approved for Patpuimun, Singhat, Khangkhui KI, Phungyar, T. Waichong, Sapermeina and the works are executed by MDS a Govt. work agency. In the same year, for 2 PHCs was approved for new Institutional Building and Barrack type quarters namely (i) Up-gradation of PHC Kumbi and PHC Yaingungpokpi. In 2006, the State Cabinet Assembly has sanctioned/approved up-gradation of 7 PHSCs to PHC and therefore, the State have 80 PHCs. So during 2010-11, these 7 PHCs will need fresh Institutional Buildings and Quarters.

Further, as per facility survey, 10 PHCs do not have PHC building or have dilapidated Institutional Building. During 2010-11, construction for 10 more PHCs will be proposed either Institutional Building or Barrack Type Quarter or both.

During 2006-07 and 2008-09 38 (thirty eight) PHC has been approved for up-gradation to 24X7 PHC. Civil works activities for 20 PHCs have been completed and 18 PHCs are in progress. Out of these targeted 38 PHC 24x7 only 11 are functional as PHC 24x7.

Out of 16 CHCs, 4 CHC have been identified for up-gradation to IPHS. During 2009-10, Up-gradation of these CHCs namely Moirang, Sagolmang, Wangoi and Kakching has been approved and civil works are in progress namely:

- (i) Up-gradation of OT/LR for CHC Moirang
- (ii) Up-gradation of OT/LR for CHC Kakching
- (iii) Up-gradation of LR for CHC Wangoi
- (iv) Up-gradation of LR at CHC Sagolmang

Out of the existing 07 District Hospitals in the State, two DHs viz. (i) DH, CCP and (ii) DH, BPR are in the process of up-grading the infrastructure to IPHS. The civil works are likely to be completed in the current year. For Churachanpur DH filling up infrastructural gaps are still proposed during 2010-11 for ISO Certification.

5.3 Private Health Facilities Status

Private Services Facilities	Number and location.
Multi-Specialty Nursing Homes	8 (1 Imphal East and 7 Imphal West and 1 Senapati)
Solo Qualified Practitioners	19 (18 in valley districts; 01 in Ukhrul District)
Practitioners from AYUSH	19 (13 Imphal East, 4 Imphal West, 2 Ukhrul)
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	8 (2 IW, 2IE, 1SNP, 2UKL, 1CCP)
Accredited centres for sterilization service	Nil
Accredited centres for IUD services	13

5.4 Human Resources in the state

Sl. No	Staff Cadre	In Position				Total
		State Sanctioned	State Regular	State Contract	NRHM Contract	
1	Gynaecologist	17	17	1	1	19
2	Paediatrician	12	10	1	1	12
3	Physician	17	10	-	-	10
4	Anesthesia	12	12	1	-	13
5	Ophthalmologist	12	11	-	-	11
6	Surgeon	10	6	-	-	6
7	Special Grade	2	2	-	-	2
8	Medical Officer Grade -I	12	11	-	-	11
9	MO Gr. -II	44	44	-	-	44
	MO Gr. - III	250	250	-	-	250
11	MO Gr. IV	299	261	20	57	338
12	MO AYUSH	13	9	-	88	97

The State is having 19 Gynecologists against the sanctioned post of 17. In case of Paediatrician there are only 10 against the 12 sanctioned post and 10 Physician against the 17 post sanctioned. The state in the year 2009-2010, recruited 2 specialists i.e. one Paediatrician and one Gynecologist. The lack of specialist doctors in the State resulting to non-availability of them in District Hospitals and CHCs has been filled up by recruiting MBBS Doctors. 01 Gynecologist has been trained in Surat for CEmOC. Training of MBBS Doctors in Life Saving Anesthesia Skill and Emergency Obstetric Care is also carried in the State. Public Private Partnership in Districts having Private Clinics offering good quality care has started. As there is less number of facilities with FRU status, CEmOC services can be provided in only 01 District Hospital (DH Churachandpur). In this current year, the State target to upgrade to FRU all the remaining 6 District Hospitals on priority basis. Therefore, multi-skill training of MOs posted in District Hospitals is a must for the state. The details of training assessment and status are reflected in the training part.

So far, the state has trained 4 MBBS Doctors on EmOC and 6 MBBS Doctors on LSA and certification will be completed by June 2010. The State's target for 2009-2010 is having of 4 MBBS Doctor on EmOC for 16 weeks and another 4 MBBS Doctors on LSA for 18 weeks at RIMS from District Hospital Tamenglong, Chandel, Ukhrul and Thoubal. In the year 2010-11, the state is focusing on 4 CHCs (CHC Sagolmang, IE, CHC Wangoi, IW, CHC Moirang, BPR and CHC Kakching TBL) on priority basis and deployment of the trained personnel in these FRUs will be worked out.

All the posts, of Additional ANMs and Staff Nurses are filled up in all the sub centres and additional AYUSH Doctor and pharmacist and 3 staff nurses are in place in all the 20 PHCs identified for 24/7 institutional delivery services.

5.5 State Para –medical Staff regular/contract

Sl. No	Staff Cadre	In Position				Total
		State's Sanctioned post	State Regular	State Contract	NRHM Contract	
1	Staff Nurse	714	613	48	138	799
2	PHN	11	10	-	14	24
3	Pharmacist	341	340	-	9	349
4	Pharmacist (AYUSH)	-	-	-	34	-
5	Lab. Tech	120	100	-	43	143
6	X- Technician	30	29	-	14	59
7	ANM	420	368	-	468	836
8	LHV/FHS	130	129	-	-	-
9	MPW/MHW	391	291	-	-	291
10	DMMU Driver	-	-	-	18	-

The State Health Society and District Health Society has recruited contractual staff for the program management and support unit at three levels viz. 7SPMUs, 26 DPMUs and 158 BPMUs.

Training achievements and proposal for 2010-11

Trainings	Total Training Load	Achievement for years (Don't give cumulative data, please give year wise specific achievements)			Proposed training Load for 10-11
		07-08	08-09	09-10	
SBA	775	-	238 (ANM)	60 (SN)	80 (ANM) 24 (SN)
a) ANM					
b) SN					
EMOC	43	1 State trainer	03	4 MBBS Yet to be trained	06
LSAS	37	2	4	4 MBBS to be trained in Jan'10	04
BEmOC for MBBS Drs 24x7 PHC	135	-	-	-	24
Blood Storage		-	16	-	
a) MBBS Doctors	46				8
b) Lab Tech	67	-	16		6
MTP	268	-	19	30	40
IMNCI (Pre- Service)		-	-		102
NSS(MOs)		-		4	100
F-IMNCI					50
SNCU	NA	NA	NA	NA	NA
IUD					
MO	247	NA	24 (DTT)	70 (29 DTT)	120
SN	700			33 (6 DTT)	310
ANM	763			69	350
Mini Lap MOs (CHC and DH and PHC)	89 + 32 + 147 = 268	NA	NA	20 MOs to be trained during Jan to March 2010	15
Lap ligation	NA	NA	NA	NA	NA
NSV	121	-	16	16 yet to be trained	24
RTI/STI					
a) MOs	366	NA	45 (MOs)	90 to be trained in Jan'10 at districts	120
b) ANMs/SN	1565	NA	NA	270 to be trained in districts	660
ARSH (DTT)	NA	NA	NA	Not yet started	60
Immunization					
MO				100	100
Paramedical Staffs				400	400
RNTCP MOs & Paramedical Staffs	NA			1968	938
NLEP	NA	NA	NA	NA	NA
NBCP MOs & Paramedical Staffs	NA	NA	NA	NA	420
NRHM trainings	NA				
PDC trainings	NA	NA	13	15	NA
Others (Please specify training)	326 (including AYUSH)	NA	15	73	NA
a) IMEP (MOs)					
b) IMEP (Paramedics)		NA	NA	NA	140
c) School Health for Primary School Teachers		NA	108	270 to be trained at districts	270

5.6 Infrastructure Status and Plan of 2010-11:

Items	2006-2007		2007-2008		2008-2009		2009-2010		2010-2011	
PHSC & UHC										
	Target	Ach	Target	Ach	Target	Ach	Target	Ach	Target	Ach
Construction of PHSC	100	86	66	38	-	-	-	-	70	-
Repair & Reno of PHSC	60	58	-	-	45	2	-	-	-	-
Up-gradation UHC	4	4	4	4	-	-	-	-	-	-
Up-gradation PHSC	-	-	-	-	-	-	-	-	100	-
PHC										
Construction	-	-	-	-	2	Completed	7	Started	14	-
Up-gradation of 24X7	20	20	-	-	18	4	-	-	6	-
Repair & Renovation	-	-	14	8	-	-	-	-	-	-
QtrRepairing/B.type.	-	-	28	11	2	0	7	0		
CHC										
Up-gradation of 16 CHC	-	-	13 7	11 7	-	-	3	On Progress	5	-
DH										
Up-gradation of 7DH	-	-	-	-	2	0	2	0	7	-
Improvement RHFUTC	-	-	-	-	-	-	7	Started	-	-

During the mission period i.e 2006-2009 SPIP, the state targets construction and repair & renovation of building 271 Sub Centres and out of which completed was 138 Sub Centres. For PHC construction building the total target was 52 and the number completed so far is 19, the target for up-gradation of 38 PHC for 24x7 and the building completed was 20 PHC for 24x7. The target for up-gradation of CHC was 16 CHC and the completed was 14 CHC. The State also target 2 District Hospitals up-gradation and work is under progress. By 2010 the two District Hospital up-gradation work will be completed. The remaining civil work of all SC/ PHC / CHC is also under progress, some of the works are already in completing stage and report awaited from work agency of the District and State.

In the current year the State is proposing construction of 33 Sub Centres, up-gradation of 13 PHCs and 6 CHCs. The process for up-gradation of 2 District Hospitals of Churachanpur and Bishnupur is still under progress and the work will continue in this year and expected to be completed by 2010.

The current status of health facilities existing in the State and the number needed is as given below.

13 Private Hospitals were accredited in 2007-08 for initiating Public Private Partnership (PPP) with these institutions. The districts have been empowered to accredit any private hospitals/clinic so that the network of health providers on MCH can be expanded.

5.7 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 during last year.	Procurement of drug/medicine kits under RCH/NRHM was done in 2009-10 partially. Only some drugs procured through State budget was supplied to the districts. But TNMSC is going to supply remaining drugs worth Rs. 68.00 Lakh very soon
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 Guwahati/Kolkata

The State does not have a proper warehouse, which is causing difficulties in storage and distribution of medicines, consumables, instruments, equipment etc. The Central Store situated under Directorate of Health Services, will stock and distribute the necessary items to Districts. 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 initiated as early as possible. Currently, almost all the districts do not have vehicle on-road. Due to financial constraint of the State Govt., 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, which the Districts can procure at their local levels.

5.8 Training Infrastructure:

The details of District-wise distribution of location of Government and Private Nursing Schools are as given below.

Sl. No.	Trg. School	District									Total
		IE	IW	TBL	BPR	UKL	CDL	SPT	CCP	TML	
1	GNM Nursing School (G)	-	1	-	-	-	-	-	-	-	1
2	GNM Nursing School (P)	4	1	-	-	-	-	-	1	-	6
3	ANM Nursing School (G)	-	2	-	-	-	-	-	1	-	3
4	ANM Nursing School (P)	2	1	-	1	-	-	1	-	-	5
5	MHW Trg. School (G)	1	-	-	-	-	-	-	-	-	1
6	Promotional TRg School (G) for FHS	1	-	-	-	-	-	-	-	-	1
7	RH & FWTC (G)	1	-	-	-	-	-	-	-	-	1
Total		9	5	0	1	0	0	1	2	0	18

Each Training Institution has intake capacity of 30. All the institutions cater to the need of all the Districts thereby partially fulfilling the District-wise needs.

The State has got enough number of unemployed ANMs but not GNMs. From the table shown above it can be seen that 06 Districts do not have any GNM Training Schools. Hence enough number of GNMs cannot be trained from these Districts.

In the year 2009-10, Gol approved Rs.206 .22 Lakh for establishment of GNM training Schools in 3 Districts i.e. Tamenglong, Ukhrul & Chandel. On 3rd Governing Body Meeting on 27th Nov.2009, the State had discussed to start the process of establishing the GNM Training Schools in the mentioned Districts. The

meeting took a decision to start the process of formalities of opening of GNM School in these Districts. Meanwhile District will find out the suitable location.

5.9 BCC Infrastructure in the State

<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> State BCC Consultant, State AVO, DEMO, BEE Yes. State/Distr/ Block level IEC staffs were trained in 2008-09 and 2009-10 Available
<ul style="list-style-type: none"> Did the district prepare a BCC plan in the past year? BCC activities undertaken in State 	<ul style="list-style-type: none"> Yes Advertisement, Documentary, Discussion in local channel, Hoarding, workshop, Posters and leaflets, tele plays, street plays and wall painting for JSY and Immunization, Health melas, Baby show, publication of calendar, Tableaux in Rep. Day, AIR ASHA program, IPC through ASHAs etc
<ul style="list-style-type: none"> Private sector for conducting communication activities using modern media or folk media (jatrawali) 	<ul style="list-style-type: none"> 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. The State has appointed a BCC Consultant who is coordinating the district officers for taking up of activities. More extensive BCC activities need to be initiated based on local specific issues e.g. exclusive breast feeding, Institutional delivery in hilly districts etc. (Target group – pregnant women, adolescent girls, women of re-productive age and opinion leaders). The BCC activities to be conducted in the year 2010-11 will focus on capacity building, BCC need assessment, print media, weekly Health program on radio, package gift for the pregnant mothers. The details are discussed in the BCC part of the Budget.

5.10 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	Churachanpur	537	537	6	6	5	5	537	537	537	537
9	Tamenglong	298	298	4	4	10	10	298	298	286	286
	TOTAL	4501	4231	38	38	142	141	4501	4226	4501	4226

ICDS is implemented in all the districts of the State. VHNDs are organized in the AWCs along with the ASHA, ANMs. The huge human resources available under the scheme are utilized in terms of giving awareness program to the community through workshop on immunization, institutional delivery, breast feeding, ante natal check up and village cleaning drive volunteered by the community. In the year 2010- 2011 the State is planning to conduct NRHM orientation program for all the 4501 AWC / AWW.

5.11 Elected representatives to Panchayat institutions/ Village Council

Sl. No.	Name of the District	Total panchayat village/ Village Authority	Total ZP Members		Total Panchayat Pradhans	
			Male	Female	Male	Female
1	Imphal East	56	1	-	39	17
2	Imphal West	44	1	-	29	15
3	Bishnupur	100	7	4	16	8
4	Thoubal	127	12	4	26	16
5	Ukhrul	239	NA	NA	NA	NA
6	Chandel	557	NA	NA	NA	NA
7	Senapati	512	NA	NA	NA	NA
8	Churachandpur	607	NA	NA	NA	NA
9	Tamenglong	218	NA	NA	NA	NA
	TOTAL	2419	21	8	130	46

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 autonomous District Council and Village Authority/Councils. Both the PRIs and Village Authority may be tapped for NRHM implementation. Orientation of PRI members/Village head men were conducted. Reorientation for initiating community monitoring may be taken up like performance based incentive to ANMs may be given based on the attendance certificate provided by them. PRI will also help in proper monitoring on the observation of VHNDs. Similarly in the current year Districts has highlighted in the DHAP. In this year an extensive PRI and Village authority orientation on NRHM activities and community monitoring like social audit and exercising the power of controlling the Sub Centre staff is going to be implemented in order to improve the availability of ANM at the place of posting.

5.12 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 East

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 are finalized by the Regional Director (H&FW). The state could not complete the selection of these MNGOs. The existing 2 MNGOs are still continuing their services. The detailed activities of 2010-2011 will be in part A. Besides these works, in this year the State has come up with a proposal on the involvement of NGOS at different activities like Quality Assurance Committee, Community Monitoring of Health Facility and Its services and engaging NGOS for running the very difficult area Health Facilities under Public Private Partner (PPP) model.

5.13 District / sub-district variations:

The services in the 05 hilly districts, mainly inhabited by Tribal population need to be given priority. As the Govt. have identified 4 focus Districts the state is giving priority to these 4 Districts in terms RCH and additionalities of NRHM. The 4 Districts which will given priority are Churachandpur, Chandel, Tamenglong and Ukhrul Districts. Within the Districts, Thanlon and Parbung Block in Churachandpur District, Khengjoi Block of Chandel District, Tamei Block in Tamenglong District and Kasom khullen in Ukhrul District. Need to be given special attention. Taking into consideration, the poor performance of these districts, an incentive allowance for the staff is worked out. The best performing Health facility in these districts is going to be awarded and this will be subsequently introduced in the remaining Districts too. Performance is also discussed in the quarterly review meeting chaired by the Chief Secretary/ Commissioner of Health & FW, Govt. of Manipur. The possibility of awarding best performing Blocks and individuals by the Districts is to be explored in 2010-2011. Among the 04 valley districts, special scheme for those inhabitants residing in L

Loktak Lake of Manipur had been given priority in 2008-09 to improve the problem on toilet facility and hygienic drinking water. Special scheme for these inhabitants were taken up in 2008-09.

5.14 Gender Equity

The Sex Ratio of the State is 978, but the under-6 sex ratio is declining (957) and is a cause of concern. Hence, PNDT Act needs to be enforced strictly. In last year a series of orientation and workshop were conducted at District level and State level.

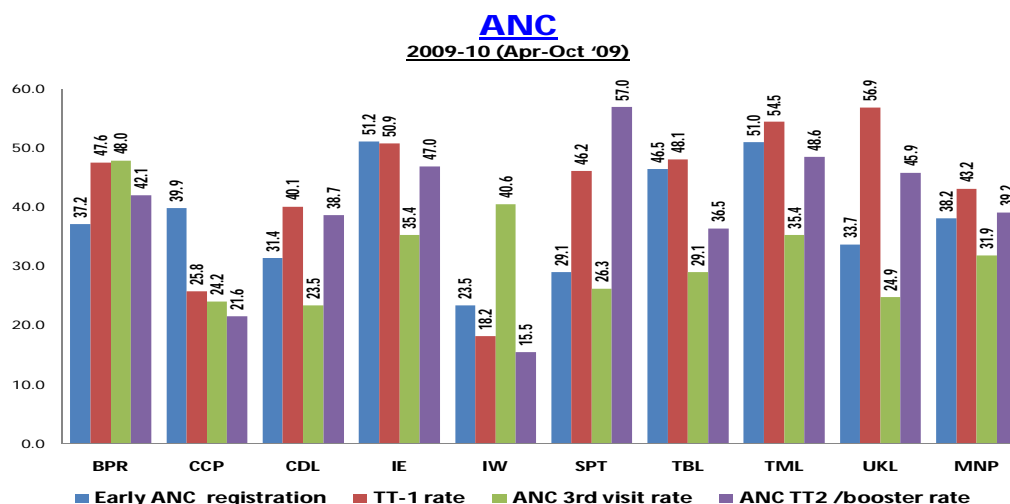
In the coming year the State will carry out a series of awareness and meeting at various levels and a series field visits to cover all the 9 Districts.

5.15 HMIS/ M&E

Identification of State/ District and Block M & E nodal Officers are completed. The State Nodal Officer was trained on revised HMIS format (online) in NIHFV. District and Block Nodal Officers were also trained twice on the same matter in collaboration with NHSRC and RRC-NE. Currently, online reporting has started from Districts. The system needs further strengthening. The State started using extensively the HMIS information available for the year 2008-09 and 2009-10. The DHIS2 software package has helped the State to get the health facility wise information required. In current year PIP, the state is exhaustively using the HMIS information for Block, District and State planning.

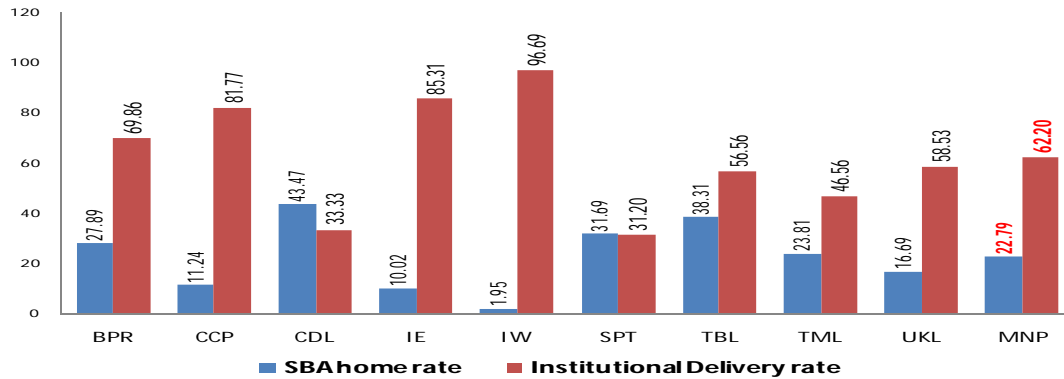
In 2009-2010, the state target to conduct 37 workshops cum training, out of which 21 so far completed, these are at block level and the remaining trainings will be completed by March 2010.

In the year 2010-11, the State is going to have online reporting facility from Sub Centre level also. The tracking of pregnant mother and new born child can be recorded in the HMIS. For this 2 state level trainings, 36 district level trainings and 144 training cum hand holding exercises will be implemented. This team will be formed as the HMIS task force in 2010-11. The State also will start the GIS Health mapping and IT infrastructure development work.



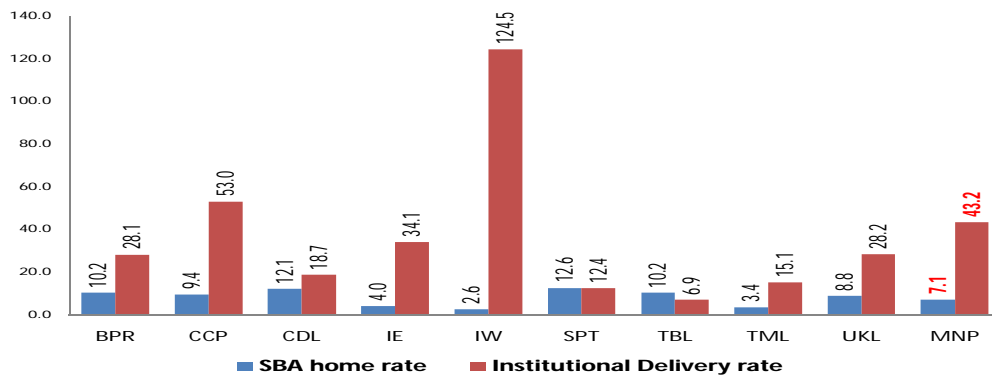
SBA home rate & Institutional Delivery rate

(against Total Delivery)
2009-10 (Apr-Oct '09)



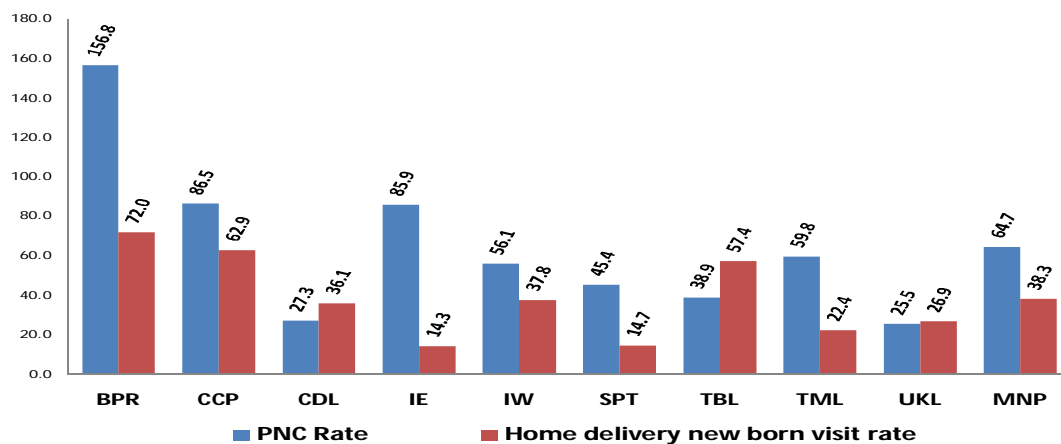
SBA home rate & Institutional Delivery rate

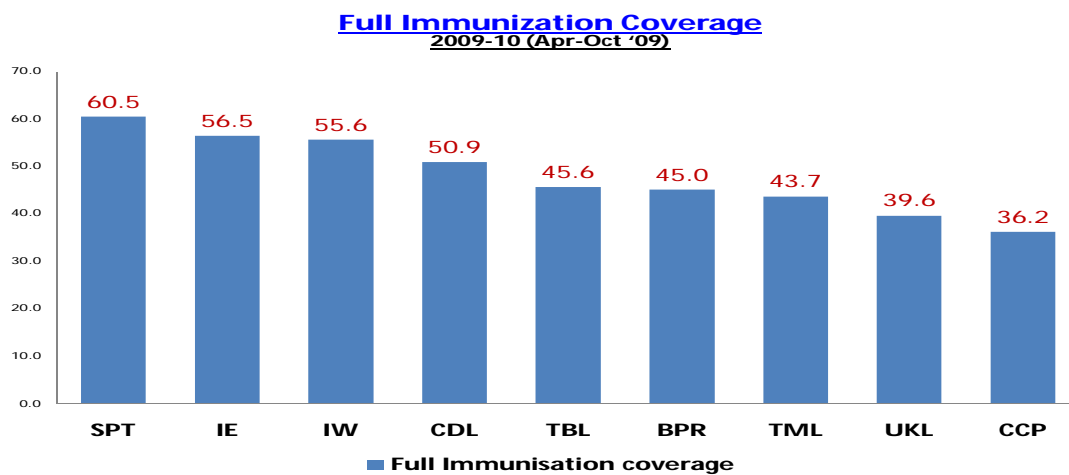
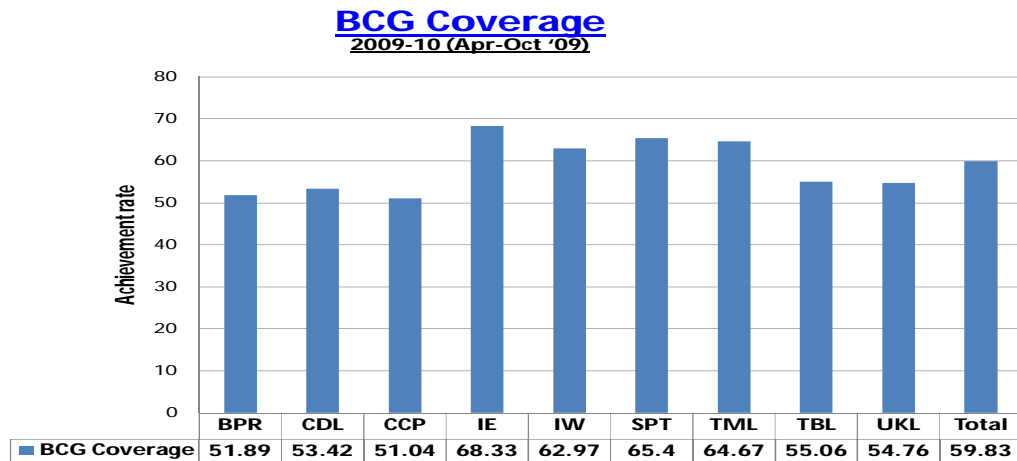
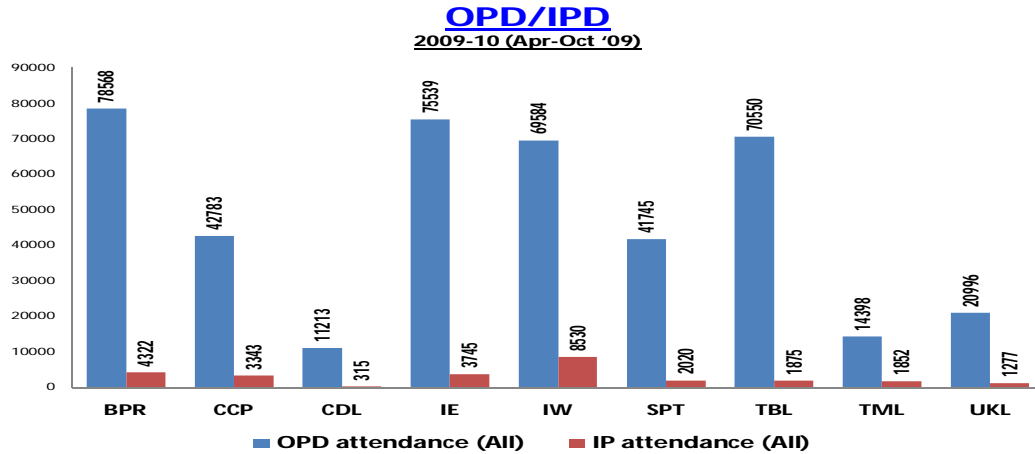
(against estimated pregnancy)
2009-10 (Apr-Oct '09)

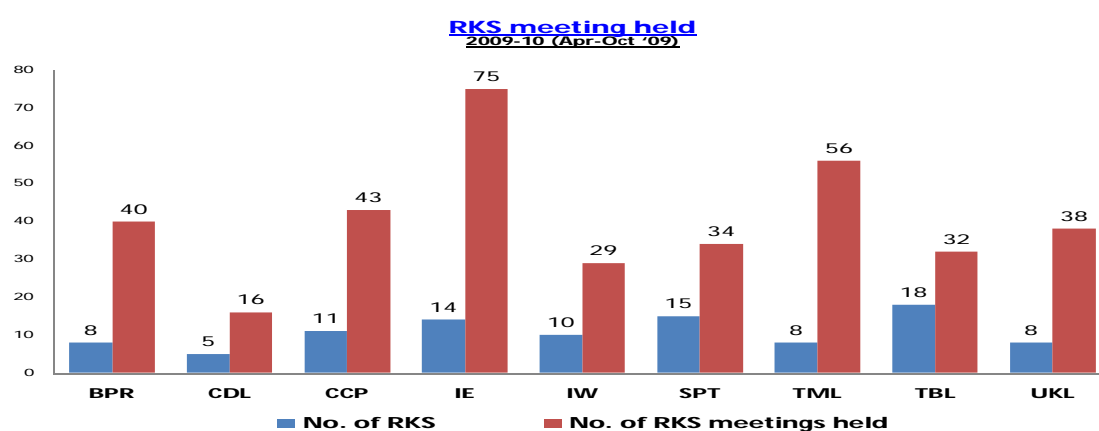
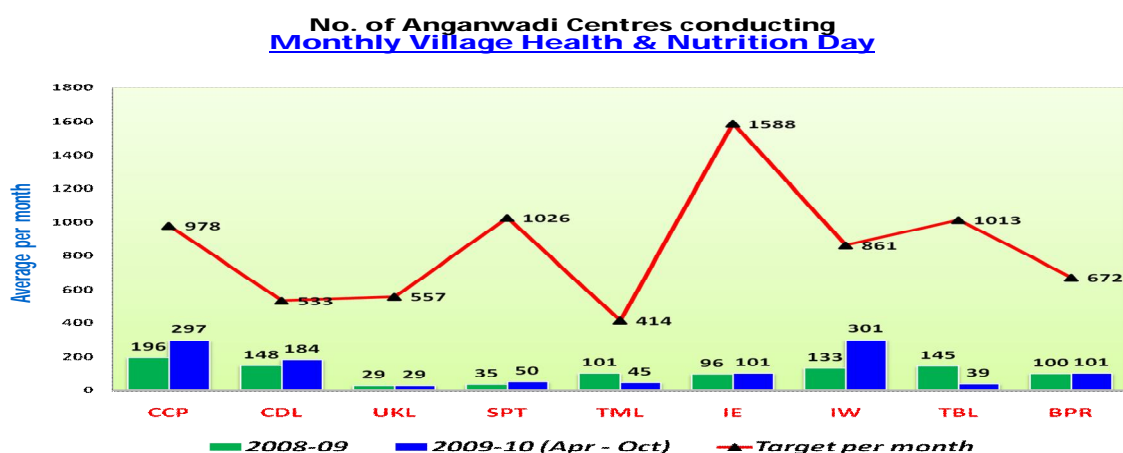


PNC & Home Born Care

2009-10 (Apr-Oct '09)







5.16 Convergence/ coordination

So far convergence/coordination with Department of Social Welfare (Women and Child Development), Education, PRI and AYUSH has been established. Coordination with PHED and PWD needs to be strengthened further during 2009-10. The coordination with SSA is initiated.

5.17 Fund Utilization

Under NRHM, during the period of 2005-09 an amount of Rs. 70.09 Crores has been received by the State, out of which Rs. 69.03 Crores was released to the Districts and other implementing agencies. The total utilization as on 31st January 2009 is Rs. 60.00 Crores giving a utilization rate of 85.6%.

In addition to the above allocation, the State Budget Outlay for Health and Family Welfare sector is given below:

2005-06	-	Rs. 7986.82 Lakh (Plan-564.76; Non-plan- 6522.06)
2006-07	-	Rs. 9053.80 Lakh (Plan-3073.00; Non-plan-5980.58)
2007-08	-	Rs. 10455.71 Lakh (Plan-3700.00; Non-plan-6755.71)
2008-09	-	Rs. 12500 Lakh
2009-10	-	Rs. 13372.38 Lakh

The yearly increase in state budgeting outlay since 2005-06 is 27.75%, 15.49%, 16% and 7% respectively.

5.18 Institutional arrangements and organizational development: issues and gaps

Currently the implementation of NRHM in the State is supported jointly by Directorate of Family Welfare and Directorate of Health Services. An IAS Officer is the Mission Director of State Health Society, Manipur. The Vertical Health programs are managed by Director (Health). 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 along with the SPMU staff. The SPMU comprises of State Program Manager, State Financial Consultant, State Data Manager and State Accounts Manager. The SPMU is set up for providing efficient management of NRHM interventions in the State. For further strengthening the SPMU in program implementation, State Civil Engineer Consultant, State HR Consultant and State BCC Consultant are also in place. The State has indentified 1 AYUSH Nodal officer and also in placed. Besides this, two consultants i.e. State Facilitator & Community Participant Consultant from RRC- NE also supporting the State.

The Chief Medical Officer of the District is the District Mission Director of the District Health Society. The District Program Management Unit staff support to the District Mission Director. The CMO managed all the Disease Control program of the District too. The Block Prom Management unit staff support to the DPMU staff. The District Family Welfare Officer (DFWO) / District Immunization Officer (DIO) looks after the immunization and RCH program in the District.

5.19 Rogi Kalyan Samiti (RKS):

The State has formed RKS committee for 1 State Hospital (J.N. Hospital), 7 District Hospitals, 16 Community Health Centres, 73 Primary Health Centres and 420 Sub Centre level Health Committee and 3203 VHSC (Village Health Sanitation Committee). In the current year RKS formation is proposed for 8 PHCs and 1 Sub Divisional Hospital.

5.20 DP (donor assisted) programmes in the state:

1	Under ACA	Construction of mental hospital wing at JN Hospital and up-gradation work in 05 hilly districts
2	Under NEC	Up-gradation of JN Hospital, Construction of GNM Trg School at lamphelpat and Construction at District Hospital, Churachandpur.
3	Under NLCPR/ Doner	Equipment up-gradation for DH-BPR, DH-CCP, DH-CDL, DH-SPT, DH-TML, DH-TBLand DH-UKL, Construction of 50-bedded DHs at UKL, SPT, TML, CDL and Jiribam Block of IE and construction of Dharamsala at RIMS, construction of 50 PHSCs and 10 PHCs with Quarters.
4	Urb. Dev.	Construction of 50-bedded District Hospital, Thoubal.

6. STATE PROGRESS AND LESSONS LEARNT

Successes:

NRHM was launched in NE States on 9th Nov 2005. Actual implementation of NRHM in the State could start only by 2006.

NRHM has helped the State in decentralizing planning and implementation of health activities. As a result people in the rural communities have become more accountable. Also, health providers in the District and Sub-District level have gained faith in the health sector which was lacking during the pre NRHM era. The communitization process has helped in making the people work with the health providers. Rogi Kalyan Samitis (RKS) with adequate people's representatives are functional in all Health Institutions. NRHM has helped people feel that people's health lies in the hands of the people, and not in the hands of the Ministry or Department of Health and Family Welfare. Funds of RKS are utilized for development of the respective institutions and in managing crisis situation like shortage of medicine etc. The same holds true at Village level where Untied Fund of Rs. 10,000/- per annum is made available to be used in any health related matters. There is an increase in the number of institutional deliveries. This is due to the JSY Scheme under NRHM. State, again, could up-grade the facilities of the Health Institutions in terms of building, manpower, equipment, consumables etc. ASHAs are being appreciated in every nook and corner of the State for the voluntary but invaluable services they are providing to the people. In fact, NRHM has helped in bringing health service closer to the poor people in the form of ASHAs.

Constraints:

Frequent turn-over of key persons during the last three years has slowed down the progress of implementation of the whole NRHM including RCH-II Program.

Incomplete functional merger between the Health and the Family Welfare sector and also with NRHM is affecting the envisaged NRHM aim of providing integrated services to the community. The health system in the State still tends to look like having three Directors viz. Mission Director, Health Director, Family Welfare Director with limited co-ordination among them. Further, the State Program Officials controlling the National Disease Control Programs and IDSP are directly submitting their requirements and activities to the concerned National level offices and are also getting separate approvals from concerned Program Divisions of the Ministry of Health & Family Welfare, Govt. of India. This is delaying the functional merger of the different Program/ Societies in the State.

Although a majority of ASHAs are well motivated and active in the field.

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

There are certain villages which are frequented by militants resulting in 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 interference by unlawful elements. Hence, it is felt that for Manipur State, drugs or other commodities should be supplied to the State in kind and not in cash.

DMMUs were launched in all the Districts, but the mobile units could not enter the remote under-served areas where the approach roads are bad.

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

The key strategies which need to be addressed in the State are

- (i) Operationalizing Health Facilities especially the First Referral Units (FRUs) at the level of 7 District Hospitals and 4 Community Health Centres by up-grading Infrastructure including availability of specialist doctors/ trained manpower
- (ii) Formulating a State Policy so that health care providers stay at their respective place of posting specially, in the four focus hill Districts of the State. A good Human Resource Policy as well as a Health Systems Reform is needed.
- (iii) Capacity development
 - Extensive program for Multi-skilling training of MBBS Doctors (EmOC, BEmOC, Life Saving Anesthesia, MVA, NSV, Tubectomy)
 - SBA Training of LHV, GNM, ANM (both public and private)
 - Post-training follow-ups so that trained persons are posted in the desired places and applying the skills gained.
- (iv) Public Private Partnership in places where the Public Health Infrastructure is weak
- (v) Social marketing of Contraceptive Devices so that the high unmet needs of people can be reduced to the minimum
- (vi) Timely training of ASHAs
- (vii) Attention to Rapidly emerging Non-Communicable Diseases, in addition to Malaria and Tuberculosis, prevalent in the State
- (viii) Stronger linkage with HIV/AIDS Control Program since Manipur is one of the six high prevalence States of the Country
- (ix) Increasing awareness of the Health Facilities available to the people and motivating them to utilize the service provisions through effective BCC.
- (x) Strengthening the RKS for community monitoring of Health Centre and its services.
- (xi) Strengthening support system to ASHAs
- (xii) Intra sectoral and Intersectoral convergence with Health determinant Departments

2010-11)

PART- A

RCH - II

CURRENT STATUS & GOALS OF RCH

Table No. A (1): Current Status & Goals of RCH

Indicator	Current Status		Target by 2010-11	
	Manipur	India	Manipur	India
MMR	-	254 (SRS 2009)	100	100
IMR	14 (SRS 2009)	53 (2009)	<13	<30
TFR	2.8 (NFHS-3)	2.7 (NFHS-3)	2.1	2.1

A. RCH-TECHNICAL STRATEGIES AND ACTIVITIES

A.1 MATERNAL HEALTH

Goal: To improve Maternal Survival and Health

Objective: To increase proportion of instructional delivery to 70 % by end of 2011

Table No. A (2): Target of outcome indicators

Sr. No.	Outcome indicators	Current Status			Target by 2010-11
		HMIS (April to Oct '09)	Survey Data NFHS-3	Survey Data DLHS-2/3	
1	% of pregnant women receiving full ANC coverage	81%	70.1	10.4/12.5	100%
2	% of births assisted by a SBA	59%	61.7	NA	80%
3	% of institutional births	62%	49.3	46.2/41.1	70%
4	% of mothers who received post partum care from a doctor/ nurse/ LHV/ ANM/ other health personnel within 2 Days/2 weeks of delivery	61%	49.1	NA/42.9	70%

Table No. A (3): Target for process/intermediate indicators

Sl. No.	Indicators	Current status	2010-11			
			1q	2q	3q	4q
1	% of ANC registrations in first trimester of pregnancy	77% (HMIS, Oct'09) 55.8/57.3 (DLHS-2/3)	80	90	95	100
2	No. of 24 X 7 PHCs functioning (Cumulative)	11	13	15	17	20
3	No. of health facilities providing RTI/STI services					
	a. DHs (Cumulative)	7	7	7	7	7
	b. SDHs (Cumulative)	0	1	1	1	1
	c. CHCs (Cumulative)	4	8	10	12	14
4	No. of health facilities providing MTP services					
	a. DHs (Cumulative)	7	7	7	7	7
	b. SDHs (Cumulative)	0	1	1	1	1
	c. CHCs (Cumulative)	14	14	14	16	16
5	No. of district hospitals where Referral Transport services are functional (Cumulative)	7	7	7	7	7
	No. of planned RCH outreach camps	108	27	27	27	27
9	% of planned Monthly Village Health and Nutrition Days held	16%	30%	40%	50%	60%

A.1.1 OPERATIONALISE FACILITIES
A.1.1.1 operationalising all 6 District Hospitals (FRUs)
A.1.1.1.1 operationalising all 6 District Hospitals as FRUs

Table No. A (4): Status of FRU Operationalization (District Hospital)

State	Total No of FRUs Planned till 2010	Target for 2009-10	FRUs operationalized till December, 2009
Manipur	7 (DH)	6	1 (DH/CCP)

Efforts were made for making functional all the 7 District Hospitals as FRUs: All these health facilities have the basic infrastructure but were not functional especially due to the following gaps (red-colored) as shown in the table below:

Table No. A (5): District Hospital wise facility and manpower status

Sl. No.	Indicators	CCP	BPR	TBL	CDL	TML	UKL	SPT
1	Number of Doctors with Specialization in							
	OBG	1	2	0	1	0	0	1
	Pediatrician	1	0	0	1	0	1	0
	Anaesthetist	2	1	1	0	0	1	1
2	Lab Technician trained in Blood safety, etc. looking after Blood Bank/ storage Centre	Yes	Yes	Yes	Yes	No	Yes	Yes
3	MO trained in Blood safety, etc.	Yes	Yes	Yes	No	No	No	Yes
4	Blood Bank/ Storage Facility available (YES/ NO)	Yes	No	Yes	No	No	No	No
5	Functional Labour Room							
	Shadow less lamp	Yes	Yes	Yes	No	Yes	No	No
6	Functional Operation Theatre (YES/ NO)	Yes	No	No	No	Yes	No	No
	Sick Newborn Stabilization Unit							
7	Radiant warmer available (YES/NO)	Yes	Yes	Yes	No	No	No	Yes
	New Born Resuscitation Kit available (YES/ NO)	Yes	Yes	No	Yes	No	No	Yes
8	Waste Disposal System	Yes	Yes	Yes	No	No	No	No

 **Functioning**
 **Gaps**
 **Under process**

Activity-1: **Workshops and Review on FRU guidelines** for all the proposed Health Institutions (7 DHs) at State Head Office Quarterly @ Rs. 20,000/- per workshop **Rs. 0.80 Lakh.**

Activity-2: **Setting up of 6 Blood storage Units** at all the District Hospitals in collaboration with Manipur Aids Control Society (MACS), Manipur (District Hospital Churachandpur already done).

Activity-3: **Continuation and Additional Engagement of Specialist Doctors:** Service of two specialist doctors (1 OBG at I/W and 1 Pediatrician at TBL) may be continued and the following additional specialist doctors may be engaged. **The engagement of following additional contractual staffs will be done during first quarter. Therefore the salary is proposed only for 9 months during the coming financial year 2010-11.**

4. OBG : 3 Nos (for Thoubal, Tamenglong & Ukhrul)
5. Pediatrician : 4 Nos (for Bishnupur, Thoubal, Tamenglong & Senapati)
6. Anaesthetist : 2 Nos (for Chandel & Tamenglong)

Table No. A (6): Total budget for engaging of specialist doctors. Amount (Rs. In Lakhs)

District	I/E	I/W	BPR	TBL	CCP	CDL	UKL	TML	SPT	Total
Continuation of specialist doctors	0	1	0	1	0	0	0	0	0	2
Honorarium @ Rs 45,000/- per month (Rs. 20,000 as Basic Pay and Rs. 25,000 as PBH).	0	5.40	0	5.40	0	0	0	0	0	10.80
Additional specialist doctors	0	0	1	2	0	1	1	3	1	9
Honorarium @ Rs 45,000/- per month (Rs. 20,000 as Basic Pay and Rs. 25,000 as PBH) for 9 months only	0	0	4.05	8.10	0	4.05	4.05	12.15	4.05	36.45
TOTAL	0	5.4	4.05	13.5	0	4.05	4.05	12.15	4.05	47.25

Specialist Doctors posted at Hill Districts will be provided hardship incentives according to the degree of difficulty in accessibility. Details reflected in **Part-B**.

Activity-4: **CEmOC Training of 2 MBBS doctors of DH:** () Details reflected in **Training**.

Activity-5: **Life-Saving Anesthesia Skills Training of MBBS Doctors of DHs:** Details reflected in **Training**.

Activity-6: **Making functional OT of DH Chandel:** Details discussed in **A.9.2 Major & Minor Civil work**.

Activity-7: Utilization of **Radiographer** under DMMU scheme at DH Bishnupur on days the DMMU camps are not conducted.

Activity-8: **Training** of 3 MOs from DH Chandel, DH Tamenglong and DH Ukhrul and 7 Lab. Tech one from each District Hospital on Blood Safety. Details discussed in **Training**.

Activity-9: **Procurement** of equipment like Shadow less lamp, Radiant warmer and New Born Resuscitation Kit. Budget reflected in **part-B**.

Activity-10: Strengthening of Infrastructure needed. Details reflected in **A.9.2 Major & Minor Civil work**.

Activity-11: Quarterly monitoring visits at all the District Hospitals by Quality Assurance Committee on FRU Operationalization.

A.1.1.2 Operationalise 24X7 PHCs

Table No. A (8): Status of 24x7 PHCs

State	Total No of 24x7 PHCs Planned till 2010	Target for 2009-10	24x7 PHCs operationalized till December, 2009
Manipur	20	20	11

Table No. A (9): Status of 24x7 PHCs

Sl. No.	Indicators		IE		IW		BPR		TBL		
			1	2	3	4	5	6	7	8	9
1	Name of PHCs		Heingang	Borobekra	Mekola	Khumbong	Kumbi	Ningthoukhong	Lilong	Leishangthem	Hiyanglam
2	Number of beds		4	5	5	10	10	10	1	1	1
3	Doctors MBBS	Regular	1	1	2	3	2	1	2	1	1
		Contract	0	0	0	0	0	1	0	0	0
4	Doctors AYUSH	Regular	0	0	0	0	0	0	0	0	0
		Contract	1	0	1	1	1	1	1	1	1
5	Nurse	Regular	2	1	0	2	1	2	2	1	2
		Contract	3	1	3	3	2	3	1	2	2
6	Pharmacist		2	1	4	1	2	3	2	2	1
7	Pharmacist (AYUSH)		1	0	1	0	1	1	1	1	0
8	Lab. Tech.	Regular	0	0	0	2	0	0	1	0	0
		Contract	1	0	1	1	1	2	1	1	0
9	Driver	YES/NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
10	Functional Laboratory performing assured laboratory services of the Health Institutions. (YES/ NO)		YES	NO	YES	YES	YES	YES	YES	YES	NO
11	Functional Labour Room										
	Table for obstetric labour examination with stirrup		YES	YES	YES	YES	YES	YES	YES	YES	YES
	shadow less lamps		YES	YES	YES	YES	YES	YES	YES	YES	YES
12	New Born Care Services										
	Radiant warmer available (YES/NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES
	New Born Resuscitation Kit available (YES/ NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES
	Oxygen Cylinder available (YES/ NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES
13	Running Water supply in the Health Institution (YES/NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES
14	Power Supply(YES/NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES
15	Back up Power provison, Generator (YES/ NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES
16	Referral Services avialable (YES/NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES

Sl. No.	Indicators		CDL			CCP		TML		SPT		UKL	
			10	11	12	13	14	15	16	17	18	19	20
1	Name of the PHCs		Machi	Chakpikarong	Tengnoupal	Sagang	Saikot	Noneh	Tamei	Paomata	Maram	Somdal	Lambui
2	Number of beds		5	10	10	10	3	10	10	10	10	10	10
3	Doctors MBBS	Regular	1	1	1	1	2	1	1	1	2	1	1
		Contract	0	0	0	0	0	0	0	0	0	0	0
4	Doctors AYUSH	Regular	0	0	0	0	0	0	0	0	0	0	0
		Contract	1	1	1	1	1	1	0	1	1	1	1
5	Nurse	Regular	1	3	1	1	0	1	2	0	1	1	1
		Contract	1	1	1	2	1	1	2	2	1	2	2
6	Pharmacist		1	1	1	1	1	2	1	2	1	1	1
7	Pharmacist (AYUSH)		1	1	1	1	0	1	0	0	0	1	0
8	Lab. Tech.	Regular	1	1	1	0	0	0	0	0	0	0	0
		Contract	1	1	1	1	1	1	0	2	1	1	1
9	Driver	YES/NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
10	Functional Laboratory performing assured laboratory services of the Health Institutions. (YES/ NO)		YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES
11	Functional Labour Room												
	Table for obstetric labour examination with stirrup		YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
	shadowless lamps		NO	YES	NO	NO	YES	NO	NO	NO	NO	NO	NO
12	New Born Care Services												
	Radiant warmer available (YES/NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
	New Born Resuscitation Kit available (YES/ NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
	Oxygen Cylinder available (YES/ NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
13	Running Water supply in the Health Institution (YES/NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
14	Power Supply(YES/NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
15	Back up Power provision, Generator (YES/ NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
16	Referral Services available (YES/NO)		YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
	Remark		Out of 24 PHCs 7 are with less number of Nurses. 3 PHCs are without Lab Technician. Laboratories are not functional in these 3 PHCs. There is no drivers in any of the PHCs. Referral Services is arranged by the RKS on the Case basis.										

 Functioning

 Gaps

 Under process

Table No. A (9): Status of Additional 18 targeted for 24x7 PHCs

Sl. No.	Indicators		Imphal East			Imphal West		Thuoubal		Bishnupur	
			1	2	3	4	5	6	7	8	9
1	Name of the PHCs		Akampat	Sawombung	Lamlai	Khurkhul	Mayang Imphal	Wangoo Laiphram	Kakching Khunou	Leimapokpam	Thanga
2	Number of beds		4	4	2	4	12	4	4	2	2
3	Doctors MBBS	Regular	1	3	1	1	3	2	1	1	2
		Contract	0	0	0	0	0	0	0	0	0
4	Doctors AYUSH	Regular	0	0	0	0	0	0	0	0	0
		Contract	0	2	1	1	1	1	1	1	1
5	Nurse	Regular	2	1	2	1	1	1	2	1	1
		Contract	2	2	0	3	3	1	1	2	2
6	Pharmacist		1	1	2	0	0	2	1	1	2
7	Pharmacist (AYUSH)		0	0	0	0	0	0	0	0	0
8	Lab. Tech.	Regular	0	0	1	0	0	0	0	0	0
		Contract	1	0	0	0	2	0	0	0	0
9	Driver	YES/NO	NO	NO	No	NO	NO	YES	NO	NO	NO
10	Functional Laboratory performing assured laboratory services of the Health Institutions. (YES/ NO)		YES	NO	YES	NO	YES	NO	NO	NO	NO
11	Functional Labour Room		NO	NO	Yes	NO	No	YES	NO	NO	YES
	Table for obstetric labour examination with stirrup		YES	YES	Yes	YES	YES	YES	YES	YES	YES
	shadowless lamps		YES	NO	Yes	NO	No	NO	NO	NO	NO
12	New Born Care Services										
	Radiant warmer available (YES/NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES
	New Born Resuscitation Kit available (YES/ NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES
	Oxygen Cylinder available (YES/ NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES
13	Running Water supply in the Health Institution (YES/NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES
14	Power Supply(YES/NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES
15	Back up Power provison, Generator (YES/ NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES
16	Referral Services avialable (YES/NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES

Functioning

Gaps

Under process

Table No. A (9): Status of Additional 18 targeted for 24x7 PHCs

Sl. No.	Indicators		Chandel	Churachandpur		Tamenglong		Senapati		Ukhrul	
			10	11	12	13	14	15	16	17	18
1	Name of the PHCs		Moreh	Sinzwal	Singhat	Khoupum	Oinamlong	Motbung	Saikhul	Chingai	Kasom Khullen
2	Number of beds		5	4	10	4	2	6	5	10	10
3	Doctors MBBS	Regular	1	0	2	1	1	2	2	1	0
		Contract	0	0	0	0	0	0	0	0	0
4	Doctors AYUSH	Regular	0	0	0	0	0	0	0	0	0
		Contract	1	1	1	1	1	2	1	1	1
5	Nurse	Regular	0	0	0	0	0	2	1	1	0
		Contract	1	1	1	1	1	1	0	1	1
6	Pharmacist		1	1	1	1	1	1	0	1	1
7	Pharmacist (AYUSH)		0	0	0	0	0	0	1	0	0
8	Lab. Tech.	Regular	0	0	0	0	0	0	1	0	0
		Contract	0	0	0	0	0	2	0	0	1
9	Driver	YES/NO	NO	NO	No	NO	NO	YES	YES	NO	NO
10	Functional Laboratory performing assured laboratory services of the Health Institutions. (YES/ NO)		NO	NO	NO	NO	NO	YES	YES	NO	YES
11	Functional Labour Room		YES	NO	NO	NO	No	NO	NO	NO	NO
	Table for obstetric labour examination with stirrup		YES	NO	NO	NO	NO	NO	NO	NO	NO
	shadowless lamps		YES	NO	NO	NO	No	NO	NO	NO	NO
12	New Born Care Services										
	Radiant warmer available (YES/NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES
	New Born Resuscitation Kit available (YES/ NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES
	Oxygen Cylinder available (YES/ NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES
13	Running Water supply in the Health Institution (YES/NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES
14	Power Supply(YES/NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES
15	Back up Power provision, Generator (YES/ NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES
16	Referral Services avialable (YES/NO)		YES	YES	Yes	YES	YES	YES	YES	YES	YES

 Functioning

 Gaps

 Under process

Out of 38 PHCs targeted for 24x7 service delivery on 2012, out of which 11 PHCs are functioning as 24 X 7 as on 2009. The remaining 27 PHCs will be made 24x7 service delivery in the coming two year with the following activities.

- Activity-1: **Making functional PHC Borobekra**, Imphal East (Jiribam) as 24x7 will be done through PPP model as a pilot project. Details discussed in **A.8.2 PPP**.
- Activity-2: **Rationalization of Contractual Staffs and Engagement of Additional manpower**: filling up of additional manpower as per gaps found in facilities survey report. Details discussed in **A.9.1 Contractual Staffs and Services**.
- Activity-2: Procurement of Equipment as per facility survey for 24x7 PHCs. reflected in **"Part-B"**
- Activity-3: **Referral Transport**. Procurement of 11 ambulance/referral transport vehicle for high performing (functioning 24x7 service delivery) 11 PHCs. Details discussed in **"Part-B"**
- Activity-3: Strengthening of Infrastructure reflected in **A.9.2 Major & Minor Civil work**

A.1.1.3 MTP Services at Health Facilities

Table No. A (10): Status of MTP Training

State	No of doctors planned to be trained in MA/MVA/EVA till 2010	No. trained till December 2009	No. of 24x7 PHCs providing safe Abortion Services	No. Of DH/FRUs providing comprehensive safe abortion services
Manipur	49	49	38	7 DHs

- Activity-1: Training human-power: 49 MBBS Doctors from CHCs/PHCs were trained on MVA at the State level. The training will be continued so that all the DHs, SDHs, CHCs and PHCs in the State have got one trained person per health facility. Details of training plan are reflected under **"Maternal Health Trainings"**.
- Activity-2: Community Mobilization through ASHA system
- Activity-3: Monitoring by State and District Quality Assurance Committees

A.1.1.4 RTI/STI Services at Health Facilities

- Activity-1: Training of MOs on RTI/STI: 45 MOs of CHCs and PHCs have been trained on RTI/STI. Training will be continued for **120 MOs** in phases till all DHs, SDHs, CHCs, PHCs and the 13 Accredited Pvt. Health facilities in the State have got one trained person per health facility. Detailed training plan is reflected under **"Family Planning Trainings"**
- Activity-2: RTI/STI Diagnostic kits and drugs: These are already provided to the CHCs and PHCs which have got trained manpower and offering RTI/STI services. Higher health facilities will be provided the same by SACS/MACS. For 2010-11, support to 96 Health facilities (SDH/CHC/PHC) may be given for drugs & reagents @ Rs. 1.00 Lakh per health facility. Reflected in **Part-B**
- Activity-3: Community mobilization through ASHA system
- Activity-4: Making health facilities more woman-friendly: RTI/STI services/ clinics will be provided keeping clients' identity confidential in a privacy room and service timing extended beyond the usual OPD timing, so that clients can avoid exposure.

Activity-5: Convergence with SACS/MACS: This will be for supporting the diagnostic reagents / consumables and drugs in the District Hospitals

Activity-6: Extension of RTI/STI services through District Mobile Medical Units: Trained MOs, wherever available will be deployed during health camp by using DMMUs.

A.1.1.5 Operationalise Sub-centres

Activity-1: During 2007-08, 100 building less Sub-centres were targeted for construction, out of which 76 are completed and the remaining are in finishing stage. During 2008-09, 66 Sub-centres were approved, however, the estimates was revised and approved budget only able to construct 38 building less Sub-centres. In the coming financial year 2010-11, 28 approved during 2009-10, 22 Building less Sub-centres and 20 Relocated PHSC are proposed to be constructed: This is discussed under **Part "B"**

Activity-2: Additional ANM: The services of 420 Additional ANMs engaged on contractual basis during 2008-09, will be re-utilized in the current year by giving a monthly Fixed Pay of Rs. 3200/- and a Performance-based Incentive of Rs. 3800/-. Budget details are reflected in **A.9.1 Contractual Staffs and Services**.

Activity-3: **Rent for hiring Sub-Centre building:** Rent for 50 Building less Sub-Centres and 20 relocated Sub-Centres functioning from rented buildings may be supported @ Rs. 250 per month per Sub-Centre. The budget needed for this will be **Rs. 2.10 Lakh**.

Table No. A (11): District wise total budget for Sub-Centre. Amount (Rs. In Lakhs)

District	I/E	I/W	BPR	TBL	CCP	CDL	UKL	TML	SPT	Total
No. of Building less	6	6	6	9	12	5	10	3	13	70
Rent @ Rs. 250/- per month per PHSC	0.18	0.18	0.18	0.27	0.36	0.15	0.3	0.09	0.39	2.10

Activity-4: Skilled Birth Attendants training: **238 ANMs** have so far been trained on SBA. Further **80 ANMs** will be given training in phases during the year 2010-11. Detailed training plan is reflected under "**Maternal Health Training**"

Activity-5: Delivery equipments: Normal Delivery Kits have already been provided to all Sub-Centres. For replacing non-functional Delivery kits, details are reflected in **Part-B**

Activity-6: Hardship Incentives for additional ANMs posted at difficult, most difficult and Inaccessible areas. Details reflected in **Part "B"**

A.1.2 REFERRAL TRANSPORT

Activity-1: Apart from the clinical causes of maternal death, the inability to afford for transport expenses of the Pregnant Women in emergency situation is the most important non-clinical factor for causing the maternal deaths specially in rural areas. In order to fill up the gaps the state needs the following: - the State required a comprehensive but flexible referral transport policy which may even vary from district to district as per the local needs and situation-

1. To establish an Assured Referral Linkage from beneficiary to the FRU
2. Procurement of 11 Ambulance/Referral Transport Vehicles for high performing PHCs.
3. For hilly tribal areas:- arrangement for transporting the Pregnant Women from her home to an identified road-head (in case the referral vehicle cannot reach the house) from where the referral vehicle can pick her up and transport to the FRU.

4. The expenditure for transporting from the beneficiary's home to the road head is discussed detail in Part-B (**HARD REACH AREA**)

A.1.3 INTEGRATED OUTREACH RCH SERVICES

A.1.3.1 RCH Outreach Camps

Activity-1: Monthly Integrated Outreach camps are being held in all the districts in under-served PHC by mobilizing specialist services from the District/ State Hdqts with good results. The same may be continued in the current year 2010-11. During the coming year the fund for Camps may be increased to @ Rs. 20,000/- per camp in normal districts (I/E- 9 Camps, I/W, BPR & TBL) and @ Rs. 40,000/- per camp in difficult districts (I/E- 3 Camps, CCP, CDL, UKL, TML & SPT). Budget needed for holding 108 such camps will be **Rs. 34.20 Lakh**.

Table No. A (12): District wise total budget for Outreach camps. Amount (Rs. In Lakhs)

District	I/E	I/W	BPR	TBL	CCP	CDL	UKL	TML	SPT	Total
No. of Camps	12 (9 & 3)*	12	12	12	12	12	12	12	12	108
Amount @ Rs. 20,000/- per camp in normal districts and @ Rs. 40,000/- per camp in difficult districts	3.00	2.40	2.40	2.40	4.80	4.80	4.80	4.80	4.80	34.20

* 9 Camps at normal areas and 3 Camps at difficult areas for Imphal East District.

Activity-2: Quarterly publication of schedules of RCH camps of all the districts in local News paper, Radio and local media. The budget required will be Rs. 10,000/- monthly. Total budget is **Rs. 0.40 Lakh**.

Activity-3: Monitoring by State and District Quality Assurance Committees

A.1.3.2 Monthly Village Health and Nutrition Days

Last Saturdays are designated as VHNDs in the State. ANM of the Sub-Centre along with Anganwadi Worker and members of the VHSCs at Anganwadi Centre will work together and provide integrated RCH services to the community.

During 2006-07, only 893 (1%) VHNDs well held, 3102 (3%) VHNDs during 2007-08, 11782 (13%) during 2008-09 and during 2009-10 (up to Dec' 2009), 10170 (11%) were held against the total no of 7642 AWCs. In the coming year 2010-11, the VHNDs is targeted 50% against the total no 3203 VH&CSs and it is also proposed to provide separate fund for site arrangement and refreshment during VHNDs for effective holding of the day. The VHNDs will be held at AWCs.

A.1.4 JANANI SURAKSHA YOJANA (JSY)

Table No. A (12): District wise Target for Institutional Deliveries (%)

Sl. No.	District	Current Status				Target by 2010-11
		DLHS-2	DLHS-3	HMIS Data Against (April-Oct '09)		
				Reported	Estimated	
1	Imphal East	65.6	65.9	85.3	49.1	70%
2	Imphal West	65.1	87.1	96.7	104.6	90%
3	Thoubal	36.0	59.4	57.5	13.6	70%
4	Bishnupur	60.3	57.4	69.8	27.5	70%
5	Chandel	16.9	27.6	33.3	26.9	40%
6	Churachandpur	44.5	30.0	81.7	69.8	40%
7	Senapati	12.0	24.3	31.2	23.0	40%
8	Tamenglong	17.5	14.1	46.56	25.4	30%
9	Ukhrul	13.7	13.5	58.5	32.1	30%

Table No. A (13): Estimated deliveries and JSY target for the year 2010-11

Sl. No.	District	estimated Pregnant Women*	estimated BPL Pregnant Women Expected up-to two live-births	Target % of institutional delivery for 2010-11	estimated institutional delivery as per target	estimated Home delivery as per target
A	B	C	D	E	F	G
1	Imphal East	9347	2328	70%	1630	698
2	Imphal West	10520	2620	90%	2358	262
3	Thoubal	8620	2147	70%	1503	644
4	Bishnupur	4932	1229	70%	860	369
5	Chandel	2801	1993	40%	797	1196
6	Churachandpur	5395	3840	40%	1536	2304
7	Senapati	3332	2372	40%	949	1423
8	Tamenglong	6714	4778	30%	1433	3345
9	Ukhrul	2639	1878	30%	563	1315
Total		54300	23185		11629	11556

Poor women certified by Pradhan/Member/Chairman/Headman up-to two live births institutional deliveries may be provided the financial assistance under JSY. The criteria of BPL is exempted for all the 5 (five) hill districts. The Financial assistance given under this initiative may be as follows

- (i) Mother's package:
 - a. For Institutional delivery in Rural areas - Rs. 700/- per case
 - b. For Institutional delivery in Urban areas - Rs. 600/- per case
 - c. For Home delivery (Rural & Urban) - Rs. 500/- per case
 - (ii) ASHA Accompaniment Package - Rs. 600/- per case
 - (iii) For C/S in Public Health facilities - Rs. 1500/- per case
 - (iv) Referral transport package - Rs. 200/- per case
- (Referral transport for hard to reach areas is discussed in Part-B)**

JSY Registers for all Public and Accredited Private health facilities, JSY cards and MCH cards also need to be printed. Further, regular field supervision may be made by the State ASHA Nodal Officer (quarterly), District ASHA Nodal Officers (Monthly) and Block Facilitators.

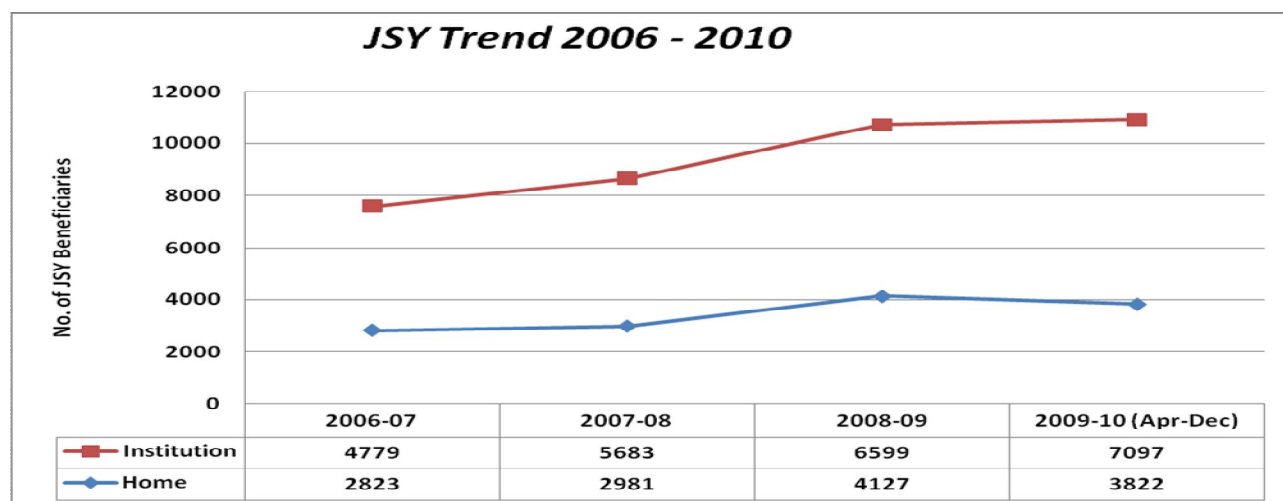


Chart: JSY Coverage Trend for the year 2006 to 2009 (Dec)

During the year 2010-11, the State will target 70% of estimated two live-births delivery for JSY coverage. The budget needed for 2010-11 calculated on the basis of an estimated BPL Pregnant Women expecting up-to two live-births coming for institutional delivery and BPL Pregnant women expecting up-to two live births having delivery at home (BPL is exempted for all the five hill/tribal districts) is shown as below.

Table No. A (14): break up Budget for JSY for the year 2010-11

Sl. No.	Particular	Unit rate (Rs.)	Estimated No. of units	70% Target units for JSY Coverage of (4)	Total amount (Rs. in Lakh) (3)*(5)
(1)	(2)	(3)	(4)	(5)	(6)
1	Mother's package for Ins. Del in Rural areas	700	5278	3695	25.87
2	Mother's package for Ins. Del in Urban areas	600	6351	4446	26.68
3	Mother's package for Home Del (U & R)	500	11556	8089	40.45
4*	ASHA package in Rural areas	600	5278	3695	21.17
5*	ASHA package in Urban areas	200	6351	4446	8.89
6	For C/S in Public Facilities (2% of all Inst. Del)	1,500	250	175	2.63
7	Referral transport	200	11629	8140	16.28
8	Program Management Cost 5% (M & E, Stationeries etc.)				7.17
9	JSY Register	200		700	1.40
Total					150.54

*Rs. 30.06 Lakh will be kept deposited in advance in Block PHC from where ASHAs may collect their due while attending the Block ASHA Day/Meeting.

A.1.5 OTHER STRATEGIES & ACTIVITIES

A.1.5.1 Hardship Incentives for difficult, most difficult and Inaccessible area

Activity-1: Hardship Incentives for difficult, most difficult and Inaccessible area: This will be provide to staffs posted in 162 SCs, 30 PHCs, 03 CHCs and 5 DHs identified as located in difficult/very difficult/inaccessible areas. The figures for each area are provided in the table below: the details of the required budget is reflected in **Part "B"- Interventions in Difficult, Very Difficult and inaccessible Areas**

Table No. A (15): No. of health facilities based on accessibility.

Areas	Sub Centres	%	PHC	%	CHC	%	DH	%
Difficult	48	12%	18	23%	2	13%	3	43%
Very Difficult	66	16%	10	12%	1	6%	2	29%
Inaccessible	48	11%	2	3%	0	0	0	0
Total	162	39%	30	38%	3	19%	5	72%

A.1.5.2 Ensuring early and full ANC Registration

- Activity-1: Ensuring of ANMs stay at their place of posting by promoting the environment of Sub-centres through provision of untied funds and providing incentives.
- Activity-2: Community Mobilization through ASHAs during VHNDs and VHSC meetings
- Activity-3: Provision of 100 IFA to all the PW
- Activity-4: Including 3 ANC visits as one of the criteria for getting JSY benefit
- Activity-5: DMMUs and RCH- outreach camps to hold ANC sessions in under-served areas
- Activity-6: Payment of transport fare of PW coming for ANC from RKS untied fund.
- Activity-7: BCC activities. Discussed under "BCC"

A.1.5.3 Strengthening PNC

- Activity-1: BCC activities. Discussed under "BCC"

A.1.5.4 Ensuring at least 48 hours institutional stay after institutional delivery

- Activity-1: Making health facilities women-friendly (staff hospitality, clean toilets and hospital linens, health environment). A system of recognizing and awarding the clean and well-kept health facilities will be instituted.
- Activity-2: Free lunch for mothers during stay from RKS untied fund
- Activity-3: Packaged Gift for the pregnant mothers. Discussed in **BCC head**

A.1.5.5 Public Private Partnership

- Activity-1: Continuing to hold partnership with existing 13 Accredited Private Hospitals/ Clinics on Maternal Health; and establish partnership with new Private facilities offering good quality services.
- Activity-2: The pilot project for running PHCs in PPP model for the following PHCs will be initiated in 2010-11:
- 1) Tousem PHC, Tamenglong District
 - 2) Patpuimun PHC, Churachandpur District and
 - 3) Borobekha PHC, Imphal East District

The details are reflected in "PPP"

A.1.5.6 Maternal Death Auditing

Maternal Death Reviews (MDR): Facility Based and Community Based

Background: Despite the fact that NRHM has taken up a number of activities to ensure the quality and safety maternal health during the pregnancy and delivery. The Maternal Mortality Ratio (MMR) of Manipur is found at 375/1,00,000 live births as against the National MMR of 254/1,00,000 live births in the year 2004-06. In order to bring down to the NRHM and MDG Goal of less than 100 per 1, 00,000 live births, there is an urgent need to give impetus to implementation of technical strategies and interventions for maternal health. At the same times it is required to review/audit every pregnancy related maternal death in the state.

Maternal Death Review (MDR) is, therefore, an important strategy which can take stock of the situations of maternal death and will provide detailed informations on various factors and gaps at the facility, community, district, regional and national levels that are needed to be addressed to reduce maternal deaths. Analysis of these deaths can identify the gaps and the reasons for maternal deaths for taking corrective actions to fill such gaps and improve service delivery in future. The process of MDR should not be utilized for taking punitive actions against service providers.

As per Gol guidelines on MDR, the following objectives are placed –

1. To establish operational mechanism/modalities for undertaking MDR at selected institutions and in community level.
2. To disseminate information on data collection tools, data/information flow and analysis.
3. To develop systems for review and remedial follow up actions.

While implementing intervention on MDR, the following one-day sensitization cum training will be conducted –

1. At the National level at National Health System Resource Centre – 2 (two) state trainers.
2. At State level – All CMOs and DFWO/DPMs will be trained by State Level trainers.
3. At District levels – All block level and PHC level MOs in batches – will be trained by District Level trainers.
4. At Block level – All LHVs, PHNs, Staff Nurses, ANMs, MHW, FHS, MHS will be trained by block & PHC MOs in batches.

Printing of the necessary flow charts, formats for Facility Based MDR (FBMDR) and Community Based MDR (CBMDR), Annexure comprising of detailed questionnaires and other tools for both types MDRs will be done by the State Health Society. These will be distributed to the districts well ahead of training.

The conduct of the above reviews and trainings shall be supported by a State Government Order.

Facility Based Maternal Death Reviews (FBMDR)

Identification of Secondary and tertiary level hospitals and FRUs –

1. Regional Institute of Medical Services (RMS), Imphal
2. JN Institute of Medical Sciences (JNIMS), Porompat
3. All District Hospitals – 07 Numbers
4. CHCs – Wangoi, Sekmai, Nambol, Moirang, Kakching, Yairipok, Jiribam, Sagolmang

Steps of MDR

1. Identifications of maternal death



2. Investigation of causes which led to maternal death mainly clinical and systemic
3. Taking appropriate corrective measures.

Operational Mechanisms:

The Medical Superintendent/MO i/c of each identified institution will identify a nodal MDR Officer. The Nodal Officer in consultation with the MS/MO i/c will constitute a facility level MDR Committee under the chairmanship of the MS/MO i/c. The other members of the Committee will be staff of Obst. & Gynae, Anaesthesia, Nursing, Blood Bank and other relevant departments. The Nodal Officer will be the member secretary of the Committee.

For each maternal death, the MO on duty in consultation with the Nodal Officer will fill in the form at Annexure-I which will be signed by the MS and NO and submitted to the District MDR Nodal Officer in a sealed envelope within 24 hours. The Nodal Officer, District MDR Committee will immediately inform the DC, CMO and Director of Health Services telephonically to be followed with reporting in Annexure-6

The terms of Reference (ToR) for FBMDR Committee, recommendation/suggested areas of action and other relevant guidelines as envisaged in the GoI Guidelines will be furnished to all the Committees of identified facilities.

The FBMDR Committee shall take MDR meetings every month; submit its report to the District level MDR Committee which is to be held every month under the Chairmanship of the CMO.

The District level MDR Committee will put up its review report to the DHS Level Review Committee to be chaired by Deputy Commissioner. The members of the DLMDR Committee, Representatives of the FBMDR Committee will attend the meeting. 2 (two) Family members/near relatives who were present at the times of death of the women will be invited in the meeting and each person will be paid Rs. 200/- as compensatory wage/travel cost from the RKS fund of the facility at the end of the meeting.

The meeting will review all gaps starting from antenatal services, system and technical gaps, transport availability, human resource gaps, etc. and the corrective measures suggested for implementation. The minutes of the meeting will be recorded in a register and the corrective measures planned and implemented will be sent to the State Level Task Force on Maternal Death Reduction (SLTFMDR).

Community Based Maternal Death Review (CBMDR)

The main purpose of the CBMDR is to identify the various delays and causes leading to maternal deaths by way of verbal autopsy to enable the health system to take corrective measures at various levels.

Process steps will be –

1. Identifying the maternal death
2. Investigations on the various factors and causes.
3. Taking appropriate and corrective measures on these gaps.

Block MOs/PHC MOs will orient the ASHAs and other functionaries like AWW, Leader of Self Help Groups, PRI members etc. in the scheduled monthly meetings about the CBMDR and line listing of all deaths of women in the age group 15 – 49 years irrespective of the cause or pregnancy status in the format of Annexure-4. These Community Level Workers will inform the block/PHC MO immediately within 24 hrs of the occurrence of any maternal death. The line listing formats duly filled should be submitted to the block NO/PHC MO once a month.

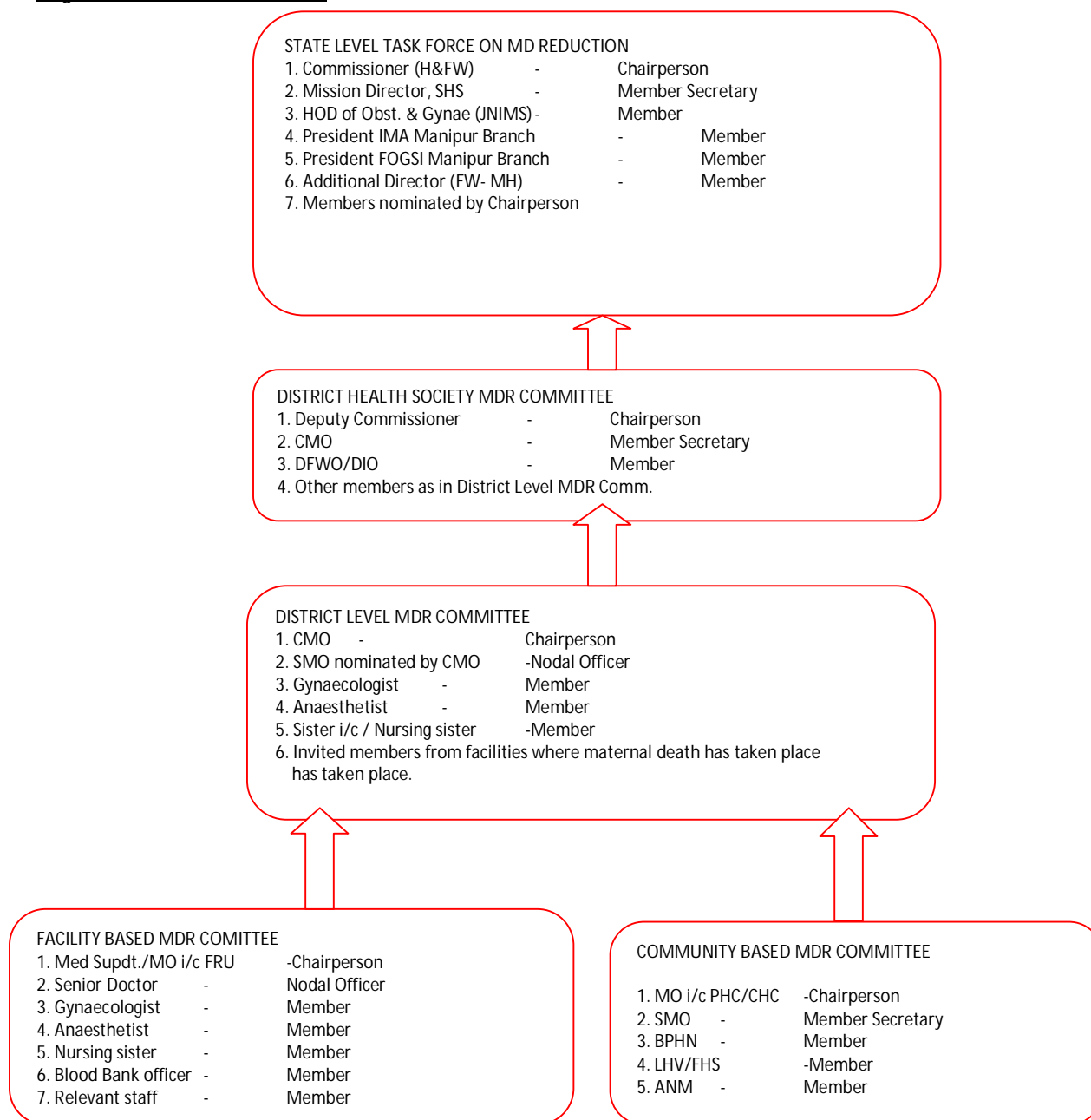
As soon as the information reaches the Block MO i/c/PHC MO i/c, he will immediately inform by telephone the CMO, DC and Director of Health Services within 24 hrs to be followed with written information (Annexure-6).

He will designate a FHS/LHV/BPHN and the concerned SC ANM to further investigate and conduct a verbal autopsy by visiting the deceased woman's house in order to collect complete information relating to the death as per the Verbal Autopsy questionnaires at Annexure-2. The Verbal Autopsy and other relevant investigation must be completed within 3 weeks of the receiving information's from the ASHA/others.

After completing the questionnaire at Annexure-2, it should be immediately submitted to the MO i/c PHC/Block MO i/c that will be discussed and analyze the findings with the team and complete the case summary form at Annexure-3. This would be sent to the CMO for further needful actions at district level as mentioned above under the FBMDR.

All the confirmed maternal deaths have to be recorded serially at the PHC/Block level as per Annexure-5 and be reported in the HMIS.

Organization of Committees



State Reviews on Maternal Death

The State Level Task Force on Maternal Death Reduction will meet once in 6 months under the Chairperson of Commissioner (H&FW). It will discuss the recommendations and reviews the actions taken at District and Sub District levels and reviews the actions taken at state level on the minutes of last meeting. It will make recommendations to the Government for Policy and Strategy formulation. It will also prepare on annual maternal death report and organize dissemination meeting to sensitiSe the various service providers and managers to improve accountability.

SUMMARY TIME LINES AND INCENTIVES

Activity	Time Line	Incentive/Transaction Cost payment suggested	Source of funding
Reporting death of women (15-49 years) by ASHA/other person to the Block PHC MO	Within 24 hours of occurrence death by phone	Rs. 50 per report	SC untied fund
Reporting death of women by Block MO to the District Collector, District CMO and the State Director	Within 24 hours of occurrence of death by phone	No incentive	
Field verification of maternal death and community based investigation by LHV/ BPHN/Graduate Nurse/ Sub-Centre ANM/Other	Within 3 weeks of occurrence of death	Rs. 100 per person to a maximum of three persons	SC untied fund
Submission of report by Block PHC MO/facility MDR Nodal MO to CMO in the prescribed form	Within 4 weeks of occurrence of death	No incentive	
Reporting deaths of women by Block MO/ Nodal Officer of Facility to the District Collector, District CMO and State Director of Health Services	Within 24 hours of occurrence of death by Phone	No incentive	
Conduct of facility based review meetings and preparation of district MDR report for all deaths MDR report for all deaths in district by the District committee (chaired by the CMO)	Every Month for the deaths reported in previous month.	No incentive	
Conduct of MDR meeting chaired by District Magistrate/District Collector	Once in month	Incentive of Rs. 200/- each for two persons of the deceased family	District Hospital RKS fund

* The FBMDR Committee & all the MO i/c of other CHCs and PHCs have to submit even "NIL" report every month.

Budget:

Sl. No.	Particulars	Amount (in lacs)	
1	Training Expenditure of 2 (two) State Trainers at NHRSC ,New Delhi	Rs	0.50
2	State Level Trainings of CMOs and DFWO/DIO/DPMs and relevant officer	Rs	4.52
	District Level Trainings of all CHC & PHC Medical Officers		
	Block Level training of all PHNs, LHV, Staff Nurses, ANMs & other field workers like MHW/MHS/FHS		
3	Printing of all flow charts, Training guidelines/modules (if any), Different Annexure & questionnaires and other tools	Rs	0.25
TOTAL		Rs	5.27

Timeline for different level training will be conducted within the first quarter, 2010-11 immediately following the training of State Level Trainers at NHRSC, New Delhi.

A.1.5.7 Monitoring & Evaluation

Activity-1: Monitoring through Routine HMIS

Activity-2: Field supervisory visits by LHVs, ANMs and Officials from District and State level

Table No. A (16): The total budget required on Maternal Health for 2010-11 will be as given below.

Code	Particulars	Amount (Rs. in Lakh)
A.1.1	Operationalise facilities	
A.1.1.1	Operationalise FRUs	48.05
A.1.1.2	Operationalise 24x7 PHCs	0
A.1.1.3	MTP services at health facilities	0
A.1.1.4	RTI/STI services at health facilities	0
A.1.1.5	Operationalise Sub-centres	2.10
A.1.2	Referral Transport	0
A.1.3	Integrated outreached RCH services	0
A.1.3.1	RCH Outreached Camps	34.60
A.1.3.2	Monthly Village Health & Nutrition Days	0
A.1.5	Other Strategies/Activities	0
A.1.5.1	Hardship Incentives for difficult, most difficult and Inaccessible area	0.00
A.1.5.2	Ensuring early and full ANC Registration	0.00
A.1.5.3	Strengthening PNC	0
A.1.5.4	Ensuring at least 24 hours institutional stay after institutional delivery	0.00
A.1.5.5	Public Private Partnership	0.00
A.1.5.6	Maternal Death Auditing	5.27
A.1.5.7	Monitoring & Evaluation	0
	Subtotal	90.02
A.1.4	Janani Suraksha Yojana (JSY)	150.54
	Grand total	240.56

A.2 CHILD HEALTH

Goal: To improve health status and survival of newborns and children
Objective: To maintain the State IMR of 14 per 1,000 live births in all Districts

Table No. A (17): Target for process indicators

Sl. No.	Indicators	Current status		Target by 2010-11
		Survey Data (NFHS-3)	Survey Data (DLHS-2/3)	
1	% of neonates who were breastfed within 1 hour of life	49.1	55.8/ 57.7	80
2	% of infants who were breastfed exclusively till 6 months of age	61.7	30.9/ 42.8	80
3	% of infants receiving complementary feeds apart from breast feeding at 9 months	78.1	NA/ 14.8	95
4	% of children 12-23 months of age fully immunized	46.8	35.1/ 48.5	80
5	% of children 6-35 months of age who are anaemic	52.8	NA/NA	20
6	% of children under 5 years age who have received all nine doses of Vitamin A	0	36.9/ 31.6 (at least one dose)	50
7	% of children under 3 years age with diarrhoea in the last 2 weeks who received ORS	36.8	64.4/ 52.1	80
8	% of children under 3 years age who are underweight	23.8	NA/NA	10

A.2.1 IMPLEMENTATION OF IMNCI

Activity-1: IMNCI Training of 150 paramedics (FHS/PHN/GNM/ANM) from both public and private health facilities in **Chandel, Bishnupur and Imphal East** Districts, which are taken up as the first phase. Modules prepared by MoHFW, GoI will be used for the training which will be held in (i) the State Hospital (ii) DH-TBL and (iii) DH-CCP where the infrastructure for training including case-loads are better. As per the guideline, training period is for 10 days but in case of Manipur, as the HIV/AIDS prevalence rate is very high, the training in the state will have one additional day on HIV/AIDS and its interrelated disease like TB. The Trainers will be District Trainers which are already trained at the State level by the State ToTs

The training plan is given below.

- No. already trained - 0
- No. needed to be trained - 150
- No. of batches (1 batch having 15 trainees) - 10
- Training venues
 - For I/E staffs - JN Hospital
 - For CDL staffs - DH-TBL
 - For BPR staffs - DH-CCP
- Trainers - District trainers trained at State level

Activity-3: Pre service Training in IMNCI in Medical College (RIMS): The 100 Under-Graduate students will have IMNCI as a course syllabus. Necessary financial support will be given from the State.

Activity-4: Provision of essential drugs: This will be supported from the RCH drug/medicine kits under procurement process from TNMSC

Activity-5: Community mobilization for utilizing the IMNCI services from health facilities

The budget needed for in-service IMNCI training of MOs and paramedics and pre-service IMNCI training for under-graduates will be reflected in **Training Part**.

A.2.2 FACILITY BASED NEWBORN CARE/FBNC

A.2.2.1 Essential Facility Based New Born and Child care on management of Diarrhoea, ARI, Malnutrition, Vit. A deficiency, Zinc supplementary etc. in 05 non-IMNCI Districts

Activity-1: In-service re-orientation training of ANM in Facility Based and Home-Based Newborn care (FB & HBNC): To be taken as a component of monthly PHC level meeting

Activity-2: BCC activities. Discussed under "BCC"

A.2.3 HOME BASED NEWBORN CARE/HBNC

A.2.3.1 Essential Home Based New Born and Child care on management of Diarrhoea, ARI, Malnutrition, Vit. A deficiency, Zinc supplementary etc. in 06 non-IMNCI Districts

Activity-1: Periodic training of ASHAs to include Home-based Newborn Care (HBNC)

Activity-2: Provision of essential drugs: will be done from the State drug supply of the State Health Society.

Activity-3: BCC activities. Discussed under "BCC"

A.2.4 SCHOOL HEALTH PROGRAMME

Activity-1: MO PHC/CHC who is supported with basic local need-based medicine kit will visit the govt. and private schools in their jurisdiction on a pre-planned day so that each of the Primary School students gets a quarterly visit. The MO PHC/CHC will visit at least a school per week. On the identified School Health Day, integrated Health and Family Welfare service is to be provided.

Activity-2: **108 Primary School teachers** who have undergone School Health Training and **270 Primary School teachers** (30 from each Districts of 9 Districts) will be trained during January 2010 will screen on continuous basis the sick children and refer them to the MO PHC/CHC along with a filled-in School Health Card.

Activity-3: ANMs of the concerned Sub-Centre (regular or contract but not both) will visit on rotational basis the schools in their jurisdiction on weekly basis for treatment of minor cases and referral to MO PHC/CHC.

The Joint School Health Committee already formed in the State under the Chairmanship of Secretary (HFW) in coordination with Department of Education will monitor the implementation.

The initiative will be monitored through Field visits by District level officers and State level officers. Also a monthly reporting having details about schools visited and cases referred will be used.

The budget needed during 2010-11 is shown below

Table No. A (18): The budget needed for School Health Program during 2010-11

Sl. No.	Particulars	Total amount (Rs. in Lakh)
1	Printing of 4 Lakh School Health cards @ Rs. 2/-	8.00
2	Drugs/ medicines	Reflected in Part-B
3	Monitoring and supervision	5.00
4	Contingencies, travel allowances (Including Outsource Vehicle @ Rs. 20000/- per month)	5.00
Total		18.00

A.2.5 INFANTS AND YOUNG CHILD FEEDING (IYCF)

- Activity-1: BCC activities through Mass Media and IPC through ASHAs. Discussed under "BCC"
- Activity-2: Periodic training of ASHAs to include chapter on IYCF
- Activity-3: Re-orientation training of Health Workers at PHC level monthly meetings
- Activity-4: Coordination with Breast-Feeding Promotion Network of India (BPNI). Manipur Chapter

A.2.6 Care of Sick Children and Severe Malnutrition

- Activity-1: Operationalization of Newborn Care Corners in FRUs and 24/7 PHCs. Infrastructure up-gradation and provision of essential equipment are already completed. For NRCs, supplementary feeds will be made available on exchange basis.
- Activity-2: Community mobilization through ASHA for timely referral of sick children

A.2.7 MANAGEMENT OF DIARRHOEA, ARI AND MICRONUTRIENT MALNUTRITION
(Discussed in Facility and Home based New Born Care)**A.2.8 OTHER STRATEGIES/ACTIVITIES****A.2.8.1 Awareness campaigns and observation of State and district levels**

- Activity-1: A State and District level Healthy Baby and Best Mother Competition will be held in collaboration with IAP, Manipur Branch and Red-Cross Society on Children's Day.
- Activity-2: Observation of State and District level Breast-feeding events with in collaboration with BPNI, State Chapter
- Activity-3: Observation of ORS Week in collaboration with IAP, Manipur Branch
- Activity-4: Observation of New Born Care Week in collaboration with IAP, Manipur Branch

Total No. A (19): The budget needed Awareness campaigns

Sl. No	Particulars	Amount (Rs. in lakhs)
1.	State and District Level Healthy Baby & Best Mother Competition	3.00
2.	State and District Level Breast Feeding Week Celebration	2.00
3.	ORS Week Celebration (State & District)	2.00
4.	New Born Care Week Celebration	1.50
Total		8.50

A.2.8.2 M & E and Review Meetings

Activity-1: Active Monitoring and Supervision by State and District level QAC including outsourcing of vehicles at State HQ for logistic support

Activity-2: Co-ordination & Review Meetings

Total No. A (20): Budget needed for M & E and Review Meetings

Sl. No	Particulars	Amount (Rs. in lakhs)
1.	Logistic Support for Monitoring & Supervisory Visits	2.70
2.	02 State IMNCI Coordination Group Meetings	0.30
3.	Quarterly State level District review	1.00
4.	Other Miscellaneous Expenditure/Office contingency	1.00
Total		5.00

The total budget on Child Health will be:

Table No. A (21): Total Budget for Child Health

Code	Particulars	2010-11 Rs. in lakhs
A.2.4	School Health Programme	18.00
A.2.8	Other Strategies/ Activities	0
A.2.8.1	Awareness campaigns at State level and observation of State events	8.50
A.2.8.2	M & E and Review Meetings	5.00
Total		31.50

A.3 FAMILY PLANNING**Current issues**

- Social factions opposing sterilization operations
- Shortage of trained manpower

Objective: To reduce the un-met needs (Terminal- from current 5 to < 2; spacing from current 7.6 to < 1) by end of 2009-10

Table No. A (22): Targets for process/intermediate indicators

Sl. No.	Indicators	Current status	2010-11			
			1q	2q	3q	4q
1	No. of health facilities providing Female Sterilization services					
2	a. DHs (Cumulative)	4	7	7	7	7
	b. CHCs (Cumulative)	0	10	14	14	14
3	No. of health facilities providing Male Sterilization services					
	a. DHs (Cumulative)	7	7	7	7	7
	b. CHCs (Cumulative)	6	6	8	10	14
	c. PHCs (Cumulative)	25	25	30	40	50
4	No. of health facilities providing IUD insertion services					
	a. CHCs (Cumulative)	16	16	16	16	16
	b. PHCs (Cumulative)	73	73	73	73	80
	c. Sub Centres (Cumulative)	106	150	175	200	380
5	No. of districts with Quality Assurance Committees (QACs) (Cumulative)	4	9	9	9	9
6	No. of planned Male & Female Sterilization camps	2	9	9	9	9

A.3.1 TERMINAL/LIMITING METHODS

Activity-1: Observation of Sterilization Days (Wednesday for Tubectomy and Saturday for Vasectomy)

- a. Weekly at State Hospital and District Hospitals having trained manpower
- b. Fortnightly at CHCs wherever trained manpower are available
- c. Monthly at identified PHCs where trained manpower for No Scalpel Vasectomies (NSV) are available

Activity-2: Training of MBBS Doctors in NSVs and Minilap and expanding the panel of eligible surgeons and health institutions (both public and private) for performing sterilization operations. . This is discussed under "Trainings"

Activity-3: Provision of compensation money for clients, motivation fee for ASHA @ Rs. 200/- for Male Sterilization and Rs. 150/- for female Sterilization and free provision of drugs & dressing materials. The ASHA incentives are to be kept deposited at Block CHCs/PHCs in advance, so that, payment may be made immediately.

Activity-4: Provision for NSV operation in monthly out-reach RCH camps in all Districts at PHCs which are under-utilized

Activity-5: Provision for NSV operation in monthly out-reach RCH camps in all Districts at PHCs which are under-utilized

Activity-6: BCC: Community mobilization through ASHAs and Awareness generation on health facilities providing sterilization Services

Activity-7: Quality assurance and monitoring through State and District Quality Assurance Committees: 10% of all sterilizations to be cross-checked by the District Quality Assurance Committees

Activity-8: Insurance Scheme for sterilization complications to be continued.

A.3.2 SPACING METHODS

Activity-1: BCC activities to make people aware of the spacing methods available in the health facilities

Activity-2: Provision of Cu-T 380A insertion services at all health facilities (public and accredited private) ensuring adequate privacy measures. Untied Fund at health facilities is to be used for ensuring privacy.

Activity-3: Making available ECP, Cu-T 380A in addition to OCP and Condom in all Health Institutions up-to the level of Sub-Centres. Items needed may be procured centrally and be supplied to the State as before.

Activity-4: Community Mobilization through ASHAs by paying a Motivation fee of Rs. 20/- per case. This is to be kept deposited at Block CHCs/PHCs in advance, so that, payment may be made when ASHAs come to attend the Monthly Block level ASHA Meetings/Days

Activity-5: Performance-based honorarium for Addl. ANMs for spacing services

Activity-6: Social marketing of Condoms in collaboration with SACS/MACS (*Project: Zaroor*)

Activity-7: Awareness Generation on natural methods through Inter-personal Communication by ASHAs

Activity-8: Training of Doctors (both public and private) on IUD insertion at District level (State ToT and District ToT already trained) by using Joe Model available with the State. Budget detail is given under "Trainings"

Activity-9: Half-yearly Contraceptive up-date seminars for MOs

Activity-10: Quality Assurance and monitoring by State and District QACs

Table No. A (23): Total Budget for Family Planning for 2010-11 (in Lakh)

Sl. No.	Particulars/Activity	Unit rate	Units	Total
1	Monthly integrated out-reach RCH camps in all 9 districts	Reflected under "Maternal Health"		
2	Compensation & motivation fee			
	3.1 For Tubectomy (Acceptor-600, Motivator-150, Drugs & dressings-100, Surgeon's charge-75, Anesthetist's charge-25, Staff Nurse-15, OT Tech-15, Refreshment-10, Camp Mngt-10 in Public facilities; Facility-1350, Motivator-150 in Accredited Private facilities)	0.01 in Public facilities; 0.015 in Accredited private facilities	2000	20.00
	3.2 For Vasectomy (Acceptor-1100, Motivator-200, Drugs & dressings-100, Staff Nurse-15, OT Tech-15, Refreshment-10, Camp Mngt-10 in Public facilities; Facility-1300, Motivator-200 in Accredited Private facilities)	0.015	1000	10.00
	3.3 Motivators' fee for IUD	0.0002	15000	3.00
3	Procurement of spare parts /repair of sterilization equipments	Reflected Part B		
4	Printing of Eligible Couple Register and Family Planning register, Birth Register, Death Register	0.002	600 each	4.80
5	Monitoring & supervisory visits (both by State & District officials)			5.00
6	Seminars on Contraceptive up-date, Trg. of MBBS Doctors on NSV & minilap and Trg. of MOs & paramedics on IUD	Reflected under "Training"		
7	BCC activities	Reflected under "BCC"		
Total				42.80

An amount of Rs. 4.00 Lakh and another amount of Rs. 1.80 lakh for paying motivation fee to ASHAs for terminal method and spacing method respectively will be kept deposited in Block CHCs/PHCs, so that, ASHAs can be paid their entitlement when ASHAs come to attend Block level Monthly ASHA days/ Meetings

A.4 ADOLESCENTS' REPRODUCTIVE AND SEXUAL HEALTH**Table No. A (24): Target for process/intermediate indicators:**

Sl. No.	Indicators	Current status	2010-11			
			1q	2q	3q	4q
1	No. of health facilities providing ARSH services					
	a. FRUs (Cumulative)	1	11	11	11	11
	b. CHCs (Cumulative)	0	12	14	14	14
	c. PHCs (Cumulative)	0	40	50	60	70
2	No. of health facilities with at least one provider trained in ARSH (Cumulative)	0	0	30	30	60

A.4.1 IFA supplementation to Adolescent girls

Activity-1: It is proposed that, all adolescent girls (anaemic or non-anaemic) be provided a three months IFA (large) course. ANMs should take along with them the needed medicine to the villages while observing Monthly VHNDs. At a point of time, only one month's course should be provided to them. While providing the micro-nutrient, the ANM and the ASHA should counsel the girl properly about IFA administration and benefits of consuming IFA. The details of girls initiating and completing the three months' course should be recorded in the Village Health Register and reported through the ANMs. Defaulters if any should be traced, by the ASHAs.

It is estimated that, a total of 12 Lakh IFA (L) Tablets will be needed in a year, for which an amount of **Rs. 12.00 Lakh** may be allocated. Reflected in **Part-B**.

A.4.2 Making health institutions adolescent-friendly

Activity-1: Maintaining privacy for adolescents during counseling and Examination

Activity-2: Provision of basic drugs related with adolescent health in DHs/CHCs/PHCs having trained MOs on Adolescents' Reproductive and Sexual Health (ARSH). Reflected in **Part-B**.

Activity-3: Training of more MOs on ARSH. This is discussed under "**Trainings**".

Activity-4: Identification of ARSH Clinics on fixed days of the week after the General OPD hours in health facilities having trained MOs

A.4.3 School-based ARSH approach in collaboration with School Health

Activity-1: Anonymous Question Letter Boxes have been installed in 1000 Schools having adolescent students on trial phase in 2008-09. The MO assisted by a trained School Teacher will clarify during school gathering on the anonymous question put into by students during the MO's quarterly School visit. The initiative was not really operationalized in 2008-10. In the current year, the initiative will be given impetus through performance-based incentive for school visits through School Health Services.

Activity-2: Inclusion of Family Life Education in School Syllabus with coordination with Dept. of Education.

A.5 URBAN RCH

To provide equitable health services to the floating migrant population and shanty villages lying in and around the cities and towns, so far, 08 Sub-Centres situated at sub-urban areas have been up-graded to the level of Urban Health Centres in terms of infrastructure, manpower (1 LMO, 1 PHN, 4-5 ANMs, 1 LT, 2 Peon cum Chowkidar and 1 Office Asst. per UHC), equipment and drugs. Also a Technical Support Unit is established in the State Mission Secretariat. The list of the 08 Centres are:

1. UHC Kshetigao in Imphal East District
2. UHC Ningom Thongjao in Imphal East District and
3. UHC Mantripukhri in Imphal East District
4. UHC Sangai Yumpham in Thoubal District
5. UHC Thoubal Haokha in Thoubal District
6. UHC Thingkhanphai in Churachandpur District
7. UHC Karong in Chandel District
8. UHC Mongsangei in Imphal West District

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.

A.5.1 Maintaining the functionality of the existing 08 Urban Health Centres already established in the State in sub-urban areas

- Activity-1: Support for State and District Technical Support Units: The services of 10 Office Assistants engaged on contractual basis (02 at State Hdq. And 01 in each of the 08 UHCs will be re-utilized in 2010-11.
- Activity-2: Program Administrative Support to State Technical Support Unit: An amount of Rs. 5.00 Lakh will be needed for a year
- Activity-3: Support for MOs and Paramedics: The services of the 08 MOs, 08 PHNs, 32 ANMs, 08 Lab. Techs and 08 Grade IVs which were utilized in previous year, will be re-utilized in 2010-11.
- Activity-4: Support for drugs/medicine: Drugs/medicines based on local needs may be procured for the 08 UHCs @ Rs. 1.00 Lakh per UHC during 2008-09.

Table No. A (25): The total budget for Urban Health

Sl. No.	Designation	No. of Post	Basic Pay (in Rs.)	PBH (in Rs.)	Honorarium per Month	TOTAL AMOUNT (Rs. In Lakh)
1	Honorarium of 08 LMO	08	8000.00	22000.00	30000.00	28.80
2	Honorarium of 08 PHN	08	5500.00	3875.00	9375.00	9.00
3	Honorarium of 08 LT	08	3200.00	3050.00	6250.00	6.00
4	Honorarium of 32 ANM	32	3200.00	3050.00	6250.00	24.00
5	Honorarium of 10 Off. Asst	10	3050.00	3050.00	6100.00	7.32
6	Administrative Cost					5.00
7	Drugs/medicine @ Rs. 1.00 Lakh per UHC					Part-B
Total						80.12

A.6 TRIBAL HEALTH

The Mobile Clinic of the Tribal Health Project under RCH-II (Part- A of NRHM), started on 5th January 2008. From April 2009 to January 2010, 5168 patients were examined. Out of this, 2000 were males, 2200 females, 800 under 12 years and 168 under 1 year of age. The most common diseases among the adults (both males and females) are Gastric Ulcer, Leucorrhoea, Arthritis, Respiratory tract infection(RTI), generalized weakness Hypertension is also common with around 15-20 patients in each village. Treatment is given accordingly with the sample drugs provided.

Among the children respiratory tract infection, diarrhea, worm infestation, malnutrition are common. As a prophylactic de-worming is done in all the children above 2 years of age.

The number of pregnant women registered for ANC from April 2009 to January 2010 was 48. Out of this, 5 had only 1 ANC, 23 had 2 ANC and 20 had 3 ANC. Two high risk pregnancy cases with pregnancy induced hypertension (PIH) was detected. One from Laikoiching village Chonlei 23 years (Primi) and Akip 28 years from Waithou Chiru (Primi). Both of them were referred to their nearest health centres i.e. Lamalai PHC and Thoubal District Hospital respectively 12 women out of the 48 were found to be anaemic. IFA therapeutic treatment given. All the other women were also given IFA prophylaxis for 100 days.

Test for urine sugar (with Diastix) and Hb% was done for all the pregnant women. However, only two women were detected with trace sugar in urine. They were advised blood sugar test for confirmation. On follow up, their blood sugar were found to be normal.

Besides the normal health check-ups, a programme 'Mother's meeting' is being conducted once in each village on the topics 'Breast feeding and Contraception' with a target of 30 mothers below 40 years.

So far, 8 mother's meeting have been conducted in 8 villages from June 2009 to January 2010 as shown below.

<u>Name of Village</u>	<u>Date</u>
1. Longa Koireng (IW)	8/6/2009
2. Laikoiching(IE)	20/7/2009
3. Ngarian Karpu Sungba	29/8/2009
4. Naorem Kabui Village (BSP)	25/9/2009
5. Waithou Chiru (TBL)	31/10/2009
6. New Salem (IE)	21/11/2009
7. Kangchup Tuikun (IW)	5/1/2010
8. Waithou Chaobok(TBL)	30/1/2010

In this mother's meeting, discussion on the importance of breastfeeding, when to start breastfeeding etc was done. Regarding the contraception, both temporary and permanent methods were discussed with main emphasis was given on Oral contraceptive pills (Mala-N) and condoms on how to use, side effects and contraindications.

This type of programme has helped in creating awareness among the women. In the coming year 2010-11, plans have been made to increase the number of mother's meeting to at least twice in each village and to increase the number of targeted mother's to 40.

Situational Analysis: In Manipur there are 9 Districts in the state. Out of these nine districts, 4 are in valley and 5 are in hill district. Despite in hill district with more than 90 % ST population a large number of Tribal population are inhabited in 4 valley District namely Thoubal, Bishnupur, Imphal East and Imphal West. To give equitable health care in this marginalized population Tribal Health project has been done in these Districts since last 3 years. During April- October 2009, the number of patients that have benefited under this program especially to Mother and child is 5168.

Objective: Provide adequate equitable RCH Services to tribal population in valley District.

A.6.1 PROVIDE RCH SERVICES AVAILABLE AND ACCESSIBLE TO 20 VILLAGES/HAMLETS IN 4 VALLEY DISTRICTS

Activity-1: Number of villages to be covered = 24 villages in 4 Valley District

Table No. A (26): Name of the villages to be covered

Sl. No.	Name of the District	No. of villages/Hamlets to be covered during 2010-11	Name of villages
1	Imphal East	9	Sapanthong kabui Khul, Sadu Koireng, Ishok, Leikoiching, Ngarian, New salem, Sadu longa Koireng, Lilong Hao, Khomgbal Tangkhul (9)
2	Imphal West	5	Konthoijam, Kharang Koireng, Purum Khunoo, Kangchup twikun, Longa Koireng (5)
3	Thoubal	3	Poirou Tanhkhul, Waithou Chiru, Waithou Chaobaok (3)
4	Bishnupur	7	Naorem, Thanilkhong & Nangaijang, Leimapokpam, Oinam, Toubul, Khoijuman, Ishok Tairenpokpi (7)
	Total	24	24 villages

The health team will cover these 24 villages annually with minimum 1 visit in a month. Therefore the number of Visits = $24 \times 12 \times 2 = 576$ visits

Activity-2: Human Resource requirement: During 2009-10, one lady Medical Officer, 2 ANMs was approved under this program. But during 2010-11, one helper (Male) will be requiring to assist in field visits. Budget is reflected below:

Table No. A (27): Human Resources for Tribal Health

Sl. No	HR	Quantity	Unit Rate(Rs) Basic	Unit Rate (Rs) Performance	Amount in Lakhs
1	Lady Medical Officer	1	8000/-	22000	3.60
2	ANMs	2	3200/-	3050	1.50
3	Helper	1	1000/-	2000	0.36
	Total				5.46

Activity-3: Outsourcing Vehicle for the Field visits and others

Table No. A (28): Outsourcing of vehicle & Program Management Cost

Sl. No	Activity	Quantity	Unit rate (Rs)	Amount in Lakhs
1	Hiring of One Maruti van for field visits	1	20,000/-	2.40
2	Medicine & Drugs (Reflected in Part-B)	-	5.00/-	Part-B
3	Program Management cost			5.00
	Total			7.40

Activity-4: **Monitoring and Supervision:** The monitoring and supervision will be done by the District Program Monitoring Team established under District Health Society. District will be provided the program schedule in time to facilitate ME activities.

Table No. A (29): Total Budget proposed for Tribal Health during 2010-11

Sl. No	Activity	Amount Rs in Lakhs
1	HR in position: 1 Lady Doctor, 2 ANMs & 1 Assistant	5.46
1	Hiring of One Maruti van for field visits	2.40
2	Medicine & Drugs	0
3	Program Management cost	5.00
	Total	12.86

A.7 VULNERABLE GROUPS

A.8 INNOVATION/PPP/NGO

A.8.1 PNDDT AND SEX RATIO

A.8.1.1 SITUATIONAL ANALYSIS

Status of Sex Ratio in Manipur State

Table No. A (30): Sex Ratio Status

1991 Census	2001 Census	Absolute Change
974	978	+4

The current Sex ratio in the State is 978 which is better than the national average. But the alarming thing is that, the U-6 Sex ratio is only 957. The following activities on stricter enforcement of PCDNDT Act are proposed to be taken up

Committees Formed at State Level

State Supervisory Board (SSB)

State Appropriate Authority (SAA)

State Advisory Committee (SAC)

Registration

No. of Ultrasound Centres registered as on 1st Nov 2009= 35 centres

No. in process for registration = 7

Chandel and Tamenglong still need to be covered.

Meetings

No. of meetings held at state=32

A.8.1.1.1 Objectives

To increase the under 5 yrs sex ratio from 957 to 965

Activity 1: Meetings of State Supervisor Board Meeting (16 Members)

Activity 2: Meetings of Advisory Committee (5 Members)

Activity 3: Meetings of State Appropriate Authority (8 members)

Activity 4: Legal Activities

Activity 5: Workshop / Awareness program

Activity 6: Printing of PNDDT Handbook

Activity 7: Wall Painting

Table B (31): Budget proposal under Pre-Conception & Pre-Natal Diagnostic Techniques Act & Rule During 2010-11

Sl. No	Activity	Particular	Amount (Rs.) in lakhs
1	State Supervisor Board Meeting: I. The Board shall meet at least once in 4 (four) months (Exp. TA/DA, Stationery, PA system, refreshment etc.)	@ Rs.26,000/- per meeting for 3(three) meetings in a year i. Sitting allowance for 10 - eminent members @ Rs 600/-per sitting ii. Refreshment@ Rs 200x30 participants(Ex-officio members & Officers) iii. Stationary - @Rs 250x30 iv. Hiring charge of Generator @ Rs 1000/- v. P.A system & Backdrop@Rs3500 vi. Misc - Rs 2000/-	0.78
2	State Advisory Committee: I. Meeting at least once every sixty days	@ Rs.13,200/- per meeting x 6 times in a year i. Sitting allowance for 7 -SAC members @Rs 600/- per sitting ii. Refreshment @ Rs 200x20 participants iii. Stationary @Rs 200x20 members Misc 1000/-	0.792
3	State Appropriate Authority: I. To grant, suspend or cancel the registration.	Meeting 14 (twenty) times @Rs 7200/- per meeting i. Sitting allowance for 2 (two) SAA members @Rs.600/- ii. Stationary @Rs.250/- X 10 members (SAA & Officials) iii. Refreshment @Rs.200/- X 10 Misc. Rs.1500/-	1.008
4	Field Visits by SAC & SAA I. To aid & advice the appropriate authority in the discharge of its functions.	Field visit to all district including Jiribam & Moreh (AA+SAC)-10 times @Rs 6600/- per field visit i. Hiring charge of Vehicle @Rs 3000/- ii. DA for 3 SAC members @Rs 600/- Refreshment @Rs 200x9 participants Field visit to all districts including Jiribam & Moreh 20 (twenty) times @Rs4200/- per field visit i. Hiring of vehicle @Rs.3000/- ii. DA for 2 (two) SAA @Rs.600/-	0.66
5	Legal Activities: I.To make appropriate legal action against the use of any sex selection technique by any person at any place, suo moto or brought to its notice and also to initiate independent investigations. Started process for two institutions one in Thoubal & CCP	Legal fee	
6	Awareness programme: I.To create public awareness against the practice of sex selection orPre-Natal Determination of sex.	Awareness Programme @ Rs.10,000 X 40 programme i. Backdrop & Welcome - Rs. 2000/prog. ii. Stationery - Rs.1000/prog. iii. PA system - Rs.1300/prog. iv. 4 (four) resource person- Rs.2000/prog. @Rs.500/- v. 50-Participant @Rs.50/-- Rs.2500/prog. vi. Refreshment - Rs.1200/prog. Wall painting 6`X 10` @ Rs.35/sq.fit 50 nos. X 2,100	4.00 1.05
7	BCC activity	Reflected in BCC section Part A	
6	Misc and office contingency	-	0.50
Grand total			8.79

A.8.2 PUBLIC PRIVATE PARTNERSHIP

A.8.2.1 Running 3 PHCs in PPP Model:

The pilot project for running PHCs in PPP model for the following PHCs will be initiated in 2010-11:

- 1) Tousem PHC, Tamenglong District
- 2) Patpuimun PHC, Churachandpur District and
- 3) Borobekha PHC, Imphal East District

Support Services to Inaccessible PHCs under PPP Program for 3 Primary Health Centres have been identified and Expression of Interest (Eoi) from eligible NGOs have been invited to bring into an MoU for Health Care Services to Rural People.

The Following services are covered and will be provided in these 3 PHCs as per draft MoU.

- a) 24 hours Emergency/Casualty Services.
- b) 6 days OPD.
- c) 5 to 10 Bed inpatient facility.
- d) 24 hrs labour Room and Essential Obstetrics facility.
- e) Minor Operation Theatre Facility
- f) Antenatal care and Post natal care
- g) Early and safe abortion services (including MVA)
- h) Prevention and management of RTIs/STIs
- i) Essential new born care
- j) Routine immunization services
- k) Family planning services
- l) Essential laboratory services
- m) 24 hrs Ambulance Facility
- n) Make available essential medicines as per the details at Schedule B to the MOU. The Agency would be encouraged to keep in stock such additional medicines as are found necessary after assessing the field situation.
- o) Participation in and implementation of National Programs of Health & Family Welfare including the National Rural Health Mission. Outreach/IEC activities by conducting medical camps
- p) Outreach camps

Few conditions were agreed as important points:-

1. PHCs of difficult areas will be handed over to NGOs
2. All the govt. staff working in these PHCs will be transferred/posted to other govt. hospitals. NGO will appoint its own staff. All the contractual staff under NRHM will be withdrawn also.
3. All the assets including building, equipment, ambulance, medicines, related to that PHC will also be handed over to NGOs.
4. A PHC management committee will be constituted (RKS) to help NGOs in various ways
5. Govt. has to provide all the medicines, vaccines etc under any National Health programs
6. The budget proposed for each PHCs is as follows:
7. Along with the PHC, Subcentres (SCs) attached to the PHC will also be handed over to NGOs.
8. Any medical staff who are posted to that PHC under any national health programs by the state govt. (Like Malaria worker etc) have to continue in that PHC for the continuation of such National health programs during NGO run period also.
9. PPP steering committee have to review the performance of NGOs in every quarter
10. Reporting from NGOs to District and the state NRHM PPP cell also.

11. Diet can be given to indoor patient
12. NGO can do the audit by their own CAs. Or govt. can appoint a common auditor
13. Any savings in the budget heads can be utilized in other heads for that PHC
14. In case of poor performance of NGO, 3 months time is to be given to NGOs for handing over back it to Govt.
15. There must be a list of medicines/surgical as per PHC norms of GOI
16. There must be flexibility in the budget heads. NGOs have to procure the surgical, medicine, chemicals, equipment and minor repairing work for these health centres.
17. Govt. can appoint external evaluation team for the performance of the NGOs. District Health authority can visit NGO run PHCs to monitor it.
18. State govt. releases fund to the NGOs at state level in Arunachal Pradesh. Fund is released monthly.
19. NGOs are also involved in PRI training, ASHA training (1-3 modules) in all the districts.
20. NGO will operate the RKS, SC accounts, VHSCs etc of that PHC.

Table No. A (32): Personnel Cost for PPP

Sl No	Category of staff	No of posts	Maximum fund per annum (Rs in Lakh)
1	Medical Officer @ Rs. 35000/-	2	8.40
2	Pharmacist @ Rs. 8400/-	1	1.008
3	Staff Nurse @ Rs. 8400/-	2	2.016
4	ANM (PHC) @ Rs. 7000/-	2	1.68
5	ANM (PHSC) @ Rs. 7000/-	6	5.04
6	Lab Tech	1	0.84
7	Driver	1	0.60
Sub -Total			19.584
8	Medicines and other Healthcare Consumables. Medicines - Rs.3,00,000/- Materials & Supplies - Rs. 30,000/- Laboratory Reagents, - Rs. 10,000/- Surgical Items - Rs. 10,000/-		3.50
9	Maintenance, Furniture, Equipment Civil Works(Maintenance)- Rs.1,00,000/- Office furniture - Rs. 50,000/- Hospital furniture -Rs. 1,00,000/- Surgical Equipments -Rs. 3,00,000/-		5.50
10	Other Administrative Charges Water & Electricity - Rs. 10,000/- Traveling Allowances - Rs. 20,000/- Ambulance Services - Rs. 70,000/-		1.00
Sub Total			10.00
TOTAL			29.584
GRAND TOTAL FOR 3 PHCs (Rs. 29.584 Lakh X 3 PHCs)			88.752

A.8.2.2 PPP MODEL FOR EMERGENCY OBSTETRIC CARE IN UKHRUL DISTRICT**A.8.2.2.1 Background**

In the changing life styles, an integration of multiple services to provide quick and comprehensive emergency response is required in Ukhrul where service availability is low in Ukhrul Districts. Further, with increase in the emergencies cases occurring throughout the difficult places there is demand for emergency care.

The EMRS will function 24 x 7 with dedicated team members in partnership with 1 (one) accredited private hospital at Ukhrul. It will have toll free emergency number which will land at Emergency Response Centre (ERC), this centre will be located in at the PPP centres. One ambulances functioning will be required that will be supported by concerned PPP Private Partner.

To manage the emergency the EMRI will be divided into three teams;

- Information (call taking, call processing and call dispatch),
- Response (Ambulance) and
- Care (Pre – hospital medical care).

A.8.2.2.2 Goal: To provide emergency response services in 1 Hill Districts under Public Private Partnership

A.8.2.2.3 Objective: To provide 24 x7 emergency services by addressing pre hospitalization care with emergency care in OBSTETRIC CARE

A.8.2.2.4 Strategies

1. Setting up of Emergency Management and Research Institute (EMRI)
2. Building Partnership with reputed hospitals/clinics with cost sharing
3. Effective IEC to inform the community
4. Organizing appropriate referral and provide emergency care to the victim
5. Monitoring the functioning of EMRI

A.8.2.2.5 Activities

1. Procurement of Ambulances by the identifies Private provider
2. Operationalizing Emergency Response Centre with a toll free number
3. Selection of dedicated staffs for EMRS
4. Training of the team in managing emergency service
5. Broadcasting of EMRI in radio, TV through AIR, DDK, ISTV
6. Monitoring through monthly report
7. Formation of Program Committee for reviewing quarterly

Table (33): Budget for Operationalizing one EMRS Unit at Ukhrul District

Sl. No	Item	Unit	Unit cost in lakhs	Source of Fund
1	Cost of ambulance	1	-	NGO NRHM
2	Fabrication works	1	3.50	
3	Medical equipment	1	7.00	
4	Cost of call centre	1	4.00	
5	Registration approximate cost	1	0.05	
6	Insurance approximate cost	1	0.25	
7	Transportation cost (approximate)	1	0.30	
8	Remuneration for the staffs	6(1 drivers, 2 technician, 02 helper & 1 MBBS Doctors)	0.72	
9	Maintenance for ambulance	1	0.50	
TOTAL			16.32	

A.8.3 NGO PROGRAMME**A.8.4 OTHER INNOVATION****A.8.4.1 "MOBILE MOTOR BOAT RCH CLINIC" FOR VULNERABLE POPULATION OF LOKTAK FLOATING HUTS**

DEMOGRAPHIC PROFILE: Loktak Lake located in the Southern Part of Manipur State, is the largest fresh water lake in the Northern of India, occupying an area of 286 sq. km and bounded by Imphal West, Thoubal and Bishnupur District in between 24.10 degree and 24.5 degree in the North and East latitude 93.85 degree and 92.82 degree longitude. The average, temperature is 32 Degree Celsius maximum and 10 Degree Celsius minimum temperature and annual rainfall are recorded to 1447 mm.

Size and Location of Lake:

*	Area of lake (Dry Season)	-	286 sq. km
*	Area of Lake (Rainy season)	-	318 sq. km
*	Depth of Lake (Dry Season)	-	1.0 m to 2.5 m

Summary Report of the Household Survey done by YUVA Thanga:

1. Out of the total floating population of Loktak 51.22% is male and 48.77% is female. 100% of the households use unsafe drinking water from the Loktak Lake and 100% of the household use kerosene for lighting, firewood for cooking and fishing is their only livelihood.
2. 53.8% of the population are earning members out of which 45.37% earn from Rs. 1000 to Rs. 2000 per month, 52.35% of them earn from Rs. 2000-Rs. 4000 per month and 2.26% of them earn above Rs. 4000 per month.
3. 100% of the population does not have sanitary latrine; they defecate into open Loktak Lake itself.
4. Only 15.47% of the population gets sufficient food throughout the year while 84.53% do not get enough food throughout the year.
5. 100% of the population used boat as the only means of transportation. 0% of the population own TV, while 24.41 percent of household have radio at their houses.
6. 0% of the population has own agricultural land and livestock.
7. At the time of sickness 85% of the population depends on Govt. health care while 15% go to private clinic.
8. 0.09%, 0.14% and .09% of the population are suffering from T.B., Asthma & Jaundice respectively which not getting proper treatment treated.
9. 22.31%, 52.44% and 4.63% of the population consume alcohol, chew pan with tobacco and smokes respectively.

Details of the Data:

1.	No. of Floating Huts in Loktak lake	: 738 nos.
2.	Total population of Floating Huts	: 2048
3.	No. of Male & Female	: 1049 (Male), 999 (Female), 2048 (Total)
4.	No. of population of diff. ages:	
	1. Below 1 yr	: 12
	2. Between (1 - 5) Yrs	: 229
	3. Between (6 - 14)Yrs	: 104
5.	No. of Sanitary latrine	: nil
6.	Source of Drinking Water	: Loktak Lake

Synopsis on problems of Loktak Floating Hut inhabitants:

The way of life of the inhabitants of the Loktak Floating Huts (LFH) is unique. Their sole occupation for livelihood is fishing. These LFHs are situated scattered here and there in the lake some of them in groups. The availability of safe drinking water and environmental sanitation is the far from the reach of inhabitants. They have very poor access to health care facilities.

The District Health Mission Society, Bishnupur has identified these two areas to provide facilities for healthy environmental sanitation especially the Loktak water and to extend the primary and secondary health care facilities.

For Loktak floating huts inhabitants needs access to the proper basic health care. The habitants go to the nearby villages at a distance of 4-5 Kms by boat for even a paracetamol tablet. And the situation is worse at the time of rainy season.

The LFH dwellers, being in the high risk zone & hard to reach area, need special package of primary and secondary health care services: -

1. PHC Thanga to conduct supervises, monitor all the health activities.
2. Immunization services: every week.
3. ANC activities : every week
4. health check up services every week

Preventive	}	All national programmes to be extended
Promotive		
Curative		

Objectives:

1. Ensure better Health
2. Ensure full ANC
3. Ensure full immunization
4. Prevention of communicable diseases
5. Awareness on Exclusive breast feeding/Adolescent health /RTI/STI/HIV/AIDS
6. Geriatric care
7. Ensuring proper nutrition
8. Counseling on health matters
9. Organizing health camps on RCH and Others (quarterly)

Strategies:

1. Ensuring better Health Facilities.
2. Creating Awareness among masses.
3. Training and BCC at fishing community level
4. Timely health check-up

Working strategy:

1. 5 ASHAs from the inhabitants both from Inner lake and patchao (big outer lake) selected and trained,
2. HH survey specific to 0-5 yrs, 6-14 yrs, eligible couple, pregnant woman is under process, targeted to complete before February 2010
3. They will be the front runners of many activities to follow.
4. Medicines & non – medicines supplies through ASHA under the supervision of MO i/c PHC Thanga.
5. Visit to the LFH thrice a week
6. Promoting VHND
7. Organizing RCH outreach health camps once a quarter
8. Other disease control programs
9. Management of snake bite/insects bite/ ngachik bite
10. Help in the time of epidemics and rainy season
11. Continuation of collection of sanitary disposal in dry-land through local volunteers.

Required Manpower:

1. 1 MO and 1 MO AYUSH (to be hired from PHC Thanga and CHC Moirang)
2. 1 PHN (Hire from CHC Moirang)
3. 2 ANM (Must be newly recruited)
4. 1 Lab. Tech. (to be Hire from PHC Thanga)
5. 1 Helper (Must be newly recruited)
6. One Male Health Supervisor (to be hired from PHC Thanga)
7. 1 Motor boat operator (Must be newly recruited)
8. 1 Care Taker/Guard (Must be newly recruited)

Required infrastructure:

1. 1 Large Motor Boat with capacity to carry 50 people and other equipment.
2. The motor boat should have proper roofing system
3. The boat should have Lab. Facilities
4. 5 life saving jacket equipment
5. Cooking gas and cooking materials
6. WLL facility for communication
7. 2 Loud speaker
8. 4 hand mikes
9. Large over head fog light
10. Proper lighting system
11. Safe drinking water facility (1 Large water purifier)
12. 5 mats
13. Proper furniture for 10 persons
14. 4 delivery tables
15. 2 OPD tables
16. Medical equipment like Syringe, Glove and first aid kits
17. Drug KIT A and KIT B
18. Proper Sanitary facility
19. Other equipment to maintain privacy for ANC and OPD

1. Budget Requirement: Manpower**Table No. A (33): Manpower Budget**

Sl. no	Particulars		Amount (in Lakhs)
1	Hiring of 2 MO (hired)	Rs. 500 x 2 x 3 x 12	0.36
2	1 PHN (Hire)	Rs. 300 x 1 x 3 x 12	0.11
3	2 ANM (Hire)	Rs. 200 x 2 x 3 x 12	0.144
4	1 Lab. Tech (hired)	Rs. 300 x 1 x 12	0.036
5	1 Helper (new recruitment)	Rs. 3000 x 12	0.36
6	One Male Health Supervisor (hired)	Rs. 300 x 3 x 12	0.11
7	1 Motor boat operator (new recruitment)	Rs. 3000 x 1 x 12	0.36
8	1 Care Taker/Guard (new recruitment)	Rs. 2000 x 12	0.24
Total			1.72

2. Budget Requirement: Infrastructure**Table No. A (34): Infrastructure Budget (ANNEXURE)**

Sl. no	Particulars		Amount (in Lakhs)
1	Large Motor Boat with capacity to carry 30 people and other equipments	Rs. 25.00 Lakh	25.00
2	Roofing system	Rs. 50 Lakh	0.50
3	3 Life saving	Rs. 3000 x 3	0.09
4	Kitchen materials	Rs. 15000 x 1	0.15
5	1 Hand mikes	Rs. 8000	0.08
6	1 loud speakers system	Rs. 20000	0.20
7	1 over head fog light with power supply	Rs. 20000 x 1	0.20
8	WLL facility for communication	Rs. 6000 x 1	0.06
9	Proper lighting system	Rs. 10000 x 1	0.10
10	Water purifier for drinking water	Rs. 5000 x 1	0.05
11	5000 ltr plastic water storage tank	Rs. 4500 x 1	0.045
12	2 mat	Rs. 200 x 2	0.004
13	Furniture	Rs. 15000 x 1	0.15
14	2 Delivery table	Rs. 10000	0.20
15	2 OPD table	Rs. 5000 x 2	0.10
16	Medical equipments	Rs. 5000 x 1	0.05
17	Drug kit A & B	Rs. 20000 x 2	0.40
18	Proper sanitary facility	Rs. 25000 x 1	0.25
19	Equipment for Privacy maintenance of ANC & PNC	Rs. 5000 x 1	0.05
20	Contingency	Rs. 20000 x 1	0.20
Total			27.879

3. Budget Requirement for collection of sanitary disposal:**Table No. A (35):** Budget for collection and sanitary disposal of

Sl. No.	Particulars	Unit rate	Units	Total (Rs. in Lakh)
1	Engaging volunteers for transportation & disposal of excreta by using boats	0.36	16	5.76
2	Mobility support (hiring boats) for Health Staff on weekly basis	0.005	52	0.26
3	Organizing monthly health awareness programs	0.05	12	0.60
4	Filling up of disposal pits with mud @ 6 truck load per month.	0.02	72	1.44
5	Management cost	0.07	12	0.84
Total				8.90

Table No. A (36): Total Budget for Mobile Motor Boat Clinic

Sl. No.	Particulars	Total (Rs. in Lakh)
1	Manpower Budget	1.72
2	Infrastructure Budget	27.879
3	collection of sanitary disposal	8.90
Total		38.499

Total Budget for INNOVATION/PPP/NGO:**Table No. A (37):** Total Budget proposed for INNOVATION/PPP/NGO

Sl. No	Activity	Amount Rs in Lakhs
A.8.1	PNDT and Sex Ratio	8.79
A.8.2	Public Private Partnerships	
A.8.2.1	PPP for 3 PHCs	88.752
A.8.2.2	PPP for EmOC at Ukhrul District	16.32
A.8.3	NGO	0
A.8.4	Other Innovation	
A.8.4.1	"Mobile Motor Boat RCH Clinic" for Vulnerable Population of Loktak Floating Huts	38.499
TOTAL		152.361

A.9 INFRASTRUCTURE & HUMAN RESOURCES**A.9.1 Contractual Staff & Services****A.9.1.1 ANMs**

Activity-1: **Continuation of the Contractual Services of Additional ANMs:** The contractual services of 16 Addl. ANMs at posted CHCs, 420 Addl. ANMs posted at PHSCs may be continued for the year 2010-11. The detail budget is given below.

Table No. A (38): Total budget for Contractual Staffs ANM. Amount (Rs. In Lakhs)

District	I/E	I/W	BPR	TBL	CCP	CDL	UKL	TML	SPT	Total
No. of ANM posted at CHCs	2	2	2	5	1	0	1	1	2	16
No. of ANM posted at PHSCs	52	51	36	58	61	27	40	29	66	420
Total ANM	54	53	38	63	62	27	41	30	68	436
Honorarium @ Rs 6250- per month (Rs. 3200 as Basic Pay and Rs. 3050 as PBH).	40.50	39.75	28.50	47.25	46.50	20.25	30.75	22.50	51.00	327.00

Contractual Staffs posted at difficult areas will be provided hardship incentives according to the degree of difficulty in accessibility. Details reflected in **Part-B**

A.9.1.2 Laboratory Technician

Activity-1: **Continuation of the Contractual Services of Lab. Tech:** The contractual services of 38 Lab. Tech posted in 38 targeted 24x7 PHCs may be continued for the year 2010-11. The detail budget is given below.

Table No. A (39): Total budget for Contractual Staffs Lab. Tech. Amount (Rs. In Lakhs)

District	I/E	I/W	BPR	TBL	CCP	CDL	UKL	TML	SPT	Total
No. of Lab. Tech at targeted 24x7 PHCs	5	4	4	5	4	4	4	4	4	38
Honorarium @ Rs 6250- per month (Rs. 3200 as Basic Pay and Rs. 3050 as PBH).	3.75	3.00	3.00	3.75	3.00	3.00	3.00	3.00	3.00	28.5

Contractual Staffs posted at difficult areas will be provided hardship incentives according to the degree of difficulty in accessibility. Details reflected in **Part-B**

A.9.1.3 Staff Nurses

Activity-1: **Continuation of the Contractual Services of Staff Nurses:** The contractual services of 76 Staff Nurses at posted 24x7 targeted PHCs, 64 Staff Nurses posted at CHC may be continued for the year 2010-11. The detail budget is given below.

Table No. A (40): Total budget for Contractual Staffs Staff Nurse. Amount (Rs. In Lakhs)

District	I/E	I/W	BPR	TBL	CCP	CDL	UKL	TML	SPT	Total
No. of SNs posted at 24x7 PHCs @ 2 SNs per PHC	10	8	8	10	8	8	8	8	8	76
No. of SNs posted at CHCs @ 4 SNs per CHC	8	8	8	20	4	0	4	4	8	64
Total Staff Nurse	18	16	16	30	12	8	12	12	16	140
Honorarium @ Rs 7500/- per month (Rs. 4500 as Basic Pay and Rs. 3000 as PBH).	16.20	14.40	14.40	27.00	10.80	7.20	10.80	10.80	14.40	126.00

Contractual Staffs posted at difficult areas will be provided hardship incentives according to the degree of difficulty in accessibility. Details reflected in **Part-B**

A.9.1.4 Specialists Doctors

Activity-1: **Continuation and Additional Engagement of Specialists Doctors:** Service of two specialist doctors (1 OBG at I/W and 1 Pediatrician at TBL) may be continued and the following additional specialist doctors may be engaged

1. OBG : 3 Nos (for Thoubal, Tamenglong & Ukhrul)
2. Pediatrician : 4 Nos (for Bishnupur, Thoubal, Tamenglong & Senapati)
3. Anaesthetist : 2 Nos (for Chandel & Tamenglong)

The detail budget is reflected in **A.1.1.1 Operationalising District Hospitals as FRUs.**

A.9.1.5 Others Contractual Staff

Activity-1: Continuation of the Contractual Services: The contractual services of 54 MBBS Doctors posted CHC, 14 PHN posted and 9 General Pharmacist at CHC may be re-engaged for the year 2010-11. The detail budget is given below.

Table No. A (41): Total budget for Contractual Staffs Staff Nurse. Amount (Rs. In Lakhs)

District	I/E	I/W	BPR	TBL	CCP	CDL	UKL	TML	SPT	Total
MBBS Doctors	12	8	5	9	5	0	4	5	6	54
Honorarium @ Rs 30000/- per month (Rs. 15000 as Basic Pay and Rs. 15000 as PBH).	43.20	28.80	18.00	32.40	18.00	0	14.40	18.00	21.60	194.4
Public Health Nurse (PHN)	1	2	1	5	0	0	1	1	3	14
Honorarium @ Rs 9375/- per month (Rs. 5500 as Basic Pay and Rs. 3875 as PBH).	1.125	2.25	1.125	5.625	0	0	1.125	1.125	3.375	15.75
General Pharmacist	2	2	3	2	0	0	0	0	0	9
Honorarium @ Rs 7500/- per month (Rs. 4500 as Basic Pay and Rs. 3000 as PBH).	1.80	1.80	2.70	1.80	0	0	0	0	0	8.10
TOTAL	46.125	32.85	21.825	39.825	18.00	0	15.525	19.125	24.975	218.25

Contractual Staffs posted at difficult areas will be provided hardship incentives according to the degree of difficulty in accessibility. Details reflected in **Part-B**

A.9.2 Major Civil Works**A.9.2.1 Major Civil Works for Operationalization of FRUs****A.9.2.1.1 Major Civil Works for Operationalization of FRUs (District Hospitals)**

Out of the existing 07 District Hospitals in the State, two DHs viz. (i) DH, CCP and (ii) DH, BPR are in the process of up-grading the infrastructure to Operationalization of FRU. The civil works are likely to be completed in the current year. For Churachandpur DH infrastructural gaps are still proposed during 2010-11 for ISO Certification.

An amount of Rs. 70.00 Lakhs had been sanctioned during 2009-10 for up-gradation of 7 DH to IPHS. With this amount the following works has been approved by the SHS and these civil works are under progress.

1. Renovation of Labour Room toilet for District Hospital, TML
2. Renovation of Operation Theatre for District Hospital, UKL
3. Renovation of Operation Theatre and Labour Room for TBL
4. Renovation of Operation Theatre for District Hospital, SPT
5. Renovation of Labour Room for District Hospital CCP
6. Renovation of Labour Room for District Hospital CDL
7. Renovation of Operation Theatre and Labour Room for District Hospital BPR

Activity-1: **Construction of Incinerator Room at all Hill District Hospitals.** Equipments were already provided by Health Department, GoM. The district wise fund allocation is given below:

Table No B (42): budget for Construction of incinerator

Districts	UKL	CDL	CCP	SPT	TML	Total
Amount (Rs. in Lakh)	15.00	15.00	20.00	15.00	15.00	80.00

Activity-2: In the coming financial years 2010-11 & 2011-12, the following additional civil works are proposed for up-gradation of 6 DH to FRU.

Table B (43): Proposed activity and budget for 6 DH up-gradations to FRU

Sl. No	District	Activity	Amount Rs. in Lakhs
1	Tamenglong	Retaining wall for District Hospital/TML	10.00
2	Ukhrul	Extension of Labour Room with Toilet facility Construction of warehouse/store	10.00 15.00
3	Chandel	Renovation of OT for District Hospital, CDL Construction of Pucca Fencing	15.00 15.00
4	Churachandpur for ISO Certification	Const. of Laundry Room Const. of Kitchen Room Const. of MR Store Rooms	10.00 10.00 10.00
5	Bishnupur	Construction of Fencing	45.00
	Total		140.00

For the above activity, the budget is proposed in phasewise. During the financial year 2010-11 only 50% of the total budget will be required as first phase and the remaining budget shall be incorporated in the coming next financial year 2011-12 plan as second phase for completion of the activities i.e. **Rs. 70.00 Lakh** only will be required for the financial year 2010-11.

A.9.2.2 Major Civil Works for Operationalization of 24x7 services at PHCs

Activity-1: During 2006-07 and 2008-09 38 (thirty eight) PHCs has been approved for up-gradation to 24X7 PHC. Civil works activities for 20 PHCs have been completed and 18 PHC are in progress. Out of these thirty eight (38) 24X7 PHC only 11 are functional as 24X7 PHC. So during 2010-11, emphasis would be given to 27(twenty seven) PHCs (identified 24x7 PHC) only. The following infrastructural gaps are proposed for PHCs:

Table B (45): Propose activity and budget for PHC up-gradation to 24X7 PHCs

Sl. No	District	Name of 24X7 PHC	Activity	Amount Rs. in Lakhs
1	IW	Mekola PHC	One Type IV Staff Qtr One Type II Staff Qtr	27.00 15.00
2	IW	Khurkhul	Construction of BTQ	71.50
3	I/E	Lamlai	Construction of BTQ	71.50
4	BPR	Kumbi	Construction of Fencing	20.00
5	TBL	Kakching Khunou	Construction of BTQ	71.50
6	TBL	Wangoo Laiphram	Construction of BTQ	71.50
7	UKL	Chingai	Construction of BTQ	71.50
Total				419.50

For the above activity, the budget is proposed in phasewise. During the financial year 2010-11 only 50% of the total budget will be required as first phase and the remaining budget shall be incorporated in the coming next financial year 2011-12 plan as second phase for completion of the activities i.e. **Rs. 209.50 Lakh** only will be required for the financial year 2010-11.

A.9.3 Minor Civil Works

A.9.3.1 Minor Civil Works for Operationalization of FRUs

Activity-1: In the coming financial year 2010-11, the following minor civil works are proposed for up-gradation of 6 DHs and 4 CHCs to FRU.

Table B (46): Proposed activity and budget for up-gradations to FRU

Sl. No	District	Activity	Amount Rs. in Lakhs
1	Thoubal DH	Water Supply System	5.00
		Construction of Patient Toilet	5.00
2	Senapati DH	Renovation of LR with Toilet	5.00
		Waste Disposal System (Construction of 4 disposal pits)	2.00
3	Tamenglong DH	Waste Disposal system (Construction of 4 disposal pits)	2.00
4	Ukhrul DH	Waste Disposal System (Construction of 4 disposal pits)	2.00
5	Chandel DH	Waste Disposal system (Construction of 4 disposal pits)	2.00
6	Churachandpur DH for ISO Certification	Renovation of OT	2.00
		Arrangement of uninterrupted water supply in wards	5.00
	Total		30.00

For the above activity, the budget is proposed in phasewise. During the financial year 2010-11 only 50% of the total budget will be required as first phase and the remaining budget shall be incorporated in the coming next financial year 2011-12 plan as second phase for completion of the activities i.e. **Rs. 15.00 Lakh** only will be required for the financial year 2010-11.

A.9.3.2 Minor Civil Works for Operationalization of 24x7 services at PHCs

Activity-1: The following minor civil works are proposed in the coming year 2010-11 for Operationalization of 24x7 services at PHCS.

Table B (47): Propose activity and budget for PHC up-gradation to 24X7 PHC

Sl. No	District	Name of 24X7 PHC	Activity	Amount Rs. in Lakhs
1	IW	Mekola PHC	Repairing of Qtr	2.00
2	TBL	Lilong PHC	Renovation of Water supply system	3.00
3	TBL	Wangoo Leiphom PHC	Renovation of Water supply system	3.00
4	CCP	Saikot PHC	Repairing of Staff Qtrs.	3.00
Total				11.00

A.10 INSTITUTIONAL STRENGTHENING**A.10.1 HUMAN RESOURCES DEVELOPMENT**

Activity-1: Selection of four HR trainees for 3 month with a stipend of Rs. 8000/- each per month preferably MBA (HR) or HM fresher. They will be analyzing various training needs of the / District/State, updating the database of training and assisting in developing various training & evaluation format of RCH and other trainings in the state. An amount of **Rs. 0.72 Lakh** may be needed. Additional logistics may be arranged from 6% programme management Cost.

A.10.2 LOGISTIC MANAGEMENT/IMPROVEMENT**A.10.3 MONITORING & EVALUATION/HMIS**

Activity-1: Printing of ANC Register, Delivery Register, PNC Register, Birth Register, Death Register and Village Health Register. Printing of these six registers (600 each of the first 5 Registers @ Rs. 200/- per unit and 4500 numbers of Village Health Register @ Rs. 200/-) will be **Rs. 15.00 Lakh**.

A.11 TRAINING**A.11.1 STRENGTHENING OF TRAINING INSTITUTIONS****A.11.1.1 Strengthening of RHEW, Porompat**

Activity-1: Procurement of furniture and other training materials with an estimated cost **Rs. 2.00 Lakh**. The training institute is in the temporary premise. The permanent land is not being allotted. Staff strength is 26 including of Principal.

A.11.1.2 Strengthening of Female Health Worker Training School, Lamphel

Activity-1: Special Renovation/Improvement of Existing Dining Hall. Estimated cost is approximately **Rs. 4.86 Lakhs**.

A.11.1.3 Strengthening of School of GNM and ANM/FHW Medical Directorate, Imphal

Activity-1: Procurement of Classroom articles e.g. Desks, benches etc, Demonstration room articles e.g. Skeleton (Full Size), Pelvic Bone etc., and Nutrition lab materials e.g. Cooking Gas Stove, Nutrition Table etc. and Hostel articles e.g. Sintex (1000 ltr), Water pump etc. with an estimated cost of **Rs. 15.00 Lakhs**.

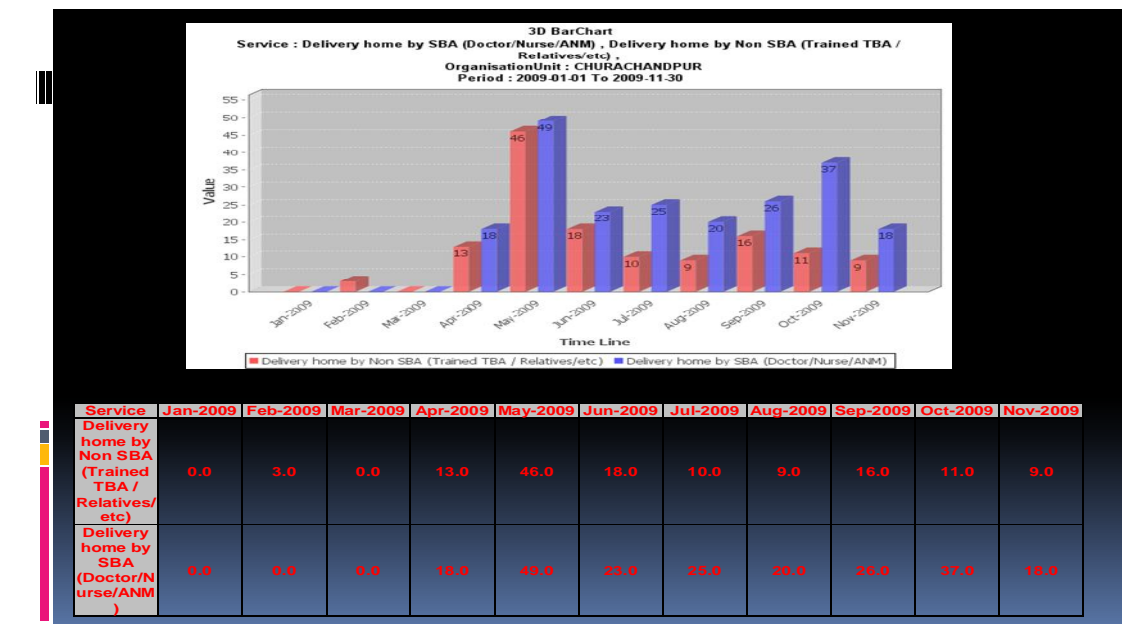
Background of Training: There is a need of construction of **State H&FW training Institute** with a capacity of 30-100 at the Health Directorate Lamphel having an area of 94' X 50'sqm. Non- availability of such Institute cause gaps in providing training at State level as well as at District level. We propose to strengthen the RFWTC, Porompat having 26 Staffs including Principal. It is in the temporary premise as the permanent land is not being allotted till date. Also Strengthening of Female Health Worker Training School, Lamphel and School of GNM and ANM/FHW under Medical Directorate, Imphal is proposed in the SPIP.

Under RCH training we have proposed to take up various trainings on Maternal and Child Health and Family Planning by analyzing the health indicators of the State from NFHS-1-3, DLHS1-3 and SRS 2009. The training need assessment (TNA) is based on the individual tracking of the MOs and other paramedical staffs trained on various trainings of maternal and child health and Family planning and other trainings like ARSH, IMEP, RTI/STI and management issues at State and district level. The training plan of RCH is basically on analyzing the State Health indicators of MMR (374 SRS 2003), IMR (14 as per SRS 2009) and TFR (2.8 as per NFHS-3) and the unmet need of 12.4 (for spacing is 5.0 and for limiting is 7.4) as per NFHS-3. Current year training plan on SBA for MOs/SN/ANMs is mainly focusing on 4 underserved districts (CDL, UKL, CCPUR and TML) and the 20 identified 24x7 PHCs and BmoC training for MBBS doctors for identified 24x7 PHCs. The table below shows the comparative study of Health indicators as per NFHS-2 and 3 is used to assess the training need in the State. (Annexure of training Matrix and Pre-requisites of Training Institute i.e. RIMS is enclosed)

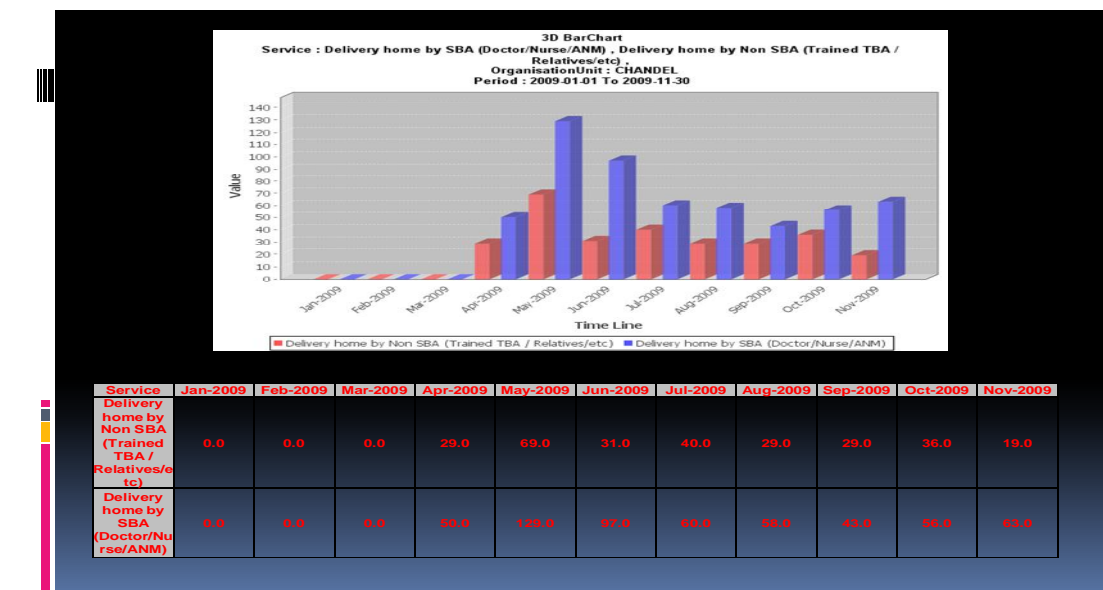
Name of trainings	Need of trainings NFHS-2 (1998-99)			NFHS-3 (2005-06)	Remarks
IMNCI	IMR – 14 (Source SRS 2009)	Children with ARI	NA	49.1	
SBA		1)SBA Assisted deliveries 2) Inst. Del.	53.9 34.5	61.7 49.3	
NSV		Male Sterilization	1.1	0.5	NSV training cum camp for MBBS Doctors for 6 Districts (IW, IE, BPR, TBL, CCPUR and UKL). The said training is not being conducted in 3 districts due to lack of clients/case loads and reason being the religious and other social factors.
Minilap		Female Sterilization	14.4	8.2	
Alt. IUCD 380-A		IUD insertion	6.8	5.3	
EmOC	7 DH & 16 CHCs having 6 Gynaecologist (DH SPT, DH CCPUR, CHC Kakching, DH BPR and DH CDL) only				
Life Saving Anesthesia Skills (LSAS)	13 Anesthesiologists (3 in DH CCPur, DH UKL and DH CDL)				

The Graphical Representations of home delivery conducted by SBA against Non-SBA in 4 underserved districts shown below is being used to plan the SBA training for the 4 underserved areas

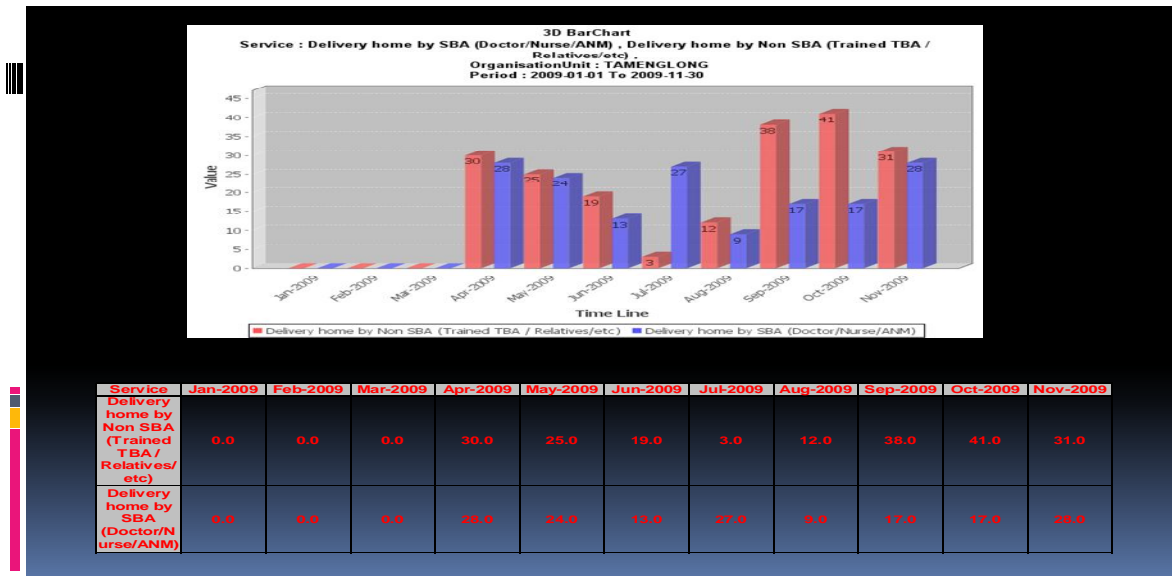
A) CHURACHANDPUR DISTRICT:



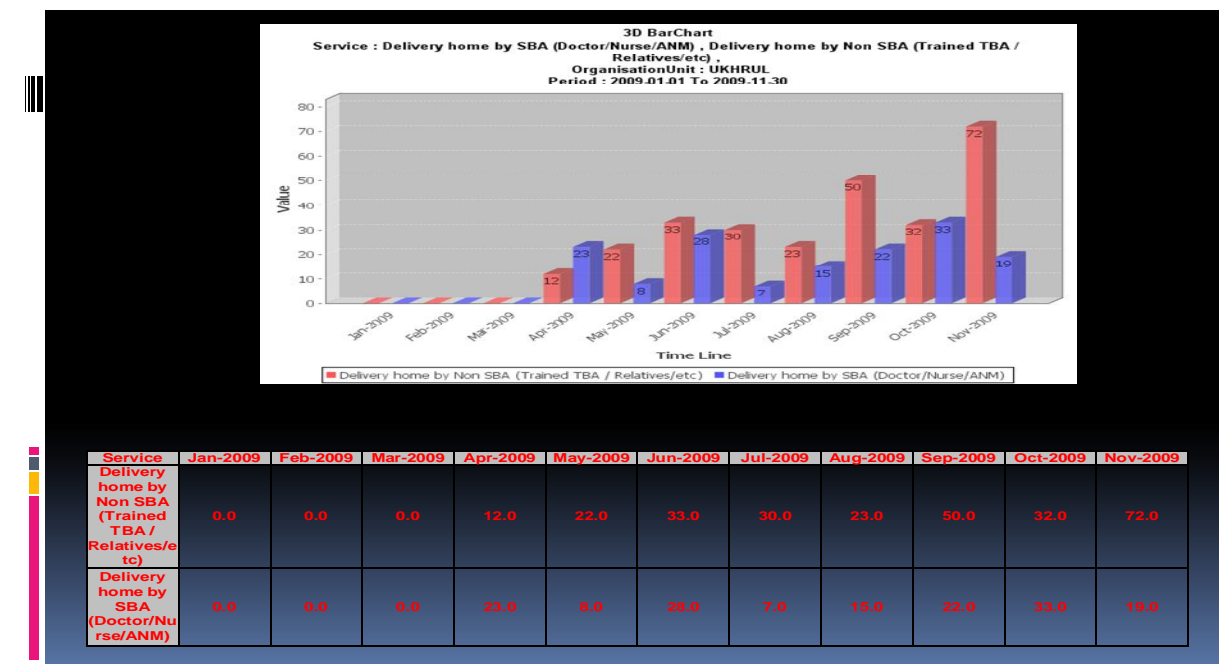
B) CHANDEL DISTRICT:



C) TAMENGLONG DISTRICT:



D) UKHRUL DISTRICT:

Annexure:

Matrix of training for FRU (identified 4 CHCs and 7 DHs)

Sl. No	First Referral Unit (FRU)	NAME OF MEDICAL OFFICERS TRAINED			Name of Lab. Tech. trained
		EmOC	LSAS	Blood Storage	Blood Storage
01	Thoubal District Hospital				
	(5 MBBS Doctor and 6 Lab Tech.)				
02	Bishnupur District Hospital		Dr. Shyamkumar	Dr. Chandan Joyprakash	
	(4 MBBS Doctor and 2 Lab Tech.)				
03	Churachandpur District Hospital	Dr. Kh. Paikhomba (State Trainer)	Dr. L. Tilakeswari		
	(13 MBBS Doctor and 4 Lab Tech.)				
04	Tamenglong District Hospital	Nil		Dr. M. Gracy	Kashangai
	(6 MBBS Doctor and 6 Lab Tech.)				
05	Ukhrul District Hospital	To be trained from 1 st March '10 at Gauhati Medical College (for 2009-10)	Anesthetist is posted	Dr. A.S. Kapangring	
	(6 MBBS Doctor and 6 Lab Tech.)				
06	1) Chandel District Hospital	Nil	Nil	Nil	
	(4 MBBS Doctor and 4 Lab Tech.)				
	2) Sub District Hospital Moreh				
07	Senapati District Hospital	Gynecologist is posted	To be trained in March'10		
	(9 MBBS Doctor and 4 Lab Tech.)				
CHC					
IMPHAL WEST					
1	CHC Wangoi, IW	Dr. Hema Chanu and also one Gynecologist is posted.	One doctor is undergoing PG in Anesthesia	Dr. Ranjeev Kumar	1.L. Sunita Devi 2. A. Meeliza
	(8 MBBS Doctor and 2 Lab Tech.)				
2	CHC Sekmai, IW		Dr. Probinchandra	Dr. Vinay Shahu	Th. Premlata
	(8 MBBS Doctor and 3 Lab Tech.)				
BISHNUPUR					
1	CHC Nambol, BPR	Dr. Pushpa	2) Dr. Brojen		M. Memcha

Sl. No	First Referral Unit (FRU)	NAME OF MEDICAL OFFICERS TRAINED			Name of Lab. Tech. trained
		EmOC	LSAS	Blood Storage	Blood Storage
	(7 MBBS Doctor and 1 Lab Tech.)				
2	CHC Moirang, BPR	To be trained in 2010-11	To be trained in March'10 (for 2009-10)	Dr. Kh. Tamphaleima	1.Th. Budhachandra
	(6 MBBS Doctor and 2 Lab Tech.)				2.Ksh. Meenakumari Devi
THOUBAL					
1	CHC Heirok, TBL		Dr. Kuber Singh	Dr. Kh. Kuber Singh	Th. Saya Devi
	(3 MBBS Doctor and 2 Lab Tech.)				
2	CHC Yairipok, TBL	Dr Jogindro Singh	Dr. Aruna	Dr. R.K. Bijoychandra Singh	N. Kunje Devi
	(6 MBBS Doctor and 1 Lab Tech.)				
3	CHC Kakching, TBL			Dr. Ksh. Memcha Devi	T. Itocha Singh
	(5 MBBS Doctor and 3 Lab Tech.)				
4	CHC Sugnu, TBL			Dr. H. Manaranjan Singh	1. W. Muhindro Singh
	(4 MBBS Doctor and 2 Lab Tech.)				2. R.K. Ranjita Devi
5	CHC Haoreibi				
	(5 MBBS Doctor and 2 Lab Tech.)				
IMPHAL EAST					
1	CHC Sagolmang, IE	To be trained in 2010-11	To be trained in 2010-11	Dr. Y.Mangi Singh	S. Leimajit Devi
	(6 MBBS Doctor and 4 Lab Tech.)				
2	CHC Jiribam			Dr. H. Danny Singh (Resigned)	
	(4 MBBS Doctor and 3 Lab Tech.)				
SENAPATI					
1	CHC Mao, SPT			Dr. Paukhamlung Palmei	A. Nelia
	(5 MBBS Doctor and 2 Lab Tech.)				
2	CHC Kangpokpi, SPT			Dr. Sh. Somorendro Singh (Resigned)	Th. Ibotomba
	(8 MBBS Doctor and 3 Lab Tech.)				
CHURACHANDPUR					
1	CHC Parbung, CCP			Dr. John Infimate	K. Kadamjit
	(4 MBBS Doctor and 1 Lab Tech.)				
UKHRUL					
1	CHC Kamjong				
	(5 MBBS Doctor and 1 Lab Tech.)				

Sl. No	First Referral Unit (FRU)	NAME OF MEDICAL OFFICERS TRAINED			Name of Lab. Tech. trained
		EmOC	LSAS	Blood Storage	Blood Storage
TAMENGLONG					
1	CHC Nungba				
	(1 MBBS Doctor and 1 Lab Tech.)				

Note: Colour shaded are identified FRUs.

Pre-Requisites report of Training Institute/Hospital

A) Statistics for the last 3 years (2007-2009) RIMS:

Name of the Training Institute	Statistical Information	2007	2008	2009
Regional Institute of Medical Sciences (RIMS), Lamphel	1) Total No. of Deliveries	11,166	9370	10,661
	2) No. of complicated (Instrumental) delivery	920	850	996
	3) Caesarean section rates	22%	21.5%	23%
	4) No. of Cases referred	212	210	204
	5) Maternal Mortality	96/Lac delivery	102/Lac delivery	112/Lac delivery
	6) Neo-natal mortality	31 per 1000	30 per 1000	29 per 1000

B) List of Trainers:

Name of the Training Institute	EmOC	SBA	MTP/MVA	IUCD-380 A	Laparoscopic sterilization	Minilap Ligation
Regional Institute of Medical Sciences (RIMS), Lamphel	No one trained yet	i) Prof. Ch. Manglem Singh ii) Prof. N. Nabakishore Singh iii) Prof. L. Ranbir Singh, HoD Pediatrics Dept. iv) Prof. L. Ranjit Singh v) Dr. Jyotsna Angom, Asst. Prof	i) Prof. Ch Manglem Singh ii) Dr. I Dorendra Singh, Associate Prof. (Expired on 1/02/2010 due to head injury) iii) Prof. L. Ranjit Singh iv) Dr. Th. Nonibala Devi, Associate Prof	i) Dr. I Dorendra Singh, Associate Prof. (Expired on 1/02/2010 due to head injury) ii) Dr. Th. Nonibala Devi, Associate Prof	i) Prof. Ch. Manglem Singh ii) Dr. I Dorendra Singh, Associate Prof. (Expired on 1/02/2010 due to head injury) iii) Dr. Th. Nonibala Devi, Associate Prof iv) Dr. N. Jitendra Singh, Associate Prof (PPP Anaesthesia)	i) Prof. Ch. Manglem Singh ii) Prof. N. Nabakishore Singh iii) Prof. L. Ranjit Singh iv) Dr. Th. Nonibala Devi, Associate Prof iv) Dr. N. Jitendra Singh, Associate Prof (PPP Anaesthesia)

A.11.2 DEVELOPMENT OF TRAINING PACKAGE
A.11.3 MATERNAL HEALTH TRAINING
A.11.3.1 SBA Training
A.11.3.1.1 ANMs training on SBA for difficult areas identified by the State for 21 days
(Annexed the identified difficult areas)

No. already trained	No. to be trained	No. of batches	Place of training	Budget per batch		Total budget for 20 batches (Rs. in Lakh)	
				Particulars	Amount (Rs. in Lakh)		
238	80	20 batches (4 ANMs per batch)	RIMS, JN Hospital & DH CCP	Honorarium for 4 trainers @ Rs. 600/- per head per day X 21 days	0.504	10.08	
				Honorarium for 4 trainees @ Rs. 400 per head per day X 21 days	0.336	6.72	
				Working Lunch & other refreshment @ Rs. 200 per participant (4) for 21 days	0.168	3.36	
				Sub Total		1.008	20.16
				Other overhead expenditure @ 15% of total training expenses	0.151	3.024	
				Training material @ Rs. 250/- for 4 trainees	0.01	.02	
Total						1.169	23.204
Translation of SBA module to local dialect (Manipuri) (Rs. 10000)						0.01	
Grand Total							23.39

1) Churachandpur = 16 ANMs to be trained

2) CDL = 5 ANMs to be trained

3) SPT = 15 ANMs to be trained

4) TML = 20 ANMs to be trained

5) IE = 4 ANMs to be trained

6) UKL = 17 ANMs to be trained

Note: 6 batches at DH Churachandpur, 7 batches each at RIMS and JN Hospital.

ANMs that belong to Meetei Community from Valley are also posted in the underserved districts sometime they cannot understand the meaning of English words so there is a need of translating the SBA module into Manipuri dialect.

A.11.3.1.2 SN training on SBA for identified 24*7 PHC for 15 days

No. already trained	No. to be trained	No. of batches	Place of training institute	Budget per batch		Total budget for 6 batches (Rs. in lakh)
				Particulars	Amount (Rs. in Lakh)	
60	24 (out of 35 SN)	6 batches (4 SN per batch)	RIMS and JN Hospital	Honorarium for 4 trainers @ Rs. 600/- per head per day X 15 days	0.36	2.16
				Honorarium for 4 trainees @ Rs. 400 per head per day X 15 days	0.24	1.44
				Working Lunch & other refreshment @ Rs. 200 per participant (4) for 15 days	0.12	0.72
				Total	0.72	4.32
Other overhead expenditure @ 15% of total training expenses					0.108	0.648
Training material @ Rs. 250/- per trainee					0.01	0.06
Grand Total					0.838	5.028

Note: PHC Chakpikarong (3 SN), 2) PHC Tengnoupal (1 SN), 3) PHC Noneh (1 SN), 4) PHC Tamei (2 SN), 4) PHC Somdal (2 SN), 6) PHC Lambui (1 SN), 7) PHC Paomata (1 SN), 8) PHC Maram (1 SN), 9) PHC Lilong (1 SN), 10) PHC Leishangthem (1 SN), 11) PHC Hiyanglam (2 SN), 12) PHC Kumbi (1 SN), 13) PHC Ningthoukhong (1 SN), 14) PHC Saikot (1 SN), 15) PHC Hiengang (2 SN), 16) PHC Borobekra (1 SN), 17) PHC Mekola (1 SN), PHC Sagang (No SN), PHC Saikot (only 1 SN who is already trained) (Source: HR Mapping of facilities and State database).

A.11.3.2 EmOC Training of MBBS doctors on Caesarean section for 16 weeks (6 weeks training at any State Medical College in the country and 10 weeks at the FOGSI identified training institute i.e. DH Churachandpur). Propose to conduct the entire 16 weeks training at Obs & Gynae dept. RIMS to speed up the process of EmOC Training in the state. Propose to train one or two state trainers on EmOC from Regional Institute of Medical Sciences (RIMS) and JN Hospital.

(Annexed the list of trained MBBS Doctors with their current place of posting)

No. already trained	No. to be trained	No. of batches	Name of the training institute	Budget per batch 2010-11		Total budget for 3 batches (Rs. in lakh)- 2010-11
				Particulars	Amount (Rs. in lakh)	
04 (01 State Trainer)	06	03 (2 MOs per batch)	RIMS and DH CCP	Honorarium for 2 trainers @ Rs. 200/- per day X 112 days	0.448	1.344
				Honorarium for 2 trainees @ Rs. 700 per head per day X 112 days	1.568	4.704
				Working Lunch & other refreshment @ Rs. 200 per participant (2) per day	0.448	1.344
				Total	2.464	7.392
				Institutional overhead expenditure @ 15% of total training expenses	0.369	1.107
				Training material @ Rs. 250/- per trainee	0.005	0.015
Grand Total					2.838	8.514

MBBS Doctor from DH BPR, DH TML (2), DH SPT, DH CDL and DH UKL to be trained as the first phase of operational zing the 6 DH as FRUs. There are 2 MBBS Doctors trained in LSAS at CHC Heirok and CHC Yairipok and 1 MBBS Doctor trained in EmOC at CHC Yairipok.

FOGSI certification exam of the already trained 03 MBBS Doctors is not yet being conducted.

ANNEXURE- List of Doctors Trained on EmOC

Name of the MO s trained	Place of Posting
1. Dr. Kh. Paikhomba (Gynaecologist/ State Trainer)	District Hospital Churachandpur District.
2. Dr. L. Hema Chanu	CHC Wangoi, Imphal West
3. Dr. U Jogindro Singh	CHC Yairipok, Thoubal
4. Dr. Pushpa Devi	CHC Nambol, Bishnupur

A.11.3.3 Life-Saving Anesthesia Training: MBBS Doctors' training on Life-Saving Anesthesia Skills for 18 weeks (Annexed the list of trained MBBS Doctors)

No. already trained	No. to be trained	No. of batches	Name of Training Institute	Budget per batch 2010-11		Total budget for 2 batches (Rs. in lakh) - 2010-11
				Particulars	Amount (Rs. in lakh)	
06	04	02 (2 MOs per batch)	RIMS	Honorarium for 2 trainers @ Rs. 200/- per day X 126 days	0.504	1.008
				Honorarium for 2 trainees @ Rs. 700 per head per day X 126 days	1.764	3.528
				Working Lunch & other refreshment @ Rs. 200 for 2 participants X 126 days	0.504	1.008
				Sub Total	2.772	5.544
				Incidental overhead expenditure @ 15% of total training expenses	0.416	0.832
				Training material @ Rs. 250/- per trainee	0.005	0.01
Grand Total					3.193	6.386

MBBS Doctor from DH TBL, DH TML, DH SPT and DH CDL to be trained for operational zing 6 DH as FRUs. Final Certification exam of these 6 trained doctors will be held in June-July 2010 by the HoD, Dept. of Anesthesiology, RIMS.

ANNEXURE- List of Doctors Trained on LSAS

Name of the MO s trained	Place of Posting of FRU and Place
1. Dr. Tilekshwari	DH, Churachanpur
2. Dr. Probinchandra Arambam	CHC Sekmai, Imphal West
3. Dr. Brojendra Singh	CHC Nambol
4. Dr. L. Shyamkumar Singh	DH, Bishnupur
5. Dr. Kuber Singh	CHC Heirok, Thoubal
6. Dr. Aruna Ch.	CHC Yairipok, Thoubal

A.11.3.4 MTP Training: MTP/MVA Training of MBBS doctors for 15 working days

No. already trained	No. to be trained	No. of batches	Name of the training institute	Budget per batch 2010-11		Total budget for 10 batches (Rs. in lakh)- 2010-11
				Particulars	Amount (Rs. in lakh)	
49	40 (from 7 DHs, identified 4 FRU CHCs and 24X7 PHCs)	10 batches (4 MOs per batch)	RIMS	Honorarium for 2 trainers @ Rs. 600/- per day X 15 days	0.18	1.8
				Honorarium for 4 trainees @ Rs. 700 per head per day X 15 days	0.42	4.2
				Working Lunch & other refreshment @ Rs. 200 per trainee (4) per day X 15 days	0.12	1.2
				Sub Total	0.72	7.2
				Other overhead expenditure @ 15% of total training expenses	0.108	1.08
				Training material @ Rs. 250/- per trainee	0.01	0.1
Grand total					0.838	8.38

A.11.3.5 RTI/STI Training: Training of RTI/STI is integrated with IUD insertion training at A.11.6.4**A.11.3.6 Dai Training:****A.11.3.7 Other MH Training****A.11.3.7.1 24x7 identified 20 PHCs MBBS Doctors training on BEmOC and SBA.**
(Enclosed the names of PHCs)

No. already trained	No. to be trained	No. of batches	Name of Training Institute	Budget per batch2010-11		Total budget for 4 batches (Rs. in lakh)- 2010-11
				Particulars	Amount (Rs. in lakh)	
0	24 (out of 27 Doctors posted)	4 batches (6 MOs per batch)	RIMS	Honorarium for 4 trainers @ Rs. 600/- per day X 10 days	0.24	0.96
				Honorarium for 6 trainees @ Rs. 700 per head per day X 10 days	0.42	1.68
				Working Lunch & other refreshment @ Rs. 200 for 6 trainees X 10 days	0.12	0.48
				Sub Total	0.78	3.12
				Other overhead expenditure @ 15% of total training expenses	0.117	0.468
				Training material @ Rs. 250/- per trainee	0.015	0.06
Grand Total					0.912	3.648

Identified 24x7 HEALTH INSTITUTION	
24x7 PHCs	No. of Medical Officers posted
1. Heingang PHC	1 MBBS Doctor
2. Borobekera PHC	2 MBBS Doctors
3. Mekola PHC	2 MBBS Doctors
4. Khumbong PHC	1 MBBS Doctor
5. Kumbi PHC	2 MBBS Doctor
6. Ningthoukhong PHC	1 MBBS Doctor
7. Lilong PHC	2 MBBS Doctors
8. Leishangthem PHC	1 MBBS Doctor
9. Hiyanglam PHC	1 MBBS Doctor
10. Saikot PHC	2 MBBS Doctor
11. Sagang PHC	1 MBBS Doctor
12. Noney PHC	1 MBBS Doctor
13. Tamei PHC	1 MBBS Doctor
14. Paomata PHC	1 MBBS Doctor
15. Maram PHC	2 MBBS Doctor
16. Somdal PHC	1 MBBS Doctor
17. Lambui PHC	1 MBBS Doctor
18. Chapikarong PHC	1 MBBS Doctor
19. Machi PHC	2 MBBS Doctor
20. Tegnoupal PHC	1 MBBS Doctor

IMEP TRAINING:

A.11.4.1 1 (one) day Orientation Training on IMEP of Paramedical Staffs at District Level by trained MOs of CHCs and PHCs

No. already trained	No. to be trained	No. of batches	Venue of training	Budget per batch 2010-2011		Total budget for 7 batches (Rs. in lakh)- 2010-11
				Particulars	Amount (Rs. in lakh)	
0	140 (1 each from 80 PHCs , 2 each from 16 CHCs and 2 each from 7 DH)	9 batches (20 trainees per batch)	DHs/CH Cs/PHCs	Honorarium for 2 trainers @ 600 for 1 day	0.012	0.084
				Honorarium for 20 trainees @ Rs. 400 per head for 1 day	0.08	0.56
				Working Lunch & other refreshment @ Rs. 200 for 20 trainees	0.04	0.28
				Sub Total	0.132	0.924
				Other overhead expenditure @ 15% of total training expenses	0.019	0.133
				Training material @ Rs. 250/- per trainee	0.05	0.35
				Total	0.201	1.407
				Printing of 140 IMEP Modules @ Rs. 200 per trainee		
Grand Total					0.201	1.687

A.11.5 CHILD HEALTH TRAINING:**A.11.5.1 IMNCI Training****A.11.5.1.1 F-IMNCI training of State Trainers (MOs) and District Trainers (MOs)**

Category of staff	Budget per batch 2010-11		Total amt. for 2 batches (Rs. in Lakh) 2010-11
	Details	Amt. (Rs. in Lakh)	
50	Honorarium for 04 Guest faculty @ Rs. 1000/- per head per day X 11 days	0.44	0.88
	Honorarium for 25 trainees @ Rs. 700/- per day per head X 11 days	1.925	3.85
	Lunch, snacks @ Rs. 200 per trainee per day (11 days)	0.55	1.1
	Total	2.915	5.83
	Other Overhead expenditure, contingencies @ 15 %	0.437	0.874
	Training material @ Rs. 250/- per trainee	0.0625	0.125
	Modules for 50 trainees @ Rs. 700		3.5
Grand Total		3.414	10.32

A.11.5.1.2 Pre-service IMNCI training for under-graduates students of RIMS:**Budget 2010-11:**

Support for Pre-service IMNCI training in RIMS	Unit rate(Rs. in Lakh)	Total(Rs. in Lakh)
Particulars (Batches of 6 students X 17 th batches)		
Printing training Modules	0.08	0.80
02 Facilitators' Hon @ Rs. 300/- per head X 12 sessions	0.72	1.225
Other contingencies (Rs. 6000 per batch)	0.06	1.02
Total	0.86	3.05

A.11.5.1.3 Navjoot Shishu Suraksha training for 2 days for MOs

Category of staff	Budget per batch 2010-11		Total amt. for 4 batches (Rs. in Lakh)- 2010-11
	Details	Amt. (Rs. in Lakh)	
100	Honorarium for 04 trainers @ Rs. 600/- per head per day X 2 days	0.048	0.192
	Honorarium for 25 trainees @ Rs. 700/- per day per head X 2 days	0.35	1.4
	Lunch, snacks @ Rs. 200 per trainee per day (2 days)	0.1	0.4
	Total	0.498	1.992
	Other Overhead expenditure, contingencies @ 15 %	0.0747	0.298
	Training material @ Rs. 250/- per trainee	0.0625	0.25
	Modules for 100 trainees @ Rs. 400		0.4
Grand Total		0.635	2.94

A.11.6 FAMILY PLANNING TRAINING:

The unmet need in the State is 12.4 as per NHFS-2006. To bring down the unmet need the health facilities in the State can be made available with skill hands on various family planning methodologies.

A.11.6.1 Laparoscopic Sterilization Training As per GoI guidelines only the PG in Gynecologists have to be trained. I.e. MD (Obst. & Gynae.), MS (Surgery) and the Laparoscopic instruments at RIMS (where RCH trainings are being conducted since 2008) are not in the working condition for providing the sterilization training. Propose to procure the required Laparoscopic Instruments and the estimated cost is highlighted in part-B (approx. Rs.6.00 Lakhs).

A.11.6.2. Minilap Training: MBBS Doctors training on Minilap for 12 working days from 7 DHs and 4 FRU identified CHCs and identified 24X7 PHCs

No. already trained	No. to be trained	No. of batches	Name of the training Institute	Budget per batch 2010-11		Total budget for 5 batches (Rs. in lakh)- 2010-11
				Particulars	Amount (Rs. in lakh)	
0	15	5 batches (3 MOs per batch)	RIMS (Obs & Gynaec Dept.)	Honorarium for 3 trainers @ Rs. 600/- per day X 12 working days	0.216	1.08
				Honorarium for 3 trainees @ Rs. 700 per head per day X 12 working days	0.252	1.26
				Working Lunch & other refreshment @ Rs. 200 per participant (3) for 12 working days	0.072	0.36
				Total	0.54	2.7
				Other overhead expenditure @ 15% of total training expenses	0.081	0.405
				Training material @ Rs. 250/- per trainee (3)	0.007	0.035
Grand Total					0.628	3.14

The training on Minilap for 5 MBBS Doctors for the year 2009-10 has been started from 2nd week of Jan'10 as per the recommendation given by the HoD Obs and Gynae, RIMS. Due to lack of case load the theory is conducted on Tuesday (6 Tuesdays) and practical on Wednesday (6 Wednesdays) in a week.

A.11.6.3**NSV Training:**

5 days NSV training cum camp for MBBS Doctors for 6 Districts (IW, IE, BPR, TBL, CCPUR and UKL). The said training cannot be conducted in 3 districts due to lack of clients/case loads and reason being the religious and other social factors.

No. already trained	No. to be trained	No. of batches	Name of the Districts	Place of training	Budget per batch 2010-11		Total budget for 6 batches (Rs. in lakh)- 2010-11
					Particulars	Amount (Rs. in lakh)	
16 (IW/UKL /CCPUR/ TBL)	24	6 batches (4 MOs per batch)	Imphal West, Thoubal, Bishnupur, Imphal East, Ukhrul and CCP (1 trainee from DH and 1 trainee from CHC and 2 trainees from 24*7 Identified PHC)	RIMS, JNH, DH (TBL), DH Ukhrul and DH Bishnupur	Honorarium for 1 trainer @ Rs. 600/- per day X 5 days	0.03	0.18
					Honorarium for 1 guest faculty @ Rs. 1000/- per day X 6 days	0.06	0.36
					Honorarium for 4 trainees @ Rs. 700 per head per day X 5 days	0.14	0.84
					Working Lunch & other refreshment @ Rs. 200 per participant per day	0.04	0.24
					Sub Total	0.27	1.62
					Other overhead expenditure @ 15% of total training expenses	0.041	0.246
Total						0.311	1.866
Printing of NSV Module and Pamphlets @ Rs. 400 per trainee (24 trainees)						Printing	0.096
Grand Total							1.962

The budget required for the procurement of 150 NSV Kits is highlighted in part-B.

A.11.6.4**IUD Training:****A.11.6.4.1**

IUCD 380 - A Gynecologist training for 6 days (posted at State Hospital and DHs)

No. already trained	No. to be trained	No. of batches	Venue of training	Budget per batch	
				Particulars	Amount (Rs. in lakh)
0	19	1 Batch	RIMS PPP Centre	Honorarium for 2 trainers @ Rs. 600/- per day X 6 days	0.072
				Honorarium for 19 trainees @ Rs. 700 per head per day X 6 days	0.798
				Honorarium for 2 guest faculties @ Rs. 1000/- per day X 6 days	0.12
				Working Lunch & other refreshment @ Rs. 200 per participant per day	0.228
				Total	1.218
				Other overhead expenditure @ 15% of total training expenses	0.183
				Training material @ Rs. 250/- per trainee	0.047
Grand Total					1.448

There is a need to train the existing State Gynecologists on Alt. Methodology of IUCD 380 -A so that this training can also be carried in the State Hospital i.e. JN Hospital in order to reduce the gap in enhancing the skill to health care providers.

A.11.6.4.2. IUCD 380- A MBBS Doctors training on IUCD 380-A and RTI/STI training at district level ((from DHs, CHCs and PHCs) for 8 days

No. already trained	No. to be trained	No. of batches	Venue of training	Budget per batch2010-11		Total budget for 20 batches (Rs. in lakh)
				Particulars	Amount (Rs. in lakh)	
70 (30 DTT for IUCD) and 45 DTT and 12 MOs	120	20 Batches (6 MOs Per batch)	State Hospital, 7 District Hospitals ,RIMS or any service providing centres i.e. CHC or PHC	Honorarium for 2 trainers @ Rs. 600/- per day X 8 days	0.096	1.92
				Honorarium for 6 trainees @ Rs. 700 per head per day X 8 days	0.336	6.72
				Working Lunch & other refreshment @ Rs. 200 per participant for 8 days	0.096	1.92
				Sub Total	0.528	10.56
				Other overhead expenditure @ 15% of total training expenses	0.079	1.58
				Training material @ Rs. 250/- per trainee	0.015	0.3
Total					0.622	12.44
Printing of IUCD Modules and RTI/STI @ Rs. 400 per trainee (120 trainees)						0.48
Grand Total						12.92

For the year 2009-10 the training on RTI/STI for 108 MOs are still taking place at the districts.

A.11.6.4.3. IUCD 380-A Staff Nurse and ANM training on IUCD 380-A and RTI/STI training at district level (from DHs, CHCs, PHCs and PHSC) for 8 days

No. already trained	No. to be trained	No. of batches	Venue of training	Budget per batch		Total budget for 55 batches (Rs. in lakh)
				Particulars	Amount (Rs. in lakh)	
69 ANM and 33 SN (5 SN DTT and 3 DTT from training Institute RIMS and ANM training Centre) in IUCD and 30 ANMs/SN for RTI/STI	660 (310 SN and 350 ANMs)	55 batches (12 trainees per batch)	State Hospital, 7 District Hospitals RIMS or any service providing centres i.e. CHC or PHC	Honorarium for 2 trainers @ Rs. 600/- per day X 8 days	0.096	5.28
				Honorarium for 12 trainees @ Rs. 400 per head per day X 8 days	0.384	21.12
				Working Lunch & other refreshment @ Rs. 200 per participant per day for 8 days	0.192	10.56
				Sub Total	0.672	36.96
				Other overhead expenditure @ 15% of total training expenses	0.101	5.555
				Training material @ Rs. 250/- per trainee	0.03	1.65
				Total	0.803	44.165
Printing of IUCD and RT/STI Modules @ Rs. 400 per trainee					2.64	
Grand Total					46.805	

For the year 2009-10 the training on RTI/STI for 270 SN/ANM are still taking place at the districts.

Procurement of 30 pieces W 45043 Zoe Gynaecologic Simulator for the IUCD 380- A training at district level for MOs and other paramedical staffs. 15 Simulators were sent to the State in 2008-09 by the Family Planning Division, MoHFW, GoI which are not sufficient enough for the clinical practice at district level training and hinders in speeding up the training process. Therefore, the budget required to procure 30 Zoe model is highlighted in part-B.

A.11.7 ARSH TRAINING:
A.11.7.1 Training of State trainers and District trainers (DTT) on ARSH and Alt. Contraceptive update for 3 days

No. already trained	No. to be trained	No. of batches	Venue of training	Budget per batch 2010-11		Total budget for 2 batches (Rs. in lakh)- 2010-11
				Particulars	Amount (Rs. in lakh)	
0	60 (State HQ Officials/DI Os/DFWOs /CHC MO i/c and PHC MO i/c	2 batches (30 trainees per batch)	FWCH/State Guest House	Honorarium for 2 guest faculties, MoHFW/NIHFW, Gol @ Rs. 1000/- per day X 3 days	0.06	0.12
				Honorarium for 30 trainees @ Rs. 700 per head per day X 3 days	0.63	1.26
				Working Lunch & other refreshment @ Rs. 200 per participant for 3 days	0.18	0.36
				Sub Total	0.87	1.74
				Other overhead expenditure @ 15% of total training expenses	0.13	0.26
				Training material @ Rs. 250/- per trainee	0.08	0.16
				Venue Hiring Charge@ Rs. 8000 per day	0.08	0.16
				Total	1.16	2.32
Printing of ARSH Modules @ Rs. 200 per trainee					0.12	
Grand Total					2.44	

The Guest faculties from MoHFW, Gol and NIHFW may be requested to train the State and District trainers so that there is no gap in providing ARSH Clinic at health centers.

A.11.8 PROGRAM MANAGEMENT TRAINING

Activity-1: Other trainings/sponsorship training on the management issues and other health related topics for programme officials of State, District and Block at different Health Management Institutions of the country for duration of 5-10 days (i.e. MDP) to enhance managerial skills and to explore new dimensions of health care management. Budget required is **Rs. 3.00 Lakhs**.

A.11.9 OTHER TRAININGS

A.11.9.1 Postgraduate Diploma in Public Health Management (PGDPHM) for MBBS Doctors:

For the year 2010-11 the amount required for 4 MOs (from DH/ CHCs/PHCs) of the State to be trained on "Postgraduate Diploma in Public Health Management (PGDPHM)" at IIPH, Delhi is **Rs. 8.00 Lakhs** (Rs.2 Lakhs each) as per the MoHFW, Gol guidelines. The nomination of the MOs can be done by the district from 4 underserved Hill Districts and their selection will be based on their performances. So far 3 MOs are trained and 6 are undergoing training at IIPH, Delhi.

A.11.9.2 GNM training of the best performer 4 ANMs from the underserved districts/sponsoring the candidates (10+2 passed) selected in the entrance exam of Govt. or Private Nursing college in the State or outside State. The selection will be based on merit and performance and mandatory signing of bond with the selected ANMs/qualified candidates to serve in the periphery for 3 or 5 years. The approximate course fee for 3 years is Rs. 7.2 Lakhs (Rs. 0.6 lakhs per year).

A.11.9.3 Mainstreaming of AYUSH for MOs of DHs, CHCs and PHCs for 3 days at State Level

No. already trained	No. to be trained	No. of batches	Venue of training	Budget per batch 2010-11		Total budget for 4 batches (Rs. in lakh)
				Particulars	Amount (Rs. in lakh)	
74 (MO AYUSH)	100	4 batches (25 MOs per batch)	Family Welfare Conference Hall, Imphal	Honorarium for 3 trainers @ Rs. 600/- per head per day X 3 days	0.054	0.216
				Honorarium for 25 trainees @ Rs. 700/- per head per day X 3 days	0.525	2.10
				Working Lunch & other refreshment @ Rs. 200 per participant per (25) day for 3 days	0.15	0.6
Total					0.729	2.916
Other overhead expenditure @ 15% of total training expenses					0.109	0.436
Training material @ Rs. 250/- per trainee					0.062	0.248
Grand Total					0.962	3.848

A.11.9.5 Training on mainstreaming of AYUSH for Public Health Nurse, Staff Nurses and ANMs for 3 days at District level by State ToT /DTT (To be identified by the SNO AYUSH)

No. already trained	No. to be trained	No. of batches	Venue of training	Budget per batch-2010-11		Total budget for 8 batches (Rs. in lakh)
				Particulars	Amount (Rs. in lakh)	
0	200 (16 PHN, 79 SN and 105 ANMs)	8 batches (25 paramedics per batch)	At DH/ CHC/ PHC	Honorarium for 3 trainers @ Rs. 600/- per head per day X 3 days	0.054	0.432
				Honorarium for 25 trainees @ Rs. 400 per head per day X 3 days	0.3	2.4
				Working Lunch & other refreshment @ Rs. 200 per participant (25) for 3 days	0.15	1.2
				Total	0.504	4.032
				Other overhead expenditure @ 15% of total training expenses	0.0756	0.605
				Training material @ Rs. 250/- per trainee	0.062	0.5
Grand Total					0.642	5.136

A.11.9.6 PRI Training: Re-orientation on Village Health Sanitation Committee for 1 day at District level

No. to be trained	Place of training	Budget required 2010-11	
		Particulars	Amount(Rs.in lakhs)
3203 (1170 in 4 Valley Districts and 2033 in 5 Hill Districts)	District Hospital/ CHCs/ PHCs	Honorarium for 27 trainers @ Rs. 400/- for 1 day (3 trainers each for 9 Districts)	0.108
		Honorarium for 3203 trainees @ Rs. 200 per head per day	6.406
		Working Lunch & other refreshment @ Rs. 200 per participant (3203) for 1 day	6.406
		Total	12.92
		Other overhead expenditure @ 15% of total training expenses	1.938
		Training material @ Rs. 250/- per trainee (3203)	8.0075
		Grand Total	22.86

A.11.9.7 2 days Workshop on RKS, VHSC and other NRHM guidelines at State Level, District Level and Block Level for the Newly selected PRIs members

No. to be trained	Place of training	Budget required 2010-11	
		Particulars	Amount (Rs.in lakhs)
360 PRIs in 04 Valley Districts	District Hospital/ CHCs/PHCs	Honorarium for 12 trainers @ Rs.400/- for 2 days (3 trainers each for 4 Districts)	0.096
		Honorarium for 360 trainees @ Rs. 200/- per head for Valley Districts per day (2 days)	1.44
		Working Lunch & other refreshment @ Rs. 200 per participant (360) for 2 days	1.44
		1) Sub Total	2.976
		Other overhead expenditure @ 15 % of total training expenses	0.446
		Training material @ Rs. 250/- per trainee (360)	0.9
		2) Total	4.322
1020 PRIs in 5 Hill Districts	District Hospital/ CHCs/PHCs	Honorarium for 20 trainers @ Rs. 400/- for 2 days (4 trainers each for 5 Districts)	0.16
		Honorarium for 1020 trainees @ Rs. 200/- per head for Hill District for 2 days.	4.08
		Working Lunch & other refreshment @ Rs. 200 per participant (1020) for 2 days	4.08
		3) Sub Total	8.32
		Other overhead expenditure @ 15 % of total training expenses	1.248
		Training material @ Rs. 250/- per trainee (1020)	2.55
		4) Total	12.118
		Grand Total (2+4)	16.917

A.11.9.8 Primary School Teachers on School Health for 02 days at District Level as a part of inter- sectoral Convergence under School Health Programme to be held in June'10.

No. already trained	No. to be trained	No. of batches	Place of training	Budget per batch 2010-11		Total budget for 9 batches (Rs. in lakh)
				Particulars	Amount (Rs. in lakh)	
109 (out of 614 Primary School Teachers)	270	09 batches (30 trainees per batch)	All Dist. HQ.	Honorarium for 3 trainers @ Rs. 600/- per day X 2 days	0.036	0.324
				Honorarium for 30 trainees @ Rs. 400 per head per day X 2 days	0.24	2.16
				Working Lunch & other refreshment @ Rs. 200 per trainee (30) for 2 days	0.12	1.08
				Total	0.396	3.564
				Other overhead expenditure @ 15% of total training expenses	0.059	0.531
				Training material @ Rs. 250/- per trainee for 30 trainees	0.075	0.675
				Grand Total	0.53	4.77

Source: Directorate of Education-S Govt. of Manipur (ednmanipur.nic.in)

For the year 2009-10 the school health training for 270 primary school teachers is taking place at the 9 districts.

A.11.9.9 Blood Storage training of MBBS Doctors for 3 days for the 7 DHs and 4 CHCs :

No. already trained	No. to be trained	No. of batches	Place of training	Budget per batch -2010-11		Total budget for 4 batches (Rs. in lakh)
				Particulars	Amount (Rs. in lakh)	
16	8 (from 7 DH)	4 batches (2 MOs per batch)	Blood Bank RIMS	Honorarium for 2 trainers @ Rs. 600/- per day X 3 days	0.036	0.144
				Honorarium for 2 trainees @ Rs. 700 per head per day X 3 days	0.042	0.168
				Working Lunch & other refreshment @ Rs. 200 per participant (2) for 3 days	0.012	0.048
				Total	0.09	0.36
				Other overhead expenditure @ 15% of total training expenses	0.013	0.052
				Training material @ Rs. 250/- per trainee	0.005	0.02
				Grand Total	0.108	0.432

A.11.9.10 Blood Storage training of Lab. Technicians for 3 days:

No. already trained	0.144No. to be trained	No. of batches	Place of training	Budget per batch 2010-11		Total budget for 3 batches (Rs. in lakh)
				Particulars	Amount (Rs. in lakh)	
16	6 (from 6 DH)	3 batches (2 Lab Tech per batch)	Blood Bank RIMS	Honorarium for 2 trainer @ Rs. 600/- per day X 3 days	0.036	0.108
				Honorarium for 2 trainees @ Rs. 400 per head per day X 3 days	0.024	0.072
				Working Lunch & other refreshment @ Rs. 200 per participant (2) for 3 days	0.012	0.036
				Total	0.072	0.216
				Other overhead expenditure @ 15% of total training expenses	0.011	0.033
				Training material @ Rs. 250/- per trainee (2)	0.005	0.015
Grand Total					0.088	0.264

A.11.9.11. 2 days Orientation workshop for the district finance manager and the selected CA firms on concurrent audit

No. already trained	No. to be trained	No. of batches	Place of training	Budget per batch-2010-11	
				Particulars	Amount (Rs. in lakh)
0	18	1	Family Welfare Conference Hall/ State Guest House	Honorarium for 2 Guest faculties @ Rs. 1000/- per day X 2 days	0.4
				Honorarium for 18 trainees @ Rs. 700 per head per day X 2 days	0.252
				Working Lunch & other refreshment @ Rs. 200 per participant (18) per day	0.072
				Total	0.724
				Other overhead expenditure @ 15% of total training expenses	0.108
				Training material @ Rs. 250/- per trainee	0.045
Grand Total					0.877

Training schedule for district finance manager and the selected CA firms at the State level:

Especially for keeping in place the concurrent audit, orientation workshops for the district finance manager and the selected CA firms have to be organized by the State Health Society to bring uniformity and to enhance the quality of the whole exercise.

SL no	Districts	Estimated number of participants	Proposed dates
1	Imphal West	2 (one district asst F/C+1 from the CA firm)	5 th , 6 th April 2010
2	Imphal East	2	
3	Bishenpur	2	
4	Thoubal	2	
5	Chandel	2	7 th , 8 th April, 2010
6	Tamenglong	2	
7	Ukhrul	2	
8	Churachandpur	2	
9	Senapati	2	

A.11.9.12 2 days Orientation workshop for the medical officers at State level on proper compiling of financial and accounting reports

No. already trained	No. to be trained	No. of batches	Place of training	Budget per batch -2010-11		
				Particulars	Amount (Rs. In lakh)	Amount (Rs. in lakh) for 4 batches
0	104	4 (26 participants per batch)	Family Welfare Conference Hall/ State Guest House	Honorarium for 2 Guest faculties @ Rs. 1000/- per day X 2 days	0.4	1.6
				Honorarium for 26 trainees @ Rs. 700 per head per day X 2 days	0.364	1.456
				Working Lunch & other refreshment @ Rs. 200 per participant (26) per day X 2 days	0.104	0.416
				Total	0.868	3.472
				Other overhead expenditure @ 15% of total training expenses	0.130	0.52
				Training material @ Rs. 250/- per trainee (26)	0.65	2.6
				Grand Total	1.648	6.592

A.11.9.13 3 days workshops for the finance personnel at State level on proper compiling of financial and accounting reports

No. already trained	No. to be trained	No. of batches	Place of training	Budget 2010-11		
				Particulars	Amount (Rs. In lakh)	Amount for 5 batches (Rs. in lakh)
0	85	5 (17 participant per batch)	Family Welfare Conference Hall/ State Guest House	Honorarium for 2 Guest faculties @ Rs. 1000/- per day X 3 days	0.06	0.3
				Honorarium for 17 trainees @ Rs. 700 per head per day X 3 days	0.357	1.785
				Working Lunch & other refreshment @ Rs. 200 per participant (17) per day X 3 days	0.102	0.51
				Total	0.519	2.595
				Other overhead expenditure @ 15% of total training expenses	0.077	0.385
				Training material @ Rs. 250/- per trainee (17)	0.042	0.21
				Grand Total	0.638	3.19

Proposed training programme for block medical officers and finance personnel at State level.

For efficient management of fund flow and for proper compiling of financial and accounting reports, the training of block medical officers and block assistant finance managers are important.

Number of MOs (i/c) = 80(PHCs) +16(CHCs) = 96

Medical superintendant = 7(DHs) +1(JN) =8

District finance manager = 9

Block assistant finance manager = 76

Total=96+8+76+9=189

Sl no	Districts	Estimated number of participants	Proposed Month
1	Imphal West	8(MO i/c-PHCs)+2(MO CHCs)+1(DFM)+10=21	June-July
2	Imphal East	11(MO i/c- PHCs)+2(MO i/c -CHCs) +1+11=25	
3	Bishnupur	5(MO i/c -PHCs)+2(MO i/c- CHCs) +1+5=13	
4	Thoubal	12(MO i/c- PHCs)+5(MO i/c-CHCs)+1+9=27	
5	Tamenglong	6(MO i/c -PHCs)+1(MO i/c- CHC)+1+6=14	
6	Ukhrul	6(MO i/c -PHCs)+1(MO i/c- CHC)+1+6=14	
7	Churchandpur	9(MO i/c -PHCs)+1(MO i/c- CHC)+1+8=18	
8	Senapati	12(MO i/c -PHCs)+2(MO i/c-CHCs)+1+12=27	
9	Chandel	5(MO i/c - PHCs)+1+4=10	

A.11.9.14 Training on tally software for the Block Finance PHCs Accountant at the State level for all the districts for 3 days

No. already trained	No. to be trained	No. of batches	Place of training	Budget 2010-11	
				Particulars	Amount (Rs. in lakh)
0	35	1	Family Welfare Conference Hall/ State Guest House	Honorarium for 3 guest faculties @ Rs. 1000/- per head X 3 days	0.09
				Honorarium for 35 trainees @ Rs. 700 per head per day X 3 days	0.735
				Working Lunch & other refreshment @ Rs. 200 per participant (35) for 3 days	0.21
				Total	1.035
				Other overhead expenditure @ 15% of total training expenses	0.155
				Training material @ Rs. 250/- per trainee (35)	0.087
				Venue Hiring @ Rs.10,000	0.1
Grand Total					1.377

A.11.9.15 Follow up of training on tally software for the finance personnel at the State level for all the districts for 2 days

No. already trained	No. to be trained	No. of batches	Place of training	Budget 2010-11		
				Particulars	Amount (Rs. In lakh)	Amount (Rs. in lakh) for 4 batches
45	80	4 (20 participants per batch)	Family Welfare Conference Hall/ State Guest House	Honorarium for 3 guest faculties @ Rs. 1000/- per head X 2 days	0.06	0.24
				Honorarium for 20 trainees @ Rs. 700 per head per day X 2 days	0.28	1.12
				Working Lunch & other refreshment @ Rs. 200 per participant (20) for 2 days	0.08	0.32
				Total	0.42	1.68
				Other overhead expenditure @ 15% of total training expenses	0.063	0.252
				Training material @ Rs. 250/- per trainee (20)	0.05	0.2
				Venue Hiring @ Rs.10,000	0.1	0.4
Grand Total				0.633	2.532	

District-wise estimated no. of participants:

Sl no	Districts	Estimated number of participants	Proposed month
1	Imphal West	1(DFM)+10=11	QTR I April (1 st & 2 nd batch)
2	Imphal East	1+11=12	
3	Bishenpur	1+5=6	
4	Thoubal	1+9=10	
5	Tamenglong	1+6=7	QTR I May (3 rd & 4 th batch)
6	Ukhrul	1+6=7	
7	Churchandpur	1+8=9	
8	Senapati	1+12=13	
9	Chandel	1+4=5	

A.11.9.16 Two (2) days Quality Assurance workshop for State and District Officials

No. already trained	No. to be trained	No. of batches	Place of training	Budget Per batch 2010-11		
				Particulars	Amount (Rs. In lakhs)	Amount for 5 batches (Rs. in lakh)
0	125	5 (25 participants per batch)	Family Welfare Conference Hall/ State Guest House/other	Honorarium for 1 guest faculty @ Rs. 1000/- per head X 2 days	0.02	0.1
				Honorarium for 25 trainees @ Rs. 700 per head per day X 2 days	0.35	1.75
				Working Lunch & other refreshment @ Rs. 200 per participant (25) for 2 days	0.1	0.5
				Total	0.47	2.35
				Other overhead expenditure @ 15% of total training expenses	0.07	0.35
				Training material @ Rs. 250/- per trainee (25)	0.062	0.31
Grand Total					0.602	3.01

District-wise estimated no. of participants

Sl no	Districts	Estimated number of participants	Proposed month
1	-	8 (Addl. Directors, Joint Directors, Officials from Training Institutions)	April (1 st & 2 nd batch) May (3 rd & 4 th batch)
1	Imphal West	1 (CMO)+ 1 (DIO/DFWO) + 8(MO i/c-PHCs)+2(MO i/c CHCs) = 12	
2	Imphal East	1 (CMO)+ 1 (DIO/DFWO) + 11(MO i/c- PHCs) + 2(MO-CHCs) = 15	
3	Bishnupur	1 (CMO)+ 1 (DIO/DFWO) + 1(MS- DH + 5(MO i/c -PHCs)+2(MO i/c-CHCs) = 10	
4	Thoubal	1 (CMO)+ 1 (DIO/DFWO) + 1 (MS-DH) + 12(MO i/c -PHCs)+5 (MO i/c CHCs) = 20	
5	Tamenglong	1 (CMO)+ 1 (DIO/DFWO) + 1 (MS- DH) + 6 (MO i/c -PHCs)+1(MO i/c-CHC) = 10	
6	Ukhrul	1 (CMO)+ 1 (DIO/DFWO) + 1 (MS-DH) + 6(MO i/c-PHCs)+1(MO i/c-CHC) = 10	
7	Churachandpur	1 (CMO)+ 1 (DIO/DFWO) + 1 (MS-DH) + 9(MO i/c-PHCs)+1(MO i/c-CHC) = 13	
8	Senapati	1 (CMO)+ 2 (DIOs/DFWOs) + 1 (MS-DH) + 12(MO i/c-PHCs)+2(MO i/c-CHCs) = 18	
9	Chandel	1 (CMO)+ 2 (DIOs/DFWOs) + 1 (MS-DH) 5(MO i/c-PHCs) = 9	

Steps of strengthening the post training follow-up:

- 1) Strengthening of Quality Assurance Cell both at State and District level to ensure the quality during the training and post training follow up of the trained personnel.
- 2) Involvement of Medical Colleges i.e. department of OBG, Pediatrics and Community Medicine for supportive supervision after SBA and other Maternal and Child Health and Family Planning Trainings
- 3) Monitoring through State HMIS (Tracking software for training and logistics can be developed to synchronize) with an approximate cost of Rs. 2.00 Lakhs.
- 4) Budget for monitoring trainings by QAC (State & Districts) is approximately Rs. 5.00 lakhs (including mobility support etc.).
- 5) MO i/c has to assess their staffs that have been trained in any kind of trainings. MO i/c to send the report after 2 months of training of their staff.
- 6) Meeting of the State Quality Assurance Committee (QAC) and District QAC once in a month on reviewing the activities of the trained person with the MO i/c of CHCs or PHCs.
- 7) Involvement of RKS/PRIs member in monitoring of the trained person at various health centres and notifying the names of the trained person to the ASHA and RKS/PRIs members by the MO i/c.
- 8) Monetary/Non-Monetary reward a kind of motivating the MOs/ other paramedical staffs can be given by the State or district after reviewing their performances and improvement in providing the health care facilities to the people after 4 months. The total budget for rewarding the best performer is approximately Rs. 2.00 Lakhs (Rs.1 Lakh for 10 MOs and Rs.1 Lakh for 20 Paramedics).
- 9) A visit by the State QAC team once in a year to the identified 24*7 PHCs and identified FRUs to assess the various activities being taken up at the centre. Similarly, District QAC team to visit their CHCs/PHCs/Sub-centres to see the progress of any activities being taken up by the trained staff.
- 10) Monitoring of training at State and District level by State QAC and District. Monitoring of training and performance evaluation by State QAC and District QAC in quarterly basis.
- 11) Training need assessment (TNA) survey can be conducted in the districts for the prioritization of trainings required by the health care providers by assessing the health indicators like MMR, IMR and TFR in the districts.
- 12) 2 Private Hospitals i.e. PHFs to be accredited as site of SBA training by State/ District as per the MoHFW, GoI guidelines (case loads) to speed up the training of SBA in the State. The budget required for accreditation is approximately Rs. 1.00 lacs.

Total Training Funds: 2010-11:

Sl. No.	RCH Trainings/Other trainings	Amount (Rs. in Lakh)
1	Maternal Health	55.346
2	Child Health	16.31
3	Family Planning	66.271
4	IMEP	1.687
5	ARSH	2.44
6	Programme Management Training	3.00
7	Others Training	83.096
8	Monitoring of Training & QAC meeting	5.00
9	Tracking Software for Training and logistics	2.00
10	Best performer reward	2.00
11	Accreditation of 2 PHFs for SBA training	1.00
Total		238.15

A.12 BCC/IEC**A.12.1 STRENGTHENING OF BCC/IEC BUREAUS (STATE & DISTRICT LEVELS)**

At the state level, currently one BCC/IEC consultant on contract basis, one media officer and one assistant editor under FW are the existing staffs for strengthening BCC/IEC activities in the state.

Activity-1: Identify a BCC/IEC Nodal Officer in the State and the Districts

Activity-2: Form a BCC/IEC Unit with the existing FW staffs and NRHM

Activity-3: LCD, Video Cam and VCD/DVD players to be procured for better implementation in the district

A.12.2 DEVELOPMENT OF BCC/IEC STRATEGY

Objective: To appraise the health behavior of the people and to improve the health behavior so that the health seeking behavior for Maternity, Child Health and Family planning can be improved.

Existing systems through which BCC messages are being disseminated to the community:

1. Observation of Village Health & Nutrition Days
2. District Health Melas
3. Home visits and community mobilization by ASHAs and ANMs
4. Mothers' meetings organized by Mobile Team under Tribal Health and ANMs of Sub-Centres
5. Block level need assessments
6. Block level awareness programs on major public health issues
7. Publication of annual State Health Society Calendar
8. Exhibition of Gate/ Tableaux during Republic Day Celebrations
9. Broad-cast in TV (local/ DDK)/ Radio
10. Newspapers
11. Publication of newsletters
12. Hoardings, posters, leaflets
13. Hoardings
14. Street-plays

A.12.2.1 Capacity development on BCC activities

- Activity-1: Training of State BCC Consultant and State level BCC staff outside State (subject to provision of such capacity development program from MoHFW, GoI)
- Activity-2: State level work-shop on up-gradation of skills of District Media Officers and District Program Managers at State level by the State BCC Consultant and State level officers
- Activity-3: District-level work-shop on up-gradation of skills of Block Extension Educator and Block Program Managers by the District Media Officers
- Activity-4: PHC level skill up-gradation of ANMs during monthly PHC level meetings by Block Extension Educator
- Activity-5: Weekly on-site skill up-gradation of ASHAs and AWWs by Block ASHA Facilitators and monthly by Block CHC/PHC MOs on Monthly Block ASHA Day

A.12.3 IMPLEMENTATION OF BCC/IEC STRATEGY
(RESPONSIBILITY: DISTRICT BCC/IEC UNIT AND BLOCK BCC/IEC UNIT)

A.12.3.1 BCC/IEC Activities for MH, CH, FP, ARSH & AYUSH

Needs assessment for identification of block-specific health problems, positive and negative factors influencing health behavior, enabling factors, target group, BCC message and channel of communication – completed in 2009-10 with the targeted coverage of 5 villages per Block

- Activity-1: Continuation of needs assessments in 2010-11 with the target of 10 more villages per Block on issues of RCH and others under NRHM. In consultation with State BCC Consultant, Block level IPC and mass media activities to be started simultaneously based on behavior change needed as per DLHS-3 findings.

The common issues are; Breast feeding, ante-natal care, institutional delivery, immunization and HIV/AIDS in all 09 districts (Target groups- Pregnant women and other women of reproductive age group, opinion leaders)

- Activity-2:
- District and Block level BCC activities as per Needs assessment
 - Group Discussions at community levels (Target is 10 villages per block)
 - Community meeting at CHCs & PHCs (16 CHCs & 73 PHCs)
 - Folk arts, rallies, workshops at block level
 - Observation of health related days
 - Social mobilization programmes such as joining hands with local clubs and SHGs during Christmas and Holi in the state.

A.12.3.1.1 Reinforcement from State level to local specific BCC activities (Responsibility: State BCC Consultant)

- Activity-1: Printing of posters, flash cards, calendars and dangles in local dialects based on top-three health behaviours which need to be improved (as per needs assessment report).
- Activity-2: banners (20 per district), bus boards (target is 100 buses per district), road signs (target is 5000)
- Activity-3: Publication of attractive Annual Calendar showing season specific health messages (in 4th quarter)
- Activity-4: Participation in State level events e.g. display of gate & tableaux during Republic Day celebration, Celebration of health-related Days and sponsoring of State events attracting large no. of audiences.
- Activity-5: Publication of newsletters (quarterly)
- Activity-6: Broadcasts/telecasts in DDK, Local TV Channel (ISTV) and AIR
 1. 30 jingle, 13 episode feature, 13 episode Phone-in Programs. Feedback mechanism included
 2. 10 ads, 12 Docu-serials and theme song – ISTV and DDK. Feedback mechanism included
- Activity-7: Publications and press releases in local newspapers and other leading magazine (target is 50 ads), Print Materials (target is 5000 pamphlet, flash cards, calendars, posters and flip charts. Dangles is 2000) focusing on 5 issues related to RCH, ASRSH and AYUSH.

A.12.4 OTHER STRATEGIES/ACTIVITIES

A.12.4.1 Weekly Health Educational Program on Radio

- Activity-1: Continuation of Weekly Health Educational Radio Program: A dramatized Educational Program at 7.00 P.M. of all Fridays was started in 2008-09 (All ASHAs in the State are provided with Radios Transistor) and continued in 2009-10. On alternate weeks, Health talks were delivered by hiring Resource persons. Each episode was followed by invitation of reply for a question and awarding a cash-prize of Rs. 500/- to a lucky winner. This activity will be continued in 2010-11.
 AIR production charge for 52 episodes including script & dramatization @ Rs. 10,000/ per episode- including cash prizes of Rs. 500/-
 Hon. for Resource Person for 26 Talks @ Rs. 1,000/ per talk.

A.12.4.2 Packaged Gift for the pregnant mothers

- Activity-1: For promotion of Institutional Delivery and minimum stay of 48 hours in the DHs, CHCs, PHCs of Manipur, a Packaged Gift consisting of a Coffee Mug and a Baby Carrier @ 250 per gift with messages on PNC, Breast-feeding and Immunization printed on each of the items will be given to the mothers at the time of checking out from the health centre. Target=**11,629 Mothers** (as per Institutional Delivery HMIS data)

Table No. (65): Estimated Institutional Delivery up to two live births

Sr. No.	District	estimated Pregnant Women*	estimated BPL Pregnant Women up-to two live-births**	Target % of institutional delivery for 2010-11	estimated institutional delivery up to two live births as per target
A	B	C	D	E	F
1	Imphal East	9347	2328	70%	1630
2	Imphal West	10520	2620	90%	2358
3	Thoubal	8620	2147	70%	1503
4	Bishnupur	4932	1229	70%	860
5	Chandel	2801	1993	40%	797
6	Churachandpur	5395	3840	40%	1536
7	Senapati	3332	2372	40%	949
8	Tamenglong	6714	4778	30%	1433
9	Ukhrul	2639	1878	30%	563
Total		54300	23185		11629

Table No. (66): Detail Budget for BCC/IEC

Sl. No.	Detailed Activities	Quarterly budget allocations (Rs. In Lakh)				Total Amount (Rs. in Lakhs)
		Q1	Q2	Q3	Q4	
1	Setting up and development of IEC/BCC unit at the state level/ district level @ Rs. 1.00 Lakh per District	09.00				09.00
5	Media Mix Develop a strategic media mix as per the target population and issues (Child Health, Maternal Health/ Family Planning/ARSH/AYUSH)					
	a) Interpersonal communication					
	• Group discussions at village/ block/Panchayat level. 5 FGDs per Block @ Rs. 5000/- per FGD. (5 FGDsXR5.5000X36 Blocks)		03.00	03.00	03.00	09.00
	• Half yearly Community meetings at 16 CHCs and 73 PHCs @ Rs. 1000/- per meeting. (Rs. 1000X16 CHCsX73PHCsX2)		0.89		0.89	1.78
	• Workshops at Panchayat/ block/ district level. 10 workshops per Block @ Rs. 5000/- per Block. (10 workshops X Rs. 5000/- X 36 Blocks)			09.00	09.00	18.00
	b) Community media					
	• Folk arts @ Rs. 50,000/- per district (Rs. 50,000/- X 9 Districts)		04.50			4.50
	• Quiz Programs at local club level @ Rs. 0.50 lacs per District. (Rs. 0.50 lacs X 9 Districts)	1.125	1.125	1.125	1.125	4.50
	• Participation in National/ State events (target=4)	01.00	01.00	01.00	01.00	4.00
	c) Outdoor media					
	• Banners @ Rs. 1000/- per banner. (Rs. 1000/- X 20 Banners X 9 Districts)	01.80				1.80
	• Bus boards @ Rs. 1000/- per board. (Rs. 1000/- X 20 buses X 9 Districts)		01.80			1.80
	• Road Signs. Rs. 500 per Sign. (2000 Road Signs X Rs 500/-)	10.00				10.0
	d) Television spots (Ads, Monthly serials, talks)	14.00				14.0
	e) Radio programs	09.00				9.0
	f) New Newspaper advertisements @ Rs. 20,000/- per Ad. (30 ads X Rs. 20,000/-)	01.50	01.50	01.50	01.50	6.00
	g) Publication of newsletter (2000 in numbers)	02.00	02.00	02.00	02.00	8.0

	Detailed Activities	Quarterly budget allocations (Rs. In Lakh)				Total Amount (Rs. in Lakhs)
		Q1	Q2	Q3	Q4	
	h) Print materials					
	• Posters. Rs. 100/- per poster. (5000 nos X Rs. 100/-)	01.00	01.00	01.00	02.00	5.0
	• Flash cards. Rs. 10/- per Flash Card. (5000 nos X Rs. 10/-)		0.50			0.50
	• Calendars and danglers. Rs. 200/- per calendar and Rs. 50/- per dangler. (3000 calendars X Rs. 200/- X 1000 danglers X Rs. 50/-)				06.50	6.50
	BCC implementation components					
6)	Capacity building and training of manpower Designate responsibilities as per task/Identify coordinator and design activity chart					
	• Capacity building of staff			01.00		1.00
	• Internal workshops		01.0			1.0
7)	Monitoring and evaluation					
	• Evaluation of the programme				01.0	1.00
8)	Others	1.37	1.37	1.37	1.37	5.48
	• ASHA Radio Program					
	• Packaged Gift for the pregnant mothers	7.27	7.27	7.27	7.27	29.08
Total quarterly Budget		59.065	26.955	19.265	27.655	
Total BCC/IEC Budget						132.94

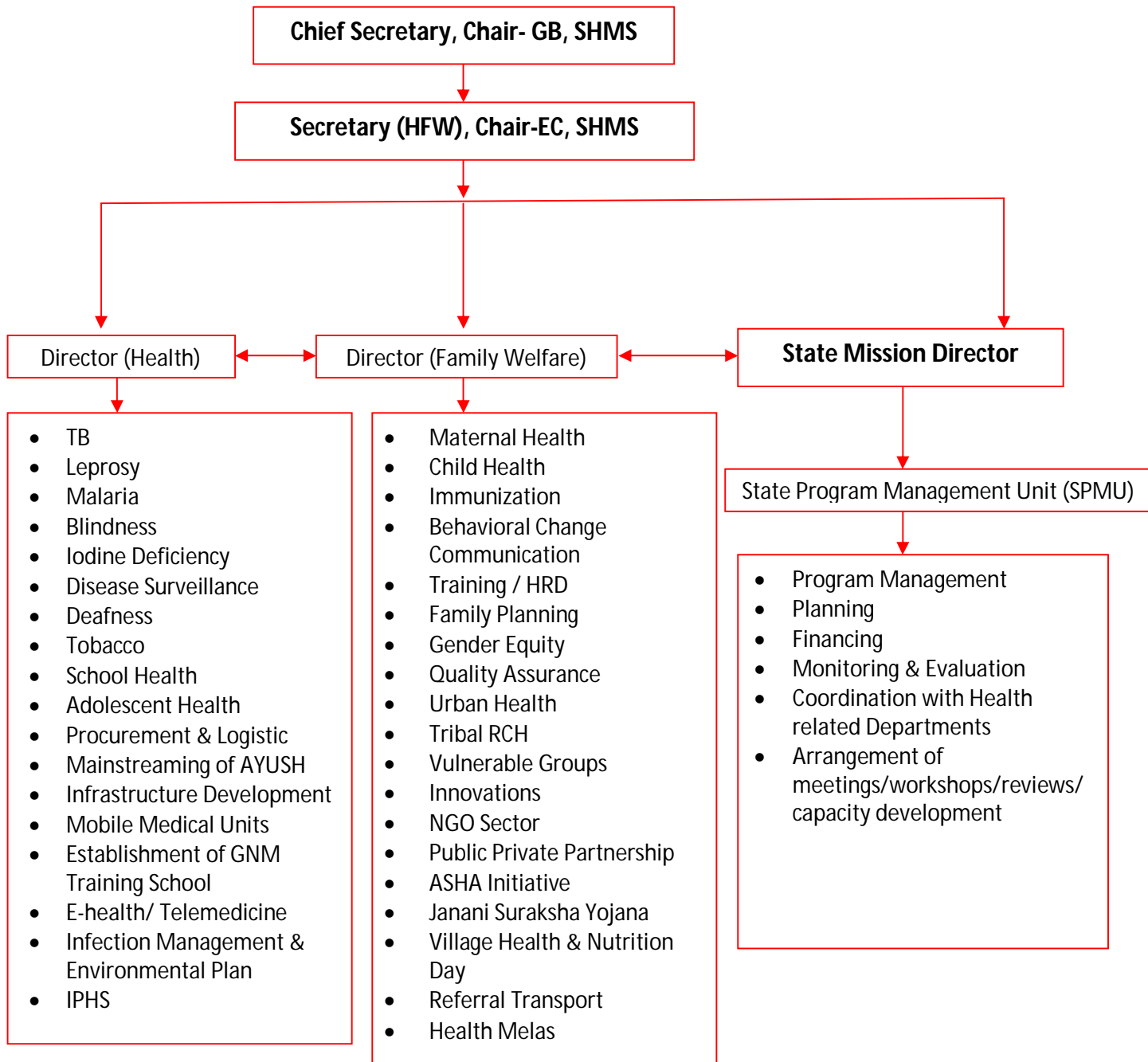
A.13 PROCUREMENT (Discussed in Part-B)**A.14 PROGRAMME MANAGEMENT**

Objective: To strengthen of State Health Society and the Program management at both State and Districts by induction of Non-medical health professionals.

A.14.1 Strengthening of State Health Society/State Programme Management Unit (SPMU)
A.14.1.1 Management Structure at state level:

The State has a single Department of Health & Family Welfare. But there are two Directors viz. (i) Director, Health Services and (ii) Director, FW Services in different locations. To steam-line NRHM implementation in the state, a State Order was issued to the effect that, the **State Mission Director**, who is an IAS Officer, will be the overall coordinator of NRHM initiatives and also should look directly after key and vital activities (i) Program management (ii) Planning (iii) Finance (iv) M & E (v) Planning (vii) Coordination with other health related sectors, whereas, **Director, Health Services, Manipur** shall be responsible for implementation and monitoring of NRHM schemes/ sectors of (i) RNTCP (ii) NLEP (iii) NBDCP (iv) NPCB (v) NIDDCP (vi) NPPCD (vii) IDSP, (viii) National Tobacco Control Program (NTCP) (ix) School Health (x) Adolescent Health (xi) Procurement, Storage & Logistic (xii) AYUSH (xiii) Physical Infrastructure Development (xiv) District Mobile Medical Units (xv) Establishment and operationalization of GNM Training Schools (xvi) E-health/Telemedicine (xvii) IMEP and (xviii) Up-gradation of Health Facilities to IPHS and the **Director, Family Welfare services, Manipur** shall be responsible for implementation and monitoring of NRHM schemes/ sectors of (i) Maternal Health (ii) Child Health (iii) UIP (iv) BCC (v) Family Planning (vi) Trainings under RCH (vii) Gender Equity (viii) Quality Assurance (ix) Urban Health (x) Tribal RCH (xi) MNGO/NGO schemes (xii) PPP (xiii) innovations under RCH (xiv) ASHA initiative (xv) JSY (xvi) VHND (xvii) Referral Transport and (xviii) Health melas.

The GO is not yet fully operationalized and there is still lack of coordination between the State Mission Director and the other two Directors. This issue will be stream-lined in 2010-11 and the management structure/organ gram at the State level will be as given overleaf.



Various Program Committees will support the Directors for implementation and monitoring the various initiatives under NRHM. The SPMU having (i) SPM (ii) SFM (iii) SAO and (iv) SDM will directly support the State Mission Directors while simultaneously supporting the two other Directors.

A.14.1.2 The SPMU would perform the following roles.

A. Planning & Monitoring

- Preparation of Planning & Monitoring manual for NRHM/RCH-II which is up-dated on yearly basis.
- Disseminate the manual to Districts and Sub-District level
- Provide assistance to Districts and Blocks for preparation of Annual Health Action Plans
- Prepare SPIP and obtain approval of MoHFW, Govt. of India
- Ensure timely submission of completed and reliable reports from Districts, analyse, compile and submit consolidated Report to MoHFW, Govt. of India
- Maintain a up-dated data base
- Carry out independent assessment/studies

B. Management of fund

- Ensure that funds are released to Districts on time
- Ensure that UCs are collected from Districts on time
- Submit consolidated Report promptly to MoHFW, Govt. of India

C. Financial accounting

- Develop accounting manual and train concerned District staffs
- Maintain books of accounts
- Identify suitable auditing firms and carry out audits

D. Health Sector Reforms

- Prepare proposals for new initiatives
- Provide assistance in taking forward the new reforms
- Facilitate implementation

E. Administrative

- Secretariat support to State Health Mission and Society
- Oversee functional and HR related aspects of DPMU staff and provide assistance.

A.14.1.3 Job Descriptions of SPMU Staffs

A.14.1.3.1 SPM

- Planning & Monitoring
- Continuous process improvement
- Secretariat support to State Health Mission/Society
- Basis for performance appraisal
 - Up-dated Planning & Monitoring manual in place
 - Annual SPIP and DHAPs prepared in time
 - Monthly & quarterly Monitoring Reports prepared and analysed before 10th of each month
 - Number of process improvement proposals prepared & implemented
 - Number of meetings with DPMU staff
 - Arrangement of meetings of State Health Mission/ Society made including preparation of agenda notes, recording of minutes.

A.14.1.3.2 SFM

- Develop operational manual for management of funds at State, District and facility level
- Manage Society funds for implementation including
 - Overseeing fund disbursement
 - Ensuring accounting manuals are followed
 - Preparation of SoE and collecting UCs
 - Ensuring management audits
 - Basis for performance-appraisal
 - Timely disbursement of funds to Districts, collection of SoEs & FMR and prepare consolidated State FMR Report
 - Budget analysis of State, Districts and health facilities
 - Timely conduct of audits
 - Number of suggestions for improved utilization of fund
 - Quantum of financial utilization

A.14.1.3.3 State Accounts Manager

- Maintenance of books of accounts
- Disbursement of fund to implementing agencies
- All bank-related activities
- Basis of performance-appraisal
 - Maintenance of books of accounts
 - Monthly/annual closing of accounts in time
 - No outstanding UC from Districts
 - Number of complaints from implementing agencies without allocated fund
 - Number of audit objections

A.14.1.3.4 SDM

- Work closely with team entrusted with preparation of Planning & Monitoring Manual
- Up-date data base continuously
- Compile monthly Physical & Financial Reports and analyze
- Implement systems for efficient functioning of SMD's office
- Basis for performance-appraisal
- Maintenance of data-base
- Physical 7 Financial reports compiled in time

A.14.1.4 Strengthening SPMU Staffs

Activity-1: Continuation of the contractual services of (i) SPM (ii) SFM (iii) SDM (iv) Engineer Consultant (v) SAO (vi) Stats. Asst (vii) Stenographer cum Office Asst., (viii) Two staffs for Data entry cum analysis and (ix) Two helper by giving a monthly honorarium consisting of Fixed Pay plus a Performance-based Incentive.

Table No. A (67): The budget needed for 2010-11

Sl. No.	Designation	No. of Post	Basic Pay (in Rs.)	PBH (in Rs.)	Honorarium per Month	TOTAL AMOUNT (Rs. In Lakh)
1	State Program Manager	01	10000.00	13750.00	23750.00	2.85
2	State Finance Manager	01	10000.00	18750.00	28750.00	3.45
3	State Data Manager (HMIS)	01	10000.00	12500.00	22500.00	2.70
4	State Account Officer	01	8000.00	7000.00	15000.00	1.80
5	State Statistical Assistant	01	5500.00	7000.00	12500.00	1.50
6	Stenographer	01	3050.00	4450.00	7500.00	0.90
7	Office Assistant	03	3050.00	3950.00	7000.00	2.52
8	Data Entry-cum-Analyst	02	3050.00	1950.00	5000.00	1.20
	Helper	02	2000.00	1000.00	3000.00	0.72
TOTAL		13				17.64

Activity-2: Engagement of one Additional State Program Manager (Addl. SPM) in the coming financial year 2010-11 to support the State Programme Management Unit with the following descriptions.

- Planning & Monitoring
- Continuous process improvement
- Secretariat support to State Health Mission/Society
- Up-dated Planning & Monitoring manual in place
- Annual SPIP and DHAPs prepared in time
- Number of process improvement proposals prepared & implemented

Table No. A (68): The budget needed for 2010-11

Sl. No.	Designation	No. of Post	Basic Pay (in Rs.)	PBH (in Rs.)	Honorarium per Month	TOTAL AMOUNT (Rs. In Lakh)
1	Additional State Program Manager	01	10000.00	12500.00	22500.00	2.70
TOTAL		01				2.70

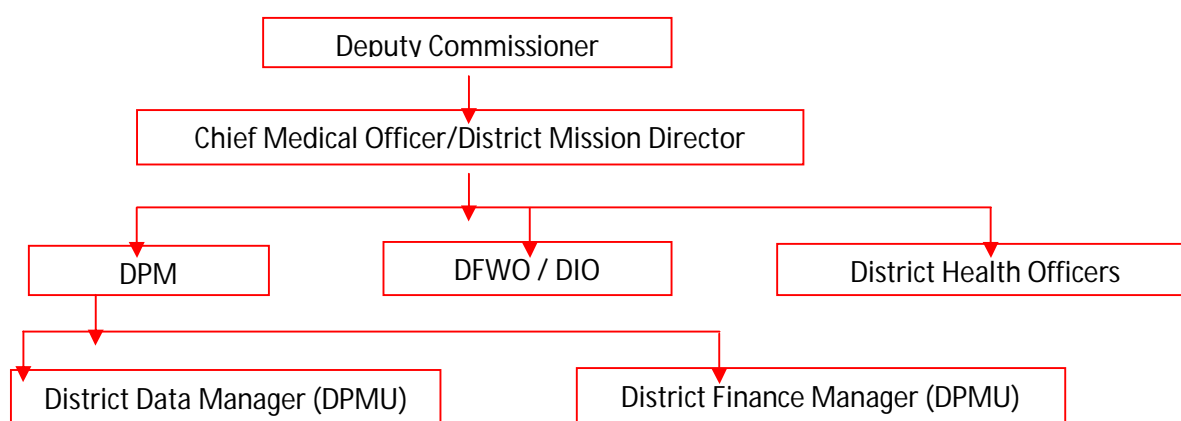
Activity-3: Continuation Outsource 5 Vehicles for SPMU.

The budget needed for Outsource Vehicle for the year 2010-11

Sl. No.	Vehicle Type	No. of Vehicle	Unit Rate (Rs.)	TOTAL AMOUNT (Rs. In Lakh)
1	Bolaro	3	30000.00	10.80
2	Van/Gypsy/fourwheeler	2	20000.00	4.80
Total		5		15.60

Activity-4: In-service skill up-gradation training as per need. Fund needed is discussed under "Training"

A.14.2 Strengthening of District Society/District Programme Management Unit (DPMU)
A.14.2.1 Management structure at District level:



A.14.2.2 The key roles of DPMU will be as given below.

A. Planning & Monitoring

- Review Planning & Monitoring Manual provided by SPMU, discuss and agree with SPMU for any changes, if required
- Ensuring preparation of Annual Health Action Plans based on Block Health Action Plans and obtain approval of District Health Society/ Mission
- Closely monitor progress of implementation in District and Sub-District level
- Maintain up-dated District data-base

B. Fund management

- Ensure timely release of fund for implementation
- Ensure timely submission of UCs from implementing agencies
- Monitor release of JSY fund

C. Financial Accounting

- Maintain books of accounts
- Facilitate audit

D. Continuous process improvement

- Identify priority areas for process improvement & facilitate implementation

E. Administrative

- Secretariat function to District Health Mission/ Society

A.14.2.3 Job Descriptions of DPMU Staffs

A.14.2.3.1 DPM

- Planning & Monitoring
- Financial management/ Accounting
- District data-base maintenance
- Continuous process improvement
- Administrative functions
- Basis for performance-appraisal
 - Annual DHAP prepared on time

- Monthly & quarterly Monitoring Reports prepared and analysed before 10th of each month
- Number of process improvement proposals prepared & implemented
- Arrangement of meetings of District Health Mission/ Society made including preparation of agenda notes, recording of minutes

A.14.2.3.2 DFM

- Ensuring timely release of funds to implementing agencies
- Ensuring submission of UC/ SoE from implementing agencies
- Maintain books of accounts
- Facilitate audit
- Basis for performance-appraisal
 - Maintenance of books of accounts
 - Monthly/ Yearly closing of accounts in time
 - No outstanding UC with the District
 - Number of audit objections

A.14.2.3.3 DDM

- Maintenance of up-dated district data-base
- Assist DPM in preparation of monthly progress reports, development of DHAP, routine monitoring
- Basis for performance-appraisal
- Data-base maintenance
- Physical & Financial reports compiled and sent on time

A.14.2.4 Strengthening DPMUs Staffs

Activity-1: Continuation of the contractual services of (i) 09 DPMs (ii) 09 DFM and (iii) DDMs by giving a monthly honorarium consisting of Fixed Pay plus a Performance-based Incentive.

Table No. A (68): The budget needed for 2010-11

Sl. No.	Designation	No. of Post	Basic Pay (in Rs.)	PBH (in Rs.)	Honorarium per Month	TOTAL AMOUNT
1	District Program Manager	9	10000.00	12500.00	22500.00	24.30
2	District Finance Manager	9	8000.00	7000.00	15000.00	16.20
3	District Data Manager	9	8000.00	4500.00	12500.00	13.50
						54.00

Activity-2: Continuation of hiring DPM Secretariat office building for TML District and SPT District which do not have adequate govt. owned space for accommodation DPMUs @ Rs. 3,000/- per month. The budget needed for one year will be **Rs. 0.72 Lakh**.

Activity-3: Office expenses for Block Program Management Unit

District	I/E	I/W	BPR	TBL	CCP	CDL	UKL	TML	SPT	Total
No. of BPMU	3	3	3	3	5	4	5	4	6	36
Amount @ Rs. 20000/- per unit	0.60	0.60	0.60	0.60	1.00	0.80	1.00	0.80	1.20	7.20

Activity-4: Office expenses for State and District Program Management Unit

District	State HQ	I/E	I/W	BPR	TBL	CCP	CDL	UKL	TML	SPT	Total
Amount (Rs. In Lakh)	5.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	23.00

Activity-5: In-service skill up-gradation training of DPMU staffs as per need. The fund needed will be borne from Program Management Cost.

The total program management cost including Staff Honorarium and other office expenses under Part –A (6%) will be **Rs. 123.453 Lakhs**

ANNEXURE- SELF APPRAISAL

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. By State Mission Director.
2	Has a chartered accountant reviewed the budget in detail? (Mandatory)	YES. By Deputy Director Finance and State Finance 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:		
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	YES. Key-persons delegation of powers done
2	Steps to ensure that RCH II is high priority for the District Collector	YES.. DC made Chairperson of District Health societies
3	Extent to which programme management support structure at state and district / sub-district levels is consistent with expertise required for programme 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	YES. SPMSU staffs sourced as per required qualifications. Job descriptions given. Delegation of power done. Annual appraisal system of staffs established. 1 DPM post is vacant in Chandel District.
4	Steps to establish financial management systems including funds flow mechanisms to districts; accounting manuals, training, audit	YES. FM system established and staffs trained. Auditing system identified.
5	Steps to ensure performance review of district program managers	YES. Quarterly performance appraisal system established
6	Capacity building of programme management staff at state and district levels	Yes. Completed 3 rd round Capacity Building both at State and District/ Block level for planning.
7	Steps to ensure/establish quality assurance committees in the districts	Yes, State and District level.
8	Step to ensure systems for holistic, monitoring (outcomes, activities, costs) against the state PIP including variance analysis	Yes, State and District level.
C. INSTITUTIONAL STRATEGIES		
Has the state PIP spelt out the steps undertaken for the following and additional steps required?		
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	Yes. Performance-based incentive for all contractual Staff. Transfer & Posting Policy for staffs and recruitment of local-based staffs initiated.
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, Web Portal and DHIS2 system of uploading Data is established. Based on this information monitoring of activities started.
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. Partially. State wants drugs supplied in kind from Ministry. To be distributed to health facilities according to local need.
5	Development of revised criteria (e. g. travel time, cost, potential patient load, referral arrangements, etc) for location of facilities	YES. Referral arrangements for CHCs & 24x7 PHCs from RKS fund.
6	Provision for MoU with districts	NO.

CRITERIA	REMARKS
7 Strategy for piloting public-private partnerships and social franchising and subsequent scale up	YES. Attempted for PPP for provision of Health Facilities in inaccessible areas Health Facilities and Specialists Doctors at FRUs.
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; organisational emphasis to key functions such as quality, HRD and training	YES. Delegation of power is established from State level to PRI/ Village Authority Level.
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.
<p style="text-align: center;">10 Training Strategy :</p> <p>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.</p>	
<p>11 BCC strategy (Mandatory)</p> <p>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 PNMT act is particularly important. Based on evidence, the strategy should aim to determine appropriate combination of 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.</p>	YES
<p>12 Convergence/ coordination arrangements (Mandatory)</p> <p>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 (organisation structures; staff; resources) arrangements spelt out ?.</p>	YES
<p>13 Pro poor strategy : Does the SPIP demonstrate how pro poor and gender strategies are mainstreamed into RCH II? The recommendations of the equity and gender studies and contained as supporting documents in the National PIP are of relevance. Some steps that could be taken are e. g. a arrangements for collection and reporting of disaggregated data; gender needs of female health service providers e. g. addressing the needs of ANMs, LHVs, and doctors; policy for encouraging staff to work in less developed districts; strategy developed for creating gender and equity consciousness amongst various stakeholders especially programme staff and community.</p>	YES. Data segregation and policy for staffs to stay at remote areas included.
<p>14 Infection Management and Environmental Plan / IMEP (Mandatory)</p> <p>Does the SPIP have a clear plan for dissemination of IMEP guidelines and Operationalising IMEP in health facilities in a phased manner?</p>	YES
<p>15 Sustainability: In the case of facilities and resources created from state funds, the strategy to ensuring sustainability is another criterion for appraisal of state PIPs. 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.</p>	YES. Retention of user-fees at facility level & increased State HFW budget

CRITERIA	REMARKS
D. TECHNICAL STRATEGIES: (Has the state spelt out steps taken / or constraints faced so far in RCH II and identified corrective actions for the following?).	
1 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:	YES
2 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, 11 FRU
3 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
4 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
5 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
6 Strategy and activities for quality assurance of private sector facilities/ service providers similar to the above.	YES
E. WORK PLAN 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 2010-11 with physical targets against activities.	YES
F. COSTS/ BUDGET 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 09-10/ 10-11, then what are the steps proposed to be taken to bring this about?	NO

SUMMARY BUDGET

(Rs. Lakhs unless otherwise specified)

Budget head	2009-10 (Actual expenditure) As on Jan. 2009	2009-10 (Actual/ estimated expenditure) Up to March 2010	2010-11								NRHM	Others	Total
			RCH II										
			Qtr I	Qtr II	Qtr III	Qtr IV	Total						
							20%	30%	30%	20%			
1 Maternal Health													
(a) JSY	90.83	117.96	30.108	45.162	45.162	30.108	150.54	6.90	150.54	0	150.54		
(c) Others	21.16	21.16	18.004	27.006	27.006	18.004	90.02	4.13	90.02	0	90.02		
Sub total			48.112	72.168	72.168	48.112	240.56	11.03	240.56	0	240.56		
2 Child Health	23.44	40	6.3	9.45	9.45	6.3	31.5	1.44	31.5	0	31.5		
3 Family Planning	8.27	19.27	8.56	12.84	12.84	8.56	42.8	1.96	42.8	0	42.8		
Sub total			14.86	22.29	22.29	14.86	74.3	3.41	74.3	0	74.3		
4 Adolescent Reproductive and Sexual Health	0.45	0.45					0	0.00	0	0	0		
5 Urban RCH	2.17	37.17	16.024	24.036	24.036	16.024	80.12	3.67	80.12	0	80.12		
6 Tribal RCH	7.46	10.04	2.572	3.858	3.858	2.572	12.86	0.59	12.86	0	12.86		
7 Vulnerable groups	1.54	5.9					0	0.00	0	0	0		
8 Innovations / PPP/ NGO	7.36	67.36	30.4722	45.7083	45.7083	30.4722	152.361	6.99	152.361	0	152.361		
9 Infrastructure and Human Resources	49.58	129.58	217.05	325.575	325.575	217.05	1085.25	49.76	1085.25	0	1085.25		
10 Institutional strengthening	23.01	25.43	7.516	11.274	11.274	7.516	37.58	1.72	37.58	0	37.58		
11 Training	66.05	146.05	48.3164	72.4746	72.4746	48.3164	241.582	11.08	241.582	0	241.582		
12 BCC/ IEC	44.4	63.8	26.588	39.882	39.882	26.588	132.94	6.10	132.94	0	132.94		
13 Procurement	71.66	71.66	0	0	0	0	0	0.00	0	0	0		
14 Programme management	253.84	283.84	24.6906	37.0359	37.0359	24.6906	123.453	5.66	123.453	0	123.453		
TOTAL	671.22	1039.67	436.202	654.303	654.303	436.202	2181.01	100.00	2181.01	0	2181.01		

WORK PLAN

Strategy / Activity	Timeline 2010-11				Responsibility State/District	Source of funds
	Q1	Q2	Q3	Q4		
1. MATERNAL HEALTH						
1.1. Operationalise facilities (details of infrastructure & human resources, training, IEC/BCC, equipment, drugs and supplies in sections 9, 11, 12 and 13)						
1.1.1. Operationalise DHs and CHCs as FRUs						
1.1.1.1. Organise dissemination workshops for FRU guidelines					State & District	NRHM
1.1.1.2. Setting up of 6 Blood storage Units						
1.1.1.3. Continuation and Additional Engagement of Specialist Doctors						
1.1.2. Operationalise PHCs to provide 24-hour services					State & District	NRHM
1.1.2.1. Making functional PHC Borobekra, Imphal East (Jiribam) as 24x7 will be done through PPP model as a pilot project					State	NRHM
1.1.2.2. Rationalization of Contractual Staffs and Engagement of Additional manpower					State	NRHM
1.1.3. Operationalise MTP services at health facilities					State	NRHM
1.1.3.1. Training human-power: 49 MBBS Doctors from CHCs/PHCs were trained on MVA at the State level					State	NRHM
1.1.3.2. Community Mobilization through ASHA system					District	NRHM
1.1.3.3. Monitoring by State and District Quality Assurance Committees.					State	NRHM
1.1.4. Operationalise RTI/STI services at health facilities						
1.1.4.1. Training of MOs on RTI/ST					State	NRHM
1.1.4.2. RTI/STI Diagnostic kits and drugs					State	
1.1.5. Operationalise sub-centres					State	
1.1.5.1. Construction of 28 approved during 2009-10, 22 Building less Sub-centres and 20 Relocated PHSC					State & District	NRHM
1.1.5.2. Continuation of services of Contractual ANMs						
1.1.5.3. Rent for hiring Sub-Centre building					State	
1.1.5.4. Hardship Incentives for additional ANMs posted at difficult, most difficult and Inaccessible areas					State & District	NRHM
1.2. Referral Transport						
1.2.1. Prepare and disseminate guidelines for referral transport for pregnant women and sick newborns / children					State & District	NRHM
1.2.2. Implementation by districts					State & District	NRHM

Strategy / Activity	Timeline				Responsibility State/District	Source of funds
	2010-11					
	Q1	Q2	Q3	Q4		
1.3. Integrated outreach RCH services					State & District	NRHM
1.3.1. <i>RCH Outreach Camps in un-served/ under-served areas</i>						
1.3.1.1. Implementation by districts of RCH Outreach Camps in un-served/ under-served areas					District	NRHM
1.3.1.2. Quarterly publication of schedules of RCH camps of all the districts in local News paper, Radio and local media					District	NRHM
1.3.1.3. Monitor quality of services and utilization.						
1.3.2. <i>Monthly Village Health and Nutrition Days at Anganwadi Centres</i>						
1.3.2.2. Monitor quality of services and utilisation					State	NRHM
1.4. Janani Suraksha Yojana / JSY					District	NRHM
1.4.1. Dissemination of JSY guidelines to districts and sub-districts.						
1.4.2. Implementation of JSY by districts.						
1.4.2.1. Home deliveries					State & District	NRHM
1.4.2.2. Institutional deliveries (Rural/Urban)					State & District	NRHM
1.4.2.3. ASHA package (Rural/Urban)						
1.4.2.4. For C/S in Public Facilities (2% of all Inst. Del)					District	NRHM
1.4.2.5. Referral transport					District	NRHM
1.4.2.6. JSY Register						
1.4.3. Monitor quality and utilisation of services.m (5%)						
1.5. Other strategies/activities					District	NRHM
1.5.1. Hardship Incentives for difficult, most difficult and Inaccessible area: This will be provide to staffs posted in 158 SCs, 30 PHCs, 03 CHCs and 5 DHs identified as located in difficult/very difficult/inaccessible areas					State	NRHM
1.7. Maternal Death Auditing						
2. CHILD HEALTH						
2.1. IMNCI					State	NRHM
2.1.1. IMNCI Training of 150 paramedics (FHS/PHN/GNM/ANM) from both public and private health facilities in Chandel, Bishnupur and Imphal East Districts					State	NRHM
2.1.2. Pre service Training in IMNCI in Medical College (RIMS)						
2.1.3. Community mobilization for utilizing the IMNCI services from health facilities					State	NRHM
2.2. Facility Based Newborn Care/FBNC						
2.2.1. In-service re-orientation training of ANM in Facility Based and Home-Based						

Strategy / Activity	Timeline				Responsibility State/District	Source of funds
	2010-11					
	Q1	Q2	Q3	Q4		
Newborn care (FB & HBNC)						
2.2.2. BCC activities. Discussed under “BCC”						
2.3. Home Based Newborn Care/HBNC					State	NRHM
2.3.1. Periodic training of ASHAs to include Home-based Newborn Care (HBNC).						
2.3.2. BCC activities. Discussed under “BCC”						
2.4. School Health Programme						
2.4.1. Visit of MOs PHC/CHC who is supported with basic local need-based medicine kit to the govt. and private schools						
2.4.2. Primary School teachers Training					State	NRHM
2.4.3. Printing of School Health Cards						
2.4.4. Contingencies, travel allowances						
2.4.5. Monitor progress and quality of services.					State & District	NRHM
2.5. Infant and Young Child Feeding/IYCF					State & District	NRHM
2.5.1. Coordination with Breast-Feeding Promotion Network of India (BPNI). Manipur Chapter					State & District	NRHM
2.6. Care of Sick Children and Severe Malnutrition at FRUs						
2.6.1. Operationalization of Newborn Care Corners in FRUs and 24/7 PHCs. Infrastructure up-gradation and provision of essential equipment are already completed. For NRCs, supplementary feeds will be made available on exchange basis						
2.6.2. Community mobilization through ASHA for timely referral of sick children						
2.7. Management of Diarrhoea, ARI and Micronutrient malnutrition					State & District	NRHM
2.8. Other strategies/activities						
2.8.1. A State and District level Healthy Baby and Best Mother Competition will be held in collaboration with IAP, Manipur Branch and Red-Cross Society on Children’s Day						
2.8.2. Observation of State and District level Breast-feeding events with in collaboration with BPNI, State Chapter						
2.8.3. Observation of ORS Week in collaboration with IAP, Manipur Branch						
2.8.4. Observation of New Born Care Week in collaboration with IAP, Manipur Branch						
2.8.5. M & E and Review Meetings						
					State & District	NRHM
3. FAMILY PLANNING						
3.1. Terminal/Limiting Methods						
3.1.1. <i>Dissemination of manuals on sterilisation standards & quality assurance of sterilisation services</i>						

Strategy / Activity	Timeline				Responsibility State/District	Source of funds
	2010-11					
	Q1	Q2	Q3	Q4		
3.1.2. Prepare operational plan for provision of sterilisation services across districts (including training, BCC/IEC, equipment, drugs and supplies, etc.).					State & District	NRHM
3.1.3. Implementation of sterilisation services by districts						
3.1.3.1. Observation of Sterilization Days (Wednesday for Tubectomy and Saturday for Vasectomy)						
3.1.3.2. Monthly integrated out-reach RCH camps in all 9 districts					State & District	NRHM
3.1.3.3. Provision for NSV operation in monthly out-reach RCH camps in all Districts at PHCs which are under-utilized					District	NRHM
3.1.3.4. For Tubectomy (Acceptor-600, Motivator-150, Drugs & dressings-100, Surgeon's charge-75, Anesthetist's charge-25, Staff Nurse-15, OT Tech-15, Refreshment-10, Camp Mngt-10 in Public facilities; Facility-1350, Motivator-150 in Accredited Private facilities)					District	NRHM
3.1.3.5. For Vasectomy (Acceptor-1100, Motivator-200, Drugs & dressings-100, Staff Nurse-15, OT Tech-15, Refreshment-10, Camp Mngt-10 in Public facilities; Facility-1300, Motivator-200 in Accredited Private facilities)					District	NRHM
3.2. Spacing Methods						
3.2.1. Prepare operational plan for provision of spacing methods across districts						
3.2.2. Implementation of IUD services by districts.						
3.2.2.1. Motivators' fee for IUD					District	NRHM
3.2.2.2. M&E activities					District	NRHM
3.2.2.3. Printing of Eligible Couple Register and Family Planning register						
3.2.3. Accreditation of private providers to provide IUD insertion services						
3.2.4. Social Marketing of contraceptives						
3.2.5. Organise Contraceptive Update seminars for health providers						
3.2.6. Monitor progress, quality and utilisation of services.						
3.3. Other strategies/activities					State & District	NRHM
					State & District	NRHM
4. ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH / ARSH						
(Details of training, IEC/BCC in sections 11 and 12)						
4.1. Adolescent friendly services						
4.1.1. Disseminate ARSH guidelines.					State & District	NRHM
4.1.2. Prepare operational plan for ARSH services across districts (including training, BCC/IEC, equipment, drugs and supplies, etc.).						

Strategy / Activity	Timeline				Responsibility State/District	Source of funds
	2010-11					
	Q1	Q2	Q3	Q4		
4.1.3. Implement ARSH services in districts.					State & District	NRHM
4.1.3.1.Adolescent girls (anaemic or non-anaemic) be provided a three months IFA (large) course						
4.1.4. Identification of ARSH Clinics on fixed days of the week after the General OPD hours in health facilities having trained MOs						
4.2. Other strategies/activities					State & District	NRHM
5. URBAN RCH					State & District	NRHM
5.1. Urban RCH Services						
5.1.1. Support for State and District Technical Support Units: The services of 10 Office Assistants engaged on contractual basis (02 at State Hdq. And 01 in each of the 08 UHCs						
5.1.2. Program Administrative Support to State Technical Support Unit						
5.1.3. Support for MOs and Paramedics: The services of the 08 MOs, 08 PHNs, 32 ANMs, 08 Lab. Techs and 08 Grade IVs which were utilized in previous year, will be re-utilized in 2010-11						
5.1.4. Monitor progress, quality and utilisation of services.					State	NRHM
5.2. Other Urban RCH strategies/activities						
6. TRIBAL RCH					State	NRHM
6.1. Tribal RCH services						
6.1.1. Mapping of tribal areas						
6.1.2. Prepare operational plan for tribal RCH						
6.1.3. Implementation of Tribal RCH activities						
6.1.3.1. Human Resource Support						
6.1.3.2. Outsourcing Vehicle for the Field visits						
6.1.4. Monitor progress, quality and utilisation of services.						
6.2. Other Tribal RCH strategies/activities						
					District	NRHM
7. VULNERABLE GROUPS					State/District	NRHM
7.1. Services for Vulnerable groups						
7.2. Other strategies/activities (please specify – PPP/ Innovations/NGO to be mentioned under section 8)					State/District	NRHM
8. INNOVATIONS/ PPP/ NGO						

Strategy / Activity	Timeline				Responsibility State/District	Source of funds
	2010-11					
	Q1	Q2	Q3	Q4		
8.1. PNDT and Sex Ratio						
8.1.1. Meetings of State Supervisor Board Meeting						
8.1.2. Meetings of Advisory Committee						
8.1.3. Meetings of State Appropriate Authority					State/District	NRHM
8.1.4. Field Visits by SAC & SAA						
8.1.5. Workshop / Awareness program					State/District	NRHM
8.1.6. Wall Painting						
8.1.7. Misc activities						
8.2. Public Private Partnerships						
8.2.1. The pilot project for running PHCs in PPP model					State	NRHM
8.2.2. PPP Model for EmOC in Ukhrul District						
8.3. NGO Programme						
8.4. Other innovations						
8.4.1. Mobile Motor Boat RCH Clinic for Loktak					State	NRHM
					State	NRHM
9. INFRASTRUCTURE AND HUMAN RESOURCES					State	NRHM
9.1. Contractual Staff & Services					State	NRHM
9.1.1. ANMs recruited and in position					State	NRHM
9.1.2. Laboratory Technicians recruited and in position					State	NRHM
9.1.3. Staff Nurses recruited and in position					State/District	NRHM
9.1.4. Specialists (Anaesthetists, Paediatricians, Ob/Gyn, Surgeons, Physicians) recruited and in position					State/District	NRHM
9.1.5. Others recruited and in position					State/District	NRHM
9.1.5.1. MBBS Doctors						
9.1.5.2. Public Health Nurse (PHN)						
9.1.5.3. General Pharmacist					State	NRHM
9.2. Major civil works (New constructions/ extensions/additions)					State	NRHM
9.2.1. Major civil works for Operationalization of FRUS						
9.2.1.1. Construction of Incinerator Room at all Hill District Hospitals						
9.2.1.2. Civil work for District Hospital						
9.2.2. Major civil works for Operationalization of 24 hour services at PHCs						
9.3. Minor civil works						

Strategy / Activity		Timeline				Responsibility State/District	Source of funds
		2010-11					
		Q1	Q2	Q3	Q4		
9.3.1.	Minor civil works for Operationalization of FRUs					State	NRHM
9.3.2.	Minor civil works for operationalisation of 24 hour services at PHCs					State	NRHM
						State	NRHM
10. INSTITUTIONAL STRENGTHENING						State	NRHM
10.1.	Human Resources Development					State	NRHM
10.1.1.	Selection of four HR trainees for 3 month					State	NRHM
10.2.	Logistics management/ improvement						
10.3.	Monitoring & Evaluation / HMIS						
10.3.1.	<i>Strengthening of M&E Cell</i>						
10.3.2.	<i>Operationalising the new MIES format</i>						
10.3.2.1.	Review of existing registers					State	NRHM
10.3.2.2.	Printing of registers					State	NRHM
10.3.2.3.	Training of staff					State	NRHM
10.3.3.	Other M&E activities						
11. TRAINING							
11.1.	Strengthening of Training Institutions (SIHFW, ANMTCs, etc.)					State	NRHM
11.1.1.	Procurement of furniture and other training materials for RHFWS, Porompat					State	NRHM
11.1.2.	Strengthening of Female Health Worker Training School, Lamphel					State	NRHM
11.1.3.	Strengthening of School of GNM and ANM/FHW Medical Directorate, Imphal					State	NRHM
11.1.4.	Other activities					State	NRHM
11.2.	Development of training packages						
11.2.1.	Development/ translation and duplication of training materials					State	NRHM
11.2.2.	Specialised training equipment (for skills trainings) provided					State	NRHM
11.2.3.	Other activities						
11.3.	Maternal Health Training						
(a)	SBA - SN					State/District	NRHM
(b)	SBA – ANM					State/District	NRHM
(c)	EmOC- MO					State/District	NRHM
(d)	LSAS – MO					State/District	NRHM
(e)	MTP/MVA – MO					State/District	NRHM
(f)	BEmOC & SBA – MO					State/District	NRHM
(g)) IMEP- Paramedic					State/District	NRHM
(h)	F-IMNCI – Paramedics					State/District	NRHM

Strategy / Activity	Timeline				Responsibility State/District	Source of funds
	2010-11					
	Q1	Q2	Q3	Q4		
(i) Pre-Service-IMNCI-UG Medical Student					State/District	NRHM
(j) Minilap – MO					State/District	NRHM
(k) NSV – MO					State/District	NRHM
(l) IUD-OBG					State/District	NRHM
(m) IUD & RTI/STI – MO					State/District	NRHM
(n)) IUD & RTI/STI - Paramedic					State/District	
(o) ARSH (STT & DTT)					State/District	NRHM
(p) Management Trg					State/District	NRHM
(q) PGDPHM					State/District	NRHM
(r) SOHS					State/District	NRHM
(s) GNM Training					State/District	NRHM
(t) Mainstreaming AYUSH – MO					State/District	NRHM
(u) Mainstreaming AYUSH – Paramedic					State/District	NRHM
(v) PRI – VHSC members					State/District	NRHM
(w) PRI					State/District	NRHM
(x) School Health – PS Teachers					State/District	NRHM
(y) Blood Storage – MO					State/District	NRHM
(z) Blood Storage – LT					State/District	NRHM
(aa) Audit Trg-DFM, CA					State/District	NRHM
(ab)Finance Trg-MO					State/District	NRHM
(ac) Finance & Accounting Trg – DFM, BFM & PHCs Accontant					State/District	NRHM
(ad) Tally Trg- PHCs accountant					State/District	NRHM
(ae) Follow up Tally Trg- DFM, BFM & PHCs accountant					State/District	NRHM
(af) QAC Trg					State/District	NRHM
(ag) Monetary/Non-Monetary reward					State/District	NRHM
(ah) Accredited of 2 Private Hospitals					State/District	NRHM
(ai) Monitoring Trg					State/District	NRHM
(aj) NSS					State/District	NRHM
(aj) Training Software for trained & logistics tracking					State/District	NRHM
12. BCC / IEC						
1.Setting up and development of IEC/BCC unit					State	NRHM
Media Mix						

Strategy / Activity	Timeline				Responsibility State/District	Source of funds
	2010-11					
	Q1	Q2	Q3	Q4		
4.Develop a strategic media mix as per the target population and issues						
• Group discussions at village/ block/Panchayat level.					State/District	NRHM
• Half yearly Community meetings at 16 CHCs and 73 PHCs					State/District	NRHM
b) Community media					State	NRHM
• Folk arts					State/District	NRHM
• Quiz Programs at local club level					State	NRHM
• Participation in National/ State events					State	NRHM
c) Outdoor media						
• Banners					State	NRHM
• Bus boards					State	NRHM
• Road Signs.					State	NRHM
d) Television spots					State	NRHM
e) Radio programs					State	NRHM
f) New Newspaper advertisements					State	NRHM
g) Publication of newsletter					State	NRHM
h) Print materials					State	NRHM
5.Capacity building and training of manpower					State	NRHM
6.Monitoring and evaluation					State	NRHM
7.Others						
• ASHA Radio Program					State	NRHM
• Packaged Gift for the pregnant mothers					State	NRHM
Sub Total (BCC/IEC)						
14. PROGRAMME MANAGEMENT						
14.1. Strengthening of State society/State Programme Management Support Unit					State/District	NRHM
Total budget for part A						

ALLOCATION OF RCH II FLEXIBLE FUNDS TO DISTRICTS (2010-11)

DISTRICT	STATE HQ	I/E	I/W	BPR	TBL	CCP	CDL	UKL	TML	SPT	TOTAL
BUDGET HEAD											
1 Maternal Health											
(a) JSY	8.57	14.26	16.04	7.53	13.15	23.51	12.20	11.50	29.26	14.52	150.54
(b) Operationalise FRU	0.80	0	5.4	4.05	13.5	0	4.05	4.05	12.15	4.05	48.05
(c) Operationalise 24x7	0.00	0	0	0	0	0	0	0	0	0	0
(d) Sub-Centre rent	0.00	0.18	0.18	0.18	0.27	0.36	0.15	0.30	0.09	0.39	2.10
(e) RCH Outreached Camps	0.40	3.00	2.40	2.40	2.40	4.80	4.80	4.80	4.80	4.80	34.60
(f) VH&NDs	0.00	0	0	0	0	0	0	0	0	0	0
(g) Strengthening PHC	0.00	0	0	0	0	0	0	0	0	0	0
(h) Maternal death audit	5.27	0	0	0	0	0	0	0	0	0	5.27
Sub total	6.47	3.18	7.98	6.63	16.17	5.16	9.00	9.15	17.04	9.24	90.02
Maternal Health Total	15.04	17.44	24.02	14.16	29.32	28.67	21.20	20.65	46.30	23.76	240.56
2 Child Health											
(a) School Health	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	18.00
(b) State Level Events	8.50	0	0	0	0	0	0	0	0	0	8.50
(c) M & E	5.00	0	0	0	0	0	0	0	0	0	5.00
Sub Total	15.3	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	31.50
3 Family Planning											
(a) Sterilisation compensation	1.00	4.00	7.00	3.00	3.00	7.00	2.00	2.00	2.00	2.00	33.00
(b) Printing of registers	0	0.60	0.60	0.50	0.50	0.70	0.30	0.30	0.60	0.70	4.80
(c) M & E	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	5.00
Sub total	1.50	5.10	8.10	4.00	4.00	8.20	2.80	2.80	3.10	3.20	42.80
4 Adolescent Reproductive and Sexual Health	0	0	0	0	0	0	0	0	0	0	0
5 Urban RCH	5.00	28.17	9.39	0	18.78	9.39	9.39	0	0	0	80.12
6 Tribal RCH	12.86	0	0	0	0	0	0	0	0	0	12.86
7 Vulnerable groups	0	0	0	0	0	0	0	0	0	0	0
Sub Total	17.86	28.17	9.39	0	18.78	9.39	9.39	0	0	0	92.98
8 Innovations / PPP/ NGO											
1) PNDT and Sex Ratio	8.79	0	0	0	0	0	0	0	0	0	8.79
2) Running 3 PHCs in PPP Model	0	29.584	0	0	0	29.584	0	0	29.584	0	88.752
3) PPP Model For EmOC In Ukhrul	0	0	0	0	0	0	0	16.32	0	0	16.32

DISTRICT	STATE HQ	I/E	I/W	BPR	TBL	CCP	CDL	UKL	TML	SPT	TOTAL
BUDGET HEAD											
4) Mobile Motor Boat RCH Clinic	0	0	0	38.499	0	0	0	0	0	0	38.499
Sub Total	8.79	29.584	0	38.499	0	29.584	0	16.32	29.584	0	152.361
9 Infrastructure and Human Resources											
9.1 Contractual Staffs & Services											
1) ANM	0	40.50	39.75	28.50	47.25	46.50	20.25	30.75	22.50	51.00	327.00
2) Lab. Tech	0	3.75	3.00	3.00	3.75	3.00	3.00	3.00	3.00	3.00	28.50
3) Staff Nurse	0	16.20	14.40	14.40	27.00	10.80	7.20	10.80	10.80	14.40	126.00
4) Other Contractual Staff	0	46.125	32.85	21.825	39.825	18.00	0	15.525	19.125	24.975	218.25
Sub Total	0	106.575	90.00	67.725	117.825	78.30	30.45	60.075	55.425	93.375	699.75
9.2 Major Civil Works											
1) Construction of Incinerator Room	0	0	0	0	0	20.00	15.00	15.00	15.00	15.00	80.00
2) Major Civil Works-DHs	0	0	0	22.50	0	15.00	15.00	12.50	5.00	0	70.00
3) Major Civil Works-CHCs	0	0	0	0	0	0	0	0	0	0	0
4) Major Civil Works-24x7 PHCs	0	35.75	56.50	10.00	71.50	0	0	35.75	0	0	209.50
Sub Total	0	35.75	56.50	32.50	71.50	35.00	30.00	63.25	20.00	15.00	359.50
9.3 Minor Civil Works											
1) Minor Civil Works-FRUs	0	0	0	0	5.00	3.50	1.00	1.00	1.00	3.50	15.00
2) Minor Civil Works-24x7 PHCs	0	0	2.00	0	6.00	3.00	0	0	0	0	11.00
Sub Total	0	0	2.00	0	11.00	6.50	1.00	1.00	1.00	3.50	26.00
10 Institutional strengthening											
(a) HRD	0.72	0	0	0	0	0	0	0	0	0	0.72
(b) M&E	15.00	0	0	0	0	0	0	0	0	0	15.00
(c) Strengthening of RHFV trg centre, Porompat	2.00	0	0	0	0	0	0	0	0	0	2.00
(d) Strengthening of FHW, Lamphel, FHW/ANM & GNM training School under Directorate Health	19.86	0	0	0	0	0	0	0	0	0	19.86
Sub Total	37.58	0	0	0	0	0	0	0	0	0	37.58
11 Training											
(a) SBA - SN	4.19	0	0	0	0	0.838	0	0	0	0	5.028
(b) SBA - ANM	16.376	0	0	0	0	7.014	0	0	0	0	23.39
(c) EmOC- MO	6.738	0	0	0	0	1.776	0	0	0	0	8.514
(d) LSAS - MO	6.386	0	0	0	0	0	0	0	0	0	6.386
(e) MTP/MVA - MO	8.38	0	0	0	0	0	0	0	0	0	8.38
(f) BEmOC & SBA - MO	3.648	0	0	0	0	0	0	0	0	0	3.648
(g) IMEP- Paramedic	0.28	0.156	0.156	0.156	0.156	0.156	0.156	0.156	0.156	0.156	1.684

DISTRICT	STATE HQ	I/E	I/W	BPR	TBL	CCP	CDL	UKL	TML	SPT	TOTAL
BUDGET HEAD											
(h)F IMNCI (STOT)	10.32	0	0	0	0	0	0	0	0	0	10.32
(i) Pre-Service-IMNCI-UG Medical Student	3.05	0	0	0	0	0	0	0	0	0	3.05
j) Navjoot Shishu Suraksha	2.94	0	0	0	0	0	0	0	0	0	2.94
(k) Minilap – MO	3.14	0	0	0	0	0	0	0	0	0	3.14
(l) NSV – MO	0.096	0.311	0.311	0.311	0.311	0.311	0	0.311	0	0	1.962
(m)IUD-OBG	1.448	0	0	0	0	0	0	0	0	0	1.448
(n) IUD & RTI/STI – MO	0.48	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	12.918
(o)) IUD & RTI/STI - Paramedic	2.64	4.907	4.907	4.907	4.907	4.907	4.907	4.907	4.907	4.907	46.803
(p) ARSH (STT & DTT)	2.44	0	0	0	0	0	0	0	0	0	2.44
(q) Management Trg	3.00	0	0	0	0	0	0	0	0	0	3
(r) PGDPHM	8.00	0	0	0	0	0	0	0	0	0	8
(s) GNM Training	7.2	0	0	0	0	0	0	0	0	0	7.2
(t) Mainstreaming AYUSH – MO	3.848	0	0	0	0	0	0	0	0	0	3.848
(u) Mainstreaming AYUSH – Paramedic	0	0.571	0.571	0.571	0.571	0.571	0.571	0.571	0.571	0.571	5.139
(v) PRI – VHSC members	0	2.54	2.54	2.54	2.54	2.54	2.54	2.54	2.54	2.54	22.86
(w) PRI	0	1.0805	1.0805	1.0805	1.0805	2.4236	2.4236	2.4236	2.4236	2.4236	16.44
(x) School Health – PS Teachers	0	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	4.77
(y) Blood Storage – MO	0.432	0	0	0	0	0	0	0	0	0	0.432
(z) Blood Storage – LT	0.264	0	0	0	0	0	0	0	0	0	0.264
(aa) Audit Trg-DFM, CA	0.877	0	0	0	0	0	0	0	0	0	0.877
(ab)Finance Trg-MO	6.592	0	0	0	0	0	0	0	0	0	6.592
(ac) Finance & Accounting Trg – DFM, BFM & PHCs Accountant	3.19	0	0	0	0	0	0	0	0	0	3.19
(ad) Tally Trg- PHCs accountant	1.377	0	0	0	0	0	0	0	0	0	1.377
(ae) Follow up Tally Trg- DFM, BFM & PHCs accountant	2.532	0	0	0	0	0	0	0	0	0	2.532
(af) QAC Trg	3.01	0	0	0	0	0	0	0	0	0	3.01
(ag) Monetary/Non-Monetary reward	0	0.2	0.25	0.2	0.25	0.2	0.2	0.25	0.25	0.2	2.00
(ah) Accredited of 2 Private Hospitals	1.00	0	0	0	0	0	0	0	0	0	1.00
(ai) Monitoring Trg	5.00	0	0	0	0	0	0	0	0	0	5.00
(aj) Training Software for trained & logistics tracking	2.00	0	0	0	0	0	0	0	0	0	2.00
Sub Total	120.874	11.6775	11.7275	11.6775	11.7275	22.6486	12.7096	13.0706	12.7596	12.7096	241.582
12 BCC/ IEC											
1.Setting up and development of IEC/BCC unit	0	01.0	01.0	01.0	01.0	01.0	01.0	01.0	01.0	01.0	09.00

DISTRICT	STATE HQ	I/E	I/W	BPR	TBL	CCP	CDL	UKL	TML	SPT	TOTAL
BUDGET HEAD											
Media Mix											
2.Develop a strategic media mix as per the target population and issues	0	0	0	0	0	0	0	0	0	0	0
a) Interpersonal communication	0	0	0	0	0	0	0	0	0	0	0
• Group discussions at village/ block/Panchayat level.	0	0.75	0.75	0.75	0.75	1.25	1	1.25	1	1.5	9
• Half yearly Community meetings at 16 CHCs and 73 PHCs	0	0.26	0.2	0.14	0.34	0.2	0.08	0.14	0.14	0.28	1.78
b) Community media	0	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	4.5
• Folk arts	0	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	4.5
• Quiz Programs at local club level	0	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	4.5
• Participation in National/ State events	4	0	0	0	0	0	0	0	0	0	4
c) Outdoor media	0	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	1.8
• Banners	0	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	1.8
• Bus boards	1.8	0	0	0	0	0	0	0	0	0	1.8
• Road Signs.	10	0	0	0	0	0	0	0	0	0	10
d) Television spots	0	0	0	0	0	0	0	0	0	14.00	14.00
e) Radio programs	0	0	0	0	0	0	0	0	0	09.00	09.00
f) New Newspaper advertisements	0	0	0	0	0	0	0	0	0	06.00	06.00
g) Publication of newsletter	0	0	0	0	0	0	0	0	0	08.00	08.00
h) Print materials	0	0	0	0	0	0	0	0	0	12.00	12.00
5.Capacity building and training of manpower	2.00	0	0	0	0	0	0	0	0	0	2.00
6.Monitoring and evaluation	01.00	0	0	0	0	0	0	0	0	0	1.0
7.Others	5.48	0	0	0	0	0	0	0	0	0	5.48
• ASHA Radio Program	5.48	0	0	0	0	0	0	0	0	0	5.48
• Packaged Gift for the pregnant mothers	29.08	0	0	0	0	0	0	0	0	0	29.08
Sub Total	53.36	3.21	3.15	3.09	3.29	3.65	3.28	3.59	3.34	52.98	132.94
13 Procurement	0	0	0	0	0	0	0	0	0	0	0
14 Programme management (6% of Sl. Nos. 1 to 13)	43.533	8.6	8.6	8.6	8.6	9	8.8	9	8.8	9.92	123.453
TOTAL	313.84	247.91	215.29	182.05	277.84	232.74	121.43	191.56	182.11	216.24	2181.01

Budget head	Physical Target			Rate (Rs. In Lakh/unit)	Amount (Rs. Lakhs)	Remarks
	Unit of measure	Base-line (current status)	Target for the quarter Q1/Q2/Q3/Q4			
1. MATERNAL HEALTH						
1.1. Operationalise facilities (details of infrastructure & human resources, training, IEC/BCC, equipment, drugs and supplies in sections 9, 11, 12 and 13)						
1.1.1. Operationalise DHs and CHCs as FRUs						
1.1.1.1. Organise dissemination workshops for FRU guidelines	Workshop	0	1/1/1/1	0.2	0.8	
1.1.1.2. Setting up of 6 Blood storage Units	BSU	1	1/1/2/2			MACS
1.1.1.3. Continuation and Additional Engagement of Specialist Doctors	Sp. Doc	2	9/0/0/0	0.5	47.25	
1.1.2. Operationalise PHCs to provide 24-hour services						
1.1.2.1. Making functional PHC Borobekra, Imphal East (Jiribam) as 24x7 will be done through PPP model as a pilot project						Details discussed in A.8.2 PPP
1.1.2.2. Rationalization of Contractual Staffs and Engagement of Additional manpower						A.9.1 Contractual Staffs and Services
1.1.3. Operationalise MTP services at health facilities						
1.1.3.1. Training human-power: 49 MBBS Doctors from CHCs/PHCs were trained on MVA at the State level	Doctors	0	49 (Q1-Q4)			Maternal Health Trainings
1.1.3.2. Community Mobilization through ASHA system						
1.1.3.3. Monitoring by State and District Quality Assurance Committees.						
1.1.4. Operationalise RTI/STI services at health facilities						
1.1.4.1. Training of MOs on RTI/ST	Doctors	45	120 (Q1-Q4)			
1.1.4.2. RTI/STI Diagnostic kits and drugs	CHCs/PHCs	96	96/0/0/0	1		Reflected in Part-B
1.1.5. Operationalise sub-centres						
1.1.5.1. Construction of 28 approved during 2009-10, 22 Building less Sub-centres and 20 Relocated PHSC	PHSC	70	70 (Q1-Q4)			Reflected in Part-B
1.1.5.2. Continuation of services of Contractual ANMs	ANM	420	420 (Q1-Q4)	0.07		reflected in A.9.1 Contractual Staffs and Services.
1.1.5.3. Rent for hiring Sub-Centre building	PHSC	70	70 (Q1-Q4)	0.0025	2.1	

Budget head	Physical Target			Rate (Rs. In Lakh/unit)	Amount (Rs. Lakhs)	Remarks
	Unit of measure	Base-line (current status)	Target for the quarter Q1/Q2/Q3/Q4			
1.1.5.4. Hardship Incentives for additional ANMs posted at difficult, most difficult and Inaccessible areas	ANM	158	158 (Q1-Q4)			Details reflected in Part "B"
1.2. Referral Transport						
1.2.1. Prepare and disseminate guidelines for referral transport for pregnant women and sick newborns / children						Details reflected in Part "B"
1.2.2. Implementation by districts						Details reflected in Part "B"
1.3. Integrated outreach RCH services						
1.3.1. <i>RCH Outreach Camps in un-served/ under-served areas</i>						
1.3.1.1. Implementation by districts of RCH Outreach Camps in un-served/ under-served areas	Camps	108	27/27/27/27	0.20 (NA) 0.40 (DA)	34.2	A.1.3.1 RCH Camps
1.3.1.2. Quarterly publication of schedules of RCH camps of all the districts in local News paper, Radio and local media	Publication	0	1/1/1/1	0.1	0.4	
1.3.1.3. Monitor quality of services and utilization.						Quality Assurance Committees
1.3.2. <i>Monthly Village Health and Nutrition Days at Anganwadi Centres</i>						
1.3.2.2. Monitor quality of services and utilisation						
1.4. Janani Suraksha Yojana / JSY						
1.4.1. Dissemination of JSY guidelines to districts and sub-districts.						
1.4.2. Implementation of JSY by districts.						
1.4.2.1. Home deliveries	Home Del.	11556	8089	500	40.45	
1.4.2.2. Institutional deliveries (Rural/Urban)	Inst. Del	11629	3695/4446	700/600	52.55	
1.4.2.3. ASHA package (Rural/Urban)	Delivery	11629	3695/4446	600/200	30.06	
1.4.2.4. For C/S in Public Facilities (2% of all Inst. Del)	C/S	250	175	1500	2.63	

Budget head	Physical Target			Rate (Rs. In Lakh/unit)	Amount (Rs. Lakhs)	Remarks
	Unit of measure	Base-line (current status)	Target for the quarter Q1/Q2/Q3/Q4			
1.4.2.5. Referral transport	Referral	11629	8140	200	16.28	
1.4.2.6. JSY Register	Register		700	200	1.4	
1.4.3. Monitor quality and utilisation of services.m (5%)					7.17	
1.5. Other strategies/activities						
1.5.1. Hardship Incentives for difficult, most difficult and Inaccessible area: This will be provide to staffs posted in 158 SCs, 30 PHCs, 03 CHCs and 5 DHs identified as located in difficult/very difficult/inaccessible areas	Health Institution	158 PHSC, 30 PHC, 3 CHCs				Reflected in Part "B"
1.7. Maternal Death Auditing	Audit	0	1 (Q1-Q4)	5	5.27	
2. CHILD HEALTH						
2.1. IMNCI						
2.1.1. IMNCI Training of 150 paramedics (FHS/PHN/GNM/ANM) from both public and private health facilities in Chandel, Bishnupur and Imphal East Districts						
2.1.2. Pre service Training in IMNCI in Medical College (RIMS)						
2.1.3. Community mobilization for utilizing the IMNCI services from health facilities						
2.2. Facility Based Newborn Care/FBNC						
2.2.1. In-service re-orientation training of ANM in Facility Based and Home-Based Newborn care (FB & HBNC)						
2.2.2. BCC activities. Discussed under "BCC"						
2.3. Home Based Newborn Care/HBNC						
2.3.1. Periodic training of ASHAs to include Home-based Newborn Care (HBNC).						
2.3.2. BCC activities. Discussed under "BCC"						

Budget head	Physical Target			Rate (Rs. In Lakh/unit)	Amount (Rs. Lakhs)	Remarks
	Unit of measure	Base-line (current status)	Target for the quarter Q1/Q2/Q3/Q4			
2.4. School Health Programme						
2.4.1. Visit of MOs PHC/CHC who is supported with basic local need-based medicine kit to the govt. and private schools						
2.4.2. Primary School teachers Training	Teacher	108	270 (Q1-Q4)			Reflected at Training
2.4.3. Printing of School Health Cards	Cards	4 Lakh	4 Lakh (Q1-Q4)	Rs. 2/-	8	
2.4.4. Contingencies, travel allowances					5	
2.4.5. Monitor progress and quality of services.					5	
2.5. Infant and Young Child Feeding/IYCF						
2.5.1. PNC visit within first 2 hours of birth by ASHAs by paying an incentive of Rs. 200/- per case of completing 05 PNC visits including one visit within 02 hours of birth. The budget needed is reflected under Maternal Health						Reflected under Maternal Health
2.5.2. Coordination with Breast-Feeding Promotion Network of India (BPNI). Manipur Chapter						
2.6. Care of Sick Children and Severe Malnutrition at FRUs						
2.6.1. Operationalization of Newborn Care Corners in FRUs and 24/7 PHCs. Infrastructure up-gradation and provision of essential equipment are already completed. For NRCs, supplementary feeds will be made available on exchange basis						
2.6.2. Community mobilization through ASHA for timely referral of sick children						
2.7. Management of Diarrhoea, ARI and Micronutrient malnutrition						
2.8. Other strategies/activities						

Budget head	Physical Target			Rate (Rs. In Lakh/unit)	Amount (Rs. Lakhs)	Remarks
	Unit of measure	Base-line (current status)	Target for the quarter Q1/Q2/Q3/Q4			
2.8.1. A State and District level Healthy Baby and Best Mother Competition will be held in collaboration with IAP, Manipur Branch and Red-Cross Society on Children's Day	District/ State	10	10 (Q1-Q4)	0.5	3	
2.8.2. Observation of State and District level Breast-feeding events with in collaboration with BPNI, State Chapter	District/ State	10	10 (Q1-Q4)		2	
2.8.3. Observation of ORS Week in collaboration with IAP, Manipur Branch	District/ State	10	10 (Q1-Q4)		2	
2.8.4. Observation of New Born Care Week in collaboration with IAP, Manipur Branch	District/ State	10	10 (Q1-Q4)		1.5	
2.8.5. M & E and Review Meetings					5	
3. FAMILY PLANNING						
(Details of training, IEC/BCC, equipment, drugs and supplies in sections 11, 12 and 13)						
3.1. Terminal/Limiting Methods						
3.1.1. <i>Dissemination of manuals on sterilisation standards & quality assurance of sterilisation services</i>						
3.1.2. <i>Prepare operational plan for provision of sterilisation services across districts (including training, BCC/IEC, equipment, drugs and supplies, etc.).</i>						
3.1.3. <i>Implementation of sterilisation services by districts</i>						
3.1.3.1. Observation of Sterilization Days (Wednesday for Tubectomy and Saturday for Vasectomy)						
3.1.3.2. Monthly integrated out-reach RCH camps in all 9 districts						
3.1.3.3. Provision for NSV operation in monthly out-reach RCH camps in all Districts at PHCs which are under-utilized						

Budget head	Physical Target			Rate (Rs. In Lakh/unit)	Amount (Rs. Lakhs)	Remarks
	Unit of measure	Base-line (current status)	Target for the quarter Q1/Q2/Q3/Q4			
3.1.3.4. For Tubectomy (Acceptor-600, Motivator-150, Drugs & dressings-100, Surgeon's charge-75, Anesthetist's charge-25, Staff Nurse-15, OT Tech-15, Refreshment-10, Camp Mngt-10 in Public facilities; Facility-1350, Motivator-150 in Accredited Private facilities)	Beneficiary		2000	0.01 in Public facilities; 0.015 in Accredited private facilities	20	
3.1.3.5. For Vasectomy (Acceptor-1100, Motivator-200, Drugs & dressings-100, Staff Nurse-15, OT Tech-15, Refreshment-10, Camp Mngt-10 in Public facilities; Facility-1300, Motivator-200 in Accredited Private facilities)	Beneficiary		1000	0.015	10	
3.2. Spacing Methods						
3.2.1. Prepare operational plan for provision of spacing methods across districts						
3.2.2. Implementation of IUD services by districts.						
3.2.2.1. Motivators' fee for IUD	Motivator		15000	0.0002	3	
3.2.2.2. M&E activities					5	
3.2.2.3. Printing of Eligible Couple Register and Family Planning register	Register		600 each	0.002	4.8	
3.2.3. Accreditation of private providers to provide IUD insertion services						
3.2.4. Social Marketing of contraceptives						
3.2.5. Organise Contraceptive Update seminars for health providers						
3.2.6. Monitor progress, quality and utilisation of services.						
3.3. Other strategies/activities						
4. ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH /						

Budget head	Physical Target			Rate (Rs. In Lakh/unit)	Amount (Rs. Lakhs)	Remarks
	Unit of measure	Base-line (current status)	Target for the quarter Q1/Q2/Q3/Q4			
ARSH						
(Details of training, IEC/BCC in sections 11 and 12)						
4.1. Adolescent friendly services						
4.1.1. Disseminate ARSH guidelines.						
4.1.2. Prepare operational plan for ARSH services across districts (including training, BCC/IEC, equipment, drugs and supplies, etc.).						
4.1.3. Implement ARSH services in districts.						
4.1.3.1. Adolescent girls (anaemic or non-anaemic) be provided a three months IFA (large) course						
4.1.4. Identification of ARSH Clinics on fixed days of the week after the General OPD hours in health facilities having trained MOs						
4.2. Other strategies/activities						
5. URBAN RCH						
5.1. Urban RCH Services						
5.1.1. Support for State and District Technical Support Units: The services of 10 Office Assistants engaged on contractual basis (02 at State Hdq. And 01 in each of the 08 UHCs	Off. Asst	10	10 (Q1-Q4)	0.07	7.32	
5.1.2. Program Administrative Support to State Technical Support Unit					5	
5.1.3. Support for MOs and Paramedics: The services of the 08 MOs, 08 PHNs, 32 ANMs, 08 Lab. Techs and 08 Grade IVs which were utilized in previous year, will be re-utilized in 2010-11	MO & Para Staffs	56	56 (Q1-Q4)		67.8	

Budget head	Physical Target			Rate (Rs. In Lakh/unit)	Amount (Rs. Lakhs)	Remarks
	Unit of measure	Base-line (current status)	Target for the quarter Q1/Q2/Q3/Q4			
5.1.4. Monitor progress, quality and utilisation of services.						
5.2. Other Urban RCH strategies/activities						
6. TRIBAL RCH						
6.1. Tribal RCH services						
6.1.1. Mapping of tribal areas						
6.1.2. Prepare operational plan for tribal RCH						
6.1.3. Implementation of Tribal RCH activities						
6.1.3.1. Human Resource Support	Staffs	4	4 (Q1-Q4)	19.8	5.46	
6.1.3.2. Outsourcing Vehicle for the Field visits	Vehicles	1	1 (Q1-Q4)	0.2	2.4	
6.1.4. Monitor progress, quality and utilisation of services.					5	
6.2. Other Tribal RCH strategies/activities						
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						
7.2. Other strategies/activities (please specify – PPP/Innovations/NGO to be mentioned under section 8)						
8. INNOVATIONS/ PPP/ NGO						
8.1. PNDT and Sex Ratio						
8.1.1. Meetings of State Supervisor Board Meeting	Meeting	0	3 (Q1-Q4)	0.26	0.78	
8.1.2. Meetings of Advisory Committee	Meeting	0	6 (Q1-Q4)	0.13	0.792	
8.1.3. Meetings of State Appropriate Authority	Meeting	0	14 (Q1-Q4)	0.072	1.008	
8.1.4. Field Visits by SAC & SAA	Visit	0	10 (Q1-Q4)	0.066	0.66	

Budget head	Physical Target			Rate (Rs. In Lakh/unit)	Amount (Rs. Lakhs)	Remarks
	Unit of measure	Base-line (current status)	Target for the quarter Q1/Q2/Q3/Q4			
8.1.5. Workshop / Awareness program	Camps	0	40 (Q1-Q4)	0.1	4	
8.1.6. Wall Painting	Wall Painting	0	50 (Q1-Q4)	0.021	1.05	
8.1.7. Misc activities					0.5	
8.2. Public Private Partnerships						
8.2.1. The pilot project for running PHCs in PPP model	PHC	0	3 (Q1-Q4)	29.584	88.752	
8.2.2. PPP Model for EmOC in Ukhrul District	PPP	0	1 (Q1-Q4)	16.32	16.32	
8.3. NGO Programme						
8.4. Other innovations						
8.4.1. Mobile Motor Boat RCH Clinic for Loktak	Clinic	0	1 (Q1-Q4)	51.85	38.499	
9. INFRASTRUCTURE AND HUMAN RESOURCES						
9.1. Contractual Staff & Services						
9.1.1. ANMs recruited and in position	ANM	420	420 (Q1-Q4)	0.07	327	
9.1.2. Laboratory Technicians recruited and in position	Lab. Tech	38	38 (Q1-Q4)	0.07	28.5	
9.1.3. Staff Nurses recruited and in position	S/N	140	140 (Q1-Q4)	0.084	126	
9.1.4. Specialists (Anaesthetists, Paediatricians, Ob/Gyn, Surgeons, Physicians) recruited and in position						Reflected at FRU
9.1.5. Others recruited and in position						
9.1.5.1. MBBS Doctors	MO	54	54 (Q1-Q4)	0.35	194.4	
9.1.5.2. Public Health Nurse (PHN)	PHN	14	14 (Q1-Q4)	0.098	15.75	
9.1.5.3. General Pharmacist	GP	9	9 (Q1-Q4)	0.084	8.1	
9.2. Major civil works (New constructions/ extensions/additions)						
9.2.1. Major civil works for Operationalization of FRUS						

Budget head	Physical Target			Rate (Rs. In Lakh/unit)	Amount (Rs. Lakhs)	Remarks
	Unit of measure	Base-line (current status)	Target for the quarter Q1/Q2/Q3/Q4			
9.2.1.1. Construction of Incinerator Room at all Hill District Hospitals	Activity	0	5 (Q1-Q4)	15 (20 CCP)	80	
9.2.1.2. Civil work for District Hospital	Activity				70	140
9.2.2. Major civil works for Operationalization of 24 hour services at PHCs	Activity				209.5	419
9.3. Minor civil works						
9.3.1. Minor civil works for Operationalization of FRUs	Activity				15	30
9.3.2. Minor civil works for operationalisation of 24 hour services at PHCs	Activity				11	
10. INSTITUTIONAL STRENGTHENING						
10.1. Human Resources Development						
10.1.1. Selection of four HR trainees for 3 month	Trainees	0	3 (Q1)	0.08	0.72	
10.2. Logistics management/ improvement						
10.3. Monitoring & Evaluation / HMIS						
10.3.1. <i>Strengthening of M&E Cell</i>						
10.3.2. <i>Operationalising the new MIES format</i>						
10.3.2.1. Review of existing registers						
10.3.2.2. Printing of registers	Register	5X600	5X600	0.002	15	
10.3.2.3. Training of staff						
10.3.3. Other M&E activities (please specify)						
11. TRAINING						
11.1. Strengthening of Training Institutions (SIHFW, ANMTCs, etc.)						
11.1.1. Procurement of furniture and other training materials for RHFW, Porompat	Centre	1	1 (Q2)	2	2	

Budget head	Physical Target			Rate (Rs. In Lakh/unit)	Amount (Rs. Lakhs)	Remarks
	Unit of measure	Base-line (current status)	Target for the quarter Q1/Q2/Q3/Q4			
11.1.2. Strengthening of Female Health Worker Training School, Lamphel	Centre	1	1 (Q2)	4.86	4.86	
11.1.3. Strengthening of School of GNM and ANM/FHW Medical Directorate, Imphal	Centre	1	1 (Q1)	15	15	
11.1.4. Other activities						
11.2. Development of training packages						
11.2.1. Development/ translation and duplication of training materials						
11.2.2. Specialised training equipment (for skills trainings) provided						
11.2.3. Other activities (pl. specify)						
11.3. Maternal Health Training						
(a) SBA - SN	Batch	15	6 (Q1-Q4)	0.838	5.028	
(b) SBA – ANM	Batch	60	20 (Q1-Q4)	1.169	23.39	
(c) EmOC- MO	Batch	2	1 (Q1-Q4)	2.838	8.514	
(d) LSAS – MO	Batch	3	1 (Q1-Q4)	3.193	6.386	
(e) MTP/MVA – MO	Batch	13	10 (Q1-Q4)	0.838	8.38	
(f) BEmOC & SBA – MO	Batch	0	4(Q1-Q4)	0.912	3.648	
(g)) IMEP- Paramedic	Batch	0	9	0.201	1.684	
(h)F-IMNCI – Paramedics	batch	0	10	1.675	10.32	
(i) Pre-Service-IMNCI-UG Medical Student	Batch	0	17	0.86	3.05	
(j) Minilap – MO	Batch	0	5	0.628	3.14	
(k) NSV – MO	Batch	4	6	0.311	1.962	
(l) IUD-OBG	Batch	0	1	1.448	1.448	
(m) IUD & RTI/STI – MO	Batch	10	6	0.622	12.918	

Budget head	Physical Target			Rate (Rs. In Lakh/unit)	Amount (Rs. Lakhs)	Remarks
	Unit of measure	Base-line (current status)	Target for the quarter Q1/Q2/Q3/Q4			
(n)) IUD & RTI/STI - Paramedic	Batch	11	12	0.803	46.803	
(o) ARSH (STT & DTT)	Batch	0	2	1.16	2.44	
(p) Management Trg	Batch				3.00	
(q) PGDPHM	MO	0	9	2	8.00	
(r) SOHS	Nurse	0	6	0.833	0	
(s) GNM Training	ANM	0	5	1.8	7.20	
(t) Mainstreaming AYUSH – MO	Batch	3	4	0.962	3.848	
(u) Mainstreaming AYUSH – Paramedic	Batch	0	8	0.642	5.139	
(v) PRI – VHSC members	PRI	0	3203	0.0083	22.86	
(w) PRI	PRI	0	1020	0.027	16.44	
(x) School Health – PS Teachers	Batch	4	9	0.53	4.77	
(y) Blood Storage – MO	Batch	8	6	0.108	0.432	
(z) Blood Storage – LT	Batch	8	5	0.088	0.264	
(aa) Audit Trg-DFM, CA	Batch	0	1	0.977	0.877	
(ab) Finance Trg-MO	Batch	0	4	1.748	6.592	
(ac) Finance & Accounting Trg – DFM, BFM & PHCs Accountant	Batch	0	5	0.738	3.19	
(ad) Tally Trg- PHCs accountant	Batch	0	1	1.377	1.377	
(ae) Follow up Tally Trg- DFM, BFM & PHCs accountant	Batch	2	4	0.633	2.532	
(af) QAC Trg	Batch	0	5	0.702	3.01	
(ag) Monetary/Non-Monetary reward	Facilities				2.00	
(ah) Accredited of 2 Private Hospitals	PH				1.00	
(ai) Monitoring Trg	Monitoring				5.00	
(aj) NSS					2.94	

Budget head	Physical Target			Rate (Rs. In Lakh/unit)	Amount (Rs. Lakhs)	Remarks
	Unit of measure	Base-line (current status)	Target for the quarter Q1/Q2/Q3/Q4			
(aj) Training Software for trained & logistics tracking	Batch				2.00	
Sub Total					241.582	
12. BCC / IEC						
1.Setting up and development of IEC/BCC unit	District	0	9	1	9	
Media Mix						
4.Develop a strategic media mix as per the target population and issues						
• Group discussions at village/ block/Panchayat level.	Block	36	36	0.05	9	
• Half yearly Community meetings at 16 CHCs and 73 PHCs	Facility	89	89	0.01	1.78	
b) Community media						
	District	9	9	0.5	4.5	
• Folk arts						
• Quiz Programs at local club level	District	9	9	0.5	4.5	
• Participation in National/ State events	Event	4	4	1	4	
c) Outdoor media						
	Banners	0	180	0.01	1.8	
• Banners						
• Bus boards	Board	0	180	0.01	1.8	
• Road Signs.	Sign	0	2000	0.005	10	
d) Television spots	Spots				14	
e) Radio programs	Radio				9	
f) New Newspaper advertisements	Ads	0	30	0.2	6	
g) Publication of newsletter	Publication	0	2000		8	

Budget head	Physical Target			Rate (Rs. In Lakh/unit)	Amount (Rs. Lakhs)	Remarks
	Unit of measure	Base-line (current status)	Target for the quarter Q1/Q2/Q3/Q4			
h) Print materials	Material				12	
5.Capacity building and training of manpower	Training				2	
6.Monitoring and evaluation					1	
7.Others						
					5.48	
• ASHA Radio Program						
• Packaged Gift for the pregnant mothers					29.08	
Sub Total (BCC/IEC)					132.94	
Total of program cost of part A					2057.553	
14. PROGRAMME MANAGEMENT						
14.1. <i>Strengthening of State society/State Programme Management Support Unit</i>	PMU	10	10		123.45	
Total budget for part A					2181.01	

LITAN SAREIKHONG VILLAGE HEALTH ACTION PLAN, UKHRUL DISTRICT**Village Health Action Plan 2010-2011 for Litan Sareikhong Village, Ukhrul District**Submitted by

Village Planning Team;
Hamkothang, Shanti, Shomring, Poinu, Esther, R. Ngalung, Angaritsing(facilitator)
Village Health & Sanitation Committee, Litan Sareikhong Village

Outlook about Litan Sareikhong

Litan is typically a mixed community comprise of Tangkhul , Baita, Nepali and Mayang. The Ukhrul-Imphal highway plies through the heart of the village. It is surrounded by the Thoubal river. Most of the houses are built by the road and therefore the village looks like a line village. It is ideal for running business like hotel;restaurant, lodging, small shops and so on. Though all busses and other vehicle pass through the village, it doesn't have any functioning public toilet. The village comes to life early in the morning; people cleaning the streets and collecting water. Then the place is filled by public carriers, private vehicles, local buses and the Ukhrul-Imphal busses. The village stays busy the whole day, people buying and selling goods. The streets are filled by alien villagers selling vegetables and fruits.

As soon as I reached Litan Sareikhong, I was welcomed by the ASHA and the Shanao long (women organization) chairperson which was followed by a brief conversation. In the eve of the first day I, along with the chief, who is also the king and the chairman, chairman of the Shanao long and the 2 ASHAs had a brief conversation about the stretches to bring development to this village through NRHM. We discussed about the possible developments as well as the reasons of constraint. The next day was followed by data collection and survey, sketching Litan Sareikhong village, seasonal disease mapping and working on problems and strategies. Next day: verification and finalization with the concern authorities.

Attachments:

1. Litan Sareikhong map 1
2. Litan Sareikhong map 2
3. Seasonal disease map
4. Problems and strategies chart

Compiled by:

ANGARITSING ZIMIK
Account manager
PHC Lambui

CONTENTS

Chapter One	:	Background of the Litan Sareikhong Village.
Chapter Two	:	Methodology of the Plan
Chapter Three	:	Process of the VHAP 2010-2011
Chapter Four	:	Findings of the Village Health Action Plan
Chapter Five	:	Issues of Concern, Proposed Activities, timeline and Source of Fund

Summary of the Litan Village Health Action Plan 2010-2011

Chapter One: Background of the Litan Sareikhong Village

- a. General Information of the selected village
 1. No Community Toilet is available in the village.
 2. Source of Drinking water in the village is from Thoubal river
 3. No AWW centre
 4. 2 Primary School is there in the village
- b. Village Demographic Profile
 1. Total number of HHD is 183.
 2. Head of the household headed by male is 147 and female is 9(156)
 3. Population = 625 (male is 425 and female 200)
 4. Children less than 1 yrs is 33 (male=15 and female=18)
 5. Children 1-5 yrs is 166 (male= 82 and female=84)
 6. Children less than 6-15 yrs is 65(male=31 and female=34)
 7. Number of birth April -November 2009= 10 (M= 5 & F=5)
 8. Number of marriage April- November 2009= 10
 9. Age of marriage (Male=23-27, Female=18-20)
- c. Village Household Profile
 1. There are 172 semi-pucca households and 11 kuchha houses (183)
 2. Type of ownership is 116 own and 22 rented. (138)
 3. Household with 1 room=26, 2 rooms =120, 3 rooms=60, more than 3 rooms=61 (267)
 4. Household with toilet facility=3 and 180 do not have toilets.
 5. Electricity is there but irregular and most of the 183 households use kerosene & candle
 6. Fuel for cooking is firewood and LPG only.
 7. Main occupation of the villagers is agriculture and self employed in small shops.
 8. Average monthly income of the households = Less than Rs.1000-2000.
 9. Food availability is difficult/ poor from April to June season
 10. Various private and public vehicles including busses are available for villagers to commute
 11. No household have TV and 30 households have radio in their house
 12. Livestocks reared in the village are hen, duck, pig, cow, and buffalo.
- d. Basic Health Profile
 1. Deliveries are done only at home
 2. Current no of pregnant women = 6
 3. Number of Deaths reported in the village=2
 4. No Maternal Deaths from April -November 2009
 5. 65 % of the villagers chew pan with tobacco
 6. 60 % smoke
 7. 43 % drink alcohol
 8. Some villagers go to Monkot Chepu PHSC for treatment.
 9. Average amount spent for primary care in last 8 months(April-Dec.'09)
 1. Doctor fee= Nil
 2. Mobility = Rs.20
 3. Medicine= Rs. 200
 4. Others=Rs. 140

10. Average amount spent for secondary care from April –Dec 2009
 1. Doctor fee= Nil
 2. Mobility = Rs.20
 3. Medicine= Rs.500
 4. Others=Rs. 300
 11. Disable person = 3
- e. HMIS data April-October 2009
1. ANC registration= 80
 2. TT2/Booster = 7
 3. BCG dose under 1 yrs =15
 4. Measles 1st dose 9-12 months=97
 5. Breastfed within 1 hours =5
 6. PNC within 48 hrs=5
 7. Home delivery non-SBA=9
 8. Home delivery by SBA=1
 9. Diarrhea and dehydration cases reported=5

Chapter Two: Methodology of the Plan

The planning approach that has been adopted is bottom up approach in which three tiers of planning levels are done namely Village level plan by VHSC and Block Health Action plan by Block planning Team and similarly District Planning Team compiled the same Block Health Action Plan.

To actualize the VHAP 2010-2011, the tools that were followed to bring out a comprehensive plan is as:

1. HMIS information from DHIS2
2. Basic village information collected by HH survey
3. FGD at the village level on Maternal Health
4. Mapping of the village
5. Seasonal Mapping on Diseases profile

The whole planning process at the Litan Sareikhong village is facilitated by Mr.Angaritsing Zimik PHC, Lambui A/C manager, Ukhrul Block and it took 9 days to complete the plan of the village. The facilitators are advised by the Block Nodal Officer on VHAP to three visits.

Chapter Three: Process of the VHAP 2010-2011

Litan is typically a mixed community of many Tangkhul , Baita, Nepali and non-Manipuri. The Ukhrul-Imphal highway plies through the heart of the village. It is surrounded by the Thoubal river. Most of the houses are built by the road side and therefore the village looks like a line houses. It is ideal for business like hotel; tea, meals, lodging, small shops and so on. Though all busses and other vehicle pass through the village, it doesn't have any functioning public toilet. The village comes to life early in the morning; people cleaning the streets and collecting water. Then the place is filled by public carriers, private vehicles, local busses and the ukl-imp busses. The village stays busy the whole day, people buying and selling goods. The streets, apart from shops are filled by neighbouring villagers selling vegetables and fruits.

As soon as I reached Litan Sareikhong on my first visit, I was welcomed by the ASHA and the Shanao long (women organization) chairperson which was followed by a brief conversation. In the eve of the first visit I, along with the chief, who is also the king and the chairman, chairman of the shenao long (women organization) and the 2 ASHA had a meeting about VHAP and brief conversation about the ways to bring development to this village through NRHM. VHSC Litan have selected ASHA, Ester R as the nodal person for VHAP. A half day orientation on Village planning was done and the ASHA has been asked to give the information about the village. During the Orientation also discussion about the possible developments as well as the reasons of constraint were highlighted. On the second visit, resource mapping, disease mapping and group discussion were done with the women folk. On the third visit the VHSC discussed on various issues regarding health and other determinants of health. It was followed by working on problems/concerns of the village and it can be mitigated and what are the possible actions that can be proposed in the coming financial year 2010-2011. Next process was verification and finalization of the plan and submission to the Block Authority.

Table No. A (69): Timeline of VHAP

Sl. No.	Dated	Activities	Responsibility
1	1 st to 10 th Nov. 2009	Household Survey by ASHA	DPMU/BPMU
2	28 th Nov. 2009	Selection of Village based on HMIS low health indicator PHSC Village and Non PHSC Village Population more than 500	
3	29 th Nov. 2009	1 st STEP Meeting of the VHSC 2 nd STEP Selection of Nodal Officer for Village Planning (ASHA) 3 rd STEP Orientation of VHSC members on VHAP by Block facilitator in selected 3 villages	BPMU
4	30 th Nov. 2009	1 st STEP Resource Mapping & Disease mapping of the village 2 nd STEP FGD of eligible couples on ANC, Breast Feeding, Family Planning, JSY, Early Marriage	MO i/c/BPMU
5	4 th Nov. 2009	Analysis of information collected from the field visit, Survey, FGD and HMIS	MOi/c, BPMU
6	5 th -6 th Dec. 2009	Final Visit to Field for finalization of VHAP 2010-2011 by BPMU Team 1 st STEP Presentation of VHAP by facilitator 2 nd STEP Approval by VHSC	MO i/c, BPMU, DPM

Chapter Four: Findings of the Village Health Action Plan



Experiences from the field through observation & Discussion

The street: Litan Village Street stays busy the whole day, buses plying, public carriers carrying goods followed by private vehicles on their own ventures as it connects to almost all the villages of Ukhrul District.

Photo: Bus parking Litan



Sources of water: During my entire stay there I fetched water for my basic needs like washing face, brushing etc. seen below and the entire village depends on three main points of collecting water without proper taps..

Photo: Broken pipe near the drainage



Photo: Garbage spread all over near the street and women standing near the broken pipeline to fetch drinking water

Sanitary toilet: Though the village is a public market place, the only public sanitary toilet available is non functional. Most of the villagers go down to the river for toilet, bathing, washing clothes and even as a source of drinking water, thus making the river polluted. Despite my busy schedule I had to run down the river for necessities.



People: The people are poor, shy and ignorant. Most of the women wanted to go for institutional delivery but could not because of poverty and ignorance. Even the ASHAs are de-motivated because they are not given honorarium and they are not recognized.

And though there are 3 AWW there are no AWC. Even immunization is done in the ASHA's home.

Photo: River just a 10-20 min walk



Photo: Condition of public sanitation system

SEASONAL DISEASE MAPPING
Disease with VHS
Name of the Village: LITAN
SAREIKHONG

Sr No	Name of the Month	Type of Diseases	Probable Causes of the Diseases	Solution
1	Jan	1. Cold cough 2. C. fever	1. Lack of immunity 2. No proper health facility 3. Poorly ventilated 4. No AWC facility	1. Wash hands 2. Proper health facility 3. Proper ventilation 4. Build on health
2	Feb	1. Cold cough 2. C. fever	1. Lack of immunity 2. No proper health facility 3. Poorly ventilated 4. No AWC facility	1. Wash hands 2. Proper health facility 3. Proper ventilation 4. Build on health
3	March	1. Cold cough 2. C. fever	1. Lack of immunity 2. No proper health facility 3. Poorly ventilated 4. No AWC facility	1. Wash hands 2. Proper health facility 3. Proper ventilation 4. Build on health
4	April	1. Cold cough 2. C. fever	1. Lack of immunity 2. No proper health facility 3. Poorly ventilated 4. No AWC facility	1. Wash hands 2. Proper health facility 3. Proper ventilation 4. Build on health
5	May	1. Cold cough 2. C. fever	1. Lack of immunity 2. No proper health facility 3. Poorly ventilated 4. No AWC facility	1. Wash hands 2. Proper health facility 3. Proper ventilation 4. Build on health
6	June	1. Cold cough 2. C. fever	1. Lack of immunity 2. No proper health facility 3. Poorly ventilated 4. No AWC facility	1. Wash hands 2. Proper health facility 3. Proper ventilation 4. Build on health
7	July	1. Cold cough 2. C. fever	1. Lack of immunity 2. No proper health facility 3. Poorly ventilated 4. No AWC facility	1. Wash hands 2. Proper health facility 3. Proper ventilation 4. Build on health
8	Aug	1. Cold cough 2. C. fever	1. Lack of immunity 2. No proper health facility 3. Poorly ventilated 4. No AWC facility	1. Wash hands 2. Proper health facility 3. Proper ventilation 4. Build on health
9	Sept	1. Cold cough 2. C. fever	1. Lack of immunity 2. No proper health facility 3. Poorly ventilated 4. No AWC facility	1. Wash hands 2. Proper health facility 3. Proper ventilation 4. Build on health
10	Oct	1. Cold cough 2. C. fever	1. Lack of immunity 2. No proper health facility 3. Poorly ventilated 4. No AWC facility	1. Wash hands 2. Proper health facility 3. Proper ventilation 4. Build on health
11	Nov	1. Cold cough 2. C. fever	1. Lack of immunity 2. No proper health facility 3. Poorly ventilated 4. No AWC facility	1. Wash hands 2. Proper health facility 3. Proper ventilation 4. Build on health
12	Dec	1. Cold cough 2. C. fever	1. Lack of immunity 2. No proper health facility 3. Poorly ventilated 4. No AWC facility	1. Wash hands 2. Proper health facility 3. Proper ventilation 4. Build on health

Photo: Seasonal Disease Mapping

Diseases mapping

Table No. A (70): Disease mapping

Sl. No.	Name of the month	Type of diseases faced by the villagers	Probable causes of the diseases	solution
1	January	Common cold Cold diarrhea	Water contamination Dusty compounds	Water tank and hand pump
2	February	-do-	Communicated disease	First aid and preventive measures.
3	March	Skin diseases	Impure water Lack of hygiene, overcrowding.	Water tank and hand pump, proper drainage and toilet, preventive measures.
4	April	Conjunctivitis, Skin diseases, Red eye, diarrhea	Heavy and dusty storm Impure water Communicated through contacts	Water tank and hand pump, proper drainage and toilet, preventive measures.
5	May	Conjunctivitis, Diarrhea Red eye, malaria, fever.	Lack of drainage, no sanitary toilet, impure water, lack of education	Water tank and hand pump, proper drainage and toilet
6	June	-do-	-do-	-do-
7	July	-do-	-do-	-do-
8	August	Cold, viral fever.	Dry and dusty, change in season	Proper drainage and toilet preventive measures.
9	September	Viral Fever Worm infestation	Communicated, lack of hygiene and sanitary toilet.	Preventive measures. proper drainage and toilet
10	October	Viral fever, cold diarrhea	Seasonal climatic changes, lack of hygiene and sanitary toilet.	proper drainage and toilet
11	November	Viral fever, Common cold, cold diarrhea	Lack of hygiene and sanitary toilet.	proper drainage and toilet
12	December	Cold diarrhea, common cold	Lack of hygiene and sanitary toilet.	proper drainage and toilet

LITAN SAREIKHONG ASHA CHIEF

AS ON 6th Dec '09

AREA OF CONCERN	CAUSE OF PROBLEM	PROMISED ACTIVITY	PERSON RESPONSIBLE	TIMELINE	ESTIMATED COST AND FUNDING
1. INSTITUTIONAL BIRTH	1. POVERTY 2. IGNORANCE AND SHAME 3. SSV NOT RAID 4. HANDBOOK NOT PAID TO ASHA 5. ASHA NOT RECD GUIDED	1. PROVIDE TRANSPORT FACILITY 2. AWARENESS CAMP 3. PAY SSV AND HANDBOOK 4. ASHA ID CARD	NAHM		
2. WATER	1. NO TAP WATER 2. RIVER POLLUTED 3. WATER SCARCITY	1. WATER RELAYING 2. TAP WATER 3. HAND PUMP	PHED		
3. UNEMPLOYMENT	1. ONLY SMALL SHOPS 2. NOT GOVT. EMPLOYED	1. EDUCATION FOR SENIOR CITIZEN	SSA		
4. LOW INCOME	1. STRIKES FOR DAILY MEAL	2. EMPLOYMENT A. GOVT SUPPLY (OF 200000)	GOVT.		
5. ELECTRICITY	1. NOT REQUESTED 2. MUSTY AT NIGHT (POWER UP DURING DAY)	1. PROVIDE ELECTRICITY 2. SOLAR PANEL OR WINDMILL	ELECTRICITY DEPT. AND GOVT.		
6. HEALTH AND NUTRITION	1. RATION SHOP NOT FUNCTIONING 2. DIETARY DEFICIENCY 3. SLOW GROWTH	1. FUNCTIONAL RATION SHOP 2. RATION CARD 3. AWARENESS ABOUT BALANCE DIET	ICDS NAHM		
7. SANITATION	1. ONLY 2 TOILETS 2. NO PUBLIC TOILET 3. NO DRAINAGE	1. MORE TOILETS 2. MORE DRAINAGE 3. PUBLIC TOILET 4. DRAINAGE	TOTAL SANITATION NEEDS		

Photo: Planning Chart

Chapter Five: Concern, Activities, responsibility, timeline and Source of Fund

Table No. A (71): Log Frame of VHAP

Issues of Concern	Causes	Proposed Activities	responsibility	timeline	Source of Fund
Poor Community Sanitary provision	No community toilet	Construction of public toilet at Litan	Headman	1QTR	TSC/PHED
Functional AWW centre	No Building Available	Construction of AWW centre	Headman	1QTR	ICDS
Poor infrastructure Primary School building	Dilapidated Building	Repairing of Primary School at Litan	Headman	1QTR	SSA
Low age of marriage below 18 yrs	ignorance	Awareness on the benefits of late marriage	ASHA/ANM	1QTRS	UF
180 with no facility of sanitary toilet for Household	Poverty	Construction of 180 sanitary toilet for household	Headman	1QTRS	TSC/PHED
Low Power supply	No regular power supply	Regular provision for Kerosene from PDS	Headman	Whole year	FCS/PDS
Food supply from April to June	Availability of food	Regular supply of rice from PDS Ensure NREGA work during this months	Headman	Whole yrs	FCS/PDS NREGA
Poor communication facility	Poverty	Provision from NIC	Headman	-	NIC
Poor Veterinary activity	Encourage livestock management	Projects on livestock management	Headman/SHG	-	Veterinary Dept.
High Home delivery	Non functional PHSC/PHC Poor knowledge of Institutional Delivery Referral transport Linkage between ANM and ASHA	Ensure staff stay at their place of posting Close infrastructural gaps Logistics Awareness on the benefits of institutional delivery	Headman NRHM ASHA AWW		DHS RKS VHC VHS VHSC
High use of tobacco/smoke/alcohol	Stress on work	Street play on the demerits of toxicity of tobacco/smoke/alcohol			
Look after for disability	Education for Disable persons	Support from Social welfare program Support from ASHA through VHSC	headman	Whole Year	SW Deptt. UF
Low ANC & PNC	Economic, Social & Cultural barrier	BCC on benefits of ANC & PNC	ANM/BPMU	1 & 3 & 4 QTR	VHC/VHSC/ RKS
Low breast feeding	No time	Ensure at least 6 months breast feeding	ANM/Doctors Visits to village	Whole Year	VHC/RKS
Diarrhoea & Dysentery	Poor knowledge on hygiene & Dietary habits	Ensure full knowledge on child health	ANM/Doctors	Whole Year	VHC RKS
Poor drainage system	Accountability	Ensure proper drainage system	Headman	Whole Year	NREGA



LITANSAREIKHONG
Acron 5 Dec 09

HA 1:
2:
IFP:

	River	Slope	Plain	Slope
soil type	Sandy	Loamy Soil	Loamy Soil	Loamy Soil
usage	No Vegetation	Houseing	Houseing	Cultivation
problems	dirty change course	No proper toilet	No proper toilet	Not fertile
improvement	Retaining wall	Public toilet	Public toilet	fertilizers

Photo: Resource Mapping



Photo: Planning Process

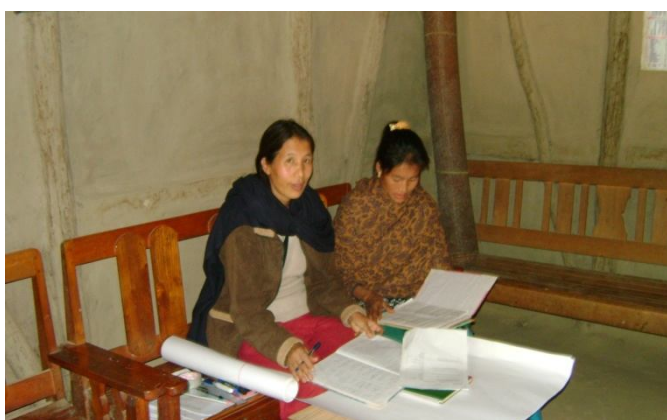


Photo: Involvement of ASHA during planning

PART-B

NRHM Additionalities

B1. ASHA INITIATIVE

Current status of ASHAs:

- 3878 ASHAs are in place
- 3000 ASHAs trained up to 5th Module and provided with drug kits
- 878 ASHAs trained on 1st module and training up to 5th module will be completed by March 2010.
- All the ASHAs are provided with Transistor radios.
- Weekly ASHAs program is telecasted every Friday evening through AIR, Imphal
- Integrated ASHA incentive package is in place.
- AMG is functioning in the state since January 2009.
- The half sleeved, blue uniform with logo has been distributed to all the ASHAs.
- The ASHAs has been provided Umbrella with logo.
- ASHAs diary has been distributed to all ASHAs,
- District and Block ASHA Days/Meeting are being observed.
- Transport Support:
 - a. ASHA Bicycles provided for ASHAs of Valley Districts(four Districts)
 - b. TA@ Rs.200 per month for ASHAs of Hilly Districts.(five districts)

Table No. B (1): District wise ASHAs

Sl. No.	District	No. of ASHAs in place		Total ASHAs
		Trained up-to 5 th Module	Trained on 1 st Module & completing Trg. up to 5 th Module by March 2010.	
1	IE	381	50	431
2	IW	249	80	329
3	TBL	276	89	365
4	BPR	155	80	235
5	UKL	252	50	302
6	CDL	325	225	550
7	CCP	539	88	627
8	SPT	615	172	787
9	TML	208	44	252
Total		3000	878	3878

B1.1: Selection & Training of ASHA:

Regarding new ASHAs selection, eight Districts have proposed additional ASHAs for the year 2010 -11. But as per the guideline of GoI, (one ASHA per1000 population) the ASHAs in the respective districts has already been in place. There are 2391 villages in the State as per 2001 census and small hamlets in the hilly region, therefore the state decided not to select any more ASHAs in the state for the present.

Periodic Training for 3878 ASHAs for the year 2010-11, Monthly Periodic training at Block ASHA Day is proposed as under

Table No. B (2)
Budget for monthly periodic training of 3878 ASHAs (2010 -11)

	Details		Amount (Rs in Lakh)
Training of ASHA	Monthly Periodic training (1 Day X 12 Months)	TA @ Rs. 100 per trainee X 3878 X12	46.53
		DA @ Rs 100 per trainee X 3878 trainees X 12 times a year	46.53
		Training material @Rs 25 per head X 3878 ASHA X 12 Months	11.63
	Honorarium to Trainers of ASHA	155 batches of (25 -30 ASHAs each) X 1 trainers X Rs 300 per trainer per day.	0.47
Total			105.16

Once the District Community Mobilization have selected under ARC, they will be the resource person for the periodic training for ASHAs.

6th Module training for ASHA:

The state decided to conduct 4 days state training of trainers which has been already identified 104 state trainers and impart the 6th Module training chapters. Once the ToT completed the trainers again will train to all ASHAs distributed in 129 batches.

In the state ToT the weighing machine as well as the thermometer will not be provided to all the trainees but demonstration will be done during the training as how to use and measuring the thermometer and weighing machine.

Table No. B (3)
Budget for State level TOT on 6th Module training (4 Days)

Sl.No	Particulars	Budget Details	Amount (Rs in Lakh)
1	Trg. Materials	@Rs.100X104	0.10
2	Honorarium of trainers	@Rs.500 per head per day x 5 x 4 days X 4 batches	0.40
3	Honorarium of trainees	@Rs.300 per day x 104x4	1.25
4	Contingencies		0.42
Total			2.17

Table No. B (4)
ASHAs on 6th Module training (2010 – 11)

Sl.No	Particulars	Budget Details	Amount (Rs in Lakh)
1	Trg.Material	@Rs.100 x 3878	3.9
2	TA	TA@ Rs. 100 per trainee x 3878	3.9
4	DA	DA@100 X 3878 x 4 days	15.51
5	Honorarium of trainers	@Rs.300 per head X 5 X 129 batches	1.94
6	Contingencies		0.50
Total			25.75

The state has to buy weighing machine + thermometer for the participants (ASHAs)

B1.2. Procurement of ASHAs Drug Kits:

Drug kits replenishment for 3878 ASHAs. The following List of drug items worth Rs. 500/- per ASHA at quarterly basis to be procured at State Level and will be replenished on quarterly basis through Block ASHA Day:

Table No. B (5)
Procurement of ASHAs Drug Kits

Sl. No	Drug from NRHM
1	IFA (L) & IFA(S)
2	ORS (RCH) (Zenilyte)
3	Paracetamol tab.(500 mg)
4	Betadine ointment(Povidone iodine)
5	Eye drop (Ciprofloxacin)
6	Bandage(Roller)
7	Plaster(Adhesive)
8	Cotton(Roller)
9	OCP
10	Contraceptive Condoms
11	DDK
12	Anti-Malarials & RDK (Pemaquen)
13	Anti-tubercular drugs
14	Preg test (Nischhay)

The total budget required will be Rs. 900 X 2 X 3878 = Rs. 69.80 Lakh

B1.3 State ASHA Convention

As per the performance related incentive the state has plan to select the best ASHA for award. The prize will be from the budget allocated Rs. 10,000 for each ASHA for the purpose. The main objective of best ASHA selection is

- The peoples can understand the real service and enthusiasm of ASHA in the field.
- to understand the success of ASHAs and constraints
- to extend their best help for their better performances
- Mutual learning platform for the ASHAs

The prize as per the selected list:

- 1st best ASHA Rs.5,000,
- 2nd best ASHA Rs.3,000
- 3rd best ASHA Rs. 2,000

The total amount required for the prize = Rs 0.10. Lakh

Criteria for best ASHAs selection in the state:

- Highest number of pregnant women escorted for full ANC ,institutional delivery &PNC
- Highest number of fully immunized children escorted by ASHA.
- Highest number of organized VH&ND organized.

Observance of State level ASHAs Convention:

The award will be distributed on the State level ASHA Convention. The peoples' representatives, civil society representatives, senior officials will invite in the program and they will address their opinions regarding the ASHAs contribution in the community.

- 1. Single window payment of incentives to ASHAs.** It is felt that, the ASHAs should not run to different counters for getting their incentive. Hence, it is proposed that a certain amount of integrated fund should be collected at State level and kept in advance in the CHCs/PHCs from where the ASHAs can collect the incentive from concerned PHC (Accountant/Block Finance Manager) while attending the Block/PHC Level ASHA Day/ meeting. The advance money is to be replenished by the State once the utilization rate is >50%.

2. The incentive getting from other source by ASHAs.**Table No. B (6)**

Sl.No	Performance /activity	Unit incentive(in Rs)	Fund – source
1	Accompanying pregnant women for Institutional Delivery	200	JSY, under Part B of NRHM
2	Motivation for male sterilization	200	Family planning, under Part A of NRHM
3	Motivation for female sterilization	150	Family planning, under Part A of NRHM
4	Site arrangement for holding monthly VH&ND	100	Village untied fund under part B of NRHM).
5	Social mobilization of pregnant women & children for immunization during VH&ND,	150	Routine Immunization strengthen under Part C of NRHM
6	Completing DOTS course as observer/depot holder	250	RNTCP under part D of NRHM
7	Providing radical treatment for Pf+cases diagnosed by using RDK	50	NVBDCP under part D of NRHM
8	Mobilization for Cataract Operation	175	NPCB under part D of NRHM
9	IPPI operating cost per day	75	Pulse Polio Immunization
10	Giving 5 post natal visit including first within first 2 hours of birth	200	Child health under Part A of NRHM.
11	Timely reporting of births and deaths to ANM/MO	10	Part B of NRHM
12	Motivating BPL families for sanitary toilet	50	total sanitation campaign

B1.4. Other ASHAs:**Establishment of ASHA Support System:****B1.4.1 ASHA Mentoring Group**

The state ASHA Mentoring Group was formed in 2009- 10 with 10 members. The regular quarterly meetings were held. The members have monitoring field visit and interact with ASHAs and find out the actual constraints of ASHAs in the field and during the quarterly AMG meeting the members put up the challenges/constraints of ASHAs in the field and discussed among the members. Now the state has identified the point Person State ASHA Nodal officer and State Community mobilization, RRC for further hand holding support. For any updating in regard to ASHA Training module and activities share to all the AMG members for feedback.

Table No. B (7)
Budget for AMG, 2010 - 11:

Sl.No	Details	Budget details	Amount (Rs in lakhs)
1	AMG Meeting(including TA/DA)	@Rs.25,000 X 4	1.00
2	Field Visit of AMG members	@Rs.3000 X 10 X 4	1.20
Total			2.20

Regarding the field visit TA/DA @ 3000 of AMG members will reimburse as per the actual expenses.

B1.4.2 ASHA Resource Centre (ARC)

It is felt that, ASHAs need someone to guide them at field so that she can perform better and need not come to far off PHC / CHC all the time to get clarification/guidance on the field level constraints/problems. So, with an aim to boost the performances of ASHAs, it is proposed to establish a State ASHA Resource Centre and ASHA support systems at District and Block level.

The State ASHA Resource Centre may engage on contractual basis one ASHA Program Manager, one Data Assistant cum office attendant.

At the District level one District Community Mobilization may be engaged on contractual basis in all the Districts. The office maintenance fund and TA/DA of the District ASHA Support System are to be borne from the District Program Management Cost

At the Block level, Block ASHA Nodal Officer will be identified from the existing staff by the MOI/c of the Block level CHC/PHC concerned. Further, ASHA facilitator for every 20 ASHAs will be engaged. They will be necessarily female These ASHA facilitators would meet the identified ASHAs, 2 – 3 times a month so as to give them the expected hand holding support. She again has to participate in the Block ASHA Day being observed in the PHCs. In the meeting, the facilitator will record all the activities, which are performed by ASHAs and also will ask them to carry out some specific tasks of importance. The facilitator's report will be shared at the monthly block level meeting with the Block Medical Officer as

well as with the Block Program Manager. In the monthly block level sharing, the facilitators will share their findings in presence of district officials, responsible for ASHA program implementation. The block level findings of the meeting would be shared in the bi-monthly district level meeting of all BPMs, MOs for taking up further necessary action. It is proposed to give Rs. 1,000/- to the facilitators per month and over and above Rs. 150/- per visit for maximum 20 visits per month. Based on the calculation of one facilitator for every 20 ASHAs, it is estimated that 194 facilitators are needed to cover 3878 ASHAs. The ASHAs will also be guided by facilitator on how to fill up ASHA Diary, which has been already distributed to all ASHAs. At the district level, the District Community Mobiliser will guide the block level officials (MOs, BPMs) so that they in turn can truly support facilitators. The State ASHA Program Manager will also make monthly field visit so as to understand the field situation and also to guide facilitators / ASHAs in the field.

Table No. B (8)
Budget for ARC State level

STATE LEVEL				
Sl.No	Particulars	Nos.of post	Budget	Amount (Rs in Lakh)
1.	State ASHA Program Manager (MSW/MBA with Experience in 3 years in community development projects)	01	10,000 fixed pay + performance based incentive up to 7,000	2.04
	Data Assistant cum office attendant for SARC (Graduate with PGDCA)	01	5,000 fixed pay + performance based incentive up to 4,000	1.08
	State level Office expenses (telephone, fax, photocopy, stationaries, Development of IEC and Monitoring, materials, printing) M&E, Documentation, exposers visits, Workshops, Seminars, Meetings etc.			1.5
Total				4.62

Table No. B (9)
Budget for ARC District/Block level:

DISTRICT LEVEL				
Sl.No	Particulars	Nos.of post	Budget	Amount (Rs in Lakh)
2.	District Community Mobiliser (Social Science with Experience in 3 years in community development projects)	9	7,000 fixed pay + performance base incentive up to 5,000	12.96
	Block ASHA facilitators (Local residence, matriculate, female having good communication skills 20 ASHAs per facilitator)	194 ASHA Facilitators	BAF@ 1,000 fixed pay + performance base incentive up to 3000/- (Rs. 150 /- per field visit day up to a maximum of 20 visit –day per month)	93.12
	Contingency for stationary & Meeting expenses per annum for 36 Block ASHA Support Units			1.5
Total				107.58

Table No. B (10)
Budget for Newly selected ASHA Resource centre staffs (District Community Mobaliser):
(3 Days State ToT)

Sl.No	Particulars	Budget Details	Amount (Rs in Lakh)
1	Trg. Materials	@Rs 150.X09	0.2
3	Honorarium of trainers	@Rs.500 per head per day x 3 x 3 days	0.1
4	TA	@Rs.100 per head per day x 9 x 3 days	0.21
5	DA	@Rs.100 per head x 9 x 3 days	0.21
6	Contingencies		0.40
	Total		1.12

Table No. B (11)
Budget for Newly selected ASHA Resource centre staffs
(ASHAs Facilitators - 1 Days orientation)

Sl.No	Particulars	Budget Details	Amount (Rs in Lakh)
1	Trg. Materials	@Rs 70.X194	0.19
2	TA/DA	@Rs.150 x 194	0.29
4	Contingencies		0.30
	Total		0.78

All the trained District community mobaliser will be trained to all the ASHAs facilitators in the District/ blocks level.

Monthly Meeting:

Monthly meeting with ANM, District Community Mobaliser, ASHA facilitator & ASHAs at Sub Centers and PHC/CHCs on regular basis will be at districts. The meetings will organized by District Community Mobaliser.

Bi - Monthly Meeting:

Regular bi - monthly meeting to be conducted with DNO – ASHAs, District Community Mobaliser& ASHA facilitator

Quarterly Meeting:

Quarterly meeting with SNO – ASHA, Consultant Community Mobaliser - RRC, State Community Mobaliser at state headquarter.

Further the SPMU (SNO – ASHA, Consultant Community Mobilisation, RRC –NE states and State community Mobilization) will regularly monitoring field visit the ongoing program of ASHA.

ASHAs Support Mechanism - To be in Place:**B1.4.3 Printing:****ASHA Diaries for (2010 – 11).**

The ASHAs Diaries has been printed last year (2009 -10), for the next year i.e. 2010 -11, the SHS propose to print and distribute Diaries to all ASHAs. The total cost for printing is @ **Rs.100 per Diary X4000 copies is Rs 4.00 Lakh.**

B1.4.4 6th ASHA module Printing & Translation.

The total cost of translation & printing of 6 sectors ASHA module is @Rs.100 x 4000 copies is Rs.4.00 lakh. And translation cost is Rs.0.15.

Therefore the total cost is required Rs.4.15 lakh

B1.4.5 Transport package (Hill Districts):

Support Mechanism (transport package) for the 5 Hill Districts will be continued. Total amount (TA) requirement per **ASHA @ Rs.200 X 2518X12 is Rs.60.43 Lakh:**

Grievance Cell establishment:**i. State Level Grievance Cell :**

In the state level the point person for the ASHA Grievance Cell will be SNO - ASHAs, Community Mobiliser, (RRC- NE State and SPM, NRHM, until ARC is in place.

ii. District Level Grievance Cell :

In the District level the point person will be DNO – ASHAs/ BPM until District ARC is in Place.

iii. Block Level Grievance Cell: In the Block level, The Block M/O in charge is identified as point person. The Grievance Cell will be opening only twice in a month i.e. Every 1st Saturday and 4th Saturday of the month (11.30 am - 3.00 pm). All the ASHAs may share their grievance through the cell.

Table No. B (12)

Log frame for ASHA Timeline.

Sr. No.	Issues in Planning in ASHA	Current Status	Activities	Output to be achieved	Time Frame for 2010-11
1	Payment of performance incentives for ASHAs	ASHAs are running from counter to counter for their incentive.	Certain amount of integrated fund shall be collected from State level POs and kept in advance in the PHC/Block	80% ASHAs collect their due from concerned PHC Accountant during monthly Block ASHA Day meeting	Q1
2	Monthly Periodic training for 3878 ASHAs	Completed training up to 5 th Module for 3000 ASHAs & 878 up to 5 th Module will complete by March 2010.	Monthly Periodic Training at Block ASHA Day for 3878 ASHAs.	100% of ASHAs to complete monthly periodic training.	Q1 to Q4
3	Topping-up of drug kits	Topping-up of drug kits done only once.	Drug procured at State level and replenished on quarterly basis through ASHA Day.	100% ASHA will get Drug kits.	Q1 – Q4
4	Establishment of ASHA support system	Approved during 2009-10, but not yet established.	To be established with additional management cost for state and district.	Functioning of State ARC	Q1- Q2
5	Establishment of ASHA Grievance Cell in the state level	Problem face by ASHA in the field	To solve Problem for ASHAs through Grievance Cell	Smooth functioning of the ASHAs	Q1
6	Transport support for ASHAs	Bi-cycles provided to the Valley ASHAs and TA of Rs. 200 per month to Hill based ASHA	Continuation of transport support for Hilly based ASHA @ Rs. 200/- per month for attending ASHA days/meetings	100% of hilly based ASHA will be providing TA	Q1 – Q4
7	Printing of ASHA Diaries	ASHA diaries were printed during 2009-10 and used by ASHA	Printing of ASHA diaries for the year 2010-11	100% ASHA will received diaries in the year 2010-11	Q2
8	Translation of 6 th Module ASHA training module	Sample module	Translation will print.	100% ASHA will received module after 6 sector training in the year 2011	Q1
9	Printing of 6 th Module training material	Sample module	Printing of 6 sector training material will print.	100% ASHA will receive 6 sector training material	Q1
10	Training of 6 th Module ASHAs training	Once the module translated & printed training will start.	State level TOT & ASHAs training	100% ASHAs will receive the training	Q2 –Q3

Table B (13)
Estimated Budget proposed for ASHAs for year 2010 – 11.

Budget for ASHAs (Rs in Lakh)		
B1.1.	Districts wise selection & training of ASHAs	
	Periodic ASHA training	105.16
	ASHA 6 th Module training (State Level)	2.17
	ASHA 6 th Module training (ASHAs)	25.75
B1.2.	Procurement of ASHAs Drug Kits	
	Drug Kits	69.80
B1.3.	Performance related incentive to ASHAs	
	Prize for best ASHAs	0.10
B1.4.	Others ASHAs:	
B1.4.1	AMG meeting	2.20
B1.4.2	ARC	112.2
	ARC - staffs state ToT	1.12
	ARC – ASHAs facilitator training	0.78
B1.4.3	Printing ASHA Dairies	4.00
B1.4.4	ASHA 6 th Module translation & Printing	4.15
B1.4.5	Hill Dist.travel support	60.43
	Total	387.86

B2. Untied Funds to CHC/PHC/PHSC/VHSC

Activity-1: Annual Untied Fund for CHCs, PHCs and Sub-Centres, VHSC

In the state there is only one Sub-District Hospital at Moreh under Chandel district and 16 CHCs. The State has 73 PHCs and an additional 7 PHCs have been sanctioned by the Government of Manipur. Out of these 8(Eight) PHCs and 7 (Seven) PHCs has been up-gradated from 7 PHSCs. Although the PHSCs have been upgraded to PHCs, the PHSC component remains in tact and can not be unaccounted, although co located with the PHC for the present till their relocation at a new site. As Such the number of PHSC remained unchanged at 420. Further there are 3203 VHSC formed. In these all institutional set ups Untied Fund will be provided during 2010-11.

Table No B (14)

Sl. No.	Health Facility	Unit Untied Fund (Rs. in Lakh)	No. of units	Total amount (Rs. in Lakh)
1	Sub-Dist. Hospital Moreh	0.50	1	0.50
2	CHC	0.50	16	8.00
3	PHC	0.25	80	20.00
4	Sub-Centres	0.10	420	42.00
5	VHSC	0.10	3203	320.30
Total				390.80

Table No B (15): District-wise allocation of the Untied Fund

Districts	IE	IW	TBL	BPR	UKL	CDL	CCP	SPT	TML	Total
Amount (Rs. in Lakh)	29.15	33.10	63.80	21.25	40.30	39.35	65.05	72.30	25.80	390.80

Table No B (16): Matrix for Annual Untied Fund

Sr. No.	Issues	Current Status	Activities	Output to be achieved	Time Frame for 2010-11
1	Annual Untied Fund for Sub-District Hospital Moreh, CHC, PHC and Sub-Centres, VHSCs	1 SDH, 16 CHC, 72 PHC and 420 PHSC, 3203 VHSC were given untied fund.	Continuation of Untied fund I SDH, 16 CHC, 8 new PHC and 72 PHC, 420 PHSC	100% received Annual Untied Fund and utilized as per GOI guidelines	Q1

B3 Hospital Strengthening

B3.1 Up-Gradation of CHCs/PHCs/DHs to IPHS

B3.1.1 Up-Gradation of District Hospital

Detail activities for up-gradation of 7 District Hospitals were reflected at **"A.9 Major & Minor Civil Works for Operationalization of FRUs (District Hospitals)"**

B3.1.2 Up-Gradation of CHC to IPHS

Activity-1: Out of 16 CHC 4 CHC has been identified for up-gradation for FRU namely:

- (i) up-gradation of OT/LR for CHC, Moirang
- (ii) Up-gradation of OT/LR for CHC, Kakching
- (iii) Up-gradation of LR for CHC, Wangoi
- (iv) Up-gradation of LR at CHC, Sagolmang

Activities for above CHCs for Operationalization of FRU were reflected at **"A.9 Major & Minor Civil Works for Operationalization of FRUs (CHCs)"**

In the coming two financial years (2010-11 & 2011-12) the following additional infrastructural development are proposed to fulfill as per IPHS.

Table B (17): Propose activity and budget for CHC up-gradation to IPHS

Sl. No	District	Activity	QTY	Amount (Rs in lakhs)
1	Thoubal	Construction of BTQ at CHC-Yairipok	1	71.50
2	Thoubal	Construction of Patient Toilet for CHC-Yairipok	1	10.00
3	Imphal West	Land Development for Sekmai CHC	1	20.00
4	Imphal West	Construction of IPD Building for CHC Sekmai	1	250.00
5	Imphal West	Construction of Fencing at CHC Sekmai	1	30.00
Total				381.50

During financial year 2010-11 only 50% of the total budget will be required for the initial implementation of above activities and the remaining budget shall be incorporated in the coming next financial year 2011-12 plan for completion of the activities i.e. **Rs. 190.75 Lakh** only will be required for the financial year 2010-11.

B3.1.3 Up-Gradation of PHC

During coming financial year 2010-11, infrastructure development on up-gradation of PHCs were proposed only for targeted 24x7 PHCs. Therefore, detail infrastructure development activities for up-gradation of PHC were discussed at **"A.9 Major & Minor Civil Works for Operationalization of 24x7 services at PHCs"**

B3.1.4 Up-gradation of PHSC

Activity-1: During the year 2006-07, new construction of 100 nos. of PHSCs was approved and constructed. However, due to low budget no adequate facilities for water supply, sanitary installations and electrification are not available. Therefore, in this coming financial years 2010-11 & 2011-12, emphasis will be given to these **50 PHSCs** in regards to providing water supply, sanitary installation, electrification and Barbwire fencing.

Details of the work to be done are given below:-

A. Hill Districts:			
i.	Water supply & Sanitary installation	-	Rs 2.00 Lakh
ii.	Internal Electrification & installation	-	Rs 1.00 Lakh
iii.	Barbwire fencing	-	Rs. 5.00 Lakh
Total			Rs. 8.00 Lakh
B. Valley Districts:			
i.	Water supply & Sanitary installation	-	Rs 2.00 Lakh
ii.	Internal Electrification & installation	-	Rs. 1.00 Lakh
iii.	Barbwire fencing	-	Rs. 4.50 Lakh
Total			Rs. 7.50 Lakh

The district-wise budget is given below.

Table No B (18): Propose activity for PHSC

Districts	IE	IW	TBL	BPR	UKL	CDL	CCP	SPT	TML	Total
Proposed No. of S/C construction	4	4	5	4	7	5	8	8	5	50
Unit Rate (Rs in Lakh)	7.50	7.50	7.50	7.50	8.00	8.00	8.00	8.00	8.00	
Budget (Rs. in Lakh)	30.00	30.00	37.50	30.00	56.00	40.00	64.00	64.00	40.00	391.50

During financial year 2010-11 only 50% of the total budget will be required for the upgradation of 50 PHSCs and the remaining budget shall be incorporated in the coming next financial year 2011-12 plan for completion of the activities i.e. **Rs. 195.75 Lakh** only will be required for the financial year 2010-11.

B4. Annual Maintenance Grant

Activity-1: **Annual Maintenance Grant for CHCs, PHCs and Sub-Centres.** The budget needed for this provision will be as shown below:

Table No B(19): Proposed Annual Maintenance Grant

Sl. No.	Health Facility	Unit Maint. Grant (Rs. in Lakh)	No. of units	Total amount (Rs. in Lakh)
1	Sub-Dist. Hospital Moreh	1.00	1	1.00
2	CHC	1.00	16	16.00
3	PHC	0.50	80	40.00
4	Sub-Centres	0.10	350*	35.00
Total				92.00

* PHSC having proper Building

Table No B (20): Matrix for Annual Maintenance Grant

Sl. No.	Issues	Current Status	Activities	Output to be achieved	Time Frame for 2010-11
1	Annual Maintenance Grant for Sub-District Hospital Moreh, CHC, PHC and Sub-Centres,	1 SDH, 16 CHC, 80 PHC and 390 PHSC were given Maintenance Grant.	Continuation of Maintenance grant 1 SDH, 16 CHC, 80 PHC, 390 PHSC	100% received Maintenance grant and utilized as per GOI guidelines	Q1

B5 New Construction/Renovation and Setting up
B5.1 New Construction of CHC (No activity proposed)
B3.2 New Constructions of PHC

There are functional 73 PHCs in the State. During 2009-2010, construction of 6 PHCs with 5 barrack type Quarters have been approved for Patpuimun, Singhat, Khangkhui KI, Phungyar, T. Waichong, Sapermeina and works are entrusted to MDS a govt agency and under progress. In the same year, for 2 PHCs was approved for new Institutional Building and Barrack type quarters namely (i) Up-gradation of PHC Kumbi and PHC Yaingangpokpi. The details are shown in the table below.

Activity-1: In 2006, Manipur Cabinet sanctioned/approved up-gradation of 7 PHSCs to 7 PHC and therefore we have 80 PHCs. So during 2010-11, these 7 PHC will need fresh Institutional Buildings and Quarters. The budget details are reflected below.

Table B(23): Proposed activity and budget for 7 PHC up-gradation from PHSC

Sl. No.	District	Name of PHC	Proposed construction with unit rate (Rs. in Lakh)				Total amt. (Rs. in Lakh)
1	SPT	Bandramei, Yangkhullen	Institutional	74.50	Quarters	64.88	149.38
2	SPT	Khongdei Khuman	Institutional	74.50	Quarters	74.88	149.38
3	CDL	Rilram Centre	Institutional	74.50	Quarters	74.88	149.38
4	CCP	Sivapurikhal	Institutional	74.50	Quarters	74.88	149.38
5	CCP	Zezaw	Institutional	74.50	Quarters	74.88	149.38
6	UKL	Jessami	Institutional	74.50	Quarters	74.88	149.38
7	UKL	Tolloi	Institutional	74.50	Quarters	74.88	149.38
Total							1045.66

During the financial year 2010-11 only 50% of the total budget will be required for the new construction of 7 PHCs and the remaining budget shall be incorporated in the coming next financial year 2011-12 plan for completion of the activities i.e. **Rs. 522.83 Lakh** only will be required for the financial year 2010-11.

Activity-2: As per facility surveys, 10 PHCs do not have either PHC building or dilapidated Institutional Building. During 2011-12, all the 10 more PHCs will be provided either Institutional Building or Barrack Type Quarters or both. The details of the PHCs to be constructed along with budgetary support needed are shown below: "Yes" indicated the Institutional Building available whereas "No" indicated the Institutional Building not available.

Table B (21): Proposed activity and budget for 15 PHC

Sl. No.	District	Name of PHC	Proposed construction with unit rate (Rs. in Lakh)				Total amt. (Rs. in Lakh)
			IB	Amount	Quarter	Amount	
1	IW	Phayeng	Yes	0	No Quarters	71.50	71.50
2	IE	Andro	Yes	0	No Quarters	71.50	71.50
3	IE	Keirou Makting	No (Institutional B)	71.10	No Quarters	71.50	142.60
4	TBL	N. Sekmai	No (Institutional B)	71.10	No Quarters	71.50	142.60
5	TBL	Lilong	Yes	0	No Quarters	71.50	71.50
6	TBL	Hiyanglem	Yes	0	No Quarters	71.50	71.50
7	UKL	Lambui	No (Institutional B)	74.50	Yes	0	74.50
8	CCP	Thanlon	Yes	0	No Quarters	74.88	74.88
9	STP	Maphaou Kuki	No (Institutional B)	74.50	Yes	0	74.50
10	STP	Lai	No (Institutional B)	74.50	Yes	0	74.50
TOTAL							869.58

The above budget is proposed in phase wise, during the financial year 2010-11 only 50% of the total budget will be required for the initial implementation of construction of IPD/BTO building of 10 PHCs and the remaining budget shall be incorporated in the coming next financial year 2011-12 plan as second phase for completion of the activities i.e. **Rs. 434.79 Lakh** only will be required for the financial year 2010-11 as first phase.

B5.3 New Constructions of PHSC

In 2007-08, Construction of **100 building-less Sub-Centres** were targeted; and 86 are completed and rests are in finishing stage.

During 2008-09 building of **66 Sub-Centres was approved** each having a floor area of 73 sq.m. having two in-built residential quarters for ANMs. The work could not be taken up as the aforementioned rates (MSR-2005) were not able to support the actual work in the field. Out of 66 approved PHSC Building **38 PHSC could start work with the revised MSR-2009** (Rs. 15.52 Lakhs per unit in valley and Rs. 17.27 Lakhs per unit in hills).

The remaining approved 28 (twenty eight) PHSCs during 2009-10, additional 25 (twenty five) PHSCs building less and 20 (twenty) relocated PHSCs were proposed for construction in the coming financial years 2010-11 and 2011-12.

Activity-1: The district-wise name and location of **53 Sub-centres** (approved 28 (twenty eight) PHSCs during 2009-10 and additional 25 (twenty five) PHSCs building less) proposed for new building during 2010-12 and the budget needed as per MSR-2008 including construction of Barbwire Fencing (@Rs. 20.02 Lakhs per unit in Valley Districts and Rs. 22.27 Lakh in Hilly Districts) are given below.

Table B (22): District wise Name and Locations of building less PHSCs except relocated PHSCs

Sl. No.	Name of Location of PHSC	Sl. No.	Name of Location of PHSC
Imphal East District (0)		Ukhrul District (9)	
Imphal West District (4)		1	Pushing
1	Heigrumjam	2	Sanakeithel
2	Komlakhong	3	Kachai
3	Langthabal Phura Makhong	4	Mulum Village
4	Kokchai	5	Lamlang Gate
Thoubal District (6)		6	Poi
1	Lishamlon (New)	7	Kangkum
2	Arong Thokchom	8	Sorde
3	Arong Tera	9	Chahong Khullen
4	Waithou	Senapati District (10)	
5	Keirak Kangjeibung	1	Bongbal Khullen
6	Heibung Makhong	2	Lakhamei
Bishnupur District (5)		3	Khongdei
1	Naranseina	4	Thiwa Village
2	Khoijuman Khullen	5	Maram Khullen
3	Wangoo Sadangkong	6	Thingba Khunou
4	Nganukown	7	Lairouching
5	Pombikhok Tangjeng	8	Shajouba
Churachandpur District (10)		9	Ramlung
1	Khaokhuol	10	Maram Khunou
2	T. Khuangkhai	Tamenglong District (6)	
3	Phaibung	1	Awangkhu
4	Chothe Munpi	2	Chaton
5	Kangkap	3	Nurathel
6	Hiyangmun	4	Sonpram
7	Dailong	5	Nungnang
8	Sumtuk	6	Langkhong/Rangkhang
9	Tolbung	Chandel District (3)	
10	Chingmun	1	Leinganching
		2	Seklon
		3	Khubung Khullen

Table B (23): Proposed Budget for 50 PHSCs

Districts	IE	IW	TBL	BPR	UKL	CDL	CCP	SPT	TML	Total
Proposed No. of S/C construction	0	4	6	5	9	3	10	10	3	50
Unit Rate (Rs in Lakh)	20.02	20.02	20.02	20.02	22.27	22.27	22.27	22.27	22.27	
Budget (Rs. in Lakh)	0	80.08	120.12	100.1	200.43	66.81	222.7	222.7	66.81	1079.75

During the financial year 2010-11 only 50% of the total budget will be required for initial construction of 50 Building Less PHSCs as first phase and the remaining budget shall be incorporated in the coming next financial year 2011-12 plan as second phase for completion of the activities i.e. **Rs. 539.875 Lakh** only will be required for the financial year 2010-11.

Activity-2: **Construction of relocated PHSCs collocated with PHCs and CHCs.** Until recently out of the 420 PHSCs in the State, 40 of them were collocated in the PHC and CHCs even after their up-gradation to PHC and CHC.

However, during the past two years 20 PHSCs have been relocated to other sites. Out of the 20 PHSCs already relocated construction of 9 buildings have been taken up with funding from State Plan. It is now proposed to construct building for the remaining 11 PHSCs with funding from NRHM including barbwire fencing. The detail including Budget is given below.

Table No B (24): Status of relocated Sub-Centres

District		Previous SC Location	New SC location	Remark
Imphal East (6)	1	Sawombung e	Takhel	Construction earmarked under State Plan
	2	Keirao Makting e	Khabeisoi	Proposed under NRHM 2010-11
	3	Akampat e	Pheijaleitong	Proposed under NRHM 2010-11
	4	Yambem e	Litanpokpi (Purum likli)	Proposed under NRHM 2010-11
	5	Lamlai e	Seijang	Construction earmarked under State Plan
	6	Heingang e	Keibi TaretKhul	Proposed under NRHM 2010-11
Imphal West (2)	7	Mekola w	Changangei	Construction earmarked under State Plan
	8	Phayeng w	Kadangband	Construction earmarked under State Plan
Thoubal District (3)	9	Hiyanglam	Mantak	Construction earmarked under State Plan
	10	Pallel	Irengban	Proposed under NRHM 2010-11
	11	Wangoo Laipham	Pangantabi	Construction earmarked under State Plan
Bishnupur (1)	12	Kumbi	Phoubakchao Lkhai	Construction earmarked under State Plan
Churachandpur (2)	13	Singzol	New Lamka	Proposed under NRHM 2010-11
	14	Behiang	Sainoujang Village	Proposed under NRHM 2010-11
Ukhrul (1)	15	Lambui	Grihang	Construction earmarked under State Plan
Senapati (3)	16	Paomata	Laii Shrirafii	Proposed under NRHM 2010-11
	17	Oinam Hill	Mapao Christian	Proposed under NRHM 2010-11
	18	Maphou Kuki	Tuisomjang	Proposed under NRHM 2010-11
Chandel (2)	19	Machi	Lokchao	Construction earmarked under State Plan
	20	Maojang	Paraolon	Proposed under NRHM 2010-11

Table No (25): District wise Budget for construction of relocated PHSCs

Districts	IE	IW	TBL	BPR	UKL	CDL	CCP	SPT	TML	Total
No. of PHSCs for construction	4	0	1	0	0	1	2	3	0	11
Unit Rate (Rs in Lakh)	20.02	20.02	20.02	20.02	22.27	22.27	22.27	22.27	22.27	
Budget (Rs. in Lakh)	80.08	0	20.02	0	0	22.27	44.54	66.81	0	233.72

During the financial year 2010-11 only 50% of the total budget will be required for initial construction of 11 relocated PHSCs as first phase and the remaining budget shall be incorporated in the coming next financial year 2011-12 plan as second phase for completion of the activities i.e. **Rs. 116.875 Lakh** only will be required for the financial year 2010-11.

B5.4 Setting up of Infrastructure (No activity proposed)
B5.5 Govt. Dispensaries/Others Renovations

Activity-1: **Renovation and up gradation of Family Welfare, Conference Hall.** The Family Welfare Conference Hall needs renovation and up gradation. An amount of **Rs. 10.00 Lakhs** will be needed.

Activity-2: Renovation/Repairing of Ward and Repairing of Sanitation/Drainage systems of only functioning Leprosy Hospital (Temporary Hospitalization ward), Leihingol, Imphal East. An amount of **Rs.25.00 Lakhs** (Rs. 15.00 Lakhs for ward and Rs. 10.00 for Sanitation) will be needed.

Table (27): Total Budget for Govt. Dispensary Renovation

Sr. No.	Particular	Amount (Rs. In Lakhs)
1	Renovation and Up gradation of Conference Hall, Family Welfare	10.00
2	Renovation/Repairing of Wards of Leprosy Hospital	15.00
3	Repairing of Drainage System of Leprosy Hospital	10.00
	Total	35.00

B5.6 Construction of BHO (No activity proposed)
B5.7 Others New Constructions

Activity-1: **Fencing of Health Institutions.** Fencing of following Health institutions were needed as encroachment of land frequently seen in the following properly functioning health institutions. The total budget needed for this activity is shown bellow:

Total Budget:

Sr. No.	Particular	Amount (Rs. In Lakhs)
2	Construction of fencing of PHC Lamlai, Imphal East District	20.00
3	Construction of fencing of Kakching Khunou, Thoubal District	20.00
4	Construction of fencing of Andro, Imphal East District	20.00
	Total	60.00

Activity-2: **Setting up of Mini-Training Centres for 7 District (5 Hill and 2 Valley).** An amount of Rs.20.00 Lakhs per unit is required for setting up of Mini-Training Centres in 7 Districts.

Table (28) : Budget for Mini-Training Centres

District	I/E	I/W	BPR	TBL	UKL	CDL	CCP	SPT	TML	Total
Amount (Rs. In Lakh)	0	0	20.00	20.00	20.00	20.00	20.00	20.00	20.00	140

For the above 2 activity, the budget is proposed in phasewise. During the financial year 2010-11 only 50% of the total budget will be required as first phase and the remaining budget shall be incorporated in the coming next financial year 2011-12 plan as second phase for completion of the activities i.e. **Rs. 100.00 Lakh** only will be required for the financial year 2010-11.

B6. Rogi Kalyan Samitis/HMS

JN Hospital, existing 07 DH, 01 Sub-District Hospital (Moreh), 16 CHC, 73 PHC (Including newly functioned PHC Moreh) have registered autonomous Rogi Kalyan Samitis (RKS) and are in operation. The issues facing proper function of RKSs are lack of responsibility and direction among the RKS members and slow utilization of RKS funds. The following activities are proposed in the coming financial year.

Activity-1: **RKS at District Hospitals/SDH/CHCs/PHCs.** Annual Corpus Fund/ Seed Money will be needed for the following health facilities. The budget needed for 2010-11 will be as given below:

Table No B (29): Matrix for RKS Fund

Sl. No.	Issues	Current Status	Activities	Output to be achieved	Time Frame for 2010-11
1	Annual RKS fund for State Hospital, District Hospital, Sub-District Hospital, CHC and PHC	1 SH, 7 DH, 1 SDH, 16 CHC and 80 PHC were given RKS fund.	Continuation of RKS fund 1 SH, 7 DH, 1 SDH, 16 CHC and 80 PHC	100% received RKS fund and utilized as per GOI guidelines	Q1

Table No B (30): Health Institutions needing RKS Seed Fund for DH/Sub-DH/CHC/PHC

Health Facility	Unit Corpus Fund	No. of Units	Total Amount (Rs. in Lakhs)
JN Hospital	5.00	1	5.00
Dist. Hospitals	5.00	7	35.00
Sub-Dist. Hosp. Moreh	1.00	1	1.00
CHC	1.00	16	16.00
PHCs	1.00	80	80.00
Total			137.00

Table B (31): District-wise Budget allocation of RKS Corpus Fund**Table No B (31): District wise Total Budget**

Districts	IE	IW	TBL	BPR	UKL	CDL	CCP	SPT	TML	Total (in Lakhs)
NRHM Share	13.00	15.00	22.00	12.00	14.00	11.00	17.00	21.00	12.00	137.00
Total										137.00

B7. District Action Plans

For 2010-11, the formulation of SPIP started with Village Health Plans. State, District, Block Health Action Plans based on VHPs, BHAPs, Facility Surveys, Household Surveys, FGDs, Field-based studies and desk-review of available study data/documents followed. Ultimately, the SPIP emerged.

To support the pre-requisite actions taken up in the Districts for preparation of SPIP 2011-12, a sum of Rs. 2.00 lakh per block is proposed. The total requirement will be **Rs. 72.00 Lakh**.

Table No B (32): Matrix for DHAP, BHAP & VHAP

Sl. No.	Issues	Current Status	Activities	Output to be achieved	Time Frame for 2010-11
1	Preparation of DHAP 2011-12	9 District were given DHAP, 36 BHAP, 178 prepared	Continuation of DHAP preparation	100% received fund and utilized as per GOI guidelines	Q3

Table No B (33): Budget for Planning block wise @Rs. 2.00 Lakh per block for 36 Blocks

Districts	IE	IW	TBL	BPR	UKL	CDL	CCP	SPT	TML	Total (in Lakhs)
District Action Plan for 9 district	6.00	6.00	6.00	6.00	10.00	8.00	10.00	12.00	8.00	72.00
Total amount (Rs) in Lakh										72.00

B 9. Equitable Mainstreaming of Health Care Systems of AYUSH

Currently, the services of 88 AYUSH Doctors including 01 AYUSH Specialist Doctor are utilized on contractual basis in 16 CHCs and 72 PHCs by giving a monthly honorarium of Rs, 15,000/- and Rs, 18,000/- respectively. Their services will be continued in the current year, too by giving a Fixed Pay of Rs. 8,000/- plus a Performance-based Incentive of Rs. 7,000/- to the Non-Specialist AYUSH Doctors and a Fixed Pay of Rs. 10,000/- plus a Performance-based Incentive of Rs. 8,000/- to the Specialist AYUSH Doctor. Further, the services of 34 AYUSH Pharmacists engaged last year will be utilized in the current year by giving a monthly Honorarium based on Rs. 4000/- Fixed Pay plus Rs. 3,000/- Performance-based incentive.

The State Health Society is committed for equitable mainstreaming of the various streams of AYUSH system under the banner of AYUSH in terms of manpower recruitment, skill development training, awareness programs and system wise health camps by utilizing the service and the skill of the respective individual systems. Further, the State Health Society will conduct workshops on research and analysis work of the medicinal plants available in the State. The State will open all avenues to undertake activities of research and the analysis work on the bio resources and medicinal plants for which two state level workshop will be conducted by inviting resource persons.

Activity-1: Necessary infrastructure up-gradation and drugs will be supported by the State under AYUSH CSS. At present 1 AYUSH Doctor is utilized at the State Health Society for coordinating at different levels. So, one AYUSH Consultant will be requiring for synergy between Health and NRHM @Rs. 25,000/- per month costing **Rs. 3.00 Lakh per annum**.

- Activity-2: Creating public awareness of AYUSH Systems for demand generation. An amount of **Rs. 2.00 Lakh** may be needed for this activity.
- Activity-3: Providing AYUSH service to the People by conducting Health Camps. Four health camps for each four systems costing @ Rs. 0.30 Lakhs per camp. An amount of **Rs. 4.80 Lakh** is proposed for the camps during 2010-2012.
- Activity-4: Half yearly State Level Workshop on Medicinal Plants and Bio Resources @ Rs. 1.00 Lakhs per workshop. An amount of **Rs. 2.00 Lakhs** is proposed for the workshop

B 10.1 Health Mela

To maximize coverage of Health Melas, Health Melas are proposed in all the existing 09 districts of the State @ Rs. 5.00 lakh per mela. The District Health Melas were found to be an effective tool of Behaviour Change Communication. The budget proposed (Rs. in lakh) will be:

Table B (34): Health Mela Allocation

Districts	IE	IW	TBL	BPR	UKL	CDL	CCP	SPT	TML	Total
Budget (Rs. in Lakh)	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	45.00

B 10.2 Creating Awareness on Declining Sex ratio

The budget for this activity is reflected on B. 21

B 11. Mobile Medical Units

- Activity-1: Mobile Medical Units comprising of 02 vehicles equipped with basic gadgets and equipments are provided in all the existing 09 districts and are functional. Services of 18 drivers, 9 Lab. Techs and 9 X-Ray Techs have been used on contractual basis by giving a monthly honorarium of Rs. 5,000/-, Rs. 7,000/- and Rs. 7,000/- respectively. The services of these contractual staffs will be continued. Also, a Performance-based incentive may be given to the MOs and paramedics

Each of the DMMUs may be provided with an amount of Rs. 5.00 Lakh per annum for supporting drugs/medicines and repair of gadgets fitted in the vehicles.

The budget (Rs. in Lakh) needed for supporting the honorarium of these contractual staff, maintenance of the units, drugs and Performance based Incentive @ Rs. 500/- per MO per camp and Rs. 200/- per paramedic (for regular staffs) will be:

Table B (35) : DMMU Allocation

Districts	IE	IW	TBL	BPR	UKL	CDL	CCP	SPT	TML	Total (Rs. in Lakh)
Salary for Drivers, LT & X-R T	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	20.52
POL & Maintenance	3.00	3.00	3.00	3.00	4.00	4.00	4.00	4.00	4.00	28.00
Honorarium to regular MOs & Paramedics	1.00	1.00	1.00	1.00	1.50	1.50	1.50	1.50	1.50	11.5
Drugs	5.00	5.00	5.00	5.00	7.00	7.00	7.00	7.00	7.00	55.00
Repairing & Maintenance of gadget	2.00	2.00	2.00	2.00	3.00	3.00	3.00	3.00	3.00	23.00
Total										138.02

Activity-2: Procurement of 4 Wheel Drive Mobile Medical Units for 5 difficult/hill districts: Mobile Medical Units comprising of 02 vehicles equipped with basic emergency medical equipments are provided in all the 09 districts. These vehicles have been utilized for holding camps and also during RCH camps in the districts. The DMMUs can be used only in the areas where we have wide all weather roads. This makes them of limited utility for the hill districts and Jiribam Block in Imphal East. Hence, the State would like to propose for purchase of two smaller '4 Wheel drive' vehicles each for five Hill districts and Jiribam Block of Imphal East Districts. These 4 wheel vehicles will help in giving services to the remote and inaccessible villages which can not be serviced by the existing bigger Mobile Medical Units. The estimated cost per 4 wheel drive mobile medical unit is Rs. 9.00 Lakh. Total amount for 6 vehicles is Rs. 54.00 Lakh with maintenance amount @ Rs. 5.00 Lakh per vehicles is Rs. 30.00 Lakh. Hence, in total amount needed for procuring the 06 vehicles with maintenance fund is **Rs. 84.00 Lakh**

Table B (36): Budget for procurement 4 wheel MMU

Districts	IE	IW	TBL	BPR	UKL	CDL	CCP	SPT	TML	Total (Rs. in Lakh)
No. of 4 wheel MMU	1	0	0	0	1	1	1	1	1	
Vehicle Cost	9.00	0	0	0	9.00	9.00	9.00	9.00	9.00	54.00
Repairing & Maintenance Cost	5.00	0	0	0	5.00	5.00	5.00	5.00	5.00	30.00
Total										84.00

Table B (37): Matrix for DMMU

Sr. No.	Issues	Current Status	Activities	Output to be achieved	Time Frame for 2010-11
1	DMMU Deployment	77 DMMU Deployment	972 Village Visits	Expected 2,91,600 peoples will be benefited	1-4Q

B 12 **Referral Transport**
B 12.1 **Ambulance**

In coming financial year 2010-11, **5 (five) ambulances** for properly functioning 24x7 PHCs is propose because of the following reasons:

1. Referral vehicle for 24X7 identified PHCs and CHCs have been withdrawn from April 2009.
2. Institutional deliveries are taking place in these PHCs as per recorded from HMIS April to October 2009.
3. Difficulty to find a Vehicle for referral from PHC to higher centres.
4. These PHCs fall in the category of Difficult area
5. They have been identified as 24X7 PHC Status
6. Patients of these places are mostly marginalized and vulnerable.
7. For APL Families, POL cost will be borne by the Patient.
8. For maintenance and POL of the above ambulances will be done by RKS as per approved by the RKS Committee.
9. The Driver will be indentified by concerned RKS and cost will be born by the State Health Society.

Amounts of Rs. 45.00 Lakh and Rs. 3.00 Lakh are proposed to procure 5 ambulances @ Rs. 9 (nine) Lakh each and Salary for driver @ Rs. 5000/- per month. Total amount of **Rs 48.00 Lakh** may be approved for the same.

B 14 Additional Contractual Staffs
B 14.1 Strengthening Program Management by inducting Additional Manpower

Objective: To strengthen the Program management at both State and Districts by induction of Non-medical health professionals.

Activity-1: Continuation and additional engagement of the contractual services of PMU staffs, consultants and support staffs. Detail reflected in **B.28 NRHM Management Costs/Contingencies**

B 14.2 Contractual Staffs (AYUSH)

B.14.2.1 Continuation of the Contractual Services (AYUSH): The contractual services of 1 AYUSH Specialist posted at Moirang CHC, 88 AYUSH Doctors posted 16 CHCs and 72 PHCs and 23 AYUSH Pharmacist posted at 10 CHCs and 13 PHCs may be re-engaged for the year 2010-11 with given honorarium. The detail budget is given below.

Table No. B (38): The budget needed for 2009-10

Designation	Existing staffs under NRHM	Basic pay (Rs)	Performance based honorarium (Rs)	Total Amount (Rs.)	Annual Amount (Rs. In Lakh)
Specialist AYUSH Doctor	1	8000	14500	22500	2.70
AYUSH Doctor	88	8000	10750	18750	198.00
AYUSH Pharmacist	34	4500	3000	7500	30.60
TOTAL					231.30

B.14.2.2 Additional Engagement of the Contractual Staffs (AYUSH): Additional Contractual Services of 3 AYUSH Specialist for CHCs, State Nodal Officer (AYUSH), 8 AYUSH Doctors PHCs and 73 AYUSH Pharmacist for CHCs and PHCs may be engaged for the year 2010-11. **The engagement of following additional contractual staffs will be done during first quarter. Therefor the salary is proposed only for 9 months during the coming financial year 2010-11.** The detail budget is given below.

Table No. B (39): The budget needed for 2009-10

Designation (masseurs- 13, yoga atnd-9 unani-5 homoe-40)	Existing staffs under NRHM	Basic pay (Rs)	Performance based honorarium (Rs)	Total Amount (Rs.)	Annual Amount (Rs. In Lakh)
Specialist AYUSH Doctor	3	8000	14500	22500	6.08
State Nodal Officer (AYUSH)	1	8000	10750	18750	1.69
AYUSH Doctor (Ayur)	3	8000	10750	18750	5.06
AYUSH Doctor (Yoga)	1	8000	10750	18750	1.69
AYUSH Doctor (Unani)	1	8000	10750	18750	1.69
AYUSH Doctor (Homeo)	3	8000	10750	18750	5.06
AYUSH Pharmacist/Paramedics					0
1. Masseurs	13	4500	3000	7500	8.78
2. Yoga & Nd	9	4500	3000	7500	6.08
3. Unani	5	4500	3000	7500	3.38
4. Homeo	40	4500	3000	7500	27.00
					66.51

B 14.7 Others Additional Contractual Staff

Activity-1: **Refrigerator Mechanic:** At present there are only 5 (five) Refrigerator Mechanic Working on Regular basis. To implement the Immunization Programme successfully throughout the State another 6 (six) including 2 (two) for Sub-divisional level as additional post is required.

The engagement of following additional contractual staffs will be done during first quarter. Therefor the salary is proposed only for 9 months during the coming financial year 2010-11. The fund requirement for appointment of Refrigerator Mechanic on contractual basis is given below.

Sl. No.	Designation	No. of Post	Basic Pay (in Rs.)	PBH (in Rs.)	Honorarium per Month	TOTAL AMOUNT (Rs. In Lakh)
1	Refrigerator Mechanic	06	3050.00	3950.00	7000.00	3.78
	TOTAL					3.78

B 15	PPP/NGOs
B 15.1	Non governmental provider
B 15.2	Grand in Aid to NGOs
B 15.3	Other PPP/NGOs

B 15.3.1 EMERGENCY MANAGEMENT AND RESEARCH INSTITUTE UNDER PPP WITH GVK HYDERABAD, INDIA

1. Background of the Project:

S No	ASSUMPTIONS	Unit
1	Number of Calls/day (estimates)	1,600
2	Emergencies per day (estimates)	160
3	Break up of emergencies in % (estimates)	
	Medical (Includes medical / police)	90%
	Police (exclusively)	8%
	Fire	2%
4	Number of Ambulances proposed	50
5	Area per Ambulance in Sq KM	447
6	Aprox. Avg. Distance / Ambulance in KMs	20
7	Population covered per Ambulance (approx.)	45,878

2. Implementation Plan

Coverage	Ambulance Plan
Phase I - 4 Valley District Headquarters (Imphal East, Imphal West, Bishnupur and Thoubal)	12
Phase II - 5 Hill District Headquarters (Churachandpur, Chandel, Ukhrul, Senapati & Tamenglong)	15
Phase III- OTHER Rural Areas	23
Total	50

Table B (40): Ambulance-Pricing Rs./lakhs

Sl. No	Particulars	BLS Model
1	Basic Price	5.30
2	Fabrication including AC & Stickers	3.00
3	Defibrillator	
4	AED	1.00
5	Monitor	
6	Other Medical Equipment	1.50
7	Insurance & registration	0.12
8	AVLT/ IT Equipment	1.00
9	Ambulance Station	1.00
	TOTAL	12.92

3. Ambulance Deployment Plan: Table (41)**Phase - I**

Sl No	District	Population	Density	Area (Sq. Kms)	No of Ambulances
					Phase I
Valley Districts					
1	Imphal East	394,876	555	469	3
2	Imphal West	444,382	847	558	3
3	Thoubal	364,140	713	514	3
4	Bhisnupur	208,368	415	530	3

Phase – II**Table (42)**

SI No	District	Population	Density	Area (Sq. Kms)	No of Ambulances
					Phase II
Hill Districts					
5	Senapati	283,621	116	3271	3
6	Churachanpur	223,866	50	4570	3
7	Chandel	118,327	37	3313	3
8	Tamenglong	111,499	25	4391	3
9	Ukhrul	140,778	31	4544	3

(Phase III to Plan)

1. The government of Manipur would bear all non-recurring and recurring expenditure.
2. All physical infrastructure - movable & immovable assets - and software acquired and created GOVERNMENT OF MANIPUR funds will be the property of Government of Manipur.
3. GVK EMRI will utilize the government funds with transparency and efficiency
4. GVK EMRI will Operationalise 27 ambulances in 1st shifts and run Emergency Response Centre. Three shifts with employment potential of 300 people.
5. GVK EMRI will provide
 - a. Senior Management guidance from Hyderabad
 - b. Processes
 - c. Technology (ERS application software)
 - d. Innovation
 - e. And fund these costs as a private philanthropy.

4. Project financial estimates: Table (44)

Activity	Rs. In Lakhs
Non-recurring Expenditure:	
Ambulances (50) @ Rs. 13.00 Lakh (average cost)	650.00
(12 Ambulance for Phase-I is Rs. 156 Lakh)	250.00
IT Infrastructure	200.00
Temporary ERC	200.00
Pre-operational expenses (4 months)	
Sub Total – Non-recurring expenditure	1300.00
Recurring Expenditure (@ Rs. 1.60/ ambulance/ month in the first year) (Rs. 230.40 Lakh for first Phase)	800.00
Total amount	2100.00

The project will be launched in four months from the date of signing agreement and releasing an advance of **Rs.1036.40 Lakh** by Government (towards 12 ambulances, IT Infrastructure, Temporary ERC and Pre-operational expenses)

Recurring Expenditure

The recurring expenditure is estimated @ **Rs. 1.60 lakhs/ ambulance/ month** in the first year and is towards Staff Salaries, Fuel Costs, Repairs and Maintenance, Medical Consumables, Ambulance Mobile telephone expense, Uniforms, Vehicle Insurance, Training, Annual maintenance, Support Staff salaries, Marketing Expenses, Traveling Costs, Admin Expenses (Telephone/ Electricity/ House keeping/Security/office expenses).

Proposed Activities:

1. Signing of PPP agreement and release of Funds
2. Obtaining 108 connectivity
3. Allocation of Temporary Site for Emergency Response Centre & Office.
4. Allocation of Temporary Site for Training facility / Hostel
5. Provide Hospitals / Police Stations / Fire Stations data
6. Provide GIS Maps
7. Provide Telephone subscribers data
8. Provide Ambulance Segments data
9. Provide Safety and Security (Police protection) to Ambulances and Staff
10. Provide Insurance coverage for Staff procedure with participation of senior officials from GVK EMRI. (OR)
11. GVK EMRI will follow exact CVC guidelines for all procurement / purchases for the project.
12. GVK EMRI solicits participation of senior government officials in the procurement process to ensure adherence to the CVC guidelines and transparency in the process.
13. If the project envisages launch within five months from the date of signing the agreement, GVK EMRI
14. would place purchase orders on repeat order i.e. adhering to immediate last purchase orders which were finalized for other states and to identified vendors selected by GVK EMRI for following items:
15. Site Preparation to set up temporary ERC
16. IT equipment
17. Ambulance (not more than 70 Nos.)
18. Any other item necessary for commissioning, etc.
19. Due to geographical conditions or general market conditions, if GVK EMRI finds it difficult to match the immediate last purchase order prices, the purchase orders will be placed in consultation with the Government officials.

Table B (45): Proposed Activities

SI No.	Action Item
1	Signing of PPP Agreement Letter of Intent, Release of Pre Operational Expenses, Allocation of Temporary building for Emergency Response Centre.
2	3 Digit Toll free Number (1-0-8) Obtaining Toll free number, Commissioning PRI Lines, Hunting facility, Commissioning of PSTN lines, Telecom Service Providers connectivity, back up from alternate Telecom Service Provider. Other communication equipment - Wireless communication with Police, Fire, Internet connectivity, Intranet, GSM Mobiles for ambulances, Fax, EPABX.
3	Ambulance Procurement (First Phase Vehicles) Bare Vehicle, Fabrication, fitting of Medical Equipment.
4	Site Preparation Civil works, Electrical Cabling, Data Network Cabling, Generator & UPS Server Room, Office Infrastructure.
5	I T Infrastructure Hardware procurement, Third party Software procurement, Installation & Configuration of Servers and Data Storage devices, Desktops for COs & Dos, Telecom service provider's components.
6	Recruitment & Training Communication Officers (CO), Dispatch Officers (DO), Emergency Medical Technicians (EMT), doctors (ERCP), Leadership Positions (COO and others) & Support Staff. Medical check-up for ERC and ambulance personnel, provide EMTs & Pilots with uniforms, issue ID cards, medical insurance coverage, Training
7	Data Collection and entry – Demographics of State, upload GIS Maps, Hospitals Information, Police data, Fire data. Ambulance segmentation, base location of ambulances, allocation of EMTs and Pilots to ambulances/ familiarize them to field operations
8	Partners Meet Government Partners (Medical Police, Fire & other agencies), Healthcare Partners, Telecom Service Providers – availability of 108 facility from all the telecom service providers
9	Testing Mechanism Testing of PRI & PSTN lines, Testing of Hunting facility, Testing of 3 digit call routing, Testing of Pop ups on CO's & DO's application, Testing of Soft Phone facility at CO & DO application, Testing of Dispatches from DO application, GIS Maps on Dispatcher application
10	Promotion and awareness Awareness Programs through electronic and print media, Road Shows, Press Meet, Hoardings, Banners, Posters, Stickers, fliers, etc
11	Pilot run & Inauguration of Phase I – “Go-Live” audit by Quality, hand-holding to ambulance personnel, verify incoming calls (108)

B 17 Incentives

Discussed in “B.23.1 Interventions in Difficult, Most Difficult and inaccessible Areas”

B 18 Planning, Implementation and Monitoring
B 18.1 Community Monitoring

Social Auditing/Community Monitoring by Community for various program implementations has become so essential that rural people should know and understand what the government has been providing for their benefits in term of healthy living and their right to health and their increasing accountability. It is envisaged that the following activities are deemed fundamental to achieve the NRHM goals in the long run.

Activity 1: Constitution of Monitoring Committee at State, District and Block Level.

Activity 2: Workshop at State, District and Block Level

Activity 3: Identification of NGOs at District and Block

Activity 4: Monitoring and Supervision by Monitoring Committee at all levels

Table B (46): Matrix for Community Monitoring

Issues	Current Status	Activities	Output to be achieved	Time Frame for 2010-11
Community Monitoring by NGO/Local Clubs	Not started	Formation of State Monitoring Committee involving 5 Identified NGOs/Civil Society Organization	1 Monitoring Committee Will be achieved	1Q
		Identification of 18 NGOs at District Level for Community Monitoring in 9 District	18 NGOs will be identified	1Q
		Formation of District and Block Monitoring Committee	45 Monitoring Committees will be formed	1Q
		Quarterly field visits and report to Commissioner Health	368 Filed visits by State, District, Blocks Committees bimonthly	1-4Q

Table B (47): The Budget allocation for State, District and Block will be as given below

Sl. No.	Activity	Qty	Unit Rate (Rs)	Amount I Lakhs
1	Meeting at State level for the constitution of Community Monitoring	2	0.20	0.40
2	Workshop at State level	1	0.50	0.50
3	Workshops/Seminars at District	9	0.50	4.50
4	Workshop at Block Level	36	0.30	10.80
5	Support for Monitoring and supervision visits for state, Districts and Blocks	368	0.03	11.04
	Total	416		27.24

B18.2 Quality Assurance

One of the main objectives of NRHM is to provide quality health care to the needy rural people and therefore, the health facilities are given facility wise Assured Services Guarantees (ASG). The status needs to be periodically monitored through routine HMIS and monitoring by State and District Officials need to be strengthened at all levels to assess the quality of services and program implementation under NRHM.

The State Quality Assurance Committee vide GoM Secretariate, F.W Dept. is now in position (memo. NO. 2/23/2005 (FW) dated 26th Oct. 2006 with the following members.

- | | |
|-------------------------------------|---------------------|
| 1. Commissioner (H&FW) GoM, | -- Chairman |
| 2. Director (FW), Manipur | -- Member Secretary |
| 3. Addl. Director(FW) | -- Member |
| 4. Gynecologist | -- Member |
| 5. State NSV Trainer | -- Member |
| 6. Dy. Director (Sterilization)/DDO | -- Member |
| 7. President, FPAI, Imphal Br. | -- Member |
| 8. Anesthetist | -- Member |

As envisaged in the GoI guidelines, the State Quality Assurance Committee, Manipur, may enlarge its scope to effectively supervise, monitor and evaluate the status and progress of different NRHM programmes being undertaken in the state over and above its function of ensuring quality FP services. For executing the supervision, monitoring and evaluation, the state Health Society may constitute a State Executive Quality Assurance Cell (SEQAC) with the following members:

- | | |
|--|---------------------|
| 1. Addl. Director(PH), Medical Directorate | -- Chairperson |
| 2. Addl. Director(Prog.), FW | -- Co-Chairperson |
| 3. State Nodal Officer (ASHA & JSY) | -- Member Secretary |
| 4. State Nodal Officer (Immunisation) | -- Member |
| 5. State Nodal Officer (Child Health) | -- Member |
| 6. State Program Manager (NRHM) | -- Member |
| 7. State Finance Manager (NRHM) | -- Member |
| 8. State Data Manager (NRHM) | -- Member |

The State Executive Quality Assurance Cell (SEQAC) will assist each district at least 4(four) times a year. It is to supervise, monitor, assess the program and strategies, evaluate and submit the report to the State Quality Assurance Committee on quarterly basis. The SEQAC will inspect the 24X7 PHCs, CHCs, and FRUs even at odd hours (even night time) and will act as a watchdog of the NRHM functionality.

Two Gypsy vehicles will be outsourced to support mobility of the SEQAC and sufficient provision of funds may be provided to defray the expenditure of visits to valley districts, hill districts, and the Jiribam subdivision in the form of honorarium as detailed in the budgets.

Activity 1 : Strengthening Quality Assurance Committee at State and District

Activity 2 : Monitoring of Activities on RCH and other Services.

Table B (48): Matrix for QAC

Sr. No.	Issues	Current Status	Activities	Output to be achieved	Time Frame for 2010-11
1	Quality Assurance	Committee formed at District and State	Strengthening Quality Assurance Committee at State and District by holding meeting at State and District	4 meeting at State 18 at District	1-4Q
		No Vehicle Outsourcing	Two Vehicles will be outsourced	Monthly field visits by state to Districts	1-4Q
		Not started	Supervisory Field Visits by state (9) and District Committees (81) monthly		

Table B (49): Budget for QAC

Sl. No.	Activity	Qty	Unit Rate (Rs)	Amount in Lakhs
1	Meeting at State level for strengthening QAC	4	0.20	0.80
2	Meeting at District level for strengthening QAC	18	0.20	3.60
3	Outsourcing two vehicles for QAC activities	1	0.15	1.80
4	TA for Jiribam and remote facilities	-	-	1.50
5	Honorarium for the State Executive QAC 4 times a year			
	1. 1 (one) day per visit for each of the 4 valley districts @Rs. 500/day=1x8x500X4X4			0.64
	2. 2 (two) days per visit for each of 5 hill districts and Jiribam Sub-Division @Rs 1000/- per day= 8x1000/- x 6 x 2 x 4			3.84
	Total			12.18

B18.3 Monitoring and Evaluation

B 18.3.1 COMPUTERIZATION HMIS AND E-GOVERNANCE, E-HEALTH

A.18.3.1.1 Strengthening of M&E Cell

In order to strengthen routine Health Management Information System (HMIS), various strategies may be required at different levels of the existing health set-up. This may include strengthening/augmenting IT infrastructure, rationalized recruitment of manpower and imparting proper training of these manpower/staff at various levels.

Current scenario: The state of Manipur has already started capturing health facility data (CHC/PHC/SC) starting from April 2009, through the integrated DHIS 2 application software, which is compatible with the National HMIS portal, in co-ordination with the National Health System Resource Centre (NHSRC). The data captured through this software is then aggregated to give district consolidated report which is then directly uploaded to the national HMIS portal. Now, the state and district level teams are focusing on diagnosing data quality issues, affecting improvements, and also strengthening the analysis, use and dissemination of information.

B.18.3.1.1.1 M&E consultant(s) recruited and in position

The process of recruitment of data managers at all levels – state, districts and blocks have been completed and they have been re-designated as nodal officers (M&E) at their respective level. All nodal officers have been trained with the new HMIS system. All reporting units at the facility level have also been oriented with the new HMIS reporting formats and reports have started to flow from these facilities only in this format. The flow of information from the districts through the web-based data capturing application has been operational from October 2008.

Table No. B (50): Notification of Nodal M&E Officers

Level	Nos. required	Nos. present	Remarks
State	1	1	Completed
District	9	9	Completed
Blocks	36	36	Completed

Activity-1: **Integration of Monitoring & Evaluation activities across programme:** Integrating the M&E activities across various health programmes like TB, Malaria, Leprosy etc. and this is yet to be operationalised in the state except for RCH.

Activity-2: **Notification of Nodal Officers (M&E) at State, District and block levels:** The identification and re-designation of Nodal Officers (M&E) at the state, districts, blocks, CHCs and PHCs are completed. They are to act as the Nodal contact points for all health related information in the respective formations and for sending feedback to the lower units. Adequate mobility support may be provided for their regular monitoring visits. Three visits each will be planned monthly for each of these officials.

Activity-3: **Additional manpower for individual Case Tracking System:** The tracking of pregnant women and children is an important strategy augmenting the maternal and child case services. It will enable us to spot the drop-outs and assess the ANC visits, neo-natal cases, institutional deliveries, post-natal cases, and routine immunization of children. It will help plan for reaching the RCH services to every pregnant woman and infant born at the health facilities and even at their doorsteps. Further any case of maternal death

and children death can be tracked and investigated. In addition to improving service delivery, the name based data will also be used to aggregate and import into the facility HMIS. This will go a long way in making improvement in the quality and fidelity of data.

The state have already started capturing regular physical reports online through DHIS 2 application from facilities (CHC/PHC/SC) through the existing manpower at the block level. As directed by the MoHFW, the state is now going for individual case tracking of pregnant women and children through a Name Based Information Tracking System (NBITS) that is being developed by the NHSRC, in collaboration with its HMIS technical partner HISP India, for capturing and recording the individual based information in computer based application at the block level. NBITS is a generic system which will be integrated with the already functional state HMIS application in DHIS 2 at all level. For this, a dedicated state server may be provisioned.

In view of the workload at the block level, **1(one) additional staff designated as Block Data Assistant** (fully dedicated to Named Based Individual Case Tracking System) **may be recruited** for each of the 36 blocks to assist the Block Data Manager in implementing this urgent process with a **monthly remuneration reflected in Part-B**.

Activity-4: Formation of HMIS Task Force at all levels: Formation of State and District HMIS Task Force are being completed in 2009. The block HMIS Task Force is yet to form and it may be completed in 2010. The primary objective of this team is to provide technical support regarding HMIS matters in their jurisdiction, as and when, required. They are to strengthen and streamline the data reporting system and to leverage the advances in IT to ensure timely flow of information at all levels. For this, a strong HMIS Capacity Building Team at the state level is required and it is proposed that **1(one) HMIS personal designated as State HMIS Assistant may be recruited to assist the State Data Manager** (currently the only HMIS staff at the state level) with a **monthly remuneration reflected in Part-B**.

B.18.3.1.1.2 Provision of equipment at state and district levels

Activity-1: Augmenting IT infrastructure at various levels: As data capturing at the district/block/facility level has already been operationalised in the state, it is important that their IT infrastructure be strengthened by providing for computers, internet connectivity, printing/ computer stationery and other requirements. As of now, there is no integration with other health programs except RCH and necessary steps to be taken for integrating the existing resources across programmes like NRHM, RCH, NDCPs, IDSP etc.

The following activities are being proposed for 2010-11

1. Replacement of existing CRT monitor with TFT for lowering power consumption - @Rs.8000/- per unit.
2. Installation of V-sat at district HQ - @Rs. 1.5 Lakh per unit, for 9 districts.
3. Procurement of multi-purpose printer at state and 9 district HQ @ Rs.50,000/- per unit
4. Setting up a dedicated server for online Name Based Information Tracking System @ Rs.5.0 Lakhs.
5. Development of Health GIS for the state @Rs 4.0 lakhs.
6. Procurement of 10 lap tops, one for State Nodal Officer (M&E) and the remaining for 9(nine) District Nodal Officer (M&E) @ Rs. 60,000/- per unit.

7. Procurement of 36 lap tops and computer accessories for all 36 newly proposed Block Data Assistants (for Name Based Individual Case Tracking System) @ Rs. 1.0 lakhs per unit.
8. Procurement of Anti-virus for state, 9 districts and 36 blocks @ Rs. 3,000/- per unit.

B.18.3.1.2 Operationalising the new MIES format

B.18.3.1.2.1 Review of existing registers

B.18.3.1.2.2 Printing of new forms

Activity-1: Printing of HMIS forms: Printing of HMIS facility level forms and district/block HMIS forms (including monthly/quarterly FMRs) may be carried out at the state level to maintain uniformity. Translation of Name Based Tracking formats/card to local dialect for distribution to ANMs and patients completed. These forms/cards along with 11(eleven) health register namely Village Health, ANC, PNC, EC, Delivery, JSY, Birth, Death, FP, Immz, Stock may also be printed at the state.

B.18.3.1.2.3 Training of staff

Activity-1: Meetings, Reorientation & Trainings on HMIS: For ensuring a strong and effective M&E system, there is need for regular meeting of the M&E Team at the State, District and Block level to analyze and evaluate the quality of reports. In addition to state review meetings where district wise achievements are presented, monthly review meeting at the district may be organized in which block wise achievements may be presented by the blocks. Similarly, at the block level, facility report may be analyzed to improve the quality of data. A regular feedback mechanism may also be chalked out. Regular orientation & training of personals at facility level may be organized by the district/block HMIS team from time to time and feedback may be given to them. In this regard, the state HMIS team may be approached for any technical support. The following training schedules are proposed for 2010-11:

- a. At the state level: 2(two) times/annum @ Rs.1,50,000/- per training.
- b. At the district level : 4(four) times/annum @ Rs.10,000/- per block per training (no. of blocks are different for different districts)
- c. At the Block level: 4(four) times /annum @ Rs. 30,000/- per training.

B.18.3.1.3 Other M&E activities

Strategy-1: Mobile interface for reporting and Name Based Tracking System: There is an urgent need of developing a health facility GIS for the state. This can be integrated with the existing HMIS application to enhance analysis, improve feedback mechanism and for better use of information for decision making in the Health Sector. A GIS module is already operational in the DHIS2, and can be very rapidly made functional once the GIS shape files are provided. The cost indentified under GIS is for the procurement of maps.

Activity-2: Quality Assurance: As a part of quality assurance, monitoring visits may be planned at the state, district and block level. The budget details for this are shown below:

1. At the state level: 3(three) times/month @ Rs.15, 000/- per visit.
2. At the district level: 3(three) times /month @ Rs.5,000/- per visit for 5 hill districts and @ Rs. 3,000/- per visit for 4 Valley Districts
3. At the Block level: 3(three) times /month @ Rs. 3,000/- per visit for 25 hill blocks and @ Rs. 2,000/- per visit for 12 valley blocks.

Table (51)

Major Head	Minor Head		Budget (in Lakhs)	Remarks	IW	IE	TBL	BPR	CCP	CDL	UKL	TML	SPT	State	TOTAL
Strengthening of M&E/HMIS	Salaries of M&E, MIS & Data Entry Consultants	1.1		Remuneration for proposed 36 Data Assistant at block and 1(one) HMIS Assistant at State reflected in Part B-13.											
	Mobility for M & E Officers	1.2	53.28	5.4	3 times/month @Rs.15,000/- /visit at state									5.40	5.40
				9	3 times/month @Rs. 5,000/- /visit at 5 hill district	0.00	0.00	0.00	0.00	1.80	1.80	1.80	1.80		9.00
				13.32	4.32	3 times/month @Rs.3,000/- /visit at 4 valley district	1.08	1.08	1.08	1.08	0.00	0.00	0.00		4.32
				25.92	3 times/month @Rs.3,000/- /visit at 24 hill blocks	0.00	0.00	0.00	0.00	5.40	4.32	5.40	4.32	6.48	25.92
				8.64	3 times/month @Rs.2,000/- /visit at 12 valley blocks	2.16	2.16	2.16	2.16	0.00	0.00	0.00	0.00		8.64
	Workshops/ Training on M & E	1.3	60.6	3	2 times/annum @Rs.1,50,000/- /training at state									3.00	3.00
				14.4	4 times/annum @ Rs.10,000/- /block/training at district level	1.20	1.20	1.20	1.20	2.00	1.60	2.00	1.60	2.40	14.40
				43.2	4 times/annum @Rs. 30,000/-/training at block level	3.60	3.60	3.60	3.60	6.00	4.80	6.00	4.80	7.20	43.20
	M&E quality review meeting	1.4	26.28	0.36	Rs.3,000/-/month at state									0.36	0.36
				4.32	Rs.1,000/month/block at district	0.36	0.36	0.36	0.36	0.60	0.48	0.60	0.48	0.72	4.32
				21.6	Rs.5000/month at block	1.80	1.80	1.80	1.80	3.00	2.40	3.00	2.40	3.60	21.60

Major Head	Minor Head		Budget (in Lakhs)			Remarks	IW	IE	TBL	BPR	CCP	CDL	UKL	TML	SPT	State	TOTAL
Procurement of HW/SW and other equipments	Hardware/Software Procurement			6		10 (ten) lap top @Rs. 60,000/- per unit, 1 for state and 9 for districts										6.00	6.00
				1.38		Antivirus @Rs. 3,000/- State, District & Block	0.12	0.12	0.12	0.12	0.18	0.15	0.18	0.15	0.21	0.03	1.38
		2.1	10.98	3.6		45 TFT @ Rs.8,000/- district & block	0.32	0.32	0.32	0.32	0.48	0.40	0.48	0.40	0.56		3.60
	Internet connectivity	2.2	13.5	13.5		9 V-Set for district H/Q @ Rs. 1.50 lakhs	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50		13.50
	Dedicated Server for state	2.4	5	5												5.00	5.00
	Development of Health GIS for the State	2.5	5	5												5.00	5.00
	Annual Maintenance for Internet & Mobile	2.6	13.80	13.8		Rental charge @ Rs.30,000/annum per State, Districts & blocks for Internet	1.20	1.20	1.20	1.20	1.80	1.50	1.80	1.50	2.10	0.30	13.80

Major Head	Minor Head		Budget (in Lakhs)			Remarks	IW	IE	TBL	BPR	CCP	CDL	UKL	TML	SPT	State	TOTAL
	Multi-purpose printers	2.9	4.5	4.5		Rs. 50000/-district	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50		4.50
	Printing & Computer Stationery	2.1	12.15	0.2		Rs. 20,000 for printer cartridge at State										0.20	0.20
				1.8		Rs. 20000/district for printer cartridge	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20		1.80
				3.6		Rs. 10000/block for printer cartridge	0.30	0.30	0.30	0.30	0.50	0.40	0.50	0.40	0.60		3.60
				4.55		Rs. 5000/PHC&CHC for printer cartridge	0.50	0.65	0.85	0.35	0.50	0.30	0.35	0.35	0.70		4.55
				0.1		Rs. 10,000 for paper at State										0.10	0.10
				0.27		Rs. 3000/district for Paper	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03		0.27
				0.72		Rs. 2000/block for Paper	0.06	0.06	0.06	0.06	0.10	0.08	0.10	0.08	0.12		0.72
				0.91		Rs. 1000/PHC&CHC for Paper	0.10	0.13	0.17	0.07	0.10	0.06	0.07	0.07	0.14		0.91
Operationalising HMIS at Sub District level	Review of Existing registers – to make them compatible with National HMIS	3.1	26.4			600 copies X 11 types of registers @200/register X 2times										26.40	26.40
	Printing of HMIS format	3.2	5													5.00	5.00

Major Head	Minor Head		Budget (in Lakhs)			Remarks	IW	IE	TBL	BPR	CCP	CDL	UKL	TML	SPT	State	TOTAL
Name Based Individual Case Tracking System	Procurement of lap tops and other computer accessories for newly proposed Block Data Assistants	4.1	36			36 lap tops & its accessories @ Rs. 1.0 lakhs per unit										36.00	36.00
	Printing of Case Tracking format	4.2	10													10.00	10.00
	Purchase of plastic file cover for Case Tracking forms to be provided to P.W and children	4.3	37.5			File cover for 2,50,000 forms @Rs,15/- per unit										37.50	37.50
TOTAL			319.99	Total (District Wise Budget)→			22.40	22.91	23.55	21.04	34.83	27.07	33.07	27.39	40.55	140.71	319.99

B19.1 Procurement and Equipment, Furniture and Drugs

Activity-1: **Replenishment/ topping of items:** Some non-functional equipment will be replenished as per the facility survey report. Also some depleted hospital equipment and furniture will be replenished. The details are given below. A total amount of **Rs. 46.10 lakh** will be needed for this activity.

Table B (52): Budget for procurement of Drugs

Sl.No.	Items	Rate (Rs. In Lakh)	Quantity	Total amount (Rs. In Lakh)
1	Baby Cradle for FRUs & 24/7 PHCs	0.06	20	1.20
2	Drug Trolley for DH & CHCs	0.25	23	5.75
3	Fetal Heart Monitor for DHs	0.06	7	0.42
4	Steel waste bin for DHs	0.025	7	0.175
5	Sterilized Surgical Gloves	0.0002	50,000	10.00
6	Elbow-length S. Gloves	0.00075	5000	3.75
8	IV Canulae (18-22 G)	0.0006	5000	3.00
9	Color Scale Hemoglobinometer for SCs	0.035	400	14.00
10	Folding Scoop Stretcher for FRUs/DHs	0.40	7	2.80
11	Disposable Umbilical Cord Clamp	0.00025	20000	5.00
Total				46.095

Activity-2: **Procurement of Essential Drugs/medicines for health facilities:** The various health facilities will be allowed to procure essential drugs as per the State Essential Drug List with assistance from State level @ Rs. 2.00 lakh for each DH/CHC, Rs. 1.00 lakh per PHC/UHC and Rs. 0.20 per Sub-Centre. The health facilities will be allowed to procure drugs/medicines within the allotted limits. The amount needed for 7 DHs, 16 CHCs, 79 PHCs, 8 UHC and 397 SCs will be **Rs. 353.00 Lakh**.

Activity-3: **Logistic Support for collection and distribution of equipment, furniture and drugs:** A sum of **Rs. 3.00 lakh** will be needed for hiring a DI TATA at State level for timely collection and distribution of the items to the various destinations in the districts.

As per the Facility Survey Report 2007-08 and 2008-09, the gaps in hospital equipment and furniture have been filled up, already. The items are:

1. Blood Semi-automatic Analyzer for all 07 existing DHs
2. All equipment & furniture gaps in 14 CHCs out of existing 16
3. All equipment & furniture gaps in all PHCs
4. Normal Delivery Kits, IUCD Insertion Kits and Bag & masks for all existing Sub-Centres
5. Equipment & furniture gaps in all 08 UHCs

During 2010-11, priority will be given to filling in the equipment and furniture gaps in

- (i) DH Churachandpur which is in the process of up-gradation for ISO certification
- (ii) New 100-bedded DH at Thoubal, the infrastructure up-gradation of which is completing
- (iii) CHC Sugnu and CHC Jiribam which were not included in earlier periods
- (iv) Replenishment/Topping of some equipments in other health facilities and

- (v) Procurement of Essential Drugs for health facilities
- (vi) Logistic support for timely distribution of drugs

Activity-4: Equipment & Furniture gaps in DH Churachandpur which is in the process of ISO certification:

The main gaps found out as per Facility Survey Report 2009-10 are as given below (Detailed List enclosed as ANNEXURE I)

- OT equipments
- Radiology equipment
- CPR equipment
- Ophthalmology equipment
- Orthopedic equipment
- Dental equipments
- Laboratory equipment
- BMWD equipment
- Equipments for hospital administration

A total amount of **Rs. 191.01 Lakh** will be needed for filling up the identified gaps in DH Churachandpur

Activity-5: Equipment gaps in DH Thoubal which is to be up-graded from 50-bedded capacity to 100 bedded capacity: The main gaps identified are as given below (Detailed List is enclosed as ANNEXURE II)

- Imaging equipment
- Electro-Medical equipment
- Pneumatic, Hydraulic and Sterilization equipment
- Laboratory equipment
- Hospital plant
- Administrative equipment
- Transport items
- Surgical instruments (both major & minor)
- Hospital furniture and Misc. items

The procurement is planed to complete in the two year. During 2010-11, 50 % procurement will be completed and remaining 50% will procure in the following year. A total amount of Rs. 756.44 Lakhs will be needed to fill-in the identified gaps in the newly up-graded 100-bedded DH in Thoubal. During the financial year 2010-11, an amount of **Rs. 378.22 Lakh** may be sanction for procurement.

Activity-6: Equipment and Furniture gaps
 (i) **CHC Sugnu in Thoubal District and**
 (ii) **CHC Jiribam which were not included in earlier periods:**

A total sum of **Rs. 36.74 Lakh** will be needed to fill-in the equipment and furniture gaps. The detailed lists are enclosed as ANNEXURE III

Activity-7: Procurement and Installation of Incubators for RNTCP. An amount of **Rs. 6.52 Lakhs** will be needed for Procurement and Installation of Incubators for RNTCP, Manipur.

- Activity-8: **Procurement of Sharps Disposal System** from SHARPS BLASTER for all the 7 District Hospitals, 1 SDHs and 16 CHC @ Rs. 5.00 Lakhs per system. An amount of **Rs. 120.00 Lakhs** is needed for the procurement and installation of the system
- Activity-9: **Procurement of Solar Lighting System** for all the 5 District Hospitals (BPR, CDL, UKL, SPT and TML) @ Rs. 4.00 Lakhs per system and installation & Logistic charge of Rs. 15,000 per system. An amount of **Rs. 20.75 Lakh** is needed for procurement and installation of the system.
For District Hospitals, Churachandpur and Thoubal a pilot project on Solar Power Plants through Manipur Renewable Energy Development Agency (MANIREDA) will be initiated.
- Activity-10: **Procurement of 30 pieces W 45043 Zoe Gynaecologic Simulator** for the IUCD 380- A training at district level for MOs and other paramedical staffs. 15 Simulators were sent to the State in 2008-09 by the Family Planning Division, MoHFW, GoI which are not sufficient enough for the clinical practice at the district Therefore, the budget required to procure 35 Zoe model is **Rs 16.50 Lakhs** including transportation charges
- Activity-11: **Procurement of Sodium Hypochlorite** (1% or 5%) Solutions, Trolley, Rubber- Hand Gloves up-to Elbow Joint, Rubber Shoes, Apron, Mask and Needle Destroyer. The budget required is approximately **Rs. 4.00 Lakh**.
- Activity-12: **Procurement of 150 NSV Kits** @ Rs. 800 per piece. Total amount is **Rs. 1.20 Lakh**
- Activity-13: **Equipment of Electric Insuction** 82 pieces @ Rs. 5000/- per pieces. An amount **Rs. 4.10 Lakh** may be approved.
- Activity-14: **Procurement of IUCD Kits.** Procurement of IUCD kits for all the 523 health institutions (420 PHSCs, 80 PHCs, 16 CHCs and 7 DHs) @ Rs. 1500/- per kit. An amount of **Rs. 7.845 Lakh** may be required.
- Activity-15: **Procurement of weighing machine and thermometer** @ Rs. 600 per set for the 3878 ASHAs. They will be trained during 6 Module ASHA training. An amount of **Rs 23.27 Lakh** may be approved.

Activity-16: **Procurement Colour coded bins** (Red, Yellow, White and Black bins). For all the District Hospitals, CHCs and 38 (Thirty eight) 24x7 targeted PHCs

Break up budget for procurement of bins TableB (53)

Sl. No.	Descriptions 24x7 PHCs (38)	Unit per Facility and Total Unit						Unit Rate (Rs)	Total Amount (Lakh)		
		PHC (38)		CHC (16)		DH (7)			PHC	CHC	DH
1	Yellow Bin 18 Ltrs	7	266	13	208	32	224	200	0.532	0.416	0.448
2	Yellow Bin 30 Ltrs	5	190	6	96	16	112	300	0.570	0.288	0.336
3	Yellow Bin 100 Ltrs	0	0	2	32	2	14	500	0.000	0.16	0.07
4	Red Bin 18 Ltrs	5	190	10	160	26	182	200	0.380	0.32	0.364
5	Red Bin 30 Ltrs	6	228	7	112	18	126	300	0.684	0.336	0.378
6	Red Bin 100 Ltrs	0	0	2	32	2	14	500	0.000	0.16	0.07
7	Black Bin 30 Ltrs	1	38	1	16	1	7	300	0.114	0.048	0.021
8	Beg for Yellow Bin 18 Ltrs	210	95760	810	155520	3390	284760	5	4.788	7.776	14.238
9	Beg for Yellow Bin 30 Ltrs	120	54720	270	51840	1110	93240	8	4.378	4.1472	7.4592
10	Beg for Yellow Bin 100 Ltrs	0	0	60	11520	180	15120	10	0.000	1.152	1.512
11	Beg for Red Bin 18 Ltrs	150	68400	630	120960	3030	254520	5	3.420	6.048	12.726
12	Beg for Red Bin 30 Ltrs	150	68400	330	63360	1230	103320	8	5.472	5.0688	8.2656
13	Beg for Red Bin 100 Ltrs	0	0	60	11520	180	15120	10	0.000	1.152	1.512
	Institution wise total								20.338	27.072	47.3998
	TOTAL								94.809		

Table No. B (54) Total Budget for Procurement

Sl. No.	Activity	Amount (Rs. In lakh)
1	Replenishment/ topping of items	46.10
2	Essential Drugs/medicines for health facilities	353.00
3	Logistic Support	3.00
4	Equipment & Furniture gaps in DH Churachandpur	191.01
5	Equipment gaps in DH Thoubal	378.22
6	Equipment and Furniture gaps in CHCs	36.74
7	Procurement and Installation of Incubators for RNTCP	6.52
8	Procurement of Sharps Disposal System for 7 DHs/1 SDH/16 CHCs	120.00
9	Procurement of Solar Lighting System for 5 District Hospitals	20.75
10	Procurement of 30 Pieces of W 45043 Zoe Gynaecologic Simulator	16.50
11	Procurement of Sodium Hypochlorite (1% or 5%) Solutions	4.00
12	Procurement of 150 NSV Kits	1.20
13	Procurement of Election Suction 82 pieces @ Rs. 5000/-	4.10
14	Procurement of IUCD Kits	7.845
15	Procurement of weighing machine and thermometer ASHAs	23.27
16	Procurement Colour coded bins	94.809
Total		1307.064

B.23 NEW INITIATIVES/INNOVATION**B. 23.1 INTERVENTIONS IN DIFFICULT, MOST DIFFICULT & INACCESSIBLE AREAS**

The State has 420 SCs, 73 PHCs and 16 CHCs. Based on accessibility, the health centres are identified as Difficult, Very Difficult and Inaccessible areas. In the State 162 SCs, 30 PHCs and 3 CHCs are found to be in difficult/very difficult/inaccessible areas. The health centres are identified as Difficult, Very Difficult and Inaccessible areas base on the degree of accessibility. As categorized below:

Description of areas		
Sr. No.	Category	Description
1	Difficult Areas	Health Institution situated nearby State and Internal Boarder and un-served areas
2	Very Difficult Areas	Health Institution Having poor Connectivity (accessible by vehicle during dry season only)
3	Inaccessible Areas	Health Institution having very poor connectivity (accessible only by foot)

The figures for each catagory are provided in the table below:

No. of health facilities based on accessibility								
Areas	Sub Centres	%	PHC	%	CHC	%	DH	%
Difficult	48	12%	18	23%	2	13%	3	43%
Very Difficult	66	16%	10	12%	1	6%	2	29%
Inaccessible	48	11%	2	3%	0	0	0	0
Total	162	39%	30	38%	3	19%	5	72%

- Goals :** To let staffs reside happily at their places of posting at difficult to be accessed areas so that their services are made available to the community
- District wise Break up of health facilities based on accessibility

Table (55) Number of SCs in Hard to Reach Areas

Sl. No.	District	Inaccessible	Very Difficult	Difficult
1	Imphal East	-	03	03
2	Chandel	04	10	04
3	Churachandpur	19	14	13
4	Ukhrul	02	15	18
5	Senapati	09	17	09
6	Tamenglong	11	07	01
		45	66	48

Table (56) Number PHCs in Hard to Reach Areas

Sl. No.	District	Inaccessible	Very Difficult	Difficult
1	Imphal East	-	01	-
2	Chandel	-	-	04
3	Churachandpur	01	03	04
4	Ukhrul	-	01	04
5	Senapati	-	03	03
6	Tamenglong	01	02	03
		02	10	18

Table (57) Number of CHCs in Hard to Reach Areas

Sl. No.	District	Inaccessible	Very Difficult	Difficult
1	Imphal East	-	-	01
2	Chandel	-	-	-
3	Churachandpur	-	01	-
4	Ukhrul	-	-	01
5	Senapati	-	-	-
6	Tamenglong	-	-	-
		-	01	02

Table (58) Number of District Hospital in Hard to Reach Areas

Sl. No.	District	Inaccessible	Very Difficult	Difficult
1	Chandel	-	01	-
2	Churachandpur	-	-	01
3	Ukhrul	-	-	01
4	Senapati	-	-	01
5	Tamenglong	-	01	-
		-	02	03

3. Proposed Incentives Structure: Staffs who are posted in the difficult to be accessed areas will be given incentives in the form of increased monthly honorarium according to the degree of difficulty as given below.

- Inaccessible areas - 150 % of Basic Pay
- Very difficult areas - 100% of Basic Pay
- Difficult areas - 75 % of Basic Pay

Table B (59): Budget for incentivisation for Hard Reach Areas

Sl. No	Designation	Difficult	Very Difficult	Inaccessible	Basic (Rs)	Reqd.Amount in Rs. Lakh for Difficult Area Annually (75% BP)	Amount in Rs. Lakh for Very Difficult Annually (100% BP)	Amount in Rs. Lakh for Inaccessible Annually (150% BP)
	Specialist Doctor (Allo)	2	4	0	20000	3.6	9.6	0
	MBBS Doctor	18	10	2	15000	24.3	18	5.4
	AYUSH Doctor	18	10	2	15000	12.96	9.6	2.88
	AYUSH Pharmacist	18	10	2	4500	7.29	5.4	1.62
	PHN	2	1	0	5500	0.99	0.66	0
	SN	36	20	4	4500	14.58	10.8	3.24
	Lab Tech	36	20	4	5500	17.82	13.2	3.96
	ANM	48	66	45	3200	13.824	25.344	25.92
Sub-Total Amount in Lakhs (Rs)						95.364	92.604	43.02
Total Grant Amount in Lakhs (Rs)								230.988

The incentives will be applicable to those contractual staffs placed outside their home districts. The total budget for 2010-11 will be **Rs. 230.988 Lakhs**

B. 23.2 SOLAR POWER PLANTS FOR DISTRICT HOSPITALS CHURACHANDPUR, THOUBAL AND SUB-DISTRICT HOSPITAL MOREH, CHANDEL.

Establishment of solar plants at District Hospitals Churachandpur, Thoubal and Sub District Hospital, Moreh for 25 KWP capacity each as pilot project through **Manipur Renewable Energy Development Agency (MANIREDA)**.

The unit cost of plant is @ Rs. 100.00 Lakh of which Rs. 65.50 Lakh shall be funded through Ministry of Renewable Energy, GOI and **Rs. 32.50 Lakh** is proposed to be provided by the State Health Society, Manipur under NRHM.

The Cost is inclusion of power distribution lines, Taxes, duties agency & contingency charge etc.

Provision of **Rs. 97.50 Lakh** (Rs. 32.50 Lakh x 3 Units) is proposed for the above activity during 2010-11.

B. 23.3 GERIATRIC POPULATION/ELDERLY CITIZEN

Background: Population aging is a global issue. The number of elderly people has been increased as a result of widespread adoption of Family Welfare methods, marvels in medicine science, improved health care services and standard of living, unprecedented economic growth rate, etc. the aged based population pyramid has thus changed to almost a pillar shape. The aged individuals are broadly divided into there categories:

- | | | |
|------------------------|---|---------------------|
| 1. Young old | : | 60-75 years |
| 2. Old old | : | 75-85 years |
| 3. Very old/oldest old | : | 85 years and above. |

According to World Population Prospects, UN revision 2006, the Indian aged population is currently the second largest in the world. 8% of Indian population is 60+ people, 10% of which is the 80+ population.

In Manipur, according to NHFS-III (2005-06), 8% of population is 60 years and over (i.e. 2,33,040) including 5% that is 65 years and over (i.e. 1,45,650). The geriatric population is a vulnerable group. No specific geriatric health healthcare package has so far been materialized. The majority of the old old and very old people are afflicted by one or more chronic diseases – Rheumatism, Arthritis, Diabetes, Hypertension, Cardiac Problem, Visual and hearing impairment, etc.

- They become less mobile, dependent for their activities of daily living (ADL), many are bed ridden because of physical disabilities and terminal illness.
- Accidents and falls and consequent bone fracture, are common.
- Loss of teeth and consequent chewing problem affect their food choice and intake which may lead to nutritional deficiency.
- These elderly people are economically more dependent, socially they are increasingly marginalized and isolated from active social network lose their authority and relevance.

- Many of these elderly are abused, neglected and abandoned particularly when they become very poor, unproductive, physically disabled and mentally handicapped they are considered as spent force in family and society.
- About 3/4 of the oldest old are women and vast majority of them are widows.
- Many do not have adequate care given

Out of many provision made under National Policy for older persons (NPOP) formulated by GOI in 1999, following few activities being focus towards the well being and quality of life of the elderly may be taken up at the state level;

Activity-1: Create awareness regarding elderly person to enable them to live their extended life gracefully, to enhance their capabilities and foster their independence.

Activity-2: Provide health care facilities, encourage families to care for elders, provide care and protection to vulnerable elderly through health camps for 60+ yrs elderly for each district.

Table No. A (60): Total Budget for Vulnerable Groups (geriatric care)

Sl. No.	Particulars	Unit rate	Units	Total (Rs. in Lakh)
1	Awareness program on various issue of geriatric population – 3 program for each district (27 Nos)	0.25	27	6.75
2	Health camps for 60+ elderly one for each district – 9 Nos	0.79	9	7.11
3	Travelling allowance for hill districts and Jiribam for above activities	0.20	6	1.20
Total				15.06

B. 23.4 Physical and Topographical Mapping

The Health Department is to be the owner of all land & buildings belonging to the Health & Family Welfare Department. In Manipur State, the land where the health institutions/offices are housed is mostly either Government khas land or land belonging to the village headman in case of hill districts. Only land acquired from private owners are in the name of Health Department. Till today almost all of the lands are yet to be mutated in the name of the Health Department & there are no proper land records. There is difficulty in defining exact area and boundary. This causes problems during development of site plan, boundary fencing and subject to encroachment.

It is thus necessary:

- To find out the exact area & dimension for each of the health institutions/offices in the State and obtain record from the Settlement Department in terms of village No. Dag. No. Dag chitha & Patta (if it is at all there).
- To mutate the land in the name of Health Department, Manipur by paying the requisite premium.
- Move the State Cabinet to approve payment of token premium in case of mutating Government khas land in the name of Health Department.
- To complete the process within 2 years by enlisting NRHM Staff & fund.

Again, the Health & Family Welfare Department has a number of office, institutional buildings & staff quarters built by different work agencies at different time with different funding sources.

No single department is maintaining the record of these buildings in terms of

- Design drawing of the building, the plinth area & floor space.
- The type of construction/pucca/semi pucca

- iii) The estimated cost & date of completion & their source of funding & the work agency that executed the building construction.
- iv) Any addition, demolition, modification done their date of completion.
- v) Site layout of the existing buildings in scale against the area allotted for the institution.
- vii) Exact room size of the building & their current utilization.
- vii) G.I.S. of the health institution.

Lack of the following basic information has caused a big handicap in planning new construction, exclusions & improvement of the existing buildings & in calculation of the depreciated values of the buildings as well as calculation of maintenance cost.

It is thus envisaged to map the existing buildings with the details mentioned above so as to evolve a baseline data. The process is envisaged to be completed as soon as possible starting from State Head Quarters downwards up to PHSC level.

It is targeted to complete mapping up to PHC level during 2010-11.

Subsequently the master records will be posted in the web & hard copies of the data will be maintained at the State Head Quarters & at that particular institution.

Annual updating of the information will be done henceforth.

At the institution, the detailed floor wise drawing plan will be pasted on the walls of the corresponding floors & the rooms named along with their function & utilization for public convenience. In this regard a survey of the existing buildings & re-draw it to scale is required as the earlier drawings are not available in most of the cases.

The information to be maintained is as follows:

1. Name of the Institution.

2. Land records.

- i) Location – latitude, Longitude, elevation, district, block, village.
- ii) Area of land.
- iii) Map of the land in scale.
- iv) Village No., Dag No., Dag chitha No., Patta No.
- v) Owner of the land
- vi) Date of acquisition of land & amount paid as compensation.
- vii) Existing Site Layout of the buildings in scale.

3. Building record (details of individual buildings).

- i) Name of the building
- ii) Type of construction
- iii) Date of completion
- iv) Estimated cost
- v) Agency that constructed the building
- vi) Funding source/scheme
- vii) Floor space of the building
- viii) Plinth area of the building
- ix) Architectural drawing of the building & details on the foundation of the building
- x) Modifications done to the building after its primary construction & the estimated cost
- xi) Details on electrification, water connection, internal pipe fitting, no. of toilets & no. of septic tanks.

For expediting survey & collection of the above information certain modern tools for survey in particular Total Station with computable software will be required.

The modus operandi of the survey will be as follows:

1. Drawing of the H&FW campus with respect to the nearest main road including a) Exact distance of the campus from the main road. b) Type & condition of the connecting road.
2. Detail drawing of the campus showing all the existing structures and land marks like ponds and trees in scale.
3. Detail drawing of the existing structures – a) Type of building b) Type of construction material used and condition of the building.
4. Topographical map and information regarding whether it is submerged during rainy season.
5. All the informations regarding official land records. Budget required for the above surveys are as follows-

A. Material

- | | | |
|-----|--|-----------------------|
| i) | GPS support modern survey tools (Total Station) | - Rs. 3.00 Lakh |
| ii) | Compatible Software (Auto Plotter-6.5) including training fees | - Rs. 1.00 Lakh |
| | Total | -Rs. 4.00 Lakh |

B. Survey:

Sl. No.	Type of Instrument	Quantity	Rate	Amount (Rs in Lakh)
1.	District Hostpital	7	50,000	3.50
Material				4.00
TOTAL				7.50

B.25 State Level Health Resource Centre

At present in the State there is no functional Health Resource Centre available to facilitate NRHM activities with a competent and professional foundation. NRHM is in its infant stage and steps for health resource centre need to be initiated in the coming financial year 2010-11. Major Infrastructure for this resource centre is proposed costing 150.00 Lakhs. The Infrastructure activity will be completed in two years and during the financial year 2010-11 only 50% of the total budget will be required for initial implemtation as first phase and the remaining budget shall be incorporated in the coming next financial year 2011-12 plan as second phase for completion of the activities i.e. **Rs. 75.00 Lakh** only will be required for the financial year 2010-11

B.28 NRHM Management Costs/ Contingencies**B.28.1 Block Level PMU**

Activity-1: Continuation of the contractual services of Block level PMU staffs. Detail budget given below:

Sl. No.	Designation	No. of Post	Basic Pay (in Rs.)	PBH (in Rs.)	Honorarium per Month	TOTAL AMOUNT (Rs. In Lakh)
1	BPM	36	5500.00	3875.00	9375.00	40.50
2	BFM	36	5500.00	9375.00	9375.00	40.50
3	PHC Account Officers	46	5500.00	3875.00	9375.00	51.75
4	BDM	36	5500.00	3875.00	9375.00	40.50
		154				173.25

Activity-2: Office expenses for Block level PMU @ Rs. 2.00 Lakh per Block. An amount of Rs. **72.00 lakh** may be needed.

B.28.2 District Level PMU

Activity-1: Office expenses for District Level PMU @ Rs. 5.00 Lakh per District. An amount of Rs. **45.00 Lakh** may be required.

B.28.3 State Level PMU

Activity-2: Continuation of the contractual services of State level PMU staffs. Detail budget given below:

Table (61): The budget needed for 20010-11

Sl. No.	Designation	No. of Post	Basic Pay (in Rs.)	PBH (in Rs.)	Honorarium per Month	TOTAL AMOUNT (Rs. In Lakh)
1	Deputy Director (Finance)	01			25000.00	3.00
2	State Engineer Consultant	01	10000.00	18750.00	28750.00	3.45
3	HRD/Training Consultant	01	10000.00	12500.00	22500.00	2.70
4	BCC/IEC Consultant	01	10000.00	12500.00	22500.00	2.70
5	Computer Operator (Training Centre)	02	4500.00	4250.00	8750.00	2.10
	TOTAL					13.95

Activity-2: Induction of additional contractual services of PMU staffs, consultants and support staffs. **The engagement of following additional contractual staffs will be done during first quarter. Therefore the salary is proposed only for 9 months during the coming financial year 2010-11.**

Table (62): The budget needed for 2009-10

Sl. No.	Designation	No. of Post	Basic Pay (in Rs.)	PBH (in Rs.)	Honorarium per Month	TOTAL AMOUNT (Rs. In Lakh)
1	Assistant Engineer Consultant	01	5500.00	4500.00	10000.00	0.90
2	Assistant HMIS Officer	01	5500.00	4500.00	10000.00	0.90
3	Accountant	02	5500.00	4500.00	10000.00	1.80
4	Assistant Training Consultant	01	5500.00	4500.00	10000.00	0.90
5	HMIS assistant for PW tracking in 36 blocks	36	5500.00	2500.00	8000.00	25.92
6	Office Assistant for 9 Districts	9	3050.00	3950.00	7000.00	5.67
Total						36.09

Activity-3: An amount of **Rs. 20.00 Lakh** may be required for office expenses, State Level PMU

B.28.4 Other Activity

Activity-1: An amount of **Rs 58.08 Lakh** may be required for other activities including Audit Fees, Concurrent Audit Fees, Telephone and Mobile Phone expenses, Printing expenses, and other Management Cost. This also includes WIC Maintenance of Rs. 1.00 Lakh for Immunization.

TOTAL BUDGET PART-B (NRHM Additionalities):

Table B (63): Total budget for Part-B (NRHM Additionalities)

B	TIME LINE ACTIVITIES - Additinalities under NRHM (Mission Flexible Pool)	Rs in lacs	Remarks
B1	ASHA		
B1.1	Selection & Training of ASHA	133.08	
B1.2	Procurement of ASHA Drug Kit	69.80	
B1.3	Performance related incentives to ASHAs	0.10	
B1.4	Other ASHA	184.88	
B2	Untied Funds		
B2.1	Untied Fund for CHCs	8.50	
B2.2	Untied Fund for PHCs	20.00	
B2.3	Untied Fund for Sub Centers	42.00	
B2.4	Untied fund for VHSC	320.30	
B2.5	Other United Funds	0.00	
B3	Hospital Strengthening		
B3.1	Upgradation of CHCs, PHCs, Dist. Hospitals to IPHS)		
B3.1.1	District Hospitals	0.00	
B3.1.2	CHCs	190.75	381.50
B3.1.3	PHCs	0.00	
B3.1.4	Sub Centers	195.75	391.50
B3.1.5	Others	0.00	
B3.2	Strengthening of District and Su-divisional Hospitals	0.00	
B4	Annual Maintenance Grants		
B4.1	CHCs	17.00	
B4.2	PHCs	40.00	
B4.3	Sub Centers	35.00	
B4.4	Others	0.00	
B5	New Constructions/ Renovation and Settingup		
B5.1	CHCs	0.00	
B5.2	PHCs	957.62	1915.24
B5.3	SHCs/Sub Centers	656.75	1313.50
B5.4	Setting up Infrastructure wing for Civil works	0.00	
B5.5	Govt. Dispensaries/ others renovations	35.00	
B5.6	Construction of BHO, Facility improvement civil work BemOC and CemOC centers	0.00	
B5.7	Others	100.00	200.00

B	TIME LINE ACTIVITIES - Additinalities under NRHM (Mission Flexible Pool)	Rs in lacs	Remarks
B6	Corpus Grants to HMS/RKS		
B6.1	District Hospitals	40.00	
B6.2	CHCs	17.00	
B6.3	PHCs	80.00	
B6.4	Other or if not bifurcated as above	0.00	
B7	District Action Plans (Including Block, Village)	72.00	
B8	Panchayati Raj Initiative		
B8.1	Constitution and Orientation of Community leader & of VHSC,SHC,PHC,CHC etc	0.00	
B8.2	Orientation Workshops of PRI at State/Dist. Health Societies, CHC,PHC	0.00	
B8.3	Others	0.00	
B9	Mainstreaming of AYUSH	11.80	
B10	IEC- NRHM		
B10.1	Health Mela	45.00	
B10.2	Creating awareness on declining sex ratio issue	0.00	
B10.3	Other IEC activities	0.00	
B11	Mobile Medical Units (Including recurring expenditures)	222.02	
B12	Referral Transport		
B12.1	Ambulance	48.00	These includes cost of ambulance plus salary of the drivers
B12.2	Operating Cost (POL)	0.00	to be funded from RKS
B13	School Health Programme	0.00	
B14	Additional Contractual Staff (Selection, Training, Remuneration)		
B14.1	Additional Staff/ Supervisory Nurses PHC,CHC (Including Ayush Stream)	0	
B14.2	Additional ANM, LHV, MPW for Sub-Center	0.00	
B14.3	PHNs at PHC level	0.00	
B14.4	Medical Officers at PHCs (Including AYUSH stream)	297.81	Salary calculated only for 9 months for newly selected staff
B14.5	Additional Allowances to MOs PHC	0.00	
B14.6	Lab technicians, Gynecologists, Anesthetists, Pedestrian, Specialist CHC, Radiologist,	0.00	

B	TIME LINE ACTIVITIES - Additinalities under NRHM (Mission Flexible Pool)	Rs in lacs	Remarks
	Sonologist, Pathologist, Dental Surgeons.		
B14.7	Others Additional Contractual Staff	3.78	
B15	PPP/ NGOs		
B15.1	Non governmental providers of health care RMPs/TBAs	1036.40	
B15.2	Grant in Aid to NGOs	0.00	
B15.3	Other PPP/ NGOs	0.00	
B16	Training		
B16.1	Strengthening of Existing Training Institutions/Nursing School	0.00	
B16.2	New Training Institutions/School	0.00	
B16.3	Training and Capacity Building Under NRHM		
B16.3.1	Promotional Trg of health workers females to lady health visitor	0.00	
B16.3.2	Training of AMNs, Staff nurses, AWW, Anganbadi	0.00	
B16.3.3	Other training and capacity building programmes	0.00	
B16.3.4	Other Training	0.00	
B17	Incentives Schemes		
B17.1	Incentives to Specialists (CHCs)	0.00	
B17.2	Incentives to Medical Officers (PHCs)	0.00	
B17.3	Other Incentives Schemes	0.00	
B18	Planning, Implementation and Monitoring		
B18.1	Community Monitoring (Visioning workshops at state, Dist, Block level)		
B18.1.1	State level	0.90	
B18.1.2	District level	4.50	
B18.1.3	Block level	10.80	
B18.1.4	Other	11.04	
B18.2	Quality Assurance	12.18	
B18.3	Monitoring and Evaluation		
B18.3.1	Computerization HMIS and e-governance, e-health	319.99	
B18.3.3	Other M & E	0.00	
B19	Procurements		
B19.1	Drugs	353.00	
B19.2	Equipments	951.04	

B	TIME LINE ACTIVITIES - Additinalities under NRHM (Mission Flexible Pool)	Rs in lacs	Remarks
B19.3	Others	3.00	
B20	New Strategic interventions under state health policy	0.00	
B21	PNDT Activities	0.00	
B22	Regional drugs warehouses	0.00	
B23	New Initiatives/ Innovation as per need (Block/ District Action Plans)		
B23.1	Intervention on difficult/most difficult and inaccessible areas	230.99	
B23.2	Solar power plants	97.50	
B23.3	Geriatric population	15.06	
B23.4	Physical and topographical mapping	7.50	
B24	Health Insurance Scheme	0.00	
B25	Research Studies, Analysis	0.00	
B26	State level health resources center(SHSRC)	75.00	150.00
B27	Support Services		
B27.1	Support Strengthening NPCB	0.00	
B27.2	Support Strengthening Midwifery Services under medical services	0.00	
B27.3	Support Strengthening RNTCP	0.00	
B27.4	Contingency support to Govt. dispensaries	0.00	
B27.5	Mobility Support to BMO/MO/Others	0.00	
B27.6	Other Support Programmes	0.00	
	Part B	7248.00	
	program management cost - salary of additional staff (B14.1)	7027.71	
B28	NRHM Management Costs/ Contingencies		
B28.1	Block Level PMU	245.25	
B28.2	District level	45.00	
B28.3	State level	70.04	
B28.2	Audit Fees	2.50	
B28.4	Concurrent Audit system	6.00	

B	TIME LINE ACTIVITIES - Additinalities under NRHM (Mission Flexible Pool)	Rs in lacs	Remarks
B28.6	Printing Exp.	4.00	
B28.7	Telephone and Mobile phone expenses	4.00	
B28.8	Other Management Cost	33.00	
B.29	Other expenses	8.58	
B.30	Fund Received under Mission Flexipool	0.00	
	6% of program management cost	418.37	
	Total (Part B)	7391.21	

ANNEXURE- I
Equipment Gaps in DH Churachandpur

Sl. No.	Items	Unit rate (Rs. In lakh)	Quantity needed	Total amount (Rs. In lakh)
1	OT Equipment			
1.1	Central Suction Machine	4.00	2	8.00
2	Radiology equipment			0
2.1	Colour Doppler Ultrasound machine with Uterine probe	25.00	1	25.00
3	CPR equipment			0
3.1	Defibrillator Monitor	2.652	2	5.304
3.2	E.C.G. machine	0.2964	2	0.5928
4	Ophthalmology equipment			0
4.1	Ophthalmoscope(specialist model)	0.2236	2	0.4472
5	Orthopedic equipment			0
5.1	Reamers 8,9,10,11,12(one each in one set)	0.02912	1	0.02912
5.2	Plaster Saw(electric operated)	0.1612	1	0.1612
5.3	Kerrison's Rongeurs: Oblique,Forward,Backward cutting	6.24	2 sets	12.48
5.4	Spinal retractor/ laminectomy retractor	3.432	1 set of 6	3.432
5.5	Hand drill(electric operated)	0.0884	1	0.0884
5.6	Plate bender	0.01092	1	0.01092
6	Dental equipment			0
6.1	Dental Chair with drill and accessories	21.84	1	21.84
7	Lab. Equipment			0
7.1	Fully automated bio-chemical analyzer	21.84	1	21.84
7.2	ELISA Reader cum analyzer	4.16	1	4.16
7.3	Binocular microscope with camera + adapter camera + halogen light source	0.754	2	1.508
8	BMWD equipment			0
8.1	Incinerator (building+ burner)	33.06	1	33.06
9	Misc. equipment			0
9.1	Laundry machine	3.078	2	6.156
9.2	Wet and dry Vacuum cleaner	0.05	4	0.20
9.3	Computer LAN for 15 nodes with hospital management software	15.00	1	15.00
9.4	Mahindra Jeep Ambulance	4.05	2	8.10
9.5	Leyland Ambulance	7.20	2	14.40
9.6	TATA 407 truck with load body	4.60	2	9.20
Total				191.01

ANNEXURE- II

Equipment gaps in newly up-graded 100 bedded DH Thoubal

Sl. No.	Items	Unit rate (Rs. In lakh)	Quantity needed	Total amount (Rs. In lakh)
1	Imaging Equipments			
1.1	500 ma X-Ray machine with image intensifier	25.00	1	25.00
1.2	100 ma X-Ray machine	4.30	1	4.30
1.3	60 ma X-ray machine	1.50	1	1.50
1.4	Dental X-Ray machine	18.00	1	18.00
1.5	Colour Doppler USG	25.00	1	25.00
2	Electro-Medical Equipment			0
2.1	E.C.G. Machine	0.30	2	0.60
2.2	Anesthesia Machine	6.032	3	18.10
2.3	Central Suction Machine	0.50	2	1.00
2.4	Defibrillator Monitor	2.30	2	4.60
2.5	Portable Ventilator	3.38	2	6.76
2.6	Baby Incubator	2.34	1	2.34
2.7	Phototherapy Unit	0.45	1	0.45
2.8	Short Wave Diathermy	0.7644	1	0.76
2.9	Ophthalmoscope	0.15	1	0.15
2.10	Retinoscope	0.10	1	0.10
2.11	Emergency Resuscitation Kit	0.45	1	0.45
2.12	Sigmoidoscope	0.05	1	0.05
2.13	Head Light	0.07	1	0.07
2.14	Infusion Pump	0.8112	4	3.25
2.15	Foetal Heart Monitor	0.60	2	1.20
2.16	Pulse Oxymeter	0.65	2	1.30
2.17	Open Care System	2.34	1	2.34
2.18	Operating Microscope	11.96	1	11.96
2.19	Dialysis Machine	30.00	2	60.00
2.20	PUVA apparatus for Dermatology	1.50	1	1.50
3	Pneumatic, hydraulic & sterilization equipments			0
3.1	Dental Chair with Drill and accessories	5.46	1	5.46
3.2	Electro Hydraulic OT Table	23.50	1	23.50
3.3	Hydraulic OT Table with accessories	2.75	2	5.50
3.4	Autoclave HP (Vertical)	2.0592	1	2.06
3.5	Autoclave with 2 bin burner	0.06	1	0.06
3.6	Shadow-less lamp (mobile)	1.20	2	2.40
3.7	Shadow less OT Lamp(ceiling)	2.565	2	5.13
3.8	Focusing light (mobile)	0.045	1	0.045
3.9	Suction Apparatus (high vacuum MTPL)	0.35	1	0.35
3.10	Suction Apparatus (electrical)	0.13	3	0.39
3.11	Suction Apparatus (foot)	0.035	2	0.07
3.12	Vacuum Extractor	0.05	2	0.10
3.13	Instrument Sterilizer	0.045	10	0.45
3.14	OBG Electric Cautery	0.7644	1	0.7644
3.15	Automist/Dehumidifier	0.10	2	0.20
3.16	Diathermy machine (electric)	0.7644	1	0.7644
3.17	Pneumatic Drill for Ortho	1.63016	1	1.63
3.15	Incinerator	95.00	1	95.00
3.15	Reamer 8,9,10,11,12 (one each in one set)	0.03	1	0.03
3.16	Plaster Saw (Electric operator)	0.16	1	0.16
3.17	Periosteum elevators	0.004	3	0.012
3.18	Kerrison's Rongeurs: Oblique, Forward, Backward	6.24	2 sets	12.48

Sl. No.	Items	Unit rate (Rs. In lakh)	Quantity needed	Total amount (Rs. In lakh)
	Cutting			
3.19	Spinal retractor/laminectomy retractor	3.43	1	3.43
3.20	Hand drill (Electric operator)	0.09	1	0.09
3.21	T-Handle	0.01	2	0.02
3.22	Bone Saw (Electric)	0.24	1	0.24
3.23	Bone skid (for Hemi-Arthroplasty)	0.13	2	0.26
3.24	Plane bender	0.01	1	0.01
3.25	Wire cutter	0.03	1	0.03
3.26	Screw driver (3.5 & 4.5) two each	0.006	4	0.024
3.27	Bone tap (3.5 & 4.5) two each	0.006	4	0.024
4	Lab. Equipment			0
4.1	Microscope(Binocular)	2.25	2	4.50
4.2	Chemical Balance	0.0245	1	0.0245
4.3	Simple Balance	0.01	1	0.01
4.4	Photo Electric Colorimeter	0.215	1	0.215
4.5	Flame Cell Photometer	0.18	1	0.18
4.6	Water Bath	0.1287	1	0.1287
4.7	Hot Air Oven	0.59	2	1.18
4.8	Laboratory .Incubator	0.08	1	0.08
4.9	Distilled Water Still	0.16	1	0.16
4.10	Centrifuge	0.295	2	0.59
4.11	Hot Plate	0.019	1	0.019
4.12	Counting Chamber	0.0059	1	0.0059
4.13	Glucometer	0.023	1	0.023
4.14	Hemoglobinometer	0.01	1	0.01
4.15	Timer Stop Watch	0.0075	1	0.0075
4.16	Alarm Clock	0.0045	1	0.0045
4.17	Laboratory Table With Sink	0.112	2	0.224
4.18	Fully Automated Biochemical Analyzer	23.50	1	23.50
4.19	ELISA Reader cum Analyzer	4.16	1	4.16
4.20	Binocular Microscope with camera adapter + camera + halogen light source	5.35	2	10.712
4.21	Automatic Tissue Processor	0.80	1	0.80
4.22	Base Sledge Microtome	0.24	1	0.24
4.23	Rotary Microtome	0.175	1	0.175
4.24	Automatic Microtome Knife Sharpener	0.24	1	0.24
4.25	Frozen Section Machine	5.00	1	5.00
4.26	Automatic Slide Stainer	0.50	1	0.50
4.27	Electronic Cell Counter for 16 parameters	10.00	1	10.00
4.28	Pneumatic Drill for Orthopedic	1.64	1	1.64
4.29	Incinerator	95.00	1	95.00
5	Hospital plants			0
5.1	Generator 50KVA	15.60	2	31.20
5.2	Hot Water System	0.68	1	0.68
5.3	Pirolator	0.80	1	0.80
5.4	Sintex Water Storage tank 1000 litre capacity	0.065	15	0.975
5.5	Transformer 400KVA with installation charge	15.00	1	15.00
5.6	Piped Gas Supply for OT	15.00	2	30.00
5.7	Refrigerator 300 liters	0.20	2	0.40
5.8	AC Machine with stabilizer	0.30	2	0.60

Sl. No.	Items	Unit rate (Rs. In lakh)	Quantity needed	Total amount (Rs. In lakh)
5.9	Water Cooler	0.15	2	0.30
6	Administrative equipment			0
6.1	Desktop Computer	0.60	10	6.00
6.2	Photocopier Machine	1.10	2	2.20
6.3	Intercom(40 lines)	3.00	1	3.00
6.4	Telephone(external line)	0.11	1	0.11
6.5	Video Conferencing Unit	5.00	1	5.00
6.6	Computer LAN	15.00	1	15.00
7	Transport item			0
7.1	Ambulance with full Equipment	8.00	3	24.00
8	Surgical equipment			0
8.1	D &C Set	0.025	2	0.05
8.2	M.T.P. Set	0.011	2	0.022
8.3	Cervical Biopsy set	0.007	2	0.014
8.4	Evacuation set	0.0055	1	0.0055
8.5	Delivery set	0.024	4	0.096
8.6	Post partum. Sterilization set	0.01	4	0.04
8.7	Episiotomy	0.0095	4	0.038
8.8	Caesarean Section set	0.02	2	0.04
8.9	Incision & Drainage set	0.035	4	0.14
9.10	Vaginal Hysterectomy	0.03	2	0.06
9.11	Abdominal Hysterectomy set	0.05	2	0.10
9.12	Vagotomy set	0.025	1	0.025
9.13	Appendectomy set	0.02	1	0.02
9.14	G.J. set	0.025	1	0.025
9.15	Haemorrhoidectomy set	0.027	1	0.027
9.16	Suture Removal set	0.0118	2	0.024
9.17	Suturing Tray	0.009	2	0.018
9.18	L.P. Tray	0.0045	3	0.014
9.19	Catheterization Tray	0.001	4	0.004
9.20	I.M. Nailing set	0.01	1	0.01
9.21	S.P. Nailing set	0.015	1	0.015
9.22	Dynamic Compression Plating set	0.035	1	0.035
9.23	E.N.T. General Kit	0.0085	1	0.0085
9.24	Dental Kit	0.075	1	0.075
9.25	X-Ray View Box	0.045	1	0.045
9.26	Safe Light X-Ray Dark Room	0.021	1	0.021
9.27	Cassette X-Ray (different size)	0.0045	1	0.0045
9.28	Intensifying Screen (different size)	0.029	3	0.087
9.29	Lead Apron	0.0495	3	0.149
9.30	Lead Protection Screen	0.049	1	0.049
9.31	Chest Stand X-Ray	0.075	1	0.075
9.32	Infra-red lamp	0.045	1	0.045
9.33	Oxygen Cylinder	0.0045	2	0.009
9.34	Regulator and Flow Meter	0.056	30	1.68
9.35	Regulator and Flow Meter for Medical Gas	0.0085	6	0.051
9.36	AMBU Bag	0.018	2	0.036
9.37	Hot Plate Domestic	0.029	3	0.087
9.38	Emergency Lamp	0.18	4	0.72
9.39	Fire Extinguisher	0.09	6	0.54
9.40	Laryngoscope	0.02708	2	0.054

Sl. No.	Items	Unit rate (Rs. In lakh)	Quantity needed	Total amount (Rs. In lakh)
9.41	Otoscope	0.115	2	0.230
9.42	Universal Bone Drill	1.70	1	1.70
10	Furniture			0
10.1	Examination Table	0.039	10	0.39
10.2	Delivery Table	0.155	3	0.465
10.3	Foot Step	0.006	10	0.06
10.4	Bedside Screen	0.0325	10	0.325
10.5	Revolving Stool	0.0075	10	0.075
10.6	Arm Board Adult & Child	0.0035	10	0.035
10.7	Drip Stand	0.0195	20	0.39
10.8	Wheel Chair	0.059	3	0.177
10.9	Emergency Recovery Trolley	0.85	2	1.70
10.10	Stretcher on Trolley	0.059	3	0.177
10.11	Oxygen Trolley	0.0095	6	0.057
10.12	Height Measuring Stand	0.0115	2	0.023
10.13	Fowler Bed	0.125	4	0.50
10.14	Iron Cot	0.069	120	8.28
10.15	Baby Cot	0.105	10	1.05
10.16	Bedside Locker	0.0195	120	2.34
10.17	Dressing Trolley	0.045	4	0.18
10.18	Mayo,s Trolley	0.035	4	0.14
10.19	Instrument cabinet	0.069	4	0.276
10.20	Instrument Trolley	0.0455	2	0.091
10.21	Linen Trolley	0.045	1	0.045
10.22	Kick Bucket	0.0075	20	0.15
10.23	Attendant's Stool	0.0075	120	0.90
10.24	Traction System	0.01	2	0.02
10.25	Post Mortem Table	0.15	1	0.15
10.26	Wash Basin	0.0145	20	0.29
10.27	Instrument Tray	0.00725	15	0.11
10.28	Chair	0.0135	50	0.675
10.29	Wooden Table	0.015	30	0.45
10.30	Steel Cupboard	0.165	15	2.475
10.31	Swab Rack	0.07	2	0.14
10.32	Fracture Table	0.05	1	0.05
10.33	Blood Donor's Table (Wooden)	0.035	1	0.035
10.34	Mattress	0.0215	120	2.58
10.35	Pillow	0.0025	120	0.30
10.36	Wooden Bench	0.0169	20	0.338
10.37	Patella Hammer	0.0025	3	0.0075
10.38	Tongue Depressor	0.0025	50	0.125
10.39	Oxygen Mask	0.03431	6	0.21
10.40	Torch Light	0.0025	10	0.025
10.41	Medicine Cabinet	0.069	4	0.276
10.42	Slide Rack	0.0085	4	0.034
10.43	Iron Bucket Galvanised	0.0022	20	0.044
10.44	Bed Pan & Urinal	0.0019	20	0.038
10.45	Bowl	0.0015	20	0.03
10.46	Kidney tray	0.002	20	0.04
10.47	Rack	0.05	50	2.50
10.48	Patient Attendant's Cot	0.055	10	0.55

Sl. No.	Items	Unit rate (Rs. In lakh)	Quantity needed	Total amount (Rs. In lakh)
10.49	Bedside Attendant's Chair	0.018	20	0.36
10.50	Table Over bed (Cardiac Table)	0.029	2	0.058
10.51	Wooden Sunmica Table (medium size)	0.028	5	0.14
10.52	Revolving Chair	0.0965	2	0.193
10.53	Steel Almirah (standard)	0.059	6	0.354
10.54	Wooden Almirah (standard)	0.035	10	0.35
10.55	File Rack	0.009	6	0.054
10.56	Dressing Drum	0.09	100	9.00
10.57	Lifting Forceps	0.01735	6	0.104
10.58	Tailor Scissors	0.0035	10	0.035
10.59	Water Filter S.S.	0.008	10	0.08
10.60	Bed Sheet	0.0024	500	1.20
10.61	Draw Sheet	0.00045	500	0.225
10.62	Pillow Case	0.00125	350	0.44
10.63	Mosquito Net	0.00375	150	0.563
10.64	Blanket Red	0.0045	250	1.125
10.65	Wooden Bed	0.035	6	0.21
11	Misc.			0
11.1	Laundry Machine	48.00	1	48.00
11.2	Vacuum Cleaner(industrial)	0.65	2	1.30
11.3	Lawn Mower	0.25	1	0.25
11.4	Gardening implements	0.18	1	0.18
11.5	Hob	0.50	1	0.50
11.6	Electric Chimney	0.25	1	0.25
11.7	Gas Cylinder	0.135	10	1.35
11.8	Utensils for 100 patients	5.00	1	5.00
11.9	Freeze	0.85	1	0.85
11.10	Dish Washer	1.20	2	2.40
Total				756.44

ANNEXURE- III**Equipment & Furniture gaps in CHC Sugnu and CHC Jiribam**

S/N	Items	Gaps			Unit rate (Rs. In lakh)	Total amount (Rs. In lakh)
		In CHC Sugnu	In CHC JBM	Total		
1	Operation table, ordinary	1	1	2	0.50	1.00
2	Boyle's apparatus	1	1	2	1.20	2.40
3	ECG Machine	1	1	2	0.45	0.90
4	Emergency Resuscitation Kit	1	1	2	0.20	0.40
5	Portable X-Ray	1	1	2	0.20	0.40
6	Autoclave HP, Vertical	1	1	2	0.30	0.60
7	Shadow-less Mobile Lamp	1	1	2	0.265	0.53
8	Autoclave with burners 2 bin	1	1	2	0.06	0.12
9	Shadow-less OT Lamp	1	1	2	1.50	3.00
10	Focusing Lights, Mobile Fluorotic	1	1	2	0.04	0.08
11	Suction apparatus (High vacuum MTP)	1	1	2	0.20	0.40
12	Suction apparatus, Electrical	1	1	2	0.10	0.20
13	Suction apparatus, Foot operated	1	1	2	0.016	0.032
14	Vacuum Extractor	1	1	2	0.086	0.172
15	Instrument sterilizer	1	1	2	0.03	0.06
16	Auto-mist/Dehumidifier	1	1	2	0.05	0.10
17	Centrifuge machine	1	1	2	0.03	0.06
18	Glucometer	1	1	2	0.12	0.24
19	Hemoglobinometer	1	1	2	0.007	0.014
20	10 KVa Generator	1	1	2	5.00	10.00
21	Computer with printer	1	1	2	0.50	1.00
22	D & C Set	2	2	4	0.07	0.28
23	MTP Set	1	1	2	0.04	0.04
24	LP Set	1	1	2	0.01	0.02
25	Tracheostomy Set	1	1	2	0.02	0.04
26	ENT Set	1	1	2	0.02	0.04
27	X-Ray View-box	1	1	2	0.02	0.04
28	Developing Tank X-Ray 10 Gal.	1	1	2	0.03	0.06
29	Infrared lamps	1	1	2	0.01	0.02
30	Oxygen cylinder	2	2	4	0.05	0.20
31	Regulator & Flow-meter for medical gas	1	1	2	0.01	0.02
32	Ambu Bag	1	1	2	0.01	0.02
33	Laryngoscope	1	1	2	0.02	0.04
34	Otoscope	1	1	2	0.02	0.04
35	Examination table	2	1	3	0.05	0.15
36	Delivery table	1	1	2	0.20	0.40
37	Bedside Screen Stand	3	2	5	0.02	0.10
38	Revolving Stool	5	5	10	0.01	0.10
39	Stretcher with trolley	1	1	2	0.05	0.10
40	Oxygen trolley	1	1	2	0.01	0.02
41	Iron Cot Bedstand	20	20	40	0.06	0.24
42	Bed-side locker	30	20	50	0.01	0.50
43	Instrument & dressing trolley	2	2	4	0.06	0.24
44	Mayo's table/trolley	1	1	2	0.04	0.08
45	Instrument cabinet	2	2	4	0.10	0.40
46	Revolving Chair	3	3	6	0.04	0.24
47	"S" Chair with arm, Steel	5	5	10	0.01	0.10
48	Steel Almirah, (Std.)	2	3	5	0.02	0.20
49	Steel cup-board/Medicine cabinet	2	2	4	0.02	0.08

S/N	Items	Gaps			Unit rate (Rs. In lakh)	Total amount (Rs. In lakh)
		In CHC Sugnu	In CHC JBM	Total		
50	Lifting forceps	2	2	4	0.002	0.008
51	Mattress RC	30	20	50	0.15	7.50
52	Pillow RC	25	25	50	0.002	0.10
53	Bed sheet	40	40	80	0.001	0.008
54	Draw sheet	40	40	80	0.0005	0.004
55	Pillow case	40	40	80	0.0005	0.004
56	Mosquito net	30	30	60	0.002	1.20
57	Red Blanket	40	40	80	0.003	2.40
Total						36.742

ANNEXURE IV: DISTRICTWISE INFRASTRUCTURE STATUS

INFORMATION FOR THE YEAR ENDING ON DECEMBER 2009

NAME OF STATE: Manipur

Table 2: All DISTRICT WISE STATUS OF CONSTRUCTION OF BUILDINGS OF DISTRICT HOSPITAL

Sl No	Name of health centres District Hospital	No of centres presently functioning	No. of centres presently in Govt. buildings	No. of building required	No. of building sanctioned for construction/ Under Construction	Status of work started	Status of work completed	Work yet to start/ Proposed in 2010-11PIP
1	2	3	4	5	6	7	8	9
1	IMPHAL EAST	0	0	0	0	0	0	0
2	IMPHAL WEST	0	0	0	0	0	0	0
3	THOUBAL	1	1	1	1	FS	0	0
4	BISHNUPUR	1	1	1(P)	1(P)	80%	Functioning	0
5	CHURACHANDPUR	1	1	1(P)	1(P)	85%	Functioning	0
6	UKHRUL	1	1	1	1	60%	0	0
7	SENAPATI	1	1	1(UG)	0	0	Functioning	0
8	TAMENGLONG	1	1	1	1	40%	0	0
9	CHANDEL	1	1	1(UG)	0	0	0	0
	TOTAL							

All District-wise Status of Civil Works at CHCs in Manipur

Sl. No.	Name of Health Center	No. owned by Govt. (Yes/ No)	Functionality (Full/ Partial)	Health Centres needing Initial Extension	Health Centres sanctioned for Initial Extension	Status of construction out of Col. (6)	Health Centres needing Final Extension	Health Centres sanctioned for Final Extension	Health Centres proposed for Final Extension in SPIP 2010-11
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	Thoubal	5	3F, 2P	4	4		5	0	2
2	Imphal West	2	2F	2	2		2	0	2
3	Imphal East	2	2F	1	1		0	0	0
4	Bishnupur	2	2F	2	2		1	0	1
5	Ukhrul	1	1P	1	1		0	0	0
6	Tamenglong	1	1P	1	1		0	0	0
7	Senapati	2	2F	1	1		1	0	0
8	Churachandpur	1	1P	1	1		1	0	0

District-wise Status of Civil Works at CHCs in Manipur

District: 1. Thoubal

Sl. No.	Name of Health Center	No. owned by Govt. (Yes/ No)	Functionality (Full/ Partial)	Health Centres needing Initial Extension	Health Centres sanctioned for Initial Extension	Status of construction out of Col. (6)	Health Centres needing Final Extension	Health Centres sanctioned for Final Extension	Health Centres proposed for Final Extension in SPIP 2010-11
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	CHC Kakching	Yes	F	Nil	NA	NA	Yes (IPD Block)	0	IPD Block
2	CHC Yairipok	Yes	F	Yes	Yes	90%	Yes (BTQ)	0	BTQ
3	CHC Heirol	Yes	F	Yes	Yes	50%	Yes (BTQ)	0	Nil
4	CHC Sugnu	Yes	P	Yes	Yes	50%	Yes (Compound Fencing)	0	Nil
5	CHC Lilong Haoreibi	Yes	P	Yes	Yes	75%	Yes (BTQ)	0	Nil
Total No.		5	3F, 2P	4	4		5	0	2

"P" stands for "Partially Functioning"; "F" stands for "Fully Functional"; "BTQ" stands for "Barrack-Type Quarters)

District-wise Status of Civil Works at CHCs in Manipur

District: 2. Imphal West

Sl. No.	Name of Health Center	No. owned by Govt. (Yes/ No)	Functionality (Full/ Partial)	Health Centres needing Initial Extension	Health Centres sanctioned for Initial Extension	Status of construction out of Col. (6)	Health Centres needing Final Extension	Health Centres sanctioned for Final Extension	Health Centres proposed for Final Extension in SPIP 2010-11
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	CHC Sekmai	Yes	F	Yes	Yes	100%	Yes (IPD Block, Land Development, Compound Fencing)	0	IPD Block, Land Development, Compound Fencing
2	CHC Wangoi	Yes	F	Yes	Yes	90%	Yes (OT up-gradation)	0	OT up-gradation
Total No.		2	2F	2	2		2	0	2

"P" stands for "Partially Functioning"; "F" stands for "Fully Functional"; "BTQ" stands for "Barrack-Type Quarters")

District-wise Status of Civil Works at CHCs in Manipur

District: 3. Imphal East

Sl. No.	Name of Health Center	No. owned by Govt. (Yes/ No)	Functionality (Full/ Partial)	Health Centres needing Initial Extension	Health Centres sanctioned for Initial Extension	Status of construction out of Col. (6)	Health Centres needing Final Extension	Health Centres sanctioned for Final Extension	Health Centres proposed for Final Extension in SPIP 2010-11
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	CHC Sagolmang	Yes	F	Yes	Yes	50%	Nil	NA	Nil
2	CHC Jiribam*	Yes	F	Nil	NA	NA	Nil	NA	Nil
Total No.		2	2F	1	1		0	0	0

* CHC Jiribam in the process of site re-allocation to Napet Pali

"P" stands for "Partially Functioning"; "F" stands for "Fully Functional"; "BTQ" stands for "Barrack-Type Quarters")

District-wise Status of Civil Works at CHCs in Manipur

District: 4. Bishnupur

Sl. No.	Name of Health Center	No. owned by Govt. (Yes/ No)	Functionality (Full/ Partial)	Health Centres needing Initial Extension	Health Centres sanctioned for Initial Extension	Status of construction out of Col. (6)	Health Centres needing Final Extension	Health Centres sanctioned for Final Extension	Health Centres proposed for Final Extension in SPIP 2010-11
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	CHC Moirang	Yes	F	Yes	Yes	100%	Yes (IPD Block)	0	IPD Block
2	CHC Nambol	Yes	F	Yes	Yes	100%	NA	NA	Nil
Total No.		2	2F	2	2		1	0	1

"P" stands for "Partially Functioning"; "F" stands for "Fully Functional"; "BTQ" stands for "Barrack-Type Quarters)

District-wise Status of Civil Works at CHCs in Manipur

District: 5. Ukhul

Sl. No.	Name of Health Center	No. owned by Govt. (Yes/ No)	Functionality (Full/ Partial)	Health Centres needing Initial Extension	Health Centres sanctioned for Initial Extension	Status of construction out of Col. (6)	Health Centres needing Final Extension	Health Centres sanctioned for Final Extension	Health Centres proposed for Final Extension in SPIP 2010-11
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	CHC Kamjong	Yes	P	Yes	Yes	100%	Nil	NA	0
Total No.		1	1P	1	1		0	0	0

"P" stands for "Partially Functioning"; "F" stands for "Fully Functional"; "BTQ" stands for "Barrack-Type Quarters)

District-wise Status of Civil Works at CHCs in Manipur

District: 6. Tamenglong

Sl. No.	Name of Health Center	No. owned by Govt. (Yes/ No)	Functionality (Full/ Partial)	Health Centres needing Initial Extension	Health Centres sanctioned for Initial Extension	Status of construction out of Col. (6)	Health Centres needing Final Extension	Health Centres sanctioned for Final Extension	Health Centres proposed for Final Extension in SPIP 2010-11
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	CHC Nungba	Yes	P	Yes	Yes	100%	Nil	NA	0
Total No.		1	1P	1	1		0	0	0

"P" stands for "Partially Functioning"; "F" stands for "Fully Functional"; "BTQ" stands for "Barrack-Type Quarters)

District-wise Status of Civil Works at CHCs in Manipur

District: 7. Senapati

Distri ct: 7. nSl. No.	Name of Health Center	No. owned by Govt. (Yes/ No)	Functionality (Full/ Partial)	Health Centres needing Initial Extension	Health Centres sanctioned for Initial Extension	Status of construction out of Col. (6)	Health Centres needing Final Extension	Health Centres sanctioned for Final Extension	Health Centres proposed for Final Extension in SPIP 2010-11
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	CHC Mao	Yes	F	Yes	Yes	100%	Yes (retaining wall)	0	Nil
2	CHC Kangpokpi	Yes	F	Yes	Yes	100%	Nil	NA	0
Total No.		2	2F	1	1		1	0	0

"P" stands for "Partially Functioning"; "F" stands for "Fully Functional"; "BTQ" stands for "Barrack-Type Quarters)

District-wise Status of Civil Works at CHCs in Manipur

District: 8. Churachandpur

Sl. No.	Name of Health Center	No. owned by Govt. (Yes/ No)	Functionality (Full/ Partial)	Health Centres needing Initial Extension	Health Centres sanctioned for Initial Extension	Status of construction out of Col. (6)	Health Centres needing Final Extension	Health Centres sanctioned for Final Extension	Health Centres proposed for Final Extension in SPIP 2010-11
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	CHC Parbung	Yes	P	Yes	Yes	90%	Yes (IPD Block,)	0	Nil
Total No.		1	1P	1	1		1	0	0

"P" stands for "Partially Functioning"; "F" stands for "Fully Functional"; "BTQ" stands for "Barrack-Type Quarters"

INFORMATION FOR THE YEAR ENDING ON DECEMBER 2009

NAME OF STATE: MANIPUR STATE

Table 2: ALL DISTRICT WISE STATUS OF CONSTRUCTION OF BUILDINGS OF PHC

S I N O	Name of health centres PHC	No of centres presently functioning	No. of centres presently in Govt. buildings	No. of building required	No. of building sanctioned for construction/ Under Construction	Status of work started	Status of work completed	Work yet to start
1	2	3	4	5	6	7	8	9
1	IMPHAL WEST	8	5	3	3	3	0	0
2	IMPHAL EAST	11	6	5	4	4	0	1
3	THOUBAL	12	8	4	4	4	0	0
4	BISHNUPUR	5	3	2	1	1	0	1
5	CHURACHANDPUR	11	6	5	4	4	0	1
6	CHANDEL	5	4	1	0	0	0	1
7	SENAPATI	14	7	7	2	2	0	5
8	UKHRUL	8	3	5	2	2	0	3
9	TAMENGLONG	6	6	0	0	0	0	0
	TOTAL	80	48	32	20	20	0	12

INFORMATION FOR THE YEAR ENDING ON DECEMBER 2009

NAME OF STATE: Manipur

NAME OF DISTRICT: Imphal West

Table 2: DISTRICT WISE STATUS OF CONSTRUCTION OF BUILDINGS OF PHC

S I N O	Name of health centres PHC	No of centres presently functioning	No. of centres presently in Govt. buildings	No. of building required	No. of building sanctioned for construction/ Under Construction	Status of work started	Status of work completed	Work yet to start
1	2	3	4	5	6	7	8	9
	IMPHAL WEST	8	5	3	3	3	0	0
1	PHC Sekmaiijing	1	0	1	1	85%	0	0
2	PHC Mayang Imphal	1	1	0	0	0	0	0
3	PHC Samurou	1	1	0	0	0	0	0
4	PHC Mekola	1	0	1	1	80%	0	0
5	PHC Khumbong	1	1	0	0	0	0	0
6	PHC Khurkhul	1	1	0	0	0	0	0
7	PHC Phayeng	1	1	0	0	0	0	0
8	PHC Kakwa	1	0	1	1	95%	0	0

INFORMATION FOR THE YEAR ENDING ON DECEMBER 2009

NAME OF STATE: Manipur

NAME OF DISTRICT: Imphal East

Table 2: DISTRICT WISE STATUS OF CONSTRUCTION OF BUILDINGS OF PHC

S I N O	Name of health centres PHC	No of centres presently functioning	No. of centres presently in Govt. buildings	No. of building required	No. of building sanctioned for construction/ Under Construction	Status of work started	Status of work completed	Work yet to start
1	2	3	4	5	6	7	8	9
	IMPHAL EAST	11	6	5	4	4	0	1
1	PHC Borobekra	1	1	0	0	0	0	0
2	PHC Bashikhong	1	1	0	0	0	0	0
3	PHC Akampat	1	0	1	1	95%	0	0
4	PHC Nongpok Keithelmanbi	1	0	1	1	90%	0	0
5	PHC Yambem	1	1	0	0	0	0	0
6	PHC Andro	1	1	0	0	0	0	0
7	PHC Keirao Makting	1	0	1	0	0	0	1
8	PHC Heingang	1	0	1	1	80%	0	0
9	PHC Sawombung	1	1	0	0	0	0	0
10	PHC Lamlai	1	1	0	0	0	0	0
11	PHC Yaingangpokpi	1	0	1	1	60%	0	0

INFORMATION FOR THE YEAR ENDING ON DECEMBER 2009

NAME OF STATE: Manipur

NAME OF DISTRICT: Thoubal

Table 2: DISTRICT WISE STATUS OF CONSTRUCTION OF BUILDINGS OF PHC

S I N O	Name of health centres PHC	No of centres presently functioning	No. of centres presently in Govt. buildings	No. of building required	No. of building sanctioned for construction/ Under Construction	Status of work started	Status of work completed	Work yet to start
1	2	3	4	5	6	7	8	9
	THOUBAL	12	8	4	4	4	0	0
1	PHC Charangpat	1	1	0	0	0	0	0
2	PHC Wangjing	1	0	1	1	85%	0	0
3	PHC Nongpok Sekmai	1	1	0	0	0	0	0
4	PHC Khongjom	1	0	1	1	80%	0	0
5	PHC Khoirom	1	1	0	0	0	0	0
6	PHC Leisangthem	1	0	1	1	90%	0	0
7	PHC Lilong	1	1	0	0	0	0	0
8	PHC Pallel	1	1	0	0	0	0	0
9	PHC Hiyanglam	1	1	0	0	0	0	0
10	PHC Kakching Khunou	1	1	0	0	0	0	0
11	PHC Serou	1	0	1	1	80%	0	0
12	PHC Wangoo Laiphram	1	1	0	0	0	0	0

INFORMATION FOR THE YEAR ENDING ON DECEMBER 2009

NAME OF STATE: Manipur

NAME OF DISTRICT: Bishnupur

Table 2: DISTRICT WISE STATUS OF CONSTRUCTION OF BUILDINGS OF PHC

S I N O	Name of health centres PHC	No of centres presently functioning	No. of centres presently in Govt. buildings	No. of building required	No. of building sanctioned for construction/ Under Construction	Status of work started	Status of work completed	Work yet to start
1	2	3	4	5	6	7	8	9
	BISHNUPUR	5	3	2	1	1	0	1
1	PHC Ningthoukhong	1	0	1	0	0	0	1
2	PHC Leimapokpam	1	1	0	0	0	0	0
3	PHC Oinam	1	1	0	0	0	0	0
4	PHC Thanga	1	1	0	0	0	0	0
5	PHC Kumbi	1	0	1	1	50%	0	0

INFORMATION FOR THE YEAR ENDING ON DECEMBER 2009

NAME OF STATE: Manipur

NAME OF DISTRICT: Churachandpur

Table 2: DISTRICT WISE STATUS OF CONSTRUCTION OF BUILDINGS OF PHC

S I N O	Name of health centres PHC	No of centres presently functioning	No. of centres presently in Govt. buildings	No. of building required	No. of building sanctioned for construction/ Under Construction	Status of work started	Status of work completed	Work yet to start
1	2	3	4	5	6	7	8	9
	CHURACHANDPUR	11	6	5	4	4	0	1
1	PHC Senvon	1	0	1	1	70%	0	0
2	PHC Patpuihmun	1	0	1	1	60%	0	0
3	PHC Saikot	1	1	0	0	0	0	0
4	PHC Sagang	1	1	0	0	0	0	0
5	PHC Singngat	1	0	1	1	85%	0	0
6	PHC Behiang	1	1	0	0	0	0	0
7	PHC Henglep	1	0	1	1	80%	0	0
8	PHC Thanlon	1	1	0	0	0	0	0
9	PHC Singzawl	1	1	0	0	0	0	0
10	PHC Zezaw	1	1	0	0	0	0	0
11	PHC Siva-Purikhan	1	0	1	0	0	0	1

INFORMATION FOR THE YEAR ENDING ON DECEMBER 2009

NAME OF STATE: Manipur

NAME OF DISTRICT: Chandel

Table 2: DISTRICT WISE STATUS OF CONSTRUCTION OF BUILDINGS OF PHC

S I N O	Name of health centres PHC	No of centres presently functioning	No. of centres presently in Govt. buildings	No. of building required	No. of building sanctioned for construction/ Under Construction	Status of work started	Status of work completed	Work yet to start
1	2	3	4	5	6	7	8	9
	CHANDEL	5	4	1	0	0	0	1
1	PHC Rilram Centre	1	0	1	0	0	0	1
2	PHC Tengnoupal	1	1	0	0	0	0	0
3	PHC Moreh	1	1	0	0	0	0	0
4	PHC Chakpikarong	1	1	0	0	0	0	0
5	PHC Machi	1	1	0	0	0	0	0

INFORMATION FOR THE YEAR ENDING ON DECEMBER 2009

NAME OF STATE: Manipur

NAME OF DISTRICT: Senapati

Table 2: DISTRICT WISE STATUS OF CONSTRUCTION OF BUILDINGS OF PHC

S I N O	Name of health centres PHC	No of centres presently functioning	No. of centres presently in Govt. buildings	No. of building required	No. of building sanctioned for construction/ Under Construction	Status of work started	Status of work completed	Work yet to start
1	2	3	4	5	6	7	8	9
	SENAPATI	14	7	7	2	2	0	5
1	PHC Maram	1	1	0	0	0	0	0
2	PHC Tadubi	1	1	0	0	0	0	0
3	PHC Paomata	1	1	0	0	0	0	0
4	PHC Laii	1	0	1	0	0	0	1
5	PHC Oinam Hills	1	1	0	0	0	0	0
6	PHC Phaibung	1	1	0	0	0	0	0
7	PHC T Waichong	1	0	1	1	80%	0	0
8	PHC Kalapahar	1	0	1	0	0	0	1
9	PHC Saikul	1	1	0	0	0	0	0
10	PHC Maphou Kuki	1	0	1	0	0	0	1
11	PHC Sapermeina	1	0	1	1	80%	0	0
12	PHC Motbung	1	1	0	0	0	0	0
13	PHC Yangkhullen	1	0	1	0	0	0	1
14	PHC Khongdai Khunou	1	0	1	0	0	0	1

INFORMATION FOR THE YEAR ENDING ON DECEMBER 2009

NAME OF STATE: Manipur

NAME OF DISTRICT: Ukhrul

Table 2: DISTRICT WISE STATUS OF CONSTRUCTION OF BUILDINGS OF PHC

S I N O	Name of health centres PHC	No of centres presently functioning	No. of centres presently in Govt. buildings	No. of building required	No. of building sanctioned for construction/ Under Construction	Status of work started	Status of work completed	Work yet to start
1	2	3	4	5	6	7	8	9
	UKHRUL	8	3	5	2	2	0	3
1	PHC Kasom Khullen	1	1	0	0	0	0	0
2	PHC Chingai	1	1	0	0	0	0	0
3	PHC Phungyar	1	0	1	1	80%	0	0
4	PHC Lambui	1	0	1	0	0	0	1
5	PHC Somdal	1	1	0	0	0	0	0
6	PHC Khangkhui Khullen	1	0	1	1	80%	0	0
7	PHC Tolloi	1	0	1	0	0	0	1
8	PHC Jeshami	1	0	1	0	0	0	1

INFORMATION FOR THE YEAR ENDING ON DECEMBER 2009

NAME OF STATE: Manipur

NAME OF DISTRICT: Tamenglong

Table 2: DISTRICT WISE STATUS OF CONSTRUCTION OF BUILDINGS OF PHC

S I N O	Name of health centres PHC	No of centres presently functioning	No. of centres presently in Govt. buildings	No. of building required	No. of building sanctioned for construction/ Under Construction	Status of work started	Status of work completed	Work yet to start
1	2	3	4	5	6	7	8	9
	TAMENGLONG	6	6	0	0	0	0	0
1	PHC Haochong	1	1	0	0	0	0	0
2	PHC Noney	1	1	0	0	0	0	0
3	PHC Khoupum	1	1	0	0	0	0	0
4	PHC Tousem	1	1	0	0	0	0	0
5	PHC Oinamlong	1	1	0	0	0	0	0
6	PHC Tamei	1	1	0	0	0	0	0

INFORMATION FOR THE YEAR ENDING ON DECEMBER 2009

NAME OF STATE: Manipur

Table 2: All DISTRICT WISE STATUS OF CONSTRUCTION OF BUILDINGS OF PHC

S I N o	Name of health centres PHC	No of centres presently functioning	No. of centres presently in Govt. buildings	No. of building required	No. of building sanctioned for construction/ Under Construction	Status of work started	Status of work completed	Work yet to start
1	2	3	4	5	6	7	8	9
1	IMPHAL EAST	53	43	10	7	7	0	6
2	IMPHAL WEST	51	42	9	5	5	0	6
3	THOUBAL	58	47	11	5	5	0	9
4	BISHNUPUR	36	26	10	5	5	0	6
5	CHURACHANDPUR	61	42	19	7	7	0	12
6	UKHRUL	40	25	15	6	6	0	10
7	SENAPATI	66	44	22	10	10	0	13
8	TAMENGLONG	29	19	10	7	7	0	3
9	CHANDEL	26	17	8	3	3	0	5
	TOTAL	420	305	114	55	55	0	70

INFORMATION FOR THE YEAR ENDING ON DECEMBER 2009

NAME OF STATE: Manipur

NAME OF DISTRICT: Imphal East

Table 2: DISTRICT WISE STATUS OF CONSTRUCTION OF BUILDINGS OF PHC

SI No	Name of health centres PHC	No of centres presently functioning	No. of centres presently in Govt. buildings	No. of building required	No. of building sanctioned for construction/ Under Construction	Status of work started	Status of work completed	Work yet to start
1	2	3	4	5	6	7	8	9
	IMPHAL EAST	53	43	10	7	7	0	6
1	Moirang Kampu	1	1	0	0	0	0	0
2	Lamlai IPHC)	1	1	0	0	0	0	0
3	Sanjenbam	1	1	0	0	0	0	0
4	Chanam Sandrok	1	1	0	0	0	0	0
5	Bashikhong (PHC)	1	1	0	0	0	0	0
6	Heingang (PHC)/ Keibi Taret Khull	1	0	1	0	0	0	1
7	Kshetrigao	1	1	0	0	0	0	0
8	Urup Salungpham	1	1	0	0	0	0	0
9	Moirang Pural	1	1	0	0	0	0	0
10	Chingkhui Sambei	1	1	0	0	0	0	0
11	Matripukhri	1	1	0	0	0	0	0
12	Angtha	1	1	0	0	0	0	0
13	Akampat(PHC)/Pheija Leitong	1	0	1	0	0	0	1
14	Keibi	1	1	0	0	0	0	0
15	Kongba	1	1	0	0	0	0	0
16	Thambalkhong	1	1	0	0	0	0	0
17	Kiyamgei	1	1	0	0	0	0	0
18	Keirao Makting (PHC)	1	1	0	0	0	0	0

SI No	Name of health centres PHC	No of centres presently functioning	No. of centres presently in Govt. buildings	No. of building required	No. of building sanctioned for construction/ Under Construction	Status of work started	Status of work completed	Work yet to start
1	2	3	4	5	6	7	8	9
19	Sawombung	1	1	0	0	0	0	0
20	Keithelmanbi (N)	1	1	0	0	0	0	0
21	Yambem/Litan Pokpi	1	0	1	0	0	0	1
22	Achanbingei	1	1	0	0	0	0	0
23	Keikol Duck Firm	1	1	0	0	0	0	0
24	Kiyamgei Khagi Bazar	1	1	0	0	0	0	0
25	Khurai Heinoumakhong	1	0	1	1	80%	0	0
26	Keirao Wangkhem	1	1	0	0	0	0	0
27	Nongren Village	1	1	0	0	0	0	0
28	Yumnam Khunou Awang Kjudol	1	1	0	0	0	0	0
29	Khurai Sajor Leikai	1	1	0	0	0	0	0
30	Abusadic Lampak	1	1	0	0	0	0	0
31	Khurai Laiwangma	1	0	1	1	80%	0	0
32	Minuthong	1	0	1	1	80%	0	0
33	Ningomthong Bazar	1	1	0	0	0	0	0
34	Kangla Siphai (Khuman Lampak)	1	1	0	0	0	0	0
35	Sekta	1	1	0	0	0	0	0
36	Kairang Meitei	1	1	0	0	0	0	0
37	Waiton	1	1	0	0	0	0	0
38	Uchekol (New)	1	1	0	0	0	0	0
39	Huikap	1	1	0	0	0	0	0
40	Sangaipat	1	0	1	1	95%	0	0
41	Makeng Chonglou	1	1	0	0	0	0	0
42	Top Chingtha	1	1	0	0	0	0	0
43	Waithou Chiru	1	1	0	0	0	0	0
44	Nongchup Keithelmanbi	1	1	0	0	0	0	0
45	Khurai Heigrumakhong	1	0	1	1	80%	0	0
46	Borobekra (PHC)	1	1	0	0	0	0	0
47	Gularthon	1	0	1	1	80%	0	0
48	Jirimukh	1	1	0	0	0	0	0
49	Chandranathpur	1	1	0	0	0	0	0
50	Kashimpur	1	1	0	0	0	0	0
51	Durgapur	1	1	0	0	0	0	0
52	Jakuradhor	1	1	0	0	0	0	0
53	Bhutangkhal	1	0	1	1	80%	0	0

INFORMATION FOR THE YEAR ENDING ON DECEMBER 2009

NAME OF STATE: Manipur

NAME OF DISTRICT: Imphal West

Table 2: DISTRICT WISE STATUS OF CONSTRUCTION OF BUILDINGS OF PHC

SI No	Name of health centres PHC	No of centres presently functioning	No. of centres presently in Govt. buildings	No. of building required	No. of building sanctioned for construction/ Under Construction	Status of work started	Status of work completed	Work yet to start
1	2	3	4	5	6	7	8	9
	IMPHAL WEST	51	42	9	5	5	0	6
1	Mayang Langjing	1	1	0	0	0	0	0
2	Sagolband Lmakhai	1	1	0	0	0	0	0
3	Bamdiyar	1	1	0	0	0	0	0
4	Kangmong Manamyang	1	1	0	0	0	0	0
5	Awang Wabagai	1	1	0	0	0	0	0
6	Iroisemba	1	1	0	0	0	0	0
7	Maklang	1	1	0	0	0	0	0
8	Thangtekkhabhi	1	1	0	0	0	0	0
9	Khonghampat	1	1	0	0	0	0	0
10	Heigrumam	1	0	1	0	0	0	1
11	Naoria Pakhanglakpa	1	1	0	0	0	0	0
12	Kanglatongbi	1	1	0	0	0	0	0
13	Toubungkhok	1	1	0	0	0	0	0
14	Konthoujam	1	1	0	0	0	0	0
15	Lamdeng	1	1	0	0	0	0	0
16	Langol Tarung	1	1	0	0	0	0	0
17	Tendongyan	1	1	0	0	0	0	0
18	Nongchup Kameng	1	1	0	0	0	0	0
19	Yurembam	1	0	1	1	80%	0	0
20	Tellou Village	1	1	0	0	0	0	0
21	Awang Jiri	1	1	0	0	0	0	0
22	Phumlou	1	1	0	0	0	0	0
23	Salam Village	1	1	0	0	0	0	0
24	Takyel Khongbal	1	1	0	0	0	0	0
25	Bengul	1	0	1	1	80%	0	0
26	Shamurou (PHC)	1	1	0	0	0	0	0
27	Samusang	1	1	0	0	0	0	0
28	Mongsangei	1	1	0	0	0	0	0
29	Iram Siphai	1	1	0	0	0	0	0
30	Mekola Bazar	1	1	0	0	0	0	0
31	Phayeng (PHC)	1	1	0	0	0	0	0
32	Kamnam Bazar	1	1	0	0	0	0	0
33	Kwakeithel Heinou Khongembi	1	1	0	0	0	0	0
34	Malom Tulyaima	1	1	0	0	0	0	0
35	Uchiwa	1	0	1	1	80%	0	0
36	Chajing	1	1	0	0	0	0	0
37	Ningombam	1	1	0	0	0	0	0
38	Naorem Chaprou	1	1	0	0	0	0	0
39	Yumnam Huidrom	1	1	0	0	0	0	0
40	Mutum Phibou	1	0	1	1	80%	0	0

SI No	Name of health centres PHC	No of centres presently functioning	No. of centres presently in Govt. buildings	No. of building required	No. of building sanctioned for construction/ Under Construction	Status of work started	Status of work completed	Work yet to start
1	2	3	4	5	6	7	8	9
41	Komlakhong	1	0	1	0	0	0	1
42	Laphupat Tera	1	1	0	0	0	0	0
43	Waishel Mapal	1	1	0	0	0	0	0
44	Chirai Bazar	1	0	1	1	80%	0	0
45	Irom Meijarao	1	1	0	0	0	0	0
46	Langthabal Kunja	1	1	0	0	0	0	0
47	Langthabal Phura Makhong	1	0	1	0	0	0	1
48	Sangaiprou	1	1	0	0	0	0	0
49	Haoreibi Karam	1	1	0	0	0	0	0
50	Kokchai	1	0	1	0	0	0	1
51	Gobindagram	1	1	0	0	0	0	0

INFORMATION FOR THE YEAR ENDING ON DECEMBER 2009

NAME OF STATE: Manipur

NAME OF DISTRICT: Thoubal

Table 2: DISTRICT WISE STATUS OF CONSTRUCTION OF BUILDINGS OF PHC

SI No	Name of health centres PHC	No of centres presently functioning	No. of centres presently in Govt. buildings	No. of building required	No. of building sanctioned for construction/ Under Construction	Status of work started	Status of work completed	Work yet to start
1	2	3	4	5	6	7	8	9
	THOUBAL	58	47	11	5	5	0	9
1	Sekmai Kumbi (Nongpok Sekmai)	1	1	0	0	0	0	0
2	Leishangthem (PHC)	1	1	0	0	0	0	0
3	Lilong Haoreibi Makha Leikai	1	1	0	0	0	0	0
4	Chandrakhong	1	1	0	0	0	0	0
5	Yairipok	1	1	0	0	0	0	0
6	Kakching	1	1	0	0	0	0	0
7	Khongjom	1	1	0	0	0	0	0
8	Hiyanglam (PHC)	1	1	0	0	0	0	0
9	Langmeidong	1	1	0	0	0	0	0
10	Wangjing	1	1	0	0	0	0	0
11	Wangoo Laiphom (PHC)	1	1	0	0	0	0	0
12	Lishamlon (New)	1	0	1	0	0	0	1
13	Haoreibi Mayai Leikai	1	1	0	0	0	0	0
14	Salungham	1	1	0	0	0	0	0
15	Moijing	1	1	0	0	0	0	0
16	Tekcham	1	1	0	0	0	0	0
17	Khangabok	1	1	0	0	0	0	0
18	Wangkhem	1	1	0	0	0	0	0
19	Arong Thockchom	1	0	1	0	0	0	1
20	Arong Tera	1	0	1	0	0	0	1

SI No	Name of health centres PHC	No of centres presently functioning	No. of centres presently in Govt. buildings	No. of building required	No. of building sanctioned for construction/ Under Construction	Status of work started	Status of work completed	Work yet to start
1	2	3	4	5	6	7	8	9
21	Thokchom Bengai	1	1	0	0	0	0	0
22	Pallel (PHC)	1	1	0	0	0	0	0
23	Irom Chesaba Mayai Leikai	1	1	0	0	0	0	0
24	Ukhongsang	1	1	0	0	0	0	0
25	Leirongthel	1	1	0	0	0	0	0
26	Thoubal Khunou	1	1	0	0	0	0	0
27	Athokpam Awang Leikai	1	1	0	0	0	0	0
28	Khoirom Kekru	1	1	0	0	0	0	0
29	Nungoi	1	1	0	0	0	0	0
30	Oinam Sawombung	1	0	1	1	80%	0	0
31	Khekman	1	0	1	1	80%	0	0
32	Kshetri Leikai Moirangpurel	1	1	0	0	0	0	0
33	Waithou	1	0	1	0	0	0	1
34	Pitra Village	1	1	0	0	0	0	0
35	Tentha	1	1	0	0	0	0	0
36	Phundrei	1	1	0	0	0	0	0
37	Charangpat (PHC)	1	1	0	0	0	0	0
38	Ningombam	1	0	1	1	80%	0	0
39	Keirak Kangjeibung	1	0	1	0	0	0	1
40	Langathel	1	1	0	0	0	0	0
41	Phoudel Keiranbi	1	0	1	1	80%	0	0
42	Haoreibi Turel Ahanbi	1	1	0	0	0	0	0
43	Heibung Makhong	1	0	1	0	0	0	1
44	Sangai Yumpham	1	1	0	0	0	0	0
45	Santhel Lital Makhong	1	1	0	0	0	0	0
46	Nungoo Chairel	1	1	0	0	0	0	0
47	Thongam	1	1	0	0	0	0	0
48	Pangantabi	1	0	1	1	80%	0	0
49	Wabagai	1	1	0	0	0	0	0
50	Maibam Konjil	1	1	0	0	0	0	0
51	Keiranbi	1	1	0	0	0	0	0
52	Elangkhangpokpi	1	1	0	0	0	0	0
53	Mayeng Lamjao	1	1	0	0	0	0	0
54	Wangkhem	1	1	0	0	0	0	0
55	Uchiwa Turel Wangma	1	1	0	0	0	0	0
56	Sora Village	1	1	0	0	0	0	0
57	Chaobok Kabui	1	1	0	0	0	0	0
58	Waikhong	1	1	0	0	0	0	0

INFORMATION FOR THE YEAR ENDING ON DECEMBER 2009

NAME OF STATE: Manipur

NAME OF DISTRICT: Bishnupur

Table 2: DISTRICT WISE STATUS OF CONSTRUCTION OF BUILDINGS OF PHC

SI No	Name of health centres PHC	No of centres presently functioning	No. of centres presently in Govt. buildings	No. of building required	No. of building sanctioned for construction/ Under Construction	Status of work started	Status of work completed	Work yet to start
1	2	3	4	5	6	7	8	9
	BISHNUPUR	36	26	10	5	5	0	6
1	Kumbi	1	1	0	0	0	0	0
2	Thanga (PHC)	1	1	0	0	0	0	0
3	Wangoo	1	1	0	0	0	0	0
4	Nambol (PHC)	1	1	0	0	0	0	0
5	Oinam (PHC)	1	1	0	0	0	0	0
6	Leimapokpam (PHC)	1	1	0	0	0	0	0
7	Thinungei	1	1	0	0	0	0	0
8	Ethai	1	1	0	0	0	0	0
9	Utlou	1	1	0	0	0	0	0
10	Leimaram	1	1	0	0	0	0	0
11	Ishok	1	1	0	0	0	0	0
12	Keinou	1	1	0	0	0	0	0
13	Tona Kangjeibung	1	1	0	0	0	0	0
14	Nachou	1	0	1	1	80%	0	0
15	Keibul Lamjao	1	1	0	0	0	0	0
16	Toubul	1	0	1	1	80%	0	0
17	Chairen Leishangtabi	1	1	0	0	0	0	0
18	Ngaikhong	1	1	0	0	0	0	0
19	Pukhrambam	1	1	0	0	0	0	0
20	Irengbam	1	1	0	0	0	0	0
21	Naranseina	1	0	1	0	0	0	1
22	Naorem Village	1	1	0	0	0	0	0
23	Karang Village	1	1	0	0	0	0	0
24	Kabo Wakching	1	0	1	1	80%	0	0
25	Khoijuman Khullen	1	0	1	0	0	0	1
26	Sanjenbam	1	1	0	0	0	0	0
27	Kha Thinungei	1	0	1	1	80%	0	0
28	Awang Kumbi	1	1	0	0	0	0	0
29	Wangoo Sadangkhang	1	0	1	0	0	0	1
30	Nganukown	1	0	1	0	0	0	1
31	Pombikhok Tangjeng	1	0	1	0	0	0	1
32	Khordak Echin	1	1	0	0	0	0	0
33	Phubala (Sunu siphai)	1	1	0	0	0	0	0
34	Trong Laobi	1	0	1	1	80%	0	0
35	Ngaikhong Khunou	1	1	0	0	0	0	0
36	Kwakta	1	1	0	0	0	0	0

INFORMATION FOR THE YEAR ENDING ON DECEMBER 2009

NAME OF STATE: Manipur

NAME OF DISTRICT: Churachandpur

Table 2: DISTRICT WISE STATUS OF CONSTRUCTION OF BUILDINGS OF PHC

SI No	Name of health centres PHC	No of centres presently functioning	No. of centres presently in Govt. buildings	No. of building required	No. of building sanctioned for construction/ Under Construction	Status of work started	Status of work completed	Work yet to start
1	2	3	4	5	6	7	8	9
	CHURACHANDPUR	61	42	19	7	7	0	12
1	Lamjang (Nabil)	1	0	1	1	80%	0	0
2	Thong Ananbi	1	1	0	0	0	0	0
3	Sagang (P. Munlian)	1	1	0	0	0	0	0
4	Khoirentak Khuman	1	1	0	0	0	0	0
5	Saiton	1	1	0	0	0	0	0
6	Saipum	1	1	0	0	0	0	0
7	Khaokhuol	1	0	1	0	0	0	1
8	Thingangphai	1	1	0	0	0	0	0
9	Pearsomun	1	1	0	0	0	0	0
10	Saiden	1	1	0	0	0	0	0
11	Mata Village	1	1	0	0	0	0	0
12	Khonomphai	1	1	0	0	0	0	0
13	Mission Compound	1	1	0	0	0	0	0
14	Songdo-Chepu	1	1	0	0	0	0	0
15	Buangmun	1	1	0	0	0	0	0
16	Geljang	1	1	0	0	0	0	0
17	Kom Keirap (Saiden Village)	1	1	0	0	0	0	0
18	Senpangjang (Khodang)	1	1	0	0	0	0	0
19	Kumbi Pukhri	1	1	0	0	0	0	0
20	T. Khuangkhai	1	0	1	0	0	0	1
21	Phaibung	1	0	1	0	0	0	1
22	L. Kheljang	1	0	1	1	80%	0	0
23	Ukha	1	0	1	1	80%	0	0
24	Thingque	1	1	0	0	0	0	0
25	Shanting	1	1	0	0	0	0	0
26	Tokpa Khunou	1	1	0	0	0	0	0
27	Chaoroi Khullen	1	1	0	0	0	0	0
28	Chothe Munpi	1	0	1	0	0	0	1
29	Ngarian	1	1	0	0	0	0	0
30	Kawlthen	1	1	0	0	0	0	0
31	Kangkap	1	0	1	0	0	0	1
32	Behiang (Dampi)/ Sainoujang	1	0	1	0	0	0	1
33	Tuilaphai	1	1	0	0	0	0	0
34	Zezaw	1	1	0	0	0	0	0
35	Allu Singtam (Senvon)	1	1	0	0	0	0	0
36	Sumchinum	1	1	0	0	0	0	0
37	Hiyangmun	1	0	1	0	0	0	1
38	Tuikuimullum	1	1	0	0	0	0	0
39	Lungthul	1	0	1	1	80%	0	0
40	Songdoh	1	1	0	0	0	0	0

SI No	Name of health centres PHC	No of centres presently functioning	No. of centres presently in Govt. buildings	No. of building required	No. of building sanctioned for construction/ Under Construction	Status of work started	Status of work completed	Work yet to start
1	2	3	4	5	6	7	8	9
41	Hingtang Khunou	1	1	0	0	0	0	0
42	Bukpi	1	1	0	0	0	0	0
43	Dailong	1	0	1	0	0	0	1
44	Milongmun	1	0	1	1	80%	0	0
45	Aibulon	1	1	0	0	0	0	0
46	Kailam	1	1	0	0	0	0	0
47	Sumtuk	1	0	1	0	0	0	1
48	Mowlhom	1	1	0	0	0	0	0
49	Bungpilon	1	1	0	0	0	0	0
50	Singjol (PHC)/New Lamka	1	0	1	0	0	0	1
51	Parvachom	1	0	1	1	80%	0	0
52	Tolbung	1	0	1	0	0	0	1
53	Siva Purikhal	1	1	0	0	0	0	0
54	Kangreng	1	1	0	0	0	0	0
55	Phailengthang Punji	1	1	0	0	0	0	0
56	Pherzol	1	1	0	0	0	0	0
57	Singpuikown	1	1	0	0	0	0	0
58	Ngampabung	1	1	0	0	0	0	0
59	Chingmun	1	0	1	0	0	0	1
60	Kharkhuplian	1	1	0	0	0	0	0
61	Leisen	1	0	1	1	80%	0	0

INFORMATION FOR THE YEAR ENDING ON DECEMBER 2009

NAME OF STATE: Manipur

NAME OF DISTRICT: Ukhrul

Table 2: DISTRICT WISE STATUS OF CONSTRUCTION OF BUILDINGS OF PHC

SI No	Name of health centres PHC	No of centres presently functioning	No. of centres presently in Govt. buildings	No. of building required	No. of building sanctioned for construction/ Under Construction	Status of work started	Status of work completed	Work yet to start
1	2	3	4	5	6	7	8	9
	UKHRUL	40	25	15	6	6	0	10
1	Lambui (PHC)	1	1	0	0	0	0	0
2	Somdal (PHC)	1	1	0	0	0	0	0
3	Pushing	1	0	1	0	0	0	1
4	Tolloi	1	0	1	1	80%	0	0
5	Maokot Chepu	1	1	0	0	0	0	0
6	Sanakeithel	1	0	1	0	0	0	1
7	Tongou	1	1	0	0	0	0	0
8	Kachai	1	0	1	0	0	0	1
9	Khangkhui Khullem	1	1	0	0	0	0	0
10	Mapum	1	1	0	0	0	0	0
11	Shiroy	1	1	0	0	0	0	0
12	Leisen	1	1	0	0	0	0	0
13	Sirarkhong	1	1	0	0	0	0	0
14	Mulum Village	1	0	1	0	0	0	1
15	Lamtang Gate	1	0	1	0	0	0	1
16	Jessami	1	1	0	0	0	0	0
17	Tusom	1	1	0	0	0	0	0
18	Nungbi	1	1	0	0	0	0	0
19	Poi	1	0	1	0	0	0	1
20	Kharasom	1	0	1	0	0	0	1
21	Langli,	1	1	0	0	0	0	0
22	Awang Kasom	1	1	0	0	0	0	0
23	Nampisa	1	0	1	1	80%	0	0
24	Lairam Khullen	1	1	0	0	0	0	0
25	Mawai	1	1	0	0	0	0	0
26	Phungchong	1	1	0	0	0	0	0
27	Chongdan Village	1	1	0	0	0	0	0
28	Sorde	1	0	1	0	0	0	1
29	Leiting	1	1	0	0	0	0	0
30	Tangkul Hundung	1	0	1	1	80%	0	0
31	Patbung	1	0	1	1	80%	0	0
32	Lamlai Khunou	1	1	0	0	0	0	0
33	Sorbung	1	1	0	0	0	0	0
34	Shingkap	1	0	1	1	80%	0	0
35	Ningthi	1	0	1	1	80%	0	0
36	Maku Tangkul	1	1	0	0	0	0	0
37	Molvailep	1	1	0	0	0	0	0
38	Chahong Khullen	1	0	1	0	0	0	1
39	Singta Khullen	1	1	0	0	0	0	0
40	Shahamphung	1	1	0	0	0	0	0

INFORMATION FOR THE YEAR ENDING ON DECEMBER 2009

NAME OF STATE: Manipur

NAME OF DISTRICT: Senapati

Table 2: DISTRICT WISE STATUS OF CONSTRUCTION OF BUILDINGS OF PHC

SI No	Name of health centres PHC	No of centres presently functioning	No. of centres presently in Govt. buildings	No. of building required	No. of building sanctioned for construction/ Under Construction	Status of work started	Status of work completed	Work yet to start
1	2	3	4	5	6	7	8	9
	SENAPATI	66	44	22	10	10	0	13
1	Molkon	1	1	0	0	0	0	0
2	Thayong	1	1	0	0	0	0	0
3	Utonglok	1	1	0	0	0	0	0
4	Siyang Mongyang	1	1	0	0	0	0	0
5	Salam Patong	1	1	0	0	0	0	0
6	Lhungjang	1	1	0	0	0	0	0
7	Gangpikol	1	1	0	0	0	0	0
8	Kamu Koireng	1	1	0	0	0	0	0
9	Chingdai Khullen	1	1	0	0	0	0	0
10	Island Village	1	1	0	0	0	0	0
11	Khongnangpokpi	1	1	0	0	0	0	0
12	Leimakhong	1	1	0	0	0	0	0
13	Maphou Kuki/Mapao Christian	1	0	1	0	0	0	1
14	Bongbal Khullen	1	0	1	0	0	0	1
15	Laikawt (Khongbal Tangkhul)	1	1	0	0	0	0	0
16	Thangal Surung	1	1	0	0	0	0	0
17	Yangnoi	1	0	1	1	80%	0	0
18	Tumuyun Khullen	1	1	0	0	0	0	0
19	Keithelmanbi	1	1	0	0	0	0	0
20	T-Waichong (PHC)	1	1	0	0	0	0	0
21	Loijing (Wainem)	1	1	0	0	0	0	0
22	Dolang Khunou	1	1	0	0	0	0	0
23	Lhungphou	1	1	0	0	0	0	0
24	Thonglan Akutpa	1	1	0	0	0	0	0
25	Kalapahar (PHC)	1	1	0	0	0	0	0
26	Makui	1	1	0	0	0	0	0
27	Kotlen	1	0	1	1	80%	0	0
28	Charoi Padongba	1	1	0	0	0	0	0
29	Parasain	1	0	1	1	80%	0	0
30	Monendora Irang Part-I	1	1	0	0	0	0	0
31	Panikshetri Irang Part-II	1	1	0	0	0	0	0
32	Punanamei	1	1	0	0	0	0	0
33	Kangchup Chiru	1	1	0	0	0	0	0
34	Makhan	1	1	0	0	0	0	0
35	Neibet	1	0	1	1	80%	0	0
36	Maiba	1	1	0	0	0	0	0
37	Purul	1	0	1	1	80%	0	0
38	Tungjoi	1	1	0	0	0	0	0
39	Oinam	1	1	0	0	0	0	0

SI No	Name of health centres PHC	No of centres presently functioning	No. of centres presently in Govt. buildings	No. of building required	No. of building sanctioned for construction/ Under Construction	Status of work started	Status of work completed	Work yet to start
1	2	3	4	5	6	7	8	9
40	Lakhamei	1	0	1	0	0	0	1
41	Paibung Khullen	1	1	0	0	0	0	0
42	Koide	1	1	0	0	0	0	0
43	Ngari	1	1	0	0	0	0	0
44	Liyai	1	1	0	0	0	0	0
45	Khongdei	1	0	1	0	0	0	1
46	Thiwa Village	1	0	1	0	0	0	1
47	Maram Khullen	1	0	1	0	0	0	1
48	Paomata (PHC)/ Lai Siraphi	1	0	1	0	0	0	1
49	Pudunamei	1	1	0	0	0	0	0
50	Thingba Khunou	1	0	1	0	0	0	1
51	Yangkhullen	1	1	0	0	0	0	0
52	Maram (PHC)	1	1	0	0	0	0	0
53	Phuba	1	0	1	1	80%	0	0
54	Solitokho	1	0	1	1	80%	0	0
55	Sadim	1	1	0	0	0	0	0
56	Tabumei	1	0	1	1	80%	0	0
57	Willong	1	1	0	0	0	0	0
58	Lairouching	1	0	1	0	0	0	1
59	Sajouba	1	0	1	0	0	0	1
60	Rajamei	1	0	1	1	80%	0	0
61	Khamsom	1	0	1	1	80%	0	0
62	Ramlung	1	0	1	0	0	0	1
63	Maram Khunou	1	0	1	0	0	0	1
64	Vaisocha	1	1	0	0	0	0	0
65	Tinsong	1	1	0	0	0	0	0
66	Makhan Centre	1	1	0	0	0	0	0

INFORMATION FOR THE YEAR ENDING ON DECEMBER 2009

NAME OF STATE: Manipur

NAME OF DISTRICT: Tamenglong

Table 2: DISTRICT WISE STATUS OF CONSTRUCTION OF BUILDINGS OF PHC

SI No	Name of health centres PHC	No of centres presently functioning	No. of centres presently in Govt. buildings	No. of building required	No. of building sanctioned for construction/ Under Construction	Status of work started	Status of work completed	Work yet to start
1	2	3	4	5	6	7	8	9
	TAMENGLONG	29	19	10	7	7	0	3
1	Noneh (PHC)	1	1	0	0	0	0	0
2	Nongnang	1	1	0	0	0	0	0
3	Longpi	1	1	0	0	0	0	0
4	Dollang	1	0	1	1	80%	0	0
5	Mukti Khullen	1	1	0	0	0	0	0
6	Thangal	1	1	0	0	0	0	0
7	Leimatak (Nungleiban)	1	1	0	0	0	0	0
8	Khongshang	1	1	0	0	0	0	0
9	Luwanglong Khunou	1	1	0	0	0	0	0
10	Gallon	1	1	0	0	0	0	0
11	Nungkao	1	0	1	1	80%	0	0
12	Abem	1	1	0	0	0	0	0
13	Atengba	1	1	0	0	0	0	0
14	New Kaiphundai	1	1	0	0	0	0	0
15	Longkaiphun	1	0	1	1	80%	0	0
16	Taninjam	1	1	0	0	0	0	0
17	Nrenglong	1	1	0	0	0	0	0
18	Sompram	1	0	1	1	80%	0	0
19	Warengba	1	0	1	1	80%	0	0
20	Toubem	1	1	0	0	0	0	0
21	Thingra	1	1	0	0	0	0	0
22	Nagaching	1	0	1	1	80%	0	0
23	Awangkhul	1	0	1	0	0	0	1
24	Dailong	1	1	0	0	0	0	0
25	Akhui	1	0	1	1	80%	0	0
26	Chaton	1	0	1	0	0	0	1
27	Nurathel	1	0	1	0	0	0	1
28	Lenglong	1	1	0	0	0	0	0
29	Talloulong	1	1	0	0	0	0	0

INFORMATION FOR THE YEAR ENDING ON DECEMBER 2009

NAME OF STATE: Manipur

NAME OF DISTRICT: Chandel

Table 2: DISTRICT WISE STATUS OF CONSTRUCTION OF BUILDINGS OF PHC

SI No	Name of health centres PHC	No of centres presently functioning	No. of centres presently in Govt. buildings	No. of building required	No. of building sanctioned for construction/ Under Construction	Status of work started	Status of work completed	Work yet to start
1	2	3	4	5	6	7	8	9
	CHANDEL	26	18	8	3	3	0	5
1	Anal Khullen	1	1	0	0	0	0	0
2	Larong	1	1	0	0	0	0	0
3	Komlathabi	1	1	0	0	0	0	0
4	Purum Tampak	1	0	1	1	85%	0	0
5	Leingangching	1	1	0	0	0	0	0
6	Tarao Laimanai	1	1	0	0	0	0	0
7	Unopat	1	1	0	0	0	0	0
8	Songjang	1	0	1	0	0	0	1
9	Khudei Khunou (Bongli)	1	1	0	0	0	0	0
10	Leibi	1	1	0	0	0	0	0
11	Sita	1	1	0	0	0	0	0
12	Saivom	1	1	0	0	0	0	0
13	Rillam Centre	1	1	0	0	0	0	0
14	T. Bongmol	1	0	1	1	80%	0	0
15	Maojang	1	0	1	0	0	0	1
16	Kwatha	1	1	0	0	0	0	0
17	Khunbi	1	0	1	0	0	0	1
18	Karongthel	1	1	0	0	0	0	0
19	Khubung Khullen	1	0	1	0	0	0	1
20	Yangoulen	1	1	0	0	0	0	0
21	Somtal	1	1	0	0	0	0	0
22	Khengjoi	1	1	0	0	0	0	0
23	Sajik Tampak	1	0	1	1	85%	0	0
24	Sekton	1	0	1	0	0	0	1
25	Saibol Zoupi	1	1	0	0	0	0	0
26	Aimol Tampak	1	1	0	0	0	0	0

PART-C

Routine Immunization Strengthening

C 1. State Implementation Plan for Strengthening Immunization

Goals and Objectives

- To reduce BCG – Measles dropout to < 5 % by 2011
- To sustain the zero polio case
- To eliminate Neonatal Tetanus by 2010-12
- To reduce measles Cases by half by 2012
- To achieve the infant target 90%
- To reduce Infant Mortality Rate

Child Immunization	DLHS-2	DLHS-3	NFHS-2	NFHS-3	State HMIS Report (April to Oct'09)
Children 12-23 months fully immunized (%)	35.1	48.5	42.3	46.8	50.08
Children 12-23 months not received any vaccination (%) ^a	9.4	19.4	NA	NA	NA
Children 12-23 months who have received BCG vaccine (%)	85.8	75.5	71	80	NA
Children 12-23 months who have received 3 doses of DPT vaccine (%)	46.8	63.2	59.1	61.2	NA
Children 12-23 months who have received 3 doses of polio vaccine (%)	49.8	64.1	62.5	77.5	NA
Children 12-23 months who have received measles vaccine (%)	54.3	58.9	45.8	52.8	NA
Children (age 9 months and above) received at least one dose of vitamin A supplement (%)	36.9	31.6	NA	15.4	NA

C 2. Basic information of the Manipur State related to Immunization

S.No	Beneficiaries	Target		
		2008-09	2009-10	2010-11
1	Pregnant women	53628	56958	56411
2	0 to 1 yr infants	48353	51132	51283
3	1-2 yr	48234	48490	48915
4	2-5 yr	192358	193200	194150
5	5 yr	44522	49521	50462
6	10 yr	43449	47607	48746
7	16 yr	41451	45265	46503
S.No	Routine Immunization Sessions	2008-09	2009-10	2010-11
1	Session planned in Urban Areas	2065	2077	2095
2	Session planned in Rural Areas	18588	18700	19000
3	Total Sessions planned	20653	20777	21095
4	Total Sessions Held			
5	No. of session with hired vaccinators	1810	1810	1950
6	No. of hired vaccinators	1810	1810	1950

1. Current scenario of implementation of immunization program

a. Implementation status

I. Manpower

i. General staff

Table 2.1

Position	Sanctioned	In position	Proposed addition	Trained in last 3 years
MOs at PHC	-	174 (72 AYUSH)		Yes
FHSs at PHC	-	38		Yes
MHS	-	34		Yes
FHWs at Subcentre	-	733		Yes
MHW at Subcentre	-	265		Yes
Contractual FHWs	-	350		Yes

As represented by the above table 174 Medical Officers are posted in 72 PHCs of the State. Out of the 174 M.Os, 63 are AYUSH Practitioners. 38 Female Health Supervisor and 34 Male Health Supervisor are available for the State posted across the State in the PHCs and CHCs. There are 733 Female Health Workers posted at the 420 Sub-Centres out of which 420 are appointed on Contractual basis. There are 265 Male Health Workers posted at the Subcentres of the State.

During 2009-10 training have been given to 100 M.Os and 400 Paramedical Staffs including FHW, MHW, Staff Nurses etc.

ii. Routine Immunization staffs

Table 2.2

Position	Sanctioned	In position	Proposed addition	Trained in last 3 years	Remarks
District Family Welfare Officer/ District Immunization Officer	DFWO – 5 DIO – 6	11	0	Yes	
Computer Assistant	10	10	1 (for Kangpokpi)	No (to be conducted during Jan'10)	Required fund is indicated in budget format
Cold Chain Mechanic		1 (State) + 4 (Districts) = 5	6 (Six)	Yes	

The above table indicates that the District in-charge of Immunisation are the District Family Welfare Officers and the District Immunization Officers. There are 5 District Family Welfare Officer and 6 District Immunization Officer in the State. 10 Computer operator had been appointed on contractual basis under NRHM. 1 posted at the State immunization Cell and 9 posted District Immunisation Cell in the 9 District of the State. 2 Computer Operators are being proposed for appointed during 2010-11 for the 1 Sub-Division Kangpokpi. At present 5 Cold Chain Mechanics are in place, additional 6 are proposed for 2010-11. All the District level Officers of Immunisation have been given training during 2009-10.

iii. Public Health Infrastructure

Table 2.3

Health Institutions	Sanctioned	With functional cold chain equipments	Proposed expansion
Sub-centres	420	0	-
PHCs	72	44 (small)	-
CHCs	16	16 (small)	-

There are 420 numbers of Sub-Centres existing in the State without functional cold chain equipment. Out of existing 73 PHCs on 44 are with functional Cold Chain Equipments while all the 16 CHCs are with functional Cold Chain Equipments.

iv. **Vaccines, Cold chain and other logistics**

Sl. No.	Item	Stock (functional) **	Requirement			Rem-arks
			2009-10	2010-11	2011-12	
1	Cold Chain Equipments:-					
a)	WIC	1	1	-	-	
b)	WIF	-	1	1	1	
c)	ILR-140 (Small)	60	43	10	10	
d)	ILR-300 L (Large)	20	5	5	5	
e)	Deep Freezer (small)	60	48	25	25	
f)	Deep Freezer (Large)	20	7	10	10	
g)	Solar Refrigerator	-	-	20	20	
h)	Cold Boxes (small)	100	30	20	20	
i)	Cold Boxes (large)	75	20	10	10	
j)	Vaccine Carriers	7000	2000	2000	2000	
k)	Ice Packs	10000	3000	5000	5000	
l)	Vaccine Van	5	-	12	12	
2	Vaccine stock and requirement (including 25 % wastage and 25 % buffer) (doses)					
a)	TT	10436	328757	318050	318050	
b)	BCG	5826	258160	76930	76930	
c)	OPV	1320	321844	307700	307700	
d)	DPT	8289	401097	383390	383390	
e)	Measles	1650	80541	76925	76925	
f)	Hep B					
g)	JE (Routine)					
3	Syringes including wastage of 10 % and 25 % buffer					
a)	0.1 ml	4500	58351	105778	105778	
b)	0.5 ml	25000	606113	1070251	1070251	
c)	Reconstitution Syringes	600	38701	31732	31732	
4	Hub cutters	-	500	500	500	

** As on Oct '09

v. **Training**

During 2009-10, 100 Medical officers were given training for 3 days using the revised MO training module. 400 Paramedical Staffs have been oriented for 2 days on routine immunization. One day Cold Chain handlers training for block level and district level cold chain handlers to be trained in Jan'09. One day training of block data handlers and District Cold chain Officer to be trained about the reporting formats of Immunisation and NRHM during Jan' 10.

b. 9-10 till Oct'09

Sl. No.	District	Yearly target		Yearly target		BCG		OPV-1		OPV-3		DPT-1		DPT-3	
		2008-09		2009-10											
		Infants	Pregnant Women	Infants	Pregnant Women	2008-09	2009-10	2008-09	2009-10	2008-09	2009-10	2008-09	2009-10	2008-09	2009-10
1	IE	7401	8136	8577	9456	7083	5733	6947	5615	6738	5446	6947	5615	6738	5446
2	IW	8806	9687	8874	9762	10077	5946	9752	5476	8796	5416	9741	5475	8786	5416
3	BPR	4285	4739	4297	4761	4210	2297	4246	2333	3821	2158	4246	2333	3821	2158
4	TBL	7414	8242	7628	8588	8049	4260	8511	4330	7057	3853	8511	4332	7057	3855
5.	CDL	3064	3381	3619	3980	3619	1343	3601	1293	3575	1287	3601	1293	3575	1287
6.	CCP	4728	5540	4928	5840	3847	2472	4175	2969	3395	2223	4175	2955	3395	2226
7.	SPT	6986	7664	7291	8041	6154	3941	6056	4414	6043	4025	6620	4414	6035	4025
8.	TML	2567	2826	2517	2772	1874	1532	1801	1513	1578	1150	1801	1514	1578	1149
9.	UKL	3102	3413	3401	3758	2793	1638	2745	1578	2553	1403	2787	1619	2553	1471
	Total	48353	53628	51132	56958	47706	29162	47834	29521	43556	26961	48429	29550	43538	27033

Sl. No	District	Hep B – Birth		Hep B – 1		Hep B - 3		Measles		TT 2 + Booster		JE-routine (wherever applicable)		Vit A – 1st Dose	
		(Wherever applicable)													
		2008-09	2009-10	2008-09	2009-10	2008-09	2009-10	2008-09	2009-10	2008-09	2009-10	2008-09	2009-10	2008-09	2009-10
1	IE	-	-	-	10	-	0	5846	4809	5795	3859	-	-	-	3176
2	IW	-	-	-	1424	-	729	7703	5417	9627	5032	-	-	-	5598
3	BPR	-	-	-	141	-	121	3353	1994	3416	1865	-	-	-	3010
4	TBL	-	-	-	0	-	0	5984	3536	4856	2446	-	-	-	2877
5	CDL	-	-	-	0	-	28	3473	1309	2700	894	-	-	-	914
6	CCP	-	-	-	1004	-	659	2568	1885	2199	1904	-	-	-	1211
7	SPT	-	-	-	3	-	0	5508	3692	5050	3240	-	-	-	2760
8	TML	-	-	-	0	-	0	1366	1189	1415	920	-	-	-	1095
9.	UKL	-	-	-	1	-	0	1899	1190	1671	908	-	-	-	695
Total		-	-	-	2583	-	1537	37700	25021	36729	21068	-	-	-	21336

Coverage for 2009-10 till Oct '0

c. Reporting and incidence of VPDs for 2009-10

i. District wise report of VPDs for 2009-10 till Oct'09 (in numbers)

Sl. No	District	Diphtheria		Pertussis		Neonatal Tetanus		Tetanus (other)		Measles		Polio-P1		Polio-P3		AES	
		Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
1	IE	0	0	0	0	0	0	0	0	95	0	0	0	0	0	0	0
2	IW	0	0	0	0	0	0	0	0	94	0	0	0	0	0	0	0
3	BPR	0	0	0	0	0	0	0	0	17	0	0	0	0	0	0	0
4	TBL	0	0	0	0	0	0	0	0	84	0	0	0	0	0	0	0
5	CDL	0	0	0	0	0	0	0	0	61	0	0	0	0	0	0	0
6	CCP	0	0	0	0	0	0	0	0	35	0	0	0	0	0	0	0
7	SPT	0	0	0	0	0	0	0	0	71	0	0	0	0	0	0	0
8	TML	0	0	0	0	0	0	0	0	24	0	0	0	0	0	0	0
9.	UKL	0	0	0	0	0	0	0	0	29	0	0	0	0	0	0	0
Total(Manipur)		0	0	0	0	0	0	0	0	510	0	0	0	0	0	0	0

As indicated by the above table Measles cases were reported from all the 9(nine) districts of Manipur. The highest number of Measles cases was reported from Imphal East District of Manipur. There was also a Polio case as reported from the Senapati District.

ii. Total reported VPD outbreaks in Manipur

VPDs	No. of outbreaks reported		No. of outbreaks investigated		No. of cases in outbreaks		No. of deaths in outbreaks	
	2008-09	2009-10 [#]	2008-09	2009-10 [#]	2008-09	2009-10 [#]	2008-09	2009-10 [#]
Diphtheria	0	0	0	0	0	0	0	0
Pertusis	0	0	0	0	0	0	0	0
Measles	0	0	0	0	0	0	0	0
AES	0	0	0	0	0	0	0	0

There was no report for the outbreak of the VPDs during 2008-09 and 2009-10.

[#] Coverage for 2009-10 till Oct '09

c. Trend of IMR of Manipur for last 5 years.

Sl. No	Year	IMR of Manipur	
		SRS	HMIS
1	2004	16	
2	2005	13	NA
3	2006	13	
4	2007	11	
5	2008	12	

6	2009	14	
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The above table shows the trend of Infant mortality Rate of Manipur for the last 5 years. The IMR declined from 13 to 11 in 2007 but it again increased to 14 in 2009.

e. Reporting and Response to Outbreaks and AEFIs for, 2009-10 till Oct. 09.

Committees for AEFIs have been formed at the District level in all the nine Districts of Manipur for the reporting and response to outbreaks and AEFIs. There was no report for the outbreak and AEFIs in 2009-10 till Oct'09.

District-wise AEFI Surveillance

Sl. No.	District	AEFI committee constituted (Y/N)	Serious AEFI cases (till Oct '09)	AEFI deaths (till Oct '09)	No of FIRs sent	No of PIRs sent	No. Of DIRs sent
1	IE	Yes	NA	NA	NA	NA	NA
2	IW	Yes	NA	NA	NA	NA	NA
3	BPR	Yes	NA	NA	NA	NA	NA
4	TBL	Yes	NA	NA	NA	NA	NA
5	CDL	Yes	NA	NA	NA	NA	NA
6	CCP	Yes	NA	NA	NA	NA	NA
7	SPT	Yes	NA	NA	NA	NA	NA
8	TML	Yes	NA	NA	NA	NA	NA
9	UKL	Yes	NA	NA	NA	NA	NA
Total		9	NA	NA	NA	NA	NA

2. Supervision and Monitoring

At the State level the State Immunisation officers visited the Districts on regular basis. The CMO, DFWO/DIO, DPM and the DCS (DNOM&E) appointed under NRHM are solely involved on the monitoring of the Immunisation activities in the District. The monthly reports (M&E) are submitted from the Subcentres to the PHCs/CHCs, from the PHCs/CHCs to the block then to the District and from the District finally to the State. The M.O i/c of the PHCs/CHCs also paid supervisory visit to the fixed site of immunization at the Subcentre level. M&E reports from the PHCs/CHCs are also analysed on the monthly review meeting held at the District level and District reports achievement against targets are also analysed at the quarterly meeting at the State level in the presence of the Chief Secretary, Manipur and Commissioner H&FW Services, Manipur.

3. *tatus of RIMS implementation for monitoring*

Routine Immunization Management System (RIMS) Status

Sl. No.	District	RIMS installed & operational	Computer Asst. In position	RIMS uploaded*						
				Apr '09	May '09	June '09	Jul '09	Aug '09	Sep '09	Oct '09
1	IE	No	1	0	0	0	0	0	0	0
2	IW	No	1	0	0	0	0	0	0	0
3	BPR	No	1	0	0	0	0	0	0	0
4	TBL	No	1	0	0	0	0	0	0	0
5	CDL	No	1	0	0	0	0	0	0	0
6	CCP	No	1	0	0	0	0	0	0	0
7	SPT	No	1	0	0	0	0	0	0	0
8	TML	No	1	0	0	0	0	0	0	0
9.	UKL	No	1	0	0	0	0	0	0	0
	Manipur**	0	9 + 1(State) = 10	0	0	0	0	0	0	0

For the implementation of RIMS in the State there are 9 Computer Assistant appointed on contractual basis in all the 9 Districts of Manipur and 1 is appointed for the State Immunization cell. The installation of the RIMS is not yet initiated so the uploading of data is not taking place till date.

4. Co-ordination with Partners(ICDS, Public Private Partnerships, Other agencies):

Routine Immunization at the Sub Centers are conducted in Co-ordination with the Anganwadi workers, Anganwadi helpers of the concerned villages covered by the Sub Centres. For the Outreach Sessions also Anganwadi Workers are involved in conducting the immunization session. In some of the District where there is shortage of ANMs, NGO (Village level /District level) conduct the Immunization session improving the coverage of Immunization.

In all the Districts of Manipur, ICDS staff are the members of the Task Force formed at the District level and Block Level for the monitoring on IPPI. CDPO's are the members of the District Health Society formed under NRHM and the State W& CD Officer at the State level.

Under the Public Private Partnerships some of the Accredited Private Hospitals is availed with the facility of Routine Immunization and IPPI. Some of the Private Hospital like Shija Hospital & Research Centre, Langol View, Maipakpi Maternity may be mentioned giving facility at the State Level.

5. Strategies for further improving Routine Immunisation

a. *To improve the accessibility of routine immunization services*

ACTIVITIES:

- i) Incorporation of the Outreach sessions with the Village Health and Nutrition Day
- ii) Incentive for Mobilisation/Motivation to ASHA for all Outreach Sessions
- iii) Vaccine make available at the Subcentre level

b. To reduce dropouts

ACTIVITIES

- i. Regular tracking of the dropout by the ASHAs and report to ANM
- ii. Proper Micro-Planning and implementation according to the Micro-Plan
- iii. Regular supervision Monitoring at every level
- iv. Maintenance of record by the concerned Staff

c. To create Community demand for routine immunization

ACTIVITIES

- i. Involvement of the VHSC members on Village Health & Nutrition Day
- ii. Discussion on Importance of Immunisation during Village Health & Nutrition Day
- iii. Awareness on Vaccine Preventable Diseases at the Village Level during VHND.

d. Innovation for Strengthening of Routine Immunization

1. Additional Support required to improved Routine Immunisation

To improve the number of Sessions held in the accessible, very difficult and difficult areas of Hilly Districts, procurement of Solar Refrigerator for Subcentres, PHCs and CHCs has been proposed. The storing of Vaccine is difficult in these areas as the electricity facility is not at all available. Fund requirement for purchasing of Solar Refrigerator are as follows:

Sl. no.	Issues	Current Status	Activity proposed	Output	Budget (in lakh)	Remark
1	Difficulty in Vaccine Storage in the inaccessible, very difficult, difficult areas of Hilly Districts.	Collection of the Vaccine from the District Head Quarter. No storing facility at the institutions	Procurement of 190 Solar Refrigerator	153 Sub- Centres, 30 PHCs and 2 CHCs with the Solar refrigerator. Vaccine available throughout. Sessions held regularly.	0.6 x 190 = 114	@ Rs. 60,000/- per refrigerator
Total					114	

- i. Component-wise receipt & expenditure of funds received from 2009-10 onwards (format attached).
- ii. Infrastructural and Manpower requirement essential for implementation

At present there are only 5 (five) Refrigerator Mechanic working on Regular basis. To implement the Immunization programme successfully throughout the State another 6 (Six) including 2 (two) for Sub-divisional level as additional post is required. **The detail including budget is reflected in Part-B.**

Also the existing WIC machine was installed during the year 1994 in the State Head Quarter. Maintenance of the WIC is required.

iii. IEC Plan for Strengthening UIP

* Reflected in RCH under IEC/BCC Plan

iv. ILRs, DF, Voltage Stabilizers

- a. All CFC equipment have been replaced with Non CFC equipment. For 2010-11 no replacement has been proposed.
- b. Replacement of condemned and new purchase of equipment

At present under the Part C (Routine Immunization) for documentations of various format, it is suggested to purchase 1 (One) Duplo Printer and 1 (One) Xerox Machine for the emergency use of the Programme. Further, it is also proposed to provide Computer Machines with Accessories (LCD Monitor) to all the Computer Operator working in 1 (One) State Head Quarter, 9 (Nine) Districts and another 2 (Two) Sub- divisional level. To operate the State Data Section 1 (one) Power Generator is essential for functioning 3 Computers at a time and other Meeting/Training etc. Requirement of fund as below:

Sl. no.	Particular	Quantity	Unit rate (in lakh)	Amount (in lakh)
1.	Duplo Printing Machine	1	3	3.0
2.	Xerox Machine	1	1.5	1.50
3.	Computer Machine @ Rs.50,000/- per Set	12	0.50	6.0
4.	Power Generator Set	1	1.5	1.50
Total				12.00

C. Requirement of Vaccines, Cold Chain Equipments, Vaccine Van and Other Logistics for 2010-11.

Sl. No.	Item	Stock (functional) **	Requirement			Remarks
			2009-10	2010-11	2011-12	
1	Cold Chain Equipments:-					V.
a)	WIC	1	1	-	-	
b)	WIF	-	1	1	1	
c)	ILR-140 (Small)	60	43	10	10	
d)	ILR-300 L (Large)	20	5	5	5	
e)	Deep Freezer (small)	60	48	25	25	
f)	Deep Freezer (Large)	20	7	10	10	
g)	Cold Boxes (small)	100	30	20	20	
h)	Cold Boxes (large)	75	20	10	10	
i)	Vaccine Carriers	7000	2000	2000	2000	
j)	Ice Packs	10000	3000	5000	5000	
k)	Vaccine Van	5	-	12	12	
2	Vaccine stock and requirement (including 25 % wastage and 25 % buffer) (doses)					
a)	TT	10436	328757	318050	318050	
b)	BCG	5826	258160	76930	76930	
c)	OPV	1320	321844	307700	307700	
d)	DPT	8289	401097	383390	383390	
e)	Measles	1650	80541	76925	76925	
f)	Hep B					
g)	JE (Routine)					
3	Syringes including wastage of 10 % and 25 % buffer					
a)	0.1 ml	4500	58351	105778	105778	
b)	0.5 ml	25000	606113	1070251	1070251	
c)	Reconstitution Syringes	600	38701	31732	31732	
4	Hub cutters	-	500	500	500	

Summary Budget for Part C: 2010-11

IMMUNIZATION PIP – 2010 -11
Budgetary Requirement

Service Delivery:-	Norms*	Fund requirements		Remarks
		2010-11		
		Fund requirements	Target	
Mobility Support for Supervision Supervisory visits by state and district level officers for monitoring and supervision of RI	@ Rs. 50,000 per district for district level officers (this includes POL and maintenance) per year	450000	No of sessions supervised 3000	9 districts 2sub dist
	By state level officers @ Rs. 1,00,000/year for three person	300000	No of districts visited for RI review 11	
Cold Chain Maintenance	@ Rs. 500 per PHC/CHC per year, District Rs.10000 per year Maintenance of WIC at State HQ- Rs. 100000	176000 +100000 = 276000	% of fund used 100	
Focus on slum & underserved areas in urban areas:	Hiring of ANM @ Rs.300/session for four sessions/month/slum of 10000 population and Rs. 200/- per month as contingency per slum i.e. total expenditure of Rs. 1400/- per month per slum	682500	No of sessions with hired vaccinators 1950	
Mobilization of children through ASHA/Mobilizers	@ Rs. 150/session (for states/UTs)	2183250	No of sessions with ASHA 14555	
Alternate Vaccine Delivery	Geographically hard to reach areas (e.g. session sites >30 km from vaccine delivery point, river crossing etc.) @ of Rs. 100 per RI session.			
	NE states & Hilly terrains @ Rs. 100 per session	1455500	14555	
	Other Areas @Rs.50 per session			

Service Delivery:-	Norms*	Fund requirements		Remarks
		2010-11		
		Fund requirements	Target	
Support for Computer Assistant for RI reporting (with annual increment of 10 % w.e.f. from 2010-11)	State @ Rs. 12,000 – 15,000 p.m.	156000	1	Two additional CA required
	Districts @ Rs. 8000 – 10,000 p.m.	972000	No of CA in position	
			9	
Printing & dissemination of immunization cards, tally sheets, monitoring forms etc.	@ Rs. 5 per beneficiary PW 56411 Infant 51283	538470		
Review Meetings	Support for Quarterly State level Review Meetings of district officers @ Rs 1250/participant/day for 3 quarterly review & feedback meeting for exclusive for RI. At district level with one Block Mos, ICDS CDPO and other stakeholders @ Rs. 100/- per participant for meeting expenses (lunch, organizational expenses)	243750 + 108000 = 351750	3	State level =65 participants District level = 30 participants
	Quarterly review meeting exclusive for RI at Block level @ Rs. 50/- pp as honorarium for ASHA (travel) and Rs. 25 per person at the disposal of MO-i/c for meeting expenses (refreshments, stationery and misc. expenses)	1353000		3878-ASHAs, 1016-ANMs 300-MHW, 176- Doctors 40-BEE, 100-FHS 88-MHS, 88-Pharma 88-Gr iv

Service Delivery:-	Norms*	Fund requirements 2010-11		Remarks
		Fund requirements	Target	
Trainings District level orientation training for 2 days ANM, Multi Purpose Health Worker (Male, LHV, Health Assistant (Male / Female), Nurse Mid Wives, BEEs & other specialist (as per RCH norms)	As per revised norms for trainings under RCH	480000	No of persons to be trained	20 batches
			400	
Three day training of Medical Officers on RI using revised MO training module	As per revised norms for training under RCH	802000	200	8 batches
One day refresher training of District RI computer Assistants on RIMS/HMIS and Immunization formats under NRHM	As per revised norms for training under RCH	50000	50	11-Com. Operators Asst 32-Computors 7-SAs
One day cold chain handlers training for block level cold chain handlers by state and district cold chain officers and DIO for a batch for 15-20 trainees and three trainers	As per revised norms for training under RCH	100625	No of persons trained	4 batches
			100	
One day training of block level data handlers by DIO and District Cold Chain Officers to train about the reporting formats of Immunization and NRHM	As per revised norms for training under RCH	100625	No of persons trained	36 Blocks
			100	
Microplanning: To develop sub-centre and PHC microplans using bottom up planning participation of ANM, ASHA, AWW	@ Rs. 100/- per sub-centre (meeting at block level, logistic) for consolidation of microplan at PHC/CHC level @ Rs. 1000/- block & at district level @ Rs. 2000/- per district	4200 + 88000 + 22000 = 114200	100% of SC/PHC/CHC/ Districts have updated microplans every year	420-PHSCs 72-PHCs 16-CHCs 9-districts 2-sub dist

Service Delivery:-	Norms*	Fund requirements		Remarks
		2010-2011		
		Fund requirements	Target	
POL for vaccine delivery from State to District and from district to PHC/CHCs	Rs. 100000/district /year	1100000	% of funds used	9-Dist 2-Sub Dist
Consumables for computer including provision for internet access for RIMS	@ Rs. 1000/- month/reporting unit	180000	15 computers	9-dist 2-sub dist 4-state HQ
Injection Safety Red /Black plastic bags etc Bleach/Hypochlorite solution Twin bucket			% of funds used	
	@ Rs. 2/bags/session	42190		21095 sessions
	@ Rs. 500 per PHC/CHC per year	48500		72-PHC 16-CHC 9-Hospitals
	@ Rs. 400 per PHC/CHC per year	39000		
	Hub cutter			
Any state specific need with justification	10 % of total amount of approved PIP		% of funds used	

* These revised norms are under consideration of Empowered Programme committee and will be sanctioned after approval of same; otherwise old norms will apply

Annual Routine Immunization Budget: 2010-11

Sl.	Services	Amount (Rs.)
1	Mobility Support for Supervision: District	650000
	State	100000
2	Cold Chain Maintenance	276000
3	Focus on slum & underserved areas in urban areas:	682500
4	Mobilization of children through ASHA/ Mobilizers	2183250
5	Alternate Vaccine Delivery	1455500
6	Support for computer Assistant for RI reporting : State	156000
	District	972000
7	Printing & Dissemination of immunization cards, etc.	538470
8	Review Meetings: State Level	243750
	District Level	108000
	Block Level	1353000
9	Trainings : Health Worker	480000
	Medical Officer	802000
	Computer Asst.	50000
	Cold Chain Handlers	100625
	Block Data Handlers	100625
10	Microplanning	114200
11	POL for vaccine delivery - State to District, district to PHC/CHCs	1100000
12	Consumables for computer including, internet access for RIMS	180000
13	Injection Safety : Red / Black plastic bags	42190
	Bleach / Hypochlorite solution	48500
	Twin bucket	39000
Total		11775610 (Appx Rs. 117.76 Lakh)

C	IMMUNISATION		
C.1	RI strengthening project (Review meeting, Mobility support, Outreach services etc)	115.50	
C.2	Cold chain maintenance	2.26	
C.3	Pulse Polio operating costs		
	Total (Part C)	117.76	

PART-D

National Disease Control Programs



Total budget under Part D

Sl. No.	Program	Total (Rs. In lakh)
		Total
1	NVBDCP	750.00
2	RNTCP	290.00
3	NPCB	78.00
4	NLEP	60.00
5	NIDDCP	45.00
6	IDSP	50.00
Total		1273.00

PART-E

Inter sectoral Convergence



(i) With WCD

- Head of offices of WCD at State, District and Blocks to be members of State Health Society, District Health Societies and RKS of CHCs/PHCs
- AWWs to be member of VHSCs
- Observation of VHNDs at AWCs and delivery of integrated MCH services
- Malnourished children as identified and referred by AWWs to be given priority at health facilities
- Involvement of AWWs/AWHs during observation of Intensified Pulse Polio Immunization
- Development of joint IEC materials

(ii) With PRI

- PRI members to be members in all committees and societies formed at all levels starting from State Health Society to VHSCs. Pradhan or member to continue as one of the signatories for encashing cheques at health facilities
- Joint health planning and implementation at all levels starting from village to State
- Community monitoring by involving the PRI representatives
- Selection of additional new ASHAs by Gram Sabha
- Payment of ASHA incentive up-to a ceiling of Rs. 1000/- per year from Village Untied fund, for activities not included in the already practiced "Integrated Incentive Package of ASHAs"
- PRI to support the observation of VHNDs
- PRI to assist ANM during itinery of ANMs at times of social insecurity and transport of heavy consignments meant for Sub-Centre use
- PRI to identify and post ASHA Support Volunteers at health facilities

(iii) With AYUSH

- Co-location of AYUSH at all CHCs and PHCs
- Community Mobilization on RCH by the AYUSH personal
- Honorarium of contractual AYUSH staff to be borne by NRM, whereas drugs and infrastructure development are to be borne by CSS (AYUSH)

(iv) With SACS/MACS

- Project Director SACS/MACS to be member of State Health Society
- SACS/MACS to support counsellors' services at DHs, CHCs and identified PHCs. For health facilities not having counsellors, LHV/ANM are to be trained on counselling by SACS/MACS



- Services of SACS/MACS counsellors to be utilized during camps using DMMUs and observation of Monthly District Integrated Outreach camps
- Contractual lab. Techs engaged under NRHM are to be used also for RTI/STI including HIV detection
- Blood bags, reagent and other consumables for FRUs' Blood Storage Cell to be borne by SACS/MACS
- ASHA training- 1 day will be reserved for training by SACS/MACS
- Joint promotion on use of condoms and Social Marketing
- Joint IEC activities

(v) With PHED

- HoO to be made members of Societies/ Committees at all levels starting from village to State
- Provision of safe drinking water at health facilities and villages
- To promote and provide low-cost sanitary latrines for poor families
- Joint IEC material preparation

(vii) With PWD

- HoO to be made members of Societies/ Committees at all levels starting from village to State
- To maintain smooth approach to health facilities
- To maintain retaining walls of health facilities located at hill slopes

(viii) With Education department

- HoO Dept. of Education to be member of state /District level Societies
- Prominent school teachers to be members of VHSCs
- Joint Schhol Health Services & Monitoring
- Joint screening of hearing impaired and visually impaired students
- Family Life Education (FLE) in schools



Budget Summary:

PART	NRHM PARTS	BUDGET (Rs. In Lakh)
A	RCH-II	2181.01
B	NRHM ADDITIONALITIES	7391.21
C	IMMUNIZATION	117.76
D	NATIONAL DISEASE CONTROL PROGRAMME	1273.00
E	INTER SECTORAL CONVERGENCE	0
	Infrastructure Manitenance (Treasury Route)	1753.84
TOTAL		12716.82
Central Share (Rs. In Lakh)		15% State Share (Rs. In Lakh)
11058.10		1658.72

