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भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110108
Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110108
D.O. No. 10(33)/2009-NRHM-I
Dated the 1st May, 2009

Subject: - RoPs of the NPCC of NRHM for the year 2009-10

Dear Shri Singh,

Enclosed please find the Record of Proceedings of the National Programme Coordination Committee of the NRHM for the year 2009-10. I would like to sincerely thank all the States and Union Territories for having cooperated in the decentralized planning and appraisal process to ensure that the Record of Proceedings are issued in time.

2. As is mentioned in the ROPs, we have requested State and UT Governments to issue district wise approval under the NRHM and to post it on the website of the State Health Departments within 45 days. This would facilitate an even greater transparency and accountability in the programme.

3. As per GFR, an activity cannot be financed through two sources from the Government. Accordingly the activities under the Disease Control Programmes (DCPs) which are having a line of funding from the respective programme, cannot have another line of funding from Flexipool. Such activities have not been approved and provided for from the Mission Flexipool.

4. I am also enclosing a letter received from the Election Commission of India where the Commission has permitted the implementation of payment of salaries on contract as also the maintenance grants till the Code of Conduct was in force. Since the Election process will be completed by 16th May, the States could thereafter start implementation of the annual plan of 2009-10 in full speed. Like last year, we hope to send the CRM to the States in Nov-Dec 2009 to take stock of the progress made against the ROPs.

5. Once again I would like to sincerely thank you for the cooperation extended in the entire planning and approval process of NRHM.

With regards,

Yours sincerely,

(G.C. Chaturvedi)

Enclosure: - As above

Shri W. Ajit Singh,
Mission Director (NRHM) & State Health Society,
Directorate of Family Welfare,
Health & Family Welfare Department,
Old Secretariat, South Block,
Government of Manipur, Imphal - 795 001.

ELECTION COMMISSION OF INDIA

Nirvachan Sadan, Ashoka Road, New Delhi-110001

No. 437/6/15/2009-CC&BE

1850

Dated: 23rd March, 2009

To

✓ Shri Puneet Kansal,
Deputy Secretary to the
Government of India,
Ministry of Health and Family Welfare,
Room No. 308-D Wing, Nirman Bhawan,
New Delhi.

S. No. 10 CR)

Subject:- Applicability of Model Code of Conduct - Implementation of National
Rural Health Mission - Regarding.

Sir,

With reference to your 7(12)/2009-NRHM-I dated 19th March, 2009 on the subject cited and to state that Commission has no objection to the proposal contained therein in respect of contract amount of health of personnel posted in rural areas, maintenance grant for Sub Center/PHCs/CHCs subject to the condition that any increase proposed on the said contract amount of health of personnel, maintenance over the previous year's rate granted may be deferred till the completion of the General Elections.

Yours faithfully,



(K.N.BHAR)

UNDER SECRETARY

Dy. 277/09-NRHM I)
2/4/09

**Record of Proceedings of the National Programme Coordination
Committee (NPCC) for the approval of PIP of Manipur, held
under the Chairmanship of Shri G.C. Chaturvedi, Additional
Secretary and Mission Director, NRHM for approval of NRHM
Programme Implementation Plans of Manipur State for the year
2009-10**

A meeting of the NPCC of NRHM was held under the Chairmanship of AS & MD, NRHM, to approve the PIP of Manipur on 23rd March 09 at Agartala. The list of members who attended the meeting is placed at Annex. I. The NPCC meeting was convened after the Pre- Appraisal meeting for the State with written and oral comments provided to the State to modify the proposal before the NPCC.

It was clarified to the States that the proposal of the State under NRHM 2009-10 would comprise of the following resources:

- (A) Unspent balance under NRHM in the State on 1 April 2009.
- (B) Resource Envelope for the State under NRHM from the Ministry of Health and Family Welfare, GOI, as communicated by the Ministry to the States. It is proposed to increase the allocation for purposes of PIP approval, by 25% over the previous year. The actual release of funds will be as per the resource envelope provided in the vote on account Budget unless there are changes when the main Budget is presented in June 2009.
- (C) 15% State contribution to NRHM made as a grant to the State Health Society. The 15% contribution will be against the overall Resource envelope of NRHM proposed at "B" above.



Based on the above principle, the allocation for the State is as follows:

		Rs. in lakh
1	Unspent Balance under NRHM on 1.4.2009.	Rs.4261.95
2	GOI Resource Envelope for 2009-10 under NRHM (including a 25% higher allocation for purposes of PIP approval)	Rs.9246.00
3	15% State share of 2 above.	Rs.1387.00
	Total	Rs.14894.95

The Resource Pool wise break up of total NRHM resources is as follows:

	Unspent balance on 1.4.2009.	GoI Resource Envelope under NRHM
RCH Flexible Pool (including Immunization)	Rs.1951.00	Rs.2303.00
NRHM Flexible Pool	Rs.2218.00	Rs.2285.00
Pulse Polio		Rs.117.73
NVBDCP(incl. kind grants)		Rs.637.50
RNTCP		Rs.101.89
NPCB		Rs.305.90
NIDDCP		Rs.36.00
IDSP(incl. kind grants)	Rs.92.95	Rs.34.70
NLEP(incl. kind grants)		Rs.50.00
Infrastructure Maintenance (Treasury Route)		Rs.1525.08
15% State Share		Rs.1387.00
NPPCD (if any)		
25% over and above GoI Resource pool for purposes of NPCC approval		Rs.1849.00
Total	Rs.4261.95	Rs.10633.00

Based on the State's PIP and deliberations thereon the Plan for the State is approved as per the detail of Annexure II (RCH Flexible Pool), Annexure III (NRHM Flexible Pool), Annexure-IV (Immunization) & Annexure -V (National Disease Control Programme).

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Summary of the approvals accorded for the various schemes/programmes under NRHM are given in the table below.

Table 3

SUMMARY OF APPROVAL

(Details provided in respective Annexes)

	Scheme/ Programme	Approved Amount (In Rs. lakhs)
1.	RCH Flexible Pool	Rs.1030.38
2.	NRHM Flexible Pool	Rs.5113.14
3.	Immunization	Rs.103.74
4.	NVBDCP	Rs.637.50
5.	RNTCP	Rs.263.14
6.	NPCB	Rs.227.00
7.	NIDDCP	Rs.36.00
8.	IDSP	Rs.45.90
9.	NLEP	Rs.51.33
10.	Infrastructure Maintenance (Treasury Route)	Rs.1525.08
	TOTAL	Rs.9033.21

Note: Amounts approved above include the unspent balance under different programmes as on 01.04.2009.

The following general conditions will apply:-

1. All posts under NRHM are on contract and based on local criteria. The appointment should be done by the Rogi Kalyan Samiti /District Health Society. Residence at place of posting is mandatory. All such appointments are for a particular institution and non transferable.
2. Blended payments comprising of a base salary and a performance based component, should be encouraged.

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3. State Government must fill up its existing vacancies against sanctioned posts, preferably by contract.
4. Transparent transfer and career progression systems should be implemented in the State.
5. Delegation of administrative and financial powers should be completed during the current financial year.
6. State shall set up a transparent and credible procurement and logistics system on the lines of the Tamil Nadu Medical Services Corporation. State agrees to periodic procurement audit by third party to ascertain progress in this regard.
7. The State shall undertake institution specific monitoring of performance of Sub Centre, PHCs, CHCs, DHs, etc.
8. The State shall operationalize an on-line HMIS in partnership with MOHFW.
9. The State shall take up a massive capacity building exercise of Village Health and Sanitation Committees, Rogi Kalyan Samitis and other community /PRI institutions at all levels.
10. The State shall ensure regular meetings of all community Organizations /District /State Mission with public display of financial resources received by all health facilities.
11. The State Govts. shall also make contributions to Rogi Kalyan Samitis and transfer responsibility for maintenance of health institutions to them.
12. The State shall endeavour to bring the Budget of Health facilities under the supervision of the concerned Rogi Kalyan Samitis.
13. The State shall prepare Essential Drug lists of generic drugs and Standard treatment Protocols, and give it wide publicity.
14. The State shall focus on the health entitlements of vulnerable social groups like SCs, STs, OBCs, Minorities, Women, migrants etc.
15. The State shall ensure timely performance based payments to ASHIAs/Community Health Workers.
16. The State shall encourage in patient care and fixed day services for family planning.



17. The State shall ensure effective and regular organization of Monthly Health and Nutrition Days and set up a mechanism to monitor them.
18. All performance based payments/incentives should be under the supervision of Community Organizations (PRI)/RKS.
19. The State agrees to follow all the financial management systems under operation under NRHM and shall submit Audit Reports, FMRs, Statement of Fund Position, as and when they are due. State also agrees to undertake Monthly District Audit and periodic assessment of the financial system.
20. The State agrees to fast track physical infrastructure upgradation by crafting State specific implementation arrangements. State also agrees to external evaluation of its civil works programmes.
21. The State Govt. agrees to co-locate AYUSH in PHCs/CHCs, wherever feasible.
22. The State agrees to focus on quality of services and accreditation of government facilities.
23. The State/UT agrees to undertake community monitoring on pilot basis, wherever not tried out as yet, and scale up with suitable model wherever piloted earlier.
24. The State/UT agrees to undertake continuing medical and continuing nursing education.
25. The State agrees to make health facilities handling JSY, women and child friendly to ensure that women and new born children stay in the facility for 48 hours.
26. The State Governments shall, within 45 days of the issue of the Record of proceedings, issue detailed District wise approvals and place them on their website for public information.
27. The State agrees to return unspent balance against specific releases made in 2005-06, if any.
28. The State is entitled to engage a second ANM to the extent that it provides for MPW (Male) or the contractual amount of 2nd ANM be paid out of State Budget and Third functionary may be engaged from NRHM Fund.



List of Members present during the NPCC for the meeting of the **Sub Group and National Programme Coordination Committee** held on 23rd and 24th March 2009 under the Chairmanship of Shri G.C. Chaturvedi, AS & MD, NRHM.

1. Shri. G.C. Chaturvedi, Mission Director (NRHM), MOHFW
2. Shri. Robert L. Chongthu, Deputy Secretary, NE-Division
3. Shri. Puneet Kansal, Deputy Secretary, NRHM(F)
4. Shri. Sanjay Prasad, Director (DC Division)
5. Dr. Kaushal Kumar, Jt. Director (IDSP)
6. Dr. S.K. Sikdar, Assistant Commissioner (Family Planning)
7. Dr. B. Kishore, Assistant Commissioner (Child Health)
8. Dr. H. Bushan, Assistant Commissioner (Maternal Health)
9. Shri. Dinesh Baswal, Assistant Commissioner (Training)
10. Shri. C.S. Misra, Under Secretary (Cancer Research)
11. Shri G.R. Khetrapal, Under Secretary, NE-Division
12. Shri. R.D. Indora, Under Secretary, NE-Division
13. Dr. D.M. Thorat, DADG(L), Central Leprosy Division (NLEP)
14. Dr. Devesh Gupta, CMO, Central TB Division (RNTCP)
15. Dr. Anupama Hazarika, Consultant WHO-NE (RNTCP)
16. Dr. Sandeep Sachdev, National Consultant, BC (NPCB)
17. Dr. G.S Sonal, Jt. Director (NVBDCP)
18. Dr. P.K. Srivastava, Jt. Director (NVBDCP)
19. Dr. B.K. Tiwari, Advisor (Nutrition)
20. Dr. A. Raghu, Assistant Advisor (AYUSH)
21. Shri. Prabhat Kumar, Asst. Prog. Officer (Drug De-addiction Programme)
22. Smt. C.N. Bhargavi, CA DAGN(N) (Nursing Division)
23. Dr. Ravish Behl, Consultant (MSG)
24. Shri. Rahul Pandey, Consultant (MSG)
25. Dr. Indira Chakraborty, Executive Director & Addl. DG (AIH&PH)

NHSRC

26. Dr. T. Sundararaman, Executive Director (NHSRC)
27. Dr. Ritupriya Mehrotra, Advisor-Public Health (NHSRC)

RRC-NE

28. Dr. A.C. Baishya, Director (RRC-NE)
29. Dr. Dilip Singh, Advisor-Public Health (RRC-NE)
30. Dr. Ashoke Roy, Advisor-Public Health (RRC-NE)
31. Shri. K.K. Kalita, Advisor-Procurement & Logistics (RRC-NE)
32. Smt. Rita D. Tamang, Coordinator-Capacity Building (RRC-NE)
33. Shri. Bhaswat Kr. Das, Consultant-HMIS (RRC-NE)
34. Shri. Biraj Kanti Shome, Consultant, Community Mobilization (RRC-NE)

List of Participants from the States:

Arunachal Pradesh

35. Shri. Anshu Prakash, Commissioner & Secretary, H&FW, Govt. of Arunachal Pradesh
36. Shri. Talem Tapok, Mission Director, Arunachal Pradesh
37. Dr. D. Padung, Nodal Officer NRHM, Arunachal Pradesh

Assam

38. Dr. J.B. Ekka, MD, NRHM & Secretary, H&FW, Govt. of Assam
39. Ms. Preety Rajbonshi, State Program Officer NRHM, Assam
40. Dr. Joydeep Das, State Facilitator, Assam

Manipur

41. Shri. V. Vumlun Mang, Commissioner & Secretary, H& FW, Govt. of Manipur
42. Shri. W. Ajit Singh, Mission Director, Manipur
43. Dr. Sh. Raghumani Sharma, Director Family Welfare, Manipur
44. Dr. H. Kulabidhu Singh, Deputy Director Family Welfare, Manipur
45. Dr. K. Lataswari, State Facilitator, Manipur
46. Shri. W. Tijen, State Finance Consultant (NRHM), Manipur

Meghalaya

47. Shri. D.P. Wahlang, Commissioner & Secretary IT cum MD NRHM, Govt. of Meghalaya
48. Dr. L. K. Lakiang, Director MCH&FW & Jt. MD NRHM, Meghalaya
49. Dr. S. Kharkongor, Sr. MO cum Nodal Officer NRHM, Meghalaya
50. Shri. Malcolm Kharshing, State Finance Manager (NRHM), Meghalaya
51. Shri. Bikash Das, State Facilitator, Meghalaya

Mizoram

52. Shri. P. Sangzuala, Mission Director NRHM, Mizoram
53. Dr. Vanlalhruii, Deputy Director, H&FW, Mizoram
54. Dr. Hmingthanzuala, Medical Officer NRHM, Mizoram

Nagaland

55. Shri. Menukhol John, Commissioner & Secretary H&FW, Govt. of Nagaland
56. Shri. T. Limsong, Mission Director NRHM, Nagaland
57. Dr. Vizolie Z. Sukhorie, State Programme Manager NRHM, Nagaland
58. Shri. Arshad Saquei, Accounts officer NRHM, Nagaland

Sikkim

- 59. Dr. S.K. Dewan, Mission Director NRHM, Sikkim
- 60. Dr. L.D. Lepcha, Addl. Director, RCH- II, Sikkim
- 61. Dr. K. Jigme Tobgay, Nodal Officer NRHM, Sikkim

Tripura

- 62. Shri. Y.P. Singh, Principal Secretary H&FW, Govt. of Tripura
- 63. Shri. L. Darlong, Mission Director NRHM, Tripura
- 64. Dr. S.R. Debbarma, Director Health Services, Tripura
- 65. Dr. R.K. Dhar, Director Family Welfare, Tripura
- 66. Dr. T.K. Das, Deputy. Director FWPM & Programme Officer RCH, Tripura
- 67. Dr. Subhasish Debbarma, Member Secretary, SH&FWS, Tripura
- 68. Dr. K.B. Dey, Branch Officer NRHM, Tripura
- 69. Shri. Arindam Saha, State Facilitator , Tripura

ANNEX-II**APPROVAL OF RCH II PIP 2009-10: MANIPUR****(Rs. Lakhs)**

S. No.	BUDGET HEAD	PROPOSED	APPROVED
1	Maternal Health	82.80	21.60
2	Child Health	70.00	40.00
3	Family Planning	25.00	12.40
4	ARSH	0.00	0.00
5	Urban RCH	80.68	72.68
6	Tribal RCH	15.04	10.04
7	Vulnerable Groups	5.90	5.90
8	Innovations/ PPP/ NGO	164.70	78.38
9	Infrastructure & HR	824.31	132.00
10	Institutional Strengthening	104.91	25.43
11	Training	221.29	217.01
12	BCC / IEC	63.80	63.80
13	Procurement	271.50	0.00
14	Programme Management	326.18	200.18
15	Others/ Untied Funds	0.00	0.00
	Total RCH II Base Flexi Pool	2256.11	879.42
16	JSY	134.96	117.96
17	Sterilisation & IUD Compensation, and NSV Camps	33.00	33.00
	GRAND TOTAL RCH II	2424.07	1030.38

Note:

1. Activities have been re-classified as per FMR/ Operating Manual heads; details are provided in attachment "A".
2. Details of activities approved/ not approved, and specific comments, are provided in attachment "A".
3. Expenses are to be booked as approved in attachment "A".

GENERAL COMMENTS

- State should ensure quality of care for pregnant women at public healthcare institutions by ensuring :
 - adequate number of trained staff and doctors
 - improved physical infrastructure of the facility
 - post- delivery stay of 48 hours
 - provision/ assured linkage of blood storage unit at the FRUs
 - up-gradation of PHCs & CHCs into 24*7
- The state should improve implementation of JSY by ensuring that:
 - Payment is made to the beneficiary at the time of delivery through bearer cheque
 - Referral package is as per guidelines.
 - Monitoring of JSY is as per directives of GOI.

- Grievance redressal mechanism for JSY is set up at the local level; listing of beneficiaries outside the PHC/ CHC, etc should be instituted for ensuring transparency and for facilitating grievance redressal.
- Quality of deliveries at public health facilities is monitored; private sector facilities are accredited and monitored.
- Incentives on per case basis are not permissible. There needs to be minimum threshold above which incentives should be allowed. Incentives should be consolidated wherever feasible. Clear performance benchmarks for the incentives as well as monitoring mechanisms (e.g. VHSC, RKS, District/ State level authorities, etc.) should be set.
- State to update beneficiary/ eligible couple registers (ECR) in April to get the list of potential clients; give cards to clients and track services received at VHNDs and home visits; and match cards with ECR to track left outs.
- New construction is not permissible under RCH II. Repairs/ renovations of existing OTs/ labour rooms for operationalisation of FRUs, 24/7 PHCs and SCs may be permitted.
- Contractual staff has to be engaged on a consolidated or blended amount. No other allowance is admissible to them.
- Purchase of vehicles is not permitted under NRHM/ RCH II.
- A system should be developed for holistic monitoring of the PIP based on outcomes, costs and activities. Further, underlying systems at the district and state level should be revamped for analysing variances against the set targets and corresponding budgets for the strategies /activities on a quarterly basis.
- State needs to refund the unspent balance from RCH-I (Rs. 0.28 crores) to Gol.

ATTACHMENT "A"

MANIPUR

(Rs. Lakhs)

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
A.1	MATERNAL HEALTH			
A.1.1	Operationalise facilities			
A.1.1.1	Operationalise FRUs			
A.1.1.2	Operationalise 24x7 PHCs			
A.1.1.3	MTP services at health facilities			
A.1.1.4	RTI/STI services at health facilities			
A.1.1.5	Operationalise Sub-centres			
A.1.2	Referral Transport	61.20	0.00	Not approved. May be funded from RKS funds locally.
A.1.3	Integrated outreach RCH services			
A.1.3.1	RCH Outreach Camps	21.60	21.60	State should focus more on organizing comprehensive VHNDs rather than outreach camps.
A.1.3.2	Monthly Village Health and Nutrition Days			
A.1.4	Janani Suraksha Yojana / JSY			
A.1.4.1	Home Deliveries			
A.1.4.2	Institutional Deliveries	134.96	117.96	1) Rs. 16.00 lakhs for referral transport is already built-in under ASHA package. Not approved. 2) Programme management cost is restricted to 5% of the budget (4%+1%). Rs. 1 Lakh under the head not approved. 3) State needs to provide a bifurcation of rural and urban beneficiaries as proposed.
A.1.4.2.1	Rural			
A.1.4.2.2	Urban			
A.1.4.2.3	Caesarean Deliveries			
A.1.4.3	Other activities (JSY)			
A.1.5	Other strategies/activities			
A.1.5.1	Maternal Death Audit			
A.2	CHILD HEALTH			
A.2.1	Integrated Management of Neonatal & Childhood Illness/ IMNCI			
A.2.2	Facility Based Newborn Care/ FBNC			
A.2.3	Home Based Newborn Care/ HBNC			
A.2.4	School Health Programme	70.00	40.00	Rs. 30.00 lakhs proposed for drugs, transferred to 26.1 (Annexure III) under Mission flexi pool.
A.2.5	Infant and Young Child Feeding/ IYCF			
A.2.6	Care of Sick Children and Severe			

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
	Malnutrition			
A.2.7	Management of Diarrhoea, ARI and Micronutrient Malnutrition			
A.2.8	Other strategies/activities			
		70.00	40.00	
A.3	FAMILY PLANNING			
A.3.1	Terminal/Limiting Methods			
A.3.1.1	Dissemination of manuals on sterilisation standards & QA of sterilisation services			
A.3.1.2	Female Sterilisation camps	18.00	5.40	Rs. 5.40 lakhs approved as per GOI norms.
A.3.1.3	NSV camps			
A.3.1.4	Compensation for female sterilisation	20.00	20.00	
A.3.1.5	Compensation for male sterilisation	10.00	10.00	
A.3.1.6	Accreditation of private providers for sterilisation services			
A.3.2	Spacing Methods			
A.3.2.1	IUD camps			
A.3.2.2	IUD services at health facilities / compensation	3.00	3.00	Admissible @ Rs. 20/- per IUD insertion only.
A.3.2.3	Accreditation of private providers for IUD insertion services			
A.3.2.4	Social Marketing of contraceptives			
A.3.2.5	Contraceptive Update seminars			
A.3.3	POL for FP/ Others			
A.3.4	Repairs of Laparoscopes	2.00	2.00	
A.3.5.	Other strategies/activities	5.00	5.00	
A.4	ARSH			
A.4.1	Adolescent services at health facilities.			
A.4.2	Other strategies/activities			
		0.00	0.00	
A.5	URBAN RCH			
A.5.1	Urban RCH Services	80.68	72.68	Rs. 8.00 lakhs for drugs (5.3. Drugs & medicines) transferred to 26.2 (Annexure III) under Mission flexi pool
A.5.2	Other strategies/activities			
		80.68	72.68	
A.6	TRIBAL RCH			
A.6.1.	Tribal RCH services	15.04	10.04	Rs. 5.00 lakhs for drugs (6.1.4. Drugs & Medicines) transferred to 26.3 (Annexure III) under Mission flexi pool
A.6.2	Other strategies/activities			
		15.04	10.04	
A.7	VULNERABLE GROUPS			
A.7.1.	Services for Vulnerable groups	5.90	5.90	

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
		5.90	5.90	
A.8	INNOVATIONS/ PPP/ NGO			
A.8.1	PNDT and Sex Ratio	15.00	15.00	
A.8.2	Public Private Partnerships	23.86	3.38	Maternity waiting rooms near RIMS & JN Hospital are not advisable; maternity waiting rooms should not be located in urban health facilities, instead should be at functional rural FRU or 24x7 facilities to reduce workload at urban/ tertiary care facilities (Rs. 20.48 lakhs) - Not approved.
A.8.3	NGO Programme	60.00	60.00	To include: • ASHA support system • Community Monitoring • V th Module of ASHA Training
A.8.4	Other innovations (if any)	65.84	0.00	• 8.3.4. – Operationalising EMRI: Rs. 65.84 lakhs. This includes procurement of ambulances as well; hence this is not permissible. Refer 26.4 (Annexure III) under Mission flexi pool.
		164.70	78.38	
A.9	INFRASTRUCTURE & HR			
A.9.1	Contractual Staff & Services			
A.9.1.1	ANMs			
A.9.1.2	Laboratory Technicians			
A.9.1.3	Staff Nurses			
A.9.1.4	Doctors and Specialists (Anaesthetists, Paediatricians, Ob/Gyn, Surgeons, Physicians)	50.00	50.00	
A.9.1.5	Other contractual staff	4.88	0.00	1) Rs. 0.90 lakhs for '2.10.1. Engagement of one Computer Asst. (under Child Health)' is not approved. Computer assistant should be common for the programme and should not specific for one component. 2) Rs. 3.98 lakhs for 1.1.5.6. Voluntary workers or helpers at SCs - not approved; payment should be limited to Rs. 100/month.

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
A.9.1.6	Incentive/ Awards etc.	25.00	0.00	1) Rs. 5.00 lakhs. Provision of performance based incentive to MO @ Rs 50/- per case of RTI/STI diagnosed and treated through DMMUs is not approved. This is part of routine activity of a MO. 2) 1.5.2.1. Incentive for encouraging PNC visits by ASHA: Rs. 20.00 lakhs - Not approved. Incentives for PNC visits can be revised for ASHA/ link workers provided she brings women for completing 4 ANC and 3 PNC checkups.
A.9.2	Major civil works (new construction /extension/ addition)			
A.9.2.1	Major civil works for operationalisation of FRUS	660.03	0.00	New construction. Refer 26.5 (Annexure III) under Mission flexi pool
A.9.2.2	Major civil works for operationalisation of 24 hour services at PHCs			
A.9.3	Minor civil works			
A.9.3.1	Minor civil works for operationalisation of FRUs	70.00	70.00	State may note that only repairs/ renovations of OT, labour room are permissible. Fresh constructions are not allowed.
A.9.3.2	Minor civil works for operationalisation of 24 hour services at PHCs	12.00	12.00	
A.9.4	Operationalise IMEP at health facilities			
A.9.5	Other Activities	2.40	0.00	1) Rs. 0.88 lakhs for double telephone line at CHC is not approved. This may be taken from Untied fund/AMG/RKS. 2) Rs. 1.52 lakhs for single telephone line at PHC not approved. Comments as above.
		824.31	132.00	
A.10	INSTITUTIONAL STRENGTHENING			
A.10.1	Human Resources Development	0.50	0.50	
A.10.2	Logistics management/ improvement			
A.10.3	Monitoring & Evaluation / HMIS	100.78	21.30	1) Rs. 6.50 lakhs for '2.9.1. Out sourcing 02 vehicles for monitoring & supervisory visits' is not approved. This need not to be programme specific and should be part of overall programme management cost. 2) Rs. 62.98 lakhs for new HMIS. Refer 26.6 (Annexure III) under Mission flexi pool

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
				3) Rs. 10.00 lakhs for Community monitoring is not approved – to be taken up by the NGOs under the NGO programme (see activity code A.8.3.).
A.10.4	Sub Centre Rent and Contingencies	3.63	3.63	
A.10.5	Other strategies/ activities			
		104.91	25.43	
A.11	TRAINING			
A.11.1	Strengthening of Training Institutions	13.75	13.75	
A.11.2	Development of training packages			
A.11.3	Maternal Health Training			
A.11.3.1	Skilled Birth Attendance / SBA	14.45	14.45	
A.11.3.2	EmOC Training	7.19	7.19	
A.11.3.3	Life saving Anaesthesia skills training	7.55	7.55	
A.11.3.4	MTP training	10.20	10.20	
A.11.3.5	RTI / STI Training	11.65	11.65	
A.11.3.6	Dai Training			
A.11.3.7	Other MH Training			
A.11.4	IMEP Training	2.73	2.73	
A.11.5	Child Health Training			
A.11.5.1	IMNCI	76.15	76.15	
A.11.5.2	Facility Based Newborn Care			
A.11.5.3	Home Based Newborn Care			
A.11.5.4	Care of Sick Children and severe malnutrition			
A.11.5.5	Other CH Training			
A.11.6	Family Planning Training			
A.11.6.1	Laparoscopic Sterilisation Training			
A.11.6.2	Minilap Training	2.88	2.88	
A.11.6.3	NSV Training	2.12	2.12	
A.11.6.4	IUD Insertion Training	20.22	20.22	
A.11.6.5	Contraceptive Update Training			
A.11.6.6	Other FP Training			
A.11.7	ARSH Training	17.17	17.17	
A.11.8	Programme Management Training	20.96	20.96	
A.11.8.1	SPMU Training			
A.11.8.2	DPMU Training			
A.11.9	Other training	14.28	10.00	Following training transferred to 26.7 (Annexure III) under Mission flexi pool: • 11.8.3 Training of AYUSH Doctors: Rs. 2.90 lakhs • 11.8.4 Re-orientation of PRI members: Rs. 1.38 lakhs
A.11.9.1.	Continuing Medical & Nursing Education			
		221.29	217.01	

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
A.12	BCC / IEC			
A.12.1	Strengthening of BCC/IEC Bureaus (state and district levels)			
A.12.2	Development of BCC/IEC strategy			
A.12.3	Implementation of BCC/IEC strategy			
A.12.3.1	BCC/IEC activities for MH			
A.12.3.2	BCC/IEC activities for CH	5.50	5.50	State has proposed to celebrate different awareness days. State should have parameters/ criteria e.g. early initiation of breastfeeding with in one hour, exclusive breastfeeding for 6 months , timely complementary feeding with continuous breastfeeding till 2 yrs etc. and only those who fulfil these parameters should be considered.
A.12.3.3	BCC/IEC activities for FP			
A.12.3.4	BCC/IEC activities for ARSH			
A.12.4	Other activities	58.30	58.30	
		63.80	63.80	
A.13	PROCUREMENT			
A.13.1	Procurement of Equipment			
A.13.1.1	Procurement of equipment: MH	5.00	0.00	Refer 26.8 (Annexure III) under mission flexi pool
A.13.1.2	Procurement of equipment: CH			
A.13.1.3	Procurement of equipment: FP			
A.13.1.4	Procurement of equipment: IMEP			
A.13.2	Procurement of Drugs and supplies			
A.13.2.1	Drugs & supplies for MH	44.50	0.00	Refer 26.9 (Annexure III) under mission flexi pool
A.13.2.2	Drugs & supplies for CH			
A.13.2.3	Drugs & supplies for FP			
A.13.2.4	Supplies for IMEP			
A.13.2.5	General drugs & supplies for health facilities	222.00	0.00	Refer 26.10 (Annexure III) under mission flexi pool
		271.50	0.00	
A.14	PROGRAMME MANAGEMENT			
A.14.1	Strengthening of State society/ SPMU	23.70	23.70	
A.14.2	Strengthening of District society/ DPMU	50.76	50.76	
A.14.3	Strengthening of Financial Management systems			
A.14.4	Other activities (Programme management expenses, mobility support to state, district, block)	251.72	125.72	(1) Rs. 1.00 lakhs for '2.10.2. Office Contingency', should be part of the over all maintenance costs and not approved separately. (2) 14.3. Program management cost: Rs.

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
				325.18 lakhs has been mentioned incorrectly in the budget sheet. The correct amount as per PIP is Rs. 250.00 lakhs. State has proposed 6% of Part A, B and C as programme management cost, out of which Rs. 250.00 lakhs is lumpsum proposed for TA/ DA, office expenses, mobility support, etc. No details are provided. 50% is approved (Rs. 125.00 lakhs) under RCH II. The remaining amount of Rs. 125.00 lakhs is expected to be BPMU/ block level expense – transferred to 26.11 (Annexure III) under Mission flexi pool.
		326.18	200.18	
A.15	OTHERS/ UNTIED FUNDS			
	Total RCH II Base Flexi Pool	2256.11	879.42	
	Total JSY, Sterilisation and IUD Compensation, and NSV Camps	167.96	150.96	
	GRAND TOTAL RCH II	2424.07	1030.38	

RECLASSIFICATION OF ACTIVITIES

Activities from the revised PIP sent by the state (post NPCC) have been reclassified as per the FMR/ operating manual heads. State needs to comply with this and submit a revised quarterly budget:

- Activity code 3.2.2. IUD services at health facilities / compensation includes:
 - 3.2.1 Motivator's fee for IUD
- Activity code 3.4. Repairs of Laparoscopes include:
 - 3.1.7. Procurement of spare parts & repair of sterilization equipments
- Activity code 3.5. Other strategies/activities include:
 - 3.2.2. Monitoring & Supervisory visits
- Activity code 8.2. Public Private Partnerships includes:
 - 8.1.3. Operationalisation of Maternity Waiting Centres near RIMS & JN Hospital
 - 8.1.4. Continuation of weekly Educational Radio Program for ASHAs
- Activity code 8.5. Other innovations (if any) includes:
 - 8.3.4. Operationalising EMRI
- Activity code 9.1.4. Doctors and Specialists (Anaesthetists, Paediatricians, Ob/Gyn, Surgeons, Physicians) includes:
 - 1.1.1.5 Provision of specialist doctors

7. Activity code 9.1.5. Others - Computer Assistants/ BCC Co-ordinator/ ASHA Link Worker etc include:
 - 1.1.5.6. Voluntary workers or helpers
 - 2.10.1. Engagement of 01 Computer Asst.
8. Activity code 9.1.6. Incentive/ Awards etc. to ASHA Link worker/ SN/ MOs etc includes:
 - 1.1.4.6. Extension of RTI/STI services through DMMUs
 - 1.5.2.1. Incentive for encouraging PNC visits by ASHA
9. Activity code 9.2.1. Major civil works for operationalisation of FRUS includes:
 - 9.2.1. Extension works in CHC Sugnu & Heirok
 - 9.2.2. Up-Gradation of CHC Sagolmang
10. Activity code 9.3.1. Minor civil works for operationalisation of FRUs include:
 - 2.6.1. Operationalising Newborn care Corners in FRUs
11. Activity code 9.3.2. Minor civil works for operationalisation of 24 hour services at PHCs include:
 - 9.3.1. Minor Civil Works for 24/7 PHCs
12. Activity code 9.5. Other Activities includes:
 - 1.1.1.2. Double telephone line connection of 7DHs & 4 CHCs.
 - 1.1.2.2 Single Telephone line connection
13. 10.1.8. Development of HR management software has been shifted to "10.1. Human Resources Development"
14. Activity code 10.3. Monitoring & Evaluation / HMIS include:
 - 1.5.6.2. Printing of Registers
 - 2.9. Monitoring & Evaluation & Review meetings
 - 2.9.1. Out sourcing 02 vehicles for monitoring & supervisory visits
 - 2.9.2. 02 State IMNCI co-ordination group meeting
 - 2.9.3. Quarterly State level review
 - 3.1.8. Printing of registers
 - 14.6. HMIS
 - 14.7 community monitoring
15. Activity code 10.4. Sub Centre Rent and Contingencies include:
 - 1.1.5.3. Rent for SCs building
16. Activity code 11.5.1. IMNCI includes:
 - 2.1.1. Implementation in 03 Districts (Imphal East, Bishnupur, Chandel)
 - 2.1.1.2. Training of 100 MBBS Doctors
 - 2.1.1.3. Support for Pre service training of IMNCI in medical College (RIMS)
17. Activity code 11.8. Programme Management Training includes:
 - 11.8.2. Management skill training for DPMs, BPMs, & MOs
 - 11.9. Others (Capacity training of SPMUs, DPMUs, BPMUs and Medical Officers at Ministry, State and District level)
18. Activity code 11.9. Other training includes:
 - 11.8.3 Training of AYUSH Doctors

- 2.1.1.3. Support for Pre service training of IMNCI in medical College (RIMS)
17. Activity code 11.8. Programme Management Training includes:
- 11.8.2. Management skill training for DPMs, BPMs, & MOs
 - 11.9. Others (Capacity training of SPMUs, DPMUs, BPMUs and Medical Officers at Ministry, State and District level)
18. Activity code 11.9. Other training includes:
- 11.8.3 Training of AYUSH Doctors
 - 11.8.4 Re-orientation of PRI members
 - 11.9. Monitoring of Trainings
19. Activity code 12.3.2. BCC/IEC activities for CH includes
- 2.8 Awareness campaign at State level & observation at state events
 - 2.8.1. State level Healthy baby & Mother competition
 - 2.8.2. State level Breast feeding week celebration
 - 2.8.3. ORS week celebration
20. Activity code 12.4. Other activities include:
- 12.1. Capacity development on BCC activities
 - 12.2. Implementation of local specific BCC activities
 - 12.3. Reinforcement from State level to local specific BCC activities
21. Activity code 13.1.1. Procurement of equipment: MH includes:
- 1.1.5.5. Delivery equipments
22. Activity code 13.2.1. Drugs & supplies for MH include:
- 1.1.4.2. RTI/STI Diagnostic kits & drugs
23. Activity code 13.2.5 General drugs & supplies for health facilities include:
- 4.1. IFA supplementation to Adolescent girls
 - 4.2.2. Provision of basic drugs to adolescent
 - 13.1. Drugs procurement
24. Activity code 14.4. Other activities (Program management expenses, Mobility support to state, district, block for all staff) includes:
- 2.10.2. Office Contingency
 - 14.2.2. Hiring of office of 02 Districts(Spt & Tml)
 - 14.3. Program management cost

- 2.1.1.3. Support for Pre service training of IMNCI in medical College (RIMS)
17. Activity code 11.8. Programme Management Training includes:
- 11.8.2. Management skill training for DPMs, BPMs, & MOs
 - 11.9. Others (Capacity training of SPMUs, DPMUs, BPMUs and Medical Officers at Ministry, State and District level)
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 - 13.1. Drugs procurement
24. Activity code 14.4. Other activities (Program management expenses, Mobility support to state, district, block for all staff) includes:
- 2.10.2. Office Contingency
 - 14.2.2. Hiring of office of 02 Districts(Spt & Tml)
 - 14.3. Program management cost

Part B: NRHM Additionalities

Sl. No.	Activity	Target	Unit Rate in Rs.	Amount proposed (Rs. In Lakh)	Amount approved (Rs. In Lakh)	Remarks
1	Village Health & Sanitation Committees	4250	10,000/-	425.00	320.3	Approved for 3203 VHSCs, as per as per total revenue villages of the state. For additional VHSCs, the state may reallocate within the available fund of Rs. 320.30 lakh, if required.
2	Operationalization of Sub-Centres with provision of Addl. ANMs as per IPHS norm	420	3200/- for fixed pay & 2800/- for performance based incentives to ANM	302.40	302.40	Approved for 420 additional ANMs for SCs. Functional SCs with 2 ANMs to be categorised for incentive. Incentives should be linked to either performance over and above identified benchmarks or for serving in pre-identified SCs located at hard to reach difficult areas.
3	Strengthening PHCs as per IPHS norm	38 PHC are to be upgraded to IPHS. Additional GNM required - 76	4000/- for fixed pay & 3000/- for incentives to GNM,	63.84	63.84	Approved. The State could operationalise only 2 PHCs as 24x7. It should ensure operationalisation as 24X7 PHCs first and then upgrade to IPHS in a phase wise manner.
		38 PHC Additional Lab.Tech-20	3200/- for fixed pay & 2800/- for performance based incentives to Lab-Tech	14.40	14.40	Refer Remarks against activity 2 above with regard to incentives.
4	Manpower strengthening of CHCs as per IPHS norm	MO-48	8000/- for fixed pay & 7000/- for incentives to GDMO	176.34	176.34	Approved. Refer Remarks against activity 2 above with regard to incentives.
		PHN-14	4500/- for fixed pay & 3500/- for incentives to PHN			
		GNM-54	4000/- for			

			fixed pay & 3000/- for incentives to GNM			
		ANM-14	3200/- for fixed pay & 2800/- for incentives to ANM			
		Pharmacist-9	4000/- for fixed pay & 3000/- for incentives to Pharmacist			
		X-ray Tech-4	3200/- for fixed pay & 2800/- for incentives to X-Ray tech			
		Lab.Tech-14	3200/- for fixed pay & 2800/- for incentives to Lab. tech			
5	Strengthening of District Hospitals to IPHS norm	2		70.99	70.99	Approved. Continued as earlier approved activity.
6	RKS at District Hospitals/ SDH/ CHCs/ PHCs	JN Hospital-1	5.0 lakh for JN Hospital	129.00	129.00	Approved. Fund should be released to RKS within 1 st quarter (June,09).
		Dist. Hospitals-7	5.0 lakh for Dist. Hospitals			
		Sub-Dist. Hosp. Moreh-1	1.0 lakh for Sub-Dist. Hosp. for Moreh			
		CHC-16	1.0 lakh for CHC			
		PHCs-72	1.0 lakh for PHCs			
7	Annual Maintenance Grant for CHCs, PHCs	Sub-Dist. Hosp. Moreh-1	1.0 lakh for Sub-Dist.	95.00	75.00	Approved. Annual Maintenance Grant limited only to those SCs,

	and Sub-Centres		Hosp. for Moreh			PHCs, CHC and SDH which are functioning at Govt. Building. As per RHS 2007, 230 SCs & 70 PHCs, 16 CHCs are in Govt. buildings.
		CHC-16	1 lakh for CHC			
		PHCs-72	50000/- for PHCs			
		SCs-420	10000/- for SCs			
8	Annual Untied Fund for CHCs, PHCs and Sub-Centres	Sub-Dist. Hosp. Moreh-1	50,000/- for Sub-Dist. Hosp. for Moreh	68.50	68.50	Approved. Funds to be released to institutions within June 2009.
		CHC-16	50,000/- for CHC			
		PHCs-72	25000/- for PHCs			
		SCs-420	10000/- for SCs			
9	Procurement and Logistics			200.00	200.00	Approved for procurement of drugs through TNMSC.
10	Supplementary equipments and furniture for CHCs, PHCs and Sub-Centres	1. Safety IV Canula with injection valve (Sizes 16,18,20,22,24)- 50,000 units	90/-	45.00	00.0	Approved as indicated.
		2. Elbow length hand-glove 18" (for gynaecological procedures) - 20,000 units	75/-	15.00	15.00	Fund released to SC,PHC, CHC as untied fund, RKS money etc may be utilized for procurement of essential equipment and consumables for institutions.
		Sterile Surgical Glove - 15,000 units	40/-	6.00	6.00	Need of IV canula may be assessed as there are only 2 24X7 PHCs and 16 CHCs.
		Portable Emergency Resuscitation Kit - 16	2,74,000/-	43.84	43.84	Inverter with battery will not be sufficient for the requirements at a PHC. SC also may not require such lighting.
		Inverter with battery/sol	50,000/-	246.00	0.00	For Hb% estimation, Haemoglobinometer may be

		ar lighting - 492 units				procured at PHC & at Sub Centre level in lieu of colorimeter.
		Addl. PHC equipment s		107.06	107.06	
11	Maintenance of 9 District Mobile Medical Units	Salary for Drivers - 18 LT -9 & X-R T-9	Rs.4000/- for fixed pay to drivers Rs.5000/- for fixed pay to Lab Tech Rs. 5000/- for fixed pay to X-ray Tech	45.36	45.36	Approved for recurring cost. Procurement of drugs should be with other drugs. As per the letter # DO no. P 17018/19/ 05-RHS, the ceiling of total recurring cost is Rs. 23.71 Lakhs per district per annum.
		POL & Maint	1.0 lakh to 4 districts & 1.5 lakh to 5 hilly districts	11.50	11.50	
		Incentiv e to regular Mos & Parame dics	Rs. 200/- to MO Rs.100/- to paramedi cal	4.50	00	
		Drugs/re pair of gadget	5.0 lakh to each DDMU	45.00	45.00	
12	Mainstreaming of AYUSH	No. of AYUSH Speciali st -1	Rs.10,000 /- for fixed pay & Rs.8,000/ - for incentives	187.32	187.32	Approved. Refer Remarks against activity 2 above with regard to incentives.
		No. of AYUSH Drs. -87	Rs. 8,000/-for fixed pay & Rs. 7,000/- for incentives			
		No. of AYUSH Pharma - 34	Rs. 4000/- for fixed pay & Rs.3000/- for incentives			
13	Construction of building-less PHCs	9	67.62 lakh for PHC building & 68.07 lakh for quarter constructi	1017.55	1017.55	Approved. Priority of quarters to be for making facility as 24X7 PHCs.

			on			
14	Construction of building-less Sub-Centres:	66 Vally-22 Hilly-44	15.52 lakh for valley district and 17.27 lakh for hilly district	1101.32	00	Not approved. As per RHS,2007 Manipur has 168 SCs in rented building. Construction of 165 SCs (100 in 2006-07 and 65 in 2008-09) already approved.
15	Relocation of CHC at Napet Palli Village of IE District			812.55	0.00	Not approved. The proposal amounts to creation of another CHC. State already has 16 CHCs as per 2007 RHS. Additional CHCs not required as per 2001 population. It is suggested that a PHC located in the area may be upgraded to 24X7 for quality service delivery.
16	Health Melas	9	5.0 lakh per Health Mela per district	45.00	45.00	Approved.
17	State NRHM web-site			6.00	6.00	Already approved activity of 2008-09. Approvval revalidated for spending unspent balance and an additional amount of Rs. 1 lakh approved.
18	Establishment of 03 GNM training Schools	3	68.74 lakh per GNM school	206.22	206.22	Approved.
19	Provision of Block Program Management Unit	BPM-36	7000/- for fixed pay & 3000/- for incentives	111.60	111.60	Approved. It should be limited to 6 % of the management cost, including the PHC level accountants.
		BDM-36	5000/- for fixed pay & Rs.2500/- for incentives			
		BAM-36	Rs. 5000/- for fixed pay & Rs.2500/- for incentives			
		36 BPMU	Rs.10,000 /- for contingen cy to each BPMU			
20	Provision of PHC	72	Rs.	64.80	64.80	

	cum Accounts Officer		7500/- per month			
21	Support of 365 additional new ASHAs			36.00	387.80	Approved @ Rs. 10000/- per ASHA per annum for the 3878 ASHAs. All activities including for the proposed 365 new ASHAs may be met from this overall approval.
22	Support for existing 3878 ASHAs @ Rs. 10000/- per Annum per ASHAs			387.80		
23	Research Works on Process Evaluation of Safe Delivery and Essential Newborn Care. Formal processes were initiated but the project could not be taken up as the allocated amount of Rs. 15.00 Lakh was not sufficient.			30.00	0.00	Not approved.
24	Decentralized Planning			45.00	45.00	Approved. It needs to be evidence based Health Action Plans. 30 cluster surveys & FGDs findings need to be incorporated in the next PIP.
25	Procurement of mosquito bed nets	165000	103.19		170.26	Approved
26.	Activities transferred from RCH Flexipool					
26.1	Refer A.2.4 (Annexure II) - School Health Programme Rs. 30.00 lakh proposed for drugs			30.00	30.00	Approved.
26.2	Refer A.5.1 (Annexure II) - Urban RCH Services Rs. 8.00 lakhs for drugs (5.3. Drugs & medicines)			8.00	8.00	Approved.
26.3	Refer A.6.1 (Annexure II) - Tribal RCH Services Rs. 5.00 lakh for drugs (6.1.4. Drugs & Medicines)			5.00	5.00	Approved.
26.4	Refer A.8.4 (Annexure II) - Other innovations (if any) 8.3.4. - Operationalising EMRI: Rs. 65.84 lakhs. This includes			65.84	0.00	Not approved. State may recast the proposal and submit to GoI for consideration.

	procurement of ambulances as well; hence this is not permissible.					
26.5	Refer A.9.2.1 (Annexure II) – Major civil works for operationalisation of FRUs New construction.			660.3	660.3	Approved.
26.6	Refer A.10.3 (Annexure II) – Monitoring & Evaluation / HMIS 2) Rs. 62.98 lakhs for new HMIS.			62.98	62.98	Approved.
26.7	Refer A.11.9 (Annexure II) – Other training • 11.8.3 Training of AYUSH Doctors: Rs. 2.90 lakhs • 11.8.4 Re-orientation of PRI members: Rs. 1.38 lakhs			14.28	14.28	Approved.
26.8	Refer A.13.1.1 (Annexure II) - Procurement of equipment: MH			5.00	5.00	Approved.
26.9	Refer A.13.2.1 (Annexure II) - Drugs & supplies for MH			44.50	44.50	Approved.
26.10	Refer A.13.2.5 (Annexure II) - General drugs & supplies for health facilities			222.00	222.00	Approved.
	Refer A.14.4 (Annexure II) - Other activities (Programme management expenses, mobility support to state, district, block) (2) 14.3. Program management cost: Rs. 325.18 lakhs has been mentioned incorrectly in the budget sheet. The correct amount as per PIP is Rs. 250.00			125.00	125.00	Approved. Overall limit of 6% Management Cost may be maintained.

	lakhs. State has proposed 6% of Part A, B and C as programme management cost, out of which Rs. 250.00 lakhs is lumpsum proposed for TA/ DA, office expenses, mobility support, etc. No details are provided. 50% is approved (Rs. 125.00 lakhs) under RCH II. The remaining amount of Rs. 125.00 lakhs is expected to be BPMU/ block level expense					
			Total	7408.79	5113.14	

Immunization

S. No.	Activity Proposed	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. in Lakhs)	Remarks
1.	Mobility support for Supervision and Monitoring at districts level.	5.50	4.50	
2.	Mobility support for Supervision and Monitoring at state level.	3.00	1.00	
3.	Cold chain maintenance	2.54	1.76	
4.	Focus on urban slum & underserved areas	6.34	6.34	
5.	Mobilization of children by ASHA /Link workers	21.83	21.83	
6.	Alternate Vaccine Delivery to Session sites	14.56	14.56	
7.	Computer Assistants support at State and district level	12.00	10.08	
8.	Printing and dissemination of immunization cards, tally sheets, charts, registers, receipt book, monitoring formats etc.	5.10	5.10	
9.	Quarterly review meeting at state level at district level	3.90	1.95	
10.	Quarterly review meetings at block level	13.92	13.92	
11.	Two days Training of Health workers(ANMs, LHV, MPHW etc)	4.80	4.80	
12.	Three day Training of MOs on RI	4.01	4.01	
13.	One day refresher training of Comp. Assistants	0.40	0.19	
14.	One day Training of cold chain handlers	0.81	0.81	
15.	One day training of data handlers	0.80	0.80	
16.	Micro planning at SC level	0.42	0.42	
17.	Micro planning at block and district level	0.90	0.90	
18.	POL for vaccine delivery from State to district and from district to PHC/ CHC level	11.00	9.00	
19.	Consumables for computer including internet access	0.62	0.48	
20.	Purchase of red/black polythene bags	0.42	0.42	
21.	Purchase of bleach/Hypochlorite solution	2.58	0.48	
22.	Purchase of Twin buckets	2.07	0.39	
23.	Additional funds for cold chain maintenance, focus on slums and alternate vaccine delivery etc.	11.00	0.00	
Total		128.52	103.74	

COMMENTS:

1. The State needs to address the issue of the **dropout** from BCG - DPT3 and Measles. Use of Due/Beneficiary lists by ANM, AWW and ASHA and convergence of activity with VHND would help in reducing the drop out rates.
2. The needs to prepare a Immunization strategic plan to increase coverages and achieve universalization of immunization.
3. The **AEFI Surveillance** needs to be strengthened as no case of serious AEFI has been reported in 2008. With increasing coverages a sensitive AEFI surveillance would help ensure programmatic quality.
4. VPD Surveillance needs to be strengthened in the state.
5. Programme monitoring and supervision from State, District and Block level needs to be enhanced. This would ensure that the PIP is implemented as planned and all activities are implemented at all levels.

6. SOME STRATEGIES TO IMPROVE COVERAGE FOR CONSIDERATION

The State may consider the following for improving coverage of immunization from 64% to at least 80%.

- a. Increased involvement of the State, District & Block level officials in the active monitoring and supervision of the program.
- b. Better tracking of beneficiaries by ensuring availability of beneficiary/due list with the ANM/AWW/ASHAs at the session sites. Counterfoils with tracking bags also need to be used for reducing dropouts.
- c. Training and sensitization of MO's and health Workers on Micro-planning, Using Data to reduce dropouts, VPD and AEFI reporting
- d. Operationalization of VHNDs to ensure at least one session per village per month

The States needs to :

1. The State should project budget as per actual number of session planned during the year in every activity. The state should furnish the details of sessions held during the year.
2. The State may allocate differently the funds provided for mobility support for supervision at district and state level officer including cold chain officer.
3. The expenditure on other trainings should be incurred as per revised Gol norm for training under RCH. The batch size should be 25-30 persons in each batch. Training should be given to those who have not trained during last years conducted, if any. The state should furnish the details of persons trained during the year.
4. The two days training of Health workers (ANMs, LHV, MPHW etc) related to Immunization should be organized together with other training programme of Health workers under RCH. From Next year onwards the training of Health workers should be integrated with other training under RCH and funds should be projected in RCH.
5. The sessions should be based on rational micro plans. The micro plans should be shared with Gol.
6. The State should share the outcome of review meetings at every level with Gol.
7. The State may undertake printing of all materials like Immunization cards, formats, charts, tally sheets, tickler box, registers, receipt books etc. required for immunization. The printing should be done as per Gol norms and provision. The funds for printing activities should not be utilized for IEC activities.
8. The purchase of polythene bags (red & black), Hypochlorite solution, twin bucket etc. required for safe injection should be done as per Gol norms under NRHM and as per State procedure. The detail of purchase should be furnished to Gol.
9. The computer Assistance support provided for State and district level may be utilized for the purpose of maintaining data of vaccines as well as cold chain items. Honorarium of Comp. Assistants at district level is @ Rs. 8000 per month per person one each at every district.

Items restricted or not permissible under Immunization PIP

1. Additional funds for cold chain maintenance, focus on slums and under served areas etc. Rs. 11.00 lakh- funds for these activities have been provided as per Gol norm.

RNTCP

Particulars	Proposed Budget	Approved Budget	Remarks
1. Civil Works-a- Maint.	5.10	3.60	Approved Budget is as per the RNTCP financial norms and the trend of expenditure in various heads during the previous financial year
b- one time	0.90	0.90	
2. Laboratory Materials	8.20	6.51	
3. Counselling Charges (Honorarium)	13.60	8.50	
4. IEC/Publicity	16.81	11.66	
5. Equip. Maintenance	6.27	5.05	
6. Training	10.13	6.50	
7. Vehicle Maintenance	27.85	22.00	
8. Vehicle Hiring	10.40	6.20	
9. NGO/PP Support	15.83	10.00	
10. Medical Colleges	2.25	2.25	
11. Office Operations (Miscellaneous)	12.11	12.11	
12. Contractual Services	137.38	130.00	
13. Printing	7.00	5.23	
14. Res. and Studies	0.70	0.50	
15. Proc. of Vehicle	40.63	32.63	
16. Proc. of equipments	10.85	4.00	
Total	326.01	263.14	

IDSP

In the original PIP, **Manipur** state has asked Rs 81.27 lacs under different IDSP activities for 2009-10, against approved budget of Rs. 34.71 lacs during 2008-09. The PIP has been examined and discussed during presentation with state representatives. The amount proposed and admissible as per the guidelines of IDSP, NICD is as under:

S.N.	Activity	Amount proposed by the State (Rs in Lacs)	Amount approved by IDSP, NICD (Rs in Lacs)	Remarks
1	Incremental staff/ personnel salary + Operational cost	29.36	19.72 + 14.20 = 33.92	Including salary of newly recruited 3- Epidemiologists & 2- Microbiologists
2.	Training cost	38.96	01.00	Budget released in previous year may be utilized
3.	IEC	12.95	3.00	As per norms
4.	Lab. equipment etc.	0.00	7.98	For District hospital Churachandpur
	Total	81.27	45.90	

Amount approved under different activities above by IDSP, NICD is Rs. 45.90lacs for the year 2009-10. However, present allocation as per fund availability with IDSP, NICD is Rs. 00.00 lacs and balance of Rs 92.95 lacs as unspent amount of the previous year will be available for expenditure.

NVBDCP

(Rs. In lakhs)

Activity proposed	Amount proposed by state	Amount approved by NVBDCP
Malaria		
DBS		
MPW	72.00	13.68
Operational Cost including NAMMIS including ASHA remuneration	67.95	127.76
IEC	11.00	8.00
Training	9.00	3.50
Sub-Total:	159.95	152.94
Additional support under GFATM for project states/districts		
Capacity Building	21.60	2.80
Esstt. State Society/Planning & Administration	15.00	15.00
Human Resource	17.61	35.71
Monitoring & Evaluation	25.72	42.95
BCC/PPP/Soc. Mkt./operational expenses for treatment of bednets	51.42	7.92
Sub-Total:	131.35	104.38
Total – Malaria	291.30	257.32
Japanese Encephalitis		
Diagnostics and Management	3.00	2.00
Training	1.00	1.00
IEC	3.00	2.00
Technical Malathion	2.00	2.00
Monitoring & Evaluation	1.00	1.00
Total - J.E.	10.00	8.00
Dengue & Chikungunya		
Apex Referral labs	0.00	0.00
Sentinel surveillance hospital	0.50	0.50
Monitoring & Evaluation and rapid response	0.80	0.50
Epidemic preparedness (logistics + operational cost)	3.00	3.00
Fogging Machine	1.20	0.80
Training/Workshop	2.00	2.00
IEC	2.00	0.00
Total - Dengue & Chikungunya	9.50	6.80
Grand Total- Cash	310.80	272.12
Commodity		365.38
Total allocation under NVBDCP		637.50
Procurement of mosquito bed-nets (refer item 25 in Annexure III) approved under NRHM Additionalities	0.00	170.26

During the NPCC meeting it was informed that 2nd instalment of 2008-09 could not be released, however, the state assured to do the activities throughout the year and utilize the funds. In some activities funds requested by state is more than NVBDCP allocation and similarly in some activity it has been shown as less. The activities should be done as per NVBDCP guidelines and request for use of funds from one activity to another activity should first be sent to NVBDCP with justification for utilization. The activity-wise approved allocations are as in the table above.

NPCB

Government of Manipur has projected a requirement of Rs. 88.59 lakh for strengthening of infrastructure for implementation of National Programme for Control of Blindness during 2009-10. Requirement of funds for other activities like cataract operation and school eye screening etc. has not been projected. Keeping in view budgetary limits of the programme, a provisions of Rs. 227.00 lakh has been kept for Manipur for the year 2009-2010 as per details below:-

(Rs. In lakh)				
Sr. No.	Category	Proposed Amt.	Approved	Remarks
1	Recurring GIA for Cataract Operations		63.70	Approved under scheme GIA for Catops and other approved activities
1	District Hospital	12.00		
2	Vision Centres at PHC/CHC	1.25	2.50	for 5 vision centre @50000 per unit
3	Eye Donation Centre	5.00		not approved
4	Eye Wings & OTs	2.00	150.00	
5	Mobile Units	40.00		not approved
6	Account Officer at State	1.56		not approved
7	DEO	0.78		Approved as in item no 1 for the State Health Society with the limitation of Rs.7.00 as per norms in guidelines for all contraual staff
8	ASHA incentive@ Rs. 175 per Catop	26.00		Approved as in item no 1
9	PROPOSAL FOR NEW STAFF		10.80	for 2 Ophth.surgeon@Rs.25000 PM for 5 ophth. Assistant @Rs.8000 PM
Total		88.59	227.00	

- All the expenditures from the NPCB budget allocations should be done strictly according to the Physical norms and Financial Norms approved in the 11th Plan five year plan of NPCB as communicated earlier.
- The above said allocations are as per the requirements proposed by the state and in case the funds in a specific allocation are exhausted the funds from other unspent allocations for NPCB activities can be utilized ; with due intimation to GOI.
- Grant-in-aid for free cataract operation, other eye diseases, School Eye Screening Programme, training, IEC, Private Practitioners, management of State Health Society and District Health Society, recurring GIA to Eye Donation Centres and Eye Banks, maintenance of Ophthalmic Equipments, SBCS, Remuneration, other activities & Contingency etc.

NIDDCP

Rs.in lakh

Activity	Amount proposed	Amount Approved	Remarks
Establishment of IDD control cell	0.00	7.00	There is no provision for strengthening states IDD Cell capacity building/Trg. Laboratory/monitoring etc. under NIDDCP the state Govt. may carryout activities as per the fund allocation of Govt. of India.
Establishment of IDD Monitoring Lab	0.00	4.00	
Health Education and Publicity	17.00	24.50	
IDD Surveys	4.50	0.50	
Strengthening State IDD Cell capacity building/Trg. laboratory monitoring etc.	14.90	-	
Total	36.40	36.00	

Activity proposed	Amount proposed	Amount approved	Remarks
Contractual Services			
State - DEO, Administrative Assistant, Driver			
District - Drivers	3.78	9.78	
Services through ASHA/USHA			
Honararium to ASHA, sensitization of ASHA		0.10	
Office expenses & Consumables			
	2.80	3.52	
Capacity building			
4 days training of newly appointed MO (rural & urban)			
3 days training of newly appointed health worker & health supervisor	2.10	5.00	
2 days refresher training of MO			
5 days training of newly appointed Lab. Technician			
Behavioral Change Communication			
Quiz, folk show, IPC workshop, Meeting of opinion leaders, Health melas	17.17	12.00	
Wall painting, Rallies, Hoardings etc			
POL/Vehicle operation & hiring			
	2.80	7.70	
2 vehicles at state level & 1 vehicle at district level			
DPMR			
MCR footwear, Aids and appliances, Welfare allowance to BPL patients for RCS, Support to govt. institutions for RCS	1.09	4.00	
Material & Supplies			
Supportive drugs, lab. reagents & equipments and printing forms	1.14	4.16	
Urban Leprosy Control			
		0.57	
NGO - SET Scheme			
		-	
Supervision, Monitoring & Review			
Review meetings and travel expenses	1.20	1.50	
Cash assistance			
		3.00	
TOTAL	32.08	51.33	