

STATE PROGRAM IMPLEMENTATION PLAN 2012-13



STATE HEALTH SOCIETY MANIPUR

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2012-13



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CONTENTS

Chapter	PARTICULARS	PAGE NO.
	Executive Summary	7 – 14
1	State Specific Targets for the next 5 years	16 – 26
2	Outcome analysis of approvals granted in 2010-11 and 2011-12	27 – 37
3	Policy and Systemic reforms in key strategic areas	39 – 42
4	Chapters on various schemes/programmes	
4 A.	RCH Flexi Pool	
	i. Maternal Health	44 – 95
	ii. Child Health	96 – 106
	iii. Family Planning	107 – 112
	iv. Adolescent Reproductive and Sexual Health	113 – 160
	v. Urban RCH	161 – 162
	vi. Tribal RCH	163 – 164
	vii. PC & PNDT and Gender Mainstreaming	165 – 168
	viii. Infrastructure & Human Resources	169 – 172
	ix. Trainings	173 – 183
	x. Program Management	184 – 192
4 B.	NRHM Flexi pool	
	i. ASHA	193 – 203
	ii. Untied Funds	204 – 206
	iii. Annual Maintenance Grants	207 – 208
	iv. Hospital Strengthening	209 – 210
	v. New Constructions/Renovation	211 – 219
	vi. Rogi kalyan Samitis/HMS	220 – 220
	vii. District Action Plan	221 – 221
	viii. Panchayati Raj Initiative	222 – 225
	ix. Mainstreaming of AYUSH	226 – 227
	x. IEC-BCC NRHM	228 – 232
	xi. Mobile Medical Units	233 – 235
	xii. Referral Transport/Emergency Response Services	236 – 240
	xiii. PPP/NGOs	241 – 241
	xiv. Planning Implementation and Monitoring	242 – 248
	xv. Community Monitoring	249 – 252
	xvi. Quality Assurance	253 – 254
	xvii. Monitoring & Evaluation/HMIS	255 – 263
	xviii. Procurement	264 – 269
	xix. Regional Drug Ware House	270 – 270
	xx. New initiatives/Strategic interventions	271 – 271
	xxi. Research, Studies, Analysis	272 – 273
	xxii. SUMMARY BUDGET	274 – 276
4 C.	Immunization	277 – 295

Chapter	PARTICULARS	PAGE NO.
4 D.	National Disease Control Program	297
	i. National Iodine Deficiency Disorder Control Programme (NIDDCP)	298 – 308
	ii. Integrated Disease Surveillance Program (IDSP)	309 - 317
	iii. National Vector Borne Surveillance Programme (NVBDCP)	319 – 339
	iv. National Leprosy Eradication Programme (NLEP)	341 – 349
	v. National Programme for Control of Blindness (NPCB)	350 – 352
	vi. Revised National Tuberculosis Control Programme (RNTCP)	353 – 376
	vii. National Programme for Prevention and Control of Deafness (NPPCD)	377 – 385
4 E.	Intersectoral Convergence & Social Determinants of Health	387 – 392
5.	Monitoring & Evaluation	393 – 405
6.	Financial Management	406 – 424
7.	State Resources and other Sources of funds for Health Sector	423 – 434
8.	Infrastructure Maintenance (Treasury Route)	435 - 438

EXECUTIVE SUMMARY

NRHM started implementing in the State since 2006 after the appointment of Program Management Staff at the State, District and Block levels along with technical staff as support services for Health Institutes. Over the years, the State through NRHM, has benefitted on various counts such as infrastructure, equipments, manpower and training. This in turn has enabled the health facilities to deliver better health services to the people of the state though the state recognizes its scope for further improvements too.

The State Program implementation plan (SPIP) for the year 2012-13 is prepared after taking due consideration from the meeting held between the Family welfare Directorate Officials, SPMU and DPMUs. Wherever new proposals are submitted through District Health Action (DHAP), they are also incorporated while forming the SPIP.

The PIP is comprehensive and is based on exhaustive situational analysis through the various levels of planning that took place at village, block and district levels. It gives an insight into the ground realities and also, the secondary data obtained from NFHS-III, DLHS-3, SRS 2009 and HMIS provided objective and factual information about various achievements and health indicators. The inputs from the various health experts who have worked in the state for decades also helped the team to incorporate the idiosyncratic dimensions of the health issues of the state into the SPIP. The various inputs from the above sources have revealed that the state does not face much 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.

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 80% till November' 2011.¹ The rate of institutional delivery which was a mere 40% in 2006-07 has risen to more than 67%.² The Infant Mortality Rate of the state has been traditionally low and in many surveys, it has been lowest in the country.³ 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.

IMR, MMR and TFR: 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.⁴ The current figure for the MMR is not available; however, the last available figure of SRS (2005-07) is at 160 which is also low compared to the national average. The state believes that the figure of MMR could have been reduced but the efforts to redress the same in the current year through focused initiatives will be on-going.

The Total Fertility Rate (TFR) as per NFHS-III stands at 2.83 and the plan is to bring down to 2.1 by end of next phase of NRHM.

¹ RCH and HMIS figures respectively

² Ibid.

³ SRS-2007, 2008, 2009.

⁴ SRS-2009.

Public Private Partnership: Three PHCs in the most difficult and inaccessible areas has been already implemented in the State through the PPP model. 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 no institutional deliveries. These factors further lead to higher MMR in these areas. The said PHCs have started conducting institutional Delivery and are functioning round the clock.

For emergency obstetric care, a private hospital in Ukhrul district is also continuing under the PPP model. This district is one of the High focus districts and does not have enough specialists for managing emergency care. At present, this model provides C/S deliveries at the rate of Rs. 1000/- per pregnant woman from below the poverty line. It has helped in offering good quality emergency care to expectant mothers of the high focus district.

The proposal and partnership through NGOs under PPP mode will be continued in 2012-13 also.

Health Management Information System: The HMIS has been implemented in the state and the data flow has started from all the health institutions. Mother and Child Tracking System (MCTS) which 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. MCTS has been implemented successfully in Bishnupur District. It also tracks every child for full immunization and childhood care through Child Tracking System. The program is now expanding and operationalised in Thoubal, Imphal East, Imphal West & Churachandpur(DHQ). For the remaining Hill Districts, operationalization will be done in 2012-13.

JSSK (Janani Shishu Suraskha Karyakram): A cashless delivery and free transport for pregnant women and sick neonates till 30 days after birth has been launched in the State. Detailed plan of action will be implemented in 2012-13.

Ambulances for Difficult terrain areas for District Hospital Tamenglong, Chandel, Churachandpur, Senapati, Ukhrul & Senapati District have been provided. The same will be used for JSSK implementation in the State. The State also Plan for Emergency Transport Services in five Districts in 2012-13 plan, which also will be used while implementing JSSK program.

Behavior Change Communication: The IEC/BCC activities in the state have made tremendous progress in providing information relating to Health Issues. There is still scope of increasing the activities which will be done through activities proposed in SPIP2012-13.

Human Resource Management, Training and Skill up-gradation: Human resource management and training is one of the most important components. Healthcare delivery is a highly technical activity and the ever changing medical literature and dynamics of health care delivery makes 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.

Accredited Social Health Activist: ASHAs are the most critical component of the healthcare delivery mechanism under NRHM. The state has 3878 ASHAs⁵ and the training of 6th and 7th modules is being taken up. ASHA state facility cum help desk has been introduced in four districts of IE, IW, BPR and UKL. These would ensure the issues of ASHAs are addressed swiftly. To retain them in the health sector and motivate them, Umbrella, Radio, Bicycle, Uniform, Pass Book, ID Card, Torch Light, Weighing machine, Digital thermometer, Digital Watch are provided to them. Currently, the provision for providing Mobile phones and Raincoats to the ASHAs is under process.

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. Building-less Sub Centres are been constructed, Repairing and Renovation have been done. Mini Training centres have been constructed and some are presently being constructed in Bishnupur, Thoubal, UKhrul ,Chandel, Churachandpur , Senapati & Tamenglong Districts.

AYUSH: 88 doctors and 25 pharmacists have been recruited and placed at every primary health center and CHC. AYUSH doctors will be manning a separate AYUSH OPD at every health institution. These measures will integrate the various systems of medicine and provide choice and affordable health care facilities to the people of the state. There is also an increased reliance on the alternative systems of medicine, which have lesser side effects, to redress the lifestyle related diseases which are becoming increasingly common these days.

New Initiatives: In the SPIP 2012-13 Plan, as a pilot project, the State will be implementing Biometric Attendance Monitoring System at State Head Quarter, District head Quarter, CHCs & PHCs of Imphal west & East Districts. The program will help in monitoring the functionality of Health institutions by checking their attendance.

As part of Innovation, the State is planning to start a “Colourful Umbrella Scheme” in 2012-13 in which Pregnant Women who are fully immunized will be given an Umbrella printed with messages.

Convergence: Efforts are on to achieve convergence within the Department of Health and Family Welfare and also across 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.

⁵ DLHS III- Data

BROAD FUNCTIONAL HEADS (PART-A & B)

Sl. No	Main Heads	Components	Budget Amount (Rs in Lakh)
1	Human Resources	Contractual Remuneration for ANMs, Nurses, SNs, LHV's	787.68
		Contractual Remuneration for LTs,MPWs (XT)	116.64
		Contractual Remuneration of Specialists (Anesthetists, Pediatricians, Ob/Gyn, Surgeons, Physicians, Dental Surgeons, Radiologist, Sonologist, Pathologist, Specialist for CHCs.)	59.40
		Medical Officers at CHCs / PHCs	0.00
		Contractual Remuneration of PHNs at CHC, PHC level	25.20
		Additional Allowances/ Incentives to M.O.s of PHCs and CHCs	0.00
		Payment to Others - Computer Assistants/ BCC Co-ordinator G-IV, Pharmacist etc	90.72
		Incentive/ Awards etc. to SN, ANMs etc.	0
		Human Resources Development (Other than above)	0
		Other Incentives Schemes (Please Specify)	0
		Strengthening of SHS/SPMU (Including HR, Management Cost, Mobility Support, Field Visits)	149.16
		Strengthening of DHS/DPMU (Including HR, Management Cost, Mobility Support, Field Visits)	152.60
		Strengthening of Block PMU (Including HR, Management Cost, Mobility Support, Field Visits)	399.60
		Strengthening (Others)	0
		Other Programme Management Costs (Audit Fees, Concurrent Audit etc.)	20.50
		Mobility Support, Field Visits to BMO/MO/Others	0
		Payment to AYUSH M.O.s	300.48
		Payment to AYUSH Other Staffs	145.44
2	Training	Training under Maternal Health	73.5806
		Training under Child Health	3.808
		Training under Family Planning Services	27.01
		Strengthening Training Institutions	0
		Development of training packages	0
		IMEP Trainings	0.957
		ARSH Training	54.98
		Programme Management Training	39.74912
		Training (Nursing)	0
		Training (Other Health Personnel)	5
		Training for Cold Chain Handlers/refrigerator mechanics	0
		Training of M.O.s /Other Staffs on R.I.	0
3	Infrastructure	Upgradation of CHCs, PHCs, Dist. Hospitals to IPHS	452.20
		Strengthening of District, Sub-divisional Hospitals, CHCs, PHCs	0
		New Constructions/ Renovation and Setting up CHCs, PHCs, HSCs,	2320.80
		Construction (Others)	0
		Minor civil works for operationalisation of FRUs	17.00
		Minor civil works for operationalisation of 24 hour services at PHCs	89.00
		Civil Work under RNTCP	0
		Other Civil Works	0
4	Procurement	Procurement of Drugs & Supplies	276.30
		Procurement of Equipment	307.11
		Procurement of Others	0

Sl. No	Main Heads	Components	
		Development of State BCC/IEC strategy	2.3
5	IEC/BCC	Implementation of BCC/IEC strategy	151.35
		Health Mela	45.00
		Creating awareness on declining sex ratio issue	3.53
		Other activities	35.69
6	Untied funds	Untied funds for, VHSC, SC CHC, PHC	458.35
		Annual Maintenance Grants for CHCs, PHCs	98.70
		Panchayati Raj Initiatives	18.95
7	ASHA	ASHA Payments under NRHM Additionalities	147.01
		Selection & Training of ASHA	83.96
		Procurement of ASHA Drug Kit	32.80
		Incentive to ASHAs under JSY	76.24
		Incentive under Family Planning Services	8.9
		Incentive under Child Health	83.62
		Incentive to ASHA's for motivating families for Sanitary Toilets/Other Incentives	
		Awards to ASHA's/Link workers	83.93
		ARC/AMG	181.626
		ASHA Incentive under Immunisation	15.37
		ASHA Incentive under NLEP	1.644
		ASHA Incentive under NVBDCP	0
		ASHA Incentive under NBCP	0
		ASHA Incentive under RNTCP	4.00
8	RKS	Corpus grants to RKS	
9	JSY	Home Deliveries/Intitutional delivery/CS/Misc	126.585
10	Sterilisation	Compensation for Male sterilisation	3.00
		Compensation for Female sterilisation	20.20
		NSV Camps	1.00
		Female Sterilisation Camps	1.00
		IUD Camps	2.60
		Social Marketing of contraceptives	3.00
		POL for Family Planning	4.12
		Repairs of Laparoscopes	0
		Other Expenses	18.54
11	Referral Transport	Referral Transport (EMRI)	1081.01
12	JSSK	Total requirement of JSSK	538.26
13	Other RCH Activities	ARSH	189.39
		Urban RCH	100.48
14	Vulnerable Group	Tribal RCH	15.5616
		Vulnerable Groups	0
15	Other Mission activities	Research Studies,	20.00
		New Initiatives	48.64
		Support to other programmes	14.50
		District Health Action Plan	60.50
		Mainstreaming of AYUSH	487.5713
		MMU	194.04
		SHSRC	0
		School Health Programme	0
		Health Insurance /Quality	7.32
		External evaluation of infrastructure and programme	0
		Planning , Implementation, Monitoring	41.83245
16	PPP/NGO	NGO activities, PPP under NRHM Additionalities	113.36
		Other NDCPs (RNTCP, NPCB etc)	0
17	Operational Cost (NDCPs)	Mobility, Review Meeting ,field visits, formats & reports, Communication etc for NDCPs	0
		Lab consumables, AMC etc for NDCPs	0

Sl. No 18	Main Heads HMIS	Components	199.69
19	Regional Dru Warehouses		445.00
20	Financial aid/grant to Institutions (NDCPs)	Financial Support to Medical colleges	
		Financial Support to Referral Institutes	
		Financial Support to Sentinel sites	
21	Other Components (please list)		
Grand Total			

EXECUTIVE SUMMARY OF ALL PROGRAMME/SCHEME WISE

Sl No.	Scheme/Programme	Proposed Amount (Rs. In Crores)
1.	RCH Flexible Pool	33.820183
2.	NRHM Mission Flexible Pool	74.0185975
3.	Immunization and PPI Operation Cost	1.0741
4.	NIDDCP	0.405
5.	IDSP	1.35087
6.	NVBDCP	8.57
7.	NLEP	0.5766
8.	NPCB	7.1228
9	RNTCP	5.25089
10	National Programme for Prevention and Control of Deafness	1.698925
11	Direction & Admn. (Treasury route)	
TOTAL		133.8879655
Central share (In crores)		State share (In crores)
113.8047707		20.08319483

MANIPUR

Sl. No.	Name of District	Population (Census 2011)	Number of DH	Population for DH	No. of SDH	Pop for SDH	No of CHC	Pop for CHC	No. of PHC	Pop for PHC	No. of HSC	Pop for HSC
1	Bishnupur	240363	1	2.4	0	-	2		5		36	
2	Chandel	144028	1	0.31	1	0.29	0	-	5	0.14-0.46	26	0.005-0.12
3	Churachandpur	271274	1	2.71	0	-	1		11		61	
4	Imphal East	452661	0	-	0	-	2		11		53	
5	Imphal West	514683	0	-	0	-	2	0.27-0.31	8	0.14-0.86	51	0.01-0.11
6	Senapati	354972	1	3.55	0	-	2		14		66	
7	Tamenglong	140143	1	1.40	0	-	1	0.13	6	0.08-0.28	29	0.01-0.14
8	Thoubal	420517	1	4.21	0	-	5	0.08-0.39	12	0.05-0.41	58	0.006-0.21
9	Ukhrul	183115	1	1.83	0		1		8		40	
Total	2721756	7		1		16		80		420		

CHAPTER-1

STATE SPECIFIC TARGETS FOR NEXT FIVE YEARS

STATE SPECIFIC TARGETS FOR NEXT FIVE YEARS

The targets evenly distributed over the next five years are as follows:

A. Outcome Indicators

Indicators	Current status as on latest available data	Cumulative Target for next five year	2012 -2013	2013 -2014	2014 -2015	2015 -2016	2016 -2017
Maternal Mortality Ratio (MMR)	160	150	156	153	150	145	140
Infant Mortality Rate (IMR)	14	12	14	14	13	13	12
Total Fertility Rate (TFR)	2.8	2.1	2.7	2.6	2.5	2.3	2.1
Malaria Mortality Reduction Rate							
Dengue Mortality Reduction Rate							
Cataract operations							
Leprosy Prevalence Rate							
Tuberculosis Cure Rate							

B. Output Indicators

Sl. No.	Activity / Measurable indicator	Current status as on latest available data	Cumulative Targets for the 2nd Phase of NRHM (2012-17)				
			2012-13	2013-14	2014-15	2015-16	2016-17
A. Maternal Health							
1	Institutional Deliveries (%)	63%	72%	76%	78%	82%	85%
2	24x7 Facilities (Sub-District)	19	22	27	30	35	38
3	Functional First Referral Units	1	3	5	7	9	11
B. Child health							
4	Sick New Bom Care Units	0	1	0	1	0	2
5	New Born Care Corners	22					
6	Stabilization Units in FRUs	0	3	2	2	0	7
7	Full Immunization (%)	80.3%					
Sl. No.	Activity / Measurable indicator	Current status as on latest available data	Cumulative Targets for the 2nd Phase of NRHM (2012-17)				
			2012-13	2013-14	2014-15	2015-16	2016-17
C. Population Stabilization							
8	Male Sterilization	63	200	500	500	500	500
9	Female Sterilization	969	2000	2500	2500	2500	2500
10	No. of IUD Insertions	3423	13000	15000	17000	18000	20000
D. Disease Control							
11	Annualized New Smear Positive Detection Rate of TB (%)						
12	Success Rate of New Smear Positive Treatment initiated on DOTS (%)						

Sl. No.	Activity / Measurable indicator	Current status as on latest available data	Cumulative Targets for the 2nd Phase of NRHM (2012-17)				
			2012-13	2013-14	2014-15	2015-16	2016-17
13	ABER for malaria (%)	4.4	10.0	10.0	10.0	10.0	10.0
14	API for malaria (per 1000 population)	0.26	<1.3	<1.3	<1.3	<1.3	<1.3
15	Annual New Case Detection Rate for Leprosy (per 1,00,000 population)						
16	Cataract Surgeries performed						
E. Training							
19	Doctors trained on EmOC	4	4	2	2	4	12
20	Doctors trained on LSAS	9	0	3	0	0	3
21	Doctors trained in NSV/ Conventional vasectomy	39	-	12	16	20	20
22	Doctors trained in Abdominal Tubectomy (Minilap)	10	-	-	-	-	-
23	Doctors trained in laparoscopic Tubectomy	-	-	-	-	-	-
24	Personnel trained in IMNCI	976	-	130	130	130	130
F. Community Processes							
25	Functional VHSCs	3878	3878	3878	3878	3878	3878
26	ASHAs with Drug kits	3878	3878	3878	3878	3878	3878
27	ASHAs trained in 6th and 7th modules	Nil (1 st & 2 nd round completed: remaining 2 rounds in progress)	3878	3878	3878	3878	3878
G. Improved Management							
28	Evaluation and Assessment of NRHM Activities	-	1	-	-	-	1
29	Cold Chain Management (number of functional ILR points)	100	110	110	110	110	110
H. Infrastructure							
30	Construction of sub-centre buildings	86	16	14	14	-	-
31	Construction of PHC building	5	-	5	-	6	-
32	Construction of CHC buildings	2		-	-	-	-
33	Construction of District Hospital buildings	-	-	-	-	-	-
34	Construction of Other Hospital buildings	-	-	-	-	-	-
I. MMU and Referral Transport							
35	No. Of Functional Mobile Medical Units	9	9	9	9	9	9
36	No. Of Emergency and Referral Transport vehicles	6	15	Proposal for referral transport will depend on the operationalisation of EMRI			

J. Operationalisation of MCTS							
37	% of registration of pregnant women in MCTS	10.8%	40%	60%	80%	85%	90%
38	% of registration of children in MCTS	16.6%	40%	60%	80%	85%	90%
39	% of facilities (SC, PHC, CHC, DH & others) uploading data	21%	60%	65%	70%	80%	90%
40	% of facilities having internet connectivity	5.5%	20%	25%	40%	60%	80%
41	% of data validated at State level						
K. Operationalisation of HMIS							
42	% of facilities (SC, PHC, CHC, DH & others) uploading data	91%	96%	100%	100%	100%	100%
43	% of districts uploading committing HMIS data within a week of reporting month/quarter	85%	90%	95%	100%	100%	100%
Other Indicators							
44	Collocation of AYUSH at health facilities	88	88	88	88	88	88

L. Human Resources						
L. 1	Category	Number of Sanctioned post		Number of vacant post against sanctioned	Target for Filling up of vacant posts	
					2012-13	2013-14
45	Gynecologists	27		10		
46	Pediatricians	27		17		
47	Anesthetists	27		15		
48	Other Specialists	196		137		
48	Doctors	1614		671		
49	Staff Nurses	714		120		
50	LHV					
51	ANM	126		0		
45	MPW	391		116		
46	Laboratory Technicians	102		2		
47	Pharmacists	341		1		
48	Others					
L. 2	Category	New post Creation (as per IPHS)		Filling up of vacant posts		
		2012-13	2013-14	2012-13	2013-14	2014-15
49	Gynecologists					
50	Pediatricians					
51	Anesthetists					
52	Other Specialists					
53	Doctors					
54	Staff Nurses					
55	LHV					
56	ANM					
57	MPW					
58	Laboratory Technicians					
59	Pharmacists					
60	Others					

RCH Monitorable indicators:

Quarterly targets both for High Focus districts and other districts and State total for RCH monitorable indicators are as follows:

Sl. No.	INDICATOR	2011-12		2012-13									
		Baseline (Apr-Nov 2011)		Q1 Target		Q2 Target		Q3 Target		Q4 Target		Annual Target	
		HF Distts.	State total	HF Distts.	State total	HF Distts.	State total	HF Distts.	State total	HF Distts.	State total	HF Distts.	State total
A	Maternal Health												
A.1	Service Delivery												
A.1.1	% Pregnant women registered for ANC in the quarter	-	-	-	-	-	-	-	-	-	-	-	-
A.1.2	% PW registered for ANC in the first trimester, in the quarter	47%	53%	15%	18%	15%	18%	15%	18%	15%	18%	60%	72%
A.1.3	Institutional deliveries (%) in the quarter	46%	63%	15%	18%	15%	18%	15%	18%	15%	18%	60%	72%
A.2	Quality												
A.2.1	% unreported deliveries in the quarter	28%	17%	4%	2%	4%	2%	4%	2%	4%	2%	15%	8%
A.2.2	% high risk pregnancies identified (a) % women having hypertension	0.4%	0.4%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.4%	0.4%

	(b) % women having low Hb level	4.5%	5.7%	1%	1.5%	1%	1.5%	1%	1.5%	1%	1.5%	4%	5%
A.2.3	% of Home Delivery by SBA (i.e. assisted by doctor/ nurse/ ANM)	59.5%	60%	16%	20%	16%	20%	16%	20%	16%	20%	74%	80%
A.2.4	C-sections performed (%) (a) in Public facilities	6.4%	18.2%	1.2%	4%	1.2%	4%	1.2%	4%	1.2%	4%	5%	16%
	(b) in private accredited facilities	23.4%	46.5%	5%	9%	5%	9%	5%	9%	5%	9%	20%	36%
A.2.5	% of deliveries discharged after at least 48 hours of delivery (out of public institution deliveries)	71%	69%	19%	20%	19%	20%	19%	20%	19%	20%	76%	80%
A.2.6	% of still births	1.2%	0.9%	0.3%	0.2%	0.3%	0.2%	0.3%	0.2%	0.3%	0.2%	1.2%	1%
A.2.7	%age of maternal deaths audited	0%	20%	15%	20%	15%	20%	15%	20%	15%	20%	60%	80%
A.3	Outputs												
A.3.1	% of 24x7 PHCs operationalised as per the Gol guidelines	63%	50%	10%	11%	10%	11%	10%	11%	10%	11%	100%	100%
A.3.2	% of FRUs operationalised as per the Gol guidelines	100%	33%										

A.3.3	% of SCs doing more than 3 deliveries per month.	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
A.3.4	% of PHCs/non FRU CHCs doing 10 deliveries per month	0%	8.3%										
A.3.5	% of FRUs (except DH) conducting 20 deliveries per month.	0%	0%										
A.3.6	No. ANMs/ LHV/ SNs trained as SBA	192	376	-	-	4	8	8	8	4	8	4	8
A.3.5	Doctors trained as EmOC	1	4	-	-	2	2	-	-	0	2	-	-
A.3.6	Doctors trained as LSAS	2	9	-	-	-	-	-	-	-	-	-	-
A.4	HR productivity												
A.4.1	% of LSAS trained doctors giving spinal anaesthesia												
A.4.2	Average no. of c-sections assisted by LSAS trained doctors												
A.4.3	% of EmOC trained doctors conducting c-sections.												

A.4.4	Average no. of c-sections performed by EmOC trained doctor												
A.4.5	Average no. of deliveries performed by SBA trained SN/LHV/ANM												
A.4.6	% of SBA trained ANMs conducting deliveries												
A.5	Facility utilization												
A.5.1	% of FRUs conducting C-section	100%	100%										
A.5.2	Average no. of c-sections per FRU	123	123	25	25	25	25	25	25	25	25	100	100
A.5.3	Average no. of MTPs performed in FRUs	0%	0%										
A.5.4	Average no. of deliveries per 24x7 PHCs	22	21	10	10	10	10	10	10	10	10	40	40
A.5.5	Average no. of MTPs performed per 24x7 PHC	2	19										
A.5.6	% of SC conducting at least 5 deliveries per month	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

B	Child Health												
B.1	Service Delivery												
B.1.1	Children 9-11 months age fully immunised (%)	68%	80%	18%	22%	18%	22%	18%	22%	18%	22%	75%	90%
B.1.2	% children breastfed within 1 hour of birth	80%	77%										
B.1.3	% of low birth weight babies	4%	4%										
B.2	Quality												
B.2.1	%age of women receiving PP check up to 48 hrs to 14 days	27%	33%										
B.2.3	% drop out from BCG to measles	7%	7%										
B.3	Outputs												
B.3.1	% of SNCUs operationalised	-	-	-	-	-	-	-	-	-	-	-	-
B.3.2	% of stabilisation units operationalised	-	-	-	1	1	2	-	-	-	-	-	-
B.3.3	% of new born baby care corners operationalised												
B.3.4	% of personnel trained in IMNCI	-	-	-	-	-	-	-		-	-		-
- B.3.5	% of personnel trained in F-IMNCI	-	-	-	-								
B.3.6	% of personnel trained in NSSK		166	-	-	50	100	50	100	-	-	-	-

B.4	Facility utilization												
B.4.1	Average no. of children treated in SNCUs	-	-	-	-	-	-	-	-	-	-	-	-
B.4.2	Average no. of children treated in NBSUs												
C	Family Planning												
C.1	Service Delivery												
C.1.1	% of total sterilisation against ELA												
C.1.2	% post partum sterilisation	41%	47%										
C.1.3	% male sterilizations	3%	6%										
C.1.4	% of IUD insertions against planned	25%	34%	10%	15%	10%	15%	10%	15%	10%	15%	40%	60%
C.1.5	% IUD retained for 6 months												
C.1.6	% Sterilization acceptors with 2 children												
C.1.7	% Sterilisation acceptors with 3 or more children												
C.2	Quality												
C.2.1	% of complications following sterilisation	0%	0%									0%	0%

C.3	Outputs												
C.3.1	doctors trained as minilap	-	10	-	-	-	-	-	-	-	-	-	-
C.3.2	doctors trained as NSV	-	39	-	-	-	-	-	-	-	-	-	
C.3.3	% doctors trained as laparoscopic sterilisation	-	-	-	-	-	-		-	-	-	-	-
C.3.4	ANM/LHV/SN/MO trained in IUD insertion												
C.4	HR productivity	-											
C.4.1	Average no. of NSVs conducted by trained doctors												
C.4.2	Average no. of minilap sterilisations conducted by minilap trained doctors												
C.4.3	Average no. of laparoscopic sterilisations conducted by lap sterilisa												
C.4.4	Average no. of IUDs inserted by MO trained in IUD insertion												

C.4.5	Average no. of IUDs inserted by MO trained in IUD insertion												
C.4.6	Average no. of IUDs inserted by SN/ LHV/ ANM trained in IUD insertion												
C.5	Facility utilisation												
C.5.1	Average no. of sterilizations performed in FRUs	701	701	250	250	250	250	250	250	250	250	1000	1000
C.5.2	Average no. of sterilizations performed in 24x7 PHCs	2	1										

CHAPTER-2

OUTCOME ANALYSIS OF PIP OF 2010-11 AND 2011-12

OUTCOME ANALYSIS OF PIP OF 2010-11 AND 2011-12

The physical and financial outcomes in respect of various parameters of the PIP of 2010-11 and 2011-12 are indicated based on sequence of RoP in the following format.

ACTIVITY*	Financial				Physical			
	2010-11		2011-12		2010-11		2011-12	
	Amount Approved	Exp	Amount Approved	Exp	Expected Output	Achievements	Expected Output	Achievements (till Nov'11)
RCH Flexipool								
Maternal Health	40.27	196.69	293.59	108.706				
JSY	131.89	166.74	220.14	82.406	2000 Home Deliveries, 8000 Institutional Deliveries	5732 home deliveries, 11643 Inst. Del.	8089 Home Deliveries, Institutional 8141 Deliveries	2953 home deliveries, 7525 Inst. Del.
Child Health	31.50	50.93	26.2	7.4				
Family Planning	9.80	31.77	9.63	12.6506	3000 sterilization, 15000 IUD	947 Sterilization, 5183 IUD insertion	3000 sterilization, 15000 IUD	851 Sterilization, 3139 IUD insertion
ARSH		0	6.88	0				
Urban RCH	80.12	15.08	88.32	16.54	08 Urban Health centre (UHC)	08 UHC functional with full staffs	08 Urban Health centre (UHC)	08 UHC functional with full staffs
Tribal RCH	12.86	7.12	11.28	8.06	01 MO, 2 ANM, 01 vehicle outsource	Staffs in placed, visits 24 villages, held mother 's meeting	01 MO, 2 ANM, 01 vehicle outsource	Staffs in placed, 203 tribal health clinic conducted and 10,080 patients examined.
Vulnerable Groups		9.03	12.52		Safe disposal of excreta in pit constructed on a land for people living in Loktak lake	In placed. Ongoing in tie up with an NGO.	Same as previous year	
Innovations / PPP/ NGO	152.36	18.19	29.15	0	* PNDT meetings, awareness program, etc * weekly ASHA Radio	ASHA Radio program telecast on every Friday. 02 MNGO (LACHUA	6 meetings, 2 field visits, 10 awareness camps and 50 wall paintings.	<ul style="list-style-type: none"> PPP for EmOC services underway. PPP for 03

ACTIVITY*	Financial				Physical			
	2010-11		2011-12		2010-11		2011-12	
	Amount Approved	Exp	Amount Approved	Exp	Expected Output	Achievements	Expected Output	Achievements (till Nov'11)
					Program *MNGO	& FPAI) working on RCH activities.	Outsourcing of 3 PHCs and sub-centres under them in most difficult areas; PPP for EmOC services for one facility. One boat clinic.	PHCs on process
Infrastructure & HR	1132.50	81.95	1166.19	835.54	*Placement of all required staffs *renovation of OT Labor room	Staffs in placed *civil entrusted to agency (MDS), almost completed	Placement of all proposed staffs And construction of incinerator	All staffs in placed. Construction work entrusted to agency. Work on progress.
Institutional Strengthening	17.82	9.92	490.75	372.22	HR software, HMIS	HMIS consultant in placed		
Training	263.44	158.41	165.29	30.35	Details on training may be referred to RCH Training part			
BCC/IEC	133.34	92.35	123.54	59.61	On MH,CH,FP, BCC/IEC activities	Ads, Tele Film, Group Discussions, Radio Jingles, Health Talks, DDK Spots, Erection & maintenance of hoardings, Quarterly newsletters, Annual Calendar, FGDs	On MH,CH,FP, BCC/IEC activities	Ads, Tele Film, Group Discussions, Radio Jingles, Health Talks, DDK Spots, Erection & maintenance of hoardings, Quarterly newsletters, Annual Calendar
Procurement of drugs & supplies	553	12.29		52.56				
Program Management	123.45	97.70	650.38	243.3	SPMU,DPMU	In placed	SPMU,DPMU	In placed
Mission Flexible Pool								
ASHA Programme	387.8	182.23	350.28	84.92			3878 ASHAs with drugs, training	3878 ASHAs in placed with drug kits, trainers training of module -6

ACTIVITY*	Financial				Physical			
	2010-11		2011-12		2010-11		2011-12	
	Amount Approved	Exp	Amount Approved	Exp	Expected Output	Achievements	Expected Output	Achievements (till Nov'11)
							upto 6 module	completed, module translated into local language, ASHAs trg. On process
Untied Fund	388.80	553.92	415.75	213.96	Untied fund 1 SDH, 16 CHCs, 80 PHCs, 420 Sub Centers, 3203 VHSC.	Provided	Untied fund 1 SDH, 16 CHCs, 80 PHCs, 420 Sub Centers, 3203 VHSC.	Provided
AMG	84.00	80.29	85.1	48.76	Annual maintenance grant to 1 SDH (at Moreh) and in 16 CHCs, 80 PHCs, 350 Sub Centres	Provided	Annual maintenance grant to 1 SDH (at Moreh) and in 16 CHCs, 80 PHCs, 350 Sub Centres	Provided
Institutional Strengthening	340.75	162.25	490.75	372.22				
Construction / Up-gradation	656.67	125.61	490.75	371.47	Annual maintenance grant to 1 SDH (at Moreh) and in 16 CHCs, 80 PHCs, 350 Sub Centres	Provided	Construction work in 10 PHCs, Construction of 11 relocated PHSCs collocated with PHCs and CHCs. Mini-Training Centres for 7 Districts	Work entrusted to MDS (agency).On process.
Rogi Kalyan Samiti	129.00	0	130	62.17			Corpus grants to 7 DHs and J.N Hospital, 1 SDH Moreh and 16 CHCs, 80 PHCs	Provided
DHAP	72.00	57.68	60.5	1.17	Construction work in 10 PHCs,	Work entrusted to	09 DHAPs based on the VHAPs &	All 09 districts prepared

ACTIVITY*	Financial				Physical			
	2010-11		2011-12		2010-11		2011-12	
	Amount Approved	Exp	Amount Approved	Exp	Expected Output	Achievements	Expected Output	Achievements (till Nov'11)
					Construction of 11 relocated PHSCs collocated with PHCs and CHCs. Mini-Training Centres for 7 Districts	MDS (agency).On process.	BHAPs	
Strengthening of Training Centres		9.92	59	0.88				
Swabhlamban Yojna Health Mela		50	45	10.75	09 Health Mela	08 held	09 Health Mela	04 held so far
IEC-NRHM	45	20.06	123.54	59.61			MMU staffs to give performances based incentive. Procurement of 4 Wheel Drive MMU for hilly areas.	On process
Referral Transport	45	0	17.95	1.38				
Addition contractual staffs	297.81	383.28						
Planning, implementation & monitoring	359.41	105.67	267.64	108.55				
New initiatives	335.99	0						
Procurement	596.41	223.44	319.26	149.19				
Indian Public Health								

ACTIVITY*	Financial				Physical			
	2010-11		2011-12		2010-11		2011-12	
	Amount Approved	Exp	Amount Approved	Exp	Expected Output	Achievements	Expected Output	Achievements (till Nov'11)
Standards (IPHS)								
MMU/EMRI	222.02	110.67	195.22	34.25				
Support services	20.00		40.28	0				
District Specific Interventions								
Mainstreaming of AYUSH	3.00	1.34	393.4	129.03	Placement of AYUSH Doctors,	88 AYUSH Doctors In placed	Placement of AYUSH Doctors,	88 AYUSH Doctors In placed
Management Cost	284.59	138.05	650.38	243.3	Honorarium for BPMSU	Given	Honorarium for BPMSU	Provided
Deafness Programme.		3.6						
Immunization								
Mobility support for Supervision and Monitoring at districts and state level.	119.17	276.65	120.99	27.96				
Cold chain maintenance								
Alternate Vaccine Delivery to Session sites								
Focus on urban slum & underserved areas								
Social Mobilization by ASHA /Link workers								

ACTIVITY*	Financial				Physical			
	2010-11		2011-12		2010-11		2011-12	
	Amount Approved	Exp	Amount Approved	Exp	Expected Output	Achievements	Expected Output	Achievements (till Nov'11)
Computer Assistants support at State/district level								
Printing and dissemination of immunization cards, tally sheets, charts, registers, receipt book, monitoring formats etc.								
Quarterly review meeting at state/District/Block level								
District level Orientation for 2 days ANMs, MPHW, LHV								
Trainings								
To develop micro plan at sub-centre level and block level								
For consolidation of micro plan at PHC/CHC level								
POL for vaccine delivery from state to District and PHC/CHCs								
Consumables for computer including provision for								

ACTIVITY*	Financial				Physical			
	2010-11		2011-12		2010-11		2011-12	
	Amount Approved	Exp	Amount Approved	Exp	Expected Output	Achievements	Expected Output	Achievements (till Nov'11)
internet access								
Injection safety								
Red/Black/Zipper bags								
Bleach/Hypochlorite solution								
Twin Bucket								
PPI operating cost	117.8							

Disease Control Program							
NVBDCP							
Malaria	257.32	282.23	231.5	0			
Filaria/ JE	8.00		5	0			
Dengue/Chikungunya	6.80						
Cash assistance for decentralized commodities	365.38						
Commodity support by Gol	154.15						
IDSP							
Staff salary & operational cost							
Training							
IEC							
Lab equipment, etc							
Outbreak investigation							
Analysis & use of data							
NPCB							
Grant in aid (for Cataract Operations) Vision Centre (50X50,000)	92.91		3.71	2000	2386	2000	913 (upto Dec'10)
Eye wings and OT							
Eye Donation Centre (Non Recurring 3X1)							
Remuneration (SBCS) & Staff Salary/ Other Activities/ Post Requirement IEC Activities (50X20 Thousand + SBCS 1Lacs)							
Proposal for Sutures /(Per Pieces							

10.0)/Ophth. Equipments							
NIDDCP							
Establishment of IDD Control Cell							
Establishment of IDD Monitoring Lab							
a)Health Education and Publicity							
b) Salt Testing Kits supplies by GOI (3,84,000 No)							
IDD surveys							
NLEP							
Contractual Services	37.42		4.78				
Services through ASHA/USHA							
Office expenses & Consumables							
Capacity building							
Behavioural Change Communication							
POL/Vehicle operation & hiring							
DPMR							
Material & Supplies							
Urban Leprosy Control							
Supervision, Monitoring & Review							
Cash assistance							
NIPPCD							
Training	36						
Capacity building PHCs/ CHCs & District Hospitals							

Manpower at district level							
Screening Camps							
Hearing Aids 200 HI per district per year							
Central Cell at state level							

*The list of activity given above may vary from State to State. Therefore States should list the activities as per their RoP

CHAPTER-3

POLICY AND SYSTEMIC REFORMS IN STRATEGIC AREAS

POLICY AND SYSTEMIC REFORMS IN STRATEGIC AREAS

SN	STRATEGIC AREAS	Target for Policy & Systemic Reforms	Current scenario
1.	HR policies for Doctors, Nurses, Paramedical Staff and Programme Management Staff	Formation of HR policy specially for the contractual staffs under NRHM with clear specification on transfer & posting policy, career progression, etc.	Vacancies are filled up on fair & transparent way. New posts for Grade IV Medical officers have been created & recruited. Skill up-gradation trainings done on SBA, NSSK, IMNCI, IUCD etc. MOs are trained on Anesthesia (LSAS) and Obstetric (EmOC) for operationalizing FRUs. Process on for utilizing them at maximum level. MOs are send for PG diploma course on Public Health
2.	Accountability and Performance appraisal	Continue payment of honorarium on performance based for contractual staffs.	Every contractual staffs under NRHM are paid with the fixed pay and performance based incentive model. At the time of extension of their contract, performance review based on fixed criteria prepared by the Blocks/Districts is taken into account. Systematic way of fixing honorarium of all contractual staffs through PIC (Finance Dept.) Manipur.
3.	Policies on drugs, procurement system and Logistic management	Procurement of drugs through TNMSC and publishing of essential drugs list of the State, which every MOs will prescribe from the list only.	Indent based on need to be followed in order to avoid wastage of drugs/medicine. Exercise on the essential drug list as per the requirements of the districts are being worked on before the next order is placed to TNMSC. Requisition to Ministry for construction of one warehouse at each district and one at State Level for storing of essential drugs.
4.	Equipments	Proper maintenance and utilization.	Essential equipments are procured following NRHM Guidelines. To ensure availability of essential functional equipments in all facilities, BPMU/DPMU conduct facility survey every year for regular maintenance of equipments and filling up the gaps.
5.	Ambulance Services and Referral Transport	Establishing Emergency response Services at four valley and Churachandpur District.	Ambulances for difficult terrain areas like Tamenglong, Senapati, Ukhrul, Chandel, Churachandpur, Jiribam, etc have been provided.
6.	Maintenance of buildings, Sanitation, Water, Electricity, laundry, Kitchen	Strengthening RKS on maintaining the institution through proper utilization of fund.	Maintaining through the fund provided under NRHM as well as from the user money.
7.	Diagnostics	Issuing Govt. order on rational	Diagnostic facilities like routine blood, stool and urine test are available the Hospitals in addition to the

SN	STRATEGIC AREAS	Target for Policy & Systemic Reforms	Current scenario
		prescription. Strict action on any defaulters.	investigations under the National Disease Programs e.g. PS for Malaria (NVBDGP) & Sputum for AFB (RNTCP). In higher centers, facilities for advanced investigations including X-Ray and Ultrasound are also available
8.	Patient's feedback and grievance redressal	Strict instruction to maintain patient's feedback registers for any corrective action.	Help desk have started in few of the District Hospitals, CHCs.
9.	Private Public Partnership	Strengthening the monitoring & supervision of Health Centres run by the NGO through PPP	3 PHCs in the State under the PPP Model for all RCH services in the underserved areas are run by KARUNA TRUST. One PPP model for emergency Obstetric Care is functioning fully in one of the High Focus District (Ukhul).
10.	Intersectoral convergence	Strengthening the coordination through organizing common activities.	School Health Programme, organized in convergence with SSA, AIDS Control, AYUSH, etc. ARSH activities spell out in PIP for converging with Social Welfare through SABLA. RTI/STI Training of District Trainers done through MACS. VHNDs are being held in co-ordination with the Anganwadi Workers (ICDS).
11.	Community Mobilization	Regular holding of meetings for VHSCs, RKS, etc.	Regular orientation of PRI/VHSC members. BCC/IEC activities more focusing on empowering Community members.
12.	IEC	BCC/IEC activities focusing more in villages	IEC/BCC activities carried out through ads, talks, drama, quiz, hoardings, pamphlets, etc.
13.	Civil Registration System (CRS)	Birth & Death registration to be made compulsory.	Birth registrations are easily done through MCTS. Need to strengthen death registration system.
14.	Supportive Supervision	Develop a team for monitoring & provide supportive supervision at State & District level.	Monitoring is being carried out by forming a team with proper schedule.
15.	Monitoring and Review	Review meeting to be done regularly at all level.	Fixed date meeting are carried out at Health facilities, block & district level.
16.	Meeting of State Health Mission / Society / District Health Society	Fixed Monthly & Quarterly review meeting.	Quarterly review meeting for State Health Society are held. District Societies held their review meeting on a fix date every month.
17.	Medical Colleges (New Colleges & Upgradation)	Establish RIMS as EmOC centre	The State has a functional Medical College in the form of JNIMS & Regional Institute of Medical Sciences (RIMS) which caters to all the NE States except Assam. Trainings are being conducted at RIMS, JNIMS in Obs.

SN	STRATEGIC AREAS	Target for Policy & Systemic Reforms	Current scenario
	of existing ones)		& Gynae, Paediatric, Community Medicine, etc.
18.	Nursing Schools	Establishment of GNM School at High Focus Districts.	The State has adequate Government and Private Nursing Schools. Focus will be more in establishing at Hill areas.
19.	Paramedical Education	To frame Policy for establishing a paramedical institution under State Govt.	The State has no Paramedical Training School at present.
20.	Capacity building	Enhancing the Skill & Knowledge of monitoring team. To Strengthen QACs	Training of state & District officials on proper monitoring mechanism to be taken up, which is spell out in PIP.

CHAPTER-4

SCHEME/PROGRAM UNDER NATIONAL RURAL HEALTH MISSION

PART-A RCH FLEXI POOL

4-A1 MATERNAL HEALTH

Goal: Improving Maternal Health

Objective: To increase proportion of institutional delivery up to 72 % by the end of 2013

Table: District Hospital wise facility and manpower status

Sl. No.	Indicators	CCP	BPR	TBL	CDL	TML	UKL	SPT
1	Sanctioned Bed Strength	100	50	100	30	50	50	50
2	No. of Functional Bed	110	30	100	30	30	30	30
3	Number of Doctors with Specialization in							
	Obs & Gynea	2	2	0	1	0	1 NJ	1
	Pediatrician	1	1	3	1 NSSK trained MO	2 NSSK trained MO	1	1
	Anaesthetist	3	1	1	1	0	1	1
4	Doctors							
	MBBS	21	10	16	7	9	7	11
	AYUSH	5	2	1	1	1	1	1
5	GNM							
	Regular	31	18	36	16	10	16	18
	Contract	0	0	0	1	0	0	0
	Total	31	18	36	17	10	16	18
6	Pharmacist (regular)/AYUSH	5	1	5	4	3	3	4
7	Radiographer	1	1	2	1	1	1	1
8	Functional Laboratory performing assured laboratory services of the Health Institutions. (YES/ NO)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
9	Lab. Tech.							
	Regular	4	2	7	4	1	2	4
	Contract	0	0	3	3	0	1	0
	Total	4	2	10	7	1	3	4
10	Lab Technician trained in Blood safety, etc. looking after Blood Bank/ storage Centre	Yes	Yes	Yes	Yes	Yes	Yes	Yes
11	MO trained in Blood safety, etc.	Yes	Yes 1	Yes 1	Yes 1	Yes 1	Yes 1	Yes 1
12	Blood Bank/ Storage Facility available (YES/ NO)	Yes	No	No	No	No	No	No
13	Facilities for Institutional Delivery							
	a) Table for obstetric labour examination with stirrup	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	b) Shadow less lamp	Yes	Yes	Yes	No	Yes	No	No
	c) Average Monthly institutional deliveries	149	62	32	29	25	11	24
	d) Average C-Section	15	0	0	0	0		
14	Functional Operation Theatre (YES/ NO)	Yes	No	No	No	Yes	No	No
15	Sick Newborn Stabilization Unit	In process	No	In Process	No	No	No	No
	Radiant warmer available (YES/NO)	Yes	Yes	Yes	Yes	Yes	No	Yes
	New Born Resuscitation Kit available (YES/ NO)	Yes	Yes	Yes	Yes	Yes	No	Yes
	Oxygen Cylinder available (YES/ NO)	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Sl. No.	Indicators	CCP	BPR	TBL	CDL	TML	UKL	SPT
16	Running Water supply in the Health Institution	Yes	Yes	Yes	Yes	Yes	Yes	Yes
17	Power Supply	Yes	Yes	Yes	Yes	Yes	Yes	Yes
18	Back up Power provision, Generator (YES/NO) (Provided from NRHM fund)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
19	Referral Services available (YES/NO)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
20	Waste Disposal System	Yes	Yes	Yes	Yes	Yes	Yes	Yes

 Functioning

 Gaps



 Under process

Table: 5 CHCs facilities and manpower status

Sl. No.	Indicators			IE	IW	BPR	TBL	SPT
1	Name of CHC			Sagolmang	Wangoi	Moirang	Kakching	Mao
2	Strength of Bed			30	30	30	30	30
3	No. of Bed Functional			18	20	18	25	10
4	Number of Doctors with Specialization in	Obs & Gynea		0	1+1 EMoC Trained	1	1	0
		Pediatrician		0	2	2 NSSK trained MOs	2 NSSK trained MOs	0
		Anaesthetist		0	1+1 LSA Trained	1	0	0
5	Doctors	MBBS	Reg	5	10	4	9	3
			Cont	2	0	1	2	0
		AYUSH	Reg	0	0	0	0	0
			Cont	1	1	1	1	1
6	GNM	Regular		8	4	7	7	7
		Contract		1	3	4	2	2
		Total		9	7	11	9	9
7	Pharmacist	Regular		2	1	3	2	1
		Contract		0	0	1	1	0
	Pharmacist (AYUSH)			1	1	1	0	0
	Radiographer	Regular		1	1	2	1	0
		Contract		1	0	1	0	0
10	Functional Laboratory performing assured laboratory services of the Health Institutions. (YES/ NO)			Yes	Yes	Yes	Yes	Yes
11	Lab. Tech.	Regular		1	2	1	2	0
		on Contract		2	0	3	2	2
		Total		3	2	4	4	2
12	Lab Technician trained in Blood safety, etc. looking after Blood Bank/ storage Centre			Yes	Yes	Yes	yes	No
13	MO trained in Blood safety, etc.			No	Yes	No	Yes	No
14	Blood Bank/ Storage Facility available (YES/ NO)			No	Yes	No	No	No
15	Functional Labour Room	Table for obstetric labour examination with stirrup		Yes	Yes	Yes	Yes	No
		Shadow less lamp		Yes	Yes	Yes	Yes	No
16	Average Monthly institutional deliveries			6	16	4	12	22
17	Functioning Operation Theatre			NO	Yes	No	No	No
18	Sick Newborn Stabilization Unit	Radiant warmer available (YES/NO)		Yes	Yes	Yes	Yes	No
		New Born Resuscitation Kit available (YES/ NO)		Yes	Yes	Yes	Yes	No
		Oxygen Cylinder available (YES/ NO)		Yes	Yes	Yes	Yes	No
19	Running Water supply in the Health Institution	(Manual collection water facility)		Yes	Yes	Yes	Yes	Yes

Sl. No.	Indicators	IE	IW	BPR	TBL	SPT
20	Power Supply	Yes	Yes	Yes	Yes	Yes
21	Backup Power provision, Generator (YES/ NO) (Provided from NRHM fund)	Yes	Yes	Yes	Yes	Yes
22	Referral Services available (YES/NO)	Yes	Yes	Yes	Yes	No
21	Waste Disposal System	Yes	Yes	Yes	No	No

 Functioning

 Gaps

 Under process

4- A1.1 OPERATIONALISATION OF HEALTH FACILITIES

4- A1.1.1 Operationalising all 3 District Hospitals as FRUs

The State at present has only one District Hospital which is running as FRU. In spite of tremendous effort through NRHM, remaining 6 DHs and identified 05 CHCs could not be upgraded at the level of FRUs. The main constraint faced by the State is due to non availability of Specialists (Gynaecologists, Anesthetists). Recruitment of specialist doctors carried out by NRHM in the state, has succeeded in recruiting only one Paediatrician. Multiskill trainings of MBBS Doctors have also been tried but due to less number of functional FRUs, the services of the trained doctors could not be utilized to the maximum. Seeing this, upgradation of targeted Health Facilities into FRUs would be done in a phase manner.

Activity-1: Rationalization of Specialists Doctors including the trained Medical Officers on LSAS and EmOC in identified FRUs and Delivery points.

Activity-2: Based on gap analysis of delivery points, DH Thoubal & DH Senapati will be setting up blood banks respectively, and for all the other identified DHs where blood storage freezer is available, Blood Storage Centres would be set up though C- section may not be conducted. Required equipments for setting up of blood bank for DH Thoubal will be procured. Budget is reflected at procurement head at Part B.

Activity-3: Out of 11 approved posts for Specialists Doctors, only one Paediatrician is available. The State will enhance the honorarium in the coming year (2012-13) and try again for appointment. The detailed budget is being reflected in Human Resource (Part-B).

Activity-4: CEmOC Training of 04 MBBS doctors of DHs: MBBS doctors could not be trained in 2011-12 on CEmOC. The State went ahead for setting up of RIMS as one of the EmOC centre, but due to non certification of RIMS by FOGSI, training could not be conducted. Hence, the approved amount of Rs. 5.238 lakhs available for 2011-12 will be retained for conducting the training in 2012-13. Hence, new budget is not proposed.

Activity-5: Life-Saving Anesthesia Skills Training of MBBS Doctors: 09 MBBS Doctors were trained on Life Saving Anesthesia Skill. But due to non availability of FRUs in the State, the trained Doctors are unable to utilize their learned skill. Hence it is proposed to orient them again for one month. It is also proposed to train another 04 Medical Officers for LSAS at RIMS/JNIMS from the identified FRUs/ delivery points. Detailed budget is reflected in Training.

Activity-6: Joint monitoring visits by Quality Assurance Committee/SPMU on FRU Operationalization.

Activity-7: Strengthening of Infrastructure reflected in Health Care Infrastructure in Part -B.

Activity-8: Continuation of other support staffs such as 16 ANMs, 64 SNs, 14 Public Health Nurses, 4 X-ray Technicians, 09 Pharmacists, of the identified CHCs for upgradation into FRUs. Currently, the staffs are posted at CHCs where delivery rates are increasing, as at present out of the 14 functioning CHCs, 08 are conducting more than 10 deliveries per month (a non FRU CHC). Hence it is required for the staffs to continue. Unit Cost of the staffs honorarium along with budget detailed is reflected in Human Resources Head.

Activity-9: CHC Jiribam which is identified as one of the delivery points requires equipment sets such one Ventouse Machine, one Shadow less lamp and a resuscitation kit. Detail is reflected at Procurement Head (Part B).

Activity -10: Conducting two workshops and review on operationalization of FRU at state for key position holders (40 officials) of state and District @ Rs50,000/-per workshop Rs 1.00 lakh.

Budget break up:

Sl. No	Particulars	Budget required Rs in lakh
1	Lunch and snacks including hall hiring charge	30,000/-
2	Honorariums for four resource persons @ Rs 1000/- per head	4,000/-
3	Backdrop	1,500/-
4	Workshop materials @ Rs250 per person	10,000/-
Subtotal		45,500/-
	Overhead expenditure	4,500/-
total		50,000/-

Therefore budget for two workshops an amount of Rs 1.00 lakh is proposed

Activity 11: 30 days Exposure cum Training: Training of 12 grade IV Staff (qualified XII class). To initiate Caesarean Section in the targeted three DHs, state is planning to train 12 Grade IV staff (4 from Each District) in two batches and Exposure cum training of 15 staff nurses in JNIMS (3 batches of 5) for assisting caesarian section. Budget is reflected at Training Head.

Activity 12: Hiring of Doctors working in the filed of Maternal & Child Health as MCH Consultants to look after and monitor the program so that necessary gaps are filled up owing to frequent transfer of Nodal Officers. Honorarium of Rs. 26,000/- per month will be given. A total amount of Rs. 3.12 lakhs is proposed.

A1.1.2 Operationalization of 24X7 PHCs

Out of 38 PHCs targeted for 24x7 service delivery, 22 PHCs are functioning as 24 X 7 as on Dec'11. The remaining 16 PHCs could not be made functional due to demotivated staff. They are demotivated due to lack of security such as non fencing of Health Institute and their location in isolated areas. No ambulance services are available (which was cut off by Ministry in the proposal), which makes it difficult to tackle night services if emergency caesases arise. But still, the State will try to make the remaining functional in the coming year as the new recruited Doctors under Health Services are now posted in the identified 24x7 PHCs.

Table: Status of 24x7 PHCs in IMPHAL EAST DISTRICT

Sl. No.	Indicators		IMPHAL EAST				
			1	2	3	4	5
1	Name of PHC		Heingang	Borobekra	Akambat	Sawombung	Lamlai
2	Number of beds		4	5	4	4	2
3	Doctors MBBS	Regular	1	1	1	2	1
		Contract	0	0	0	1	0
4	Doctors AYUSH	Regular	0	0	0	0	0
		Contract	1	0	0	1	1

Sl. No.	Indicators		IMPHAL EAST				
			1	2	3	4	5
5	GNM	Regular	2	0	3	1	2
		Contract	3	2	2	2	0
6	Pharmacist		3 (1C)	2	1	1	2
7	Lab. Tech.	Regular	0	0	0	0	1
		Contract	0	1	1	1	0
8	Functional Laboratory performing assured laboratory services of the Health Institutions. (YES/ NO)		YES	Yes	YES	Yes	YES
9	Functional Labour Room		YES	YES	No	YES	YES
	Table for obstetric labour examination with stirrup		YES	YES	YES	YES	YES
10	No. of institutional deliveries (April to Nov 2010)		1	0	0	0	0
11	New Born Care Services						
	Radiant warmer available (YES/NO)		YES	YES	YES	YES	YES
	New Born Resuscitation Kit available (YES/ NO)		YES	YES	YES	YES	YES
	Oxygen Cylinder available (YES/ NO)		YES	YES	YES	YES	YES
12	Running Water supply in the Health Institution (YES/NO)		YES	YES	YES	YES	YES
13	Power Supply (YES/NO)		YES	YES	YES	YES	YES
14	Back up Power provision, Generator (YES/ NO)		YES	YES	YES	YES	YES
15	Referral Services available (YES/NO)		YES	YES	YES	YES	YES
	Functioning			Gaps		Under process	

Table: Status of 24x7 PHCs in IMPHAL WEST DISTRICT

Sl. No.	Indicators		IMPHAL WEST			
			1	2	3	4
1	Name of PHC		Mekola	Khumbong	Khurkhul	Mayang Imphal
2	Number of beds		5	10	4	12
3	Doctors MBBS	Regular	4	3	3	3
		Contract	0	0	0	0
4	Doctors AYUSH	Regular	0	0	0	0
		Contract	1	1	1	1
5	GNM	Regular	2	2	4	2
		Contract	3	2	2	2
6	Pharmacist		2	1	1	1
7	Lab. Tech.	Regular	0	0	0	1
		Contract	2	2	1	1
8	Functional Laboratory performing assured laboratory services of the Health Institutions. (YES/ NO)		YES	YES	YES	YES
9	Functional Labour Room		YES	YES	YES	YES
	Table for obstetric labour examination with stirrup		YES	YES	YES	YES
10	No. of institutional deliveries(April to Nov 2010)		33	15	7	0
11	New Born Care Services		YES	YES	YES	YES
	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)		YES	YES	YES	YES
12	Running Water supply in the Health Institution (YES/NO)		YES	YES	YES	YES
13	Power Supply(YES/NO)		YES	YES	YES	YES
14	Back up Power provision, Generator (YES/ NO)		YES	YES	YES	YES
15	Referral Services available (YES/NO)		YES	YES	YES	YES



Functioning



Gaps



Under process

Table: Status of 24x7 PHCs in BISHNUPUR DISTRICT

Sl. No.	Indicators		BISHNUPUR			
			1	2	3	4
1	Name of PHC		Kumbi	Ningthoukhong	Leimapokpam	Thanga
2	Number of beds		10	10	2	2
3	Doctors MBBS	Regular	2	4	3	2
		Contract	0	0	0	0
4	Doctors AYUSH	Regular	0	0	0	0
		Contract	1	1	1	1
5	GNM	Regular	1	2	2	1
		Contract	2	2	2	2
6	Pharmacist		2	2	2	2
7	Lab. Tech.	Regular	0	0	1	0
		Contract	2	2	0	0
8	Functional Laboratory performing assured laboratory services of the Health Institutions. (YES/ NO)		YES	YES	YES	NO
9	Functional Labour Room		YES	YES	NO	YES
	Table for obstetric labour examination with stirrup		YES	YES	YES	YES
10	No. of institutional deliveries(April to Nov 2010)		1	0	0	0
11	New Bom Care Services					
	Radiant warmer available (YES/NO)		YES	YES	YES	YES
	New Bom Resuscitation Kit available (YES/ NO)		YES	YES	YES	YES
	Oxygen Cylinder available (YES/ NO)		YES	YES	YES	YES
12	Running Water supply in the Health Institution (YES/NO)		YES	YES	YES	YES
13	Power Supply(YES/NO)		YES	YES	YES	YES
14	Back up Power provision, Generator (YES/ NO)		YES	YES	YES	YES
15	Referral Services avialable (YES/NO)		YES	YES	YES	YES



Functioning



Gaps



Under process

Table: Status of 24x7 PHCs in THOUBAL DISTRICT

Sl. No.	Indicators		THOUBAL				
			1	2	3	4	5
1	Name of PHC		Lilong	Leishangthem	Hiyanglam	Wangoo Laipham	Kakching Khunou
2	Number of beds		7	5	5	6	10
3	Doctors MBBS	Regular	3	1	3	2	2
		Contract	0	0	0	0	0
4	Doctors AYUSH	Regular	0	0	0	0	0
		Contract	1	1	1	1	1
5	GNM	Regular	1	2	2	0	2
		Contract	2	2	2	2	1
6	Pharmacist		2 (1C)	2	1	0	1
7	Lab. Tech.	Regular	2	0	1	1	0
		Contract	2	1	1	1	1
8	Functional Laboratory performing assured laboratory services of the Health Institutions. (YES/ NO)		YES	YES	YES	Yes	No
9	Functional Labour Room		YES	YES	YES	YES	YES
	Table for obstetric labour examination with stirrup		YES	YES	YES	YES	YES
10	No. of institutional deliveries (April to Nov 2010)		16	0	0	18	8
11	New Born Care Services						
	Radiant warmer available (YES/NO)		YES	YES	YES	YES	YES
	New Born Resuscitation Kit available (YES/ NO)		YES	YES	YES	YES	YES
	Oxygen Cylinder available (YES/ NO)		YES	YES	YES	YES	YES
12	Running Water supply in the Health Institution (YES/NO)		YES	YES	YES	YES	YES
13	Power Supply (YES/NO)		YES	YES	YES	YES	YES
14	Back up Power provision, Generator (YES/ NO)		YES	YES	YES	YES	YES
15	Referral Services available (YES/NO)		YES	YES	YES	YES	YES

 Functioning

 Gaps

 Under process

Table: Status of 24x7 PHCs in CHANDEL DISTRICT

Sl. No.	Indicators		CHANDEL			
			1	2	3	4
1	Name of PHC		Machi	Chakpikarong	Tengnoupal	Moreh
2	Number of beds		5	10	10	5
3	Doctors MBBS	Regular	3	1	1	2
		Contract	0	0	0	0
4	Doctors AYUSH	Regular	0	0	0	0
		Contract	1	1	1	1
5	GNM	Regular	2	2	1	1
		Contract	1	1	0	0
6	Pharmacist		0	1	1	1
7	Lab. Tech.	Regular	1	0	0	1
		Contract	1	1	0	1
8	Functional Laboratory performing assured laboratory services of the Health Institutions. (YES/ NO)		YES	YES	YES	YES
9	Functional Labour Room		NO	YES	NO	NO
	Table for obstetric labour examination with stirrup		YES	YES	YES	YES
10	No. of institutional deliveries(April to Nov 2010)		0	59	0	0
11	New Born Care Services					
	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)		YES	YES	YES	YES
12	Running Water supply in the Health Institution (YES/NO)		YES	YES	YES	YES
13	Power Supply(YES/NO)		YES	YES	YES	YES
14	Back up Power provision, Generator (YES/ NO)		YES	YES	YES	YES
15	Referral Services available (YES/NO)		YES	YES	YES	YES

 Functioning

 Gaps

 Under process

Table: Status of 24x7 PHCs in CHURACHANDPUR DISTRICT

Sl. No.	Indicators		CHURACHANDPUR			
			1	2	3	4
1	Name of PHC		Sagang	Saikot	Sinzwal	Singhat
2	Number of beds functional		10	4	4	10
3	Doctors MBBS	Regular	2	3	1	3
		Contract	0	0	0	0
4	Doctors AYUSH	Regular	0	0	0	0
		Contract	1	1	1	1
5	GNM	Regular	1	1	0	0
		Contract	2	2	2	1
6	Pharmacist		1	1	1	1
7	Lab. Tech.	Regular	1	1	1	0
		Contract	1	3	0	1
8	Functional Laboratory performing assured laboratory services of the Health Institutions. (YES/ NO)		YES	No	YES	Yes
9	Functional Labour Room		YES	YES	NO	Yes
	Table for obstetric labour examination with stirrup		YES	YES	NO	NO
10	No. of institutional deliveries(April to Nov 2010)		13	43	0	3
11	New Born Care Services					
	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)		YES	YES	YES	YES
12	Running Water supply in the Health Institution (YES/NO)		YES	YES	YES	YES
13	Power Supply(YES/NO)		YES	YES	YES	YES
14	Back up Power provision, Generator (YES/ NO)		YES	YES	YES	YES
15	Referral Services available (YES/NO)		YES	YES	YES	YES



Functioning



Gaps



Under process

Table: Status of 24x7 PHCs in TAMENGLONG DISTRICT

Sl. No.	Indicators		TAMENGLONG			
			1	2	3	4
1	Name of PHC		Noney	Tamei	Khoupum	Oinamlong
2	Number of beds		10	10	4	2
3	Doctors MBBS	Regular	3	1	3	1
		Contract	0	0	0	0
4	Doctors AYUSH	Regular	0	0	1	0
		Contract	1	0	2	1
5	GNM	Regular	2	2	1	0
		Contract	0	1	2	2
6	Pharmacist		0	1	0	1
7	Lab. Tech.	Regular	1	1	0	0
		Contract	2	2	0	0
8	Functional Laboratory performing assured laboratory services of the Health Institutions. (YES/ NO)		YES	YES	Yes	Yes
9	Functional Labour Room		YES	YES	Yes	Yes
	Table for obstetric labour examination with stirrup		YES	YES	NO	NO
10	No. of institutional deliveries(April to Nov 2010)		8	42	16	10
11	New Born Care Services					
	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)		YES	YES	YES	YES
12	Running Water supply in the Health Institution (YES/NO)		YES	YES	YES	YES
13	Power Supply(YES/NO)		YES	YES	YES	YES
14	Back up Power provision, Generator (YES/ NO)		YES	YES	YES	YES
15	Referral Services available (YES/NO)		YES	YES	YES	YES



Functioning



Gaps



Under process

Table: Status of 24x7 PHCs in SENAPATI DISTRICT

Sl. No.	Indicators		SENAPATI			
			1	2	3	4
1	Name of PHC		Paomata	Maram	Motbung	Saikhul
2	Number of beds		10	10	6	5
3	Doctors MBBS	Regular	2	3	4	3
		Contract	0	0	0	0
4	Doctors AYUSH	Regular	0	0	0	0
		Contract	1	1	2	1
5	GNM	Regular	1	2	2	1
		Contract	2	1	1	0
6	Pharmacist		2	2	3	3
7	Lab. Tech.	Regular	2	1	1	3
		Contract	1	1	2	1
8	Functional Laboratory performing assured laboratory services of the Health Institutions. (YES/ NO)		YES	YES	YES	YES
9	Functional Labour Room		YES	YES	Yes	YES
	Table for obstetric labour examination with stirrup		YES	YES	Yes	YES
10	No. of institutional deliveries(April to Nov 2010)		49	31	0	0
11	New Born Care Services					
	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)		YES	YES	YES	YES
12	Running Water supply in the Health Institution (YES/NO)		YES	YES	YES	YES
13	Power Supply(YES/NO)		YES	YES	YES	YES
14	Back up Power provision, Generator (YES/ NO)		YES	YES	YES	YES
15	Referral Services avialable (YES/NO)		YES	YES	YES	YES

 Functioning

 Gaps

 Under process

Table: Status 24x7 PHCs of UKHRUL DISTRICT

Sl. No.	Indicators		UKHRUL			
			1	2	3	4
1	Name of PHC		Somdal	Lambui	Chingai	Kasom Khullen
2	Number of beds		10	10	10	10
3	Doctors MBBS	Regular	2	1	1	2
		Contract	0	0	0	0
4	Doctors AYUSH	Regular	0	0	0	0
		Contract	1	1	1	1
5	GNM	Regular	2	1	1	0
		Contract	2	1	2	1
6	Pharmacist		1	1	1	2
7	Lab. Tech.	Regular	0	0	1	0
		Contract	1	1	0	1
8	Functional Laboratory performing assured laboratory services of the Health Institutions. (YES/ NO)		YES	YES	YES	YES
9	Functional Labour Room		YES	YES	YES	YES
	Table for obstetric labour examination with stirrup		YES	YES	YES	YES
10	No. of institutional deliveries(April to Nov 2010)		8	0	0	0
11	New Born Care Services					
	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)		YES	YES	YES	YES
12	Running Water supply in the Health Institution (YES/NO)		YES	YES	YES	YES
13	Power Supply(YES/NO)		YES	YES	YES	YES
14	Backup Power provision, Generator (YES/ NO)		YES	YES	YES	YES
15	Referral Services available (YES/NO)		YES	YES	YES	YES



Functioning



Gaps



Under process

- Activity-1: Rationalization and continuation of Contractual Staffs: For implementation of the entire program in the State smoothly, Staff Nurses for PHCs & CHCs will be required to continue. At the beginning of NRHM, only 2 PHCs were providing round the clock services. But after placement of these staff nurses at the PHCs/CHCs and training them for SBA, at present 22 PHCs are providing round the clock service. Hence, continuation of services for these Nurses is required. Details including unit cost are discussed in Human Resources in part –A.
- 54 Medical posts were approved in SPIP 2011-12, but only 4 are available at present as recently under regular posts 217 MOs were recruited and are placed in the identified 24x7 PHCs, CHCs & DHs. Hence, the services of all 54 may not be required as the gaps have been filled under regular posts. Hence fund is not reflected.
- Activity-2: Drugs procured from TNMSC are supplied to all Health Institutes. Drugs may be required for 2012-13; budget for Procurement for required drugs is reflected in Part-B.
- Activity-3: Referral Transport budget is reflected in relevant Head.
- Activity-4: 14 MOs are trained from CHCs/PHCs on BEmOC Training specially taken up from the Health Centres where deliveries are taking place. 10 more will be trained in 2011-12. It is also proposed to continue the training for other left out Medical officers for CHCs/PHCs. Hence, it is proposed to train 24 MOs in 2012-13. Budget detail is reflected in Training Head.
- Activity- 5: 20 AYUSH MOs (Homeopathy & Ayurveda) are currently undergoing SBA training at medical colleges. As AYUSH Doctors are being co-located with Allopathy MOs at the PHCs and CHCs, developing the skill of these doctors is also required. Hence, in the current PIP, another 20 AYUSH MOs are proposed for training on SBA. The number of days of the training is proposed to increase to 21 days from 15 days. Detailed budget is reflected in Training Head.
- Activity-6: 24 Staff Nurses are trained on SBA in 2011-12. But it is required for the other remaining Staff Nurses posted in CHCs/PHCs to get the training. Hence, it is proposed to train 48 Staff Nurses/ ANMs from CHCs, 24x7 PHCs and delivery points. Budget detail is reflected in Training Head.
- Activity-6: Strengthening of Infrastructure is reflected in Health Care Infrastructure in Part –B.
- Activity-7 Joint monitoring visits by Quality Assurance Committee/SPMU on 24x7 Operationalization
- Activity-8 Average deliveries for PHC Oinam of Bishnupur District which has started providing 24x7 services is around 4-5 at present. The rate will be improved once the requirements of equipments meant for delivery is filled up. Hence, one Ventouse suction machine and one Diesel Generator will be required. The amount required for purchasing is reflected at Part B (Procurement).

Activity-9 Engagement of Grade IV staff: PHC and CHCs are working round the clock and few of them have not started delivering night services due to lack of Grade IV staff. During a workshop held at State Level for District administrators on increasing the functionality of 24x7 and FRUs and increasing the average delivery rate where ever possible, it was brought out that CHCs/PHCs have started working round the clock but due to lack of Grade IV staff, managing the Institute and keeping the environment neat & clean (esp. laour room) is a challenging task. Hence, as part of outcome of the Workshop, State has proposed to engage 3 Grade IV staff each for all 16 CHCs and for only 20 PHCs in the 1st phase. The Grade IV staff will work eight hours on rotation basis. 20 PHCs are those PHCs where the average delivery rate ranges from 3 to 6 and also are providing day & night service. Altogether, 108 Grade-IV Staff will be required and the same amount is proposed for 2012-13. District wise detail is as below. Each staff will be given an amount of Rs. 5740/- per month. Detailed budget required is reflected at Human Resources Head.

District	No. of CHCs	No. of PHCs	Total	Total number of Grade IV (3 each)
I/E	2	0	2	6
I/W	2	3 (Mekola, Khurkhul, Khumbong)	5	15
BPR	2	1 (oinam)	3	9
TBL	5	2 (Wangoo Laiphom, Lilong)	7	21
CCP	1	3 (Singhat, Sagang, Saikot)	4	12
CDL	0	1 (Chakpikarong)	1	3
UKL	1	2 (Somdal, Kasom Khullen)	3	9
TML	1	4 (Noney, Tamei, Khoupum, Oinamlong)	5	15
SPT	2	4 (Poamata, Maram, Saikul, Tadubi)	6	18
Total	16	20	36	108

4-A1.1.3 MTP Services at Health Facilities

MTP services are being provided in District Hospitals, CHCs & PHCs. The total cases so far till November 2011 in Public and Private Facilities are given below:

Table: MTP Budget

SL.No.	Institution	Total Cases (till November '11)
1	Public Health Facilities like DHs, CHCs, PHCs	3310
2	Private Clinics/ Hospitals	1039
	Total	4349

MTP as seen in the above figure, are being conducted at almost every PHCs, CHCs and District Hospitals. As reported from the Medical College RIMS, sometimes women are referred with complications after MTP has been conducted by the non-skilled Doctors. Hence, the faculty from Obs. & Gynae has suggested including MTP training for MOs in the PIP. The training will not only

help in imparting skills to Doctors, but also will help in controlling the Fertility rate of the State. Hence, the following activities will be carried out in next financial year.

Activity-1: Training of 40 PHC/CHC MOs on MTP at PPP centre RIMS. Detailed budget is reflected at Training.

Activity-2: Awareness through different media under BCC/IEC.

Activity -3: Motivate and counsel ASHAs during VHNDs to spread awareness.

Activity-3: Joint monitoring by State and District Quality Assurance Committees

4-A1.1.4 RTI/STI Services at Health Facilities

Activity-1: Training of MOs on RTI/STI: District Trainers' Training of 4 Medical Officers each from each districts are trained by RTI/STI Trainers/Mentor under Manipur AIDS Control Society. The District Trainers are further training the 120 MOs and 660 Paramedics at State and District Level. Being a high prevalence State on HIV/AIDS, the percentage for having RTI/STI infection is also very high in the State. Hence, the SPIP 2012-13 proposes the training of 90 MOs, 550 SNs/ANMs and 60 Lab. Technicians on the Module developed jointly by NACO and MoHFW. Detailed training plan is reflected under "Trainings". A budget for printing training modules and is budgeted within the training.

Activity-2: RTI/STI Diagnostic kits and colour coded drugs: Drug kits for treatment of RTI/STI cases and RPR Kits for screening of syphilis for CHCs and PHCs will be required. Details on the requirement as per NACO calculation and estimation are as below:

I. Target of STI/RTI to be treated by PHCs & CHCs – 14698

II. Number of STI/RTI syndromic drugs and RPR kits required each year:

Details	Estimation/Quantity required	Buffer Stock	Total Drugs/Kits Required
STI/RTI syndromic Drug	8819	1764	10583
Estimated RPR tests	30849	-	823

Assumptions for drug kits:

1. About 60% of the STI/RTI episodes will be treated with Syndromic Drugs.
2. 20% of the syndromic drug is kept as buffer

Assumptions for RPR kits:

1. All STI attendees and ANC attendees to undergo syphilis testing.
2. Coverage of 50% of total expected episodes and pregnancies is taken.
3. Kit size is assumed to be 50 tests per kit yielding 45 tests due to 10% wastage.

III. Number of drug kits required Syndrome Wise:

Syndromic distribution of Individual kits based on its prevalence and Unit Price:

Name of KIT	% Required to be procured	Unit Price in Rs. *
KIT 1	17	21
KIT 2	45	7
KIT 3	10	33
KIT 4	2	25
KIT 5	5	41
KIT 6	20	41
KIT 7	1	15
RPR test kits **		60

*Prices are only indicative and based on the recommended price of NACO

** RPR test kits are to be procured for STI attendees and ANC attendees as per assumptions in calculation sheet.

Total Number of Kits with Price :

Name of KITS	Total Quantity Required	Price of Kits (in Rs.)
KIT 1	1799	37779
KIT 2	4762	33334
KIT 3	1058	34914
KIT 4	212	5300
KIT 5	529	21689
KIT 6	2117	86797
KIT 7	106	1590
RPR test kits**	823	49380
Total	11406	2771658

The Drugs were previously supplied by NACO, but in 2011-12, none of the districts received any drugs. As per instruction received from SACS, the required drugs are to be included in SPIP for PHCs/CHCs. A budget of Rs. 27.7 lakhs will be required for procurement of Drugs Kits meant for RTI/STI. Detailed budget is reflected in procurement in part B.

Activity-3: Mobilization through ASHAs will be continued in the State.

Activity-4: Making health facilities more woman-friendly & Strengthening Infrastructure: RTI/STI services/ clinics will be provided keeping clients' identity confidential in a privacy room through partition.

Activity-5: IEC and Job Aids: To ensure standardized STI/RTI care, printing of Syndromic Wall Posters, anaphylaxis Chart, Counseling flip book, infection chart, leaflets, posters and other education material will be done. The said material will be done for 16 CHCs and 73 PHCs @ Rs.100/- per centre of all material. Hence, an amount of Rs. 0.089 lakhs will be required. Budget is reflected in Part B-IEC/BCC Activities

Activity-5: Mentoring & Supportive Supervision: Each of the CHCs and PHCs will be mentored jointly by the QACS/SPM staffs regularly.

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

Activity-7: Procurement of equipments: For PHCs and CHCs where facility integrated ICTC are not available, equipments such as Refrigerator (100L) and centrifuge will be required. Detailed analysis of the availability of the equipments at each CHCs & PHCs is as follows.

Sl. No.	District	Number		Total	No. of CHCs/PHCs equipments available		Required no. of equipments for 2012-13	
		CHCs	PHCs		Refrig.	Centri.	Refrig.	Centri.
1	Imphal East	2	11	13	5	2	8	11
2	Imphal West	2	8	10	3	1	7	9
3	Bishnupur	2	5	7	2	2	5	5
4	Thoubal	5	12	17	0	7	17	10
5	Chandel	0	4	4	0	0	4	4
6	Churachandpur	1	9	10	0	0	10	10
7	Senapati	2	12	14	0	0	14	14
8	Tamenglong	1	6	7	0	0	7	7
9	Ukhrul	1	6	7	0	0	7	7
Total		16	73	89	10	12	79	77

It is proposed to procure 79 refrigerators and 77 centrifuge machines for providing RTI/STI services in PHCs and CHCs. 79 freezers @ Rs. 5000/- per freezer and 77 Centrifuge machines @ Rs.30,000/- per centrifuge will be procured. Hence, a total amount of Rs. 27.05 lakhs will be required. Detail of budget is reflected in procurement head at Part'B'.

Activity: 9 Whole Blood Finger Prick Test: Procurement of Whole Blood Screening Kits for Pregnant Women for screening on HIV during Ante natal Check Up. As per NACO projection for the year 2012-13, projected requirement along with budget is as below: Budget detailed is reflected in procurement.

Indent for 2011-12	Projected Requirement for 2012-13 (10% increase)	Estimated Cost at unit cost of Rs. 25/test (Rs. In lakhs)
14276	15704	3.93

4-A1.1.5 Operationalise Sub-Centres

Activity-1: Additional ANM: The State has recruited 420 additional ANMs who are currently in service. As per PIP guidelines, additional ANMs are to be placed only in the Sub centres conducting 03 deliveries per month on an average. If this is the case then the services of all 420 Additional ANMs engaged on contractual basis during 2008-09 has to be de-contracted which may not be correct. A Sub- centre catering to a population of 3000 in a month hardly conducts 3 deliveries. Hence, the benchmark fixed by GOI for specifying particular Health Centre as delivery point need to re-worked especially for the State. As the State still requires the services of these 420 ANMs, they will be re-utilized in the current year. 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 Lakhs. Budget is reflected in Management Cost of Part A

Table: SC rent

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: Hardship Incentives for additional ANMs posted at difficult, most difficult and inaccessible areas reflected in INFRASTRUCTURE & HUMAN RESOURCES.

Activity-5: Joint quarterly monitoring visits at all the District Hospitals by Quality Assurance Committee/SPMU.

4-A1.2 Referral Transport

To be met from last year's fund.

4-A1.3 Integrated Outreach RCH Services

4-A1.3.1 RCH Outreach Camps

Activity-1: Integrated Outreach camps are one of the successful activities under National Rural Health Mission and are being held in all the districts at under-served PHCs by mobilizing specialist Doctors from the District/ State Headquarters with good results. The out reach camps were also conducted during flood time and it was highly appreciated by the community. Out reach camps in minority areas and vulnerable region is proposed to continue though stress will be given more on the observations made on Village Health Nutrition Days. The amount for a camp as done in previous year @ Rs. 20,000/- per camp in normal districts (I/E- 10 Camps, I/W, BPR & TBL) and @ Rs. 40,000/- per camp in difficult & High Focus Districts (I/E- 5 Camps, CCP, CDL, UKL, TML & SPT) has been proposed. During 2012-13, 136 camps are proposed and the Budget needed for conducting 136 such camps will be Rs. 45.20 Lakh.

Table: RCH Camp Budget

District	I/E	I/W	BPR	TBL	CCP	CDL	UKL	TML	SPT	Total
No. of Camps	15* (10 & 5)	12	12	12	20	15	15	15	20	136
Amount @ Rs. 20,000/- per camp in normal districts and @ Rs. 40,000/- per camp in difficult districts (Rs. in lakhs)	4.00	2.40	2.40	2.40	8.00	6.00	6.00	6.00	8.00	45.20

* 10 Camps at normal areas and 5 Camps at difficult areas (Jiribam) for Imphal East District.

Detailed breakup of Rs. 20, 000/- as per GOI norm is as follows:

TA for Medical Officers and Nurses

Sl. No.	Particulars	Amount
1	TA/DA for 03 Doctors @Rs. 1000/- per day	3000.00
2	TA/DA for 03 Nurses @Rs. 300/- per day	900.00
3	TA/DA for 01 Pharmacist @Rs. 300/- per day	300.00
4	Drugs and Medicines	10000.00
5	Publicity	2500.00
6	Side Arrangement	1000.00
7	Contingency	2300.00
TOTAL RS.		20000.00

These camps are carried out in the interior, most vulnerable and unreached areas. Rs. 20,000/- is a minimal amount used by a district for conducting such camps. In actual cases the requirement will be higher as the number of patients who turns out in a one day camp is about 200-400. For hill districts, the amount is doubled because for conducting one day camps in interior areas, atleast it is required to go to the place one day ahead and altogether it takes three days. And in a particular hill area where a camp is conducted, most of the times, the neighbouring villages also turn up at the site. Hence, the amount has been doubled for hill Districts.

Activity-2: Joint monitoring by State and District Quality Assurance Committees to be done regularly.

4-A1.3.2 Monthly Village Health and Nutrition Days

ANMs and ASHAs of concerned villages have been organizing Village Health and Nutrition Days every month usually at Anganwadi Centres. The observations as noted in the districts are not appreciable at present. A review for each district to enhance the observation in proper co-ordination between AWW and ASHA at village level is focused. So far, the state has formed 4081 Village Health & Sanitation Committee. If the state target VHNDs based on current 4081 VHSCs, the target will be 40972 VHNDs. It is decided to enhance monitoring on the observation of VHNDs at the villages along with monitoring of RCH services. A budget for monitoring on the observation of VHNDs along with RCH services jointly by QACs/SPMUs/DPMUS/BPMUs is proposed under Monitoring & Evaluation head of Part B.

4-A1.4 JANANI SURAKSHA YOJANA (JSY)

Table: District wise Achievement & Target for Institutional Deliveries (%)

Sl. No	District	Status						Target by 2012-13
		DLHS-2	DLHS-3	HMIS Data Against				
				Reported		Estimated		
				2010-11	2011-12 (Apr-Nov)	2010-12	2011-12 (Apr-Nov)	
1	Imphal East	65.6	65.9	79	92	22	29	90%
2	Imphal West	65.1	87.1	98	98	207	199	95%
3	Thoubal	36.0	59.4	62	59	19	18	70%
4	Bishnupur	60.3	57.4	72	72	31	24	75%
5	Chandel	16.9	27.6	35	40	29	23	40%
6	Churachandpur	44.5	30.0	82	79	81	83	70%
7	Senapati	12.0	24.3	26	25	25	22	40%
8	Tamenglong	17.5	14.1	46	49	23	23	45%
9	Ukhrul	13.7	13.5	51	50	30	26	60%

Table: Estimated deliveries and JSY target for the year 2012-13

Sl. No.	District	estimated Pregnant Women*	Expected up-to two live-births	Target % of institutional delivery for 2012-13	Expected Institutional Delivery (2 live birth)	Expected Home Delivery (2 live birth) BPL
A	B	C	D	E	F	G
1	Imphal East	7498	4123	95%	3710	116
2	Imphal West	8526	4689	95%	4455	66
3	Thoubal	6966	3831	82%	2682	322
4	Bishnupur	3982	2190	80%	1643	153
5	Chandel	2386	1312	50%	525	220
6	Churachandpur	4494	2471	75%	1730	207
7	Senapati	5880	3234	55%	1294	543
8	Tamenglong	2322	1277	50%	575	197
9	Ukhrul	3033	1668	65%	1001	187
	Total	42103	24795	72%	17615	2011

Poor women certified by Pradhan/Member/Chairman/Headman as BPL may be provided with the financial assistance under JSY for institutional deliveries up-to two live births. However, 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 (Rural) - Rs. 600/- per case
- (iii) ASHA Accompaniment Package (Urban) - Rs. 200/- per case
- (iv) For C/S in Public Health facilities - Rs. 1500/- per case

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/State ASHA Program Manager (quarterly), District ASHA Nodal Officers/District Community Mobilizer (Monthly) and Block Facilitators.

For the year 2012-13, the State will target 85 % of estimated two live-births delivery for JSY coverage. The budget needed for 2012-13 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: District wise JSY total Budget

District	I/E	I/W	BPR	TBL	CCP	CDL	UKL	TML	SPT	Total
Expected Institutional Delivery (2 live birth)	3710	4455	2682	1643	525	1730	1294	575	1001	17615
Expected Home Delivery (2 live birth)BPL	116	66	153	322	207	220	187	197	543	2011
JSY Target(Institutional) 85% of Exp. ID	3153	3787	2280	1397	446	1471	1099	489	850	14972
BUDGET										
Mother's package for Ins. Del in Rural areas @ Rs 700/- per ID	15.00	18.03	10.86	6.65	3.12	10.30	7.69	3.42	5.95	81.03
Mother's package for Ins. Del in Urban areas @ Rs. 600/- per ID(32% of Delivery)	6.05	7.27	4.37	2.68	0	0	0	0	0	20.38
Mother's package for Home Del @ Rs. 500/- per live birth (U & R)	0.58	0.33	0.765	1.61	1.035	1.1	0.935	0.985	2.715	10.055
ASHA package in Rural areas	12.86	15.45	9.31	5.70	2.68	8.83	6.59	2.93	5.10	69.45
ASHA package in Urban areas	2.02	2.42	1.46	0.89	0	0	0	0	0	6.79
For C/S in Public Facilities (2% of all Inst. Del)	0.95	1.14	0.68	0.42	0.14	0.44	0.33	0.15	0.26	4.49
Program Management Cost 5% (M & E, Stationeries etc.)	1.93	2.27	1.58	0.93	0.46	1.14	1.14	0.48	0.71	10.63
Total	39.39	46.91	29.025	18.88	7.435	21.81	16.685	7.965	14.735	202.825

4-A1.5 Maternal Death Auditing

MATERNAL DEATH REVIEW

The Maternal Death Review has been implemented in the state since the 23rd February 2011 with a State level Sterilization Meeting held at Imphal. State level Trainings on CBMDR and FBMDR have been conducted. The State level Task Force on Maternal Mortality Reduction (SLF), District MDR Committees for all districts and FBMDR committees for 12 Public and 8 Private facilities have been constituted and are in position. SNOs, DNOs and FNOs have been identified. Funds have been allocated to the districts for conducting District level MDR Trainings. Four valley districts out of 9 districts have conducted District level MDR training of the MOs and management personnel (NRHM).

According to SRS 2005 Manipur has MMR 160/1,00,000 live births. Based on this, the state's expected no. of MD for 2011 is 67. District wise expected no. of MD based on the latest census population and Birth Rate has also been given to the districts.

Reporting of MD and submission of monthly state MDR reports have started since June 2011. However, the lack luster feeling of the different MDR stakeholders on the significance of timely notification of MD, timely reporting, proper reviewing, etc still persists. Therefore, the state needs to keep provision of state, district, and facility level training programs on FBMDR and block level training programs on CBMDR. For effective information sharing and training on MDR at district, Facilities and sub-districts levels, the SNO will facilitate as one of the resource persons. Mobility support to the SNO may be provided.

S.N	Programme/Activity	State	Districts	Block	Budget	Remarks
1	SLF Review Meeting (CMOs will also be invited)	2			0.60	District & sub-dist.
2	State MDR Dissemination	1			0.50	Level MDR
3	District level Sensitization Meeting with DC, PRI members		9		2.70	Trainings is emphasized
4	District level Training on FBMDR and CBMDR		9		2.70	
5	Facility level MDR Training of FBMDR committee members, all MOs and other staff		20		6.00	20 participants per batch (total 20 batches), Rs. 30,000/- per batch.
6	Block level Training on CBMDR			36	7.20	25 participants per batch (total 36 batches), Rs. 20,000/- per batch
7	Block level MDR training of ASHAs and AWWs			36	7.20	25 participants per batch (total 36 batches), Rs. 20,000/- per batch
8	Mobility support to SNO				1.00	
	TOTAL				27.90	

District	State	I/E	I/W	BPR	TBL	CCP	CDL	UKL	TML	SPT	Total
SLF Review Meeting (CMOs will also be invited)	0.60	0	0	0	0	0	0	0	0	0	0.60
State MDR Dissemination	0.50	0	0	0	0	0	0	0	0	0	0.50
District level sensitization	-	1	1	1	1	1	1	1	1	1	9
Cost (in lakhs)	-	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	2.7
District level training on FBMDR & CBMDR	-	1	1	1	1	1	1	1	1	1	9
Cost (in lakhs)		0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	2.7
Facility level MDR Training of FBMDR committee members, all MOs and other staff	6.00	0	0	0	0	0	0	0	0	0	6.00
Block level Training on CBMDR		3	3	3	3	5	4	5	4	6	36
Cost (in lakhs)		0.60	0.60	0.60	0.60	1.00	0.80	1.00	0.80	1.20	7.2
Block level MDR training of ASHAs and AWWs		3	3	3	3	5	4	5	4	6	36
Cost (in lakhs)		0.60	0.60	0.60	0.60	1.00	0.80	1.00	0.80	1.20	7.2
Mobility support to SNO	1.00	0	0	0	0	0	0	0	0	0	1.00
Total	8.1	1.8	1.8	1.8	1.8	2.6	2.2	2.6	2.2	3	27.9

4-A1.6 Other Strategies & Activities

JANANI SISHU SURAKSHA KARYAKRAM (JSSK)

JSSK (Janani Suraskha Karyakram) was launched on 15th August in the State by the Hon'ble Chief Minister. Actual implementation in the State is yet to take place. The State Govt. has also issued Memorandum for the implementation of the scheme to all the Districts. The entitlement as per the guidelines will be implemented in all the District Hospitals/CHCs/PHCs/SCs in the State.

Entitlement for Pregnant Women

- Ø Free Delivery & Caesarian Section
- Ø Free Essential Diagnostics.
- Ø Free drugs and Consumables
- Ø Free Provision of Blood
- Ø Free transport including drop back at home
- Ø Free Diet during stay in the Hospital
- Ø Exemption of all user charges

Entitlement for Sick Newborn till 30 Days after Birth

- Ø Free Treatment
- Ø Free Drugs and consumables
- Ø Free Diagnostics
- Ø Free Transport from home to hospital and drop back
- Ø Free provision of blood

The guideline for Janani Sishu Suraksha Karyakram (JSSK) has been circulated to all the Districts. The necessary government orders/ notifications are under process. The State has already identified Joint Director, Family Welfare as the State Nodal officer for JSSK. In 2012-13, JSSK will be implemented in Health Facilities where deliveries are taking place. The State will provide food as nutritional supplement to the pregnant women during their stay in the Health Facility/Hospital.

The current PIP also proposes for implementation of Emergency Response Services in the four valley districts and one High Focus District which will be linked up with JSSK. Ambulances which have been provided in the High Focus District Hospitals will also be utilized for JSSK. For the remaining Districts, Health Facility funds meant for referral transport will be kept for providing free transport from home as well as drop back.

In the State, a total of 47 health facilities are currently conducting deliveries. The 47 Health Facilities are 7 DHs, 15 CHCs & 24 PHCs. Therefore, the State is targeting to cover/ link with ambulances in these health facilities both for mother and infant with special care. This will enable the state to promote safe institutional delivery with special care. The state also targets to provide free diet for 2 days for normal institutional delivery and 7 days for c- section delivery. All these free facilities will be determining factor in reducing the maternal mortality ratio and neonate mortality rate or infant mortality rate in the State.

The transportation cost of picking up pregnant women from her residence or nearest motorable road and dropping her back will be borne under the reference transport approved in 2011-12. The detailed cost of transport is worked out separately for four high focus Districts and remaining five Districts too.

In SPIP 2011-12, there is a provision of Rs. 200 for beneficiaries under JSY scheme. It is reflected in SPIP 2011-12. However, SPIP 2011-12 also has a provision of referral Transport of Rs. 1000 in order to promote Institutional deliveries in Public Health Facilities. This is to support the expenditure of transport to the beneficiaries. This referral transport fund will be utilized in the coming year 2012-2013 as part of referral transport. The approved amount was Rs.17.95 lakhs for 17950 beneficiaries at the rate of Rs.1000 per beneficiary.

It is proposed to utilize this fund under the following conditions:

1. The State will initiate in PPP model at Health Facility Level. The process of identifying the vehicles (at least 3 vehicles) will be done at RKS/ Health Centre Management Committee level.
2. The hiring price will be decided by the RKS based on the Distance and terrain of the location of the Health Facility. At present, the State had calculated based on study conducted both at Valley and Hill Districts. Based on this study, the rates were decided in consultation with State Mission Director and State Nodal Officer, JSSK as follows:
 - a. For 4 Valley Districts for pick up and dropping back= Rs.1000.00
 - b. For 5 Hill Districts for pick up and Dropping back= Rs. 2500.00
3. To support the beneficiaries for referral transport, either ambulance or hired vehicle will be provided from the health facility i.e. PHC/CHC/SDH/DH where Delivery is to take place.
4. In case of the hired vehicle, the fund can be utilized by the senior medical Officer/ MO under the following conditions:
 - a. For Picking up the beneficiary: The Beneficiary has to be accompanied by ASHA and should produce the MCH/JSY card.
 - b. For Dropping back the beneficiary: The Beneficiaries have to produce discharged certificate after staying 48 hrs in the health facility for normal delivery and in case caesarian section (CS), 7 days stay in the health facility.
5. The signatory for certification/ verification of document will be done by Senior Medical officer who is in charge of the Health Facility.
6. The utilization of this fund will worked out under the supervision of District Mission Director based on the performance of the Health Facility.
7. The above listed conditions will not be applied to health facilities where ambulances are provided or linked up with 1-0-8 emergency medical services in near future.

Referral Transport under JSSK for the State:

Under the JSSK Referral Transport, as mentioned above, the cost of transportation of the beneficiaries from their homes to the nearest health ranges from place to place both in valley districts and the hill districts based on the availability of vehicle for hire, time of hiring, distance, terrainability etc.

Table:1

Referral Transport for cost both Hill and Valley Districts:

Sl. No.		Estimated PW	Target ID	Unit Cost In Rs. In lakhs	Total In Rs in lakhs
1.	4 Valley Districts	26972	18880 70% of EPW	18880xRs.1000 (@ Rs.1000 per beneficiary)283200	188.80
2.	5 Hilly Districts @ Rs.3000 per case/ beneficiary	18115	10869 60%of EPW	10869xRs.2500 (@ Rs.2500 per beneficiary)	271.725
3	9 Districts (State)	45087	29749		460.525

The distances of the villages/hamlets to the nearest PHCs depend from those within the health centre's periphery/catchment area to as far as 32 kms. For instance, the village Khoubum Khullen under the Chakpikarong PHC, Chandel District, is around 32 kms away from the PHC. The community/beneficiaries hailing from the mentioned village, need to spend Rs. 4500 approximately (to & Fro) to avail the services of the PHC.

Similarly, in the PHCs Senvon and Sinzawl in churachandpur district, the beneficiaries or the mothers pay huge amount to hire vehicle to avail the facilities in the mentioned PHCs. It costs between Rs.2000 to Rs.5000 for the beneficiaries of the villages to avail the service at the nearest health facility.

Therefore, in the hill districts, the maximum monetary provision for referral transport in case of hiring vehicle would be Rs. 2500 depending upon the distance, time of hiring (day/night) and availability of vehicles. The total cost is Rs.271.725 Lacs for 10869 beneficiaries.

As for the valley districts, the cost of hiring vehicles maximum will be Rs. 1000 per beneficiary, depending upon the distance, time of hiring (day/night) and availability of vehicles. The total cost is Rs.188.80 Lacs for 18880 beneficiaries.

State total Cost under Referral Transport= Rs.460.525 Lacs.

The required budget is mainly for supporting the health facility in terms of medicines, diagnosis, diet and other consumables items required at health facility:

A. Detailed for Pregnant Women:

SI No	Beneficiary	HMIS – Institution Delivery 2010-11	HMIS –Institution Delivery 2011-12 (till Dec2012)	Target Beneficiaries
1	Institution Delivery (Normal)	25554	11288	29749
2	C-Section		159	435 (includes DH,TBL)

Detailed Cost

Sl. No.	Activities	Unit Cost (in Rs.)	
		High Focus District	Other Districts
A.	Diagnostics		
1	Hb estimation	40	40
2	ABO & Rh	70	70
3	R/E blood	30	30
4	R/E Urine	20	20
	Sub Total	160	160
B.	Blood Transfusion	250	250
C.	Diet		
1	Diet for normal delivery per day (for 3 Days)	150 (450)	100 (300)
2	Diet for CS delivery per day for (7 Days)	150 (1050)	100 (700)
	Sub total		
D.	Drugs & Consumables		
	Drugs & consumables for Normal	350	350
	Drugs & consumables for C section Delivery	1600	1600

All the district hospitals except Tamenglong District hospital have got Ultrasound machine which are functional. An Ultrasound Machine along with a radiologist/technician is required for Tamenglong District Hospital to enable the implementation of JSSK programme.

The target and budget of District wise for Mother care

Districts	IE	IW	BPR	TBL	CDL	CCPR	SPT	TML	UKL	Total
Estimated Pregnant women	7498	8526	3982	6966	2386	4494	5880	2322	3033	45087
Target ID 70% for valley, 60% for Hill	5249	5968	2787	4876	1432	2696	3528	1393	1820	29749
Target ID at Public Health Facilities (73%)	3833	4357	2035	3559	1045	1968	2575	1017	1329	21718
Target of Normal ID	3756	4270	1994	3488	1024	1929	2523	997	1302	21283
Target of C-Section	77	87	41	71	21	39	52	20	27	435
Cost for Diagnostics	6.13	6.97	3.26	5.69	1.67	3.15	4.12	1.63	2.13	34.75
Referral Transport (Hiring)	38.33	43.57	20.35	35.59	26.125	49.2	64.375	25.425	33.225	336.19
Cost for Blood Transfusion	0.19	0.22	0.1	0.18	0.05	0.1	0.13	0.05	0.07	1.09
Cost for Diet for normal Delivery	11.27	12.81	5.98	10.46	4.61	8.68	7.57	4.49	5.86	71.73
Cost of diet for C-section	0.54	0.61	0.29	0.5	0.22	0.41	0.36	0.21	0.28	3.42
Cost for Drugs & Consumables (normal delivery)	13.15	14.95	6.98	12.21	3.58	6.75	8.83	3.49	4.56	74.5
Cost for Drugs & Consumables (C-section)	1.23	1.39	0.66	1.14	0.34	0.62	0.83	0.32	0.43	6.96
Total Budget	70.84	80.52	37.62	65.77	36.595	68.91	86.215	35.615	46.555	528.64

A. The target and budget of District wise for Child care:

It is expected that 10% of the infants will need special care and to provide free facility service, projected budget is proposed-

Sl No	Head	Target (10% of Institutional Delivery Estimated 29749)	Unit cost (in Rs.)	Total In Rs.
1	Treatment cost	2672	360.00	961920

Sl. No.	District	Est.PW	Target of ID	Target Of Sick Neonate (10% OF ID)	Cost Required (in lakhs) (Unit Cost @Rs.360 per Case)
1.	IE	6748	4724	472	1.7
2.	IW	7673	5371	537	1.93
3	TBL	6269	4388	438	1.58
4	BPR	3583	2508	250	0.9
5	CDL	2147	1288	128	0.46
6	CCPR	4044	2426	242	0.87
7	SPT	5292	3175	317	1.14
8	TML	2089	1254	125	0.45
9	UKL	2729	1637	163	0.59
Total		40578	26771	2672	9.62

TOTAL BUDGET FOR JSSK (A + B) = Rs. 528.64 + 9.62 = Rs. 538.26 lakhs

4-A1.6.4 Others

4-A1.6.4.1. Interventions in Difficult, Very Difficult and Inaccessible Areas

Activity-1: Hardship Incentives for difficult, most difficult and Inaccessible area: This has been provided to staffs posted in 159 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 reflected in B18 – New initiatives/Strategic interventions

Table: No. of health facilities based on accessibility

Areas	Sub Centres	PHCs	CHCs	DHs	Total
Difficult	48	12	1	3	64
Very Difficult	66	15	0	2	83
Inaccessible	45	3	2	0	50
Total	159	30	3	5	197

- 4-A1.6.4.2 Ensuring early, full ANC Registration and strengthening PNC
- Activity-1: Ensuring that ANMs stay at their place of posting by improving the environment of Sub-centres through the 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: Ensuring registration within 12 week of all pregnant women and tracked them.
- Activity-8: Tracking for missed out and left out women through communication to ASHAs.
- Activity-9: Monitor the visits of ANC coverage through MCP card. MCP card for each pregnant woman is required to be printed. A budget of Rs.10/- per card, for apprx. 50,000 estimated pregnant is proposed to be printed. A total of Rs. 5.00 lakhs will be required.
- Activity-10: Printing of Safe Motherhood Booklet @ Rs.20/- per booklet amounting to Rs.10.00 Lakhs for 50,000 pregnant women is proposed for printing.

Table: Maternal Health Budget Summary

Code	Particulars	Amount (Rs. in Lakh)
A.1.1	Operationalise facilities	
A.1.1.1	Operationalise FRUs	4.12
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 outreach RCH services	-
A.1.3.1	RCH Outreach Camps	45.20
A.1.3.2	Monthly Village Health & Nutrition Days	-
A.1.4	Janani Surakhsha Yojana (JSY)	202.825
A.1.5	Maternal Death audit	27.90
A.1.6	Other Strategies/Activities	
A.1.6.1	JSSK	538.26
A.1.6.4.1	Hardship Incentives for difficult, most difficult and Inaccessible area	Reflected under Infrastructure and human resources in Part A
A.1.6.4	Ensuring early, full ANC Registration and strengthening PNC	15.0
TOTAL		835.405

Total functional delivery points in Public Health Facilities of the States/UT

Date as on 14/01/2012

S.No	Indicator	Number
1	Total No. of SCs	420
a	No. of SCs conducting >2 deliveries/month	1
2	Total No. of 24X7 PHCs	22
a	No. of 24X7 PHCs conducting > 6 deliveries /month	2
3	Total No. of any other PHCs	58
a	No. of any other PHCs conducting > 10 deliveries/ month	0
4	Total No. of CHCs (Non- FRU)	16
a	No. of CHCs (Non- FRU) conducting > 10 deliveries /month	8
5	Total No. of CHCs (FRU)	Nil
a	No. of CHCs (FRU) conducting > 20 deliveries /month	Nil
b	No. of CHCs (FRU) conducting C-sections	Nil
6	Total No. of any other FRUs (excluding CHC-FRUs)	1
a	No. of any other FRUs (excluding CHC-FRUs) conducting > 20 deliveries /month	1
b	No. of any other FRUs (excluding CHC-FRUs) conducting C-sections	1
7	Total No. of DH	7
a	No. of DH conducting > 30 deliveries /month	4
b	No. of DH conducting C-section	1
8	Total No. of District Women And Children hospital (if separate from DH)	Nil
a	No. of District Women And Children hospital (if separate from DH) conducting > 50 deliveries /month	Nil
b	No. of District Women And Children hospital (if separate from DH) conducting C-section	Nil
9	Total No. of Medical colleges	2
a	No. of Medical colleges conducting > 50 deliveries per month	2
b	No. of Medical colleges conducting C-section	2
10	Total No. of Accredited PHF	12
a	No. of Accredited PHF conducting > 10 deliveries per month	9
b	No. of Accredited PHF conducting C-sections	9

Monthly Report on Delivery Points on key Performance Indicators(KPI)													
For the month of : November 2011													
Name of the District	Sl.No (Delivery Point)	Name and Type of the Facility (MC,DH, DWH, SDH, CHC-FRU, CHC- Non-FRU, 24x7 PHC, Other PHC, SC, Any other Type of Facility)	Total deliveries in the reporting month in the facility(including C-Section)	No. of C-sections (where applicable)	Total No. of PW detected with Hb level 7 gm and below	Number of Maternal Deaths in the facility in the reporting month	Fn LR with NBCC(Y/N)	Fn OT (Y/N)	Fn BSU/BB (Y/N)	Availability of Essen. Drugs (Y/N)	BMW (Y/N)	MOs & Specialist (Mention No of Anesth. OBG, Pedia. LSAS / EmOC Trained MO and other MO)	NO. of SNs/ ANMs posted at the facility
Imphal East	1	Jiribam CHC	83	0	0	1	Y	N	N	Y	Y		
	2	Jawaharlal Nehru Institute of Medical Sciences (JNIMS)	1094	365	0	2	Y	Y	BB (y)	Y	Y		
TOTAL			1177	365	0	3							
Imphal West	1	Sekmai CHC	98	0	0	0	Y	N	N	Y	Y		
	2	Wangoi CHC	127	0	1	N	Y	Y	N	Y	Y	1+ 1 EMoC Trained ,2 Paed., 1+ 1 LSA Trained	
	3	Regional Institute Of Medical Sciences (RIMS)	6927	866	0	5	Y	Y	(BB) Y	Y	Y		
	4	Maipakpi Maternity and Child Hospital (MMCH) (Pvt.)	956	500	0	0	Y	Y	-	Y	Y		

	5	Raj Poly Clinic (Pvt.)	464	282	33	0	Y	Y	N	Y	Y		
	6	Shija Hospital and Research Center (Pvt.)	356	203	3	0	Y	Y	N	Y	Y		
	7	Subha Hospital (Pvt.)	1191	765	0	0	Y	Y	N	Y	Y		
TOTAL			10119	2616	37								
Thoubal	1	Kakching CHC	94	0	0	0	Y	N	N	Y	Y	1 O&G, 1 Anes., 2 NSSK trained	
	2	Sugnu CHC	128	0	0	0	Y	N	N	Y	Y		
	3	Yairipok CHC	177	0	2	0	Y	N	N	Y	Y		
TOTAL			399	0	2								
Bishnu-pur	1	Bishnupur DH	498	0	29	0	Y	Y	N	Y	Y	2O&G, 1 Paed, 3 Anes.	
Senapati	1	Mao CHC	178	0	0	0	Y	N	N	Y	Y	0	
	2	Kangpokpi CHC	102	0	11	0	Y	N	N	Y	Y	0	
TOTAL			280	0	11								
Churach-anpur	1	Churachanpur DH	1195	123	4	4	Y	Y	Y	Y	Y	2O&G, 1 Paed, 1 Anes.	
	2	Lamka Nursing Home (Pvt)	285	61	0	0	Y	Y	N	Y	Y		
	3	Nazareth Hospital (Pvt)	295	26	6	0	Y	Y	N	Y	Y		
	4	People's Health Foundation (Pvt)	303	98	0	0	Y	Y	N	Y	Y		
TOTAL			1783	308	10								
Ukhrul	1	Comprehensive Health Services and Research Center (Pvt)	233	36	2	0	Y	Y	N	Y	Y		

	2	Leishipung Christian Hospital (Pvt)	130	19	8	0	Y	Y	N	Y	Y		
		TOTAL	363	55	10								

ANNEXURE A-III

Institutional Deliveries Both in Public & Private Health Facilities						
Name of the State : Manipur						
Report for the Month of : November 2011						
Type of Facility	Total number of estimated deliveries in the State in current FY (2011-12)	Total No. of deliveries Conducted in current month (Please specify)	Cumulative No. of deliveries Conducted in Fy. Year (April, 2011- to current month)	No of C-sections Conducted in the current month (Please specify)	Cumulative No. of C-sections Conducted in Fy. Year (April, 2011- to current month)	No. of Maternal Deaths Reported in Fy. Year (April, 2011- to current month)
Public Health Facilities	40149	2047	12426	342	2268	19
Private Accreditated Health Facilities		596	4432	324	1986	
Other Private Health Facilities		41	105	15	124	
Note: The 1st report must be sent to the MOHFW on 1st week of November 2011						

Key Performance Indicators (KPIs) for Maternal Health(District Compiled Sheet)			
Sl. No.	Name of the State		MANIPUR
1	For the month of		November 2011
	Date of Submission of the data		
2	Estimated No. of Pregnancies in the year		44610
	Estimated No. of Deliveries in the year		40554
	Key Performance Indicators for Maternal Health	Reported during the month	Cumulative achievement for the current Fin. Yr.(April, 2011 to current month)
3	Total No. of Registered pregnancies	5992	61936
	Pregnancies registered within 12 weeks	3285	32564
4	Deliveries conducted at Institution	2684	16963
	Public	2047	12426
	Private	637	4537
5	Total No of C-section	681	4378
	Public	342	2268
	Private	339	2110
	Tracking of severe Anaemia		
	Total No. of PW detected with Hb level below 7 gm	22	102
	Total No. of Maternal Deaths		
	Public	0	19
	Private	0	
	Home		

Availability of District-Wise Human Resource in the State – Annexure A-V														
S. No	Name of District	Availability(in position) of Specialist/PGMO, MO, and other Staff (figure is for DH,CHCs, PHCs, SCs)												
		Paediatrics		Anaesthetics		Gynaecology		No. of MOs	No of SNs	No of ANMs	MOs trained in LSAS	Mos trained in EmOC	No. of SBA Trained SNs/ ANMs	No. of LTs
		Regular	Contract ual	Regular	Contract ual	Regular	Contract ual							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	Imphal east	-	0	1	0	-	0	54	45	31	0	0	34	7
2	Imphal west	1	1	1	0	-	0	45	46	31	1	2	33	10
3	Bishnupur	0	0	1	0	2	0	45	55	19	2	1	30	9
4	Thoubal	4	0	1	0	2	0	82	122	33	2	0	38	23
5	Tamenglong	0	0	0	0	1	0	44	34	12	1	0	56	7
6	Ukhrul	1	0	1	0	0	0	50	40	18	0	1	53	9
7	Senapati	0	0	1	0	1	0	63	59	30	1	0	49	12
8	Chandel	0	0	1	0	1	0	35	35	6	-	-	31	11
9	CCpur	1	0	2	0	2	0	32	58	26	1	0	52	8
Note : Add more Rows if required														

Information required for LSAS & EmOC trained doctors by Govt. of India

Name of the State: MANIPUR

S.No.	Name of District	Posting and performance of EmOC Trained doctor			Posting and performance of LSAS Trained doctor		
		Name of EmOC Trained Doctor	Name and type of Facility where EmOC Trained doctor is posted	Performance of EmOC Trained doctor	Name of LSAS Trained Doctor	Name and type of Facility where LSAS Trained doctor is posted	Performance of EmOC Trained doctor
1	Imphal east	-	-		-	-	
2	Imphal west	Dr. U. Jugindro Dr. L. Hema Chanu	CHC Sekmai CHC Wangoi		Dr. Probinchandra	CHC Sekmai	
3	Bishnupur	Dr. Kh. Pushpa Devi	CHC Nambol		Dr. Th. Brojen Dr. Shyamkumar	CHC Nambol Dist. Hosp.	
4	Thoubal	-	-		Dr. Aruna Dr. Kuber	CHC Yairipok CHC Heirok	
5	Tamenglong	-	-		Dr. Athiko Pukhere	Dist. Hosp.	
6	Ukhrul	Dr. Nelson Luikham	District Hospital		-	-	
7	Senapati	-	-		Dr. Helen	Dist. Hosp.	
8	Chandel	-	-		-	-	
9	CCpur	-	-		Dr. Tilakeshwari	Dist. Hosp.	

Name of the State :					Progress of MH Trainings						
Type of Training	No. of Medical Colleges conducting training	No. of District Hospitals conducting training	Any other Facilities conducting training	No. of Master Trainers Trained	Target for NRHM period (up to 2012)	Achievement cumulative till March 2011	Target for 2011-12	Achievement or Nos. trained in 2011-12 (April 11-till December, 2011) *	Target for 2012-13	No. of trained MOs posted at facilities where their skills are being utilised - eg. FRUs for LSAS & EmOC/ MTP; 24X7 PHCs for BeMOC/MTP; Facilities conducting delivery for SBA in the relevant column	Performance (Specify No. of deliveries, No. of C-section and No. of Spinal Anaesthesia, No. of MTPs, No. of any other complications attended in the relevant column) Cumulative since 2005 till date
LSAS	1	1	-	-	9	9	0	0	8	1	
EmOC	1	0	-	6	8	4	4	0	4	-	
BEEmOC	1	0	-	5	24	0	24	14	24	14	
SBA	2	1	-	-	-	391	44	41	52	-	
MTP	1	0	-	-	-	32	0	0	40	-	
RTI/STI	2	0	CHCs/PHC	9	-		660 SNs/ANMs, 120 MOs	90	90MOs / 540SNs/ANMs, 60 LTs	-	

QUALITY ASSURANCE CELL

State level Quality Assurance Committee formed. Detailed is as follows:

- | | | |
|---|---|----------|
| 1. Director (Family Welfare Services, Manipur) | - | Chairman |
| 2. Add. Director (Family Welfare Services, Manipur) | - | Member |
| 3. One Anesthetists | - | Member |
| 4. One Gynecologists | - | Member |
| 5. Deputy Director (Administration) | - | Member |

District level Quality Assurance Committee formed in all 09 Districts. Detailed as follows:

- | | | |
|--|---|------------------------|
| 1. Chief Medical Officer | - | Chairman |
| 2. District Family Welfare Officer/
District Immunization Officer | - | Nodal Officer/Convenor |
| 3. Sr. Pediatric | - | Member |
| 4. Obstetric & Gynecologists | - | Member |
| 5. Microbiologists | - | Member |
| 6. Epidemiologists | - | Member |
| 7. Drug Inspector | - | member |

Quality Assurance committees are formed in State and in all the Districts. The Committee is required to be strengthened as the meetings are not held regularly. The State has proposed budget for each programme to conduct monitoring by the QACs. The State will focus on improving the QACs at both State and District level.

MATERNAL DEATH REVIEW

REPORTING FORMAT TO ASCERTAIN THE STATUS OF IMPLEMENTATION

Name of State: MANIPUR

Sl. No.	Activity		Status / Remarks
1	Name of State Nodal officer- Dr. W. Gulapi Singh, Additional Director (FW) Contact number - 9436033557		
2	Number of medical/paramedical personnel trained or oriented on MDR	Medical College faculty	4
		State officials (Directorate. SPMU, etc.)	21
		District Officials (CMO, DRCHO, DPMU, others)	09 CMOs
		Others including I/Cs of private hospitals , MO I/Cs of public health facilities	90
		ASHAs/ AWWs/ ANMs/ SHGs/ others	
3	Constitution of Maternal Death Review Committee / Task Force as per GOI guidelines { Give no. at each level}	State Task Force (Yes/No)	Yes
		Number of districts in the State	09
		Number of districts where MDR Committee has been constituted)	09
		Total number of health facilities (FRUs, DHs, private accredited hospitals) identified for FBMDR	18 (10 Public, 08 pvt.)
		Number of health facilities where FBMDR Committees has been constituted	18 (10 Public, 08 pvt.)
4	Total number of MDs reported at the State level (April to the reporting month, 2011-12)		16
5	Total number of MDs reported at the State level (April to the reporting month, 2011-12)	Through CBMDR (Community Based MDR)	0
		Through FBMDR (Facility Based MDR)	16
6	Total number of MDs reviewed by District MDR committees (CMO) (April to the reporting month, 2011-12)		3
7.	Number of MDs reviewed by State Task Force out of total reported in column 4		0
8	Causes of maternal deaths reported in column 4 (in numbers)		
8.1	Haemorrhage		4
8.2	Sepsis		0
8.3	Abortion		0
8.4	Obstructed labour		3
8.5	Hypertensive disorders in pregnancy (includes eclampsia)		2
8.6	"Others" (Heart failure, Hepatitis, brain haemorrhage)		7
Sl.	Activity		Status / Remarks

No.		
9	Analysis of MDR findings done by the State e.g. major causes of MDs (medical/systemic/others), geographical distribution- concentration in specific districts/blocks, whether conforming to the AHS High Mortality districts etc.	MDs occurs at DHCCPur -5, CHC Jiribam -1, JNIMS-1, RIMS-6, Pvt Hospital: CCP-1, Ukl-2), Mostly from far flung areas, where transport & communication is poor.
10	Compliance with submission of State Monthly MDR Reports for April to the reporting month (2011-12); reasons for non-compliance.	Submitted till Novemeber'11.

Format for Performance on Comprehensive Abortion Care at State Level
(April-September 2011)

Name of State/U.T: Manipur

Month and Year of reporting: November'2011

Number of districts in the State: 09

1) Indicators:

SN	Indicator		Numbers
1	Number of districts where District Level Committee (DLC)* has not been constituted		09
2	Number of applications pending in the districts with the DLCs	For one year	0
		More than one year	0
3	Is MVA equipment being procured and supplied to the districts? (Y/N) Are the drugs for MMA included in the essential drug list? (Y/N)		
4			

* As per MTP Act, Rules and Regulations 2002-2003

2) Service Availability and Utilisation:

Availability: Number of institutions providing services			Utilisation: Number of MTPs performed-any method	
Type of Health Facility	Up to 12 weeks services	Up to 20 weeks services	Up to 12 weeks	12 -20 weeks
Government (Total)	51	13	2150	110
Private certified (Total)	8	5	809	230
"Delivery Points" providing services.				
PHCs/non FRU CHCs	43	11	1484	98
FRUs (CHCs, SDH etc.)	-	-	-	-
DHs /DWH etc.	6	1	495	1
Medical Colleges	2	1	171	11
Private certified	8	5	809	230

3) Does the State have an IEC/BCC plan for MTP Services(Y/N)? not yet

Annexure A- X (Contd.)

Proposed Budget 2012-13:

Area	Budget Head & Activity code	Unit Cost	Budget proposed in PIP 2012-13 (in lacs)
MMA Drugs	Integrated under procurement of other essential drugs for health facilities		
MVA/ EVA Equipments			
MTP-Training MOs	A.1.1.3. 1	0.66 per batch	6.66 (budgeted under training head)
MTP training of other field functionaries (counselling and post abortion care)	-	-	-
MTP-IEC/BCC activities	Will Incorporate under BCC/IEC head such as hoardings, workshops, newsletters, jingles, ads, etc.		
MTP: Monitoring and Supervision	A.1.1.3.4	0.50	2.00

**IMPLEMENTATION STATUS OF JANANI SHISHU SURAKSHA KARYAKARAM (JSSK):
STATE LEVEL**

State/ UT: Manipur No. of districts: 09 No. of Blocks: 36 Reporting Month/Year: 11/12 State
Nodal Officer in place (Y/N): Y State Grievance Redressal Officer in place (Y/N): N
Name Mobile and e-mail of State Nodal Officer (JSSK).....
No. of District Nodal Officers in place: No. of District Grievance Redressal Officers in place:
.....

A) ENTITLEMENTS: CASHLESS SERVICES & USER CHARGES

Sl. No.	Provision for Cashless deliveries for all pregnant women and sick newborns at all public health facilities	Whether G.O. issued (Y/ N)	Month when started / proposed timeline	No. of districts implementing
1.	Provision of Free Drugs/ Consumables			
2.	Provision of Free Diagnostics			
3.	Provision of Free Diet			
4.	Provision of Free Blood (inclusive of testing fee)			
5.	Provision of Free treatment to Sick newborns up to 30 days			
6.	Free Referral Transport for PW (to & fro, 2nd referral)			
7.	Free Referral Transport for Sick newborns (to & fro, 2nd referral)			
8.	Exemption from all user charges for all PW and sick newborns			
9.	Empowerment of MO in-charge to make emergency purchases			

NOTE: Pls. provide a copy of relevant Govt. Order(s)(provide one time, and when any updation/ revision is done)

B) ENTITLEMENTS: REFERRAL TRANSPORT (RT)

Sl. No.	Referral transport services	State owned	EMRI/ EMTS	PPP	Other
1.	Total number of ambulances/ referral vehicles in the State/ UT				
2.	Whether vehicles fitted with GPS (specify no.)				

3. Call centre(s) for the ambulance network: Districts (no.s) - State (Y/N):
.....
4. Toll free number (provide number, if available):

C) IMPLEMENTATION: CASHLESS SERVICES

Sl. No.	Provision for Cashless deliveries for all pregnant women and sick newborns at all Govt. health facilities	Status
1.	No. of districts where free entitlements are displayed at all health facilities	
2.	No. of districts where free diet is available to PW (at all facilities 24x7 PHC and above level)	
3.	No. of districts where lab is functional for basic tests for PW (at all facilities 24x7 PHC and above level)	
3a.	No. of districts where any facility has stock outs of lab reagents / equipment not working	
4.	No. of districts where any facility has stock outs of essential drugs / supplies for PW and sick newborns	
5.	No. of districts where any facility has user charges for PW / sick newborns for:	
	i. OPD	
	ii. Admission / delivery / C-section	
	iii. Lab tests / diagnostics	
6.	iv. Blood	
6.	Total no. of govt. medical colleges in the State	
7.	Total no. of govt. medical colleges not levying any type of user charges	

SERVICE UTILISATION: REFERRAL TRANSPORT (RT)

Sl. No.	Referral transport services	State vehicles	EMRI/ EMTS	PPP	Other
1.	No. of PW who used RT services for:				
	i. Home to health institution				
	ii. Transfer to higher level facility for complications				
	iii. Drop back home				
2.	No. of sick newborns who used RT services for:				
	i. Home to health institution				
	ii. Transfer to higher level facility for complications				
	iii. Drop back home				

D) GRIEVANCE REDRESSAL

Sl. No.	Grievance redressal	Status detail
1.	No. of complaints/ grievance cases related to free entitlements	
2.	No. of cases addressed / no. of cases pending	

STATUS OF STI/RTI SERVICES DELIVERY IN THE STATE

1. Allocation of fund for STI/RTI services in the PIP:

Fund Allocated for the STI/RTI services in 2011-12:

Activities	Fund allocated in the PIP (in Lacs)	Expenditure till date (in Lacs)
Training of Doctors, Nurse and Laboratory Technician (Training cost, printing of module, stationary, venue etc)	11.642 (integrated with IUCD)	
Monitoring and supervision of the facilities	3.00	-
Upgrading of infrastructure of the facilities (audio-visual privacy, examination facilities, speculum, gloves etc)	-	-
RPR test Kits	-	-
Colour coded STI/RTI drug kits	-	-
Total Budget in PIP	14.642	

2. Coordination Meetings:

Activities	Number of meeting conducted with dates, Participants of the meeting.	If not conducted than Reasons	If meeting not conducted, Timeline when the meeting will be conducted
Meeting with MD/ED NRHM by the State team (SACS and State RCH officer/State NRHM team) on STI/RTI service on convergence	No. of meeting-2 Participants- DCs, SPM, DDs -NRHM, DPM,JD(MACS), DD (STI/RTI)(MACS),etc. Date of meeting:21/09/11,	-	
Meeting between SACS STI focal Person and State NRHM representatives (State RCH Officer/State MH Officer/SPMU) on convergence.	No. of meeting-2 Participants- SPM, DD (trg.), -NRHM, JD(MH), DPM,JD(MACS), DD (STI/RTI)(MACS), NACO representatives Date of meeting:15/12/11,	-	
Meeting with CDMO/CMOH/CMHO/DHO/Civil Surgeon conducted for sensitizing them on STI/RTI service delivery at the sub-district level.	-	-	Planned in end of Feb'12
Any Other meeting conducted for Service delivery convergence	-	-	-

3. Training:

a. Training of the District Level trainer including District RCH Officer:

Name of the district	Number of District Level trainer to be trained (at least 3 per district)	Number of District level trainer Not trained	Reasons why training was Not conducted.	Timeline when the training will be completed
Imphal East	4 each , total 36 trained	-	-	-
Imphal West		-	-	-
Bishnupur		-	-	-
Thoubal		-	-	-
Chandel		-	-	-
Churacahndpur		-	-	-
Ukhrul		-	-	-
Senapati		-	-	-
Tamenglong		-	-	-
Total				36

b. Training of the Sub-district level Health Facilities staffs:

- i. 120 MOs from PHCs/CHCs are planned to conduct by 15/02/12
- ii. Staff Nurses trainings are undergoing at Districts, so far 60 are trained.

Training Status of Sub-District Level Staffs:

Consolidated Number for the State:

Type of Staffs	Number to be trained	Number Trained	Name of the Districts where training is Not Conducted	Time Line when the training will be completed
Doctors	120	0	To take up at State level	By 15/02/12
Nurse	660	60	IW,BPR,TBL,CCP,TML,CD L,SPT,UKL	Planned to complete by 15/02/12
Laboratory Technician	0	--	-	-
Total	780	60	-	-

4. Supply of STI/RTI colour Coded Drug Kits: 0

Name of the District	Has the District Received all the STI/RTI Drug Kits	Has the Drug Kits been Distributed to the PHC/CHC/Block PHC etc.)	If not Reasons of not being distributed	Timeline when it will be distributed
State	None of the Districts received STI/RTI drugs	NA	NA	NA

5. Implementation of STI/RTI Service Delivery:
Has the service delivery started at the sub district health facilities?

Name of the District	Service Delivery Started (Yes/NO)	If No, Reasons why the Services have not started	Time Line when the Service will start
Imphal East	Yes	NA	NA
Imphal West			
Bishnupur			
Thoubal			
Chandel			
Churachandpur			
Ukhrul			
Senapati			
Tamenglong			

6. Reporting Status on STI/RTI:

Name of the district	Is this district reporting in HMIS/SIMS on STI/RTI (M -8, a,b column)	If not what is the reason and when the reporting will start
Imphal East	Yes	NA
Imphal West		
Bishnupur		
Thoubal		
Chandel		
Churachandpur		
Ukhrul		
Senapati		
Tamenglong		

7. Monitoring of Services:

Are Nodal persons identified for all the districts for STI/RTI (i.e RCH Officer)?

- Yes, concerned DFWO/DIO is looking after the programme.

Number of monitoring visit conducted by the State and District level team for Service Implementation:

State /District Team	Number of Visit made to the District for programme Implementation	Number of District Visited	Number of Sub-district health Facilities Visited
State RCH Officer/MH Officer	17	08	28
SPMU			
District RCH Officer/ADMO in-charge of RCH Programme	96	09	424
DPMU			

CHILD HEALTH

4-A.2 Child Health

Goal: To improve newborn and child health & survival

Objective: To sustain the current State IMR = 14

STATE STATUS

1.	IMR (SRS 2010)	14
2.	Goal: Overall NRHM 2013	= 14

1. Estimated Child Population

Estimated live births per year	40988
Estimated number of children under 5 years	316626

2. Situation Analysis

Child Mortality	SRS 2008	SRS 2009	SRS 2010	Trend Analysis
Neo Natal Mortality Rate				
Infant Mortality Rate	14	16	14	There is an increase of 2 in 2009 and it decreased by the same margin and stood at 14 in 2010.
Under Five Mortality				

Nutrition	NFHS 3	CES* 2009
% of children (under 3 years) of age with anaemia	52.8	NA
% of children (under 3 years) who are underweight	19.5	NA
% of children (under 3 years) who are severely wasted /SAM (< -3SD)	10.8	NA

* Coverage Evaluation Survey

Infant & Young Child Feeding	NFHS 3	DLHS 3	CES 2009
Children age 6 months and above exclusively breastfed	62.1	42.8	NA
Children under 3 years breastfed within one hour of birth	57.8	56.8	NA

Diarrhoea & ARI	NFHS 3	DLHS 3	CES 2009
Children with Diarrhoea in the last 2 weeks who received ORS	36.2	51.6	82.9
Children with ARI or fever in the last 2 weeks who were given treatment at facilities.	45.1	53.1	77.8

Vitamin A Supplementation	NFHS 3	DLHS 3	CES 2009
Percentage of children (age 9 months and above) received at least one dose of Vitamin A supplement	- (But for children between 12-35 months it is 15.2%)	31.6	NA

Newborn Care	Source :
Percentage of institutional deliveries	CES - 80%
Percentage of newborns with low birth weight	HMIS -
Percentage of mothers staying for 48 hours at the facility	CES -

4-A2.1 IMPLEMENTAION OF IMNCI

- Activity-1: Training of Medical Officers and staff nurses on F –IMNCI was proposed in 2011-12. Due to unavailability of State Trainers, training could not be carried out. The budget is booked for 2012-13, so that MOs and Nurses are trained on F-IMNCI.
- Activity-2: Pre service training in Medical College (RIMS): 90 MBBS students in the Medical college are trained on IMNCI so far as on Nov'11 for 2011-12. The training is still on - going, hence, no training is planned for 2012-13.
- Activity-3: NSSK training: In 2010-11, 80 MOs have already received training and in 2012-13, 86 Staff nurses have been trained. The current SPIP is planning to scale up the NSSK training to the left out MOs and Staff nurses. Hence, 100 MOs and 100 SNs are proposed to train in 2012-13. Detailed budget is reflected in Training.
- Activity-4: Provision of drugs: To be supported as a part of RCH drugs/medicine kits.
- Activity-5: NBCCs: It is established in all 07 DHs, 15 CHCs and 19 PHCs which are functioning round the clock. For the remaining identified 24x7 PHCs, required equipments are provided and in coming year the remaining 19 PHCs will be made NBCCs functional.

Table: NBCC

Sl. No.	Name of the district	No. of existing delivery points as per GOI norm	No. of NBCCs operational	No. of NBCCs proposed (2012-2013)	Remarks
High Focus districts					
1.	Chandel	0	2	2	
2.	Churachandpur	5	5	1	
3.	Tamenglong	0	7	2	
4.	Ukhul	2	3	2	
Other districts					
5	Imphal East	3	3	3	
6	Imphal West	7	5	2	
7	Bishnupur	1	3	3	
8	Thoubal	3	8	2	
9	Senapati	2	5	2	
Total		23	41	19	

Name of the district	Total Units (NBCCs) proposed in 2012-2013	2012-13				Remarks
		Q1	Q2	Q3	Q4	
High Focus Districts	7	1	2	2	2	
Other districts	12	2	3	3	4	
Total	19	3	5	5	6	

4-A2.2 Facility based Newborn care/FBNC

Activity-1: Guidelines have been distributed to Districts Nodal officers and District Hospitals. The same guidelines are proposed to be distributed to CHCs and PHCs. 89 Operational guidelines may be printed @ Rs.250/- per module. Hence, Rs. 0.225 will be required.

Activity-2: In 2011-12, 03 NBSUs are proposed to establish in the District Hospitals. The upgradation works for the three Hospitals is in process. Strengthening of the three Units will be done in 2012-13.

Activity-3: Trainings of MOs and SNs already proposed in Training Head.

Activity-4: BCC/IEC discussed.

Table: NBSUs

Sl. No.	Name of the district	No. of existing NBSUs	No. of NBSUs proposed for 2012-2013	Timeline				Remarks
				Q1	Q2	Q3	Q4	
High Focus Districts								
1.	Chandel	0	0	NA				
2	Churachandpur	0	1	-	1	-	-	
3	Tamenglong	0	0	NA				
4	Ukhrul	0	0					
Other Districts								
5	Imphal East	0	0	NA				
6	Imphal West	0	0					
7	Bishnupur	0	1	1	-	-	-	
8	Thoubal	0	1	1	-	-	-	
9	Senapati	0	0	NA				
Total		0	3	2	1	-	-	

Activity-5: This budget needs to be projected under JSSK entitlements for treatment of newborn and all other costs like transport is budgeted as part of JSSK under maternal health component.

4-A2.3 Home Based New Born Care/HBNC

3878 ASHAs are trained till 1st and 2nd round of Module 6 and 7. 3rd round District Trainers' Training is on process.

Activity-1: Dissemination of HBNC guidelines as well as HBNC reporting formats so that monitoring of HBNC program would align with implementation. Format to be printed for 3878 ASHAs, an amount of Rs. 5.00 lakhs will be kept for printing.

Activity-2: Post Natal Check up to be done by ASHAs. Incentives proposed in A2.9.

4-A2.4 Infant and Young Child Feeding/IYCF

Activity-1: Dissemination of Infant and Young Child Feeding Guidelines: 2010 (Indian Academy of Paediatrics) and orientation of service providers during monthly Meeting at Health Institutions.

Activity-2: BCC activities on promotion of breastfeeding within first hour after birth.

Activity-3: Community based promotion of IYCF during VHNDs, RCH camps, Tribal Health Clinic etc.

Activity-4: To continue Vitamin A supplementation in routine services which has been going on. IFA supplementation for children will be integrated with Adolescent Health Program.

4-A2.5 Care of sick children and severe malnutrition at facilities

Activity-1: Community mobilization through ASHA for timely referral of sick children

4-A2.6 Diarrhoea Management and ARI

Activity-1: Wide dissemination of Diarrhoea Management Guidelines both among public and private providers, ensuring supply of low osmolality ORS & dispersible zinc tablets up to sub centre level (and in ASHA kit).

Activity-2: Inclusion of IEC- BCC activities focusing on hygiene, hand washing, preparation and use of ORS, feeding during an episode of diarrhoea and healthcare seeking.

Activity-3: One day Workshop with the private providers on Diarrhoea Management Guidelines is proposed to conduct at State Level. An amount of Rs. 0.50 lakhs is proposed for the workshop.

Achievement in Child Health Training 2011-2012	IMNCI		F-IMNCI		NSSK		Total Number of ASHAs in the State	Module 6 & 7 Round One	Module 6 & 7 Round Two	Module 6 & 7 Round Three	ASHA-Module 6 & 7 Round Three
	Proposed	Achieved	Proposed	Achieved	Proposed	Achieved		Achieved			
4-A2.7. Other strategies/activities	9	9	0	9	9	9	3878	1 st and 2 nd round completed			DTT training for 3 rd round on going
4-A2.7.1 SNs Trainings	880	880	100	0	100	86					
Different training plan and progress under Child Health is as below	130	96	50	0	100	80					
MO /Pre service	130	96	50	0	100	80					
Achievement in Child Health Training 2011-2012	IMNCI		F-IMNCI		NSSK		Total Number of ASHAs in the State	ASHA-Module 6 & 7 Round One	ASHA-Module 6 & 7 Round Two	ASHA-Module 6 & 7 Round Three	ASHA-Module 6 & 7 Round Three
	Proposed	Achieved	Proposed	Achieved	Proposed	Achieved		Achieved			
F-IMNCI Training could not be taken up as the State ToT is yet to be trained by MoHFW.	9	9	0	9	9	9	3878	1 st and 2 nd round completed			DTT training for 3 rd round on going
Number of Districts covered	880	880	100	0	100	86					
ANM /SNs	130	96	50	0	100	80					
MO /Pre service	130	96	50	0	100	80					
STATE HEALTH SOCIETY, MANIPUR (SIP 2012-13)											

							ASHA-	ASHA-	ASHA-	
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Table: Status of IMNCI trainings

Cadre	Cumulative Target (from inception to March 2012)	Cumulative Achievement (Since inception -till date)	Proposed numbers to be trained in 2012-13	Timeline 2012-2013 (specify the number of batches to be trained in each quarter)				Remarks
				Q1	Q2	Q3	Q4	
MO	200	182	-	-	-	-	-	
ANMs	880	880	-	-	-	-	-	
Total	1080	1062						

Table:Status of F IMNCI Training

Cadre	Cumulative Target (from inception to March 2012)	Cumulative Achievement (Since inception - till date)	Proposed numbers to be trained in 2012-13	Timeline 2012-2013 (specify the number of providers to be trained in each quarter)				Remarks
				Q1	Q2	Q3	Q4	
MO	50	0	50		50			GOI to train STOT at 1 st qtr.
SN	100	0	100		50	50		
Total	150	0	150		100	50		

Table: Status of NSSK training

Cadre	Cumulative Target (from inception to March 2012)	Cumulative Achievement (Since inception -till date)	Proposed numbers to be trained in 2012-13	Timeline 2012-2013 (specify the number of batches to be trained in each quarter)				Remarks
				Q1	Q2	Q3	Q4	
MO	100	80	100		50	50		
SN /ANM	100	88	100		50	50		
Total	200	168	200		100	100		

Table: Training Plan for ASHA Module 6 and 7

Module 6 and 7	Total training load, 2012-2013	To be achieved in				Remarks
		Q1	Q2	Q3	Q4	
Round 1 ,2,3	3878 each					completed
Round 4	3878					

IMNCI is implemented in all Districts. After training the ANMs, format are provided to them. The ANMs fill up the format and submit the same to the concerned Nodal Officer of the Districts. It is finally compiled at the State level. As part of monitoring review, meetings with the District Nodal Officer are held with power point presentation to assess the program.

4-A2.7.2 Orientation on MCP card:

Incorporation of ANMs and ASHAs orientation on MCP card during ASHA 6 & 7 Module training and for ANMS during HMIS/monthly review meeting.

4-A2.7.3 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. State and District Level Healthy Baby & Best Mother Competition @ Rs.1.50 at State and Rs. 0.50 each at districts, a total of Rs.6.00 lakhs will be required.

Activity-2: Observation of State and District level Breast-feeding @ Rs.1.00 at State and Rs. 0.30 each at districts, a total of Rs.3.70 lakhs will be required.

Activity-3: Observation of ORS Week in collaboration @ Rs.1.00 at State and Rs. 0.30 each at districts, a total of Rs.3.70 lakhs will be required.

Activity-4: Observation of New Born Care Week in collaboration @ Rs.1.00 at State and Rs. 0.30 each at districts, a total of Rs.3.70 lakhs will be required.

Activity-5: Contingencies, travelling allowances (Including Outsource Vehicle @ Rs. 20000/- per month) for supervisory visits. AN amount of Rs. 2.00 lakhs will be required

4-A2.7.4 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, conducting 2 IMNCI coordination review meetings, and quarterly State level review meetings. An amount of Rs. 2.00lakhs is proposed.

4-A2.8. Infant Death Audit: to be taken up along with MDR in subsequent phase manner.

4-A2.9. Incentive to ASHA under Child Health

Activity-1: Follow up on post Natal visits by ASHAs to be done. Incentives proposed for ASHAs calculated based on expected number of births in the district is Rs. 250. The targeted live births for Imphal east and Imphal West calculated on rural live birth are 59.7 % and 38.1% respectively where ASHAs are available.

Table: HBNC ASHA incentives

District	I/E	I/W	BPR	TBL	CCP	CDL	UKL	TML	SPT	Total
No. of Live Births	4071	2953	3620	6333	4085	2169	2758	2110	5346	40989
Incentives @ Rs. 250/- per birth.	10.18	7.38	9.05	15.83	10.21	5.42	6.90	5.28	13.37	83.62

Rs.83.62 lakhs will be required as incentives for ASHAs for HBNC.

4-A2.10. Setting up SNCU at RIMS

One SNCU is planned to establish in the State seeing the availability of manpower and feasibility in the State. The Unit will be set up at RIMS under Dept. of Paediatrics as the Hospital caters to maximum number of sick neonates for the State. And the Hospital has already established NBCCs & Level II Neonatal Care Unit.

Detailed requirements are as follows.

1. Repair & Renovation: A designated space of 2400 Sq. feet for neonatal care for the management of the sick newborn is available which requires some repairing work. Hence, a budget of Rs. 8.00 lakhs is proposed.
2. Costs of consumable items: For any consumables items, an amount of Rs.1.00 (rupees one lakh) is proposed.
3. Equipments: Different kinds of equipments are still not available in the Hospital which are essential for the establishment of SNCU in RIMS. An item-wise detail of equipments to be procured is listed below, which amounts to Rs. 27.522 lakhs along with unit cost for each equipment.

4. SNCU – List of equipments required for individual care

Item no.	Item description	Unit Cost	Unit	Total
1	Open care system: radiant warmer, fixed height, with trolley, drawers, O ₂ bottles (servo-controlled)	75000	8	600000
2	Phototherapy unit, single head, high intensity	50000	3	150000
3	Resuscitator, hand-operated, neonate, 250 ml	5000	2	10000
4	Resuscitator, hand-operated, neonate, 500ml	5000	2	10000
5	Laryngoscope set, neonate	2000	4	8000
6	Suction pump, portable, 220V, w/access	100000	2	200000
7	Suction pump, foot operated	0	0	0
8	Surgical instrument, suture/SET	2000	2	4000
9	Syringe pump, 10, 20, 50 ml, single phase	50000	3	150000
10	Oxygen hood, S and M, set of 3 each, including connecting tubes	0	4	0
11	Oxygen supply system	0	0	0
12	Oxygen concentrator	0	0	0
13	Thermometer, clinical, digital, 32-43°C	350	10	3500
14	Electronic baby-weighing scale, 10 kg < 5g>	50000	3	150000
15	Pulse oximeter, bedside, neonatal	50000	6	300000
16	Stethoscope, binaural, neonate	2000	10	20000
17	Sphygmomanometer, neonate, electronic	75000	6	450000
18	Light, examination, mobile, 220 – 12V	0	0	0
19	Syringe hub cutter	600	1	600
20	Measuring tape, vinyl-coated, 1.5m	25	4	100
21	Kidney basin, stainless steel, 825 ml	1000	2	2000
22	Dressing tray, stainless steel, 300x200x30mm	1000	2	2000
23	Infusion stand, double hook, on castors	3000	4	12000
24	Indicator, TST control spot/PAC-300	0	0	0
25	Irradiance meter for phototherapy units	75000	2	150000
26	Monitor, vital sign, NIBP, HR, SpO ₂ , ECG, RR, Temperature	350000	1	350000
27	ECG units, 3 channel, portable/SET	75000	2	150000
28	Infantometer, plexi, 3 1/2ft/105cm	0	0	0

Item no.	Item description	Unit Cost	Unit	Total
29	X-Ray, mobile	0	0	0
30	Transport incubator, basic, with battery and O ₂ , w/o ventilator	0	0	0
31	Autoclave, steam, bench top, 20 L, electrical	0	0	0
32	Laundry washer dryer, combo, 5kg	30000	1	30000
Grand total				2752200

A total of Rs. 36.522 lakhs will be required for setting up one SNCU at RIMS.

District wise budget sheet of Child Health

Activity	State	I/E	I/W	BPR	TBL	CCP	CDL	UKL	TML	SPT	Total Amount (Rs. in Lakh)
CHILD HEALTH											
Facility Based Newborn Care/FBNC	0.225	0	0	0	0	0	0	0	0	0	0.225
Dissemination & Printing HBNC format	5.00	0	0	0	0	0	0	0	0	0	5.00
Management of Diarrhoea, ARI and Micronutrient Malnutrition	0.50	0	0	0	0	0	0	0	0	0	0.50
Other strategies/activities											
State & District Healthy baby & Best Mother competition	1.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	6.00
Observation of State & District level Breast Feeding Week	1.00	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	3.70
Observation of ORS Week	1.00	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	3.70
Observation of New Born care Week	1.00	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	3.70
Contingencies & Hiring Vehicle for supervisory visits	2.00	0	0	0	0	0	0	0	0	0	2.00
Monitoring & Evaluation and Review Meetings	2.00	0	0	0	0	0	0	0	0	0	2.00
Incentive to ASHA under Child Health	0	10.18	7.38	9.05	15.83	10.21	5.42	6.90	5.28	13.37	83.62
Setting up of SNCU at RIMS	36.552	0	0	0	0	0	0	0	0	0	36.552
Total Child Health	50.777	11.58	8.78	10.45	17.23	11.61	6.82	8.3	6.68	14.77	146.997

Table: Summary Budget of Child Health

FMR Code	Activity	Amount (Rs. in Lakh)
A.2	CHILD HEALTH	
A.2.1	IMNCI	0
A.2.2	Facility Based Newborn Care/FBNC	0.225
A.2.3	Home Based Newborn Care/HBNC	5.00
A.2.4	Infant and Young Child Feeding/IYCF	0
A.2.5	Care of Sick Children and Severe Malnutrition	0
A.2.6	Management of Diarrhoea, ARI and Micronutrient Malnutrition	0.50
A.2.7	Other strategies/activities	0
• A.2.7.3.1	State & District Healthy baby & Best Mother competition	6.00
• A.2.7.3.2	Observation of State & District level Breast Feeding Week	3.70
• A.2.7.3.3	Observation of ORS Week	3.70
• A.2.7.3.4	Observation of New Born care Week	3.70
• A.2.7.3.5	Contingencies & Hiring Vehicle for supervisory visits	2.00
A.2.7.4	Monitoring & Evaluation and Review Meetings	2.00
A.2.9	Incentive to ASHA under Child Health	83.62
A.2.2	Setting up of SNCU at RIMS	36.552
	Total Child Health	146.997

A.3: FAMILY PLANNING

Objective: To reduce the un-met needs (Terminal- from current 5 to < 2; spacing from current 7.6 to < 1) by end of 2012-13

Sl. No.	STRATEGY / ACTIVITY	Cumulative achievement (as on 31-3-2011)	PLANNED	ACHIEVED	WORK PLAN	SCHEDULED/ Trg. LOAD	BUDGET (In lakhs)	REMARKS
		2011-2012			2012-2013			
1	FAMILY PLANNING MANAGEMENT							
1.1	Review meetings on family planning performance and initiatives at the state & district levels (periodic ; including QAC meetings)		State – 3 Dist. - 9	State – 2	State – 2 Dist. – 18	Aug'12 & Feb'12	3.20	@Rs. 0.25 for State & @Rs. 0.15 for District
1.2	Monitoring and supervisory visits to district / facilities.		4	1	4		1.00	
1.3	Orientation workshop on technical manuals of FP viz. standards QA,FDS approach, SOP for camps, insurance, etc.		10	1	10		2.50	
2	SPACING METHOD (Providing IUD services by districts)							
2.1	Plan for providing FDS (fixed Day Static) IUD services at health facilities in districts on Tuesdays & Thursdays at SHC and PHC level.				SHC – 30 PHC – 40	Every Tuesday & Thursday	0.30 0.80	
2.2	No. of IUD camps in districts.				9			Convergence with RCH Camp
2.3	Compensation for IUD		2.53		13,000		2.60	

Sl. No.	STRATEGY / ACTIVITY	Cumulative achievement (as on 31st March 2011)	PLANNED	ACHIEVED	WORK PLAN	SCHEDULED/ Trg. LOAD	BUDGET (In lakhs)	REMARKS
			2011-12		2012-13			
2.4	Plan for strengthening PPIUCD services	NR			400 Acceptors	Indicated under Sl. No. 5.2	Indicated under Sl. No. 5.2	
3	TERMINAL/LIMITING METHODS (Providing sterilisation services in districts)							
3.1	Plan for facilities providing FEMALE sterilisation services on fixed days at health facilities in districts (number of facilities)		11	2	11	Lap ligation – 10 th & 25 th Of every month, PP Sterilization – Twice a week, Minilap –as per convenience & availability of cases.		Services provided at PPP Centre RIMS & PPP Centre JNIMS
3.2	Plan for facilities providing NSV services on fixed days at health facilities in districts (number of facilities)				16			FDS services planned to provide on 10 th , 20 th & 30 th of every month at 16 identified DHs, CHCs & PHCs
3.3	Number of FEMALE Sterilisation camps in districts.	NR	-	-	10		1.00	
3.4	Number of NSV camps in districts.	NR	-	-	10		1.00	
3.5	Compensation for sterilisation (female)	NR			2000 Acceptors		20.00	
3.6	Compensation for sterilisation NSV (male)	NR			200 Acceptors		3.00	
3.7	Additional mobility support to surgeon’s team (if required)	NR	-	-	20		-	

3.8	Accreditation of private centres/ NGOs for sterilization services (number accredited)				2			Ukhrul & Churhandpur
3.9	Plan for post partum sterilisation				5 Centres – RIMS, JNIMS, DH / CCP, TBL, BPR.	2 Doctors each from DH/ TBL & BPR	0.20	Expenditure to be utilized for bearing the cost of 4 MOs training.
4	SOCIAL MARKETING OF CONTRACEPTIVES							
4.1	Delivery of contraceptives by ASHA at door step	NR			4+1 Districts	Dist. – 5 Sub Dist. – 10	3.00	Contraceptives are directly supplied by the MoHFW, GOI as a new pilot scheme, Senapati District (Hill) may also be included.
4.2	Any other social marketing activity for family planning	NR						
5	FAMILY PLANNING TRAINING							
5.1	IUD Insertion training							
5.1.1	TOT for IUD insertion				1 Trg. Session	2 Gynaecologist	0.20	
5.1.2	Training of Medical officers in IUD insertion / refresher training				20 Trg. Sessions of 6 days each.	20 x120 Doctors	Reflected in 'Training'	
5.1.3	Training of staff nurses in IUD insertion				45 Trg. Sessions of 6 days each.	540 SNs/ ANMS	Reflected in 'Training'	
5.1.4	Training of ANMs / LHVs in IUD insertion							
5.2	PPIUCD training							
5.2.1	TOT for PPIUD insertion				1 Trg. Session for 2 days	2 Gynaecologist	0.40	
5.2.2	Training of Medical officers in PPIUD insertion				8 Trg. Sessions of 5 days each	40 MOs	1.60	
5.2.3	Training of staff nurses in PPIUD insertion				-	-		

5.3	Laparoscopic Sterilisation Training							
5.3.1	TOT on laparoscopic sterilisation				-	-	-	
5.3.2	Laparoscopic sterilisation training for service providers (gynaecologists /surgeons)				-	-	-	
5.3.3	Refresher training (if required)				-	-	-	
5.4	Minilap Training for MOs/ MBBS							
5.4.1	TOT on Minilap				-	-		Clients are difficult to get hence Training is not been plan.
5.4.2	Minilap training for service providers (medical officers)				-	-		
5.4.3	Refresher training (if required)				-	-		
5.5	Non-Scalpel Vasectomy (NSV) Training				-	-		
5.5.1	TOT on NSV							
5.5.2	NSV training for medical officers				-	-		
5.5.3	Refresher training (if required)				4 Trg. Session of 4 days each	16 MOs (4x4)	0.64	
5.5	No. of Contraceptive Update trainings for health providers in the districts				-	-		
5.7	Other family planning trainings (please specify)							
6	„World Population Day? celebration (such as mobility, IEC activities etc.): funds earmarked for district and block level activities.	NR			State – 1 Dist. - 9 Blocks - 36		0.50 2.25 5.40	
7	BCC/ IEC activities - Campaigns/ melas / print/ audio/ video materials for family planning	NR			State – Hoardings, posters, etc. Dist. – 9; FGD / OTC at community level			Refelced in BCC/IEC head at part B

8	PROCUREMENT of DRUGS/MATERIALS							
8.1	NSV Kits				20 kits		0.06	Reflected in 'Part B'- Procurement Head
8.2	IUD insertion Kits				200 kits		1.40	
8.3	Minilap Set							
8.4	Procurement/ repair of laparoscopes				03 Laparoscopes		9.00	
8.5	Provision for buffer stock for (subject to maximum of 25% of last year's utilisation):							
	IUDs				6000			Request to supply in kind from Gol
	Tubal Rings				2000			
	Condom				200000			
	OCPs				20000			
	ECPs				3000			
9	Other innovatory schemes for promoting FP at State or district level	NR			Senapati Dist. May be included under the pilot Dist. for home delivery of Contraceptives by ASHAs.			
10	Performance based rewards to institutions and providers for FP performance at State and district level	NR			Two awards at Dist. levels : one best performer & one 2 nd best performer		0.75 (Rs. 0.50 as 1 st Prize & Rs. 0.25 as 2 nd Prize) to the Districts	Benchmark of awards- achieving 75% of the targets fixed on the basis of eligible couples of the District.

* Separate Program Management and placement of counselors for High beneficiaries' areas for Family Planning will be done from next year . Not planed for 2012-13. Instead one Family Planning Consultant is proposed to be engaged.

Summary budget with District wise allocation of Family Planning

FMR Code	Activity	State	I/E	I/W	BPR	TBL	CCP	CDL	UKL	TML	SPT	Total Amount (Rs. in Lacs)
Family Planning												
3.1.1	Orientation Workshop on technical	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	2.5
3.1.1.1	Review meetings on Family planning performance	0.5	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	3.2
3.1.1.2	Fixed Day Static service at SHC & PHC	1.1	0	0	0	0	0	0	0	0	0	1.1
3.1.2	Female Sterilization Camps	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1
3.1.3	NSV camps	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1
3.1.4	Compensation for Female Sterilization	0	3.44	3.87	1.82	3.17	2	1.03	1.23	0.97	2.47	20
	Post partum Sterilization	0.2	0	0	0	0	0	0	0	0	0	0.2
3.1.5	Compensation for Male Sterilization	0	0.51	0.585	0.27	0.48	0.3	0.15	0.18	0.15	0.375	3
3.2.2.1	Compensation for IUD	0	0.45	0.5	0.24	0.43	0.26	0.13	0.16	0.13	0.3	2.6
3.2.2.2	ToT for IUD insertion	0.2	0	0	0	0	0	0	0	0	0	0.2
	ToT for PPIUD insertion	0.4	0	0	0	0	0	0	0	0	0	0.4
	Training of MOs in PPIUD	1.6	0	0	0	0	0	0	0	0	0	1.6
3.2.4	Delivery of contraceptives by ASHA at door step	0	0	0	0	0	0.6	0.6	0.6	0.6	0.6	3
3.2.5	Refresher training on NSV	0.64	0	0	0	0	0	0	0	0	0	0.64
3.5.1	Monitoring & Supervisory visits	1	0	0	0	0	0	0	0	0	0	1
3.5.2	Performance based Rewards	0.75	0	0	0	0	0	0	0	0	0	0.75
3.5.3	Observation of WPD	0.5	0.7	0.7	0.7	0.7	1	0.85	1	0.85	1.15	8.15
	Hiring one Consultant (MO with experienced in the field)	3.12	0	0	0	0	0	0	0	0	0	3.12
Total Family Planning		10.46	5.85	6.405	3.78	5.53	4.91	3.51	3.92	3.45	5.645	53.46

A.4: ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH

BACKGROUND OF THE ARSH PROGRAM

According to the estimates, adolescent (10-19 years) constitute a vulnerable and large (22%) segment of the population in need of focus attention. It is a great challenge to reach the rural youth in India/Manipur with sexual and reproductive health services. The coverage of public sector services for reproductive and sexual health is highly variable and the scope is largely restricted to married women with unmarried young women and men relying mainly on the informal private sector who are seriously underserved. Strong social norms proscribing pre marital sexual relationship perpetuate barriers in meeting their needs. Access to contraception is affected by negative providers' attitude and reluctant young women seeking abortion services. To address the needs of all rural youths, state is planning to provide youth friendly health services, facility based adolescent friendly health clinics(AFHC) and community based services in the schools, colleges and VHND. IEC activities are also planning for development of enabling environment in the community.

Delaying the age at marriage and first birth are major program goals to prevent a large burden of ill health associated with early pregnancy and child bearing. If sufficient information on sexual health and contraception reaches unmarried youth and if regular the condom supply is there, young people's agency to use condoms may hopefully change contraceptive behavior without first having to challenge social norms regarding pre marital sex.

Addressing the need of the adolescents will contribute to the overall development of the country. It will lead not only to their social and economic development, but also social harmony, gender parity and improvement of overall quality of life. Since adolescence is a period of tremendous opportunity as well as risk, marked by physiological and social change, therefore it is of utmost importance that programmes and policies are formulated specially to address this dynamic age group. There are a plethora of issues that have direct bearings on the health and well being of this population, the issues are:

Situation analysis (NFHS-3 and DLHS3)

- A considerable proportion of women married before the legal minimum age of 18 years. About 6.3% girls married below 18 years; 6.5% for rural area and 5.7% for urban area.
- Percentage of boys married below the legal age 21 during the reference period is 8.7%. State total: 9.8% rural and 5.3% in urban area.
- Percentage of woman currently married and are non literate is 23.9%.
- Percentage of currently married women in the age group 20-24 who were married before age 18 is 24.6%..
- Birth given by women during age group 15-19 years out of total birth is 1 % of the state total (1.1 % for rural area and 0.8% for urban area).
- State total sex ratio is 978(census 2011). Sex ratio for 0 - 6 years is 934 (census 2011).
- Women (age 15-19) who have heard of HIV/AIDS constitute 95.6%.
- There is not much difference between the indicators among the districts.
- Inadequacy of service provider to cater to the needs results to lack of knowledge and misguidance by the local providers, which may at times lead to fatal consequences.

Issues and lessons learnt

It is vital to provide adolescents with relevant information, education, commodities, health care services and secure environment. This will equip them with life skills they need to make a smooth transition from childhood to adulthood and also develop into a mature, responsible and conscious citizen. All this can be achieved through creating an enabling environment at the community as well as service delivery level.

Current status of

A4.1 Adolescent Friendly Health Clinics (AFHCs):

1. State has not differentiated AFHCs from the general OPD.
2. Training: ARSH training for 19 State/District Trainers completed in the year 2010-11 and training of 52 MOs has been completed along with 6 peer leaders. Training for 90 MOs, 134 ANM/LHV and 67 ICTC counselors is planned for the year 2012-13.

Target for 2012-13 and coming 5 years:

Adolescent Friendly Health Clinics which will be implemented in phases are as follows:

Years	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
AFHCs targeted	16 CHCs, 1 SDH & 50 PHCs	30 PHCs 7 DHs	150 PHSC	150 PHSC	120 PHCs

Break up of target for 2012-13

	1 st Qr/2 nd Qr	2 nd Qr/3 rd Qr	3 rd Qr/ 4 th Qr	4 th Qr
Clinics of the District	Imphal East, Imphal West	Chandel Thoubal , Churchandpur	Senapati Tamenglong	Bishnupur Ukhrul
Number of clinics	20	21	13	13

The delivery points for District wise AFHCs for 2012-13 are:

Name of District	Name of CHC	ICTC attached/not	Name of PHCs	ICTC attached/not
Bishnupur	1. Moirang CHC 2. Nambol CHC	Yes Yes	1. Kumbi PHC 2. Thanga PHC 3. Ningthoukhong PHC 4. Leimapokpam PHC 5. Oinam PHC	Yes No Yes No No
Chandel	1 SDH Moreh	Yes	1. Moreh PHC 2. Tengnoupal PHC 3. Machi PHC 4. Chakpikarong PHC	No Yes yes yes

Churachandpur	1.CHC Parbung	Yes	1. Sagang PHC 2. Saikot PHC 3.Singhat PHC 4. Thanlon PHC 5.PHC singzawl	Yes Yes Yes yes Yes
Imphal East	1.CHC Jiribam 2.CHC Sagolmang	Yes Yes	1.Heingang PHC 2.Sawombung PHC 3.Lamlai PHC 4.Andro PHC 5.Bashikhong PHC 6. Borobekra PHC 7.Yaingangpokpi PHC 8.Akambat PHC 9.Keirao Makting PHC 10.Nongpok Keithelmanbi 11. Yambem PHC	yes yes Yes yes Yes Yes No. No. No. No. No
Imphal West	1. CHC Wangoi 2.CHC Sekmai	Yes Yes	1.PHC Mekola 2.Khumbong PHC 3. PHC Khurkhul 4.PHC Sekmaijin 5.PHC Samurou	Yes Yes Yes No No
Senapati	1. CHC Mao 2. CHC Kangpokpi	Yes Yes	1.PHC Maram 2.PHC Paomata 3.PHC Saikul 4.PHC Motbung 5.PHC Oinam Hills	Yes Yes Yes Yes No
Tamenglong	1.CHC Nungba	Yes	1.PHC Haochong 2..PHC Tousem 3. PHC Noneh 4.PHC oinamlong 5 PHC Tamei	No No Yes yes No
Thoubal	1.CHC Heirok 2.CHC Lilong 3. CHC Sugnu 4. CHC Kakching 5. CHC Yairipok	Yes No Yes Yes Yes	1.PHC Lilong 2. PHC Hiyanglam 3. PHC Leishangthem 4.PHC Khongjom 5.PHC Kakching Khuno	Yes Yes Yes Yes No
Ukhrul	1.CHC Kamjong	Yes	1.PHC Kasom khulen 2.PHC Chingai 3.PHC Somdal 4. PHC Lambui 5.PHC Phunyar	Yes Yes Yes Yes Yes

DISTRICT WISE STATE TARGET FOR VHND

Sl. No.	District	No. of ASHAs	Monthly Target	Yearly Target
1	BPR	235	235	2820
2	CDL	550	550	6600
3	CCP	627	627	7524
4	IE	431	431	5172
5	IW	329	329	3948
6	SPT	787	787	9444
7	TML	252	252	3024
8	TBL	365	365	4380
9	UKL	302	302	3624
Total		3878	3878	46536

Other outreach sessions are planned as follows

1. One session in each district at Health Mela i.e. 9 sessions
2. Once in a month in the VHND i.e. 3787 sessions per month and 3878x 12 per year
3. On the school health day disease screening program i.e. 717 schools for 2012-13
4. Activities planned with peer educators:

A: In schools, all the students will be taught on sexual health, Menstrual hygiene, RTI/STI, HIV/AIDS, and health nutrition by class teachers and on schools health days for awareness generation and advocacy for 4 peer educators/ leaders from each class of the identified schools by MO/ANM/LHV/ICTC counselor.

B: On VHND all the adolescent girls will be taught about sexual health, menstrual hygiene, RTI/STI, HIV/AIDS, Health Nutrition by ANM/AWW/ASHA and RCH related issues One ASHA with ANM should conduct a VHND every month. So, for 3878 ASHAs should conduct 3878 VHNDs per month in all the nine districts. Thus, in a year, there will be 46536 VHNDs in Manipur. Similarly ANM covering the area will conduct health education on personnel hygiene/menstrual hygiene health nutrition and monitor consumption compliance of WIFS.

Target setting was done by taking the following criteria into consideration:

- Entire district of the state will give coverage as Manipur is one of the state having higher prevalence of HIV.
- In the state there are 9 districts, 5 hilly districts and 4 valley districts.
- Three districts i.e. Imphal west, Senapati and Chandel are implementing SABLA scheme.
- In other 6 districts KSY scheme is implementing.
- Institutes where ICTC counselors are attached.
- District hospitals are not targeted this year as most of the district hospitals are under dismantled and construction and all are running emergency 24 hour service, so rooms for AFHC will not be available and also facing acute shortage of manpower.

The ARSH program will be implemented through 4 main programs 1. Establishment of Adolescent Friendly Health Clinics (68 clinics planned for this year) 2. School health program. 3. Weekly Iron Folic Acid Supplementation (WIFS) and bi-annual de worming program of school going adolescent boys and girls from class VI up to Class Xii, & out of school adolescent girls 10-19 years. 4. Menstrual Hygiene Scheme for adolescent girls.

1. AFHC: to provide preventive, promotive and curative services to the adolescent girls and boys through the existing services once in a week separate from the OPD hours. No district is differentiated the ARSH program from RCH program.
2. To create an enabling environment, the service providers will be trained on counseling techniques and maintaining privacy & confidentiality. State has initiated training of 19 Trainers in the year 2010-11 and 52 MOs are trained in the month of Sep & Oct 2011-12 for initiation of AFHCs in the Districts.
3. State is planning to implement ARSH program from 2012-13 in all the nine districts of the state. 67 facilities are planned to open (including 16 CHCs, 1 SDH and 40 PHCS).
4. The staff at the clinics comprising of ARSH trained MOs, ANMs/LHVs and counselors of the ICTC services will be engaged during AFHC hours to provide counseling and in the service provision. These trained staff will also conduct school health visits to the identified schools and monitor the IFA compliance of the school students. Requisite training will be provided to all the MOs, ANMs/LHVs and ICTC counselors.
5. Adolescent clients will be referred from the periphery by ASHA/AWW/ANM/LHVs through VHND and school health program.
6. All the ARSH services both facility based and outreach services will be recorded and reported monthly as usual.
7. Coded stock register, OPD register and reporting format will be provided to all the identified institutes by NRHM (State Health Society).
8. Quarterly monitoring of the inputs, process and output of the services will be conducted by State and District monitoring teams.
9. Services provided and achievements will be accounted in the state level wokshop.

A.4.2: SCHOOL HEALTH PROGRAM

School Health Program: School health program will be one of the pillars of ARSH. School health program is the only public sector program specially focused on school age children. Its main focus is to address the health need of children which can be physical, mental, nutritional interventions, physical activities and counseling. School age children are appropriate stage to shape the desire transition to a good & healthy citizen. School health program/ disease screening & health counseling program will be conducted this year i.e. 2012-13 to the schools identified for WIFS i.e. schools having class VI to class XII.

Current status

- State has trained 109 district Tot for primary teachers in the year 2008-9
- State has trained 620 primary teachers in the year 2010-11
- In the year 2011-12 there was no training for school teachers
- There are 4050 schools in the Directory list of school. Under RSS/RMSA provision list, there are 3878 schools in the state, 2425 are government schools, 573 are aided schools, 763 are unaided and 117 are unrecognized schools. If all the school are covered, ARSH awareness could be spread to nearly half the population of the State.

District wise distribution of schools:

A. District wise distribution of total schools of Manipur on the basis of management structures:

1. Total Unrecognized Schools-117
2. Total Unaided Schools-763
3. Total Pvt. Aided Schools-573
4. Total Govt. Schools 2425
5. District Wise Total (whole State)-3878

Table for District wise Schools based on Management structures.

Dist	BPR	CDL	CCP	IE	IW	SPT	TML	TBL	UKL	GT
1	6	0	44	0	8	18	0	41	0	117
2	81	25	89	134	128	119	20	104	63	763
3	56	45	66	101	77	79	27	87	35	573
4	159	200	298	305	304	403	253	254	249	2425
5	302	270	497	540	517	619	300	486	347	3878

B. District wise distribution of all the schools in Manipur on the basis of class standard:

1. Total Primary Schools -2378
2. Total Primary with upper primary schools.-674
3. Total Upper primary only-47
4. Total Primary up to Hr. Sec -779
5. District Wise total (whole State)-3878.

Table for District wise Distribution of all schools based on Class standard

Dist	BPR	CDL	CCP	IE	IW	SPT	TML	TBL	UKL	GT
1	155	203	305	310	266	420	234	257	228	2378
2	66	39	118	83	84	105	33	89	57	674
3	4	1	0	10	8	13	2	6	3	47
4	77	27	74	137	159	81	31	134	59	779
5	302	270	497	540	517	619	300	486	347	3878

C. District wise distribution of government and aided schools on the basis class level standard.

1. Govt & aided primary schools-1943
2. Govt. & Aided primary with upper primary schools -347
3. Govt. & aided upper primary only-18
4. Govt. & aided Primary up to Higher Secondary are-285
5. District Total Govt. & aided Schools (whole state)-2978
6. Unrecognized and unaided are

Table for District wise Distribution of Govt. & aided schools based on class level standard:

Dist	BPR	CDL	CCP	IE	IW	SPT	TML	TBL	UKL	GT
1	144	199	264	302	252	405	233	144	218	1943
2	32	19	69	41	56	61	30	39	36	347
3	4	1	0	10	1	0	0	2	4	18
4	35	9	31	53	70	17	13	57	27	285
5	215	228	364	406	379	483	276	342	285	2978

D. District wise distribution of unrecognized and unaided schools in Manipur:

Table for District wise unrecognized & unaided schools

Dist	BPR	CDL	CCP	IE	IW	SPT	TML	TBL	UKL	GT
No of schools	87	42	133	134	138	136	224	144	62	900

Target for 2012-13:

Table for Number of students to be covered for health screening during school health program in the year 2012-13

District	BPR	CDL	CCP	IE	IW	SPT	TML	TBL	UKL	total
Boys	5235	2073	7527	5341	4373	5548	1583	5217	5579	47206
Girls	5416	1974	7461	6648	5863	5764	1804	6474	5802	216374
total	10651	4047	14988	11989	10236	11312	3387	11619	11381	263580

Table for number of schools to be covered for health screening in the year 2012-13

District	BPR	CDL	CCP	IE	IW	SPT	TML	TBL	UKL	TOTAL
No. of schools	71	29	100	104	127	78	43	98	67	717

Target for 2012-13 and next five years

Table for 5 years target plan for school visits is as follows

District	1 st year	2 nd year	3 rd Year	Govt & aided total	4 th Year	5 th Year	Pvt. total	Total schools
% of coverage	20% Gvt& aided.) roughly	40% govt& aided) roughly	40% govt& aided) roughly	100%	(50% pvt.) roughly	(50% pvt.) roughly	100%	

Table for 5 years target plan for school visits: district wise number of schools is as follows

	Govt and aided schools				Unrecognized and unaided			Grand total for 5 years
District	1 st year	2 nd year	3 rd year	Total for three years	4 th year	5th Year	Total for two years	
BPR	71	72	72	215	43	44	87	302
CDL	29	100	99	228	21	21	42	270
CCP	100	132	132	364	66	67	133	497
IE	104	151	151	406	67	67	134	540
IW	127	126	126	379	69	69	138	517
SPT	78	203	202	483	68	68	136	619
TML	43	116	117	276	12	12	24	300
TBL	98	122	122	342	72	72	144	486
UKL	67	109	109	285	31	31	62	347
Total for each year	717	1131	1128	2978	449	451	900	3878

Table for Quarterly plan for school visits: District wise for the year 2012-13.

District	1 st Qr	2 nd Qr	3 rd Qr	4 th Qr	total
BPR	Procurement of IFA & Albendazole	24	24	23	71
CDL		10	10	9	29
CCP		34	33	33	100
IE	Training of MOs/ANM /LHV/Counselors & School teachers on WIFS	35	35	34	104
IW		43	42	42	127
SPT		26	26	26	78
TML		15	14	14	43
TBL		33	33	32	98
UKL		23	22	22	67
Total for each year		243	239	235	717

Target setting was done by taking into consideration:

As the state is planning the entire schools of Govt. and aided having class VI-XII to implement WIFS program so all the schools under WIFS program i.e. schools having class VI –XII are planning to be visited during 1st year and the number of schools for 5 year is calculated not according to the percentage, but according to the convenient for districts. State is planning to conduct school health program, for school visit for disease screening and health education for Govt. and aided schools in the First 3 Years and private & unrecognized unaided schools in the last two years. Total no of schools targeted this year are 717 .

Target setting of these schools has been done to make easier co ordination with WIFS program and SHP.

School Health Program Procedure

1. One trained MO, one ANM/ one LHV, and one ICTC counselor will constitute a school health team.
2. Head master/principal and one teacher identified from each school will be trained on WIFS and school health.
3. These nodal teachers will train class teachers of the schools.
4. The school health team will conduct school health program once in a week.
5. In school health program, students will be screened for presence of any disease, defective vision and treatment for minor ailments will be done.
6. All the identified schools will be provided equipments like weighing machine, wall-fixed height measuring scale, Snellen's vision chart, measuring tape, medicines with medicine kit, school health card and referral cards.
7. Health counseling on nutrition, hygiene /menstrual hygiene, ARSH and RCH related health issues will be done. Awareness on AFHC and Referral to AFHC will be done during school health program.
8. During school visits, cross checking of WIFS compliance and any related problems will be discussed with school teachers.
9. During school visits, referral of the students who are identified as having problems and needs examination and screening at facility based hospitals will be done.
10. Responsibility is fixed to the school health team for recording and reporting of all the examination, screening, treatment and referral and any problem associated with school health program.
11. Responsibility will be fixed on MO school health for Co- ordination with other programs like, blindness control program, dental program and immunization program.
12. School teachers who are trained for school health and WIFS program will assist the school health team during examination, treatment, filling the health card & referral card, measuring height & weight, chest circumference and calculating BMI.
13. MO school health team also do the monitoring of WIFS compliance and bi-annual de worming by the students of class vi-xii adolescent in the school based program which is going to be implemented throughout the state in co ordination with the education department. School students will be provided school health card and WIFS compliance card.
14. During review meetings cum workshops, the School health program physical and financial report will be accounted for.

A4.3 Weekly Iron Folic Acid Supplementation and bi annual de worming program

For WIFS & biannual de worming, school going students of 717 schools are identified for the entire district. School adolescent girls of three SABLA districts of Manipur and KSY beneficiaries from other 6 districts of Manipur are identified. Implementation will be conducted in collaboration with school education system, WCD/ICDS with Dept. of Health and Family Welfare.

Situation Analysis:

NFHS-3 Data:

1. Percentage of Children aged 6-35 months who are anaemic = 52.8%
2. Percentage of Ever married woman aged 15-49 years who are anaemic = 39.3%
3. Percentage of pregnant woman aged 15-49 years who are anaemic = 36.4%
4. Percentage of ever married men aged 15-49 who are anaemic = 14.1

Target for 2012-13

For Weekly Iron Folic Acid Supplementations and Bi-annual de worming program of school going adolescent boys and girls, Govt. & aided schools having class vi to class xii are identified. State is planning to initiate implementation on a quarterly basis.

Table showing District wise number of schools which are planed for initiation of implementation of WIFS on quarterly basis:

District BPR	1 st Qr Procurement of IFA & Albendazole	2 nd Qr	3 rd Qr	4 th Qr	total
CDL		10	10	9	29
CCP		34	33	33	100
IE		35	35	34	104
IW		43	42	42	127
SPT		26	26	26	78
TML		15	14	14	43
TBL		33	33	32	98
UKL		23	22	22	67
Total for each year	Training of MOs/ANM /LHV/Counselors & School teachers on WIFS	243	239	235	717

Table showing Number of students to be covered for WIFS (anaemia control programme):

District	BPR	CDL	CCP	IE	IW	SPT	TML	TBL	UKL	total
Boys	5235	2073	7527	5341	4373	5548	1583	5217	5579	47206
Girls	5416	1974	7461	6648	5863	5764	1804	6474	5802	216374
total	10651	4047	14988	11989	10236	11312	3387	11619	11381	263580

Table showing District wise number of out-of-school adolescent girls with AWW & ASHA:

Name of district	Total number of out of school adolescent girls	Number of AWW	Number of ASHA	Total number of beneficiaries'
State total	27437	3637(SABLA)+6154(KSY)=9791	3878	50113

Total no. of school going beneficiaries = 263580
 Total no. of beneficiaries for out-of-school = 27437
 Total no. of ASHA = 3878
 Total no. of AWW = 9791
 Total no. of state beneficiaries = 313693.
 (Total no. of SABLA beneficiaries = 62371
 Total no. of out-of-school SABLA beneficiaries = 9007
 Total KSY beneficiaries of 6 districts = 1,90,000
 Therefore total no. of out-of-school KSY beneficiaries expected
 = $9007/62371 \times 190000 = 27437$)

(As class wise calculation has been done, possibility of below 10 and above 19 may be expected. So, calculation of out-of-school adolescents of KSY district is done according to the ratio of School going to out-of-school at SABLA Districts. WCD has not differentiated out-of-school beneficiaries in KSY districts)

Therefore, the estimated number of IFA & Albendazole beneficiaries is as follows:
 total boys and girls of class VI-XII+ OOS adolescent Girls of Three SABLA Districts+ OOS adolescent Girls of KSY + number of ASHA+ number of AWW
 = 263,580 (adolescent girls and boys of school) + 9,007 (adolescent girl of three SABLA Dist) + 27,437 (adolescent girl of KSY) + 3637 (AWW of SABLA Dist) + 6154 (AWW of KSY Dist) + 3878 (ASHA)
 = 263580 + 9007 + 27437 + 3637 + 6154 + 3878 = 313693 beneficiaries.

Total estimated number of IFA & albendazole required for the state is:

	Number of beneficiaries	Number of IFA reqd. = Number of beneficiaries x 52 + 20% buffer stock	Number of albendazole required Number of beneficiaries x 2 + 10% wastage
state total	313693	19574443	690124

Target setting is done to give coverage to adolescents of the nine districts of Manipur

- School going adolescent boys and girls of class VI-XII
- Out-of-school adolescent of SABLA scheme and KSY scheme of entire districts.
- AWW of the 9 district running SABLA Scheme & KSY scheme.

Implementation of WIFS & bi annual de worming and Health education procedure both for the school going boys and girls of class VI-XII and out of school adolescents (10-19 years):

1. Orientation cum dissemination & convergence workshop will be conducted for the program officers on WIFS and School health program with other line departments like school education, WCD/ICDS, health and Family welfare departments.
2. Capacity building training, state level training of district Tots and state level training of block Tots will be conducted in this year
3. Districts will conduct capacity building training for Principals/Head Masters and one nodal teacher each from the identified schools on WIFS and School health program. Those trained nodal teachers will train school class teachers on WIFS and School health program.

4. Basic functionaries like ASHA will be trained along with third round training of module 6 & 7. AWW will be trained by WCD/ICDS trainers (DPOs & CDPOs).
5. To create mass awareness at the community and household and to empower adolescent girls, all AWW/ASHA/ANM/ school teachers will be entrusted with the responsibility of providing correct and relevant information on nutrition and health during training program.
6. Health education and WIFS: On VHND, AWW/ASHA/ANM/LHV will conduct health education sessions for adolescent girls, imparting information on balanced diet, nutrition, menstrual hygiene, delaying the age of marriage and pregnancy. IFA supplementation for all the 9 districts will be provided to all the out-of-school adolescents (10-19 years) by AWW and ASHA/ANM on VHNDs. 4 tablets of IFA will be given to all the adolescent out-of-schools (to be taken once in a week). Bi-annual de worming will be conducted by providing one tab twice a year, in the month of Feb and August every year
7. All the AWW will be given IFA and albendazole as per their need through CDPOs. All AWWs/ASHAs will administer 4 tablets to every Adolescent every month (to be taken once in a week). Each AWW/ASHA/ANM will maintain compliance records and stock records of three months at the centre and will indent for replenishment. Records will be shared between AWW & ASHA/ANM. AWW records will be reported to CDPOs and ASHA/ANM to the block MOs.
8. CDPOs will indent IFA and albendazole for 6months from CMO of the district through District ARSH Nodal Officer. CMO will indent for 6 months from FWD/State health society. CDPOs will report to the DPOs to CMO. Along with the IFA tablets and albendazol, IFA compliance cards and reporting formats will be provided to all the identified schools of WIFS program and blocks and districts in the state
9. Supply for the entire state will be provided under NRHM through the department of health and family welfare. Supply will be disbursed mainly through the office of the CMO at district level.
10. School going adolescent boys and girls from class VI-XII will be provided IFA supplementation (one tablet once in a week i.e. on Monday) and bi annual de worming will be conducted by providing one tablet twice a year, in the month of Feb and August every year .
11. School going adolescents will be provided IFA supplementation under the supervision of class teachers. The class teacher will be assisted by peer leaders of the class, who would record the compliance card. All individuals will fill up their own compliance card.
12. All the district functionaries, District ARSH nodal officers, ZEOs, DPOs/CDPOs will be given responsibilities for IFA supplementation and bi annual de worming under the purview of their respective departments. Report should be submitted every month as usual.
13. Monitoring for out-of-school will be done along with WCD/ICDS and Heath & Family Welfare. For school going adolescents, monitoring will be done along with Education and Heath & Family Welfare. Record will be shared among the departments.
14. During review meetings cum workshops, IFA supplementation and bi annual de worming will be accounted for.

A.4.4: Menstrual Hygiene Scheme

1. For menstrual hygiene scheme ,it is necessary to identify the number of beneficiaries through ASHA & AWW to provide low cost sanitary napkins,
2. Napkins will be given to adolescent girls through ASHAs from agencies, SHGs/NGOs who manufacture low cost sanitary napkins. A data of such SHGs and NGOs will be established, enlisting all NGOs working on Health and non health issues. In Manipur, none of the NGOs & SHGs manufactures low cost sanitary napkins. Training for manufacturing low cost sanitary napkins is required in the State.
3. Monthly education session on menstrual hygiene will be imparted to adolescent girls by trained ASHAs on VHNDs. A package of services will be provided on VHNDs which would comprise of ANC check-up, provision of TT-10, TT- 16, IFA supplementation and de-worming with albendazol, screening for RTI/STI provision of referral to AFHCs.

Innovatives:

As a part of the innovative approaches and building more effective partnership to support, improved information flow, mobilization of adolescent including engagement of adolescent representation State ARSH Nodal officer is member of the State Level Youth Partnership Platform, which was one of the activity of SASO action project Sexual Reproductive Health Right under European Commission run by NGO SASO. Youth partnership platform is a platform where 60 percent of the members are of youths and different stakeholders comes and stand in one platform and dialogued for a policy change on the youth sexual health rights. In this platform, most of the departments working for the welfare of adolescents such as YAS, NYK, Academic sector/ researchers, HIV/AIDS Alliance MACS, Representatives from Media Organization, NGOs, Health Workers, community leaders and 60 percent youth membership. Joint advocacy agenda and strategic planning and preparing joint IEC materials, strategy is to develop for need assessment, key change objectives and area of collaboration and convergence mechanism. NGO SASO is running two youth information centre one in Imphal East and one in Imphal West. State is planning to shift these two YIC in two of the AFHCs in Imphal East and Imphal West in collaboration with Health Services. State is planning to compare the flow of adolescents in AFHCs between the clinics which are attached with YIC and without YIC

Based on these background data strategies and budget for ARSH Services are prepared

A4.1. Adolescent Friendly Health Clinics (AFHCs)

Strategies & activities	Output	Time frame	focus
Facility based intervention			
1. Operationalisation of AFHC(fixed day weekly basis)	16 CHC, 1SDH &50 PHCs	Q2-Q4	All the 9 Districts
2. Screening &Treatment by identified trained doctors			
3. Counseling by trained ICTC counselor/ doctor/ANM/LHV			
Community based intervention on VHND			
1. Group counseling by ANM/AWW/ASHA on personal hygiene, menstrual hygiene, nutrition	Awareness generation to the adolescents through Monthly VHND	Q2-Q4	All the 9 districts
2. Referral by ANM/ASHA/AWW to AFHC			
Capacity building training			
1. 3 days ARSH training of 90 MOs	MOs from the identified clinics will be trained	Q1-Q2	For all 9 districts
3. 5 days ARSH training of 134 ANM/LHV	ANMs/LHVs from the identified Clinics will be trained	Q1-Q2	
4. 5 days ARSH training of 67 counselors of ICTCs(50 from Clinic Based 17 from stand alone ICTCs & Mobile ICTCs)	ICTC counselors from the identified Clinics, stand alone clinics and mobile clinics will be trained	Q1-Q2	

Budget Head for A4.1 AFHC	Timeline Activity	Responsible
A4 ARSH		
A4.1 AFHC		
A4.1.1 Prepare operational plan for setting up AFHC/AFHS In 68 facilities	Q1-Q4	State
A4.1.2 Two state level Workshop for all the district officials to disseminate ARSH guideline and review	Q1 and Q3	State
A4.1.3.1 Training for 90 MOs on ARSH in three batches of 30MOs to run the AFHCs	Q1-Q2	State
A4.1.3.2 Training for 68 counselors of ICTC centers on ARSH 2 batches of 34. 35 counselors to associate with clinics and 33 are Stand alone ICTCs and Mobile ICTCs		
A4.1.3.3 Training for 136 ANM/LHV on ARSH batches 34 to support AFHCs & outreach services		
A4.1.3.4 Printing of training modules included in training budget	Q1	State
A4.1.4.1 Development and printing of IEC material for AFHCs	Q1-Q4	State IEC division
A4.1.4.2 Installation of 9 roadside hoardings for each districts and take away reading materials in relation to ARSH services in the AFHCs		State IEC division

A4.1.5 Helpline for ARSH (one toll free online telephone helpline counseling is planned in the state in one of the Districts i.e IW in collaboration with NGO SASO). Trained counselors for HIV/AIDS are available at SASO but need to be trained on ARSH along with the counselors' training.	Q1-Q4	SASO/State/District
A4.1.6 YIC (youth information Centre) established under EC SRHR SASO action project of NGO SASO will be attached in two of the Imphal East & Imphal West AFHC to compare the patient flow in the AFHC without YIC.	Q1-Q4	State
A4.1.7 Printing of coded stock register 400pages with 200 sheets for 67 AFHCs	Q1-Q2	state
A4.1.8 outreach sessions on VHND by ANM/LHV/ICTC counselors	Q1-Q4	District
A4.1.9 outsourcing vehicle (Bolero) @ Rs30000 per month for one year 2012-13	.Q1-Q4	state
A4.1.10 procurement of 1 laptop, 1 data card and 1 godrez almirah	Q1-Q2	State
A4.1.11 Monitoring & supervision for quality of services provided and stages of implementation	Q1-4	State/District

Budget for the proposed plan of AFHCs

A4. 1.2. Two workshops with all the relevant officials, DPMUs of all the 9 districts and SPMU officials are planned. One is planned in the First Quarter to disseminate implementation guide on RCH II ARSH strategy as ARSH program has not differentiated from RCH program. One workshop is required to be conducted in the first quarter as it is necessary to disseminate the complete guideline to all the identified program officials of the nine districts of the State. Another workshop will be required in the third quarter in order to appraise the performances of all the districts. Total of two workshops for ARSH activities are planned to conducted in the state level.

Table 1.Budget break up for ARSH Workshop (Q1, Q3)

Sl. No.	Particulars	Budget in Rs
1.	Lunch and snacks including Hall Hiring of Classic Hotel for 40 officials	Rs 40,000/-
2	Reading materials including printing of three guidelines(operational guideline of ARSH strategy in RCH II @ Rs 250, Operational guideline of WIFS Rs 100, Operational Guideline of SHP @ 150 Other training material @ Rs 250) @ Rs 750 per person=40x750	Rs 30,000/-
3	Honorarium for five facilitator @ Rs 1000 per head	Rs 5,000/-
Sub total		Rs 75,000/-
6% overhead expenditure		Rs. 4200/-
Grand Total		Rs 79,200/-

Budget for two workshops @ Rs 79,200/-(seventy nine thousand two hundred) per workshop. A total of Rs 1.584 lac is proposed.

A4.1.3.1: Training of 52 MOs and 6 peer leaders on ARSH conducted in the year 2011-12. For this year (i.e. 2012-13) training for 90 more MOs, are planned in order to operationalize and run the Adolescent Friendly Health Clinics. Budget is reflected in the ARSH training budget.

Table 2 ARSH training for 90 MOs

No. of already trained	No. to be trained	No. of batches	Venue of training	Budget per batch 2012-13		Total budget for three batches (Rs in Lakh) 2012-13
				particulars	Amount (Rs in lakh)	
29 TOT 52 MOs And 6 peer leaders	90 MOs For the identified AFHCs	3 batches (30 trainees per batch)	FWCH/M ACS Conference Hall	Honarium for 4 faculties @Rs 1000/- per dayx3 days =Rs1000x4x3	0.12	0.36
				Honorarium for 3 trainees @Rs 500/-per head per day =Rs500x3x30	0.45	1.35
				Working lunch & other refreshment @ Rs200 per participants for 3 days =200x3x30	0.18	0.54
				Sub total	0.75	2.25
				Overhead expenditure @ 6% of total training expenses	0.045	0.135
				Training material @ Rs250/per trainee=Rs 250x31	0.075	0.225
				Venue hiring charges@ Rs 2500 per day= Rs2500x3	0.075	0.225
				Grand total	0.945	2.84

Total budget for 90 MOs training on ARSH will be Rs 2.84 lakhs

A4.1.3.2: In the previous year, there was no training for ICTC counselors on ARSH. For this year (2012-13), training for 68 ICTCs counselors attached with AFHCs, stand alone ICTCs and Mobile ICTCs to support AFHCs and outreach camps is planned. Budget is reflected in training budget for ARSH.

Table3. Training of ICTC counselors on ARSH

No. of already trained	No. to be trained	No. of batches	Venue of training	Budget per batch 2012-13		Total budget for two batches (Rs in Lakh) 2012-13
				particulars	Amount (Rs in lakh)	
0	68	2 batches (34 trainees per batch)	FWCH/M ACS Conference Hall	Honorarium for 2 faculties @Rs 1000/- per dayx5 days=Rs1000x2x5	0.10	0.20
				Honorarium for 34 trainees @Rs 300/- per head per dayx5 days=Rs 300x5x34	0.51	1.02
				Working lunch & other refreshment @ Rs200 per participants for 5 days=Rs34x200x5	0.34	0.68
				Sub total	0.75	1.5
				Overhead expenditure @ 6% of total training expenses	0.045	0.09

			Printing of 34 training module and 10 facilitators module @ Rs 300per module=44x300	0.132	0.264
			Training material @ Rs250/per trainee =Rs34x 250	0.085	0.17
			Venue hiring charges@ Rs 2500 per dayx5days	0.125	0.25
			Grand total	1.137	2.274

Total budget for training of 68 ICTC counselors on ARSH will be Rs 2.28lakhs

A4.1.3.3. In the previous years there were no trainings for ANMs/LHVs. For this year (2012-13), trainings for 136 ANMs including LHVs in the identified AFHC who will assist in AFHCs and outreach services are planned. Budget will be reflected in the training budget for ARSH.

Table 4: Training of ANM/LHV on ARSH

No. of already trained	No. to be trained	No. of batches	Venue of training	Budget per batch 2012-13		Total budget for four batches(Rs in lakh) 2012-13
				particulars	Amount (Rs in lakh)	
0	136	4 batches (34 trainees per batch)	FWCH/M ACS Conference Hall	Honararium for 2 faculties @Rs 1000/- per dayx5 days	0.10	0.40
				Honorarium for 34 trainees @Rs 300/-per head per dayx5 days	0.51	1.02
				Working lunch & other refreshment @ Rs200 per participants for 5 days	0.34	1.36
				Sub total	0.75	3.00
				Overhead expenditure @ 6% of total training expenses	0.045	0.18
				Printing of 34 training module and 10 facilitator module @ Rs300 per module=Rs 300x44	0.132	0.528
				Training material @ Rs250/per trainee=Rs250x34	0.085	0.34
				Venue hiring charges@ Rs 2500 per day	0.125	0.50
				Grand total	1.137	4.55

Total budget required for training of ANM/LHV will be 4.55 lakhs. Budget is reflected in training budget for ARSH

A4.1.3.4: No separate budget is prepared. For module printing, budget is included in training budget.

A4.1.4.1. IEC materials for ARHS clinic such as take-away reading materials will be printed and kept in the AFHCs. For this year, no budget is proposed.

A4.1.4.2: To make public aware of AFHCs and services available in these clinics, 9 hoardings are planned to be installed in the identified institutions, one in each district. Budget is comprehensively prepared by IEC division of the state and will be reflected in IEC budget.

A4.1.5 For establishment of toll free helpline counseling for ARSH (in co ordination with NGO SASO), an amount of Rs 20,000 per month for the counselor may be required. The counselor is a trained counselor of HIV/AIDs. One exposure training on ARSH is required during the training of ICTC counselors training. Total budget for one year will be Rs 2.40 lakhs.

A4.1.6 YIC (Youth Information Centre) established under European commission (EC), Sexual Reproductive Health Rights (SRHR) SASO action project of NGO SASO will be attached in Imphal East & Imphal West AFHCs to compare the patient flow in the AFHCs without YIC. Only one room is to be provided in CHCs/PHCs by the health department.

A4.1.7.2: To maintain outpatient adolescents record separately from general OPD, coded register for registration of adolescent patient and MOs patient stock registers are required. State is planning to print coded register for the AFHCs; Two for each clinic and also develop reporting formats for all the reporting units. Printing of 400 pages with 200 sheets of 134 coded OPD & Stock Registers, and 1620 reporting format / monitoring formats for ARSH clinics are planned.

Table 6: Printing of materials for ARSH Clinics

Particulars of the item	Cost per unit in Rs	No of units	Total cost
OPD & stock register (one for OPD and other patient stock register)	300	134	0.402
Reporting format copies for 67 facilities+37 block+9 district+20% wastage=1620	2	1620	0.033
Total budget for 67 clinics			0.435

Total budget for AFHCs stock register and reporting format is Rs 0.44 lakh.

A4.1.8: State is planning to procure one laptop costing Rs. 45,000, one Data card costing Rs. 6, 000 and one steel almirah (Godrej) costing Rs 30,000. A total of Rs 0.81 lakh is proposed for capital investment of program management.

A4.1.9. Either ANM or LHV or ICTC counselors are planned to accompany AHSA on VHND for giving health education, nutrition counseling, counseling on menstrual hygiene etc. TA/DA for ANM/LHV/ ICTC counselor for visits made on VHNDs at the rate of Rs200 per visit is proposed. Numbers of visit are decided according to the number of ASHAs and number of VHNDs targeted.

Sl.No	District	Monthly target	Yearly Target	Monthly TA/DA budget Rs in lacs	Yearly budget Rs in lacs
1	BPR	235	2820	0.47	5.64
2	CDL	550	6600	1.10	13.20
3	CCP	627	7524	1.254	15.048
4	IE	431	5172	0.862	10.344
5	IW	329	3948	0.658	7.896

Sl.No	District	Monthly target	Yearly Target	Monthly TA/DA budget Rs in lacs	Yearly budget Rs in lacs
6	SPT	787	9444	1.574	18.888
7	TML	252	3024	0.504	6.048
8	TBL	365	4380	0.73	8.76
9	UKL	302	3624	0.604	7.248
Total		3878	46536	7.756	93.072

Total budget for ANM/LHV/ICTC counselor's TA/DA: Rs 93.072 lakh is proposed.

A4.1.10: Outsourcing vehicle for field visits: To conduct field visits, one vehicle (bolero) needs to be outsourced @ Rs 30,000/per month for the year 2012-13. The total budget required one year will be Rs 3.60 lakh.

A.4.1.11 District and State program management team will be monitoring the program inputs, processes and outputs quarterly. And TA/DA for District and State monitoring team @ Rs 0.50 lakh per district and 1.50 lakh for state with a total budget of Rs 6.00 lakh is proposed.

School health program plan activities A4.2

Strategies & activities	output	Time frame	focus
Health Screening			
1. Linkage mapping with other programs	School education, WIFS, Dental program and blindness control program & MACS	Q1-Q2	
2. Workshop for state level/district level convergence and dissemination of SHP with the line department	2 workshop at state level/ 2 each district.	Q1 & Q3	
3. Procurement of Weighing scale and Wall fixed height measuring scale.	For 717 schools	Q1-Q2	For all 9 districts
4. Development of IEC materials for SHP with the line departments		Q1-Q2	
5. Operationalisation of SHP (fixed day weekly basis) for entire district	717 schools of entire district on the basis of district wise quarterly target identified	Q2-Q4	All the 9 Districts
2 Screening & Treatment of school children by identified trained doctors along with the line departments of dental program and blindness control program			
Counseling by trained ICTC counselor/ doctor/ANM/LHV			
3 Group counseling by ANM/AWW/ASHA on personal hygiene, menstrual hygiene, nutrition	717 schools of entire district on the basis of district wise quarterly target identified On the school health day	Q2-Q4	All the 9 districts
4 Referral by /MOs/ANM to AFHC/ state institute			
5 Monitoring the provision of WIFS & bi annual albendazole Supplementation by school teachers by school health team			

Capacity building training			
2. Printing of implementation guide, school record, training modules, health communication	Will included in training budget	Q1-Q3	For all 9 districts
3. 2 days School health training of District Tot 27 MOs (School health program & WIFS)	ARSH MOs from the identified clinics	Q1-Q2	
6 2 days training of 3 (Health, Education & ICDS) School health program & WIFS block level trainers from 37 blocks of Manipur i.e. 37x3= 111 block trainers	From the identified 37 blocks (training will be club with WIFS training)	Q1-Q2	
7 2 days training of school principals/ head masters and one nodal teacher on School health program & WIFS from 717 identified targeted schools by block trainers i.e. 717x2=1427 Tot teachers	for the identified 717 schools(training will be club with WIFS training)	Q1-Q3	For all 9 districts
8 2 days training of school teachers by nodal teachers	At the school	Q2-Q3	For all 9 districts
9 Printing of school health card for 2,64,000 students		Q1-Q2	For all 9 districts
10 Monitoring the progress and service delivery bystate/ district nodal officers quarterly about the quality of service delivery and follow up the referral cases	37 blocks by District ARSH nodal officers		For all 9 districts

Budget activity plan for A4.2 SHP

Budget head to be prepared for SHP	Timeline	Responsible
A4 ARSH		
A4.2 SHP		
A4.2.1 Prepare operational plan for SHP by linkage mapping	Q1-Q2	State
A4.2.2 Convergence workshop with line departments	Q1 & Q3	State/district/block
A4.2.3. TA/DA school health day for the identified 717 schools by school health team of one MO, one ANM/LHV, & one ITC counselor	Q2-Q4	Block MOs/ANM/LHV/ITC counselor
A4.2.4.1:2 days School health training of District Tot 27 MOs (on School health program & WIFS)	Q1-Q2	State
A4.2.4.2: 2 days training of 3 blocks TOT (Health, Education & ICDS) on School health program & WIFS block level trainers from 37 blocks of Manipur i.e. 37x3= 111 block trainers	Q1-Q2	State/District
A4.2.4.3: 2 days training of school principals/ head masters and one nodal teacher on School health program & WIFS from 717 identified targeted schools by block trainers i.e. 717x2=1427 Tot teachers	Q1-Q2	State/District/Block
A4.2.4.4:2 days training of school teachers by nodal teachers	Q1-Q2	At schools
A4.2.5: Printing of school health card for 2, 64,000 students and 16,000 referral cards. Total 280000		State
A4.2.6: Procurement of equipment for SHP	Q1-Q2	state
A4.2.7: procurement of drug and drug kit	Q1-Q2	state
A4.2.8 Monitoring the progress and quality of service delivery by district nodal officers quarterly, maintenance of record and follow up of referral cases.	Q1-Q4	State/District/Block

A4.2.1 Linkage mapping with line departments like dental program, blindness control program, and other disease control program. No budget is proposed.

A4.2.2 State is planning to conduct two convergence workshops cum review meetings for the line departments to review the services allotted to each department. The workshops for the line departments of school education, ICDS, WCD/MACS state level/district level officers on convergence and review of SHP&WIFS and two district level for block level officers in each district will be attending.

Budget break-up for one workshop

Table1: Budget break-up for convergence workshop with SHP, WIFS, ICDS, WCD and Adult Education.

Table for convergence workshop

Sl. No.	Particulars	Budget in Rs
1.	Lunch and snacks including Hall Hiring of Classic Hotel for 45 officials representatives from SPM ARSH, School education, adult education & WCD/ICDS from each district.	Rs 45,000/-
2	Reading materials including printing of two guidelines(Operational guideline of WIFS @ Rs 100, Operational Guideline of SHP @ Rs150 and other training material @ Rs 250) @ Rs 500 per person=40x500	Rs 20,00/-
3	Honorarium for 5 facilitator @ Rs 1000 per head	Rs 5,000/-
Sub total		Rs 70,000/-
6% overhead expenditure		Rs4200/-
Grand Total		Rs 74,200/-

Budget proposed for two workshops @ Rs 74,000/-(seventy four thousand) per workshop; total budget is Rs 1.48 lakh (one lakh forty eight thousand).

A4.2.3: School health team comprising of 1 MO, 1 ANM/LHV and 1 counselor will conduct visits to identified schools. TA/DA for one school health team including one MO, one ANM/LHV and one Counselor is planned.

Table for TA/DA of school health team

Category of official	DA in Rs	Mobility support in Rs	Total budget in Rs
MOT/TA/DA for one day	500	300	800
ANM/LHV	100	100	200
ICTC counselor	100	100	200
Total for one unit of school health team	700	500	1200
Total budget for 717 schools= Rs 1200x717			8, 60,400

Budget for school health visit is Rs 8.604 lakhs (eight lakh sixty thousand and four hundred). District wise Breakup is as follows:

Table showing district wise TA/DA budget for school health visits:

Dist	BPR	CDL	CCP	IE	IW	SPT	TML	TBL	UKL	total
No of units	71	29	100	104	127	78	43	98	67	717
District wise budget	0.852	0.348	1.20	1.24	1.524	0.936	0.516	1.1176	0.804	8.604

Total budget proposed for school health team TA/DA is Rs 8.604 lakh.

A4.2.4.1: In the state, there are 19 district ToTs on ARSH. They are not trained on WIFS and School health program. There are 109 district ToTs on SHP (only for primary teachers) training and they are not trained on WIFS. Including these, State is planning to train 3 ToTs from each district on SHP & WIFS. For this, state is planning for 2 days School health & WIFS state level training of District ToTs i.e., 27 MOs (on School health program & WIFS).

Table for District Tot training of MOs on WIFS & SHP

No already trained	No. to be trained	No of batches	Venue of training	Budget per batch 2012-13	
				particulars	Amount (Rs in lakh)
Nil	27	1	FWCH/MAC S Conference Hall	Honorariums for 4 faculties @Rs 1000/- per day x 2days =Rs1000 x4x2	0.08
				Honorarium for 27 trainees @Rs 500/-per head per day =Rs500 x 2 x27	0.27
				Lunch & other refreshments @ Rs200 per participant for 2 days =200x2x27	0.108
				Sub total	0.458
				Overhead expenditure @ 6% of total training expenses	0.0275
				Training material @ Rs250/per trainee=Rs 250x27(70 modules)	0.0675
				Printing of 8 x 2 facilitators module on SHP & WIFS 27x2 trainees module @ of 250 per module	0.175
				Venue hiring charges@ Rs 2500 per day= Rs2500x2	0.05
				Grand total	0.778

Total budget proposed for 27 district (ToT) MOs training on WIFS & SHP will be Rs0.78 lakhs. Budget will be reflected in the training budget for School Health.

A4.2.4.2: To give training to all the identified schools of the districts of Manipur, state is planning to train the block level trainers for 37 blocks of Manipur on WIFS & SHP. 2 days state level training of 3 block ToTs (Health (MO), Education (ZEO) & ICDS (CDPO)) block level trainers from 37 blocks of Manipur from each block on School health program & WIFS i.e. $37 \times 3 = 111$ block trainers

Table for Block Tots Training on SHP and WISP

No already trained	No. to be trained	No of batches	Venue of training	Budget per batch 2012-13		Total budget for 3 batches(Rs in Lakh)2012-13
				particulars	Amount (Rs in lakh)	
0	111	3 batches (37 trainees per batch)	FWCH/M ACS Conference Hall	Honorarium for 5 faculties @Rs 1000/- per dayx2 days=Rs1000x2x5	0.10	0.30
				Honorarium for 37 trainees @Rs 200/-per head per dayx2 days=Rs200x2x37	0.148	0.444
				Working lunch & other refreshment @ Rs200 per participants for 2 days=Rs 37x200x2	0.148	0.444
				Sub total	0.396	1.188
				Overhead expenditure @ 6% of total training expenses	0.024	0.072
				Printing of 37 x2 trainees module and 10x2(for WIFS & school health program) facilitators module @ Rs 250 per module=44x300	0.235	0.705
				Other Training material @ Rs250/per trainee =Rs37x 250	0.0925	0.2775
				Venue hiring charges@ Rs 2500 per dayx2days	0.05	0.15
				Grand total	0.797	2.392

Total budget proposed for training of 111 block ToTs for school health & WIFS block level Tot will be Rs 2.39 lakh. (Two lakh and thirty nine thousand). Budget will be reflected at the training budget for School health program.

A4.2.4.3: State is planning to train the head masters /Principals & one nodal teacher from each school to train on WIFS & SHP. These nodal teachers will train the class teachers of their own schools, indent medicine from medical department, monitor and report IFA & albendazol consumption and observe compliance. They also will teach two male and two female peers from each class about SHP, WIFS & health education. These peer leaders will continuously discuss in class about various health issues. For these 2 days district level training of 1434 school principals/ head masters and one nodal teacher on School health program & WIFS from 717 identified targeted schools by District/block trainers i.e. $717 \times 2 = 1434$ Tot teachers/nodal teachers are planned

Dist	BPR	CDL	CCP	IE	IW	SPT	TML	TBL	UKL	total
No of schools	71	29	100	104	127	78	43	98	67	717
No of teachers Head master & Principal	142	58	200	208	254	156	86	196	134	1434
District wise batches	5	2	7	7	9	5	3	6	4	47 batches
District wise budget in lacs	4.20	1.71	5.91	6.88	7.53	4.52	2.54	5.82	3.82	42.14

Bishnupur District budget break up: In the previous year i.e., 2011-12, there were no plans for training of school teachers. In the year 2010-11 district had trained 60 primary school teachers on school health program. This year (2012-13), as state is planning to club SHP & WIFS, Bishnupur District is planning 2 days training of 142 head master and nodal teachers of identified schools having class VI-XII on School health program & WIFS in 4 batches.

No already trained	No. to be traine d	No of batches	Venue of training	Budget per batch 2012-13		Total budget for 5 batches(Rs in Lakh)2012-13
				particulars	Amount (Rs in lakh)	
60 pr. teachers	142	5 batches (1 batches of 30 and 4 batches of 28 trainees per batch	FWCH/MA CS Conference Hall	Honorarium for 5 faculties @Rs 1000/- per dayx2 days=Rs1000x2x5	0.10	0.50
				Honorarium for 28 trainees @Rs 500/-per head per dayx2 days=Rs500x2x 28	0.28	1.42(2 extra for 1 batch)
				Working lunch & other refreshment @ Rs200 per participants for 2 days=Rs 28x200x2	0.112	0.568
				Sub total	0.492	2.488
				Overhead expenditure @ 6% of total training expenses	0.03	0.15
				Printing of 28 x2 trainees module and 10x2(for WIFS & school health program) facilitators module @ Rs 250 per module=76x 250	0.19	0.96(2 extra for 1 bath)
				Other Training material @ Rs250/per trainee =Rs28x 250	0.07	0.355(2 Extra for 1 batch)
				Venue hiring charges@ Rs 2500 per dayx2days Grand total	0.05 0.832	0.25 4.203

Total budget proposed for training of 142 head masters & nodal teachers of Bishnupur District schools, on school health & WIFS is Rs 4.20 lakh (Four lakh and twenty thousand). It will be reflected in the training budget.

Chandel district budget break-up: In the previous year i.e., 2012-13, district did not train school teachers on SHP. In the year 2010-11 district had trained 50 primary school teachers on SHP. This year, District is planning for 2 days training of 58 head master and nodal teachers (from the identified upper primary schools) on School health program & WIFS in 2 batches.

No already trained	No. to be trained	No of batches	Venue of training	Budget per batch 2012-13		Total budget for 5 batches(Rs in Lakh)2012-13
				particulars	Amount (Rs in lakh)	
50 pr. teachers	58	2 batches (1 batches 29 trainees per batch)	FWCH/MA CS Conference Hall	Honorarium for 5 faculties @Rs 1000/- per dayx2 days=Rs1000x2x5	0.10	0.20
				Honorarium for 29 trainees @Rs 500/- per head per dayx2 days=Rs500x2x29	0.29	0.58
				Working lunch & other refreshment @ Rs200 per participants for 2 days=Rs 29x200x2	0.116	0.232
				Sub total	0.506	1.01
				Overhead expenditure @ 6% of total training expenses	0.0306	0.0672
				Printing of 2 x2 trainees module and 10x2(for WIFS & school health program) facilitators module @ Rs 250 per module=78x 250	0.195	0.39
				Other Training material @ Rs250/per trainee =Rs29x 250	0.0725	0.145
				Venue hiring charges@ Rs 2500 per dayx2days	0.05	0.10
				Grand total	0.854	1.71

Total budget for training of 58 head masters & nodal teachers of Chandel district schools on school health & WIFS will be Rs 1.71 lakh (One lakh seventy one thousand).

Churachanpur District budget break-up: In the year 2010-12, district had trained 90 primary school teachers on SHP. During the previous year 2011-12, there was no training for school teachers in the district. This year (2012-13), district is planning for training of 200 (100 head master and 100 nodal teachers) of CCP on School health program & WIFS in 7 batches.

No already trained	No. to be trained	No of batches	Venue of training	Budget per batch 2012-13		Total budget for 7batches(Rs in Lakh)2012 -13
				particulars	Amount (Rs in lakh)	
90 teachers	142	7 batches (3 batches of 28 and 4 batches of 29 trainees per batch	FWCH/MA CS Conference Hall	Honorarium for 5 faculties @Rs 1000/- per dayx2 days=Rs1000x2x5	0.10	0.70
				Honorarium for 28 trainees @Rs 500/-per head per dayx2 days=Rs500x2x 28	0.28	2.00(4 extra)
				Working lunch & other refreshment @ Rs200 per participants for 2 days=Rs 28x200x2	0.112	0.80(4 Extra)
				Sub total	0.492	3.50
				Overhead expenditure @ 6% of total training expenses	0.0295	0.21
				Printing of 28 x2 trainees module and 10x2(for WIFS & school health program) facilitators module @ Rs 250 per module=76x 250	0.19	1.35(4 extra for 1 bath)
				Other Training material @ Rs250/per trainee =Rs28x 250	0.07	0. 50(4 Extra for 1 batch)
				Venue hiring charges@ Rs 2500 per dayx2days	0.05	0.35
				Grand total	0.832	5.91

Total budget proposed for training of 200 head masters & nodal teachers of Churachandpur District schools, on school health & WIFS will be Rs 5.91 lakh (five lakh ninety one thousand).

Imphal East District budget break-up: In the year 2010-11, district had trained 60 primary school teachers. In the previous year i.e., 2011-12, there was no training for school teachers on SHP. This year, District is planning for 2 days training of 208 (104 head master and 104 nodal) teachers of IE on School health program & WIFS in 7 batches.

No already trained	No. to be trained	No of batches	Venue of training	Budget per batch 2012-13		Total budget for 7 batches(Rs in Lakh)2012-13
				particulars	Amount (Rs in lakh)	
60 pr. teachers	208	7 batches (2 batches 29 trainees & 5 batches of 30 trainees per batch)	FWCH/MA CS Conference Hall	Honorarium for 5 faculties @Rs 1000/- per dayx2 days=Rs1000x2x5	0.10	0.70
				Honorarium for 29 trainees @Rs 500/-per head per dayx2 days=Rs500x2x29	0.29	2.08(5 extra)
				Working lunch & other refreshment @ Rs200 per participants for 2 days=Rs 29x200x2	0.116	0.832(5 extra)
				Sub total	0.506	3.61
				Overhead expenditure @ 6% of total training expenses	0.0304	0.216
				Printing of 2 x2 trainees module and 10x2(for WIFS & school health program) facilitators module @ Rs 250 per module=78x 250	0.195	1.39(5extra)
				Other Training material @ Rs250/per trainee =Rs29x 250	0.0725	0.52(5 extra)
				Venue hiring charges@ Rs 2500 per dayx2days	0.05	0.35
				Grand total	0.854	6.09

Total budget for training of 208 head masters & nodal teachers of Imphal East schools on School Health & WIFS will be Rs 6.09 lakh (six lakh and nine thousand).

Imphal West District budget break-up: In the year 2010-11, district had trained 60 primary school teachers. In the year 2011-12 there was no training for SHP. This year 2012-13, district is planing for 2 days training for 254 (127 head master and 127 nodal) teachers of IW on School health program & WIFS in 7 batches.

No already trained	No. to be trained	No of batches	Venue of training	Budget per batch 2012-13		Total budget for 8 batches(Rs in Lakh)2012-13
				particulars	Amount (Rs in lakh)	
60	254	batches (7 batches 28 trainees & 2 batches of 29 trainees per batch)	FWCH/MA CS Conference Hall	Honorarium for 5 faculties @Rs 1000/- per dayx2 days=Rs1000x2x5	0.10	0.90
				Honorarium for 30 trainees @Rs 500/-per head per dayx2 days=Rs500x2x28	0.28	2.54(2 extra)
				Working lunch & other refreshment @ Rs200 per participants for 2 days=Rs 28x200x2	0.112	1.02(2) extra
				Sub total	0.492	4.456
				Overhead expenditure @ 6% of total training expenses	0.0295	0.267
				Printing of 2 x2 trainees module and 10x2(for WIFS & school health program) facilitators module @ Rs 250 per module=76x 250	0.19	1.72
				Other Training material @ Rs250/per trainee =Rs28x 250	0.07	0.635(2 extra)
				Venue hiring charges@ Rs 2500 per dayx2days	0.05	0.45
				Grand total	0.832	7.53

Total budget proposed for training of 254 head masters & nodal teachers of Imphal West schools on School Health & WIFS will be Rs 7.53 lakh (seven lakh and 53 thousand).

Senapati District budget break up: In the year 2010-11, district had trained 60 primary teachers on School health program. In the year 2011-12, no training was conducted on SHP. This year, district is planning for 2 days training of 156 persons (78 head masters and 78 and nodal teachers) on School health program & WIFS in 7 batches.

No already trained	No. to be trained	No of batches	Venue of training	Budget per batch 2012-13		Total budget for 5 batches(Rs in Lakh)2012-13
				particulars	Amount (Rs in lakh)	
60	254	5 batches (4 batches 31 trainees & 1 batch of 32 trainees per batch)	FWCH/MA CS Conference Hall	Honorarium for 5 faculties @Rs 1000/- per dayx2 days=Rs1000x2x5	0.10	0.50
				Honorarium for 31 trainees @Rs 500/-per head per dayx2 days=Rs500x2x3	0.31	1.56(1 extra)
				Working lunch & other refreshment @ Rs200 per participants for 2 days=Rs 31x200x2	0.124	0.624(1extra)
				Sub total	0.534	2.68
				Overhead expenditure @ 6% of total training expenses	0.032	0.161
				Printing of 2 x31 trainees module and 10x2(for WIFS & school health program) facilitators module @ Rs 250 per module=82x 250	0.205	1.03(1 extra)
				Other Training material @ Rs250/per trainee =Rs31x 250	0.0775	0.39(1 extra)
				Venue hiring charges@ Rs 2500 per dayx2days	0.05	0.25
				Grand total	0.89	4.52

Total budget proposed for Senapati district training for 156 head master & nodal teacher of Imphal West schools on School Health & WIFS will be Rs 4.52 lakh (four lakh and 52 thousand).

Tamenglong District budget break-up: In the year 2010-11, district had trained 60 primary school teachers. In the year 2011-12 there was no training for school teachers on SHP. This year, district is planning for 2 days training for 86 persons (43 head masters and 43 nodal teachers) of TML District on School health program & WIFS in 3 batches.

No already trained	No. to be trained	No of batches	Venue of training	Budget per batch 2012-13		Total budget for 5 batches(Rs in Lakh)2012-13
				particulars	Amount (Rs in lakh)	
60	3	batches (2 batches 29 trainees & 1 batch of 28 trainees per batch)	FWCH/MA CS Conference Hall	Honorarium for 5 faculties @Rs 1000/- per dayx2 days=Rs 1000x2x5	0.10	0.30
				Honorarium for 29 trainees @Rs 500/-per head per dayx2 days=Rs 500x2x29	0.29	0.86(1 less)
				Working lunch & other refreshment @ Rs 200 per participants for 2 days=Rs 29x200x2	0.116	0.344(1less)
				Sub total	0.506	1.504
				Overhead expenditure @ 6% of total training expenses	0.0304	0.09
				Printing of 2 x 29 trainees module and 10x2(for WIFS & school health program) facilitators module @ Rs 250 per module=78x 250	0.195	0.58(1 less)
				Other Training material @ Rs 250/per trainee =Rs 29x 250	0.0725	0.215(1 less)
				Venue hiring charges@ Rs 2500 per dayx2days	0.05	0.15
				Grand total	0.853	2.54

Total budget proposed for Tamenglong District training of 86 head masters & nodal teachers schools on School Health & WIFS is Rs 2.54 lakh (two lakh and fifty four thousand). This budget will be reflected in 'training on SHP'.

Thoubal District budget break-up: In the year 2010-11, district had trained 60 primary school teachers on SHP. In the year 2011-12 there was no training for school teachers on SHP. This year i.e., 2012-13, district is planning for 2 days training for 196 persons (98 head master and 98 nodal teachers) of TBL district on School health program & WIFS in 7 batches.

No already trained	No. to be trained	No of batches	Venue of training	Budget per batch 2012-13		Total budget for 7 batches (Rs in Lakh) 2012-13
				particulars	Amount (Rs in lakh)	
60	196	7 batches 28 trainees	FWCH/MA CS Conference Hall	Honorarium for 5 faculties @Rs 1000/- per dayx2 days=Rs1000x2x5	0.10	0.70
				Honorarium for 28 trainees @Rs 500/- per head per dayx2 days=Rs500x2x 28	0.28	1.96
				Working lunch & other refreshment @ Rs200 per participants for 2 days=Rs 28x200x2	0.112	0.784
				Sub total	0.492	3.444
				Overhead expenditure @ 6% of total training expenses	0.0952	0.2066
				Printing of 28 x2 trainees module and 10x2(for WIFS & school health program) facilitators module @ Rs 250 per module=76x 250	0.19	1.33
				Other Training material @ Rs250/per trainee =Rs28x 250	0.07	0.49
				Venue hiring charges@ Rs 2500 per dayx2days	0.05	0.35
				Grand total	0.83	5.82

Total budget proposed for training of 196 head masters & nodal teachers of Thoubal District schools on school health & WIFS is Rs 5.82 lakh (five lakh and eighty two thousand. Budget will be reflected in the training budget of SHP.)

Ukhrul District budget break-up: In the year 2010-11, district had trained 60 primary school teachers. In the year 2011-12 there was no training of school teachers on SHP. This year district is planning for 2 days training for 134 persons (67 head master and 67 nodal teachers) of UKL District on School health program & WIFS in 7 batches.

No already trained	No. to be trained	No of batches	Venue of training	Budget per batch 2012-13		Total budget for 7 batches (Rs in Lakh) 2012-13
				particulars	Amount (Rs in lakh)	
60 pr. teachers	134	4 batches (2 batches of 33 and 2 batches of 34 trainees)	FWCH/MACS Conference Hall	Honorarium for 5 faculties @Rs 1000/- per dayx2 days=Rs1000x2x5	0.10	0.40
				Honorarium for 33 trainees @Rs 500/- per head per dayx2 days=Rs500x2x33	0.33	1.34(2extra)
				Working lunch & other refreshment @ Rs200 per participants for 2 days=Rs 33x200x2	0.132	0.536
				Sub total	0.562	2.228
				Overhead expenditure @ 6% of total training expenses	0.0337	0.137
				Printing of 33 x2 trainees module and 10x2(for WIFS & school health program) facilitators module @ Rs 250 per module=76x 250	0.215	0.87(2 extra)
				Other Training material @ Rs250/per trainee =Rs33x 250	0.0825	0.335(2 extra)
				Venue hiring charges@ Rs 2500 per dayx2days	0.05	0.20
				Grand total	0.943	3.82

Total budget for training of 136 head masters & nodal teachers of Ukhrul District schools on school health & WIFS will be Rs 3.82 lakh (Three lakh eighty two thousand).

A4.2.4: 4 days training of school class teachers by nodal teachers at their respective schools
No budget is proposed for this.

A4.2.5: In order to conduct school visits by school health team, health cards are necessary to record the findings and for further referral to facility based hospitals. For this purpose, state is planning to print 2, 64, 000 school health cards and 16, 000 referral cards.

Budget prepared as:

Sl. No.	Name of the item	Unit cost Rs	Number of unit	Total cost (Rs in lakh)
1	School health card	2.00	264000	5.28
2	School referral card	1.00	16000	0.16
Total budget				5.44

For printing of school health cards & referral cards, a sum of Rs 5.44 lakh is proposed.

Sample of card is in annexure 1, 2 & 3

A4.2.6: State is planning to provide an incentive of Rs 100 to those students who require referral to facility based hospitals. For this, a lump-sum budget is estimated. According to state cell's visit to 28 schools, out of 3622 students, 1643 students were having minor problems which could be treated on the spot. And 214 were needed to be examined in the state hospital. Therefore, out of 264000 rough estimated students, 15600-16000 may need referral as per the estimation made. Therefore, a budget of Rs. 16.00 lakh is proposed for referral incentive. The referral money will be released only after the submission of actual referral by the school health team.

A4.2.7.1: In order to estimate the nutritional status of school children (BMI measurement), weighing machines and height measuring instruments are required. To check the vision test roughly, Snellen's chart is required. For measuring chest circumference, one measuring tape in each school will be required. State is planning to procure & distribute all the listed equipment items to all the identified schools.

Budget prepared as:

Sl. No.	Name of the article	Unit cost Rs	Number of unit	Total cost Rs in lakh
1	Libra personal weighing machine	950.00	717	6.82
2	Measuring tape	15	717	0.11
3	Snellen's chart	100	717	0.72
2	Height measuring scale wall fixed	550.00	717	3.94
Total budget				11.55

A budget of Rs. 11.55 (Eleven lakh and 55 thousand) is proposed for procurement of equipments under School health program. To be reflected at Part B Procurement Head.

A4.2.7.2: During visits to schools by school health team, minor ailments will be treated at the schools. For this, one medicine kit for each school is planned to procure along with some basic medicines which are to be kept in the schools for emergency uses. Procurement budget for medicines under the school health program for one school is estimated as below.

Sl. No.	Name of items	Unit cost Rs	Number of unit	Total cost
1	Tab paracetamol	0.17	100	17
2	Tab metronidazol	0.18	100	18
3	Tab diclonac sodium	0.64	100	64
4	Tab domperidone	0.64	10	6.4
5	Tab omiprazol	0.25	100	25
6	Tab ketokonazol	2.00	100	200
7	Tab norfloxacin tinidazol	3.00	100	300
8	Tab cetiritze	2.00	100	200
9	Povidone iodine solution	30	2	60
10	Gentamicin eye ear drop	3.00	10	30
11	Silver sulphadiazine ointment	40	10	400
12	Povidone iodine ointment	40	10	400
13	Detol solution 100ml	15	2	30
14	Bandage roll	2	100	200
15	ORS	2	100	200
16	Scarab lotion	15	100	1500
17	Drug kit	250	1	250
Total cost				3900.4

Drug with drug kit for one school cost Rs. 3900.4

Budget for procurement of School health program medicines & drug kits:

Sl No.	Name of the Item	Unit cost Rs in Lakh	Number of units	Total cost Rs in Lakh
1	Drug with Drug Kit	0.039	717	27.97

Therefore, budget proposed for procurement of drugs and drug kits under school health program is Rs 27.97 lakh (twentyseven lakh and ninety seven thousand).

A4.2.8: Quarterly monitoring of progress and service delivery by district nodal officers/SNO. Quarterly monitoring to be conducted regarding inputs of the program, quality of service delivery, maintenance of records and follow up of referral cases for supportive supervision. For this, an amount of Rs. 6 lakh (Rs 1.5 lakh for State Rs 0.5 lakh per district 4.5 lakh for 9 districts) is proposed.

A4.3 WIFS & bi annual de worming

Strategies & activities	output	Time frame	focus
School going boys and girls studying Class VI-XII & out of school adolescent girls (10-19 years)			
1. Linkage mapping with other programs	School education, WCD/ICDS	Q1-Q2	
2 Workshop for state level/district level convergence and dissemination of SHP with the line department	2 workshop at state level/ 2 each district.	Q1 & Q3	
3. Procurement of IFA & Albendazol	beneficiaries	Q1-Q2	For all 9 districts
4. Development of IEC materials for WIFS & deworming along with the line departments		Q1-Q2	
5. Procurement of Medicine		Q1-Q2	All the 9 Districts
6. 1 School based Operationalisation of implementation (fixed i.e. on Monday on a weekly basis) for entire district by school class teachers	717 schools of all districts on the basis of district wise quarterly target identified	Q2-Q4	All the 9 Districts
2. Out of school once in a month on VHND by AWW/ANM/ASHA			
Counseling on anemia and need for IFA by trained ICTC counselor/ doctor/ANM/LHV			
3 Group counseling by ANM/AWW/ASHA on VHND	717 schools of entire district on the basis of district wise quarterly target identified On the school health day	Q2-Q4	All the 9 districts
4 Referral to AFHC/ PHC /CHC for any untoward reaction/negative health			
5 Monitoring the provision of WIFS & bi annual albendazole Supplementation by school teachers by school health team			
Capacity building training			
1. Printing of implementation guide	Will included in training budget	Q1-Q3	For all 9 districts
2. Printing of compliance card for WIFS Reporting format		Q1-Q2	
3. 2 days School health training of District Tot 27 MOs (School health program & WIFS)	ARSH MOs from the identified clinics	Q1-Q2	
4. 2 days training of 3 (Health, Education & ICDS) School health program & WIFS block level trainers from 37 blocks of Manipur i.e. 37x3= 111 block trainers	From the identified 37 blocks (training will be club with WIFS training)	Q1-Q2	
5. 2 days training of school principals/ head masters and one nodal teacher on School health program & WIFS from 717 identified targeted schools by block trainers i.e. 717x2=1427 Tot teachers	for the identified 717 schools(training will be club with WIFS training)	Q1-Q3	For all 9 districts
6. 2 days training of school teachers by nodal teachers	At the school	Q2-Q3	For all 9 districts
7. Training of AWW on WIFS	By ICDS/WCD		
8. Training of ASHA on WIFS	Club with 3 rd round ASHA training for module 6&7		
9. Monitoring the progress and service delivery by district nodal officers quarterly about the quality of service delivery and supportive supervision	37 blocks by District /ARSH nodal officers		For all 9 districts

A4.3 Budget activity plan for WIFS & bi annual de worming

Budget head to be prepared for WIFS & bi annual de worming	Timeline	Responsible
A4 ARSH		
A4.3. WIFS		
A4.3.1 Prepare operational plan for SHP by linkage mapping	Q1-Q2	State
A4.3.2 two Convergence workshop with line departments	Q1 & Q3	State/district/block
A4.3.3 procurement of IFA and Albendazol	Q1-Q2	State
A4.3.4 Printing of IFA compliance Card and reporting format	Q1-Q2	State
A4.3.5 printing of IFA training module and operational guideline	Q1-Q1	State
A4.3.6.1 2 days School health training of District Tot 27 MOs (on School health program & WIFS)	Q1-Q2	State
A4.3.6.2 2 days training of 3 block TOT (Health, Education & ICDS) on School health program & WIFS block level trainers from 37 blocks of Manipur i.e. 37x3= 111 block trainers	Q1-Q2	State/District
A4.3.6.3 2 days training of school principals/ head masters and one nodal teacher on School health program & WIFS from 717 identified targeted schools by block trainers i.e. 717x2=1427 Tot teachers	Q1-Q2	State/District/Block
A4.3. 6..4 2 days training of school teachers by nodal teachers	Q1-Q2	At schools
A4.3 6.5 1 day training of AWW on WIFS & ARSH by CDPO	Q1 –Q2	District
A4.3.6.7 1 day training of ASHA on WIFS& ARSH		District
A4.3.7 . Monitoring the progress and service delivery by district nodal officers quarterly about the quality of service delivery, maintenance of record and follow up the referral cases	Q1-Q4	State/District/Block

A4.3.1 Preparation of an operational plan for SHP by linkage mapping: linkage with ARSH, SHP, WIFS, WCD/ICDS.

A4.3.2: Two Convergence workshops with line departments. No budget is proposed (to be clubbed with SHP)

A4.3.3: State is planning to procure IFA and Albendazol tablets for estimated 313693 beneficiaries. The cost of IFA loose is Rs 0.10 and cost of Albendazol is Rs 0.80 with 40% as procurement charge.

Budget break up for procurement of IFA and albendazol:

Sl. No.	Name of item	Unit cost Rs	Number of units	Total cost Rs	40% procurement Charge Rs	Total budget cost Rs
1	IFA tablets	0.10	19574443	1957444	782977.7	2740422
2	albendazole	0.80	690124	552099	220839	772940
Total budget						35,13,362

Budget required for procurement of IFA & albendazole tablets is Rs. 35.13 lakh.

A4.3.4.1: State is planning to print compliance cards for WIFS & bi annual albendazol program (anaemia control program) for the all the districts. For printing of IFA compliance Card, budget is prepared as follows:

Sl. No .	Name of the item	Unit price Rs	Number of units	Total price Rs in lakh
1	IFA compliance card	2	313693	6.27386

Budget proposed for Printing of IFA compliance Card is Rs 6.27 lakh. Sample of the card is enclosed as annexure 4

A4.3.4.2: State is planning to print the reporting formats for district level, block level, institution level, school level and village level for VHND. For printing of reporting formats of WIFS and bi annual de worming, budget is prepared as follows:

Reporting units	Total number of units	Total number of reporting format required	Unit price Rs	Total budget reqd. for 1 month In Rs	Total budget required for 12 months
school	717	717	2	1434	17208
Out of school	3878	3878	2	7756	93072
No. of institute	67	67	2	134	1608
No of block	37	37	2	74	888
No. of district	9	9	2	18	216
Total units		4780	2	9416	112992

Budget proposed for Printing of reporting format is Rs 1.13 lakh

A4.3.5: printing of IFA training module and operational guideline no budget proposed as printing of module included in training budget and workshop budget. But for the training of ASHA and AWWs printing of module and translation of module for adolescent health module for basic functionary and IFA operational guideline required, even though the training is club with 3rd round ASHA module 6 & 7 and training of AWW by CDPO/DPO

Total number of module	Unit cost of printing Rs	Total cost of printing Rs	Cost of translation Rs	Total cost Rs in lakhs
13669	250	3417250	3000	34.20

Budget proposed for translation & printing module and operational Guideline for WIFS ASHA & AWW training on WIFS is Rs 34.20 lakh.

A4.3.6.1: 2 days state level trainers from 37 blocks of Manipur i.e. 37x3= 111 block trainers	Club with SHP
A4.3.6.2: 2 days district level training for school principals/ head masters and one nodal teacher under School health program & WIFS from 717 identified targeted schools by block trainers i.e. 717x2=1427 Tot teachers	
A4.3. 6..3: 2 days school level training for school teachers by nodal teachers	no budget proposed
A4.3.6.4: 2 days training for WIFS & ARSH for AWW by CDPOs/DPOs & ASHAs By District Tot ANMs	no budget proposed

A4.3. 6.5: 1 day training for ASHAs on WIFS & bi-annual de-worming distribution program no separate budget for training is propose it will be club with 3rd round ASHA training module 6 & 7. and Training of AWW will be done by CDPOs/DPOs

A4.3.7: For storing IFA, Albendazol and SHP medicines & equipments, state is proposing to hire a drug storage facility since the present warehouse do not have adequate space and also, it is just a temporary arrangement. The required space capacity will be about two truck loads @Rs 20,000 per month. A total budget of Rs. 2,40,000 is proposed as the state will be implementing WIFS program in all the districts.

A4.3.8: Budget for Monitoring the progress and service delivery by district nodal officers/ state PMU quarterly about the quality of service delivery, compliance and supportive supervision (will club with SHP and AFHCs) no budget is proposed

A4.4 Menstrual Hygiene Scheme

A4.4 Menstrual Hygiene Scheme	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr.	Responsible
A4.4.1 Prepare action plan for menstrual hygiene Across districts					State
A4.4.2 Training of 3 master trainer of state					state
A4.4.3 Training of district trainers 3 in each district(27 District trainer)					State
A4.4.4 training of ANM/LHV/ASHA/AWW on Menstrual Hygiene					
A4.4.4 Identification of no of beneficiary & procurement of sanitary napkin					SHP/ICDS
A4.4.5 Procurement of sanitary napkin					
A4.4.6 Distribution of Sanitary napkin to ANM/ASHA/AWW					
A4.4.7 monitoring the progress of service & compliance					

Manipur is not included in the first projected districts of Menstrual Hygiene Scheme (MHS). No state trainer and district trainers are trained.

Regarding procurement of low cost sanitary napkins, none of the firms or NGOs in Manipur manufacture sanitary napkins.

State will initiate counting of beneficiaries (adolescent girls) through VHND by ASHAs/AWWs and SHP. A record of adolescent beneficiaries will be maintained.

Training of ASHAs on Menstrual Hygiene will be incorporated with the 3rd round ASHA module training so that ASHAs can give health education on menstrual hygiene. No separate budget is proposed for this.

Detailed BUDGET SHEET - ARSH

Sl. No.	ARSH Activity	Amount (Rs in lakh)
A4.1	Adolescent Friendly Health Clinics	
A4.1.1	Prepare operational plan across district	
A4.1.2	Two state level workshop to disseminate Guideline of ARHS, SHP, WIFS & MHS	1.60
A4.1.3.1	Training of 90 MOs on ARSH	Reflected at Training
A4.1.3.2	Training of 68 ICTC counselors on ARSH	
A4.1.3.3	Training of 136 ANM/LHV on ARSH	
A4.1.3.4	printing of training module on ARSH	0
A4.1.4.1	Development & printing of IEC materials for ARSH	Reflected at BCC/IEC at Part B
A4.1.4.2	Roadside hoardings	
A4.1.5	Helpline for ARSH	2.40
A4.1.6	YIC attached to two of the CHC	0
A4.1.7	Printing material for AFHCs coded register and reporting format	0.44
A4.1.8	TA/DA for ANM/LHV/ICTC counselor	93.07
A4.1.9	Procurement of 1 Laptop, 1 data card & 1 godrez almira	0.81
A4.1.10	Outsourcing of vehicle bolero @ Rs30, 000 per month for one year.	3.60
A4.1.11	Monitoring and supervision (@ Rs 0.50 lakh per district and 1.50 lakh for state)	6 .00
A4.2	School Health Program	
A4.2.1	Prepare operational plan for SHP by linkage mapping	0
A4.2.2	Two Convergence workshop with line departments	1.48
A4.2.3	School health day for the identified 717 schools by school health team of one MO, one ANM/LHV, & one ICTC counselor	8.54
A4.2.4.1	2 days School health training of District Tot 27 MOs (on School health program & WIFS)	Reflected at Training
A4.2.4.2	2 days training of 3 blocks TOT (Health, Education & ICDS) on School health program & WIFS block level trainers from 37 blocks of Manipur i.e. 37x3= 111 block trainers	
A4.2.4.3	2 days training of school principals/ head masters and one nodal teacher on School health program & WIFS from 717 identified targeted schools by block trainers i.e. 717x2=1427 Tot teachers	
A4.2.4.4	2 days training of school teachers by nodal teachers	0
A4.2.5	Printing of school health card & referral card for 2,64,000 students	5.44

Sl. No.	ARSH Activity	Amount (Rs in lakh)
A4.2.6	Incentive for referral	16
A.4.2.7.1	Procurement of equipment for SHP	Reflected at
A4.2.7.2	Procurement of drug and Drug kit	Procurement Head
A4.2.8	Monitoring the progress and service delivery by district /state nodal officers quarterly about the quality of service delivery, maintenance of record and follow up the referral cases (Rs 1.5 lakh for State Rs 0.5 lakh per)	Part B. 6.00
	A4.3. WIFS	
A4.3.1	Prepare operational plan for SHP by linkage mapping	0
A4.3.2	Two Convergence workshop with line departments	Club with SHP
A4.3.3	Procurement of IFA and Albendazol	
A4.3.4	Printing of IFA compliance Card	6.27
A4.3.5	Printing of IFA training module and WIFS operational guideline of WIFS for AWW &ASHA	34.20
A4.3.6	Printing of reporting format for WIFS	1.13
A4.3.7.1	2 days School health training of District Tot 27 MOs (on School health program & WIFS)	Club with SHP
A4.3.7.2	2 days training of 3 block TOT (Health, Education & ICDS) on School health program & WIFS block level trainers from 37 blocks of Manipur i.e. 37x3= 111 block trainers	
A4.3.7.3	2 days training of school principals/ head masters and one nodal teacher on School health program & WIFS from 717 identified targeted schools by block trainers i.e. 717x2=1427 Tot teachers	
A4.3.7.4	2 days training of school teachers by nodal teachers	
A4.3.5	2 day training of AWW on WIFS & ARSH	No budget
A4.3.7	2 day training of ASHA on WIFS & ARSH	No budget
A4.3.7	Hiring ware house for IFA & albendazol	2.40
A4.3.8	Monitoring the progress and service delivery by district nodal officers/State nodal officer quarterly about the quality of service delivery, maintenance of record and follow up the referral cases Both in the school & out of the school adolescent	
A4.4	Menstrual Hygiene Scheme	
A4.4.1	Prepare action plan for menstrual hygiene Across districts	Club with ARSH & SHP
A4.4.2	Training of 3 master trainer of state	0
A4.4.3	Training of district trainers 3 in each district(27 District trainer)	0
A4.4.4	Training of ANM/LHV/ASHA/AWW on Menstrual Hygiene	0
A4.4.4	identification of no of beneficiary & procurement of sanitary napkin	0
A4.4.5	Procurement of sanitary napkin	0
A4.4.6	Distribution of Sanitary napkin to ANM/ASHA/AWW	0
A4.4.7	monitoring the progress of service & compliance	0

District wise budget sheet of ARSH

	Activity	State	IE	IW	BPR	TBL	CCP	CDL	UKL	TML	SPT	Total Amount (Rs. in Lakh)
	ARSH											
A4.1.2	Two state level workshop to disseminate Guideline of ARHS,SHP ,WIFS & MHS	1.60	0	0	0	0	0	0	0	0	0	1.60
A4.1.5	Helpline for ARSH	2.40	0	0	0	0	0	0	0	0	0	2.40
A4.1.7	. Printing material for AFHCs coded register and reporting format	0.44	0	0	0	0	0	0	0	0	0	0.44
A4.1.8	TA/DA for ANM/LHV/ICTC counselor	0	10.344	7.896	5.64	8.76	15.048	13.20	7.248	6.048	18.888	93.072
A4.1.9	Procurement of 1 Laptop,1 data card & 1 godrez almirah	0.81	0	0	0	0	0	0	0	0	0	0.81
A4.1.10	Outsourcing of vehicle bolero @ Rs30,000 per month for one year.	3.60	0	0	0	0	0	0	0	0	0	3.60
A4.1.11	Monitoring and supervision	1.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	6.00
A4.2.2	Two Convergence workshop with line departments	1.48	0	0	0	0	0	0	0	0	0	1.48
A4.2.3	School health day for the identified 717 schools by school health team of one MO, one ANM/LHV, & one ICTC counselor	0	1.24	1.524	0.852	1.12	1.20	0.348	0.804	0.516	0.936	8.54
A4.2.5	Printing of school health card & referral card for 2,64,000 students	5.44	0	0	0	0	0	0	0	0	0	5.44
A4.2.6	Incentive for referral	16	0	0	0	0	0	0	0	0	0	16.00
A4.2.8	Monitoring the progress and service delivery	1.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	6.00
A4.3.4	Printing of IFA compliance Card	6.27	0	0	0	0	0	0	0	0	0	6.27
A4.3.5	Printing of IFA training module and WIFS operational guideline of WIFS for AWW &ASHA	34.20	0	0	0	0	0	0	0	0	0	34.20
A4.3.6	Printing of reporting format for WIFS	1.13	0	0	0	0	0	0	0	0	0	1.13
A4.3.7	Hiring ware house for IFA & albendazol	2.40	0	0	0	0	0	0	0	0	0	2.40
	Total ARSH	78.77	12.584	10.42	7.492	10.88	17.248	14.548	9.052	7.564	20.824	189.382

[HFD=high focus district]


[ST = State Total]

WORK PLAN

Budget head	Qtr.1	Qtr.2	Qtr.3	Qtr.4	Responsible (state/ district)
A4. ARSH					
A4.1.1 Prepare operational plan across district					State
A4.1.2 Two state level workshop to disseminate Guideline of ARHS,SHP ,WIFS & MHS					State
A4.1.3.1 Training of 90 MOs on ARSH					state
A4.1.3.2 Training of 68 ICTC counselors on ARSH					state
A4.1.3.3 Training of 136 ANM/LHV on ARSH					state
A4.1.3.4 printing of training module on ARSH					state
A4.1.4.1 Development & printing of IEC materials for ARSH					state
A4.1.4.2. Roadside hoardings					
A4.1.5 Helpline for ARSH					State/NGO
A4.1.6. YIC attached to two of the CHC					District/NGO
A4.1.7. Printing of coded stock register for AFHCs					
A4.1.8 Outsourcing of vehicle bolero @ Rs30,000 per month for one year.					State
A4.1.10 Monitoring and supervision					State/District
A4.2 SHP					
A4.2.1 Prepare operational plan for SHP by linkage mapping					state
A4.2.2 Convergence workshop with line departments					state
A4.2.3. School health day for the identified 717 schools by school health team of one MO, one ANM/LHV, & one ICTC counselor					District
A4.2.4.1 days School health training of District Tot 27 MOs (on School health program & WIFS)					state
A4.2.4. 2 days training of 3 block TOT (Health, Education & ICDS) on School health program & WIFS block level trainers from 37 blocks of Manipur i.e. 37x3= 111 block trainers					state
A4.2.4.3 days training of school principals/ head masters and one nodal teacher on School health program & WIFS from 717 identified targeted schools by block trainers i.e. 717x2=1427 Tot teachers					District/state
A4.2.4.4 days training of school teachers by nodal teachers					District/school
A4.2.5 Printing of school health card referral card for 2,64,000 students					state
A4.2.6 Procurement of equipment for SHP					state
A4.2.7 procurement of medicines and drug kit					
A4.2.10 Monitoring the progress and service delivery by district nodal officers quarterly about					District & state

the quality of service delivery, maintenance of record and follow up the referral cases					
A4.3 WIFS & BI Annual de worming					
A4.3.1 Prepare operational plan for SHP by linkage mapping					state
A4.3.2 two Convergence workshop with line departments					state
A4.3.3 procurement of IFA and Albendazol					state
A4.3.4 Printing of IFA compliance Card					state
A4.3.5 Printing of IFA training module and operational guideline					state
A4.3.6.1 2 days training of District Tot 27 MOs (on School health program & WIFS)					state
A4.3.6.2 2 days training of 3 block TOT (Health, Education & ICDS) on School health program & WIFS block level trainers from 37 blocks of Manipur i.e. 37x3= 111 block trainers					state
A4.3.6 .3 2 days training of school principals/ head masters and one nodal teacher on School health program & WIFS from 717 identified targeted schools by block trainers i.e. 717x2=1427 Tot teachers					District/State
A4.3. 6..4 2 days training of school teachers by nodal teachers					District
A4. 3.7 Printinig of reporting format for WIFS					
A4.3.8 Hiring Ware house for storage of IFA & Albendazol tablets					state
A4.3.9. Monitoring the progress and service delivery by district nodal officers quarterly about the quality of service delivery, maintenance of record and follow up the referral cases					State/District
A4.4 Menstrual Hygiene Scheme					
A4.4.1 Prepare action plan for menstrual hygiene Across districts					State
A4.4.2 Training of 3 master trainer of state					state
A4.4.3 Training of district trainers 3 in each district(27 District trainer)					State
A4.4.4training of ANM/LHV/ASHA/AWW on Menstrual Hygiene					Districts
A4.4.4 Identification of no of beneficiary & procurement of sanitary napkin					districts
A4.4.5 Procurement of sanitary napkin					State
A4.4.6 Distribution of Sanitary napkin to ANM/ASHA/AWW					District/state
A4.4.7 monitoring the progress of service & compliance					

SCHOOL HEALTH CARD

Findings	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	
Haemoglobin (gm%)													<div style="text-align: center;">  <p>Photo of Student</p> </div> <p>Card No.</p> <p>NATIONAL RURAL HEALTH MISSION DEPARTMENT OF HEALTH & FAMILY WELFARE, MANIPUR</p> <p>1. Name of Student</p> <p>2. Age/Date of birth</p> <p>3. Sex: M/F</p> <p>4. Name of the School</p> <p>5. Class 6. Section</p> <p>7. Roll No.</p> <p>8. Father/Guardian's name</p> <p>9. Address</p> <p>Contact No.</p> <p>10. Date of Admission</p>
Stool for worms													
Vision test													
Other test (specify)													
Urine R.E.													
Treatment given by teacher													
Treatment given by health worker/MO													
Advice to Parents													
Referral needed													
Referred to													
Signature of teacher													
Signature of health worker/MO													

Past history							Findings	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY
Family history: TB/ Heart Diseases/ Diabetes/ Others (to be specified)							Pallor											
Immunization status (enter date, month & year if immunized)							Oedema											
BCG	DPT - 1 & OPV -1	DPT - 2 & OPV -2	DPT - 3 & OPV -3	DPT - B & OPV -B	Measles	Hepatitis B	Temperature											
							Conjunctival Congestion											
							Ear discharge											
							Teeth and gums											
							Nasal discharge											
							Skin infections											
							Thyroid enlargement											
							Other gland enlargement (specify)											
Growth monitoring : (to be done quarterly in a year)							Chest											
(a) Height in cms.							CVS											
DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	Per abdomen											
							Hernia											
(b) Weights in kgs.							Genitalia											
DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	Speech defect											
							Visual defect											
(c) Chest circumference in cms.							Behavioral disorders (specify)											
DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	Fit for class/PT											



Card No. _____

REFERRAL CARD
NATIONAL RURAL HEALTH MISSION
DEPARTMENT OF HEALTH AND FAMILY WELFARE, MANIPUR

1. Name of Student
- 2 Age/Date of birth 3. Sex: M/F
4. Name of the School
5. Class 6. Section 7. Roll No.
8. Father/Guardian's name
9. Address
- Contact No.
10. Date of examination.....
11. Past history
.....
12. Family history: TB/ Heart Diseases/ Diabetes/ Others (to be specified)
.....
13. Present History.....
14. Provisional Diagnosis/ reason for referring.....
.....
15. Referred to State hospital/DH/CHC/PHC....
16. Referred by MO/ ANM.....

IFA COMPLIANCE CARD

A Particulars of the beneficiary				B compliance card																			
1. Name of Student 2. Age/Date of birth 3. Sex: M/F 4. Name of the School 5. Class 6. Section 7. Roll No. 8. Father/Guardian's name 9. Address Contact No. 10. Name of AWC (for out of school adolescent Girls)				Name	Village/city	School	Age	Date of starting															
				Deworming		Weekly Iron Folic Acid Tablets																	
Class/Age	Date of 1st dose	Date of 2nd dose		Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec								
				1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
				3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4
				1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
				3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4
				1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
				3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4
				1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
				3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4
				1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
				3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4
				1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
				3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4
				1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
				3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4
				1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
				3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4
				1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
				3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4
				1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
				3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4

C Health services												
Month	Jan	Feb	March	April	May	June	July	Agust	Sept	Oct	Nov	Dec.
Date of Health Check up/VHND												
Height in cm												
Weight in KGs												
BMI												
Status N= Normal, M =malnourish												
No of IFA tablets	Provided											
	consumed											
No of albendazol	Provided											
	consumed											
Referral services(write Yes/No)												
Nutrition & Health education session												
Life skill education session Family welfare, ARSH & child care practices sessions												
TT immunization												
<p>Co relation between BMI and nutritional status in metre²</p> <p style="text-align: right;">Formula: (BMI(Kg/m²)=Weigt in Kg/Height</p> <p>Less than18.5: Malnourished</p> <p>18.5-25 : Normal</p> <p>25-30 : Mildly overweight</p> <p>30 or more : over weight</p> <p>Reference: Dietary Guideline for Indian Institute of Nutrition, Hydrabad, 1999Pg. No 45</p>												

A5 URBAN HEALTH

To provide equitable health services to the floating migrant population and shanty villages lying in and around the cities and towns, so far, 8 sub-centres situated at sub-urban areas have been upgraded to the level of Urban Health Centres in terms of infrastructure, manpower, equipment and drugs. Also a Technical Support Unit is established in the State Mission Secretariat.

Objective:

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.

Goal:

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

Sl. No	Name of Cities identified for implementing UHPs under Urban RCH, so far.	Major urban health strategies/activities carried out under Urban RCH so far, city wise.	Urban health strategies/activities as proposed now in the State PIP under Urban RCH, city wise	Brief on activities being supported by external agencies.
01.	UHC Kshetigao in Imphal East District	RCH services are currently provided with the help of 1 LMO, 1PHN, 5 ANMs, 1LT, 2 Peons & 1 OA in each UHCs respectively.	Ensuring that ANMs stay at their place of work through incentives and untied funds. Ensuring registration within 12 weeks all pregnant women and track them. Tracking the missed /left out pregnant women through the ASHAs. Monitoring the visits of ANC through MCP card. Conducting of Normal Deliveries if needed.	
02.	UHC Ningom Thongjao in Imphal East District			
03.	UHC Mantripukhri in Imphal East			
04.	UHC Mongsangei in Imphal West District			
05.	UHC Sangai Yumtham in Thoubal District			
06.	UHC Thoubal Haokha in Thoubal District			
07.	UHC Thingkhanphai in Churanchanpur District			
08.	UHC Karong in Senapati District			

Information in respect of Special Schemes (for each city)

Sl. No.	Govt. Health Facilities under Grant-in-aid from GOI	Controlling Agency (SG/LB/VO/Ors)	Status (Functional /Closed)	Brief Summary of activities being carried out
01.	UHC Kshetigao in Imphal East District	SG	Functional	Ante Natal Checkups, Immunization, and delivery.
02.	UHC Ningom Thongjao in Imphal East District	SG	Functional	
03.	UHC Mantripukhri in Imphal East	SG	Functional	
04.	UHC Mantripukhri in Imphal East	SG	Functional	
05.	UHC Sangai Yumtham in Thoubal District	SG	Functional	
06.	UHC Thoubal Haokha in Thoubal District	SG	Functional	
07.	UHC Thingkhanphai in Churanchanpur District	SG	Functional	
08.	UHC Karong in Senapati District	SG	Functional	

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.

Activity-1: Continue 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 2012-13.

Activity-2: Continue 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 2012-13.

Activity-3: Continue Support for drugs/medicine: Drugs/medicines based on local needs may be procured for the 08 UHCs. Reflected in Part B

Activity-4: Program Administrative Cost for State Technical Support Unit: An amount of Rs. 4 Lakh @ Rs. 50,000/- per UHC will be needed for a year.

Table: The total budget for Urban Health

Sl. No.	Designation	No. of Post	Honorarium per Month	TOTAL AMOUNT (Rs. In Lakh)
1	Honorarium of 08 LMO	08	30000.00	28.8
2	Honorarium of 08 SNs	08	12000.00	11.52
3	Honorarium of 08 LT	08	10000.00	9.6
4	Honorarium of 32 ANM	32	9000.00	34.56
5	Honorarium of 10 Off. Asst	10	10000.00	12.00
6	Administrative Cost			4
7	Total			100.48

District Wise Budget	I/E	I/W	TBL	CCP	SPT	Total
MBBS Doctors	3	1	2	1	1	8
Honorarium @ Rs 30000/- per month for 12 months	10.8	3.6	7.2	3.6	3.6	28.8
Staff Nurses (GNM)	3	1	2	1	1	8
Honorarium @ Rs 12000/- per month for 12 months	4.320	1.44	2.88	1.44	1.44	11.52
Lab Technician	3	1	2	1	1	8
Honorarium @ Rs 10000 for 12 months	3.60	1.20	2.40	1.20	1.20	9.6
ANM	12	4	8	4	4	32
Honorarium@ 9000 per month for 12 months	12.96	4.32	8.64	4.32	4.32	34.56
Office Assistants	4	2	2	1	1	10
Honorarium@Rs 10000 per month for 12 months	4.80	2.40	2.40	1.2	1.2	12
Admin Cost	1.50	.50	1.00	.50	.50	4
Total	37.98	13.46	24.52	12.26	12.26	100.48

A6: TRIBAL HEALTH

Tribal Health clinic with a van manned by One Medical Officer with two ANMs are currently being utilized in the State for the tribal areas of four valley districts. The program has been planned to provide equitable distribution to the vulnerable and marginalized community of the valley districts. The performance of the year 2011-12 (till January) is given below in the table

Table: Tribal Health achievement till December 2011

No. of Villages covered	No. of visits	No. of patients examined	No. of pregnant women (ANC)	No. of Mother's meeting conducted	Most common illness/diseases
Total = 24	Total = 205	Total = 13,100	Total = 300	Total = 24	
<u>1. Imphal East (6)</u>	April 2	Male 600	1ANC 54	NgarianKarpur 11/07/11	1. Arthritis 2. Gastric ulcer 3. Respiratory tract infection (RTI) 4. Diarrhoea 5. Lencorrhoea 6. Hypertension 7. Skin diseases 8. Worm infestation
Leikoichig,	May 1	Female 0	2ANC 112	Hiyangthang 21/07/11	
Ngarian, New	June 2	Children 480	3ANC 94	KangchupKharam 01/08/11	
Salem, Thayong,	July 1	Under 1 0	> 3ANC 40	Sangai 24/08/11	
Yaipharok,	August 2	Under 12 200		Happy-Valley 06/09/11	
Lamba khul	September 3	0		Thayoung 22/09/11	
	October 2	120		Sapantong 11/10/11	
<u>2. Imphal West (11)</u>	November 0	0		Naorem 21/10/11	
Santipur,	December 1	800		Ngarian Village 03/11/11	
Namdulong,				Lamba-Khul 21/11/11	
Happy- Valley,				Santipur 04/01/12	
Ngaramphing,				Khogen 05/01/12	
Longa-Koireng,					
KangchupTwikun,, Khoram,					
Khogen,					
Hiyangthang,					
Santipur					
Mandir,					
Kangchup,					
akhong					
<u>3. Bishnupur (5)</u>					
Naorem,					
Sapantong,					
Toubul, Lanjal,					
Sanggai					
<u>4. Thoubal (2)</u>					
Waithou-Chiru,					
Thiyam					

Objective: Equitable RCH Services to tribal pockets in four valley District.

Activity-1: Services to cover 24 villages as listed in the table above. The health team will cover these 24 villages annually with a minimum of 1 visit in a month.

Activity-2: Human Resource requirement: The program will be continued as a part of reaching out to the marginalized population of tribal population. Hence, continuation of one lady Medical Officer, 2 ANMs and a helper for the program is proposed. Budget is reflected below:

Sl. No	Particular	Honorarium per Month (Rs)	Amount in Lakhs
1	1 Lady Medical Officer	30000.00	3.6
2	2 ANMs	7500.00	1.8
3	1 Helper	5740.00	0.69
	Total		6.09

- Activity-3: Outsourcing Vehicle for Field visits and drugs: One vehicle (Bolero) to be outsourced @ Rs. 30,000/- per month. Regarding drugs and medicine, the procurement has been done recently. The drugs will be available for SPIP 2011-12, and the same will be carried forward in SPIP 2011-12. The total budget required will be Rs.3.6 lakhs.
- Activity- 4: 12 mothers meeting have been conducted so far. This initiative gave a platform for sharing awareness regarding health & nutrition required for mothers. It is proposed to continue the meeting in the coming year too. Other activities proposed include organizing a nutritional feast for pregnant women of the village 2 times in year. The budget required with miscellaneous expenditure is Rs. 3.00 lakhs.
- Activity-5: 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.

District	I/E	I/W	TBL	BPR	Total
No of villages targeted	11	6	2	5	24
Nutritious meal and mothers meeting	2.5124	1.3704	.4568	1.1420	5.4816

Name of the District	% of Tribal population	Total RCH Budget (Rs. Lakhs)	Budget allocated to tribal areas or facilities located in Tribal Blocks/ Villages (Rs. In lakhs)	% against total RCH Budget
Imphal East	2.06%	3068.9243	2.51240	.55%
Imphal West	0.80%		1.37040	
Bishnupur	2.70%		.45680	
Thoubal	0.47%		1.14200	
	Continuation of 1 MO, 2 ANMs & 1 Helper		6.48	
	Hiring of 1 Bolero for field visit.		3.60000	
	Total Amount		15.5616	

Table: Total Budget proposed for Tribal Health during 2012-13

Sl. No	Activity	Amount Rs in Lakhs
1	Continuation of 1 MO, 2 ANM & 1 Helper	6.48
2	Hiring of One Bolero for holding the mobile tribal health clinics. On days the vehicle is not utilized for holding these mobile clinics, it would be utilized for monitoring visits by the SPMU Unit.	3.6000
3	Other activities <ul style="list-style-type: none"> Mother's Meeting Nutritious meal for pregnant 	5.48160
	Total	15.5616

A7. PNDT Activities

Manipur is a small State with a population of 27.2 lakhs and an area of 22,327 sq.kms. The state has 9 (nine) Districts (Valley- 4, Hill- 5). Declining child sex ratio is a matter of great concern for India and Manipur is also facing this serious problem with child sex ratio 934 in 2011 census. The ratio was 957 in the last 2001 census. It is true that implementation of PC & PNDT act in Manipur is at a very initial stage and dowry system is not prevalent in the state, but this is the right time to act promptly and check the decline in child sex ratio.

Situation analysis for Manipur suggested that the hill districts are the worst affected districts with Senapati having a ratio of 912 (with a decline of 50 units) and Chandel District having 919 (with a decline of 43 units). A study is therefore proposed in these Districts by the PNDT Division of the Directorate of Family Welfare Services with the help of District counterparts along with intensification of the activities under PNDT.

The constitution of dedicated PNDT Cell in the State and constitution of District Appropriate and District Nodal Officers in the Districts, will be the priority base programme along with the capacity building of Doctors, Health Service providers, Judiciary, Prosecutors, Advocates NGOs and Women Organizations in the State to give sensitization of the PC & PNDT Act in Manipur

Special fund is also proposed for incentives to only girls parents/girls with special achievements and sponsorship to gender discrimination and girl & women related programmes.

Sl.No.	Item	Particulars	Amount(Rs)
1	Capacity building for Appropriate Authorities, Doctors, Advocates, NGOs, Women Organisations, etc.	One day Training @ RS. 36,000 X 15 1.Honorarium for Resource Persons, @Rs 1000 x 3= Rs.3000 2.Honorarium for participants, @RS.500 x 30= Rs.15,000 3.Stationery, @Rs.250 X30=Rs.7,500 4.Refreshment, @Rs.300 X35=Rs.10500 Hall management, P.A. System & Misc.=Rs.5000	5,40,000.00
2	(a) Encouragement of Parents with only daughters with special achievements (b) Sponsorship to girl and women related programmes	Awards @Rs.10000/person X 11 =1,10,000 Final (State level) @Rs.20000/person X3 =Rs.60,000 (b) A lump sum amount= Rs 5,00,000	6,70,000.00
3	Study and special surveillance in the worst affected districts, -Senapati and Chandel	Manpower=4 Officers Lump sum expenditure @ Rs.50,000 X2=Rs.1,00,000	1,00,000.00
		Total=	13,10,000.00

State budget does not reflect any provision for conducting meeting of statutory bodies regularly which is very essential for the State in its initial stage. So, proposal of fund for the same is placed in the State PIP: 2012-2013. Inspection to the Ultra Sound Clinics and Hospitals with inter personal interaction of the Doctors, Health Service providers is very important for smooth implementation of the C & PNDT Act in Manipur. Honorarium can be given to the members of the Inspection Teams for the visits and interaction programmes.

Proposal for constitution of State PNDT Cell is placed with the contractual appointment of one programme Officer, one Legal Officer, one Computer Assistant along with additional support for infrastructures development. It can be followed by constitution of District PNDT Cell in all the nine districts.

The installation of dedicated website for PNDT, online filling of form F, digitalization of registration, online reporting will be done with the integrated effort of HMIS division of NRHM, Manipur.

The IEC will cover all the stake holders and target groups including Doctors, Lawyers, and General public through all the IEC activities to reach every section of the general public.

Sl. No.	Item	Particulars	Amount (Rs)
1.	Constitution of State PC & PNDT Cell	<p>1) One Programme Officer on contractual basis @ Rs. 15,000/- per month. Qualification: i) Master in Public Health ii) Mater in Social Work. Budget required: Rs. 1,80,000/-</p> <p>2) One part time Legal Officer on contractual basis @ Rs. 10,000/- per month. Qualification: i) LLB Budget required: Rs. 1,20,000/-</p> <p>3) One Data manager on contractual basis @ Rs. 8,000/- per month Qualification: Intermediate with computer knowledge Budget required: Rs. 96,000/-</p> <p>4) Additional proposal : (a) Office maintenance: cost/contingencies/maintenance of records/ reports of the PNDT Cell for 12 months Budget required: Rs. 1,20,000/- (b) Mobility support including hiring of vehicles/provision of POL/vehide maintenance @ Rs. 15,000/- per month for 12 months. Budget required: Rs. 1,80,000/- (c) Provision of Xerox machine, Printer, Computer set, mobile PA System, LCD projectors with screen, Telephone with internet facilities and Fax.Lump sum budget requirement Rs. 4,00,000/-</p>	10,96,000.00
2.	Constitution of District Appropriate Authorities/District Nodal Officer/District Advisory committee.	Lump-sum expenditure/maintenance cost @ Rs. 30,000/- per district for 9 districts	2,70,000.00

3.	State Supervision Board Meeting: I. The Board shall meet at least once in 4 (four) months .	@ Rs.44,000/- per meeting for 3 (three) Meetings in a year i. Sitting allowance for 15 eminent members @ Rs.1000/ per sitting& other participants @ Rs 500 X 15. ii. Refreshment @ Rs. 250X30 participants (Ex-officio members & Officers) iii. Stationery @ Rs.250X30 iv. Hiring charge of Generator @ Rs.1000/ v. P.A. system & Backdrop @ 3500/ vi. Misc. Rs. 2,000/	1,32,000.00
4.	State Advisory Committee: (with State PNDT Division) 1. Meeting at least once every sixty days	@ Rs.21,800/ per meeting X6 times in a year. i. Sitting allowance for 8- SAC members @ Rs.600/ per sitting& other participants @Rs 500 X 12 ii. Refreshment @ Rs.250X20 members. iii. Stationery @ Rs.250 x 20 lii Misc. Rs. 1000/	1,30,800.00
5.	State Appropriate Authority: (with State PNDT Division/Inspection Team) 1. To grant, suspend or cancel the registration	Meeting 14 (fourteen) times @ Rs.12,000/per meeting. i. Sitting allowance for 5(five) Members @ Rs.600/& other participants @Rs 500 X 5 ii. Stationary @ Rs.250X 10 member (SAA & Officials) iii. Refreshment @ 250X10 iv. Misc. Rs.1500/	1,68,000.00
6.	State Level Orientation Workshop for all Stake Holders working at State and District Level	1.Venuearrangement,Refreshment, & Lunch =Rs24000 2. Honorarium for Participants & Rs.500 x 30=15000 3. Stationery@ Rs 300 x 30 = Rs. 9000 4. Misc. = Rs. 2000	50,000.00
7.	State Level Orientation Workshop for all implementing bodies of PNDT working at State & District Level cum State Level Review Meeting.	Do	50,000.00
8.	Inspection & monitoring by State/District PNDT Cell 1. To enforce the standards of Ultra Sound Clinic, to obey the PNDT Act.	Inspection & Monitoring to all District 24 times/year @ Rs, 7,500/per field visit. i. Hiring charge of vehicle @ Rs. 3,000/- ii. Honorarium for 5 members @ Rs. 600/- iii. Refreshment @ Rs.250 X6 participants	1,80,000.00
9.	Legal activities: 1. 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, to order so cause notice to the Ultra Sound Clinic who does not obey PNDT Act.	Legal Fee and Expenditure	25,000.00

10.	IEC/BCC Activities Awareness Programme: I. To create public awareness against the practice of sex selection or Pre-natal Determination of sex. 2. To organize workshop- interaction cum sensitization with Gynaecologist, Radiologist, Proprietor of Ultra sound Clinic, Public Prosecutor, Advocate etc.	1. Awareness Programme @ Rs.10,000X60 Programme(6 in each 9 districts and 6 by State PNDT Cell) i. Backdrop & Welcome- Rs 2,000/ ii. Refreshment @ Rs. 4,500 per programme iii. Stationery @ Rs.1,000 per programme iv. Hiring charge of Generator @ Rs.1000/ v. P.A. system – Rs.1,500 per programme	6,00,000.00
		2. Workshop Rs. 31,000X10 i. Backdrop & Welcome –Rs.2,000/ ii. P.A. system including LCD operation Rs.3,000. iii Stationary @ Rs.250X20=Rs.5000/ iv. Refreshment @ Rs.300X20 = Rs.6,000/ v. Hiring of Hall and Misc. Rs.5,000/ vi. Honorarium for Participants @500 x20=10000	3,10,000.00
		3. Wall painting size 6'X10' @ Rs.35/Sq.ft. Rs.2,100X150	3,15,000.00
		4. Advertisement in Daily papers, Journals, Radio and Talks in T.V./Local Cable Network	4,00,000.00
		5. Printing of Hand book of PNDT Act amendment Rules @ Rs. 300/X 300	90,000.00
		6. Printing of Hand book of FAQ of PNDT Act @ Rs. 180/X 300	54,000.00
		7. Pamphlet of PNDT Act @ Rs. 20X10,000	2,00,000.00
		8. Hoarding in all districts and Hospitals @ Rs. 15,000X40	6,00,000.00

A total of Rs. 59.808 lakhs is the grand total. Out of the total budget, Rs. 25.69 lakhs meant for IEC/BCC activities is reflected at Part B under IEC/BCC Head. Hence, an amount of Rs. 34.118 lakhs is required.

Budget proposed for implementation of Pre-conception & Pre-natal Diagnostic Techniques Act for the year 2012-2013 under Part A is Rs.34.118 lakhs.

A8 INFRASTRUCTURE & HUMAN RESOURCES

A.8.1 Contractual Staff & Services

A.8.1.1 ANMs & Staff Nurse

Activity-1: Continuation of the Contractual Services of Additional ANMs: The contractual services of 16 Addl. ANMs posted at CHCs, 420 Addl. ANMs posted at PHSCs may be continued for the year 2012-13. Detailed budget is given below.

Table: 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 9000/- per month for 12 months	58.32	57.24	41.04	68.04	66.96	29.16	44.28	32.40	73.44	470.88

Activity-2: Continuation of the Contractual Services of Staff Nurses: The contractual services of 76 Staff Nurses posted at 24x7 targeted PHCs, 64 Staff Nurses posted at CHC may be continued for the year 2012-13. Detailed budget is given below.

Table: Total budget for Contractual Staff Nurses. (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 12000/- per month for 12 months	25.92	23.04	23.04	43.20	17.28	11.52	17.28	17.28	23.04	201.60

Contractual Staff posted at difficult areas will be provided hardship incentives out of the unspent balance of 2011-12 approved for the same based on the degree of difficulty in accessing their respective areas of posting.

Activity-3: Staff Nurses: Continuation of staff nurses for all 32 PHC (24X7 PHCs) and remaining 42 normal PHCs. The required SNs and budget is given below:

Table: Total Status & budget for Additional Staff Nurses. (Rs. In Lakhs)

District	I/E	I/W	BPR	TBL	CCP	CDL	UKL	TML	SPT	Total
Addl. No. of SNs for 24x7 PHCs @ 1 SN per PHC	5	4	4	5	4	4	4	4	4	38
No. of SNs for Normal PHC @ 1 SN per PHC	6	4	1	7	7	1	4	2	10	42
Total Staff Nurse	11	8	5	12	11	5	8	6	14	80
Honorarium @ Rs 12000/- per month for 12 months	15.84	11.52	7.2	17.28	15.84	7.2	11.52	8.64	20.16	115.20

A.8.1.2 Laboratory Technician & MPWs

Activity-1: Continuation of the Contractual Services of Lab. Tech & X-Ray Tech: The contractual services of 38 Lab. Technicians posted in 38 targeted 24x7 PHCs and 04 X-Ray Technicians in Identified CHCs to be upgraded as FRUs may be continued for the year 2012-13. Detailed budget is given below.

Table No. A (39): Total budget for Contractual Staff (Lab. & X-Ray Technicians). (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
No. of X-Ray Technician Tech at CHCs identified for FRUs	1	1	1	1	0	0	0	0	0	04
Total	6	5	5	6	4	4	4	4	4	42
Honorarium @ Rs. 1000 per month for 12 months	7.22	6.0	6.0	7.20	4.80	4.80	4.80	4.80	4.80	50.40

Contractual Staff posted at difficult areas will be provided hardship incentives out of the unspent balance of 2011-12 approved for the same based on the degree of difficulty in accessing their respective areas of posting.

Activity-2: Engagement of MPWs: The district wise breakup and required budget for the financial year 2012-13 for 69 MPHWS (M) posts for PHSCs of 4 High Focus Districts in the state and GOI to support the remuneration on sharing basis of 85% by NRHM and 15% by State for three years will be as given below:

Table: Engagement of MPWs

	S/N	High Focus District	Chandel	Churachandpur	Tamenglong	Ukhrul	TOTAL
Sub Centres	1	Required SCs as per IPHS for 2010 population	45	86	42	53	226
	2	Functioning SCs	27	61	29	40	157
MPHW (Male)	3	Shortfall SCs	18	25	13	13	69
	4	Post Sanctioned	32	64	32	38	166
	5	In Position	32	60	31	34	157
	6	Shortfall (S/N 1-5)	13	26	11	19	69
Budget (Rs in Lakh)	7	Remuneration @ Rs. 8000/- per month per MPHW (Male) for 12 months	12.48	24.96	10.56	18.24	66.24

Activity-3: Engagement of Grade IV: The district wise breakup and required budget for the financial year 2012-13 for 108 Grade IV posts for 16 CHCs and 20 PHCs is as below:

District	No. of CHCs	No. of PHCs	Total	Total number of Grade IV (3 each)	Honorarium @ Rs. 6000 per month for 12 months
I/E	2	0	2	6	4.32
I/W	2	3(Mekola, KhurkhuI, Khumbong)	5	15	10.8
BPR	2	1 (oinam)	3	9	6.48
TBL	5	2(Wangoo Laipham, Lilong)	7	21	15.12
CCP	1	3(Singhat, Sagang, Saikot)	4	12	8.64
CDL	0	1 (Chakpikarong)	1	3	2.16
UKL	1	2(Somdal, Kasom Khullen)	3	9	6.48
TML	1	4 (Noney, Tamei, Khoupum, Oinamlong)	5	15	10.8
SPT	2	4 (Poamata, Maram, Saikul, Tadubi)	6	18	12.96
Total	16	20	36	108	77.76

A.8.1.3 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)

Table: Total budget for engagement 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	1	3	0	1	1	3	1	11
Honorarium @ Rs 45,000/- per month for 12 months	0	5.4	5.4	16.2	0	5.4	5.4	16.2	5.4	59.4

A.8.1.4 Others Contractual Staff

Activity-1: Continuation of the Contractual Services: The contractual services of 14 PHN and 9 General Pharmacists posted at CHCs may be re-engaged for the year 2012-13. Detailed budget is given below.

Table No. A (41): Total budget for Contractual PHNs and Pharmacists. Amount (Rs. In Lakhs)

District	I/E	I/W	BPR	TBL	CCP	CDL	UKL	TML	SPT	Total
Public Health Nurse (PHN)	1	2	1	5	0	0	1	1	3	14
Honorarium @ Rs 15000/- per month for 12 months	1.80	3.60	1.80	9	0	0	1.80	1.80	5.40	25.20
General Pharmacist	2	2	3	2	0	0	0	0	0	9
Honorarium @ Rs 12000 for 12 months	2.88	2.88	4.32	2.88	0	0	0	0	0	12.96
Total	4.68	6.48	6.12	11.88	0	0	1.8	1.8	5.4	38.16

Contractual Staff posted at difficult areas will be provided hardship incentives out of the unspent balance of 2011-12 approved for the same based on the degree of difficulty in accessing their respective areas of posting.

Total budget district wise

I/E	I/W	BPR	TBL	CCP	CDL	UKL	TML	SPT	Total
93.8928	99.852	78.3192	149.2848	111.7056	59.2464	89.5392	86.652	120.5184	889.0104

A 9. Training

Situation analysis: The state has targeted 11 health institutions (7 DHs & 4 CHCs) to be made functional in FRUs. So far only 01 DH is functioning as FRU. On analysis of the non functioning health institutions, it was found that unavailability of specialist doctors is the main reason why they cannot function as FRUs. Hence, the state is planning to still undergo training of MBBS Doctors on skilled based training such as LSAS, EmOC, etc. The training of 4 MBBS doctors on Emoc training could not be conducted in 2011-2012 due to the non-certification of RIMS as the training centre for Emoc by FOGSI. Around 40% of the deliveries are still taking place at home, the training of ANM and staff nurse on skilled Based Attendance (SBA) will also be required so that one trained SBA can be posted at every institution. This year, the state is planning to undergo MTP/ MVA training under family planning. Due to the unavailability of clients, the minilap training is not included in the current PIP.

Training achievements and proposal for 2012-13

1. STRENGTHENING OF TRAINING INSTITUTIONS

1.1. Strengthening of RIHFW, Porompat & Strengthening of Female Health Worker Training School (FHWTS), Lamphel

1.2. MATERNAL HEALTH TRAINING

1.2.1 SBA Training

1.2.1.1 SBA training for ANM / SNs of identified 24x7 PHCs / Delivery Points by the State for 21 days

No. already trained	No. to be trained	No. of batches	Place of training institute	Budget per batch		Total budget for 12 batches (Rs. in lakh)
				Particulars	Amount (Rs. in Lakh)	
92	48	12 batches (4 SN per batch)	RIMS and JNIMS	Honorarium for 4 trainers @ Rs. 600/- per head per day x 21 days	0.51	6.12
				Honorarium for 4 trainees @ Rs. 200 per head per day x 21 days	0.17	2.04
				Working Lunch & other refreshment @ Rs. 200 per participant for 21 days	0.17	2.04
				Total	0.85	10.20
1. Other overhead expenditure @ 6% of total training expenses, and						0.612
2. Monitoring by 2 State Nodal Officers (MH & Trg.) as per checklist @ Rs. 500 per visit per head per day x 2 visits per batch						0.051 0.02 0.24
Training material @ Rs. 250/- per trainee						0.01 0.12
Grand Total						0.932 11.184

1.2.1.2 Medical Officers (Ayurvedic & Homeopathy) training on SBA for 21days

No. already trained	No. to be trained	No. of batches	Place of training institute	Budget per batch		Total budget for 5 batches (Rs. in lakh)
				Particulars	Amount (Rs. in Lakh) per batch	
0	20	5 batches (4 MO per batch)	RIMS and JNIMS	Honorarium for 4 trainers @ Rs. 600/- per head per day x 21 days 4 x 600 x 21 = Rs. 50400	0.504	2.52
				Honorarium for 4 trainees @ Rs. 500 per head per day X 21 days 4 x 500 x 21 = Rs. 42000	0.42	2.10
				Working Lunch & other refreshment @ Rs. 200 per participant (4) for 21 days 400 x 4 x 21 = Rs.42000	0.168	0.84
				Total	1.092	5.46
				1. Other overhead expenditure @ 6% of total training expenses, and 2. Monitoring by 2 State Nodal Officers (MH & trg.) as per checklist @ Rs. 500 per visit per head per day x 2 visits per batch	0.065 0.02	0.327 0.10
Training material @ Rs. 250/- per trainee 250					0.01	0.05
Grand Total					1.187	5.935

1.2.2 EmOC Training of MBBS doctors:

Activity 1: EmOC training of MBBS doctors on Caesarean section for 16 weeks

As RIMS has been identified by AVNI as EmOC training centre, for setting up RIMS so far the State has released an amount of Rs. 28 lakhs to AVNI. The same budget has been utilized from the available fund under training head. The amount has been adjusted with the budget available for some of the training which is not taken up such as Family planning and EmOC training, etc. The training for the year 2011-12 has been conducted around March 2012, hence 10 more MBBS Doctors are plan for the training.

For operationalising three District Hospitals (Thoubal, Bishnupur, Senapati) as FRUs, the state is facing the problem of lack of specialists, specially Gynaecologists. In order to fill the gap more number of MBBS MOs need to be trained in EmOC. So, State has proposed to add 10 more trainees in the EmOC training.

Sl. No.	Particulars	Amounts per batch (in Rs.)	Total Budget for 5 batches (in Rs.)
1.	Honorarium for 2 trainers @ Rs.600/- per head per day x 112 days	1,34,400/-	6,72,000/-
2.	Honorarium for 2 trainees @ Rs. 500/- per head per day x 112 days	1,12,000/-	5,60,000/-
3.	Working lunch, tea, snacks/ accommodation i.e., rent charge @ Rs. 200/- per participant (2) x 112 days	44,800/-	2,24,000/-
	Total (A):	2,91,200/-	14,56,000/-
4.	Institutional Overhead & for use of institutional facilities @ 6% of total training expenses (Sl. 1 to 3)	17,472/-	87,360/-
5.	Training materials @ Rs. 2000/- per trainee	4,000/-	20,000/-
6.	Extra cost for set of books @ Rs. 2000/- per trainee	4,000/-	20,000/-
7.	Certification @ Rs. 2000/- per trainee	4,000/-	20,000/-
6.	Monitoring by 2 officials @ Rs. 500/- per visit per head per day x 2 visits per batch	2,000/-	10,000/-
	Total (B):	31,472/-	1,57,360/-
	Grand total (A+B):	3,22,672/-	16,13,360 /-

(Rupees sixteen lakh thirteen thousand and three hundred and sixty) only

As RIMS is not certified by FOGSI as a Training Centre, the 6 weeks training of theory is being conducted at GMC, Guwahati and the trainees have to attend GMC, Guwahati in the last week of the training to get the certification.

The TA of the trainees have to be borne by the State Health Society. Rs. 1 lakh is kept for 10 trainees (10,000 per trainee for travelling to Guwahati twice) Therefore, the Total Budget proposed for 10 trainees is: Rs. 16,13,360+1,00,000 = 17,13,360/- (Rupees seventeen lakh thirteen thousand three hundred and sixty) only

1.2.3 Life-Saving Anesthesia Training:

1. MBBS Doctors' training, on Life-Saving Anesthesia Skills for 18 weeks. Till date 9 MBBS doctors have been trained in the LSAS. The state is planning for 2 FRUs to be functional this current year. Training for 04 MOS is planned for 2012-13 including the re-orientation training of the trained MOs for 1 month.

Table: for 04 MOs on LSAS for 18 weeks

No. already trained	No. to be trained	No. of batches	Name of Training Institute	Particulars	Total Budget for a batch	Total for 2 batches (2012-13)
					Amount (Rs. in lakh)	
09	04	02 (2 MOs per batch)	RIMS / JNIMS	Honorarium for 2 trainers @ Rs. 600/- per day x 126 days	1.512	3.024
				Honorarium for 2 trainees @ Rs. 500 per head per day x 126 days	1.26	2.52
				Working Lunch & other refreshment @ Rs. 200 for 2 participants & 2 trainees x 126 days	1.008	2.016
				Sub Total	3.78	7.56
				Incidental overhead expenditure @ 6% of total training expenses	0.227	0.45
				Training material @ Rs. 250/- per trainee	0.005	0.010
				Monitoring by 2 officials for 2 visits @ 500 per head per batch	0.02	0.04
Grand Total					4.032	8.06

2. Table: Re-Orientation of trained MOs

No. already trained	No. to be trained	No. of batches	Name of Training Institute	Total Budget for a batch 2012-13	
				Particulars	Amount (Rs. in lakh)
09	08	04 (2 MOs per batch)	RIMS / JNIMS	Honorarium for 2 trainers @ Rs. 600/- per day x 30 days 2 x 600 x 30 = 36000 x 4 batch	1.44
				Honorarium for 2 trainees @ Rs. 500 per head per day x 30 days 500 x 2 x 30 = 30000 x 4 batch	1.2
				Working Lunch & other refreshment @ Rs. 200 for 2 participants x 30 days 200 x 2 x 30 = 12000 x 4 batch	0.48
				Sub Total	3.12
				Incidental overhead expenditure @ 6% of total training expenses	0.187
				Training material @ Rs. 250/- per trainee 250 x 8 = 2000 Monitoring by 2 officials for 2 visits 500 x 2 x 2 = 2000 x 4 batch	0.002 0.008
Grand Total					3.407

3. Exposure cum Training of 15 SN for assisting Caesarian section.

No. already trained	No. to be trained	No. of batches	Name of Training Institute	Budget per batch		Total Budget for 4 batches Rs in Lakhs
				Particulars	Amount (Rs. in lakh)	Amount(Rs in Lakh)
0	16	4 (4 SN/ B)	RIMS/ JNIMS	Honorarium for 4 trainers @ Rs. 600/- per day X 21 days	0.51	2.04
				Honorarium for 4 trainees @ Rs. 200 per head per day X 21 days	0.17	0.68
				Working Lunch & other refreshment @ Rs. 200 per participants X 21 days	0.17	0.68
				Sub Total	0.85	3.40
				Incidental overhead expenditure @ 6% of total training expenses	0.052	0.208
Monitoring by 2 State Nodal Officers(MH & Training) as per checklist @ Rs 500 per visit per head X 2visits					0.02	0.08
Training material @ Rs. 250/- per trainee					0.01	0.04
Grand Total					0.932	3.728

Activity 4: 30 days Exposure cum training 12 grade iv (qualified XII class). To initiate Caesarean Section in the targeted three DHs state is planning to train 12 Grade IV staffs(4 from Each District) in two batches

No already trained	No to be trained	No of batches	Name of the training institute	Budget per batch 2012-13		Total budget for two batches(Rs in lakh)2012-13
				Particulars	Amount (Rs in Lakh)	
0	12	2	JNIMS/RIMS	Honorarium for three trainers @ Rs 200per day for 30days=3x200x30	0.18	0.36
				Honorarium for six trainees @ Rs 300 per trainee for 30 days=6x300x30	0.54	1.08
				Working lunch & other refreshment @ Rs 200 per participants=200x6x30	0.36	0.72
				Sub total	1.08	2.16
				Incidental overhead expenditure@ 6% of the total training expenditure	0.0648	0.1296
				Training materials@ Rs 250 per trainee=6x250	0.015	0.03
				Monitoring By Two SNO(1 FRU &1 Trg.) at least two times per batch Rs 500 per head	0.02	0.04
				total	1.1798	2.3596

For training OT assistance of Grade IV Rs 2.36 lakh is proposed

1.2.4 RTI/STI Training:

1. RTI/STI training for MBBS Doctors

No. to be trained	No. of batches	Budget per batch 2012-13		Total budget for 3 batches (Rs. In lakh)
		Particulars	Amount (Rs. In lakhs)	
90	3 batches (30 MO per batch)	Honorarium for 2 trainers @ Rs. 1000/- per day x2 days	0.04	0.12
		Honorarium for 30 trainees @ Rs. 500/- per head per day x2 days	0.3	0.9
		Working lunch & other refreshment @ Rs.200 / participants 200 x 30 trainees = Rs. 600 per batch	0.006	0.018
		Sub Total	0.346	1.038
		Overhead expenditure @ 6% of Sub Total	0.021	0.062
		Training Material @ Rs. 250/- per trainee Rs.250 x 30 trainees = Rs.0.0075	0.007	0.021
		Total	0.374	1.122
Printing of RTI/STI Modules @ Rs.200/- per trainee (90 trainees) Rs.200 x 30 trainees = 600 per batch			0.006	0.018
Nenue hiring charge@2500per day			0.05	0.150
Grand Total			0.505	1.515

2. RTI/STI training for SNs & ANMs

No. to be trained	No. of batches	Budget per batch 2012-13		Total budget for 18 batches (Rs. In lakh)
		Particulars	Amount (Rs. in lacs) per batch	
540 (SN& ANMs)	18batches (30 trainees per batch)	Honorarium for 2 trainers @ Rs. 600/- per day x 2 days 600 x 2 x 2 =2400 per batch	0.024	0.432
		Honorarium for 30 trainees @ Rs. 200/- per head per day x 2 days 12 x Rs. 200 x 2 days = 12000	0.12	2.16
		Working lunch & other refreshment @ Rs.200 per participants 12 x Rs.200 x 2 days = 4800	0.12	2.16
		Sub Total	0.264	4.752
		Overhead expenditure 6% of Sub Total	0.016	0.285
		Training Material @ Rs. 250/- per 30 Trainees x Rs.250 =	0.075	1.35
		Total	0.355	6.39
Printing of RTI/STI Modules @ Rs.200/- per trainee (540 trainees) 30Trainees per batch x 200 = 12 x 200		0.06	1.08	
Grand Total		0.415	7.47	

3. RTI/STI training for LTs

No. to be trained	No. of batches	Budget per batch 2012-13		Total budget for 2 batches (Rs. In lakh)
		Particulars	Amount (Rs. in lakh) per batch	
60 (LTs)	2 batches (30 trainees per batch)	Honorarium for 2 trainers @ Rs. 1000/- per day 1000 x 2 x 2 =4000 per batch	0.04	0.08
		Honorarium for 30 trainees @ Rs. 200/- per head per day 30 x Rs. 200 x 2 = 12000	0.12	0.24
		Working lunch & other refreshment @ Rs.200 per participants 30 x Rs.200 x 2 = 12000	0.12	0.24
		Sub Total	0.28	0.56
		Overhead expenditure 6% of Sub Total	0.0168	0.0336
		Training Material @ Rs. 250/- per 30 Trainees x Rs.250 = 7500	0.075	0.15
		Total	0.3718	0.7436
Printing of RTI/STI Modules @ Rs.200/- per trainee (540 trainees) 30 Trainees per batch x 200 = 30 x 200 = 6000		0.06	0.16	
Grand Total		0.4318	0.9036	

1.2.5 Other MH Training

1.2.5.1 BEmOC Training of MBBS Doctors from 24x7 identified PHCs / Delivery points

No. already trained	No. to be trained	No. of batches	Name of Training Institute	Budget per batch 2012-13		Total budget for 6 batches (Rs. in lakh)- 2011-12
				Particulars	Amount (Rs. in lakh)	
24	24	6 batches (4 MOs per batch)	RIMS / JNIMS	Honorarium for 4 trainers @ Rs. 600/- per day X 10 days	0.24	0.96
				Honorarium for 4 trainees @ Rs. 500 per head per day X 10 days	0.20	1.20
				Working Lunch & other refreshment @ Rs. 200 for 4 trainees X 10 days	0.08	0.48
				Sub Total	0.52	3.12
				Other overhead expenditure @ 6% of total training expenses	0.031	0.187
				Training material @ Rs. 250/- per trainee	0.06	0.36
				Printing of BEmOC modules for all participants @ Rs.200	0.05	0.30
				Monitoring by 2 officials @ Rs.500 per day for 2 days	0.02	0.06
Grand Total					0.68	4.086

Blood Storage training : Blood storage training of the MBBS and the LTs will not be conducted for the current year 2012-13 Reason being only 1 FRU is in functional currently and 2 are in process for functionality for this year 2012-13. Till date we have trained 24 MOs and 22 LTs.

1.3. IMEP TRAINING

1.3. 1 day Orientation Training on IMEP of Paramedical Staffs.

No. already trained	No. to be trained	No. of batches	Venue of training	Budget per batch 2012-2013		Total budget for 3 batches (Rs. in lakh)- 2011-12
				Particulars	Amount (Rs. in lakh)	
152	90 (PHCs, CHCs, DHs)	3 batches (30 trainees per batch)	Family Welfare Conference Hall	Honorarium for 3 trainers @ 1000 for 1 day	0.03	0.09
				Honorarium for 30 trainees @ Rs. 200 per head for 1 day	0.06	0.18
				Working Lunch & other refreshment @ Rs. 200 for 30 trainees	0.06	0.18
				Sub Total	0.15	0.45
				Other overhead expenditure @ 6% of total training expenses	0.009	0.027
				Training material @ Rs. 250/- per trainee	0.075	0.225
				Printing of modules @Rs. 200 /- per trainee	0.06	0.18
				Venue hiring charge @ Rs. 2500 per day	0.025	0.075
Grand Total					0.319	0.957

1.3 CHILD HEALTH TRAINING:

1.3.2. Navjaat Shishu Suraksha Karyakram (NSSK) training for 2 days for SNs / ANM and MOs.

Table: NSSK Training for SN / ANM.

No. already trained	No. to be trained	No. of batches	Venue of training	Budget per batch 2012-13		Total amt. for 4 batches (Rs. in Lakh)- 2011-12
86 SNs	100 SNs	4 batches (25 trainees per batch)	JNIMS/ State FW conf.	Details	Amt. (Rs. in Lakh)	
				Honorarium for 04 trainers @ Rs. 600/- per head per day X 2 days	0.048	0.192
				Honorarium for 25 trainees @ Rs. 200/- per day per head X 2 days	0.10	0.40
				Lunch, snacks @ Rs. 200 per trainee per day (2 days)	0.10	0.40
				Total	0.248	0.992
				Other Overhead expenditure, contingencies @ 6 %	0.0148	0.059
				Training material + Printing of Modules for trainees @ Rs. 450/- per trainee Monitoring by 2 officials @ Rs.500 per batch	0.135 0.01	0.54 0.04
Grand Total					0.408	1.632

Table: NSSK Training for MOs.

No. already trained	No. to be trained	No. of batches	Venue of training	Budget per batch 2012-13		Total amt. for 4 batches (Rs. in Lakh)- 2011-12
80	100	4 batches (25 trainees per batch)		Details	Amt. (Rs. in Lakh)	
			JNIMS/State FW conf.	Honorarium for 04 trainers @ Rs. 600/- per head per day X 2 days	0.048	0.192
				Honorarium for 25 trainees @ Rs. 500/- per day per head X 2 days	0.125	1.00
				Lunch, snacks @ Rs. 200 per trainee per day (2 days)	0.1	0.40
					0.398	1.592
				Total		
				Other Overhead expenditure, contingencies @ 6 %	0.024	0.096
				Training material + Printing of Modules for trainees @ Rs. 450/- per trainee Monitoring by 2 officials @ Rs.500 per batch	0.112 0.01	0.448 0.04
Grand Total					0.544	2.176

1.4 FAMILY PLANNING TRAINING:

MTP/MVA Training: MTP/MVA Training of 40 MBBS Doctors for 15working days

Table: MTP / MVA Training for MOs.

No. already trained	No. to be trained	No. of batches	Venue of training	Budget per batch 2012-13		Total amt. for 10 batches (Rs. in Lakh)- 2012-13
49 MOs	40 MOs	10batches (4 MOs per batch)		Details	Amt. (Rs. in Lakh)	
			RIMS	Honorarium for 02 trainers @ Rs. 600/- per head per day X 15 days	0.18	1.8
				Honorarium for 04 trainees @ Rs. 500/- per day per head X 15 days	0.30	3.0
				Lunch, snacks @ Rs. 200 per trainee per day (15 days)	0.12	1.2
				Total	0.60	6.0
				Other Overhead expenditure, contingencies @ 6 %	0.036	0.36
				Training material @ Rs. 250/- per trainee Monitoring by 2 officials @ Rs.500 per batch x 2 days	0.01 0.02	0.1 0.20
Grand Total					0.66	6.66

1.4.1 NSV Training:

Due to lack of clients/case loads and other social factors prevailing specially in hilly districts, NSV camp could not be done.

1.4.2. IUD Training:

1.4.2.1 Training of MBBS Doctors on IUD insertion at district level (from DHs, CHCs and PHCs) for 6 days

No. already trained	No. to be trained	No. of batches	Venue of training	Budget per batch2012-13		Total budget for 20 batches (Rs. in lakh)
				Particulars	Amount (Rs. in lakh)	
89 (30 DTT for IUCD) and 45 DTT and 51 MOs and 21 ST)	120	20 Batches (6 MOs Per batch)	State Hospital, 7 District Hospitals ,RIMS or any service providing centre i.e. CHC or PHC	Honorarium for 2 trainers @ Rs. 600/- per day X 6 days	0.072	1.44
				Honorarium for 6 trainees @ Rs. 500 per head per day X 6 days	0.18	3.60
				Working Lunch & other refreshment @ Rs. 200 per participant for 6 days	0.072	1.44
				Sub Total	0.324	6.48
				Other overhead expenditure @ 6% of total training expenses	0.019	0.388
				Training material @ Rs. 250/- per trainee	0.015	0.30
				Total	0.358	7.168
Printing of IUCD Modules and RTI/STI @ Rs. 200 per trainee (120 trainees)					0.012	0.24
Grand Total					0.37	7.408

1.4.2.2 Training of Staff Nurse and ANM on IUD insertion at district level (from DHs, CHCs, PHCs and PHSC) for 6 days

No. already trained	No. to be trained	No. of batches	Venue of training	Budget per batch		Total budget for 45 batches (Rs. in lakh)
				Particulars	Amount (Rs. in lakh)	
185	540 SN &ANM	45 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 6 days	0.072	3.24
				Honorarium for 12 trainees @ Rs. 200 per head per day X 6 days	0.144	6.48
				Working Lunch & other refreshment @ Rs. 200 per participant per day for 6 days	0.144	6.48
				Sub Total	0.36	16.2
				Other overhead expenditure @ 6% of total training expenses	0.0216	0.972
				Training material @ Rs. 250/- per trainee	0.03	1.35
				Total	0.4116	18.52
				Printing of Modules @ Rs. 200 per trainee		
Grand Total					0.4356	19.6

C. ARSH TRAINING:

(Detailed budget break up is reflected at ARSH section)

Activity 1- ARSH training for 90 MOs: Training of 52 MOs and 6 peer leaders on ARSH conducted in the year 2011-12. This year 2012-13 training for 90 more MOs, are planned to run the Adolescent Friendly Health Clinics. Total budget for 90 MOs training on ARSH will be Rs 2 .84 lakhs

Activity 2: ARSH training for counselors: In the previous year there was no training of ICTC counselors on ARSH. This year 2012-13, training for 68 ICTCs counselors attached with AFHCs and stand alone ICTCs and Mobile ICTCs to support AFHCs and outreach camps is planned. Budget is reflected in training budget for ARSH. Total budget for training of 68 ICTC counselors on ARSH will be Rs 2.28lakhs.

Activity3: ARSH training for Nurses: In the previous years there was no training for ANMs/LHVs. In this year 2012-13 training for 136 ANMs including LHVs in the identified AFHC who will assist in AFHCs and outreach services are planned. Total budget required for training of ANM/LHV on will be 4.55 lakhs.

Activity4: District ToT for MOs on WIFS & SHP: in the state there are 19 districts Tot on ARSH. They are not trained on WIFS and School health program. There are 109 district Tots on SHP (only for primary teachers) training and they are not trained on WIFS. Including them State is planning to train 3 Tots from each district on SHP & WIFS. For this state is planning 2 days School health & WIFS state level training of District Tot i.e. 27 MOs (on School health program & WIFS). Total budget proposed for 27 districts Tot MOs training on WIFS & SHP will be Rs0.78 lakhs.

Activity 5: Block ToT on WIFS & SHP: To give coverage of training for the identified schools of the entire districts of Manipur, state is planning to train the block level trainers for the 37 blocks of Manipur on WIFS & SHP. 2 days state level training of 3 block Tots (Health (MO), Education (ZEO) & ICDS (CDPO)) block level trainers from 37 blocks of Manipur from each block on School health

program & WIFS i.e. $37 \times 3 = 111$ block trainers. Total budget proposed for training of 111 block Trainers for school health & WIFS block level Tot will be Rs 2.39 lakh. (Two lakhs and thirty nine thousands).

Activity 6: District wise School Teachers Training: State is planning to train the head masters /Principals & one nodal teacher from each school to train on WIFS & SHP. These nodal teachers will train the class teachers of its own school, they will indent medicine from medical department and monitor and report IFA & albendazol consumption and compliance. They also will teach two male and two female peers from each class about SHP, WIFS & health education. These peer leaders will continuously discussed in class about various health issues. For this 2 days district level training of 1434 school principals/ head masters and one nodal teacher on School health program & WIFS from 717 identified targeted schools by District/block trainers i.e. $717 \times 2 = 1434$ Tot teachers/nodal teachers are planned. Total budget proposed for training for school health teachers will be Rs 42.14 lakhs. (Forty two lakhs and fourteen thousands).

PROGRAM MANAGEMENT TRAINING

Activity-1: Exposure cum training visit outside State for newly recruited officials of the State Health Society, and District Program Managers and District Finance of Managers for experiencing the implementation in other States. This is to be done in consultation with RRC-NE, Guwahati, Rs. 10 Lakhs will be kept for these trainings.

Activity 2: Public Health Management Training for Officers, Senior Nursing Staff, DPMU and BPMUs Short term training course by the officials of PHFI Delhi for Public Health Management training of 5 days for Officers, Senior Nursing Staffs, DPMU and BPMUs to improve the District and State level services under NRHM will be carried out this year. A budget of 5 lakhs will be kept for this training.

Activity 3: Postgraduate Diploma in Public Health Management (PGDPHM) for MBBS Doctors:

A budget of Rs. 5.00 lakhs will be kept for sponsoring 02 MBBS Doctors (@ Rs. 2.50 lakhs) on "Postgraduate Diploma in Public Health Management (PFDPHM)" at IIPH, Delhi as per the MoHFW, GoI guidelines, for 2012-13.

Activity 4: Training of Nursing Staffs

Capacity Building or on Job holding Training for quality improvement of Health Facility of the delivery points.

For this Training Officials from CMAI (Christian Medical Association of India) will do the quality assessment of the Health Facilities of the delivery points and Training of the State TOTs from 2 Districts will be conducted at CMAI. After the State TOTs, the District level (DH, CHC, PHC) training will be done. A budget of 5 lakhs will be kept for this training.

OTHER TRAININGS

Financial Training: One Day orientation workshop for the Medical Officers at the State Level on proper compiling of Financial and accounting reports.

No. already trained	No. to be trained	No. of batches	Venue of training	Particulars	Amount (Rs. in lakh)
94	121	4(30 participants per batches)	Family Welfare Conference Hall	Honorarium for 2 trainers @ Rs. 1000/- per day	0.08
				Honorarium for 121 trainees @ Rs. 500 per head per day	0.605
				Working Lunch & other refreshment @ Rs. 200 per participant (27)	0.242
				Sub Total	0.927
				Other overhead expenditure @ 6% of total training expenses	0.05562
				Training material @ Rs. 250/- per trainee	0.3025
				Venue hiring @Rs. 2500 per day	0.100
				Total	1.28512

Activity: 2 One Day orientation workshop for the Finance Personnel (BFM and PHC Accountants) at the State Level on proper compiling of Financial and accounting reports.

No. already trained	No. to be trained	No. of batches	Venue of training	Budget per batch 2012-13		Total budget for 4 batches (Rs. in lakh)- 2012-13
				Particulars	Amount (Rs. in lakh)	
82	82	4 batches (20-21 trainees per batch)	FWCH	Honorarium for 2 Trainers @ Rs. 1000/- per day	0.02	0.08
				Honorarium for 82 trainees @ Rs. 200 per head per day		0.164
				Working Lunch & other refreshment @ Rs. 200 per participant		0.164
				Sub Total		0.408
				Other overhead expenditure @ 6 % of total training expenses		0.024
				Training material @ Rs. 250/- per trainee		0.205
				Grand Total		0.637

Activity 3: Reorientation on tally software for all finance personnel at the state level of all the districts for 3 days.

No. already trained	No. to be trained	No. of batches	Venue of training	Budget per batch 2012-13		Total budget for 5 batches (Rs. in lakh)- 2012-13
				Particulars	Amount (Rs. in lakh)	
91	91	5 batches (20 trainees per batch)	FWCH	Honorarium for 2 Trainers @ Rs. 1000/- Per Day X 3days	0.06	0.30
				Honorarium for 91 trainees @ Rs. 200 per head per day X 3days		0.182
				Working Lunch & other refreshment @ Rs. 200 per participant		0.182
				Sub Total		0.664
				Other overhead expenditure @ 6 % of total training expenses		0.039
				Training material @ Rs. 250/- per trainee		0.227
				Grand Total		0.93

Activity 4: E-banking training for all finance personnel at the State level of all the districts for 3 days

No. already trained	No. to be trained	No. of batches	Venue of training	Budget per batch 2011-12		Total budget for 5 batches (Rs. in lakh)- 2012-13
				Particulars	Amount (Rs. in lakh)	
91	91	5 batches (20 trainees per batch)	FWCH	Honorarium for 2 Trainers @ Rs. 1000/- Per Day X 3days	0.06	0.30
				Honorarium for 91 trainees @ Rs. 200 per head per day X 3days		0.182
				Working Lunch & other refreshment @ Rs. 200 per participant		0.182
				Sub Total		0.664
				Other overhead expenditure @ 6 % of total training expenses		0.20
				Training material @ Rs. 250/- per trainee		0.228
				Venue Hiring@ Rs2500 per day Grand Total		0.125 1.037

Activity 5: Training of AYUSH Manpower/MBBS/ASHAs/ANMs/PHN/SN

Name of the Training	Category	Training Till Date	Propose for the Year 2012-13			
			No. of batches	Duration	Training Load	Financial(in Lakh)
Mainstreaming of AYUSH (State Level)	AYUSH Doctors	85	4	3days	80	3.5
	MBBS	54	4	3days	80	
Mainstreaming of AYUSH (District Level)	ASHAs	nil	4(for each District)	2days	200(50/batch)	5.5
	ANMs	225	4(for each District)	2days	100	
	SNs	nil	2(for each District)	2days	50	
	School Teachers	nil	2(for each District)	2days	50	1.5
Training on application of AYUSH Software(RADAR)	Homeopathy	nil	3	2days	33	
	Total		23	16	593	10.5

Activity 6: Miscellaneous

Sl.no	Particulars	Budget	
		Particulars	Amount (Rs. In Lakh)
1.	Hiring of Transportation – One (1) Vehicle Bolero for regular monitoring visits by the officials	Rs 30000 X 12=360000	3.6
2.	3 Laptops for training staffs (Deputy Director, HR Training Consultant)	Rs 50000 X 3=150000	1.5
3.	Office expenses (Scanner, Data Cards, Telephone expenses)	Rs 50000	0.50
Grand Total			5.60

Summary budget for Training

Sl.No.	Category of training	Budget proposed (Rs. In lakhs)	Remarks (if any)
A. Maternal Health			
	1. SBA for SNs	11.172	
	2. SBA for AYUSH (Homeo & Ayurved)	5.935	
	3. EmOC	17.1336	
	4. LSAS	8.06	
	• LSAS for 04 weeks	3.317	
	• Re-orientation for MOs		
	5. Exposure cum training of 15 SNs for assisting C- section	3.728	
	6. Exposure cum training of 12 Grade IV on OT Assistant	3.6	
	7. RTI / STI for MOs	1.515	
	8. RTI / STI for SNs and ANMs	7.47	
	9. RTI / STI for LTs	0.904	
	10. BEmOC	4.086	
	11. IMEP	0.957	
B. Child Health			
	1. F- IMNCI (MO)	00	Fund Available
	2. F-IMNCI (Paramedics)	00	Fund Available
	3. NSSK for MOs	2.176	
	4. NSSK for SNs and ANMs	1.632	
C. Family Planning			
	1. MTP / MVA training	6.66	
	2. IUD (MO)	7.41	
	3. IUD (SNs & ANMs)	19.6	
E. ARSH			
	1. ARSH for MOs	2.84	
	2. ARSH for counselors	2.28	
	3. ARSH training for Nurses	4.55	
	4. District ToT for MOS on WIFS & SHP	0.78	
	5. Block ToT on WIFS & SHP	2.39	
	6. School Teachers Training	42.14	
D. Program Management			
	1. Exposure cum training for SPMUs & DPMUs	10.00	
	2. Public Health Management training for officials	5.00	
	3. PGDPHM	5.00	

E. Nurses training		
	1.Capacity Building or on – job training	5.00
F. Others		
	1.Financial training for MOs	1.28512
	2.Finance personnel training	0.637
	3.Re-orientation training on tally software	0.93
	4. E-banking training for all finance personnel at the State	1.037
	5. Training of AYUSH	10.50
	7. Other / Misc.	5.36
	Grand Total for Training	205.1047

A.10 Programme/NRHM Management costs

A.10.1. Strengthening of SHS/SPMU (Including HR, Management cost, mobility support, field visits)

Activity-1: Salary of contractual services of SPMU staffs.

Table: The budget needed for 2012-13

Sl. No.	Designation	No. of Post	Honorarium per Month	TOTAL AMOUNT (Rs. In Lakh)
1	State Program Manager	1	35000	4.20
2	State Finance Consultant	1	31000	3.72
3	Additional State Program Manager	1	26000	3.12
4	State Engineering Consultant	1	31000	3.72
5	State HR Consultant	1	26000	3.12
6	State BCC/IEC Consultant	1	26000	3.12
7	State Data Manager (HMIS)	1	28000	3.36
8	State Accounts Manager	1	23000	2.76
9	State Statistical Assistant	1	20000	2.40
10	State Accountant	2	16000	3.84
10	Assistant Engineer Consultant	1	21000	2.40
11	Assistant HMIS Officer	1	20000	2.40
12	Assistant Training Consultant	1	20000	2.40
12	Data Entry-cum-Analyst	2	10000	2.40
13	Steno	1	10000	1.20
14	Office Assistants	3	10000	3.60
15	Computer Operator (TC)	2	10000	2.40
16	Grade-IV	2	6000	1.44
TOTAL		24		51.6

Salary for Deputy Director (Fin) on deputation to State Health Society.

Sl. No.	Designation	No. of Post	Honorarium per Month	TOTAL AMOUNT (Rs. In Lakh)
1	Deputy Dir (Fin)	1	35000 (approx including increments due as per 6 th pay Commission Grade Pay	4.2

Engagement of new contractual staffs for Finance Section of NRHM

1. One store keeper @ Rs 6000 per month= Rs 0.72 lakhs as currently there is no store keeper.
2. One Accounts Manager necessitated on account of the integration of all vertical programmes and e-banking @ Rs 16000 =Rs 1.92 lakhs
3. One grade IV/runner for finance section@Rs 6000 =Rs. 0.72 lakhs

Activity-2: Admin Cost of Rs. 60.00 Lakhs for printing, telephone expenses and other management costs at State Level. Budget for Renewal of licences for Tally ERP 9 for all the block finance managers and PHC accountants and cost of re-installation of faulty software for tally- included in the admin cost.

Activity 3: Mobility support and field visits of Rs. 30.00 Lakhs including continuation of 6 outsource vehicles 3 @ Rs 20,000 for vans and 3 @Rs 30,000 for boleros.

Total cost for the state

STATE	TOTAL AMOUNT (IN LACS)
Salary of SPMU staffs (including Deputy Director Finance on deputation)	55.8
Admin Cost	60.00
Engagement of new staffs for finance section	3.36
Support service such as hiring of vehicles as part of mobility for SPMUs	30.00
Total	149.16

A.10.2 Strengthening DPMUs Staffs

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

Table: The budget needed for 2012-13

District	I/E	I/W	BPR	TBL	CCP	CDL	UKL	TML	SPT	Total
District Program Manager	1	1	1	1	1	1	1	1	1	9
Honorarium@Rs 26,000 per month	3.12	3.12	3.12	3.12	3.12	3.12	3.12	3.12	3.12	28.08
District Finance Manager	1	1	1	1	1	1	1	1	1	9
Honorarium@ Rs 22000 per month	2.64	2.64	2.64	2.64	2.64	2.64	2.64	2.64	2.64	23.76
District Data Manager	1	1	1	1	1	1	1	1	1	9
Honorarium@Rs 21000 per month	2.52	2.52	2.52	2.52	2.52	2.52	2.52	2.52	2.52	22.68
District Accounts Manager	1	1	1	1	1	1	1	1	1	9
Honorarium@ Rs 16000 per month	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	17.28
Office Assistant	1	1	1	1	1	1	1	1	1	9
Honorarium@ Rs 10000 per month	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	10.8
Total	11.4	11.4	11.4	11.4	11.4	11.4	11.4	11.4	11.4	102.6

Activity-3: Admin cost & Mobility Support for field visits including physical and financial supervision visit for all the districts. 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 is included in the admin cost

Table: Admin Cost for Districts

District	I/E	I/W	BPR	TBL	CCP	CDL	UKL	TML	SPT	Total
Administration Cost (Rs in Lakhs)	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	36
Mobility support and field visits (Rs in Lakhs)	1.00	1.00	1.00	1.00	2.00	2.00	2.00	2.00	2.00	14.00
TOTAL	5	5	5	5	6	6	6	6	6	50

Total cost for the district

District	I/E	I/W	BPR	TBL	CCP	CDL	UKL	TML	SPT	Total
Salary	11.4	11.4	11.4	11.4	11.4	11.4	11.4	11.4	11.4	102.6
Admin cost and mobility	5	5	5	5	6	6	6	6	6	50
TOTAL	16.4	16.4	16.4	16.4	17.4	17.4	17.4	17.4	17.4	152.6

A10.3 Strengthening of Block PMU (Including HR, Management cost, Mobility support, field visits)

Activity-1 Continuation of the contractual services of Block level PMU staffs. Detail budget given below. Admin Cost and rent for various buidlingless sub centers as given below

Table: The budget needed for 2012-13

District	I/E	I/W	BPR	TBL	CCP	CDL	UKL	TML	SPT	Total
BPM	3	3	3	3	5	4	5	4	6	36
Honorarium @ Rs 16,000 permonth	5.76	5.76	5.76	5.76	9.6	7.68	9.6	7.68	11.52	69.12
BFM	3	3	3	3	5	4	5	4	6	36
Honorarium@ Rs 15,000 per month	5.4	5.4	5.4	5.4	9	7.2	9	7.2	10.8	64.8
BDM	3	3	3	3	5	4	5	4	6	36
Honorarium@ Rs 15,000 per month	5.4	5.4	5.4	5.4	9	7.2	9	7.2	10.8	64.8
Block HMIS Assistant	3	3	3	3	5	4	5	4	6	36
Honorarium@ Rs 14000 per month	5.04	5.04	5.04	5.04	8.4	6.72	8.4	6.72	10.08	60.48
PHC Accounts Manager	11	6	4	11	5	0	2	3	6	48
Honorarium@ Rs 14,000 per month	18.48	10.08	6.72	18.48	8.4	0	3.36	5.04	10.08	80.64
Total	40.08	31.68	28.32	40.08	44.4	28.8	39.36	33.84	53.28	339.84
Admin cost and mobility for blocks including phc, chc	4	4	4	4	6	5	6	5	7	45
Total	44.08	35.68	32.32	44.08	50.4	33.8	45.36	38.84	60.28	384.84

Activity 2: Creation of three BPMUs (one for Chandel and two for Churachandpur District)

Chandel Block is the biggest block in the District which does not have any BPMU staffs. There is a problem arises while implementing, monitoring as well as reporting. Hence a complete set i.e. Block Program Manager, Block Finance Manager and Block Data Manager is proposed for Chandel Block.

Churachandpur, Vangai Tribal Development Block has been upgraded to Sub Divisional Status by the Manipur Cabinet last year, in which Patpuimun PHC is located under it. Also, last year there is upgradation of SC Sibapurikhal into a PHC Status which falls under Vangai Block/Sub Divisional itself. So, it is strongly desired to set up separate BPMU staffs for Vangai Block which covered 35 villages & posted at PHC Patpuimun. The same problem Saikot TD Block covering maximum number of villages (200 VHSNC) also needs separate complete sets of BPMU staffs.

Thus, BPMU staffs i.e. post for Block Data Manager & Block Program Manager be created at PHC Patpuimun as already BFM is posted whereas Block Program Manager, Block Data Manager & Block Finance Manager posts to be created at PHC Saikot.

District	CCP	CDL	Total
BPM	2	1	3
Honorarium @ Rs 16,000 per month	3.84	1.92	5.76
BFM	1	1	2
Honorarium @ Rs 15,000 per month	1.8	1.8	3.6
BDM	2	1	3
Honorarium @ Rs 15,000 per month	3.6	1.8	5.4
Total	9.24	5.52	14.76

A10.4 Strengthening (others)

A10.5 Audit fees of Rs. 4.00 lakhs for statutory Audit

A11.6 Concurrent Audit of Rs. 16.5 lakhs (for both State and 9 District @ Rs. 3.00 Lakhs for State and @ Rs. 1.50 Lakh per district respectively).

Total district (including block) wise Management cost

District	State	I/E	I/W	BPR	TBL	CCP	CDL	UKL	TML	SPT	Total
Salary and OE/mobility for DPMU	-	16.4	16.4	16.4	16.4	17.4	17.4	17.4	17.4	17.4	152.6
Total cost for BPMU	-	44.08	35.68	32.32	44.08	50.4	33.8	45.36	38.84	60.28	384.84
Setting up of new BPMU at CDL & CCPur	-	0	0	0	0	9.24	5.52	0	0	0	14.76
Audit fees	7.00	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	20.5
Total	7.00	61.98	53.58	50.22	61.98	78.54	58.22	64.26	57.74	79.18	572.7

SUMMARY BUDGET SHEET -RCH FLEXIBLE POOL (Part-A)

Sl.No.	Activity	Total Amount (Rs. In lacs)
A.1	MATERNAL HEALTH	
	1. Janani Suraksha Yojana / JSY	202.825
	2. Other Maternal Health Activity	632.58
	Sub Total	835.405
A.2	CHILD HEALTH	146.997
A.3	FAMILY PLANNING	53.46
A.4	ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH / ARSH	189.392
A.5	URBAN RCH	100.48
A.6	TRIBAL RCH	15.5616
A.7	PnDT	34.118
A.9	INFRASTRUCTURE & HUMAN RESOURCES	1079.64
A.10	TRAINING	205.1047
A.11	PROGRAMME / NRHM MANAGEMENT COSTS	721.86
	TOTAL	3382.0183

PART-B

NRHM FLEXI POOL

Bi.a ASHA INITIATIVE

Bi.1.1: Selection & Training of ASHA

Regarding additional ASHA selection, some of the districts have proposed their additional requirements but as per the guideline of GoI, one ASHA per 1000 population is followed strictly by the State. The population figure of the State as per 2011 census report is 2,721,756. Therefore, the state decided not to select any more additional ASHAs in the state for the present. Thus, the number of ASHAs in year 2012-2013 will remain the same as approved earlier in 2010-2011 i.e. 3878 ASHAs.

The state have already trained 3 (three) State Trainers upto 2nd round at national level, SEARCH, Garcholori, Maharashtra.

The District Training of Trainers (DTot) on ASHA Module 6 & 7 has been already completed up to 1st round by September 2010 and another refresher cum supplementary training has also been done at State level in the month of August 2011. The 2nd round of districts trainers will be conducted during 17th to 24th January 2012. Altogether, 62 District Trainers were selected from 9 districts in the State. The DTs comprise of ANMs, GNM, DPHNOs and BPMs.

Now, all the 9 districts have completed up to 2nd round on Module 6 & 7 and the 3rd round started by first week of February, 2012 and will be completed by April, 2012. Therefore, in 2012 – 13, the remaining 3rd round for district trainers at State level and 4th round for ASHAs at the district level will be conducted. The State also proposed the budget for orientation budget for newly selected ARC staffs at State ASHA Program Manager & District Community Mobilizers.

Number of ASHAs:

Sl. No.	District	Total ASHAs	Shortfall	Target for 2012 – 13
1	IE	431	Nil	431
2	IW	329	Nil	329
3	TBL	365	Nil	365
4	BPR	235	Nil	235
5	UKL	302	Nil	302
6	CDL	550	Nil	550
7	CCP	627	Nil	627
8	SPT	787	Nil	787
9	TML	252	Nil	252
Total		3878	Nil	3878

Bi.1.1 : ASHA Training budget :

Table: Budget for DTot on ASHA Module 6 & 7 at State Level (3rd Round)

Sl.No	Particulars	Budget Details	Rs.in Lakh
1	Trg.Materials	@Rs.150 x 72 (including SAMG Members)	0.11
2	Honorarium of STot	@Rs.1000 per head per day x 4 x 8 days	0.32
3	TA/DA for DTs & SAMG	@Rs.500 per head x 26 DTs (Valley dist) x 8 days	1.4
		@Rs.700 per head x 36 DTs (Hill Dist) x 8 days	2.2
		@Rs.500 per head x 10 SAMG Members x 8 days	0.40
4	Working lunch and tea & Snacks including drinking water	@Rs. 170 x 72 (DTs & SAMG) x 8 days	0.98
5	Contingencies		0.57
		Total	5.98

Table: Budget for ASHA level Training on ASHA Module 6 & 7 at District/Block Level (4rd Round)

Sl.No	Particulars	Budget Details	Rs.in Lakh
1	Trg.Materials	@Rs.50 per head x 3878	1.94
2	Honorarium of DTs	@Rs.500 per head per day x 2 trainers X 130 batches x 5 days	6.50
3	TA of ASHAs (valley Districts)	@Rs.150 x 1360 ASHAs x 5 days	10.20
4	TA of ASHAs Hill Districts)	@Rs.200 per head x 2518 ASHAs x 5 Days	25.18
5	Lunch and tea & Snacks including drinking water	@Rs.150 per head per day x 3878 ASHAs x 5 Days	29.09
6	Contingencies	Total	5.07 77.98

Training Plan for ASHA Module 6 & 7:

Modules	Number of ASHAs trained	Target for 2012-13
Module 1	3878	-
Module 2	3878	-
Module 3	3878	-
Module 4	3878	-
Module 5	3878	-
Module 6 & Module 7	1 st round	3878
	2 nd round	-
	3 rd round	-
	Scheduled in March 2011.	-
	4 th round	nil 3878

Bi.1.2: ASHA Drug Kit:

The ASHAs drug kit will be incorporated to the State essential drug procurement. Therefore no budget is proposed this year within the budget of @Rs.10,000 per ASHA.

The drugs which would be procured for ASHAs are listed below:

Tab paracetamol : 100 tabs.x 2 =200 tabs per year
 Tab Iron folic acid (IFA - L) : 1000 tabs x 2 = 2000 tabs per year
 Tab Iron folic acid (IFA - S) : 500 tabs x 2 1000 tabs per year
 O C P strip : 10 pkts x 2 = 20 pkts per year
 Tab chlorquine : 30 tab x 2 60 tabs per year
 DDK : 20 nos x 2 = 40 nos per year
 ORS : 100 pkts x 2 = 200 pkts per year
 Spirit (30 ml): 2 bottle x 2 = 4 per year
 Cotton : 2 roll x 2 = 4 roll per year
 Bandage : 10 roll x 2 = 10 roll per year
 Nischey : 10 pieces x 2 20 pieces per year
 Tetracycline : 5 nos x2 = 10 nos per year

Bi.1.3: Incentive to ASHAs from other source by ASHAs beyond 10,000.

- Accompanying pregnant women for ANC, Institutional Delivery and PNC Rs.200 in Urban & Rs.600 in Rural, JSY (under part A - JSY).
- Motivation for male sterilization Rs.200,Family planning,(under Part A of NRHM)
- Motivation for female sterilization Rs.150,Family planning, (under Part A of NRHM)
- Site arrangement for holding monthly VH&ND, (Rs.100, Village untied fund under part B of NRHM).
- Social mobilization of pregnant women & children for immunization during VH&ND, Rs.150, (routine Immunization strengthen under Part C of NRHM).
- Completing DOTS course as observer/depot holder Rs.250 (RNTCP under part D of NRHM).
- Providing radical treatment for Pf+cases diagnosed by using RDK Rs.25 maximum of 100 per month (NVBDCP under part D of NRHM).
- Mobilization for Cataract Operation Rs.175,(NPCB under part D of NRHM)
- IPPI operating cost per day,Rs.75 Intensified (pulse Polio Immunization)
- Timely reporting of births and deaths to ANM/MO Rs.10 (Part B of NRHM)
- Motivating BPL families for sanitary toilet (Rs.50 Total sanitation campaign).
- Incentive under Home Base New Born care (Rs.250) Projected under HBNC (Child Health)
- Incentive under MCTS @Rs.200 for full ANC of pregnant women and @Rs.200 for full immunization of children.

Home based New Born Care (HBNC)

Home based newborn care is a programme aimed at improving newborn survival. The main vehicle to provide the services under the Home Based Newborn Care is the ASHA. The activities to be provided as part of home based care for the newborn and the skills that the ASHA is taught in module 6 & 7. For the ASHA to be effective in providing HBNC and to enable reductions in neonatal mortality she is to be paid Rs. 250/- for conducting home visits for the care of the new born and post partum mother. The schedule of payment is as follows:

- § Six visits in the case of institutional delivery(Days 3,7,14,21,28 and 42), and
- § Seven visits in the case of home delivery (Day 1,3,7,14,21,28 and 42).

The amount is to be paid based on the completed home visit form & first examination of the newborn and post partum mother. The HBNC format printing budget is reflected in Child Health Part.

Action to be taken to streamline payment of performance incentives to ASHAs and reduce delay.

Irregular incentive payment to ASHAs has been a major problem in the state. Hence, in order to overcome this problem the state will orient all district officials of the DPMSU including DM&HO and Programme Officers of different Vertical Programmes on Single Window Incentive Payment System to the ASHA.

Bi.1.4 : Supervisory and supportive structure for ASHAs:

Establishment of ASHA Support system (ASHA Mentoring Group)

The state ASHA Mentoring Group was formed in 2009- 10 with 10 members. Regular quarterly meetings were held. The members conduct monitoring field visits and interact with ASHAs to find out the actual constraints of ASHAs. The SAMG members attends the ASHA module training as an observer and also attends the quarterly AMG Meetings organized by the State Health Society wherein the members put up the challenges/constraints of ASHAs in the field and discuss the same among the members. Now, the state has identified the State ASHA Nodal officer and State Community mobilizer, RRC and State ASHA Program Manager under ARC for further hand holding support. Any updates with regard to ASHA modules and activities are shared to all the AMG members for feedback.

Table: Budget for SAMG, 2012 -13:

Sl.No	Details	Budget details	Rs.in lakh
1	AMG meeting (including TA/DA)	@Rs.40000 x 4	1.60
2	Field visit of AMG members	@ Rs. 4000 x 10 x 4	1.60
		TOTAL	3.20

Regarding field visits, TA/DA @ 4000 of AMG members will be reimbursed as per the actual expenses. As of today, the State ASHA Mentoring group consultation meeting has been conducted up to the 8th round. For next year 2012 – 13, the state again proposes regular and quarterly SAMG Consultation meetings to be held.

The Key outcomes of the SAMG Meeting:

As recommended by the SAMG members, the state has converted into action i.e ,Cluster Mapping of ASHA at the Block level, ASHA Stay facility cum help desk in 4 districts as per the high delivery case load and 24 / 7 service availability. The Health facilities are;

1. Nambol CHC, Bishnupur District
2. District Hospital, Ukhrul District
3. Sagolmang CHC, Imphal East
4. Wangoi CHC, Imphal West

The entire fund requirement for this new initiative is derived from the Rogi Kalyan Samiti (RKS) only.

ASHA Resource Centre (ARC)

Community participation especially the ASHA Scheme is one of the major components of NRHM, and it largely contributes and plays a vital role in reducing MMR, IMR and TFR and spread of infectious diseases by having a trained Community Health Volunteer/Activist called Accredited Social health Activist (ASHA) in every habitation/1000 population. (ASHAs role and responsibilities as per guidelines)

For effective facilitation of the ASHAs scheme, and to make them able to perform their tasks at optimal level, a supportive structure and mechanism at various levels of program implementation has been proposed for appropriate supervision, mentoring, and handholding support to the initiative in addressing health and health care services for the rural poor. In this context, an ASHA resource centre is conceptualized and proposed for the Manipur State to strengthen the ASHA scheme/Community process under NRHM, and also facilitate health system strengthening with enhancement of community participation and ownership in health programs/system within the existing governance mechanism under NRHM.

At State level, ASHA Resource Center is expected to contribute to the State by providing various support for Community Processes under NRHM. At State level, State ASHA Nodal Officer, Community Mobilizer, Manipur RRC, NE States and one State ASHA Program Manager are currently in place.

State ASHA Program Manager (ARC) will report to State Nodal Officer- ASHA and Community Mobilizer, Manipur (RRC, NE).

At district level, there will be one DCM, and at sector/village level ASHA Facilitator will be placed for every 15-20 ASHAs.

Table: Budget for ARC State level:

Now the State ASHA Program Manager is already in place in the State. For Imphal West and Ukhrul districts, selection of ARC staff is complete. Whereas for other remaining districts ARC staff selection is in process but due to the prevailing election code of conduct, selection and announcement of results will proceed only after the election. By April 2012, ARC staff for all the nine districts will be in place.

STATE LEVEL					
Sl.No	Particulars	Nos.of post	Budget	Rs.in lakh	Remarks
1.	State ASHA Program Manager	01	24000 consolidated pay x 12 months	2.88	SAPM is in place
	Monitoring visit Workshops, Seminars, Meetings etc.		The State level ASHA Unit will have regular supervision cum monitoring visit at District and Block level as per the requirement	4.00	
	Data Assistant (2 years experience with BCA/DOEA "A"/PGDCA/Comp Sc.)	01	Rs 10,000/- consolidated	1.2	
	Total			8.08	

DISTRICT LEVEL					
Sl.No	Particulars	Nos.of post	Budget	Rs.in lakh	Remarks
1.	District Community Mobiliser	9	18000 Consolidated pay x 9 x 12 months	19.44	In place in Ukhrul Dist. Other districts DCM will be in place after the election by March 2012.
	Management cost for district and blocks@ Rs 1.584 per district			14.256	
	Total			33.696	

BLOCK LEVEL					
Sl.No	Particulars	Nos.of post	Budget	Rs.in lakh	Remarks
1.	Block ASHA facilitators (Local residence, XII std. ,female having good communication skills 20 ASHAs approximately per facilitator	194 ASHA Facilitators	BAF@ 1,000 fixed pay + 4000 as performance incentives as per Ministry guidelines. Consolidated is Rs 5000 per month	116.4	AFs in place in Ukhrul Dist. Other districts AFs will be in place after the election by March 2012.
	Total			116.4	

Table: Budget for newly selected ASHA Resource Centre Staff Orientation (State ASHA Program Manager & District Community Mobilizer) at State level

Sl.No	Particulars	Budget Details	Rs.in Lakh
1	Trg.Materials	@Rs.100 per head x 10	0.1
2	Honorarium of Resource person	@Rs.1000 per head per day x 2 RP x 2 days	0.4
5	Lunch and tea & Snacks including drinking water	@Rs.150 per head per day x 15 x 2 Days	0.5
6	Contingencies		0.10
		Total	0.20

Table: Budget for newly selected ASHA Resource Centre Staffs Orientation (ASHA Facilitators) at District/Block: (5 Days)

Sl.No	Particulars	Budget Details	Rs.in Lakh
1	Trg.Materials	@Rs.100 per head x 194 AFs	0.19
2	TA for AFs	@Rs.150 per head x 194 AFs x 5 days	1.46
3	Trainer (Hon)	Rs. 500 X 2 trainers X 5 days X 9 District	0.45
5	Lunch and tea & Snacks including drinking water	@Rs.150 per head per day x 194 x 5 Days	1.46
6	Contingencies		0.45
		Total	4.01

ASHA Facilitator Training on Module 6 & 7 (1st to 4th round)

In addition to orientation training, ASHA Facilitator requires training on Module 6 & 7 as they have to provide on job training and supportive supervision to ASHAs in the field on regular basis. Therefore, it is propose to train all ASHA Facilitators also on 1st, 2nd, 3rd and 4th round training of Module 6 & 7.

Budget:

Budget for 1 round of training			
Sl.No	Particulars	Budget Details	Rs. in Lakh
1	Trg. Materials	@Rs.100 per head x 194 AFs	0.19
2	TA for AFs	@Rs.150 per head x 194 AFs x 5 days	1.46
3	Trainer (Hon)	Rs. 500 X 2 trainers X 5 days X 9 District	0.45
5	Lunch and tea & Snacks including drinking water	@Rs.150 per head per day x 194 x 5 Days	1.46
6	Contingencies		0.45
		Total	4.01
Total Budget for 4 rounds of training = Rs. 4.01 lakhs X 4 = <u>Rs. 16.04 lakhs</u>			

Bi.1.5: Other ASHAs

Bi.1.5.1: Monthly meeting of ASHAs at Facility (PHC/CHC) level

Monthly meeting of ASHAs will be held at health facility level. This is an opportunity to share various issues faced by ASHAs as well as to review their performance. With ASHA Facilitator to be in place soon in all the districts, these meetings will help in addressing various issues of ASHAs in more effective way.

Transport package for meeting:

Support Mechanism (transport package) for the 5 Hill Districts will be continued. whereas for the valleys district the State have already provided bicycle to all the ASHAs. Total amount (TA) requirement per ASHA @ Rs.200 X 2518X12 is Rs.60.43 Lakh,

Bi.1.5.2: Observance of District level ASHA Convention:

ASHA – A Ray of Hope for the community, who is working day & night for better health of the Community, needs to be recognised, appreciated and motivated in every step. With this vision/view and to perk up their performance in future, the State proposes the District level ASHA Convention for the coming year 2012 – 13. The proposed budget is @Rs.1.50 lakh x 9 districts = Rs. 13.50 lakh

Bi.1.5.3: Supervisory tool- kit for ASHA Facilitator:

The State has completed recruitment of ASHA Resource Centre (ARC) Manpower and 194 ASHA Facilitators are in place. One ASHA Facilitator will coordinate 20 ASHAs.

In the State, the communication kits for ASHAs have provided, likewise, the supervisory toolkits for ASHA Facilitator is also proposed for ASHA Facilitators.

The issue/topics to be covered in this material will be in the line of various roles and responsibility of ASHAs as well as ASHA facilitators. The tool - kit will also include, flip book, situation/play cards etc. Considering these, for development of tool - kit for ASHA facilitator, during year 2012-2013, it is proposed to engage the same organization who has developed Communication Kit for ASHAs in Manipur during year 2011-2012.

The total budget proposed for tool - kit for ASHA Facilitator is Rs.8.0 lakhs for development cost and Rs.2.0 lakhs for printing cost = Rs.10.0 lakhs.

Bi.1.5.4:

In order to strengthen the capacity of ASHAs especially in providing various health education to the pregnant woman, mother and their family members on HBNC, State in addition to Module 6 & 7 training have developed and provided communication kit containing flip book with health education cards and situation cards, posters and other innovative materials to ASHAs during year 2011-2012. These materials which have been provided to ASHAs broadly cover those issues which are covered under 1st and 2nd round training of ASHA Module 6 & 7. During year 2012-2013 also state proposes to provide similar communication materials to ASHAs. The step of development will be similar to that of previous year i.e. development process of communication kit developed during 2011-2012, which involves surveys/studies, and with participatory approach. Therefore, it will be more effective to engage those organization having experience of development of such materials (communication materials for ASHAs), and also having experience of involvement in research studies related to Community Processes under NRHM/ASHA program. Considering these, for development of communication kit for ASHAs during year 2012-2013, it is proposed to engage the same organization who has developed Communication Kit for ASHAs in Manipur during year 2011-2012.

Two sets of similar materials (Flip books and Situation Cards, other innovative materials) will be provided to ASHAs; the first one will be developed by covering those issues which are covered in 3rd round training of ASHA Module 6 & 7, and the second sets will cover those issues which are covered in 4th round training of Module 6 & 7.

Budget for Communication Kit

SI No	Particulars	Budget
1	Development of communication kit 1 st set (Covering issues of 3 rd round Module 6 & 7 training of ASHAs)	Rs. 8.0 Lakhs
2	Cost for Printing (3878 ASHAs + 194 AF + Others) (4200 Copies X Rs.200)	Rs. 8.40 Lakhs
3	Development of communication kit 2 nd set (Covering issues of 4 th round Module 6 & 7 training of ASHAs)	Rs. 8.0 Lakhs
4	Cost for Printing (3878 ASHAs + 194 AF + Others) (4200 Copies X Rs.200)	Rs. 8.40 Lakhs
	Total	Rs. 32.8 Lakhs

Estimated Budget proposed for ASHAs for year 2012 – 13.

Budget for ASHAs		Rs.in Lakh
B1.1.	Selection & training of ASHAs DToT on ASHA Module 6 & 7 at State Level (3rd Round)	5.98
B1.1.1	ASHA level Training on ASHA Module 6 & 7 at District/Block Level (4rd Round) 5 Days	77.98
B1.1.2	Communication kit for ASHAs (Development and printing cost of 4200 copies of each sets)	32.8
B1.1.4	Other ASHAs	
	State ASHA Mentoring Group	3.20
	ARC – State level	8.08
	ARC – District level	33.696
	ARC – Block level	116.4
	Newly selected ASHA Resource Centre Staffs Orientation (State ASHA Program Manager & District Community Mobilizer) at State level	0.20
	Newly selected ASHA Resource Centre Staffs Orientation (ASHA Facilitators) at District/Block: (5 Days	4.01
	Training of ASHA Facilitator on Module 6 & 7 (Round 1 to Round 4)	16.04
B1.1.5.1	Monthly meeting of ASHAs at Facility (PHC/CHC) level for hill district ASHAs	60.43
B1.1.5.2	Observance of District level ASHA Convention	13.50
B1.1.5.3	Supervisory tool- kit for ASHA Facilitator	10.0
	TOTAL	382.316

B2 UNTIED FUNDS

In the state there is only one Sub-District Hospital at Moreh under Chandel district and 16 CHCs. The State has 80 PHCs (7 new PHCs have been upgraded from PHSC by the Government of Manipur) and 420 PHSCs.

The cumulative achievements so far (as on Dec 2010) are indicated in the given format:

(Rs in lakh)

Facility level	Number of Facilities as per norm	No of facilities received untied fund so far	Total amount released so far	Total amount utilized	No of facilities that utilized less than 50% of their fund in 2011-12	Unspent Balance
Untied Fund for SCs	420	412	41.2	19.34	94	21.86
Untied funds for the facilities below PHC & above SC	-	Nil	Nil	Nil	Nil	Nil
Untied Fund for PHCs	80	73	18.25	9.70	9	8.55
Untied Fund for CHCs	16	16	8	4.86	2	3.11
Untied fund for SDH	1	1	0.5		1	
Untied fund for DH	Nil	Nil	Nil	Nil	Nil	Nil

Annual Untied Fund for CHCs, PHCs & Sub-Centres

In the coming financial year 2012-13, all the 16 CHCs, 1 SDHs, 80 PHCs and 420 PHSCs will be given annual untied fund as given below:

1. CHC/SDH: Rs. 50,000/- (Rupees fifty thousand only)
2. PHC: Rs. 25,000/- (Rupees twenty five thousand only)
3. PHSC: Rs. 10,000/- (Rupees ten thousand only)

Table: The district wise budget for the year 2012-13 (Rs in Lakh)

S/N	Levels of facility	IE	IW	TBL	BPR	CCP	CDL	SPT	TML	UKL	Total
1	Sub-Centre	52	51	51	36	70	27	65	30	41	423
	Budget	5.20	5.10	5.1	3.6	7.0	2.70	6.60	2.90	4.00	42.3
2	PHC	11	8	12	5	10	5	14	6	8	79
	Budget	2.75	2.00	3.00	1.25	2.5	1.25	3.5	1.50	2.00	19.750
3	CHC	2	2	5	2	1	0	2	1	1	16
	Budget	1.00	1.00	2.50	1.00	0.50	0.00	1.00	0.50	0.50	8.00
4	SDH	0	0	0	0	0	1	0	0	0	1
	Budget	0.00	0.00	0.00	0.00	0.00	0.50	0.00	0.00	0.00	0.50
	TOTAL BUDGET	8.95	8.10	11.30	5.85	9.35	4.45	11.10	4.90	6.50	70.55

Table: The districtwise status of VHSCs

Activity Cumulative Achievements so far	IE	IW	TBL	BPR	CCP	CDL	SPT	TML	UKL	Total
No. of Revenue Villages	194	131	103	49	592	436	675	173	213	2566
Number of Village Health & Sanitation committees Constituted	431	329	525	235	627	550	787	295	302	4081
No of ASHAs	431	329	365	235	627	550	787	252	302	3878
No. of Joint Account opened	381	329	525	235	627	320	620	252	302	3591
Total funds released to VHSCs (Rs in lakh) 2011-12	38.10	22.10	15.50	36.50	53.90	53.00	25.2	25.2	61.50	331.0
Total amount spent by VHSCs so far	57.6	33.2	17.3	38.3	54.69	27.79	23.22	4.17	107.33	363.6
Total unspent balance	6.04088	12.62783	7.78839	18.31799	.00234	56.54136	3.40185	20.10000	7.13776	131.95606

In the coming financial year 2012-13, the state health society proposes to provide the 3878 numbers of Villages Health and Sanitation Committees an annual untied fund@ Rs. 10,000/- (Ten thousand only) per Committee with following proposed expenditure guidelines:

- | | | |
|----|------------------------------------|---------------------------------|
| 1. | First Aid Medicine (40%): | Rs. 4000/- |
| 2. | Monthly VHND @ Rs 100 per VHND: | Rs. 1200/- |
| 3. | Referral Support for PW @ Rs. 300: | Rs. 3000/- (Target 10 referral) |
| 4. | Sanitary activities: | Rs. 1000/- |
| 5. | Meeting expenditure: | Rs. 800/- |

The districtwise proposed breakup budget for the financial year 2012-13 is given below:

Table: Districtwise budget for VHSCs

Particulars	IE	IW	TBL	BPR	CCP	CDL	SPT	TML	UKL	TOTAL
No. of Revenue Villages	194	131	103	49	592	436	675	173	213	2566
Number of Village Health & Sanitation committees Proposed for UF	431	329	365	235	627	550	787	252	302	3591
Untied Fund @ Rs.10,000/- per VHSC (Rs in Lakh)	43.10	32.90	36.50	23.50	62.70	55.00	78.70	25.20	30.20	387.80

B3 ANNUAL MAINTENANCE GRANTS

In the state there is only one Sub-District Hospital at Moreh under Chandel district, 16 CHCs and 80 PHCs (7 new PHCs have been upgraded from PHSC by the Government of Manipur). The cumulative achievements on annual maintenance fund for the financial year 2010-11 so far (as on Dec 2010) are indicated in the given format:

Facility level	Number of Facilities as per norm	No of facilities received untied fund so far	Total amount released during 2011-12	Total amount utilized	Unspent Balance (with OB as on 1 st April'11)
AMG for SCs	420	316	31.6	36.42	25.43
AMG for PHCs	80	73	36.5	45.39	
AMG for CHCs & 1 SDHs		16	17	21.18	
AMG for SDH	1	1			

Activity-1: Annual Maintenance Grant for CHCs, PHCs & Sub-Centres

In the coming financial year 2011-12, all the 16 CHCs, 1 SDHs, 80 PHCs and 420 PHSCs will be given annual Maintenance Grant as given below:

1. CHC/SDH: Rs. 1,00,000/- (Rupees one lakh only)
2. PHC: Rs. 50,000/- (Rupees fifty thousand only)
3. PHSC: Rs. 10,000/- (Rupees ten thousand only)

Table: The district wise budget for the year 2012-13 (Rs in Lakh)

S/N	Levels of facility	IE	IW	TBL	BPR	CCP	CDL	SPT	TML	UKL	Total
1	Sub-Centre	52	51	58	36	63	27	66	29	40	422
	Budget	5.20	5.10	5.80	3.60	6.3	2.70	6.60	2.90	4.00	42.2
2	PHC	11	8	12	5	10	5	14	6	8	79
	Budget	5.50	4.00	6.00	2.50	5	2.50	7.00	3.00	4.00	39.50
3	CHC	2	2	5	2	1	0	2	1	1	16
	Budget	2.00	2.00	5.00	2.00	1.00	0.00	2.00	1.00	1.00	16.00
4	SDH	0	0	0	0	0	1	0	0	0	1
	Budget	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00
	TOTAL BUDGET	12.70	11.10	16.80	8.10	12.60	6.20	15.60	6.90	9.00	98.7

(Rupees ninety nine lakh only)

B.4. Hospital Strengthening

B.4.1. Up-gradation of CHCs, PHCs, District Hospitals to IPHS

B.4.1.1 District Hospitals

All the corridors connecting different block of District Hospital, Thoubal is open without any grill. In view of security and privacy it is propose to provide grills to all the corridor to prevent outsiders to inter through the corridor. The approximately Rs. 10/- lacs is propose for this work.

Internal electrification and installation for the south block of District Hospital, Churachandpur is very old and damage in this regard a budget of Rs. 5 lacs is propose to replace the old IEI.

For District Hospital, Bishnupur construction of laboratory and medical record room at the budget of Rs. 10 lacs each is also propose.

Mini-trauma centre with a capacity of 4 bed is propose at the budget of Rs. 25 lacs.

The Budget Details –

Sl. No.	District Hospital	Items	Propose Amount	
1	Thoubal	Providing of Grill to the all corridors	Rs	10,00,000.00
2	Churachandpur	Replacement of IEI for the south block	Rs	5,00,000.00
3	Bishnupur	Construction of Laboratory	Rs	10,00,000.00
		Construction of medical record room	Rs	10,00,000.00
4	Chandel	Mini-trauma centre	Rs	25,00,000.00
5	Ukhul	Extension of 04 Room OPD Block	Rs	15,00,000.00
TOTAL			Rs	75,00,000.00

B.4.1.2 Up-gradation of CHCs

The Institutional Building of CHC Kakching is more than 30 years old. Ceiling, floor, wall plaster, doors & windows and electrical fittings are all damage and need repairing, so a budget of Rs. 25 lacs is propose.

CHC Yairipok is located in bazaar area and is constantly threaten to encroach by the locals to prevent encroachers barb-wire fencing with angle iron post and PCC footing at a budget of Rs. 10 lacs may be constructed and this CHC is having only one BTQ. Therefore, 2 nos. of type-III Quarters @Rs. 29 lacs each also propose.

CHC Mao is situated on hill top and slope of southern side is very steep and about to slide. Unless we construct a retaining wall on the southern side a part of the building will be damaged due to the land slide. The budget required to Rs. 15 lacs.

A conference Hall may be constructed for CHC Heirok at the budget of Rs. 30 lacs and RCC Roof and CHC Nambol is damaged and started leaking. To prevent leaking and further damaging we may construct a floor with CGI sheet roofing and still tubular trust at cost of Rs. 50 lacs.

Institutional building of CHC Kamjong is more than 20 years old and most of the components viz., roof, ceiling, walls, floors, toilets and door with windows are damaged, therefore, repairing of the above items at an approximate budget of Rs. 25 lacs is propose.

Sl. No.	Nam of CHC	Items	Propose Amount	
1	CHC Kakching	Renovation of Ceiling, floor, wall plaster, doors & windows and electrical fittings for wards	Rs	25,00,000.00
2	CHC Yairipok	Barb-wire fencing with angle iron post and PCC footing	Rs	10,00,000.00
		Construction of 2 nos. of type-III Quarters @Rs. 29 lacs	Rs	58,00,000.00
3	CHC Mao	Construct a retaining wall on the southern side	Rs	15,00,000.00
4	CHC Heirok	Construction of Conference Hall	Rs	30,00,000.00
5	CHC Nambol	2 nd floor with CGI sheet roofing and still tubular trust.	Rs	50,00,000.00
6	CHC Kamjong	Renovation of Ceiling, floor, wall plaster, doors & windows and electrical fittings	Rs	25,00,000.00
TOTAL			Rs	2,13,00,000.00

B.4.1.3 Up-gradation of PHC

PHC Lambui and PHC Phungyar is Ukhrul District is located in Hilly area without propose water facilities. Therefore, we may construct water supply system at the cost of Rs. 8 lacs each. The total budget is Rs. 16.00 lacs only. PHC Maphou of Senapati District requires drainage system @Rs. 10 lakhs and a fencing 2Rs. 15 lakhs. We are also targeting to up-grade PHC Khongjom to 24x7 in this regards compound wall and patient toilet at the cost of Rs.40 lacs and Rs.10 lacs is proposed. Hence, for PHC upgradation a total of Rs. 91.00 lakhs will be required.

B.4.1.4 Up-gradation of PHSC

PHSC Molkom of Senapati district and PHSC Changangei of Imphal west District is running on very old buildings without any usable toilet. It is proposed to construct one toilet block for each PHSC. The budget required is Rs 2.5 lacs for each sub centre. The total budget is Rs. 5 lacs. PHSC Lilong Chajing is located at the place inhabited by different caste it is also propose to construct a brick fencing at the cost of Rs. 5.00 lacs. Haorang Sabal Dispensary covers a population of more than ten thousand. Fencing of Southern side and a patient toilet at the cost of Rs. 13 lacs and Rs. 10 lacs respectively is proposed.

B.4.1.5 Up-gradation of others

Moreh Hospital is the only Sub-District Hospital in Manipur. During rainy season, due to water logging the facility faces many difficulties. The facility is also located at border area and surrounded by many different tribes. For the propose of security and propose functioning it is propose to construct a boundary wall at the cost of Rs. 20 lacs and drainage system at the cost of Rs. 20 lacs. The total budget is Rs. 40.00 lacs only.

B.5. NEW CONSTRUCTION/SETTING UP

B.5.1. Construction of CHC

State Cabinet has approved to upgrade PHC Chakpikarong to CHC Chakpikarong and this is the only CHC in the District of Chandel. It is propose to construct one IPD Block, one OPD Block with one barrack type quarter. Further CHC Moirang is also situated at a very low lying area during the rainy session the structure remains summers in water. The institution wise budget detail for construction of CHC is as follows –

Sl. No.	District	Name of CHC	Type of Work	Budget detail (Rs. In lacs)
1	Chandel	CHC Chakpikarong	Construction of IPD Block	275.00
			Construction of OPD Block	50.00
			Construction of BTQ	72.00
2	Bishnupur	CHC Moirang	Construction of IPD Block	275.00
3	Churachandpur	CHC Parbung	Construction of BTQ	72.00
Total				744.00

B.5.2. Construction of PHC

PHSC Komlathabi, PHSC Sangaiyumpham, PHSC Kwakta, PHSC Karong and PHSC Khonghampat have been up-graded to PHC. Civil works for PHC Komlathabi has already been sanctioned under the Health Department and the remaining 04 PHCs are propose to construct during this year (2012-13) and PHC Lai of Senapati District is located at very remote and border area. Institutional building for this PHC is already constructed under NRHM. Civil works for construction of 01 BTQ with 01 Type-III Quarter is proposed. PHC Ningthoukhong is currently functioning in Old PHSC Building. Therefore, a new Institutional Building is propose for PHC Ningthoukhong. The institution wise budget detail for construction of PHC is as follows –

Sl. No.	District	Name of PHC	Type of Work	Budget detail (Rs. In lacs)
1	Thoubal	PHC Sangaiyumpham	Construction of Institutional Building	75.00
			Construction of BTQ	72.00
2	Bishnupur	PHC Kwakta	Construction of Institutional Building	75.00
			Construction of BTQ	72.00
		PHC Karong	Construction of Institutional Building	75.00
			Construction of BTQ	72.00
		PHC Ningthoukhong	Construction of IB	75.00
3	Imphal West	PHC Khonghampat	Construction of Institutional Building	75.00
			Construction of BTQ	72.00
		PHC Bashikhong	Construction of BTQ	72.00
		PHC Samurou	Construction of BTQ	72.00
		PHC Mayan Imphal	Construction of BTQ	72.00
4	Senapati	PHC Lai	Construction of Type-III Qtr.	28.00
5	Tamenglong	PHC Tousem	Construction of BTQ	72.00
Total				979.00

B.5.3. Construction of PHSC

The following buildings Sub-Centre are proposed for the year 2012-13. The District wise and institution were budget detail is given below

SL. No.	District	Name of PHSC	Budget Required (Rs in lacs)
1	CHANDEL	1 Khengjoy	22.00
		2 Sehlol	22.00
2	IMPHAL EAST	1 Waithou Chirao	22.00
		2 Kairang muslim	22.00
		3 Kairang Meitei	22.00
		4 Laipham Khunou	22.00
		5 Makeng Chengloul	22.00
		6 Khurai Sajor Leikai	22.00
		7 Kashimpur	22.00
		8 Jakuradhor	22.00
		9 Ningomthongjao	22.00
		10 Khuman Lampak	22.00
3	TAMENGLONG	1 Nunngang	22.00
4	IMPHAL WEST	2 Nandiram	22.00
		1 Langol Tarung	22.00
		2 Awang Wabagai	22.00
		3 Mayang langing	22.00
		4 Maklang	22.00
5	CHURACHANDPUR	5 Awang Khunou	22.00
		1 Sipiikon	22.00
		2 pherzawl	22.00
		3 Buangmun village	22.00
6	BISHNUPUR	4 Renkai Village	22.00
7	Ukhrul	1 Khola	22.00
		1 Awang Kasom	22.00
		2 Nungbi	22.00
		3 Mawai	22.00
TOTAL PHSC		27	TOTAL RS. 594.00

B.5.4. Setting of Infrastructure wing for Civil Work

The whole infrastructure development taken-up under NRHM, Manipur is looking after by State Engineer Consultant only. Recently, in the month of December, 2011 one Assistant Engineer consultant is recruited. However, with very limited manpower we are still facing problems in monitoring and supervision of the civil works taken-up in remote places in Manipur to expedite the possibility of executing, monitoring and supervision of civil works in different places of Manipur it is propose to set-up an infrastructural civil work development wing as follows –

State Engineer Consultant (SEC) be supported by 02 Assistant Engineer Consultant (AEC). AEC1 will look after Valley Districts and AEC2 will look after Hill Districts. AEC1 will again the supported by two Junior Engineer (JE1 & JE2). Each JE in turn, will look after 02 Districts. And AEC2 will be supported by 03 JE (JE3, JE4 & JE5). JE3 will look after Churachandpur and Chandel, JE4 will look after Ukhrul and Senapati and JE5 will look after Tamenglong and Jiribam Sub-Division.

The following additional manpower are required –

- | | | | | |
|----|-----------------------|-----------------------|-----|-----------|
| 1. | Asst. Eng. Consultant | - 1 post @Rs. 15000/- | Rs. | 180000.00 |
| 2. | Junior Engineer | - 5 post @Rs. 12000/- | Rs. | 720000.00 |
| 3. | Computer Operator | - 1 post @Rs. 10000/- | Rs. | 120000.00 |

Rs. 10,20,000.00

Logistic supports required for functioning of infrastructural wing for civil work are as follows

- | | | | | |
|----|-------------------------|-------------------------------|-----|-----------|
| 1. | Bolero Vehicle | - 02 nos. @Rs. 40,000/- | Rs. | 960000.00 |
| | | (for monitoring & Supevision) | | |
| 2. | Modern Survey equipment | - 01 No. @Rs. 5,00,000/- lacs | Rs. | 500000.00 |
| 3. | Computer and furniture | - 5 lacs. | Rs. | 500000.00 |

Rs. 19,60,000.00

THE TOTAL BUDGET REQUIRED IS RS. (10,20,000.00 + 19,60,000.00)

= Rs. 29,80,000/-

B.5.5 Other Renovations

Construction of toilet block with septic tank attached to family Welfare conference hall @ Rs.10.00 lakhs and Construction of toilet, repair and maintenance of NRHM Office @ Rs.10.00 lakhs. MCH Hospital Thongju was constructed as per SPIP 2009-10. It is proposed to construct internal road, compound gate and drainage system at the cost of Rs. 30 lacs.

B.5.7 Major Civil work for Operationalisation of FRU

The following are propose for operationalization of FRU –

Sl. No.	District	Item	Amount
1	Imphal East	Up-gradation of OT for CHC Sagolmang	Rs 4,00,000.00
		Up-gradation of Labour Room for CHC Sagolmang	Rs 3,00,000.00
2	Senapati	Construction of Toilet for CHC Mao	Rs 5,00,000.00
3	Ukhrul	Up-gradation of IEI for DH Ukhrul	Rs 5,00,000.00
TOTAL Rs.			17,00,000.00

B.5.8 Major Civil works for Operationalization of 24x7 PHCs

The following are propose for operationalization of 24x7 PHCs –

Sl. No.	District	Item	Amount	
1	Ukhrul	Construction of Hospital Waste Management Pits at PHC Phungyar, PHC Somdal, PHC Kasom Khullen and PHC Chingai	Rs	2,00,000.00
2	Imphal East	Construction of Fencing for PHC Heingang	Rs	30,00,000.00
3	Churachandpur	Construction of water supply system at PHC Saikot and PHC Singzawl	Rs	8,00,000.00
4	Imphal West	Construction of Fencing at North South and West Side at PHC Khumbong	Rs	15,00,000.00
		Construction of Toilet at PHC Khurkhul	Rs	5,00,000.00
		Construction of fencing for PHC Mekola, south west side	Rs	10,00,000.00
		Construction of fencing for PHC Khurkhul, north side	Rs	10,00,000.00
5	Chandel	Repairing of Ward and Construction of Toilet for PHC Tegnoupal	Rs	9,00,000.00
			Rs	89,00,000.00

CONSOLIDATED BUDGET SHEET

Sl. No.	Activities	Unit Cost	Physical Targets	Amount Proposed (Rs. In lacs)
B. 4	Hospital strengthening			
B.4.1	Upgradation of CHCs, PHCs, District Hospitals to IPHS			
B.4.1.1	District hospitals		05	75.00
B.4.1.2	CHCs		06	213.00
B.4.1.3	PHCs		02	91.00
B.4.1.4	Sub-Centre		03	33.00
B.4.1.5	Others		01	40.00
B. 5	New Constructions/Renovation and setting up			
B.5.1.	CHCs		03	744.00
B.5.2.	PHCs		11	797.00
B.5.3.	SHCs/Sub Centres		32	594.00
B.5.4.	Setting up Infrastructure wing for Civil Work			29.80
B.5.5	Other renovations			50.00
B.5.7.	Major Civil works for operationalisation of FRU		04	17.00
B.5.8.	Major Civil works for operationalisation of 24x7 PHCs		05	89.00
TOTAL Rs.				2772.80

B.ii HEALTH CARE INFRASTRUCTURE:

Civil Constructions

All infrastructure proposals both for new construction and expansion shall be based on both facility and area mapping exercise and not just a district wise allocation exercise. The need of the underserved areas has to be taken into consideration and strengthening of facilities in close contiguity needs to be discouraged unless justified by a heavy case load. Therefore the focus should be on consolidation and need based expansion supplemented with a HR plan. A bird's eye view of available infrastructure should be given in the following format:

States Requirement of Infrastructure	DH	SDH	CHC	PHC	SHC
Required as per population norms	9	-	19	78	513
Existing Facilities	7	-	17	85	421
Under Construction	7	-	4	5	68
Shortfall	2	-	2	-	92
Mapping of facilities undertaken					
Requirement of new facilities after mapping exercise					

Information on New Constructions

Health Facility	New Construction sanctioned under NRHM so far in High Focus Districts						New Construction sanctioned under NRHM so far in Non High Focus Districts						Total
	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	
DH SDH and other hospitals above CHC													
CHCs			1	4	1		1				4	4	15
PHCs													
Other Health facilities above SC but below block level (may include APHC etc.)													
Sub-Centres	44		1	4	1	0	56	-	20	1	8	16	166

Information on Upgradations

Health Facility	New Construction sanctioned under NRHM so far in High Focus Districts						New Construction sanctioned under NRHM so far in Non High Focus Districts						Total
	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2006-08	2007-08	2008-09	2009-10	2010-11	2011-12	
DH		1	1	-	-	-	1	1	-	-	-	-	2(details at annex)
SDH and other hospitals above CHC	-	-	-	-	-	-	-	-	-	-	-	-	-
CHCs		3	-	-	-	-	-	10	-	3	2	-	13(details at annex)
PHCs	9	-	6	-	2	-	11	-	10	-	8	-	-
Other Health facilities above SC but below block level (may include APHC etc.)	-	-	-	-	-	-	-	-	-	-	-	-	-
Sub-Centres	1	-	-	-	22	22	3	4	-	-	28	28	108-

Health Facility	Progress of New Constructions					
	Completed		Under Construction		Sanctioned but Yet to start	
	High Focus Districts	Non High Focus Districts	High Focus Districts	Non High Focus Districts	High Focus Districts	Non High Focus Districts
DH	-	-	-	-	-	-
SDH and other hospitals above CHC	-	-	-	-	-	-
CHCs	-	-	-	-	-	-
PHCs	3	6	3	3	-	-
Other Health facilities above SC but below block level (may include APHC etc.)	-	-	-	-	-	-
Sub-Centers	44	53	22	47	-	-

- ? New constructions to be focused on blocks that have least infrastructure and are backward
- ? Plans for new constructions should be in accordance to the latest developments in technologies for hospital constructions. This may be facilitated by engaging personnel specialized in hospital constructions if they are not already engaged.
- ? All civil works are to be budgeted under Mission Flexipool only including budget for minor civil works which earlier used to be booked under RCH Flexipool

Sl. No	Type of Health Institute	New Construction			Repairs/Upgradation			Total	
		Physical Target	Budget Required	Proposed Timeline for Completion	Physical Target	Budget Required	Proposed Timeline for Completion	Physical Target	Budget Required
1	District Hospital								
2	Sub District Hospital								
3	CHC	2	672.00	9 months	1	50.00	18 months	3	722.00
4	PHC	6	760.00	18 months				6	760.00
5	SHC	24	528.00	9 months	2	3.00	6 months	26	531.00
Total			1960.00			53.00			2013.00

- ? Complete list of facilities that are proposed for new construction and upgradations should be annexed
- ? If facilities are chosen for IPHS upgradation kindly provide the names of the facilities
- ? Progress on quality assurance should be clearly submitted.
- ? Full justification for expansion needs to be provided if consolidation of available infrastructure has not been achieved. Need based expansion clearly articulating the area of requirement needs to be highlighted with a clear human resource placement plan.

B.6. Corpus Grants to HMS/RKS

Activity-1: RKS at District Hospitals/SDH/CHCs/PHCs.

In continuation with the existing institutions (8 DHS including JN Hospital, 16 CHC and 72 PHC), additional 8 PHC namely PHC Bandramei Yangkhullen (SPT), Khongdei Khuman (SPT), Rilram Centre (CDL), Moreh (CDL), Sivapurikhal (CCP), Zezaw (CCP), Jessami (UKL) and Tolloi (UKL) will be registered autonomous Rogi Kalyan Samitis (RKS) and will be given Corpus Grant annually. The required budget for the financial year 2011-12 is given below:

Table: 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	79	79.00
Total			136.00

Status of fund utilization for 2010-11

Facility	Number of RKS	Total amount released so far	Total amount utilized	Unspent Balance (Including OB as on 1 st April, 2012)
District Hospital	8	40	32.06	37.83
Sub District Hospital	1	17		
Community Health Centres	16		22.4574	
Primary Health Centres	73	73	74.44665	

Table No: District wise Total Budget for RKS

S/ N	Levels of facility	IE	IW	TBL	BPR	CCP	CDL	SPT	TML	UKL	TOTAL
1	PHC	11	8	12	5	10	5	14	6	8	79
	Budget	11.00	8.00	12.00	5.00	10.00	5.00	14.00	6.00	8.00	79.00
2	CHC	2	2	5	2	1	0	2	1	1	16
	Budget	2.00	2.00	5.00	2.00	1.00	0.00	2.00	1.00	1.00	16.00
3	SDH	0	0	0	0	0	1	0	0	0	1
	Budget	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00
4	DHs & JN	1	0	1	1	1	1	1	1	1	8
	Budget	5.00	0.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	40.00
TOTAL		18.00	10.00	22.00	12.00	17.00	11.00	21.00	12.00	14.00	136.00

B 7 STATE & DISTRICT ACTION PLANS (INCLUDING BLOCK & VILLAGE)

The formulation of SPIP 2012-13 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 HMIS/DLHS/NFHS/SRS/Census documents are followed. Ultimately, the SPIP emerged. The state has able to formulate 25% of the total villages for Village Health Plans, during the next Action Plan the state has target to be covered 50% of the total villages in the state.

Activity-1: State & District Action Plan (including Block & Village)

To support the pre-requisite actions taken up in the State & Districts for preparation of SPIP 2012-13, a sum of Rs. 2.00 Lakhs for State, Rs. 1.00 Lakhs per district, Rs. 1.00 Lakhs & Rs.1.50 Lakhs per block in valley & hill district respectively is proposed. The total requirement will be Rs. 60.50 Lakh.

Table: Budget for action plans

Districts	State	IE	IW	TBL	BPR	UKL	CDL	CCP	SPT	TML	Total (in Lakhs)
No of Block	0	3	3	3	3	5	5	5	6	4	37
Budget for Action Plans	2.00	4.00	4.00	4.00	4.00	8.5	8.50	8.5	10.00	7.00	60.50
		Total amount (Rs) in Lakh									60.50

B8 PANCHAYATI RAJ INITIATIVE

PRI Training has been going in every Districts of the State. The trainees in the training are Pradhan in Valley, Village Chief in Hill Areas including other VHSC members. The training gives an idea on the NRHM implementation and other information in terms Maternal and Child Care which will help in reducing the Maternal and Child Mortality. As the words of Village Chief/ Pradhan are more convincing to their local people. After the training impart to them the health seeking behavior of people mind also change. And as the Pradhan/ Village Chief or Committee members are required to impart new program and information taken up in NRHM and also in other Health Related sector, workshop is required.

Activity-1: 1 day Workshop on RKS, VHSC and other NRHM guidelines at District Level and Block Level for VHSC and newly selected PRIs members. The resource persons would be DPM and DFM and BPM and BFM.

Budget for IE

No. to be trained	Place of training	Budget required	
		Particulars	Amount (Rs. in lakhs)
431 (approx 30 per batchx14 batches)	District Hospital/ CHCs/PHCs	Honorarium for 2 trainers @ Rs.400 for DPM & DFM/BPM & BFM for 1 day	0.112
		Honorarium for 431 trainees @ Rs. 200/- per head for Valley Districts per day	0.862
		Working Lunch & other refreshment @ Rs. 100 per participant	.431
		1) Sub Total	1.405
		Other overhead expenditure @ 6 % of total training expenses	0.0843
		Training material @ Rs. 100/- per trainee	.431
		2) Total	1.9203

Budget for IW

No. to be trained	Place of training	Budget required	
		Particulars	Amount (Rs. in lakhs)
329 (approx 30 per batch X11 batches)	District Hospital/ CHCs/PHCs	Honorarium for 2 trainers @ Rs.400 for DPM & DFM/BPM & BFM for 1 day	0.088
		Honorarium for 329 trainees @ Rs. 200/- per head for Valley Districts per day	0.6580
		Working Lunch & other refreshment @ Rs. 100 per participant	.329
		2) Sub Total	1.075
		Other overhead expenditure @ 6 % of total training expenses	.0645
		Training material @ Rs. 100/- per trainee	.329
		2) Total	1.4685

Budget for TBL

No. to be trained	Place of training	Budget required	
		Particulars	Amount (Rs. in lakhs)
525 (approx 30 per batch X18 batches)	District Hospital/ CHCs/PHCs	Honorarium for 3 trainers @ Rs.400 for DPM & DFM/BPM & BFM for 1 day	0.12
		Honorarium for 525 trainees @ Rs. 200/- per head for Valley Districts per day	1.05
		Working Lunch & other refreshment @ Rs. 100 per participant	.525
		1) Sub Total	1.695
		Other overhead expenditure @ 6 % of total training expenses	.1017
		Training material @ Rs. 100/- per trainee	.525
		2) Total	2.3217

Budget for BPR

No. to be trained	Place of training	Budget required	
		Particulars	Amount (Rs. in lakhs)
235 (approx 30 per batch X8 batches)	District Hospital/ CHCs/PHCs	Honorarium for 3 trainers @ Rs.400 for DPM & DFM/BPM & BFM for 1 day	.064
		Honorarium for 235 trainees @ Rs. 200/- per head for Valley Districts per day	.470
		Working Lunch & other refreshment @ Rs. 100 per participant	.235
		1) Sub Total	.769
		Other overhead expenditure @ 6 % of total training expenses	.04614
		Training material @ Rs. 100/- per trainee	.235
		2) Total	1.05014

Budget for CCPR

No. to be trained	Place of training	Budget required	
		Particulars	Amount (Rs. in lakhs)
627 (approx 30 per batch X21 batches)	District Hospital/ CHCs/PHCs	Honorarium for 3 trainers @ Rs.400 for DPM & DFM/BPM & BFM for 1 day	.168
		Honorarium for 627 trainees @ Rs. 200/- per head for Valley Districts per day	1.254
		Working Lunch & other refreshment @ Rs. 100 per participant	.627
		1. Sub Total	2.049
		Other overhead expenditure @ 6 % of total training expenses	.12294
		Training material @ Rs. 100/- per trainee	.627
		2) Total	2.79894

Budget for CDL

No. to be trained	Place of training	Budget required	
		Particulars	Amount (Rs. in lakhs)
550 (approx 30 per batch X18 batches)	District Hospital/ CHCs/PHCs	Honorarium for 3 trainers @ Rs.400 for DPM & DFM/BPM & BFM for 1 day	.144
		Honorarium for 550 trainees @ Rs. 200/- per head for Valley Districts per day	1.10
		Working Lunch & other refreshment @ Rs. 100 per participant	.55
		1) Sub Total	1.794
		Other overhead expenditure @ 6 % of total training expenses	.10764
		Training material @ Rs. 100/- per trainee	.550
		2) Total	2.45164

Budget for SPT

No. to be trained	Place of training	Budget required	
		Particulars	Amount (Rs. in lakhs)
787 (approx 30 per batch X26 batches)	District Hospital/ CHCs/PHCs	Honorarium for 3 trainers @ Rs.400 for DPM & DFM/BPM & BFM for 1 day	.208
		Honorarium for 787 trainees @ Rs. 200/- per head for Valley Districts per day	1.574
		Working Lunch & other refreshment @ Rs. 100 per participant	.787
		1) Sub Total	2.569
		Other overhead expenditure @ 6 % of total training expenses	.15414
		Training material @ Rs. 100/- per trainee	.787
		2) Total	3.51014

Budget for TML

No. to be trained	Place of training	Budget required	
		Particulars	Amount (Rs. in lakhs)
295 (approx 30 per batch X10 batches)	District Hospital/ CHCs/PHCs	Honorarium for 3 trainers @ Rs.400 for DPM & DFM/BPM & BFM for 1 day	.08
		Honorarium for 295 trainees @ Rs. 200/- per head for Valley Districts per day	0.59
		Working Lunch & other refreshment @ Rs. 100 per participant	.295
		1) Sub Total	.965
		Other overhead expenditure @ 6 % of total training expenses	.0579
		Training material @ Rs. 100/- per trainee	.295
		2) Total	1.3179

Budget for UKL

No. to be trained	Place of training	Budget required	
		Particulars	Amount (Rs. in lakhs)
302 (approx 30 per batch X10 batches)	District Hospital/ CHCs/PHCs	Honorarium for 3 trainers @ Rs.400 for DPM & DFM/BPM & BFM for 1 day	0.8
		Honorarium for 302 trainees @ Rs. 200/- per head for Valley Districts per day	0.604
		Working Lunch & other refreshment @ Rs. 100 per participant	.302
		1) Sub Total	1.706
		Other overhead expenditure @ 6 % of total training expenses	.10236
		Training material @ Rs. 100/- per trainee	.302
		2) Total	2.11036
Total for all districts			18.94962

B9 MAINSTREAMING OF AYUSH

Activity-1: IEC/BBC under NRHM for Mainstreaming of AYUSH

Table : IEC/BBC under NRHM for Mainstreaming of AYUSH

Sl.no	Name of activity	Cost per unit	Size of the unit	Number of units	Financial (in Lakh)
1.	Health Camps with AYUSH show case	@ 0.5lakhs		9(1x9Districts)	Rs.0.5x9=4.5
2.	Radio spots	@0.045		Monthly	Rs. 0.045x12=0.54
		@0.01/talker		Monthly	Rs.0.01x12=0.12
		Sevice tax accorded @10%			Rs.0.0413
3.	Local cable/DDK	@0.2 lakhs		6 episodes	Rs. 0.2x6=1.2
4.	Hoardings(AYUSH)	@ 0.2	10ft x20ft	20	Rs.0.2x20=4
		@ 0.2	10ftx25f	20	Rs.0.2x20=4
		@ 0.25	15ftx30ft	10	Rs.0.25x10=2.5
5	Medias(Pamphlets)	@0.1 lakh		9 districts	Rs.0.1x9=0.9
6	Wall paintings	@0.1	10ft x20ft	50(at State level)	Rs.0.1x50=5
		@0.1	10ft x20ft	90 (10x9 dist) at Dist & block Level	Rs.0.1x90=9
	Total				Rs.31.8013

AYUSH Additional ties (NRHM)

SI	Name of activities	Continuance from 2011-12	New proposal for 2012-13	Description Or model	Financial amount (in lakh)
1	Monitoring & Evaluation of AYUSH Units (out source vehide)	Nil	80 units (PHCs) 16(CHCs) 7 (DH)		@30000x12=3.6
2	Review meeting of AYUSH Doctors at State.	Nil	Quarterly		@5000x4=0.2
3	Procurement of Computers for AYUSH unit.	Nil	1.one Laptop for SNO-AYUSH	HP-dv6-6165TX-Metal	@60,000x1=0.6
			2.one desktop for AYUSH computer assistant	HP P6-20101K	@45,000x1=0.45
4	State level workshop on Mainstreaming of AYUSH under NRHM.	Nil	2 times in a year	-	@2.5x2=5
	Total				9.85

Contractual Staffs & Services (Only AYUSH)

Activity-1: Continuation of the Contractual Services (AYUSH): The contractual services of 4 AYUSH Specialist posted at 1 DH, Chandel, 1 DH Thoubal, 1 DH Churachandpur and 1 CHC Moirang, Bishnupur, 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 2011-12 with given honorarium. The detail budget is given below.

Table: The budget needed for 2012-13

Designation	Existing staffs under NRHM	Honorarium per month (Rs)	Annual Amount (Rs. In Lakh)
SNO AYUSH	1	25000	3.00
Specialist AYUSH Doctor	4	26000	12.48
AYUSH Doctor	95	25000	285.00
AYUSH Pharmacist	101	12000	145.44
Total			445.92

B10 IEC/BCC NRHM

IEC/BCC activities during the year 2011-12

At the State level:

- 8 months (August 2011 – March 2012) telecast of ads NRHM issues in ISTV and DDK
- Broadcast of jingles on RCH in AIR for 8 months from August 2011 to March 2012
- Quarterly Newsletters on NRHM activities
- Newspaper Ads
- ASHA Radio Program
- A reality based documentary on the working of NRHM in Manipur
- Continuation of distribution of packaged gifts (Baby Carrier & Coffee Mug with health messages) to mothers who delivered in Hospitals

At the District level:

- Folk Arts on RCH
- Workshops on ARSH and declining sex ratio
- Hoardings on RCH
- Quiz programs on RCH
- Health Mela

At the Block level:

- Workshops on MH, CH and FP

B.10.1 DEVELOPMENT OF BCC/IEC STRATEGY

Objective: To disseminate right health messages for improving the health seeking behaviour of people.

Activity 1: Consultative workshop at the State Level for District BCC/IEC Bureau and Block BCC/IEC Bureau on developing content messages for MH, CH, FP and ARSH.

B.10.2 IMPLEMENTATION OF BCC/IEC STRATEGY : (Responsibility: District Bcc/Iec Unit And Block Bcc/Iec Unit)

After strengthening of the bureaus and developing of effective IEC/BCC strategies through the various activities chalked out above, the following IEC/BCC activities will be implemented in districts and blocks for improving the health seeking behaviour for better health performance during the year 2012-13.

B.10.2.1 BCC/IEC Activities for Maternal Health

Activity-1: Erection of 10 Hoardings (10 X 20) per Block
Responsibility: BPMUs

Activity 2: 2 Workshops per Block on issues related to MH like Breast-feeding, ante-natal care, institutional delivery, immunization and HIV/AIDS in all 09 districts (Target groups – ASHA Facilitators, Pregnant women and other women of reproductive age group)
Responsibility: DPMUs

B.10.2.2	BCC/IEC Activities for Child Health
Activity 1:	2 Street Plays per Block on issues related to CH like Integrated Management of Neonate and child Illness etc. in all 09 districts. Responsibility: BPMUs
Activity 2:	Printing of calendars on CH issues (1000 copies) Responsibility: DPMUs
B.10.2.3	BCC/IEC Activities for Family Planning
Activity 1:	2 Awareness Workshops per Block on issues related to FP like Temporary Methods, Permanent Methods, NSV, Tubectomy etc. In all 09 districts (Target group – eligible couple) Responsibility: BPMUs
Activity 2:	2 workshops per District (Target groups – ASHA Facilitators, Pregnant women and Couples of reproductive age group). Responsibility: DPMUs
B.10.2.4	BCC/IEC Activities for ARSH
Activity 1:	5 Quiz programs in Schools Responsibility: BPMUs
Activity 2:	Hoardings (10 X 20) for 61 clinics (ARSH clinic) Responsibility: DPMUs
B.10.2.5	Other Activities (Responsibility: State BCC/IEC Consultant)
Activity 1:	Publication of attractive Annual Calendar showing health messages (in 4 th quarter).
Activity 2:	Participation in State level events e.g. display of tableaux during Republic Day celebration, Celebration of health-related Days and sponsoring of State events attracting large no. of audiences example Sangai Fest.
Activity 3:	Publication of newsletters (quarterly)
Activity 4:	Broadcasts/telecasts in DDK, Local TV Channel (ISTV) and AIR <ul style="list-style-type: none"> Jingles (30 sec duration) to be broadcast in AIR, Imphal (target – 200 days). Ads (30 sec duration) to be telecast in ISTV and DDK (target - 200 days each). Telecast of tele-films and documentary on NRHM.
Activity-5:	Publications and press releases in local newspapers and other leading magazine (target is 30 ads)
Activity-6:	Weekly Health ASHA Program on Radio: 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, 2010-11 and 2011-12. 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 2012-13.
B.10.4	Health Mela

Activity-1: 1 Health Melas per district .
Responsibility: District

B.10.5 Creating Awareness on declining sex ratio issue

Activity-1: Wall Paintings in the local dialect of each district
Responsibility: District

B.10.6 OTHER STRATEGIES/ACTIVITIES

B.10.6.1 Analysis of impact of BCC/IEC on community:

As NRHM is completing 7 years of its implementation, it is propose to conduct a study on IEC/BCC activities and its overall impact. The study will not only help in understanding the impact of IEC/BCC activities, but also in streamlining it in future. The study will be conducted in two selected/sample districts of the State (1 hill and 1 valley district).

Organization/agencies having past experience in conducting research/studies conducted by GOI/MOHFW in health and development sector especially in the area of community processes related issues in the context of Manipur / NE will be given preference under NRHM will only be engaged for the study.

B.10.6.2 Comic strips for awareness through a leading newspaper:

Comical pictures with stories will be developed (black and white), and it will be published in a local newspaper. A baseline survey will be conducted that will help in deciding the issues and stories. Based on the story developed out of the selected issues, suitable comic illustrations and designs will be developed. Before finalizing the product, it will be field tested among the community in selected area/villages.

The publication will be made on a weekly basis; on a particular selected day of week. The product is expected to be developed during first or second quarter of 2012-2013, and publication in newspaper will begin from October 2012 (i.e. for six months- Oct. 2012 to March 2013). Therefore, to make weekly publication in six months i.e. Oct. 2012 to March 2013, the total number of comical stories (comic strip) will be 26 numbers.

Organization/agencies having past/previous experience in developing IEC/BCC materials will be engaged for the purpose. The agency should also have experience of involvement in studies conducted GOI/MOHFW in the area of community processes.

Sl. No.	Item	Particulars	Amount (Rs)
1	IEC/BCC Activities Awareness Programme: 1. To create public awareness against the practice of sex selection or Pre-natal Determination of sex. 2. To organize workshop- interaction cum sensitization with Gynaecologist, Radiologist, Proprietor of Ultra sound Clinic, Public Prosecutor, Advocate etc.	1. Awareness Programme @ Rs.10,000X60 Programme(6 in each 9 districts and 6 by State PNDT Cell) i. Backdrop & Welcome- Rs.2,000/ ii. Refreshment @ Rs. 4,500 per programme iii. Stationery @ Rs.1,000 per programme iv. Hiring charge of Generator @ Rs.1000/ v. P.A. system – Rs.1,500 per programme	6,00,000.00
		2. Workshop Rs. 31,000X10 i. Backdrop & Welcome –Rs.2,000/ ii. P.A. system including LCD operation Rs.3,000. iii Stationary @ Rs.250X20=Rs.5000/ iv. Refreshment @ Rs.300X20 = Rs.6,000/ v. Hiring of Hall and Misc. Rs.5,000/ vi. Honorarium for Participants @500 x20=10000	3,10,000.00
		3. Wall painting size 6'X10' @ Rs.35/Sq.ft. Rs.2,100X150	3,15,000.00
		4. Advertisement in Daily papers, Journals, Radio and Talks in T.V./Local Cable Network	4,00,000.00
		5. Printing of Hand book of PNDT Act amendment Rules @ Rs. 300/X 300	90,000.00
		6. Printing of Hand book of FAQ of PNDT Act @ Rs. 180/X 300	54,000.00
		7. Pamphlet of PNDT Act @ Rs. 20X10,000	2,00,000.00
		8. Hoarding in all districts and Hospitals @ Rs. 15,000X40	6,00,000.00
		Total =	Rs.25,69,000.00

Table: Detail Budget for BCC/IEC

Sl. No.	Detailed Activities		Quarterly budget allocations (Rs. In Lakh)				Total Amount (Rs. in Lakhs)
			Q1	Q2	Q3	Q4	
B 10	Strengthening of IEC/BCC unit at the state level/ district level Activity 1: Capacity building of State IEC/BCC Bureau on effective IEC/BCC strategies						1
	Activity 3: State level review of the Bureaus on quarterly basis @ Rs. 20,000/- per quarter						0.8
B 10.1	Development of State BCC/IEC strategy						
	Activity 1: Consultative workshop at the State Level						0.5
B 10.2	Implementation of BCC/IEC strategy						
B 10.2.1	BCC/IEC activities for MH						
	Activity 1	10 Hoardings (10X20) Rs. 20,000/- per Block					72
	Activity 2	2 workshops @ Rs. 10,000/- per District					1.8
B 10.2.2	BCC/IEC activities for CH						
	Activity 1	2 Street-plays @ Rs. Rs. 10,000/- per Block					7.2
	Activity 2	Printing of calendars of Rs. 50/- per copy (1000 copies)					4.5
B 10.2.3	BCC/IEC activities for FP						
	Activity 1	2 Workshops @ Rs. 10,000/- per Block					7.2
	Activity 2	2 Workshops @ Rs. 10,000/- per District					1.8
B 10.2.4	BCC/IEC activities for ARSH						
	Activity 1	5 Quiz Programs (schools) per Block @ Rs. 5000/- each					9
	Activity 2	Hoardings (10X20) for 61 clinics @ Rs. 20,000/- each					12.2
B 10.2.5	Other Activities (please specify)						
	Activity 1	Publication of Annual Calendar(3000 copies) @ Rs. 100 each					3
	Activity 2	Participation in State events					3
	Activity 3	Publication of Quarterly Newsletter for 4000 copies @ Rs. 41.55 each					6.65
	Activity 4	Broadcast/telecast in ISTV, DDK & AIR					16
	Activity 5	Publication in newspapers					3
	Activity 6	Weekly Health ASHA Program on Radio					4
B 10.4	One Health Melas @ 5 lacs per district						45
B 10.5	20 Wall Paintings (7x8) on declining sex ratio per district @ Rs. 1960/- each @ Rs. 35 per square feet						3.53
B 10.6	Other activities						
B 10.6.1	Analysis of impact of BCC/IEC on community						5
B 10.6.2	Comic strips for awareness through a leading newspaper						5
B.10.6.3	BCC/IEC under PNDDT						25.69
Total quarterly Budget							
Total BCC/IEC Budget							237.87

B. 11 MOBILE MEDICAL UNITS (MMUs)

The Mobile Medical Units (MMUs) camps has been one of the successfully activity under National Rural Health Mission in the state. With these kind units' camps, we are able to actually reach the unreached areas, tribal areas, law and order prevalent areas and difficult and inaccessible areas where there is no regular and proper health services delivery.

Moreover, the Mobile Medical Units (MMUs) camp not only provide health service to the rural population, but also gives confidence to the health personnel to reach the unreached areas, caring the rural population and make cordial relationship among the rural population which is also very important concern in state like Manipur.

The Mobile Medical Units (MMUs) has been able to reach out to 1300 (one thousand three hundred) villages in the state till November 2011 and benefited more than 3,00,000 (three Lakhs) rural population as per the District Health Mela report.

Mobile Medical Units comprising of 02 vehicles equipped with basic gadgets and equipments are provided in all the existing 09 districts and are functional. The state has also in the pipeline for procuring one each 4X4 vehicle for 5 hill districts and Jiribam, Imphal East district.

Table: Performance parameters of MMU

Sr. No.	Indicators	During 2011-12	Remark
1	Frequency of Visit	Twice/thrice per month	Planned Quarterly
2	Advance Intimation of Schedule	News papers, Radio, ANM, ASHA & Physical Visit to the location.	Publicity before one month to 3 months
3	Duration of Stay and Timing of MMU	2 days & 1 night	
4	Doctors accompanying	Always	Doctors are utilized from DH/CHC/PHC
5	Availability of Medicine	Procured by district	State allocated separate fund for MMU medicine
6	Location of MMU	unreached, tribal, law and order prevalent and difficult areas	
7	Average distance travelled	100 Km	
8	Average Patients Treated	500	

In the coming financial year 2012-13, the state has proposed following activities for strengthening the Mobile Medical Units (MMUs) in the State.

Activity-1: Continuation of contractual services of MMU staffs:
The contractual services of 18 drivers, 9 lab techs, 9 X-ray Techs, 9 MBBS Doctors for 9 districts may be continued for the financial year 2012-13.

The district wise detail budget for the financial year 2012-13 is given below:

Table: District wise MMU Staff monthly honorarium

Districts	IE	IV	TBL	BPR	UKL	CDL	CCP	SPT	TML	Total (Rs. in Lakh)
Driver	2	2	2	2	2	2	2	2	2	18
Monthly honorarium @ Rs. 8000	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	17.28
Lab. Techs	1	1	1	1	1	1	1	1	1	0
Monthly honorarium @ Rs.10000/-	1.20	1.20	1.20	1.20	1.20	1.20	1.20	1.20	1.20	10.80
X-ray Techs	1	1	1	1	1	1	1	1	1	0
Monthly honorarium @ Rs. 10000/-	1.20	1.20	1.20	1.20	1.20	1.20	1.20	1.20	1.20	10.80
MBBS Doctors	1	1	1	1	1	1	1	1	1	0
Monthly honorarium @ Rs. 30000/-	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	32.4
Ultrasound Techs	1	1	1	1	1	1	1	1	1	0
Monthly honorarium @ Rs. 10000/-	1.20	1.20	1.20	1.20	1.20	1.20	1.20	1.20	1.20	10.80
Staff Nurses	1	1	1	1	1	1	1	1	1	0
Monthly honorarium @ Rs. 12000/-	1.44	1.44	1.44	1.44	1.44	1.44	1.44	1.44	1.44	12.96
TOTAL	10.56	10.56	10.56	10.56	10.56	10.56	10.56	10.56	10.56	95.04

Activity-2: POL, Maintenance & Drugs.

The following financial heads may be provided in each district for POL, Maintenance and Drugs for Mobile Medical Units (MMUs):

Sr. No.	Particulars	Amount in Lakh
		For each District
1	Drugs	5.00
2	POL & Maintenance of MMU	3.00
3	Repairing & Maintenance of gadget	2.00
4	Misc Expenditure/Management Cost	1.00
TOTAL		11.00
		Per District

- For procurement of drugs, the district shall mandatorily follow procurement guidelines of NRHM and also follow the essential drug list provided by the ministry in the guidelines of MMU.

2. The target number of camps is 4 camps per month each district. When not in use, the MMUs should be utilized in the District hospitals or the concerned health facility. The district wise budget for the activity is given below:

Table: District wise budget for POL, Maintenance & Drugs

Districts	IE	IW	TBL	BPR	UKL	CDL	CCP	SPT	TML	Total (Rs. in Lakh)
Total Budget for POL, Maintenance & Drugs	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	99.00
Target number of camps (2012-2013)	48	48	48	48	48	48	48	48	48	432

(Rupees ninety-nine lakhs only)

Total budget for DMMU

Districts	IE	IW	TBL	BPR	UKL	CDL	CCP	SPT	TML	Total (Rs. in Lakh)
Total Budget for POL, Maintenance & Drugs	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	99.00
Salary	10.56	10.56	10.56	10.56	10.56	10.56	10.56	10.56	10.56	95.04
Total	21.56	21.56	21.56	21.56	21.56	21.56	21.56	21.56	21.56	194.04

B12 EMERGENCY REFERRAL TRANSPORT

108 EMERGENCY PATIENT TRANSPORT WITH HELP LINE

At present there is neither Emergency Response Service nor Private Service Providers for transport / referral facilities. This is a major hindrance in patients getting access to tertiary care in times of emergency even in the urban areas.

The State proposes to set up help line with 43 ambulances for all 9 districts to cater to the need of patients in terms of transporting them from their residence in case of emergencies, free of cost. Apart from other medical emergencies, priority will also be given to complicated pregnancies, and severely ill children. For accessing the Emergency Patient Transport Services and for catering to the queries of people on health issues, it is proposed to set up a centralized call center. Through this initiative, health information can be made available and accessible 24x7 to all callers.

The State proposes to link up with GVK EMRI (Emergency Management and Research Institute) for providing the above services. The State proposes to set up the service in two phases. The first phase is planned from January to March '12 and the second phase from April '12 to March '13. In the first phase, it may be initiated on a pilot basis in the 5 districts to be scaled up to all the 9 districts. It is proposed that the Ministry will bear the total cost in the first year and from second year onwards the State contribution will be reflected in gradual manner.

1. Implementation Plan

Coverage	Ambulance Plan
Phase I - 5 District Headquarters viz Imphal East, Imphal West, Thoubal Bishnupur and Churhandpur	5ALS+15BLS
Phase II - 4 District Headquarters viz Chandel, Senapati, Tamenglong and Ukhul	10ALS+11BLS
Phase III- OTHER Rural Areas	2BLS
Total	43

ALS ambulances will be provided with facility for catering to cardiac and neurological emergencies since number of such patients are increasing every day. The Advance Life Saving Ambulance will have the following equipments:

Table: Required Equipments

Items	Qty.
PATIENTS HANDLING SYSTEMS	
Automatic Loading Stretcher	1 No.
Head Immobilization System	1 No.
Folding Stretcher	1 No.
Scoop Stretcher	1 No.
Vacuum Splint Kit	1 No.
Anti shock trousers (Imported)	1 No.
KED Extrication device	1 No.
Vacuum Mattress	1 No.
EMERGENCY EQUIPMENTS	
Automatic Suction Pump	1 No.
Mouth to Mouth Respirator	1 No.
Resuscitation Bag for Adults & Children	1 No.
Resuscitation Kit (Imported)	1 No.
Syringe Infusion Pump	1 No.
Defibrillator/ Monitor/ Pacer.	1No.

Items marked in Yellow may not be provided for unless they are deemed mandatory. Based on feedback the quote may be provided for.

BLS Ambulance will have the following equipments (besides other BLS Equipment)

Sl. No	Particulars	BLS Model (in Lakhs)
1	Basic Price (bare vehicle - BSIII)	7.25
2	Fabrication including AC & Stickers	2.25
3	Defibrillator	Not provided for BLS
4	AED	0.65
5	Monitor	Not provided for BLS
7	Insurance & Registration	0.12
8	AVLT/ VMD (Vehicle Mounted Device)	0.23
9	Standard BLS Medical Equipment (as per list attached separately)	1.00
	TOTAL	11.50*
	Ambulance Station – (Space to be provided by GoManipur – Room + Toilet Provision)	3.50

* (and consumables to be stocked separately)

2. Ambulance Deployment Plan

PHASE – I

SN	District	Population (Census 2011)	Density (census 2011)	Area (Sq.Kms)	No of Ambulance (1 st phase/Total
1	Imphal East	452661	638	469	4 / 7
2	Imphal West	541683	992	558	4 / 8
3	Thoubal	420517	818	514	4 / 6
4	Churachandpur	271274	59	4570	4/ 4
5	Senapati	354972	109	3271	0/ 4
6	Bishnupur	240363	485	530	4/ 4
7	Chandel	144028	43	3313	0/ 2
8	Tamenglong	140143	32	4391	0/ 2
9	Ukhrul	183115	340	4544	0/2

1. The government of Manipur would bear all non-recurring and recurring expenditure.
2. All physical infrastructure - movable & immovable assets - and licensed software acquired and created for with the GOVERNMENT OF MANIPUR funds will become the property of Government of Manipur.
3. GVK EMRI will utilize the government funds with transparency and efficiency.
4. GVK EMRI will Operationalize 20 ambulances (including 2 back up ambulances) for in 1st Phaze and run Emergency Response Centre.
5. GVK EMRI will provide
 - a. Senior Management guidance from Hyderabad
 - b. Processes and Protocols
 - c. Technology (ERS application software)
 - d. Innovation
 - e. And fund these costs as a private philanthropy

3. Project financial estimates

Activity	State Total Rs. In Lakhs	Phase I SPIP 2012-2013	Phase II 2012-2013
Non-recurring Expenditure			
Ambulances			
9ALS @ Rs. 16.10 Lakh (average cost)	144.90	80.50	64.40
34 BLS @ Rs. 11.50 Lakh (average cost)	391.00	172.50	218.50
IT Infrastructure	200.00	120.00	80.00
Temporary ERC (assuming Space Provided by GoManipur – 6000 sq ft X Rs 1500 per sq ft)	90.00		
Capital Cost	735.90	373.00	362.90
Operational Expenses (OPEX)	288.35	144.175	144.175
Recurring Cost @1.32 per ambulance	56.76 (1.32x43 ambulances)	26.40 (20 ambulances)	30.36 (23ambulances)
Total amount	1081.01	543.575	537.435

*to be provided post clarification and based on feedback once we have agreed norms available post discussion with NRHM.

~ Tentative Costing has been provided which are subject to change based on actuals.

The first phase will consist of procurement of ambulances, setting up of IT Infrastructure, Temporary ERC. The project is envisaged to take off from next financial year hence recurring cost has not been budgeted under the first phase. Assumption is considered that all ambulances shall be procured by GVK EMRI and Launched in 20+23 with 39 Operational and 4 Backup Ambulances (for repair and maintenance).

Recurring Expenditure:

The recurring expenditure is estimated @ Rs. 1.32 lakhs per ambulance (approximately) for 1st 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/ Housekeeping/ Security/ office expenses). Additional head count for balance 25 Ambulances and related cost may be added later in phase II..

The recurring expenditure is expected to increase by 10% for cost of expenditure on such accounts each year including Salary.

Apportionment Cost towards Project Oversight, Monitoring Protocols and Process Implementation by GVK EMRI will be @ 10% of Opex.

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
18. Any other item necessary for commissioning, etc.

Responsibilities as enlisted above to be agreed upon based on discussion before signing the agreement.

Table B : 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	IT 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

Some considerations to be noted:

Notes:

- Cost for Medical Equipments are tentative and may vary by 5% - 10% based on actual;
- Prices considered for IT Infrastructure are taking Nortel EPABX and Server/ Generator/UPS/Software Licenses requirements are accordingly calculated. This is in view of integration issues of ERC Software Application;
- Regarding ERC Infrastructure, Land and Building are to be provided by the Government;
- Lead Time for Procurement of IT Equipment is 8 Weeks from date of PO Release.

Note: This is just a preliminary estimate, on confirmation of firm up numbers, the final estimation will be prepared.

B 14 PUBLIC PRIVATE PARTNERSHIP /NGOs

1. Running 3 PHCs in PPP Model:

The pilot project for running PHCs in PPP model for the following PHCs is initiated with KARUNA Trust:

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

The following services are covered 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.
- o) Participation in and implementation of National Programs of Health & Family Welfare including the National Rural Health Mission.
- p) Outreach camps

PHC Tousem started running from May'11 and PHC Borobekra from June'11. The two PHCs have started conducting institutional delivery. Regarding PHC Patpuimun, it was handed over only in 26th September to the NGO. Till sept'11, the IPD cases & OPD cases of Borobekra PHC is 35 & 2595 and Tousem PHC is 47 & 1259 respectively. Minor operations are also provided along with laboratory facilities like Hb test, Widal test, VDRL, Blood smears, etc. Both the PHCs have started doing institutional delivery, two deliveries each. Other than providing services in PHC, the staffs are going for general health camp, school health camp, etc. PHC Tousem has started observing Village Health Nutrition Day also. Home visits which are part of outreach services are also conducted by the ANMs of Sub Centres and PHC.

PHC Patpuimun is taken in the month of September only due to its difficult terrain and they are doing OPD and minor OT at present. The Model of Partnership is proposed to continue in 2012-13.

Performance of the three PHCs managed by Karuna Trust under the
Public Private Partnership (PPP)

1. PRIMARY HEALTH CENTRE, TOUSEM:

The Primary health Centre Tousem PHC is located in the extreme difficult locations of Tamenglong Dist. It gets cut off from the district HQ almost for 8-9 months in a year while it is approachable only from Jiribam side. Even this road gets cut off very often during rainy season for which PHC staff have to walk a lot to reach the PHC and SCs. It is about 260 km from Imphal and about 190 km from Dist HQ. Number of villages covered by the PHC is 42 with a population of 15962.

Performance (May 2011 to Jan 2012)

OPD	IPD	Minor OT	Injection	Casualty/ Emergency	Referral
2781	80	107	1160	11	8

Maternal care services:-

Services	New ANC registered	ANC<12 weeks	Pregnant women who had 3 ANC	TT 1	TT 2	Booster	Home delivery	Institutional delivery
Total	118	21	15	32	13	6	6	11

Outreach programs:

Outreach Programs	General Health Camps	School Health Camps	Immunization camps in SC villages	Home visits by ANMs of SC	House visited by ANMs of PHC	Visits to SCs by MO	VHND organized in PHC	VHND organized in SCs
Total	3	4	3	3000	3420	11	30	33

Immunization Report:

Name of vaccines	BCG	DPT 1	DPT 2	DPT 3	OPV 0	OPV 1	OPV 2	OPV 3	Measles	Full Immunization (0-11 month)	DPT Booster	OPV Booster
Total	51	42	14	13	16	42	14	14	63	17	40	40

2. PRIMARY HEALTH CENTRE BOROBEKRA

The Primary Health Centre Borobekra is located about 249 kms from Imphal, the state capital of Manipur. It comes under Imphal East Dist and about 20 km away from Jiribam. The PHC was totally non functional during Govt run period and it was handed over to karuna Trust on 1st May 2011 under PPP program of NRHM.

General information:-

Name of the PHC	Borobekra	Population	9072
Name of the Dist	Imphal East	Male	4781
Distance from Imphal	249 km	Female	4291
Distance from District HQ	249 km	0-5 year population	1135
No of villages	32	0-1 year population	198
No of ASHA	16	Eligible couple	1461

Sub Centre coverage:

Name of SC	Distance from PHC	Motorable/on foot	Population	Eligible couple	Building	Labour room	No of staff posted
Bhutankhal	3 km	Motorable	2122	367	Rented	Nil	2 ANMs
Jagradhor	4 km	Motorable	1433	212	Rented	Nil	2 ANMs
Durgapur	7 km	Motorable	3432	631	Govt. building	Nil	2 ANMs

Performance (May 2011 to January 2012)

Months	OPD	IPD	Minor OT	Injection	Casualty/ Emergency	Referral
TOTAL	4731	55	57	1154	155	8

Maternal care services:-

Services	New ANC registered	ANC < 12 weeks	Pregnant women who had 3 ANC	TT 1	TT 2	Pregnant women given 100 IFA tab	2 Institutional delivery
Total	100	37	2	88	8	58	5

Outreach programs:

Outreach Programs	General Health Camps	School Health Camps	VHND organized in PHC	VHND organized in SCs
Total	2	9	10	15

Immunization Report:

Name of vaccines	BCG	DPT 1	DPT 2	DPT 3	OPV 0	OPV 1	OPV 2	OPV 3	Measles	Full Immunization (0-11 month)
Total	6	13	1	Nil	Nil	13	1	Nil	16	Nil

3. PRIMARY HEALTH CENTRE PATPUIHMUN

The Primary Health Centre Patpuihmun is located in the extreme difficult locations of Churachandpur dist under Tipaimukh block. From Dist HQ, it is almost impossible to reach the PHC because of harsh geographical conditions. During winter, It is accessible through Jiribam via Borobekra while during summer season, we have to take riverway route through mighty river Barrak which takes almost 8-10 hours followed by 5 hours trekking through the mountainous range.

General information:-

Name of the PHC	Patpuihmun
Name of the Dist	Churachandpur
Distance from Imphal	304 km
Distance from District HQ	364 km
No of villages	32
Population	13000 approx.
No of ASHAs	32

Sub Centre coverage:

Name of SC	Distance from PHC	Motorable/on foot	Building	Labour room	Electricity
Phailientangpunjee	95 km	Motorable	Nil	Nil	Yes
Buangmun	82 km	Motorable	Nil	Nil	Yes
Shivapurikhal	70 km	Motorable	Govt. Building	Nil	Yes
Chingmun	115 km	10 km trekking	Nil	Nil	Nil
L. Kharkhuplien	35 km	Trekking	Nil	Nil	Nil
Kangreng	30 km	Trekking	Nil	Nil	Nil
Ngampabung	25 km	Trekking	Nil	Nil	Nil

Performance (May 2011 to January 2012)

Months	OPD	IPD	Minor OT	Injection	Casualty/ Emergency	Referral
TOTAL	1094	31	117	109	94	0

The budget required for each PHCs for 2012-13 is as follows:

Table No. A: Personnel Cost for PPP

(Rs.in lakhs)

ANNUAL BUDGET PHCs							
A	Personnel Cost PHC Staff	No. of posts	Monthly Honorarium	Annual Honorarium			Total required
				PHC Borobekra	PHC Tousem	PHC Patpuimun	
1	Medical Officer	2	30,000	7.20	7.20	7.20	21.60
2	Pharmacist	1	12,000	1.44	1.44	1.44	4.32
3	Staff Nurse	2	12000	2.88	2.88	2.88	8.64
4	Laboratory Technician	1	10,000	1.2	1.2	1.2	3.6
5	Auxiliary Nurse Midwives (ANM)	2	9,000	2.16	2.16	2.16	6.48
	Sub-centre Staff						
1	ANM (6 Borobekra, 8 Tousem, 10 Patpuimun)	24	9,000	6.48	8.64	10.80	25.92
	Total						70.56

(Rs.in lakhs)

B	Medicines & Healthcare consumables		
		Unit Cost per PHC	Total for 03 PHCs
1	Medicines	3.50	10.50
2	Surgical items	0.50	1.50
3	Laboratory consumables	0.40	1.20
4	Hospital Materials & supplies	0.30	0.90
C	Maintenance, Furniture, Equipment		
		Unit Cost per PHC	Total for 03 PHCs
1	Repairing/civil work	0.50	0.50
2	Hospital/office Furniture	0.20	0.20
3	Surgical equipments	0.50	0.50
D	Administrative Expenses		
		Unit Cost per PHC	Total for 03 PHCs
1	Office Stationeries	0.30	0.90
2	Water & Electricity for PHC	0.20	0.60
3	Diet to inpatient	0.40	1.20
4	Vehicle Hiring for outreach Programs	1.80	5.40
E	Management, Monitoring and Supervision (traveling, transportation)	2.00	6.00
Sub Total for B+C+D+E			31.80
Grand Total of A+B+C+D+E)			102.36

2. Continuation of PPP with CHSRC for Emergency Obstetric Care, Ukhurul District

In one of the High Focus District of Manipur (Ukhurul), a PPP model in tie up with Comprehensive Health Services & Research Centre (CHSRC), Hamleikhong East, Ukhurul District CHSRC has started with the inauguration by Smt. Jayati Chandra, IAS, Secretary, Ministry of DoNER, Govt. of India on 19th October 2010. As the Public Health facilities in Ukhurul District is not at present upto the level of providing Emergency care, the Model was started to provide round the clock pre hospitalization and emergency care in a low cost.

During the course of time, the State Health Society is able to take up following activity for the PPP Model:

1. Setting up of Call centre
2. Supporting honorarium for 1 MBBS doctor, 2 Labs Tech, 1ANM, 1MHW & 1 Driver
3. Procurement of following medical equipment.
4. Provision of 4x4 ambulance vehicle

That Comprehensive Health Services and Research Centre (CHSRC) is established in Ukhurul HQ to meet the health needs of the rural populace of Ukhurul District. Ukhurul is the home of the Tangkhul tribe but inhabited by various other groups of people who settled there for business and/or professional purposes. The total population according to 2001 census is 140778. However, over the past few years there has been a big jump in the size of the population of Ukhurul district, particularly in the head quarters. The literacy rate is approximately 62.54 percent.

Ukhurul is situated about 83 kms from Imphal, the state capital of Manipur, in India. Ukhurul district is bounded by Myanmar in the East, Chandel District in the South, Imphal East and Senapati District in the West and Nagaland State in the North. The terrain of the district is hilly with varying heights of 913m to 3114m (MSL). The district Hq. Ukhurul is linked with Imphal, the state capital by NH 152. The total geographical area of the district is 4544 sq.km. The people live in rough terrains and the connectivity is not the best too. There are inter village roads and the nearest village to Ukhurul Hq would be about 7kms away. Out of the 200 plus villages there are about 19 villages within the range of 30 kms distance from the head quarter.

The health facility made available by the government is not quite adequate due to the large and ever increasing population in Ukhurul district. Thus Comprehensive Health Services and Research Centre (CHSRC) have joined the effort of making health care affordable and available for the rural poor of Ukhurul district. Comprehensive Health Services and Research Centre (CHSRC) has for the past 2 years been working in partnership with the State Health Society under NRHM by signing an MOU for Emergency Obstetric Care at Ukhurul HQ. This was mainly aimed to cater service of emergency Obstetric and care in Ukhurul District as till date there is no Obs & Gynae specialist in the District Hospital Ukhurul.

Over the two years of this PPP model of medical service many women have availed of institutional obstetric care, where they would not otherwise have been able to afford. Under this programme women under BPL group are given free medical care right from the date of registration till the date of discharge, with free clinical lab tests, free sonogram and free delivery services with free hospital stay. Even delivery by C-Section is done free of charge with free hospital stay. However, for C-Section, the state Health Society reimburses the institution @ Rs.6000/- per CS. The State health Society also support the pay of six staff including one doctor, two nurses, two lab technicians, and a driver.

Our achievement in both NRHM and non NRHM activities in the past two years is as follows:-

Sl. No	Particulars	Cases of 2010 (Jan-Dec)	Cases of 2011 (Jan-Dec)	Remarks
1	ANC	609	719	
2	Delivery	469(Nor. Del=391, CS=78)	457(Nor. Del=383, CS=74)	
3	JSY	322	319	Institutional Delivery
4	PPTCT	765	700	
5	Diet Given to The Patients		23 Meals CS=4, Nor. Del=4 (From September)	

The institute has received the following equipments from the Society in the year 2010-2011 & 2011-2012.

A. 2010-2011

- | | | | |
|----|---------------------|---|---|
| 1. | Radiant Warmer | - | 1 |
| 2. | Oxygen Concentrator | - | 1 |
| 3. | Foetal Monitor | - | 1 |
| 4. | OT Table | - | 1 |
| 5. | Generator 10KV | - | 1 |

B. 2011-2012

- | | | | |
|----|---------------------|---|---|
| 1. | ECG Machine | - | 1 |
| 2. | Zoyles' Apparatus | - | 1 |
| 3. | Pulse Oxymeter | - | 1 |
| 4. | Phototherapy | - | 1 |
| 5. | Oxygen Concentrator | - | 1 |
| 6. | Ambulance | - | 1 |

Having received the above equipments has enhanced the working convenience and quality of care given to the patients. As already mentioned above, many women who would not have been able to afford institutional care, let alone at a private facility have been able to do so under this programme. The work has to go on in order that the poor people of Ukhrul continue to receive the due basic medical care they need.

As a part of the MoU signed between State and the Hospitals, the honorarium for the following staffs of CHSRC have been supported and proposed to support in the coming financial year 2012-13 too.

The required budget is reflected as below:

Activity-1: Continue support of honorarium:				
Sl. No.	Particulars	Number of staff	Unit amount per month (Rs)	Total amount (Rs in Lakh)
1	MBBS	1	30,000	3.60
2	Lab. Tech	2	10,000	2.4
3	ANM	1	9000	1.08
4	MHW	1	8000	0.96
5	Driver	1	8000	0.96
6	Pol and maintenance			2
	Total	6		11.00

B15 PLANNING IMPLEMENTATION AND MONITORING

B15.1 Community Monitoring

Community Monitoring of Health Services in Manipur:

Effective community participation is one of the key to success of any developmental intervention, so also the National Rural Health Mission. Community Action and Community Monitoring for health services is an important component under National Rural Health Mission (NRHM) which aims at bringing about community participation and ownership. The mission lays special emphasis on rural community especially the poor and the deprived women and children. The framework of Community Action and Community Monitoring is aimed at involving the community in planning and monitoring of health services. The concept also involves the ownership of the community on health issues and health delivery systems at village level. Village Health Sanitation and Nutrition Committees will be instrumental for Community Action and Community Monitoring.

Overall objective of the community based monitoring is to build convergent action to significantly enhance the achievement of national and village level health goals laid down under NRHM through increased utilization of health care services offered through public health institutions especially the services such as immunization, deliveries in institutions, emergency health services, curative services and treatment of chronic illnesses.

The State has already done the workshop and formed the committee to all 9 districts but the actual monitoring at grass route level and health facility level is not happening therefore, State will engage any reputed Institution/Health Department /NGOs as State Nodal Agency further the nodal agency may identified other implementing partners. The State Nodal Agency will work in close coordination with State Mission Directorate, especially the State ASHA team/Resource Centre. At the same time the Nodal agency will work in close coordination with the Community monitoring committee which have been already formed at District and block level with the involvement of implementing agency.

Districts/area selected in pilot phase:

- As a pilot phase, "Community Monitoring" with involvement of third party agency/NGO, the program will be implemented in three districts; Imphal East, Imphal West and Thoubal District.
- Already existing committees formed at district and block level (of the above three districts) will also be involved during various activities related to 'Community Monitoring'
- One block each will be selected from each districts
- One PHC area under each Block will be identified
- From each PHC areas, 5 villages (VHSNCs area) will be selected. Therefore, in the pilot phase 15 villages (i.e. 5 villages of each districts) will be covered though it will be scaled up in coming years based on the finding/learning of the pilot phase.

Strategies

1. Capacity building
2. Community Mobilization (including community level activities such as outreach work, campaign, workshops etc.)

Activities:

State Nodal Agency

1. Formation of State Advisory Group on Community Action/State community Mentoring Team.
2. Organizing Meeting of State Advisory Group on Community Action
3. Preparation and/or translation of modules and checklist/Assessment format and report cards, and printing of the same.
4. Organizing State level Workshop.
5. Selection of Implementing NGOs
6. Capacity Building of implementing NGOs.
7. Formation of District Community Mentoring Team.
8. Orientation of District community Mentoring Team
9. Biannual meeting of District Mentoring Team
10. Conduct District level bi-annual workshops/campaign/Dialogue
11. Documentation, compilation, preparation of biannual reports on progress. Share the same with District and State

Implementing NGOs/Agencies:

1. Capacity Building of the VHSNC members at the PHC.
2. Regular interaction with VHSNCs
3. Preparation of Village Health Profile in coordination with VHSNCs.
4. Conduct public dialogue/public hearing quarterly basis.
5. Documentation, compilation, coordination, planning with committee, etc.
6. Preparation report card of health facility (relevant PHC/SCs) and village
7. Review of report card and public report.
8. Sharing of the report in public domain and publication (also with district officials).
9. Field visits and any other activities related to community monitoring)

Manpower Involvement:

State Nodal Agency:

- One Program Manager- Community Monitoring
- One Research and Documentation Officer
- One Data Assistant

Implementing Organization (per one district):

- One Program Coordinator
- One Data Assistant
- Four Field Workers

Budget

For State Nodal Agency/Org.:

Activity	Rate	Amount
Meeting of the State Advisory Group on Community Action (SAGCA)/ State Mentoring Team (SMT).	10000 X 2 meeting	20000
Preparation, translation and printing of format and checklists and report cards in local language	70000	70000
Translation of 3 Modules in local Languages and Printing	Translation = 5000 X 3 Modules = 15000/- Rs.150 X 3 Modules X 100 copies = 45000/-	60000
State level Workshops.	a) Resource Person @ Rs 1000 x 4 = Rs 4000 (b) Tea & snacks + lunch @ Rs 250 x 25 participants = Rs 6,250 (c) TA @ Rs 300 x 25 participants = Rs 7500 (d) Workshop Materials @ Rs 250 x 25 participants = Rs 6250 (e) Miscellaneous exp @ Rs 5000	29000
Capacity Building of Implementing NGOs	Resource Person = 2 person X 500 X 3 days = 3000 TA/DA for 26 persons = 300 X 26 X 3 days = 23400 Materials = 26 X 100 = 2600 Food (Tea/Lunch//Snacks)= 200 X 26= 5200/- Miscellaneous exp @ Rs 5000	39200/-
Orientation of District Level Mentoring Group	Resource Person = 2 person X 500 X 1 day = 1000 TA/DA for 26 persons = 300 X 20 X 1 days = 6000 Materials = 20 X 100 = 2000 Food (Tea/Lunch//Snacks)= 200 X 20= 2000/- Miscellaneous exp @ Rs 2000 Total = 13000 X 2 District = 26000/-	26000
Meeting of District Mentoring Team	TA/DA for 26 persons = 300 X 20 X 1 days = 6000 Food (Tea/Lunch//Snacks)= 200 X 20= 2000/- Miscellaneous exp @ Rs 2000 Total = 10000 X 2 times = 20000 X 2 districts	40000
District level bi-annual workshops/campaign/Dialogue	100000 X 2 times a year X 2 district	400000/-
Biannual Report printing =	(200 copies) X Rs.100 X 2 times	40000/-
Institutional Charges for State Nodal NGO	a) Salary for Program Manager- Community Monitoring @ 15000 X 12 months = 180000/- b) One Research and Documentation Officer @ 12000 per month X 12 months = 144000/- c) One Data Assistant @ 8000 X 12 months = 96000/- d) Operational Charges (Office Exp, Tel/fax, Rent, Elc/Watt) @ Rs 6000 x 12 = Rs 72,000 e) Mobility charge @ Rs 10,000 x 12 = Rs 1,20,000 Service fee of Rs 1,00,000	420000/-
Sub Total		1144200/-
Organization Cost @ 10%		114420/-
Total Cost		1258620/-

Cost of implementing agency for one district:

Activity	Rate	Amount
Capacity Building of VHSNC members: (2 days)	2 RP X Rs. 500 X 2 days = 2000 TA/DA= 70 persons X 2 X 200 = 28000/- Food = 75 X 100 X 2 days = 15000/- Materials = Rs. 50 X 75 = 3250/- Misc @ Rs.2000/-	50250/-
Public Hearing Workshop	100000/- X 2 times a year	200000/-
Institutional Cost	a) One Program Coordinator @ 12000 X 12 months = 144000/- b) One Data Assistant@ 8000 X 12 months = 96000/- c) Four Field Workers @6000 X 12 months X 4 FW = 288000 d) Operational Charges (Office Exp, Tel/fax, Rent, Elc/Watt) @ Rs 4000 x 12 = Rs 48,000 e) Mobility charge @ Rs 5000 x 12 = Rs 60000/-	636000/-
Subtotal		886250/-
10% organization cost		88625
Total		974875/-

Cost for Three Districts = 974875 X 3 district = 2924625/-

Grand Total Cost for Community Monitoring = 1258620 + 2924625 = 4183245/- (Forty one lakhs eighty three thousand two hundred and forty five)

B.15.2. ISO Certification of District Hospital, Churachandpur District:

In the 2008-2009, the NHSRC , Technical Support Institution with NRHM, MoHFW, GoI, requested for identification/ nomination of a functional FRU either at State and District level for certification of ISO 9001:2008. Since then, the District Hospital Churachandpur was identified and nominated to the NHSRC, MoHFW, GoI, as it was the only Hospital functional as FRU besides RIMS and JNIMS.

Further, NHSRC and RRC-NE was implementing agency and coordinated to the State. Henceforth, the hired firm ICRA was the technical support team, one consultant (ICRA) named Mr. W. Sheirangba was assigned for carrying the process of Quality Management System to be in place.

During last 3 years (i.e.2009-2012 March): The technical support is provided directly by GoI. The ISO 9001:2008 Certification process for providing Curative, Preventive and Promotive Healthcare Services was completed and received 10th June 2011. This certificate was received by Commissioner Health & FW, Director, Health Service & Mission Director, SHS, NRHM from Dr. Ashoke Roy, Public Health Advisor. RRC-NE, MoHFW, GoI on 13th Sept. 2011. This Certificate is expired on 19th May 2014.

In the process, the NHSRC and RRC-NE technical support is to be ended by March, 2012. Letter of this communication is received by the State. Therefore, the State/District activities to be taken up in the year 2012-2013.

In-between, the process of Quality Management System have to be continued. To do that State and District need to take initiative of ISO certification process assessment. Therefore at State level, SHS need to identify a person to coordinate with District. The District already formed a Internal Hospital Quality Management Committee, who will conduct review meeting every quarterly to assess the progress of quality maintenance.

The District Hospital Quality Management Committee is consisted of:

1. Medical Superintendent, DH, CCPR- Chairperson
2. Deputy Medical superintendent - Member Secretary
3. Physician/ Medicine Specialist - Member
4. Operation Theatre in Charge – Member
5. Gynecologist - Member
6. Paediatrician - Member
7. Mantron- Member

However, the State had taken initiative to continue the process for maintaining or sustaining the quality standard of the District Hospital, Churachanpur. Therefore, it is proposed in the SPIP 20012-2013 as given below:

Activity: ISO Certification, DH, Churachandpur , SPIP 2012-2013

Sl. No	Activities	Unit Cost in Rs.	Total Rs. in Lakhs
1	Manager (Quality)	Rs.20,000 per monthx12 months	2.40
2	Inhouse Training of Hospital staff	Rs.10,000 per meeting per month	1.20
3	Qtrly. Review meeting of Quality Management of Committee	Rs. 5000 per meeting	0.20
4	LCD Projector with accessories	Rs. 42,000	0.42
5	Training / attending meeting outside state and logistic arrangement	Rs.2,00,000	2.00
6	Stationery & other miscellaneous	Rs. 50,000	0.50
7	Internal Quality management audit fee & Logistic support	Rs.1,00,000	1.00
Total			7.32

Total amount under ISO Certification process activities with internal quality management audit fee is of rupees seven lakhs thirty two thousands.

Major list of activities to be taken up at DH, Churachanpur is as follows as per the guidelines of NHSRC, MoHFW, GoI is as follows

The Quality Management System (QMS), main activities to be taken are as follows:

1. Periodical review of quality Objectives of the Healthcare Facility and modify where required keeping it that it should be SMART.
2. Review of resources including Human Resources, elucidate & Traverse the gaps.
3. Conduct internal audits and management Review meeting as per the requirements of QMS and maintain its records.
4. Developing Training Plan and schedule for the staff.
5. Conducting Training and evaluating its effectiveness.
6. Corrective and Preventive Action on the basis of non conformities.
7. Evaluation and review of the MIS of these facilities at State level/ District Level & Facility level.
8. Patient Satisfaction Survey to be done on quarterly basis with proper evidence, develop and implement the action plan.
9. Employee Satisfaction Survey to be done annually and develop action plan and implement it.
10. Managing Quality system documents like revision of documents, forms and formats, external documents and managing obsolete documents etc. where required.
11. Conduct meetings of Hospital Committee.
12. Periodic calibration of Hospital equipments as per document requirements.
13. Monitoring of culture Surveillance.
14. Periodical updating of legal compliances level records.
15. Conduct of coordinate with certifying bodies for surveillance audits and re- certification audits

This is corrected one, regarding the audit fee of internal Hospital Management after discussed with ASHAKUMARI, Consultant, Hospital Quality Management, RRC-NE, Guwahati.

B15.3 MONITORING & EVALUATION

B 15.3.1 Computerization HMIS and E-Governance, E-Health

Detailed status on HMIS reflected in Chapter 5 Monitoring and Evaluation.
Budget proposed is as below:

Table No. : Detail activity & Budget

Major Head	Minor Head	Budget				Remarks	IW	IE	TBL	BPR	CCP	CDL	UKL	TML	SPT	State	TOTAL	Amount approved in 2011-12	Actual Expenditure in 2011-13
		(in Lakhs)																	
1. Strengthening of M&E/HMIS	Salaries of M&E, MIS & HMIS consultant	Remuneration for 36 Data Assistant(MCTS) at blocks and 1 (one) HMIS Assistant at State reflected in Program Management Cost.																212.21	60.8
	Mobility for Monitoring purposes (comprehensive physical and financial monitoring)	78.00	2.4		Monitoring visit by the M&E team at the State level one time per month @Rs.20,000/- per visit at state											2.40	2.4		
			32.4		Monitoring level at the DHS level for NRHM activities @ Rs 30,000 per month		3.6	3.6	3.6	3.6	3.6	3.6	3.6	3.6	3.6	32.4			
			43.2	29	Monitoring per month @Rs.15,000/- per visit at 24 hill blocks		0.00	0.00	0.00	0.00	9	7.2	9	7.2	10.8	43.2	43.2		
				7.2	Monitoring per month @ Rs 5000 per month per visit at 12 valley blocks		1.8	1.8	1.8	1.8	0.00	0.00	0.00	0.00	0.00	7.2	7.2		
	Workshops/ Training on M & E and	19	1.00		2 times per annum @Rs.50,000/-per training at state											1.00	1.00		

	MCTS		3.6	2 times per annum @ Rs.20,000/-per training at district level	0.4	0.4	0.4	0.4	.4	.40	.4	.4	.4	3.6	3.6		
			14.4	2 times per annum @Rs. 20,000/-per training at block level	1.2	1.2	1.2	1.2	2	1.6	2	1.6	2.4	14.4	14.4		
	M&E quality review meeting. (the review meeting shall encompass both physical and financial review)	19.56	1.2	1 time per month @Rs.1,0000/-per month at state (Participants : District staffs)										1.2	1.2		
			5.4	1 time/month @Rs.5,000 per month at district	0.6	0.6	0.6	0.6	0.6	0.36	0.6	0.6	0.6	5.4	5.4		
			12.96	1 time per month @Rs.3000 per month at block (Participants : Staffs at health facilities))	1.4 4	1.4 4	1.4 4	1.4 4	1.8	1.44	1.8	1.44	2.1 6	12.9 6	12.96		

Major Head	Minor Head	Budget		Remarks	IW	IE	TBL	BPR	CCF	CDL	UKL	TML	SPT	State	TOTAL	Amount approved in 2011-12	Actual Expenditure in 2011-13
		(in Lakhs)															
2. Procurement of HW/SW and other equipments	Hardware/Software Procurement	7.18															
	Internet connectivity		0.00	Mostly dependant on mobile data cards; Process initiated for connectivity of all block & district office from NIC through newly launched SWAN										0.00			
	Annual Maintenance for mobile data card		7.18	Rental charge @ Rs.1300/- per month for State, 9 Districts & 36 blocks for Internet /data card	0.62	0.62	0.62	0.62	0.94	0.78	0.94	0.78	1.09	0.16	7.18		
	Operational costs (consumables etc.)		0.00	No proposal in 2012-13										0.00	0.00		
3. Operationalising HMIS at Sub District level	Review of Existing registers – to make them compatible with National HMIS & MCTS	21.0	16.00	800 copies X 10 types of health facility registers @Rs. 200/- per register (printing to be done at state)										16.00	16.0		

	Printing of routine HMIS facility reporting forms		5.00	Printing to be done at state										5.00	5.00		
	Training of staffs at health facilities		0.00	May be integrated in HMIS training head mentioned above										0.00	0.00		

Major Head	Minor Head	Budget	Remarks	IW	IE	TBL	BPR	CCP	CDL	UKL	TML	SPT	State	TOTAL	Amount approved in 2011-12	Actual Expenditure in 2011-13
		(in Lakhs)														
4. Operationalising MCH tracking	Printing of MCTS cards for PW & child (English and Local dialects)	5.00	Printing to be done at state										5.00	5.00		
	Capacity building of teams	0.00	May be integrated in HMIS training head mentioned above										0.00	0.00		
	Ongoing review of MCH tracking activities	0.00	May be integrated in HMIS review meeting head mentioned above										0.00	0.00		
	Monitoring data collection & data quality	0.00	May be integrated in HMIS monitoring visits head mentioned above										0.00	0.00		
	Incentive for ASHAs under MCTS	36.00	Incentive for ASHA may improve registration of non JSY-benefitted PW & child in MCTS										36.00	36.00		
	Mobile recharging cost for ANMs/staffs posted at	0.00											0.00	0.00		
		54.95														

500 health facilities @ Rs. 100/- per month per ANM/staff													
Mobile recharging cost for 3878 ASHAs @ Rs. 1200/- per ASHA	0.00										0.00	0.00	
Overhead expenditure for printing of multi-colored work-plans, reports etc. generted from MCTS application at block office for regular dissemination to health facilities	0.45	A large no. of workplans may be printed at the block office for regular/monthly dissemination to all health facilities under it @Rs. 1000/- per annum per district & block office	0.04	0.04	0.04	0.04	0.06	0.05	0.06	0.05	0.07	0.00	0.45
Fast & reliable multi-colored printer at all district & block HQ	9.00	Rs. 20,000/- for 9 district & 36 blocks for color printer	0.80	0.80	0.80	0.80	1.20	1.00	1.20	1.00	1.40	0.00	9.00

Operational cost for consumables items like printer cartridge & maintenance cost	4.50	Rs. 20,000/district & block for printer cartridge(colour) & maintenance	0.40	0.40	0.40	0.40	0.60	0.50	0.60	0.50	0.70	0.00	4.50		
Total : 199.69															

B 15.3.3 OTHER M&E
B 15.3.3.1 E-banking project

Implementation of CPSMS in the state

Activity-1: For Training and Workshops on Implementation of E-banking an amount of Rs. 10.00 Lakhs may be approved for the financial year 2012-13. However the fund required will be met from the unspent balance of 2011-12.

B 15.3.3.3 Procurement of laptops and data cards for Implementation of E-banking. As and when E-banking is rolled out, the PHC Accountants will need to be equipped with one laptop and data card. It is suggested that the fund required for this may be met from the unspent balance of last year sanctioned under "Implementation of ProMIS" which is lying unspent.

B16 PROCUREMENT

B16.1 Procurement of Equipments

B16.1.1 Procurement of Equipmment for Maternal Health

Activity 1: Procurement of one Ventouse Suction Machine (Rs.0.40 lacs), Shadowless lamp (Rs. 0.35 lacs), one resuscitation kit (Rs.0.40) for CHC Jiribam (delivery point). A total of Rs. 1.15 lacs would be required.

Activity 2: Procurement of equipments for RTI/STI: The PHCs and CHCs where facility integrated ICTC are not available, equipments such as Refrigerator (100L) and centrifuge will be required. 79 refrigerator and 77 centrifuge each is proposed to procure for providing RTI/STI services in PHCs and CHCs. 79 freeze @ Rs. 5000/- per freezer and 77 centrifuge @ Rs.30,000/- per centrifuge will be procured. Hence, a total amount of Rs. 27.05 lakhs will be required.

Activity 3: Procurement of one Ventouse Suction Machine (Rs.0.40 lacs) and one diesel generator (3.00 lacs) 5KVA for PHC Oinam which has started functioning as 24x7 with average monthly delivery of 5. Total amount of Rs. 3 lacs would be required.

Activity 4: Procurement of one ultrasound machine for district hospital tamenglong would be required for implementing JSSK scheme @ 8.00 lacs.

Activity 5: Specification for setting up Blood Bank of DH, THoubal:
The District Hospital newly inaugurated started functional from 19th March 2012. At present the OT and Blood Storage unit equipments are started equipping. In the process of gap analysis, it was learned that the Bio- Chemical Analyzer machine is available but the accessories are not available. Therefore it is proposed only for the accessories of blood bank. The detail is given below:

Sl.No	Items	Quantity	Total Cost in Rs in lakhs
1	Deep Freezer capacity of 50 units of Blood	1	0.30
2	Insulated Carrier Boxes with ice packs	10	1.00
3	Consumables: 1. Pasteur pipette 2. Glass Tubes 7.5-10mm 3. Glass Slides 4. Test Tube Racks 1"x2' 5. Rubber Teats 6. Gloves 7. Blotting Tissue Papers 8. Tooth Picks	12 600 20 Boxes 72 Racks 6 dozens 500pairs 200 boxes 100	2.00
4	Reagents: 1. Anti A 2. Anti B 3. Anti AB 4. Anti D(Blend of IgM & IgG) 5. Antihuman Globulin	24 vials 24 vials 24 vials 24 vials 12 vials	1.00
5	Computer with accessories	1	0.50
6.	Other Accessories items		45.20
	Total		50.00

Activity 6: Hospitals Equipments & Instruments for CHCs, PHCs & Sub Centres

Sl. No	Particulars/Items	Quantity	Rate	Total Amount (Rs. In lakhs)
1	Surgical Sterilized Hand Glove	60000	35	21.00
2	Elbow length Hand Glove	30000	70	21.00
3	Indwelling IV Canula	3500	70	2.45
4	Refill of Colour Scale Hemoglobinometer	100	2000	2.00
5	Baby Cradle	100	18000	18.00
6	Scoop Stretcher (Folding)	30	50000	15.00
7	Dust Bin (Steel)	70	3000	2.10
8	First Aid Box	600	1500	9.00
9	Colour Coded Waste Bin for BMW (Paddle Operated)	95	4000	3.80
10	Umbilical cord-clamp (Disposable)	6000	75	4.50
11	Labor Table	80	15000	12.00
12	Examination Table (Steel)	100	10000	10.00
Total		100675	103750	120.85

B16.1.3 Procurement of equipment Family Planning

Activity 1: Procurement of 20 NSV kits (Rs.0.06 lacs), 200 IUD Insertion Kits (Rs.1.40 lacs) and 3 laparoscope machines @3.00 lacs (Rs.9.0 lacs) with a total of Rs. 10.46 lacs would be required.

B16.1.5. Procurement of others

Oxygen Cylinder Filling Station: For strengthening of 4 District Hospitals of Thoubal, Bishnupur, Chuarachanpur and Senapati Districts.

Proposal of Oxygen Cylinder Filling Station for strengthening of 4 District Hospitals (Thoubal, Bishnupur, Chuarachanpur and Senapati) Districts. These District Hospital are ready with infrastructures and State Health & Family Welfare Directorate have given priority and commitment to make functional as FRU (First Referral Unit) in the 2012 -2013. At present DH, Thoubal and Senapati is inaugurated. The DH, Thoubal (100 bedded), started and functional from 19th March 2012. At present, the installation of OT equipment and Blood storage unit is under process. After completion of DH, Thoubal and DH, Bishnupur and DH, Senapati will be made functional. In these 4 DH, the need of Oxygen plant is very much necessary even though at present only 1 DH is functional FRU.

The State did not have any oxygen plant till now. The State depend it from the other neighbouring States of India. In the last two years, the State faced acute problem of getting OXYGEN in time for the District Hospital due to long economic road blockade i.e. for more than 120 days in the month of June-July- August 2011. It is therefore, the District Hospital of Bishnupur, Chuarachanpur Thoubal and Senapati Districts are proposed to set up the Oxygen Cylinder Filling Systems. Since these DH are going to upgrade at FRU level. Therefore, the necessary of Oxygen Filling System need to be set up for emergency proposes for the better services and improvement of the District Hospitals.

The state also proposed to support portable oxygen concentrators for the remaining 3 DH, Chandel, Tamenglong and Ukhrul Districts.

Activity1: To support emergency medical application for 4 District Hospitals i.e. Churachanpur, Thoubal, Bishnupur and Senapati Districts. The specification and detail cost is given below.

1. Oxygen Filling Station: IN 4DH, CCCPR, TBL, BPR & SPT Districts.

Sl. No	Specification	Unit Cost in Rs.	Quantity	Total Cost in Rs.
01	Oxygen Filling Station Unit -Oxygen Flow Rate 0-15 Std.Cubic Feet per hour (SCFH) (0-& 7.5LPH) - Oxygen Pressure --up to 2200 Pressure Swing Absorption	19,00,000	4	76,00,000
02	Accessories Stainless steel Cascade system Oxygen Cleaned --system consists of manifolds to connect with Oxygen Cylinder	1,60,000	4	6,40,000
03		20.60,000	4	82, 40,000

Activity 2: To support the other 3 DH of Chandel, Tamenglong and Ukhrul Districts. These are High focus Districts but the District Hospitals' OT are not functional and frequently patient are refer to State Hospitals either Govt. or Private. Therefore it is proposed to support for portable oxygen concentrators 2 sets for each DH. The detail specification and cost is given below.

2. Portable Oxygen Concentrators: IN 3DH, CDL, TML & UKL Districts.

Sl. No	Specification	Unit Cost in Rs.	Quantity	Total Cost in Rs.
01	Oxygen Concentrators -Flow Rate 0-5litre per minute - Size 640mm(H)x 410 mm (W)x410mm (D) Power consumption-Less or equal 500watts	60,000	6	3,60,000
02	Accessories- Humidifier Bottle- 2 Bottles Nasal Canula with extention tubing etc..	10,000	6	60,000
		70,000		4,20,000

B16.2 Procurement of Drugs and Supplies

B16.2.1 Drugs and supplies of Maternal Health

Activity1: Procurement of IFA and Albendazole tablets for estimated 313693 beneficiaries @ 0.10 for IFA loose and Rs.0.80 for albendazole with 40% as procurement charge. A total of Rs. 35.13 lacs will be required.

Activity 2: Procurement of Equipments for School Health programs. For estimating the nutritional status of school children, weighing machine and height measuring instrument is required along with Snellen's chart and measuring tape. Detailed is discussed at ARSH (Part A). A total of Rs.11.55 lacs would be required.

Activity-3: RTI/STI Diagnostic kits and colour coded drugs: Drug kits for treatment of RTI/STI cases and RPR Kits for screening of syphilis for CHCs and PHCs will be required. Details on the requirement as per NACO calculation and estimation are as below:

- Target of STI/RTI to be treated by PHCs & CHCs – 14698
- Number of STI/RTI syndromic drugs and RPR kits required each year

Details	Estimation/Quantity required	Buffer Stock	Total Drugs/Kits Required
STI/RTI syndromic Drug	8819	1764	10583
Estimated RPR tests	30849	-	823

Assumptions for drug kits:

1. About 60% of the STI/RTI episodes will be treated with Syndromic Drugs.
2. 20% of the syndromic drug is kept as buffer

Assumptions for RPR kits:

1. All STI attendees and ANC attendees to undergo syphilis testing.
2. Coverage of 50% of total expected episodes and pregnancies is taken.
3. Kit size is assumed to be 50 tests per kit yielding 45 tests due to 10% wastage.

IV. Number of drug kits required Syndrome Wise:

Syndromic distribution of Individual kits based on its prevalence and Unit Price:

Name of KIT	% Required to be procured	Unit Price in Rs. *
KIT 1	17	21
KIT 2	45	7
KIT 3	10	33
KIT 4	2	25
KIT 5	5	41
KIT 6	20	41
KIT 7	1	15
RPR test kits **		60

*Prices are only indicative and based on the recommended price of NACO

** RPR test kits are to be procured for STI attendees and ANC attendees as per assumptions in calculation sheet

Total Number of Kits with Price

Name of KITS	Total Quantity Required	Price of Kits (in Rs.)
KIT 1	1799	37779
KIT 2	4762	33334
KIT 3	1058	34914
KIT 4	212	5300
KIT 5	529	21689
KIT 6	2117	86797
KIT 7	106	1590
RPR test kits**	823	49380
Total	11406	2771658

The Drugs was previously supplied through NACO, but in 2011-12, none of the districts received it. As per instruction received from SACS, the required drugs are to be included in SPIP for PHCs/CHCs. A budget of Rs. 27.72 lakhs will be required for procuring of Drugs Kits meant for RTI/STI. Detailed budget is reflected in procurement in part B.

Activity 4: Whole Blood Finger Prick Test: Procurement of Whole Blood Screening Kits for Pregnant Women for screening on HIV during Ante natal Check Up. As per NACO projection for the year 2012-13, projected requirement along with budget is as below: Budget detailed is reflected in procurement.

Indent for 2011-12	Projected Requirement for 2012-13 (10% increase)	Estimated Cost at unit cost of Rs. 25/test (Rs. In lakhs)
14276	15704	3.93

Activity 5: Procurement of drugs and drug kits for school health programs for 717 units @ of 0.039 lacs with a total requirement of Rs. 27.97 lacs.

B16.2.5 General drugs and supplies for health facilities

Since 2008-2009, the State has been procuring medicines from TNMSC only. In the year 2011-12, State Health Society, NRHM was able to provide ample medicines and drugs to the various the health facilities (DH/CHC/SDH/PHC/SC and ensure that the people were benefitted. However on account of the transportation problem in procuring medicines from TNMSC, this needs a re-look. Further as an indent basis has been started from the year 2011-12, there has essentially been some changes in the drug list required by the districts.

In the year SPIP- 2012-2013, is proposed as per the National List of Essential Medicines of 2011. The state had circulated to all the Districts the NLEM. The State will prepare the state list of essential medicine after taking into account of Districts requirement for different category of health facilities and also will considered the quantity requirements too. However, at present the state proposes to purchase the following category of Medicines for the various categories of health facilities.

Budget required for procurement of Medicines:

Sl.No	Category of Medicines	Total medicines List	Cost in Rs. In Lakhs
1	Common essential medicines primary secondary & tertiary levels of Health Facility (DH/SDH/CHC/SC)	181	50.00
2.	Medicine for Secondary & Tertiary Health Facilities	106	40.00
3	Medicine for Tertiary level FRU & above Health Facility	61	30.00
4	Others(RTI/STI/ASHA/ Child Health/ JSSK, ASHA Drug Kit etc)	-	50.00
	Total		170.00

Rs 170 lakhs only.

B18 REGIONAL DRUGS WAREHOUSE

So far warehouses for the State Health Society and District Health Societies are on rental basis and due to lack of proper rental warehouses with properly equipped shelves etc for storage of drugs, medicines and medical equipments, storage problems leading to congested and haphazard storing of drugs and medicines have been noticed leading to wastages etc. As drugs have started arriving regularly from Tamil Nadu Medical Corporation Services (TNMSC), Chennai, the need has been felt to have a dedicated warehouse at the State Level as well as in all the 9 districts. It is felt that having regional or local warehouses in all the 9 districts will give the District Health Societies more control based on local conditions or special distribution needs that don't apply elsewhere, such as seasonal delays from bad weather, regular bandh and blockades due to law and order situation etc in the State. Local warehouses can shorten transportation times and will give back-up options in case one warehouse is temporarily inaccessible or damaged. The following budget is proposed for building of 10 warehouses

Particulars	Area	Cost (Rs in lakhs)	Total (Rs in lakhs)
State Health Society		75	75
9 District		40	360
Sub total			435
Misc for providing racks, shelves etc as per requirements			10
Total			445

An amount of Rs. 75,85,000.00 is propose for construction State Ware House. The structure is a semi-pucca structure with tubular trust and CGI sheet roofing. The basic cost of the work is Rs. 48,53,437/- with 15% cost index. It is also include 7% for IEI and 5% for land development. 5.6% sale tax, 3% contingency, 11.75% agency charge and 1% LW is also incorporated.

The total cost amounts to Rs 445 lakhs.

B19 New Initiative/Strategic Interventions

B.19.1 Biometric Attendance Monitoring: The requirement for this system is biometric electronic reading device(s) and associated computer(s). Finger print reading device is generally used for this. It runs on electric mains with battery backup. For one organisation one may install one or more devices at appropriate locations. The system is more and more widely used and the recurring expenditure is almost nil.

With the application of this system the organisation can monitor accurately the time of attending and leaving office of its employees and there is no question of impersonation. Now it has become a standard in many of the organisations.

It is proposed to install such machines for the State, NRHM office, CMO's Office, District Hospitals, Sub-District Hospitals, CHCs and PHCs.

Specification of the system: Coloured Display, Card & Finger Enabled, Inbuilt Battery, Touch keypad, USB Port, TCP/IP with full version software

Accessories: exit metal switch, exit switch no touch, ups 5v or 12v, EM LOCK, DOOR STRIKE.

The budgetary requirement for one unit as detailed below.(Rs.in lakhs)

Sl.No.	Item	Rate per unit	Qty	Total
A.	Non-Recurring			
1	Biometric Reader	0.16	2	0.32
2	Accessories (assorted)	0.10	2	0.20
2	Associated dedicated computer	0.50	1	0.50
	Total			1.02
B.	Recurring			
1.	Maintenance Cost(annual)	0.50		0.50
	Grand Total:(A+B)			1.52

It is proposed to install the system in the following Hospitals and Health Centres during 2012-13 as the 1st Phase/ pilot project in Imphal East, Imphal West Districts, 09 District Health Societies office and State Head office and the required budget is detailed below.

(Rs.in lakhs)

Sl.No.	Item	Number of units	Unit Cost	Total
1.	State Head Quarter	1	1.52	1.52
2.	District Health Society Office/CMO Office	9		13.68
3.	CHCs of Imphal East & Imphal west	04		6.08
4.	PHCs of Imphal East & Imphal west (except PHC Borobekra)	18		27.36
	Total:			48.64

Rs. 48.64 lakhs will be required for the Pilot project on Biometric Attendance Monitoring System.

B.21: RESEARCH, STUDIES , ANALYSIS:

1. IMR/MMR Study: As the State is a small State hardly having a total population of 28 Lakh, MMR as such cannot be estimated. The present study, based on Proportion of Deliveries attended by Skilled Birth Attendants will estimate MMR both for the State and the Districts. Also, the study will examine the IMR scenario and ascertain the major reasons of Maternal and Newborn Deaths and recommend measures to lower these further.

This year, the study work will be taken up through RRC-NE, Guwahati. They will provide technical support for data collection, triangulation, compilation, analysis and submission of concurrent as well as final report. The detailed proposal of study framework will work in consultation with Public Health, Consultant, RRC-NE Guwahati.

A budget of Rs. 20.00 lakhs is proposed for conducting the study.

SUMMARY BUDGET SHEET FOR MISSION FLEXIBLE POOL

(Rs in Lakhs)

Sl. No.	Activity	Unit Cost	Physical Targets	Required fund under NRHM
Mission Flexible Pool				
B1	ASHA		3878	382.316
B2	Untied Funds		-	458.35
B.3	Annual Maintenance Grants		-	98.70
B.4	Hospital Strengthening		-	452.00
B5	New Constructions/ Renovation and Setting up			2320.80
B.6	Corpus Grants to HMS/RKS			136.00
B7	District Action Plans (Including Block, Village) B8 Panchayati Raj Initiative			60.50
B8	Panchayati Raj Initiative			18.95
B9	Mainstreaming of AYUSH			487.5713
B10	IEC-BCC NRHM			237.87
B11	Mobile Medical Units (Including recurring expenditures)			194.04
B12	Referral Transport/EMRI			1081.01
B14	PPP/ NGOs			113.36
B15	Planning, Implementation and Monitoring			
B15.1	Community Monitoring (Visioning workshops at state, Dist, Block level)			41.83245
B15.2	Quality Assurance			7.32
B15.3	Monitoring and Evaluation/HMIS			199.69
B.16	PROCUREMENT			583.41
B.18	Regional drugs warehouses			445.00
B.19	New Initiatives/ Strategic Interventions (As per State health policy)/ Innovation/ Projects (Telemedicine, Hepatitis, Mental Health, Nutrition Programme for Pregnant Women, Neonatal) NRHM Helpline) as per need (Block/ District Action Plans)			48.64
B.21	Research, Studies, Analysis			20.00
B23.6	Other NDCP Support Programmes			14.50
TOTAL				7401.85975

CONSOLIDATED BUDGET SHEET FOR MISSION FLEXIBLE POOL

Sl. No.	Activity	Amount (Rs in Lakh)
Mission Flexible Pool		
B1	ASHA	
B1.1.1	Selection & Training of ASHAs/Research on JSY/Communication Kit	147.01
B1.1.2	Procurement of ASHA Drug Kit	-
B1.1.3	Other Incentives to ASHAs	60.43
B1.1.4	Awards to ASHA's/Link workers	13.50
B1.1.5	ASHA Resource Center/ASHA Mentoring Group	161.376
B2	Untied Funds	
B2.1	Untied Fund for CHCs	8.5
B2.2	Untied Fund for PHCs	19.75
B2.3	Untied Fund for Sub Centers	42.30
B2.4	Untied fund for VHSC	359.10
B.3	Annual Maintenance Grants	
B4.1	CHCs	17.00
B4.2	PHCs	39.50
B4.3	Sub Centers	42.20
B.4	Hospital Strengthening	
B.4.1	Upgradation of CHCs, PHCs, Dist. Hospitals to IPHS)	
B4.1.1	District Hospitals	75.00
B4.1.2	CHCs	213.00
B4.1.3	PHCs	91.00
B4.1.4	Sub Centers	33.00
B4.1.5	Others	40.00
B 4.2	Strengthening of District, Su-divisional Hospitals, CHCs, PHCs	
B.4.3	Sub Centre Rent and Contingencies	
B.4.4	Logistics management/ improvement	
B5	New Constructions/ Renovation and Setting up	
B5.1	CHCs	744.00
B5.2	PHCs	797.00
B5.3	SHCs/Sub Centers	594.00
B5.4	Setting up Infrastructure wing for Civil works	29.80
B5.5	Govt. Dispensaries/ others renovations	50.00
B5.6	Construction of BHO, Facility improvement, civil work, BemOC and CemOC centers	
B.5.7	Major civil works for operationalisation of FRUS	17.00
B.5.8	Major civil works for operationalisation of 24 hour services at PHCs	89.00
B.5.9	Civil Works for Operationalise Infection Management & Environment Plan at health facilities	
B5.10	Other	
B.6	Corpus Grants to HMS/RKS	

Sl. No.	Activity	Amount (Rs in Lakh)
B6.1	District Hospitals	40.00
B6.2	CHCs	17.00
B6.3	PHCs	79
B6.4	Other or if not bifurcated as above	0.00
B7	District Action Plans (Including Block, Village)	60.50
B8	Panchayati Raj Initiative	
B8.1	Constitution and Orientation of Community leader & of VHSC,SHC,PHC,CHC etc	0.00
B8.2	Orientation Workshops, Trainings and capacity building of PRI at State/Dist. Health Societies, CHC,PHC	18.95
B9	Mainstreaming of AYUSH	
B9.1	Activities other than HR	41.6513
B9.2	HR (Salary of Ayush staffs)	404.2687
B10	IEC-BCC NRHM	
B.10	Strengthening of BCC/IEC Bureaus (state and district levels)	1.8
B.10.1	Development of State BCC/IEC strategy	0.5
B.10.2	Implementation of BCC/IEC strategy	
B.10.2.1	BCC/IEC activities for MH	73.8
B.10.2.2	BCC/IEC activities for CH	11.7
B.10.2.3	BCC/IEC activities for FP	9
B.10.2.4	BCC/IEC activities for ARSH	21.2
B.10.2.5	Other activities (please specify)	35.65
B.10.4	Health Mela	45
B.10.5	Creating awareness on declining sex ratio issue	3.53
B.10.6	Other activities	35.69
B11	Mobile Medical Units (Including recurring expenditures)	194.04
B12	Referral Transport	
B12.1	Ambulance/ EMRI	1081.01
B14	PPP/ NGOs	
B14.3	Public Private Partnerships	113.36
B15	Planning, Implementation and Monitoring	
B15.1	Community Monitoring (Visioning workshops at state, Dist, Block level)	
B15.1.1	State level	12.5862
B15.1.2	District level	29.24625
B15.2	Quality Assurance	7.32
B15.3	Monitoring and Evaluation	
B15.3.1	Monitoring & Evaluation / HMIS	199.69
B.16	PROCUREMENT	
B16.1	Procurement of Equipment	
B16.1.1	Procurement of equipment: MH	210.00
B16.1.2	Procurement of equipment: CH	

Sl. No.	Activity	Amount (Rs in Lakh)
B16.1.3	Procurement of equipment: FP	10.46
B16.1.4	Procurement of equipment: IMEP	
B16.1.5	Procurement of Others	86.60
B.16.2	Procurement of Drugs and supplies	
B.16.2.1	Drugs & supplies for MH	106.30
B.16.2.2	Drugs & supplies for CH	
B.16.2.3	Drugs & supplies for FP	
B.16.2.4	Supplies for IMEP	
B.16.2.5	General drugs & supplies for health facilities	170
B.18	Regional drugs warehouses	445
B.19	New Initiatives/ Strategic Interventions (As per State health policy)/ Innovation/ Projects (Telemedicine, Hepatitis, Mental Health, Nutrition Programme for Pregnant Women, Neonatal) NRHM Helpline) as per need (Block/ District Action Plans)	48.64
B.21	Research, Studies, Analysis	20
B.22	State level health resources center (SHSRC)	
B23	Support Services	
B23.1	Support Strengthening NPCB	
B23.2	Support Strengthening Midwifery Services under medical services	
B23.3	Support Strengthening NVBDCP	
B23.4	Support Strengthening RNTCP	
B23.5	Contingency support to Govt. dispensaries	
B23.6	Other NDCP Support Programmes	14.50
TOTAL		7418.238

PART-C

IMMUNIZATION

4. C IMMUNISATION

- Overall objective of the immunization programme is to achieve 100% coverage for all the antigens (OPV, BCG, DPT, measles including hepatitis B and JE where applicable). The principles and planning process explained in the previous chapters are applicable to immunization as well.
- Planning for immunization would include assessment of the total number of VHND/ immunization sites needed to cater to the entire population. The sites would include sub-centres, PHC and other health facilities, Angan Wadi Centres (AWC), other sites in villages/hamlets without AWCs. The existing plan and data at PHCs would provide the number of sites under each ANM and the ANMs schedule would provide the number of sessions she holds. Developing a micro-plan would involve figuring out the difference between the number of sessions needed and number of sessions being held, reasons for shortfall in coverage and ways to bridge the gap. The States need to identify areas within the State which have low coverage and may require a more focussed approach. The State and districts should use data from surveys, data collected through the State systems and HMIS for situation analysis and micro-planning. Micro-plan would also include plans to bring the children and pregnant women to the session sites primarily through ASHA. The State also needs to figure out how the vaccines/vaccinator would reach the immunization sites. Strategies may include a system of alternate vaccine delivery. Functionality of cold chain equipments and their maintenance should also be addressed in the PIP.
- Issues to be addressed in PIP: Among other issues the PIP should also include mechanisms of convergence between AWW and ANM, better utilization of services of second ANM, system of supportive supervision and periodical review and monitoring. The State also needs to ensure that key officers such as State Immunization Officer and District Immunization Officer are in place and there are systems to ensure stability of their tenure.
- Planning and budget formats: Annex 1-6 provide planning and budget formats for immunization. The budget for 2012-13 should be summarized in the format given in annex.

The details of the activities should be given as follows:

1. Situation Analysis

2. Progress so far – achievement and expenditure in 2010-11 and 2011-12 (April-December)

Physical Performance Report for the year 2010 - 2011 (April, 2010 to March, 2011)

Name of State: MANIPUR

TT (Pregnant Women) Target & Achievement						Infant Target & Achievement												
Sl. no	District	Yearly Target 2010-11	TT Achievement			Yearly Target 2010-11	BCG Coverage (in number)		DPT Coverage (in number)				OPV Coverage (in number)				Measles Coverage (in number)	
			I	II + B	% of (II+B)		Acvt.	%	I	II	III	% of III	I	II	III	% of III	Acvt.	%
1	BPR	4743	3617	3146	66.33	4312	4468	103.62	4461	4022	3632	84.23	4461	4020	3633	84.25	3412	79.13
2	CDL	3995	2033	2107	52.74	3632	2454	67.57	2583	2509	2553	70.29	2582	2499	2556	70.37	2273	62.58
4	CCP	5437	3103	3092	56.87	4943	4655	94.17	4984	4445	3696	74.77	4984	4445	3696	74.77	3687	74.59
5	IE	9457	7552	6166	65.20	8597	9372	109.01	9444	9039	8722	101.45	9444	9039	8722	101.45	7859	91.42
6	IW	9784	8120	7336	74.98	8894	11286	126.89	10628	10024	9297	104.53	10609	9990	9317	104.76	8882	99.87
7	SPT	8042	6015	7220	89.78	7311	7416	101.44	7283	7576	7056	96.51	7302	7375	7069	96.69	7054	96.48
9	TML	2785	1319	1099	39.46	2532	2065	81.56	2117	1886	1600	63.19	2150	1892	1630	64.38	1525	60.23
10	TBL	8411	4803	3685	43.81	7646	8242	107.79	8433	7618	6918	90.48	8145	7329	6604	86.37	5845	76.45
11	UKL	3757	1267	1033	27.50	3416	2068	60.54	1977	1836	1680	49.18	1934	1829	1654	48.42	1498	43.85
Total		56411	37829	34884	61.84	51283	52026	101.45	51910	48955	45154	88.05	51611	48418	44881	87.52	42035	81.97

Children Target & Achievement												
Sl. no.	District	DPT Booster	OPV Booster	DT (5 years)			TT (10 years)			TT (16 year)		
		Acvt.	Acvt.	Yearly Target 2010-11	Acvt.	%	Yearly Target 2010-11	Acvt.	%	Yearly Target 2010-11	Acvt.	%
1	BPR	2470	2462	4324	1191	27.54	4197	1886	44.94	4026	2239	55.61
2	CDL	1595	1587	3627	814	22.44	3525	1169	33.17	3384	788	23.29
4	CCP	2340	2300	4901	1472	30.03	4710	1095	23.25	4554	3043	66.83
5	IE	6135	6131	8602	3659	42.54	8331	3252	39.03	7970	2946	36.97
6	IW	6250	6242	8902	3459	38.86	8621	2941	34.12	8246	3058	37.08
7	SPT	5348	5337	7301	3166	43.36	7073	4115	58.18	6752	3866	57.26
9	TML	824	823	2047	150	7.33	1816	496	27.31	1577	479	30.37
10	TBL	4608	4437	7650	2578	33.70	7410	3043	41.07	7090	2206	31.11
11	UKL	980	945	3108	664	21.36	3023	803	26.56	2905	938	32.29
Total		30550	30264	50462	17153	33.99	48706	18800	38.60	46503	19563	42.07

Physical Performance Report for the year 2011 - 2012 (April, 2011 to October, 2011)

Name of State: MANIPUR

TT (Pregnant Women) Target & Acheivement						Infant Target & Achievement												
Sl. no	Distri ct	Yearly Target 2011-12	TT Achievement			Yearly Target 2011-12	BCG Coverage (in number)		DPT Coverage (in number)				OPV Coverage (in number)				Measles Coverage (in number)	
			I	II + B	% of (II+B)		Acvt.	%	I	II	III	% of III	I	II	III	% of III	Acvt.	%
1	BPR	4002	2507	1917	47.90	3603	2190	60.78	2179	2143	2160	59.95	2179	2146	2157	59.87	2003	55.59
2	CDL	2430	1384	1000	41.15	2148	1271	59.17	1342	1310	1345	62.62	1329	1308	1339	62.34	1539	71.65
4	CCP	4505	1789	1367	30.34	4177	1903	45.56	2461	2169	2028	48.55	2501	2168	2027	48.53	1903	45.56
5	IE	7668	3509	2745	35.80	6971	4999	71.71	4875	4658	4691	67.29	4877	4653	4691	67.29	5297	75.99
6	IW	9176	4783	4150	45.23	8342	5385	64.55	5389	5296	5492	65.84	5408	5294	5504	65.98	5452	65.36
7	SPT	5795	3680	4027	69.49	5290	4273	80.78	4314	4337	4250	80.34	4314	4325	4254	80.42	4147	78.39
9	TML	2304	843	591	25.65	2158	1127	52.22	1213	1124	919	42.59	1208	1107	933	43.23	907	42.03
10	TBL	7124	3088	2450	34.39	6406	4022	62.78	4176	4026	3998	62.41	4155	4019	3982	62.16	3596	56.13
11	UKL	3102	845	748	24.11	2820	1258	44.61	1313	1319	1178	41.77	1304	1303	1172	41.56	888	31.49
Total		46106	22428	18995	41.20	41915	26428	63.05	27262	26382	26061	62.18	27275	26323	26059	62.17	25732	61.39

Children Target & Achievement												
Sl. no.	District	DPT Booster	OPV Booster	DT (5 years)			TT (10 years)			TT (16 year)		
		Acvt.	Acvt.	Yearly Target 2010-11	Acvt.	%	Yearly Target 2010-11	Acvt.	%	Yearly Target 2010-11	Acvt.	%
1	BPR	1766	1766	3545	611	17.23	3425	1224	35.74	3267	1422	43.52
2	CDL	916	916	2114	378	17.88	2042	627	30.71	1948	661	33.93
4	CCP	892	920	4110	719	17.49	3970	1149	28.94	3788	2286	60.35
5	IE	3611	3621	6859	2463	35.91	6626	1446	21.82	6321	1008	15.95
6	IW	4439	4439	8209	1613	19.65	7929	1392	17.55	7565	1716	22.68
7	SPT	3350	3347	5205	1711	32.87	5028	2201	43.77	4797	2206	45.99
9	TML	529	541	2123	66	3.11	2051	259	12.63	1957	231	11.80
10	TBL	2701	2690	6304	1181	18.74	6089	1182	19.41	5809	899	15.48
11	UKL	701	701	2775	382	13.77	2681	592	22.09	2557	722	28.23
Total		18905	18941	41244	9124	22.12	39842	10072	25.28	38009	11151	29.34

3. Objectives, Strategies and Activities for 2012-13

The Immunisation chapter of the PIP should essentially cover the aspects below (detailed guidelines provided in Annex 8c)

a) HR status (and steps to ensure tenure of at least 3 years)

- State Immunization Officer in place: Yes/No
- Number of districts without DIO (out of total no. of districts):

RI staff at district level	Required	Sanctioned	In position	Vacant
Cold chain handlers				
Cold chain mechanics				
Any other				

b) System put in place for alternate vaccine delivery and its impact

c) Systems put in place to ensure:

- Microplanning of Immunization
- Strategy for increasing coverage, including vulnerable population -urban slums, migrants, tribal pockets
- Proper maintenance of cold chain equipments
- MIS for efficient inventory management for vaccines and other supplies
- Strategy to reduce vaccine wastage
- Integration of UIP and pulse-polio
- Co-ordination among ANM, AWW and ASHA

Situation analysis of the State Immunization Program

(The States/UTs should provide a brief write-up covering all the following issues)

1. Current scenario of implementation of immunization program
 - a. State level coverage as per District Level Household Survey-3, Coverage Evaluation Survey 2009 & Reported coverage for 2010-11, 2011-12 till Dec'11.
 - b. District wise coverage levels of all antigens for 2010-11, 2011-12 till Dec'11 (including JE wherever applicable).
 - c. Reasons for Shortfall in coverage
 - d. Reporting and incidence of VPDs for 2011-12 till Dec'11.
 - e. Reporting and Response to Outbreaks and AEFIs for, 2011-12 till Dec'11.
2. Strategies for further improving Routine Immunization
 - a. What is the target of immunization coverage for this year?
 - b. To improve the accessibility of routine immunization services (reflected by BCG and DPT-1 coverage); identify the districts and blocks with poor access and reasons thereof.
 - c. To reduce dropouts (reflected by DPT3 coverage); reasons for dropout and specify steps taken for this.
 - d. To create community demand for routine immunization:(write specific steps taken)
 - e. Any other innovation started for strengthening of routine immunization in the State.

3. Status of microplanning- Number of districts where RI micro-plans have been updated in 2011-12. (Provide details in the format enclosed)
4. What are the roles & responsibilities pertaining to immunization of 1st ANM , 2nd ANM, and HW(Male) ?
5. What is the mechanism of coordination & convergence between AWW and ASHA?
6. Alternate Vaccine Delivery System- what system is in place, whether it is working and what are issues faced?
7. Supervision and Monitoring-Status of Routine Immunization cell, Supportive Supervision Structure in field, Review meetings and data analysis and action taken at all levels etc)
8. Status of RIMS implementation for monitoring (details of districts uploading data regularly, issues with other districts and proposed support required)
9. Co-ordination with Partners (ICDS, Public Private Partnerships, Other agencies)
10. Component-wise receipt & expenditure of funds received from 2010-11 onwards (format attached).
11. Status of Cold Chain Equipment-
 - i) ILRs, DF, Voltage stabilizers
 - a. Plan for replacement of all condemned or non service able equipment which is beyond repair.
 - b. Expansion: - Need based depending on the setting up of New PHC/ cold chain points
 - c. All CFC equipments supplied till 1992 has been replaced with Non CFC equipment. The expansion plan should include replacement of remaining CFC equipments supplied during the period of 93-98
 - ii) Cold boxes, Vaccine carriers - replacement plan for expansion or replacement of condemn equipment.
 - iii) Insulated/Non Insulated vaccine van: Plan for supply of insulated vaccine vans against condemned vehicles and expansion plan for supply of vaccine van for newly created district.
 - iv) Mechanism for cold chain maintenance and repairs- HR structure, AMC(if any) etc.
12. Status of implementation of Procurement Management Information System (ProMIS)
13. IEC plan for strengthening UIP; however the budget for IEC is to be provisioned under RCH.
14. Infrastructural and manpower requirements that are essential for implementation of UIP but not admissible under Part C (Immunization) may be provisioned under the NRHM/RCH heads. (eg; Refrigerator mechanics, renovation of stores etc.) This should include district level need for godown for vaccine/logistics.

15. Additional support required to improve Routine Immunization; for any State specific need please provide a separate write-up on objective, strategy, expected output and budgetary basis for the activities.

A. Basic information of the State/UT related to Immunization Programme

Position	Name & Designation	Contact No./Email
State Immunization Officer	Dr. Y.Ibechaobi Devi, Joint Director SEPIO, Manipur	8974026125/sepioman@gmail.com
State Cold Chain Officer	Shri.	
State Level Data Assistant	S.Bijoylakshmi Devi, Computer Asst.	9862577505
District Immunization Officers (DIO)	No. of Districts : 9 (nine)	No. of DIOs in position 11 (DFWO – 5 & DIO – 6)

S.No	Beneficiaries	Target		
		2010-11	2011-12	2012-13
1.	Pregnant women	56411	46106	46600
2.	0 to 1 yr infants	51283	41915	42364
3.	1-2 yr	48915	43548	44014
4.	2-5 yr	194150	130644	127092
5.	5 yr	50462	41244	41686
6.	10 yr	48746	39842	40269
7.	16 yr	46503	38010	38417

The following information is to be filled based on the RI micro-plans. Please provide the details of held sessions for 2010-11 & 2011-12, while for 2012-13 the number of planned sessions is to be provided:

Sl.No	Routine Immunization Sessions	2010-11	2011-12	2012-13
1.	Total Sessions planned	21095	21516	10250
2.	Total Sessions Held		10000	
3.	No. of Outreach Sessions	13890	5040	8500
4.	No. of Fixed site sessions	6125	16476	3500
5.	No. of Sessions in Urban Areas	2095	364	350
6.	No. of Sessions in Rural Areas	19000	21152	10200
7.	No. of sessions in hard to reach areas	21095	700	1500
8.	No. of session with hired vaccinators*	1950	90	500
9.	No. of hired vaccinators*	1950	90	500
10.	No. of villages where sessions are held monthly		420	420
11.	No. of villages (smaller) where sessions are held on alternate months		1271	1000
12.	No. of villages where sessions are held quarterly		700	700

B. Existing Support to the States

SI No	Item	Stock (functional) as on 31st Dec'11	Requirement			Remarks
			2010-11	2011-12	2012-13	
1	Cold Chain Equipments -					
a)	WIC		0	0	0	
b)	WIF		1	1	1	
c)	ILR		15	15	20	
d)	DF		35	35	40	
e)	Cold Boxes		30	30	50	
f)	Vaccine Carrier		2000	2000	2500	
g)	Ice Pack		5000	5000	5000	
h)	Vaccine Van		12	12	12	
2	Vaccine stock and requirement (including 25% wastage and 25% buffer)					
a)	TT		318050	359235	359235	
b)	BCG		243000	243000	243000	
c)	OPV		307700	356966	356966	
d)	DPT		383390	443208	443208	
e)	Measles		76925	89895	89895	
f)	Hep B		0	356966	356966	
g)	JE (Routine)		0	65629	65629	
3	Syringes including wastage of 10% and 25 %buffer					
a)	0.1 ml		105778	334129	334129	
b)	0.5 ml		1070251	1808032	1808032	
c)	Reconstitution Syringes		31732	70650	70650	
4	Hub Cutters		500	2500	2500	

C. Additional Support required by the State

Service Delivery: -	Norms*	Expenditure & Achievement						Remarks
		2010-11		2011-12 (till Dec)		2012-13		
		Expenditure	Achievement	Expenditure	Achievement	Funds requirement	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	6.00	No of sessions Supervised	5.50	No of sessions Supervised	3.00	No of sessions Supervised	
	By State level officers @ Rs.100,000 /year		100% No of districts visited for RI review		100% No of districts visited for RI review		No of districts visited for RI review	
Cold Chain maintenance	@ Rs 500 per PHC/CHC per year District Rs 10,000 per year	1.47	% Funds used	1.58	% Funds used	1.00	% Funds used	
			100%		100%			
Focus on slum & underserved areas in urban areas:	Hiring an ANM @Rs.300/session for four sessions/month/slum of 10000 population and Rs.200/- per month as contingency per slum of i.e. total expense of Rs. 1400/- per month per slum of 10000 population.	6.82	No of sessions with hired vaccinators 100%	0.32	No of sessions with hired vaccinators 100%	1.50	No of sessions with hired vaccinators	
Mobilizationof children through ASHA/ mobilizers	@ Rs150/session (for all States/UT.s)	21.83	No. ofsessions with ASHA	21.83	No. ofsessions with ASHA	15.37	No. ofsessions with ASHA	
			100%		80%			

Alternative Vaccine Delivery:	Geographically hard to reach areas (eg. Session site>30 kms from vaccine delivery point, river crossing etc.) @ Rs 100 per RI session		No of sessions with AVD		No of sessions with AVD		No of sessions with AVD
	NE States and Hilly terrains @100 per RI session	14.55	100%	14.55	80%	15.00	
	For RI session in other areas @ Rs.50 per session.						
Support for Computer Assistant for RI reporting (with annual increment of 10% w.e.f. from 2010-11)	State @Rs 11300 p.m.	1.44		1.80		1.356	
	Districts @ Rs 11300 p.m		No of C.A. in position		No of C.A. in position		No of C.A. in position
		9.60		10.80		12.204	
Printing and dissemination of immunization cards, tally sheets, monitoring forms, etc.	@ Rs 5 per beneficiary	5.38	100%	5.00	100%	5.00	
Review Meetings	Support for Quarterly State level Review Meetings of district officers @ Rs 1250/participant/day for 3 persons (CMO/DIO/Dist Cold Chain Officer)	2.92	No of meetings held 100%	2.92	No of meetings held 100%	3.00	No of meetings held
	Quarterly Review & feedback meeting for exclusive for RI at district level with one Block MO.s, ICDS CDPO and other stakeholders@ Rs 100/- per participant for meeting expenses (lunch, organizational expenses)	14.00	100%	7.00	50%	10.00	
	Quarterly review meeting exclusive for RI at Block level @Rs 50/-pp as honorarium	9.11	100%	4.56	50%	9.00	

	for ASHAs (travel) and Rs 25 per person at the disposal of MO-I/C for meeting							
	expenses(refreshments, stationery and misc. expenses) expenses(refreshments, stationery and misc. expenses)							
Trainings			No of persons trained		No of persons trained		No of persons trained	
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	5.80	100%	5.00	100%	5.00		
Three day training of Medical Officers on RI using revised MO training module	As per revised norms for trainings under RCH	5.20	No of persons trained 100%	6.50	No of persons trained	4.00	No of persons trained	
One day refresher training of District RI Computer Assistants on RIMS/HMIS and Immunization formats under NRHM	As per revised norms for trainings under RCH	0.50	100%	0.20	100%	0.30		
Two day Cold Chain handlers training for block level cold chain handlers by State and District Cold Chain Officers and DIO for a batch of 15-20 trainees and three trainers	As per revised norms for trainings under RCH	0.55	No of persons trained 24 (100%)	2.50	No of persons trained 50%	3.00	No of persons trained	
One day Training of block level data handlers by DIO	As per revised norms for trainings under RCH		No of persons trained		No of persons trained		No of persons trained	

and District Cold chain Officer to train about the reporting formats of Immunization and NRHM		0.80	39 (100%)	0.56	70%	0.80		
Microplanning								
To develop sub-center and PHC microplans using bottom up planning with participation of ANM, ASHA,	@ Rs 100/- per subcentre (meeting at block level, logistic)	0.42	100%	0.42	No. of Districts have updated microplans this year 9(100%)	0.50	For consolidation of microplan at PHC/CHC level	
	No. of Districts have updated microplans this year @ Rs 1000/- block & at district level @ Rs 2000/- per district	1.17	100%	1.17	100%	1.10		
POL for vaccine delivery from State to District and from district to PHC/CHCs	Rs100,000/ district/year	9.00	% Funds used 100%	4.50	% Funds used 50%	9.00	% Funds used	
Consumables for computer including provision for internet access for RIMS	@ 400/- month/ district	0.48	% funds used 100%	0.48	% funds used 100%	0.45	% funds used	
Injection Safety								
Red/Black Plastic bags etc	@ Rs 2/bags/session	0.42	100%	0.42	100%	0.42		
Bleach/Hypochlorite solution	@ Rs 500 per PHC/CHC per year	0.42	100%	0.42	100%	0.42		
Twin bucket	@ Rs 400 per PHC/CHC per year	0.48	% funds used 100%	0.48	% funds used 100%	0.48	% funds used	
justification (Please provide a separate write-up on objective, strategy, expected output and outcomes, basis for cost estimates etc.)				4.00	100%			

District –wise Coverage reports (in numbers) (upto October 2011)

S. No	Name of District	Yearly Target (2011-12)		BCG Coverage (in Numbers)	OPV - 1st Dose Coverage (in Numbers)	OPV - 3rd Dose Coverage (in Numbers)	DPT - 1st Dose Coverage (in Numbers)	DPT - 3rd Dose Coverage (in Numbers)
		Infants	Pregnant Women	2011-12	2011-12	2011-12	2011-12	2011-12
1	Bishnupur	3603	4002	2190	2179	2157	2179	2160
2	Chandel	2148	2430	1271	1329	1339	1342	1345
3	Churachandpur	4177	4505	1903	2501	2027	2461	2028
4	Imphal East	6971	7668	4999	4877	4691	4875	4691
5	Imphal West	8342	9176	5385	5408	5504	5389	5492
6	Senapati	5290	5795	4273	4314	4254	4314	4250
7	Tamenglong	2158	2304	1127	1208	933	1213	919
8	Thoubal	6406	7124	4022	4155	3982	4176	3998
9	Ukhrul	2820	3102	1258	1304	1172	1313	1178
Total		41915	46106	26428	27275	26059	27262	26061

S. No	Name of District	Measles Coverage	Measles 2nd dose Coverage	TT2+Booster Coverage	Hep B - Birth Dose Coverage	Hep B - 1st Dose Coverage	Hep B - 3rd Dose Coverage	JE-routine (Wherever applicable)
		Infants		2011-12	2011-12	2011-12	2011-12	2011-12
1	Bishnupur	2003	# 43754 (91.02%)	1917	0	0	0	* 52430 (67.3%)
2	Chandel	1539	# 26914 (93.43%)	1000	0	0	0	* 42517 (78.8%)
3	Churachandpur	1903	# 49375 (91.01%)	1367	0	0	0	0
4	Imphal East	5297	# 88537 (97.80%)	2745	0	0	0	* 115710 (82.9%)
5	Imphal West	5452	0	4150	0	0	0	* 114633 (68.4%)
6	Senapati	4147	# 63794 (89.86%)	4027	0	0	0	0
7	Tamenglong	907	# 20956 (74.77%)	591	0	0	0	0
8	Thoubal	3596	# 76933 (91.47%)	2450	0	0	0	* 84718 (63.6%)
9	Ukhrul	888	# 29755 (81.25%)	748	0	0	0	0
Total	Manipur	25732	# 400018 (90.62%)	18995	0	0	0	* 410008 (71.7%)

* JE Coverage (Campaign 2010) Report

Measles 2nd dose (Acvt.) (Campaign 2011)

District –wise VPD reports in 2010-11 & 2011-12 (in numbers)

S. No	Name of District	2010-11	2011-12*	2010-11	2011-12*	2010-11	2011-12*	2010-11	2011-12*	2010-11	2011-12*	2010-11	2011-12*
1	Bishnupur		1281										
2	Chandel		328										
3	Churachandpur		725										
4	Imphal East		896										
5	Imphal West		1037										
6	Senapati		2291										
7	Tamenglong		359										
8	Thoubal		1547										
9	Ukhrul		646										
	TOTAL		9110										

* till Oct. 21 (including Diarrhoea and dehydration cases)

Disease	BPR		CDL		CCP		IE		IW		SPT		TML		TBL		UKL		Total	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0
Whooping Cough	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Neonatal Tetanus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tetanus(Other)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Measles	5	0	2	0	28	0	33	0	20	0	28	0	29	0	59	0	31	0	235	0
Polio	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Consolidated Budget Sheet Immunization for FY 2012-13

State			Budget 2012-13 (Rs. Lakhs)			
FMR Code	Activities(As proposed by the State)	Q1	Q2	Q3	Q4	ANNUAL TOTAL
C.1	RI Strengthening Project (Review meeting, Mobility Support, Outreach services etc					
c.1.a	Mobility Support for supervision for district level officers.	1.13	1.13	1.13	1.13	4.50
c.1.b	Mobility support for supervision at State level	0.25	0.25	0.25	0.25	1.00
c.1.c	Printing and dissemination of Immunization cards, tally sheets, monitoring forms etc.	5.00	0.00	0.00	0.00	5.00
c.1.d	Support for Quarterly State level review meetings of district officer	0.25	0.25	0.25	0.25	3.00
c.1.e	Quarterly review meetings exclusive for RI at district level with one Block Mos, CDPO, and other stake holders	2.50	2.50	2.50	2.50	10.00
c.1.f	Quarterly review meetings exclusive for RI at block level	2.25	2.25	2.25	2.25	9.00
c.1.g	Focus on slum & underserved areas in urban areas/alternative vaccinator for slums	0.38	0.38	0.38	0.38	1.50
c.1.h	Mobilization of children through ASHA or other mobilizers	3.84	3.84	3.84	3.84	15.37
c.1.i	Alternative vaccine delivery in hard to reach areas	3.75	3.75	3.75	3.75	15.00
c.1.j	Alternative Vaccine Delivery in other areas	0.00	0.00	0.00	0.00	0.00
c.1.k	To develop microplan at sub-centre level	0.00	0.00	0.00	0.50	0.50
c.1.l	For consolidation of microplans at block level	0.00	0.00	0.00	1.10	1.10
c.1.m	POL for vaccine delivery from State to district and from district to PHC/CHCs	2.25	2.25	2.25	2.25	9.00
c.1.n	Consumables for computer including provision for internet access for RIMs	0.45	0.00	0.00	0.00	0.45
c.1.o	Red/Black plastic bags etc.	0.42	0.00	0.00	0.00	0.42
c.1.p	Hub Cutter/Bleach/Hypochlorite solution/ Twin bucket	0.90	0.00	0.00	0.00	0.90
c.1.q	Safety Pits	0.00	0.00	0.00	0.00	0.00
c.1.r	State specific requirement	0.00	3.00	0.00	0.00	3.00
	C.1-Sub Total	23.37	19.6	16.6	18.2	79.74
C.2	Salary of Contractual Staffs -Sub Total	0.00	0.00	0.00	0.00	0.00
c.2.a	Computer Assistants support for State level	0.34	0.34	0.34	0.34	1.36
c.2.b	Computer Assistants support for District level	3.05	3.05	3.05	3.05	12.21
	C.2-Sub Total	3.39	3.39	3.39	3.39	13.57

State			Budget 2012-13 (Rs. Lakhs)			
FMR Code	Activities(As proposed by the State)	Q1	Q2	Q3	Q4	ANNUAL TOTAL
C.3	Training under Immunization					
c.3.a	District level Orientation training including Hep B, Measles & JE (wherever required) for 2 days ANM, Multi Purpose Health Worker (Male), LHV, Health Assistant (Male/Female), Nurse Mid Wives, BEEs & other staff (as per RCH norms)	0.00	2.50	2.50	0.00	5.00
c.3.b	Three day training including Hep B, Measles & JE (wherever required) of Medical Officers of RI using revised MO training module)	0.00	2.00	2.00	0.00	4.00
c.3.c	One day refresher training of district Computer assistants on RIMS/HIMS and immunization formats	0.30	0.00	0.00	0.00	0.30
c.3.d	Two days cold chain handlers training for block level cold chain handlers by State and district cold chain officers	0.00	3.00	0.00	0.00	3.00
c.3.e	One day training of block level data handlers by DIOs and District cold chain officer	0.00	0.80	0.00	0.00	0.80
	C.3-Sub Total	0.30	8.30	4.50	0.00	13.10
C.4	Cold chain maintenance	0.25	0.25	0.25	0.25	1.00
C.5	ASHA incentive for full Immunization (proposed)	0.00	0.00	0.00	0.00	0.00
C.6	Pulse Polio Operational cost(Tentative)	0.00	0.00	0.00	0.00	0.00
	TOTAL	27.31	31.54	24.74	21.84	107.41

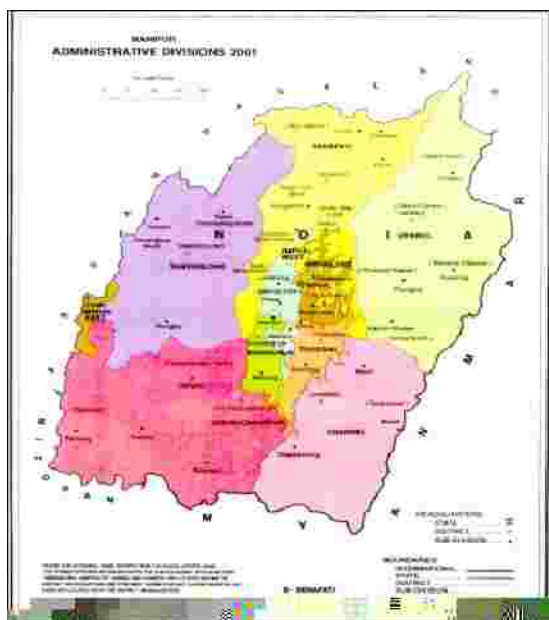
PART-D

NATIONAL DISEASE CONTROL PROGRAMS

D1

National Iodine Deficiency Disorders Control Programme(NIDDCP)

NIDDCP: - Programme Implementation Project- 2012-13



1. Background

Total area	=	22,327 Sq.Km.	
Hill Area	=	20089 Sq.Km. (89.98%)	
Valley area	=	2238 Sq.Km. (10.02%)	
Population	=	27, 21,756 (Census 2011).	
Male	=	13, 69,764	
Female	=	13, 51,992	
Rural population	=	74.90%	
Urban population	=	25.10%	
Tribal population	=	32.30%	
Density Of population	=	122 /Sq.Km.	
Literacy rate	=	79.85 %	Male = 86.5 % Female = 73.2 %

Administrative division:-

Area	No. of District	No. of Sub.Div.	Population
Hill	5	24	10, 93, 532
Valley	4	24	16, 28, 224
Total	9	38	27, 21, 756

Climate

Annual Rainfall (average)	=	160.55cm
Humidity	=	82 to 95 Max. (Mean)

2. Background-

2.1. Background of the Programme :

Iodine is an essential micronutrient. The requirement is 150 gms daily for normal human growth and development. The deficiency of iodine in diet/food causes iodine deficiency disorders. It could result in physical and mental retardation, neuromotor defect, abortion still birth, deaf mutism etc.

Realizing the magnitude of the problems, the Government of India launched a 100 per cent centrally assisted National Goitre Control Programme (NGCP) in 1962. In 1992, the NGCP was renamed as National Iodine Deficiency Disorders Control Programme (NIDDCP) with a view to cover a wide spectrum of iodine deficiency disorders like mental & physical retardation, deaf-mutism, abortion still birth, cretinism etc.

2.2 Formation of State IDD Cell.

NIDDCP, erstwhile NGCP in Manipur was launch in the year 1987 and attached to the Medical Directorate Manipur, along with the following staff as below :-

Staff Position

Programme Officer (IDD) along with supporting staff like Statistical Assistant, Lab. Tech. (Contract) Lab. Assistant (Contract) LDC/Typist etc.

2.3 Organization Set up of NIDDCP, Manipur

(a) State Level

1. Director of Health Services
2. Additional Director of health Services (Public Health)
3. Programme Officer
4. Supporting Staff – Clerk, Statistical Asst., Lab Tech., Lab. Asst. and Peon.

(b). District Level:

The Programme is implemented through district Chief Medical officers (CMO)

Chief Medical Officers are the nodal officers at the District Level for implementation of NIDDCP.

Goal of NIDDCP, Manipur –

The Goal of NIDDCP in Manipur is to reduce the prevalence of iodine deficiency disorders: below 5% by 2012 AD.

4. STATE PLAN OF ACTION

4.1. Objectives

The specific objectives are:-

- 1). To reduce iodine deficiency disorders below 5% in the state.
- 2). To achieve 100% household consumption of iodized salt.

4.2. Components:-

The important objectives and components of NIDDCP are as follows:-

- i) Survey to assess the magnitude of the IDD problem.
- ii). Supply of iodated salt.
- iii) Resurvey after every 5 years to assess the extent of IDD and the impact of iodated salt.
- iv) Laboratory monitoring of iodated salt and estimated of urinary iodine excretion.
- v) Health Educations and Publicity.

5. Implementation of NIDDCP, Manipur.

5.1. Establishment of IDD Control Cell:-

Under this section, the activities proposed are:

- Monitoring and supervision of the ongoing projects in all the 38 blocks of the state. This includes transportation and hiring of vehicles, inspection honorariums, travelling expenses, etc.
- Stationery, Xerox, computer printing and other contingencies.

Budget requirement – (A)

Sl.	Activity	Project areas	Cost (Rs. in lakhs)
1.	Monitoring and supervision of ongoing activity	38 blocks	6.50
2	Stationery, Xerox, orienting and other contingencies		0.50
Total		Rs. 7,00,000=00	

5.2. Establishment of IDD Monitoring

The bulk of household use of iodized salt comes from open market. The main brand used here is Tata. Under this subject, the works of IDD Monitoring is important to establish adequate iodized salt consumption in the community.

- Collection of salt samples in all districts
- Monthly reporting by ASHA and PHC and payment of honorarium.

Budget requirement (B)

Sl.	Particulars	Amount (Rs. in lakhs)
1.	Expenditure on collection of salt samples in all districts by IDD cell	Rs. 4.0
2.	Incentives for ASHA	

5.3 Health Educations and Publicity:

Awareness play vital role in the IDD programme to intensify household consumption of iodized salt by the community. The proposed activity includes

- Training of Medical and Para-medical staff and ASHA
- Awareness camps in villages
- Celebration of Global Protection Day in state level and district CMO levels.

Budget Requirement (C)

Sl.	Particulars	Amount (Rs.in lakhs)
1.	Orientation training of Medical and Para-medical staff	Rs. 25.0
2.	Training of 3878 ASHA	
3.	Conducting IDD awareness in villages	
4.	Honorarium for resource persons, participants	
5.	Expenses on transportation	
6.	Contingencies	

5.4. IDD Survey and Re- Survey

Survey and Re-survey will be the mainstay for assessing the magnitude of Goitre and IDD problems as well as to assess the impact of iodized salt intervention. Inorder to undertake appropriate microplanning, it is proposed that baseline surveys will be conducted in areas of all 9 districts in phased manner. The baseline survey will have the following two components:-

(1) Survey and resurvey to assess the magnitude of problem:-
It is proposed that these surveys will be conducted by the state IDD cell with the assistance of paramedical staffs of the concerned CMOs after imparting proper training to survey team, pay of honorarium and other expenses.

(2) Surveys and resurvey to assess iodated salt Consumption status

It is to be noted that the objective will be 100 % household consumption of adequate (above 15 ppm) iodized salt. Salt samples are to be drawn from urban, rural areas, shopkeepers and households.

- Training expenditures : for survey teams , resource persons
- Transportation expenditures: like vehicle hiring other contingencies.

Budget requirement (D)

Sl.	Activity	Amount
1.	Training expenditure for survey teams, resource persons, honorariums	50,000 X 9 = Rs.450000 .00
2.	Expenditure on transportation	
Total		Rs. 4,50,000=00

Grand total of Budget Requirement

Sl. No.	Particulars	Amt (Rs. in lakhs)
1.	Budget Requirement (A)	7.0
2.	Budget Requirement (B)	4.0
3.	Budget Requirement (C)	25.0
4.	Budget Requirement (D)	4.50
Total		40,50,000=00

(Rupees Forty lakhs fifty thousand) only

Brief summarized information

(i). Status of state IDD cell

Previously, IDD cell with laboratory was functioning in R and D wing, Lamphel. The D.H.S. shifted it to medical Directorate building. Again, it was shifted twice when the whole building of the Medical Directorate was dismantled and new construction going on. Presently, IDD cell is allotted a small single room with staff like Programme Officer, Statistical Assistant, LDC, Peon are in place.

(ii). Status of State IDD Monitoring Laboratory

The Laboratory technician and laboratory Assistant were contract staff and the State Government did not extend their contract period.

iii). Details of district survey :-

IDD Survey Report: 2009 Salt Samples

Sl.	Name of the District	No. of Salt samples Collected & tested	Samples with Nil Iodine contend	Samples with Inadequate iodine (<15ppm) %		Samples with Adequate iodine (>15ppm) %	
1	Bishnupur	718	0	1	0.1	717	99.9
2	Imphal East	681	0	16	2.0	665	98.0
3	Imphal West	926	0	15	2.0	911	98.0
4	Thoubal	607	0	9	2.0	598	98.0
5	Chandel	635	0	22	4.0	613	96.0
6	Churachandpur	680	0	13	2.0	667	98.0
7	Senapati	214	0	15	7.0	199	93.0
8	Tamenglong	681	0	12	2.0	669	98.0
9	Ukhrul	827	0	10	1.0	817	99.0
Total		5969	0	113	2%	5856	98%

Inference:

- (1). Samples with adequate Iodine content = 98%
- (2). Samples with inadequate Iodine content = 02%

Goiter Survey

Sl	District	Children 6- 12 yrs			Grade 0			Grade 1			Grade 2			Prevalence rate (%)
		M	F	Total	M	F	Total	M	F	Total	M	F	T	
1	BPR	45	28	73	45	28	73	0	0	0	0	0	0	0
2	IE	45	31	76	45	29	74	0	2	2	0	0	0	2.60
3	IW	53	47	100	51	43	94	2	4	6	0	0	0	6.0
4	TBL	45	28	73	40	22	62	5	6	11	0	0	0	15.0
5	CDL	64	57	121	63	53	116	1	4	5	0	0	0	4.0
6	CCP	51	36	87	45	30	75	6	6	12	0	0	0	14.0
7	SPT	41	30	71	41	30	71	0	0	0	0	0		0
8	TML	59	51	110	47	39	86	12	12	24	0	0	0	22.0
9	UKL	66	62	128	64	58	122	2	4	6	0	0	0	5.0
	Total	469	370	839	441	332	773	28	38	66	0	0	0	8.0

Result :-

- 1) The worse hit areas are two Hill Districts and One Valley District where the Prevalence rate were between 14 % to 22 %.
- 2) The remaining three Hill Districts and three Valley District: - between 0 to 6 %.

IDD Survey Report, 2010

Sl. No.	Name of the District	No. Samples collected	Salt samples with inadequate iodine		Salt samples with adequate iodine	
			Quantity	%	Quantity	%
1.	Chandel	90	8	8.6	82	91.1
2.	Churachandpur	90	12	13.3	78	86.6
3.	Senapati	90	5	5.5	85	94.4
4.	Tamenglong	90	15	16.6	75	83.3
5.	Ukhrul	90	16	17.7	74	82.2
6.	Bishnupur	90	0	0	90	100
7.	Imphal East	90	0	0	90	100
8.	Imphal West	90	0	0	90	100
9.	Thoubal	90	0	0	90	100

- Inference:- (1). Samples with adequate Iodine content are = 93%.
- (2). Samples with inadequate Iodine content are = 7%.

Goiter Survey, 2010

Sl. No.	Name of the District	No. of Children 6-12 yrs.			Grade 0			Grade 1			Grade 2			P.R %
		M	F	Total	M	F	Total	M	F	Total	M	F	Total	
1.	Chandel	40	50	90	37	39	76	3	11	14			0	15.5
2.	Churachandpur	48	42	90	39	26	65	9	16	25			0	27.7
3.	Senapati	44	46	90	42	24	66	1	22	23			0	25.5
4.	Tamenglong	47	43	90	36	34	70	11	9	20			0	22.2
5.	Ukhrul	44	46	90	34	34	68	10	12	22			0	24.4
6.	Bishnupur	44	46	90	45	45	89	0	1	1			0	1.1
7.	Imphal East	42	48	90	47	47	88	1	1	2			0	2.2
8.	Imphal West	49	41	90	20	20	69	0	21	21			0	23.3
9.	Thoubal	45	45	90	38	38	82	1	7	8			0	8.8

Prevalence Rate(PR) is = 16.7%

Result:-

- 1) The worst hit district is :Churachandpur, follow by Senapati, Ukhrul, Imphal West, Tamenglong and Chandel districts.
- 2) The remaining districts are Bishnupur, Imphal East and Thoubal are below 10% .

(iv). Brief details of Health Education

a).Induction trainings are carried out in batches for Supervisors, CDPOs, school teachers.

b). Village based IDD awareness are done

(v). Brief physical achievement :-

Report: Quarterly report :-

Report: Quarterly report :- 1st Quarter, 2009.

(I) Test Kit Method

Sl.	Particulars	Results	Remarks
1.	Salt samples tested	315	
2.	Adequately Iodated	312	
3.	Inadequately Iodated	3	
4.	Nil Iodine		

(II) Urinary Iodine Estimation (UIE)

Sl.	Particulars	Results	Remarks
1.	Urine samples tested		Not done
2.	Iodine excretion above 100 ug/L		
3.	Iodine excretion less than 100 ug/L		

Report: Quarterly report :-II Quarter, 2009.

(I).Test Kit Method

Sl.	Particulars	Results	Remarks
1.	Salt samples tested	326	
2.	Adequately Iodated	320	
3.	Inadequately Iodated	6	
4.	Nil Iodine	0	

(II).Urinary Iodine Estimation (UIE)

Sl.	Particulars	Results	Remarks
1.	Urine samples tested		Not done
2.	Iodine excretion above 100 ug/L		
3.	Iodine excretion less than 100 ug/L		

Report: Quarterly report :-III Quarter, 2009.

(I).Test Kit Method

Sl.	Particulars	Results	Remarks
1.	Salt samples tested	423	
2.	Adequately Iodated	383	
3.	Inadequately Iodated	40	
4.	Nil Iodine	0	

(II). Urinary Iodine Estimation (UIE)

Sl.	Particulars	Results	Remarks
1.	Urine samples tested		Not done
2.	Iodine excretion above 100 ug/L		
3.	Iodine excretion less than 100 ug/L		

Report: Quarterly report :- IV. Quarter, 2009.

(I).Test Kit Method

Sl.	Particulars	Results	Remarks
1.	Salt samples tested	215	
2.	Adequately Iodated	194	
3.	Inadequately Iodated	21	
4.	Nil Iodine	0	

(II) Urinary Iodine Estimation (UIE)

Sl.	Particulars	Results	Remarks
1.	Urine samples tested		Not done
2.	Iodine excretion above 100 ug/L		
3.	Iodine excretion less than 100 ug/L		

Report: Quarterly report :- I Quarter, 2010.

(I).Test Kit Method

Sl.	Particulars	Results	Remarks
1.	Salt samples tested	341	
2.	Adequately Iodated	330	
3.	Inadequately Iodated	11	
4.	Nil Iodine	0	

(II).Urinary Iodine Estimation (UIE)

Sl.	Particulars	Results	Remarks
1.	Urine samples tested		Not done
2.	Iodine excretion above 100 ug/L		
3.	Iodine excretion less than 100 ug/L		

Report: Quarterly report :- II. Quarter, 2010.

(I).Test Kit Method

Sl.	Particulars	Results	Remarks
1.	Salt samples tested	339	
2.	Adequately Iodated	311	
3.	Inadequately Iodated	28	
4.	Nil Iodine	0	

(II).Urinary Iodine Estimation (UIE)

Sl.	Particulars	Results	Remarks
1.	Urine samples tested		Not done
2.	Iodine excretion above 100 ug/L		
3.	Iodine excretion less than 100 ug/L		

Report: Quarterly report :- III. Quarter, 2010.

(I).Test Kit Method

Sl.	Particulars	Results	Remarks
1.	Salt samples tested	376	
2.	Adequately Iodated	345	
3.	Inadequately Iodated	31	
4.	Nil Iodine	0	

(II)Urinary Iodine Estimation (UIE)

Sl.	Particulars	Results	Remarks
1.	Urine samples tested		Not done
2.	Iodine excretion above 100 ug/L		
3.	Iodine excretion less than 100 ug/L		

Report: Quarterly report:- IV. Quarter, 2010.

(I).Test Kit Method

Sl.	Particulars	Results	Remarks
1.	Salt samples tested	341	
2.	Adequately Iodated	292	
3.	Inadequately Iodated	49	
4.	Nil Iodine	0	

(II)Urinary Iodine Estimation (UIE)

Sl.	Particulars	Results	Remarks
1.	Urine samples tested		Not done
2.	Iodine excretion above 100 ug/L		
3.	Iodine excretion less than 100 ug/L		

Report: Quarterly report :- I. Quarter, 2011.

(I).Test Kit Method

Sl.	Particulars	Results	Remarks
1.	Salt samples tested	280	
2.	Adequately Iodated	274	
3.	Inadequately Iodated	6	
4.	Nil Iodine	0	

(II) Urinary Iodine Estimation (UIE)

Sl.	Particulars	Results	Remarks
1.	Urine samples tested		Not done
2.	Iodine excretion above 100 ug/L		
3.	Iodine excretion less than 100 ug/L		

(vi). Brief financial expenditure:

UCs/SOEs were submitted to the Division Head, GOI, New Delhi.

Conclusion

The awareness on use of iodized salt at retail and household level has improved significantly in the last twenty years in the state. The availability of iodized salt has tremendously improved in the state.

However, there is a need to study the actual prevalence of iodine deficiency in the population. To sustain the iodine deficiency disorders elimination, survey and resurvey should be a continuous effort.

D-2

Integrated Disease Surveillance Programme (IDSP)

EXECUTIVE SUMMARY

The World Bank funded Integrated Disease Surveillance Project (IDSP) on expiry of its term on 31st March, 2010 was last extended by another 3 months up to 30th June 2010. The project has been restructured and extended from 1st July 2010 up to 31st March 2012 to 26 Non-Focus States of the country including Manipur.

IDSP have investigated and contained 11 (Eleven) outbreak/epidemic in the state since its implementation viz. (1). Dengue fever at Moreh in December 2007, (2). Scrub Typhus in Bishnupur district in April 2008, (3). Malaria outbreak in Churachandpur in March 2009, (4). Malaria outbreak at Moreh in April to July 2009, (5). Malaria at Touthong Khunou in June 2009, (6). German measles at Khurai, Imphal East in May 2009, (7). Outbreaks of Japanese Encephalitis during June-July 2010 & 2011. (8). Measles at Imphal West & Thoubal districts, (9). Dengue outbreak at Churachandpur, Oct, 2011, the surveillance activity of which is still continuing, (10). Food poisoning at Thoubal, Nov, 2011.

IDSP has successfully tackled the Pandemic Influenza H1N1 during 2009-10 through its networks of 9 (nine) surveillance units at the District level.

The existing vacant positions of contractual staffs (Technical & Non-technical) would be filled up by the State Health Societies under the de-centralized recruitments procedures. Recruitment of vacant contractual staffs in the state is under process.

All the DSUs are functional and fully equipped except for Senapati district where IT equipments were destroyed in burning of the office of the CMO, Senapati in 2010. In this regard, NRHM, Manipur has been requested to sanction fund for restoration of the equipments. For completeness and timeliness of data reporting, each Reporting unit has an identified personal. Rapid Response Team (RRT) in every district is in position to respond to any disease outbreak

The district priority laboratory, District Hospital, Churachandpur has been fully equipped and recruitment of the contractual Microbiologist is under process.

The Daily newspaper and e-mail scanning will be introduced to enhance the ongoing surveillance with detection of Early Warning Signals of Communicable Diseases from this year.

INTEGRATED DISEASE SURVEILLANCE PROJECT, MANIPUR

Activity wise details with Financial Estimates

For the year 2012-13

PART - A

TRAINING: Though state level and district level training of the Medical Officers have been done during 2008-09 most of the trained hand is not clustered at their original place of posting due to recent rationalization of the posts. Hence, most of the staffs need re-training.

Fund for conducting training are as follows:

1. Hospital Doctors in 7 batch	@40,000 per batch=2,80,000/-
2. Hospital Pharmacist/Nurses in 4 batch	@33,000 per batch=1,32,000/-
3. Medical College Doctors in 1 batch	@40,000 per batch=40,000/-
4. Data entry and analysis training for block health team in 4 batches	@33,000 per batch=1,32,000/-
5. Data Manager & DEO in 1 batch	@33,000 per batch=33,000/-
Total (Part - A) = Rs. 6170,00/-	

PART – B

STAFF RENUMERATION: The total number of the contractual staffs sanctioned under IDSP is 38: 8 in SSU and 28 staffs at 9 DSUs, and 1 each for RIMS and JNIMS.

Fund required for payment of these contractual staff for the year 2012-13:

State Surveillance Unit:

1. Epidemiologist	: 1 No.	(37,800x1x12)=Rs. 4,53,600/-
2. Entomologist	: 1 No.	(23,600x1x12)=Rs. 2,83,200/-
3. Veterinary Consultant	: 1 No.	(32,200 x1x12)=Rs. 3,86,400/-
4. Microbiologist	: 1 No.	(32,200x1x12)=Rs. 3,86,400/-
5. Consultant Training	: 1 No.	(28,000x1x12)=Rs. 3,36,000/-
6. Consultant Finance	: 1 No.	(14000x1x12)=Rs. 1,68,000/-
7. Data Manager	: 1 No.	(14,000x1x12)=Rs. 1,68,000/-
8. Data Entry Operator	: 1 No.	(85,00x1x12)=Rs. 10,2,000/-

District Surveillance Unit:

1. Epidemiologist	: 9 nos.	(37,800x9x12)=Rs. 40,82,400/-
2. Microbiologist	: 1 No.	(32,200x1x12)=Rs. 3,86,400/-
3. Data Manager	: 9 nos.	(135,00x9x12)=Rs. 14,58,000/-
4. DEO (including RIMS & JNIMS Hospitals)	: 11 nos.	(8,500x11x12)=Rs. 11,22,000/-

Total (Part – B) = Rs. 9332400/-

PART – C

OPERATIONAL COST:

The requirements of fund for the activities enumerated under operational cost are as below:

SSU:

1. Transport: (Travel cost, POL, Maintenance or Hiring of Vehicle)	Rs. 1,70,000/-
2. Office Expenses (Printing of forms maintenance and minor repairs of ICT equipments, contingencies)	Rs. 1,50,000/-
3. Broadband Expenses	Rs. 20,000/-
4. Collection and transport of samples during outbreaks	Rs. 80,000/-
5. Other Misc. Expenses (Meetings, monthly/annual report)	Rs. 80,000/-

DSU:

1. Transport: for 9 districts (Travel cost, POL, Maintenance or Hiring of Vehicle (@ 80,000/-per DSU)	Rs. 7,20,000/-
2. Office Expenses for 9 districts (Printing of forms @ 15,000/-, maintenance and minor repairs of ICT Equipments @ 20000/-, contingencies, @30,000/- per DSU)	Rs. 5,85,000/-
3. Broadband Expenses (@20,000/-per DSU)	Rs. 1,80,000/-
4. Collection and transport of samples during outbreaks (@30,000/-per DSU)	Rs. 2,70,000/-
5. Other Misc. Expenses (Consumables for District lab, (@20,000/-for 9 DSU, Meetings- monthly/annual report @ 25000 for 9 DSU)	Rs. 4,05,000/-
Total (Part - C) =	Rs. 26,60,000/-

PART - D

LABORATORY SUPPORT:

A) District Priority laboratory, Churachandpur Consumables and kits for Priority district labs	
1. Culture- media & reagents	Rs. 1,00,000/-
2. Diagnostic kits	Rs. 2,00,000/-
3. Glassware	Rs. 50,000/-
4. Miscellaneous required items	Rs. 50,000/-
Total =	Rs. 4,00,000/-

B) REFERRAL NETWORK OF LABORATORIES (GOVT. MEDICAL COLLEGE LABS)

1. ELISA /rapid test for leptospirosis @ Rs.1300	Rs. 13,000/-
2. ELISA for Dengue@ Rs.1350	Rs. 40,500/-
3. ELISA for Viral Hepatitis (A,B,C) @ Rs.5790	Rs. 1,15,800/-
4. ELISA for Measles@ Rs.2500	Rs. 50,000/-
5. Rapid test for Meningococci@ Rs.1400	Rs. 28,000/-
6. Blood culture for Typhoid@ Rs.1000	Rs. 25,000/-
7. Diptheria culture@ Rs.1500	Rs. 15,000/-
8. Cholera culture@ Rs.1200	Rs. 12,000/-

Total = Rs.2,99,300/-

Minor laboratory operating expenses

1. Consumables, reagents, kits	Rs. 100,000/-
2. Office expenses	Rs. 10,000/-
3. Part-time staff costs	Rs. 60,000/-
4. Transport costs	Rs. 20,000/-
5. Minor repairs, etc	Rs. 10,000/-

Total= Rs.2,00,000/-

Total (Part - D) = Rs.8,99,300 /-

Fund Position: 2011-12:

A. Grant-in-aid received:	Rs. 23,97000/-
B. B/F from previous year:	Rs. 18,83,320.86/-

Head wise break up fund:

A. Training	Rs. 6,17,000/-
B. Staff Salary	Rs. 93,32400/-
C. Operational Cost	Rs. 26,60000/-
D. Laboratory support	Rs. 8,99,300/-

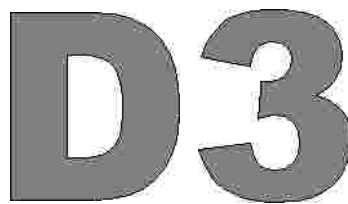
GRAND TOTAL: Rs. 13508700/-

IDSP-Budget Sheet for Manipur State				
Activity	Sub-activity	cost	No of units	Proposed Budget for 2012-13
1. Training	One day training of Hospital Doctors	40000	7	280000
	One day training of Hospital Pharmacist / Nurses	33000	4	132000
	One day training of Medical College Doctors	40000	1	40000
	One day training Data entry and analysis training for Block Health Team	33000	4	132000
	One day training of DM & DEO	33000	1	33000
	SUB TOTAL			617000
2. Human Resources	Remuneration*			
	State/district Epidemiologists (1 at State HQ-SSU and 1 each at district HQs - DSUs)	37800	10	4536000
	State/ district Microbiologists (1 at State/UT HQ- SSU and 1 each at identified district priority labs)	32200	2	772800
	Veterinary Consultant (1 at State/UT HQ - SSU)* *	32200	1	386400
	Entomologist (1 at State/UT HQ - SSU)	23600	1	283200
	Consultants Finance (1 at State/UT HQ - SSU)	14000	1	168000
	Consultants Training (1 at State/UT HQ - SSU)	28000	1	336000
	Data Managers (1 at State/UT HQs - SSUs and 1 each at district HQs - DSUs)	14000 13500	1 9	168000 1458000
	Data Entry Operators (1 at State/UT HQs - SSUs, 1 each at district HQs - DSUs and 1 at identified Medical Colleges/Other institutions viz. ID Hospitals)identified under IDSP	8500	12	1224000
	* The State Health Societies may fix the remuneration as per IDSP guidelines or less as per State Policy. ** One additional contractual position for a veterinary (consultant) at State level is proposed to improve inter-sectoral coordination (Subject to approval with the same remuneration as the medical epidemiologist)			
	SUB TOTAL			9332400

3. Operational Expenses	Operational Costs		
	Transport (travel cost, POI..Maintenance or Hiring of vichicle)	170000 SSU 720000 DSU	
	Office Expenses, - Printing of reporting forms maintainence and minor repairs of ICT equipments contingencies	150000 SSU 585000 DSU	
	Broadband Expenses,	20000 SSU 180000 DSU	
	Collection and transportation of samples during outbreak	80000 SSU 270000 DSU	
	Other misc expenses (Consumable for Dist Lab. Meeting monthly / annual report)	80000 SSU 405000 DSU	
	SUB TOTAL		2660000
	SUB TOTAL (Human Resources i.e. Remuneration + Operational costs)		11992400
4. Laboratory support	Consumables and kits for Priority district labs	Not more than Rs 4,00,000/- per priority district lab per annum (applicable only for functional IDSP district priority labs and where manpower and equipment has been provided under NRHM). Budget to be modified according to the expected sample workload.	
	culture-media & reagents		100000
	diagnostic kits		200000
	glass ware		50000
	miscellaneous required items		50000
	Referral lab network services (Mapping of districts with Govt. Medical Colleges)		

	Reimbursement-based payments for tests (10 categories of tests. With each category priced individually) Cost of test to be reimbursed to be decided by the State		
	ELISA /rapid test for leptospirosis	Not more than Rs 3,00,000/-per referral lab per annum (Identified No. of already approved labs in States are as follows: Andhra Pradesh-9, Gujarat-8, Karnataka-8, Maharashtra-10, Punjab-4, Rajasthan-6, Tamil Nadu-8, Uttarakhand-3, West Bengal-9) A total of 25 labs (Govt. Medical College) are proposed to be included into the network in this year from Kerala - 5, Haryana - 2, Bihar - 6, Orissa - 3, J&K - 3, Assam - 3, Tripura - 2, Manipur - 1. (Subject to approval)	13000
	ELISA for Dengue (IgG IgM)		40500
	ELISA for Viral Hepatitis A @ 1490 ELISA for Viral Hepatitis B @ 600 ELISA for Viral Hepatitis C @ 3700		115800
	ELISA for Measles (IgG IgM)		50000
	Rapid test for Meningococci		28000
	Blood culture for Typhoid		25000
	Diphtheria culture		15000
	Cholera culture		12000
	other (state specific diseases)		
	Minor laboratory operating expenses 1. consumables, reagents, kits	Not more than Rs 2,00,000/-per referral lab per annum (Identified No. of already approved labs in States are as follows: Andhra Pradesh-9, Gujarat-8, Karnataka-8, Maharashtra-10, Punjab-4, Rajasthan-6, Tamil Nadu-8, Uttarakhand-3, West Bengal-9). A total of 25 labs (Govt. Medical College) are proposed to be included into the network in this year from Kerala - 5, Haryana - 2, Bihar - 6, Orissa - 3, J&K - 3, Assam - 3, Tripura - 2, Manipur - 1. (Subject to approval)	100000
	2. office expenses		10000
	3. part-time staff costs,		60000

	4 .transport costs		20000
	5. minor repairs, etc)		10000
5. ID Hospitals	Office Expenses, Broadband Expenses, ICT equipment maintainence, monthly/weekly alert bulletin, monthly meeting, Annual Reports, collection and transportation of samples and other misc.expenses (to be specified)	Not more than Rs 3,00,000/- per year per site (Kasturba Hospital, Mumbai; Communicable Disease Hospital, Chennai; Sir Ronal Ross Tropical and Infectious Disease Hospital, Hyderabad; Infectious Disease Hospital, Delhi; Belegkata General & Infectious Disease Hospital, Kolkata; Infectious Disease Hospital, Ahmedabad; Infectious Disease Hospital, Bangalore).	
6. Surveillance in Metro Cities	Office Expenses, Remunerations, Broadband Expenses, ICT equipment maintainence, monthly/weekly alert bulletin, monthly meeting, Annual Reports, collection and transportation of samples and other misc.expenses (to be specified). Funds to be released through the State Surveillance Unit.	Not more than Rs 10,00,000/- per year per city (Mumbai, Chennai, Kolkata).	
7. New Districts	Expenses on account of newly formed Districts which are not yet under IDSP	Not exceeding Rs 3,50,000/- per newly formed district on account of non-recurring costs (Computer Hardware & Accessories etc).	
	Total		13508700



National Vector Borne Disease Control Program (NVBD CP)

D3 National Vector Borne Disease Control Program (NVBDCP)

State Profile

Name of State	:	Manipur
Area	:	22,327 Sq. Km.
International Border	:	352 Km.
No. of Revenue District	:	9 (Nine). Imphal East, Imphal West, Thoubal, Bishnupur, Chandel, Churachandpur, Ukhrul, Senapati and Tamenglong
No. of NVBDCP District	:	10 (ten). Imphal East, Imphal West, Thoubal, Bishnupur, Chandel, Churachandpur, Ukhrul, Senapati, Tamenglong and Kangpokpi S.D.
Population (2011 Census)	:	27, 23, 795
No. of Sub-Division	:	38
No. of Block	:	39
No. of Hill District	:	5 (Five)
No. of Valley District	:	4 (Four)
Total number of villages	:	3378
Highly Populated District	:	Imphal West
Less Populated District	:	Tamenglong
No. of Govt./Pvt Hospital	:	27
No. of UHC/CHC	:	16
No. of PHC	:	85
No. of PHSC	:	422

DISEASE SITUATION IN MANIPUR

Year	Malaria		Dengue		AES/ JE		Other Vector Borne Disease	
	Cases	Death	Cases	Death	Cases	Death	Cases	Death
2009	1069	1	Nil	Nil	64	Nil	Nil	Nil
2010	947	4	7	Nil	118	15	Nil	Nil
2011	714	1	216	11	11	Nil	Nil	Nil

DISTRICTS AFFECTED BY VECTOR BORNE DISEASES POSING MAJOR PUBLIC HEALTH PROBLEM

Sl. No.	Name of disease	Endemic Districts	
		Number	Name
1	Malaria	6	Chandel, Churachandpur, Ukhrul, Tamenglong, Senapati (Kangpokpi SD), Imphal East (Jiribam SD)
2	Dengue	1	Chandel, Churachandpur
3	AES/ JE	5	Imphal East, Imphal West, Thoubal, Bishnupur and Chandel

THE REQUIREMENT FOR PROGRAMME IMPLEMENTATION HAS BEEN INDICATED IN DETAIL AND THE SUMMARY IS INDICATED BELOW:

Disease	Balance from previous years	Expenditure As on date	Cash assistance from NVBDCP	Cash assistance from NRHM flexi fund	State resources
Malaria					
a) Domestic Budget Support	1805096	9522517	24184000		Nil
b) World Bank fund for project State	690	Nil	Nil		Nil
c) GFATM fund for project States	10571368	4305209	53600000		Nil
Dengue		500000	800000		Nil
AES including JE		93662	800000		Nil
Total	12377154	14421388	79384000	6320000	Nil

MALARIA STATE OBJECTIVES

- a) The National Health Policy-2002 has set the goals of achieving reduction of mortality on account of malaria and other vector borne diseases by 50% by the 2010.
- b) For malaria, the programme aims to maintain Annual Blood Smear Examination Rate (ABER) of over 10% by active and passive surveillance and bring down the Annual Parasite Incidence (API) to 1.3 or less by 2012.
- c) To maintain the achievement so far reached in the state by keeping the SPR below 1%.
- d) To enhance and expand the community involvement in IEC/BCC activities of the programme.
- e) To strengthen the Public Private Partnership in the implementation of the programme.

Situation Analysis of the Disease

Population of the State : 27,23,795 census 2011

Infrastructure	Number
Districts	10
CHCs	16
PHCs	85
HSCs	423
Villages	3378
FTDs	217
Rapid Response Team	10

Human Resource

Sl. No.	Health facility	Sanctioned (a)	In Place (b)	Remarks
1.	DMO (Full Time)	10	10	
2.	AMO	0	0	
3.	MO	769	647	
4.	Lab Technician + HSM	204	202	
5.	Lab Technician (contractual NVBDCP+NRHM)	60	60	
6.	Health Supervisors (M)	124	124	
7.	Health Supervisors (F)	106	106	
8.	MPW (M)	391	284	
9.	MPW (M) (contractual)	165	100	
10.	MPW (F)	784	782	
11.	Malaria Technical Supervisor (contractual)	16	14	
12.	ASHA	3878	3878	

GFATM States Manipur

State PMU	In Place
Consultant M & E	Appointment under process
Project Coordinator	1
Finance Assistant	1
IEC Consultant	1
Statistical Assistant /DEO	1
Secretarial Assistant	1

GFATM Rd. 9 staff sanctioned

PSCM Manager	1 (one) No. for State Head Office
Secretarial Asstt.	1 (one) No. for State Head Office
Statistical Assistant. Cum District Data Entry Operator	10 (ten) Nos. for 10 (ten) districts
District Vector Borne Consultant	10 (ten) Nos. for 10 (ten) districts
MTS	16 (thirteen) Nos., for 10 (ten) districts

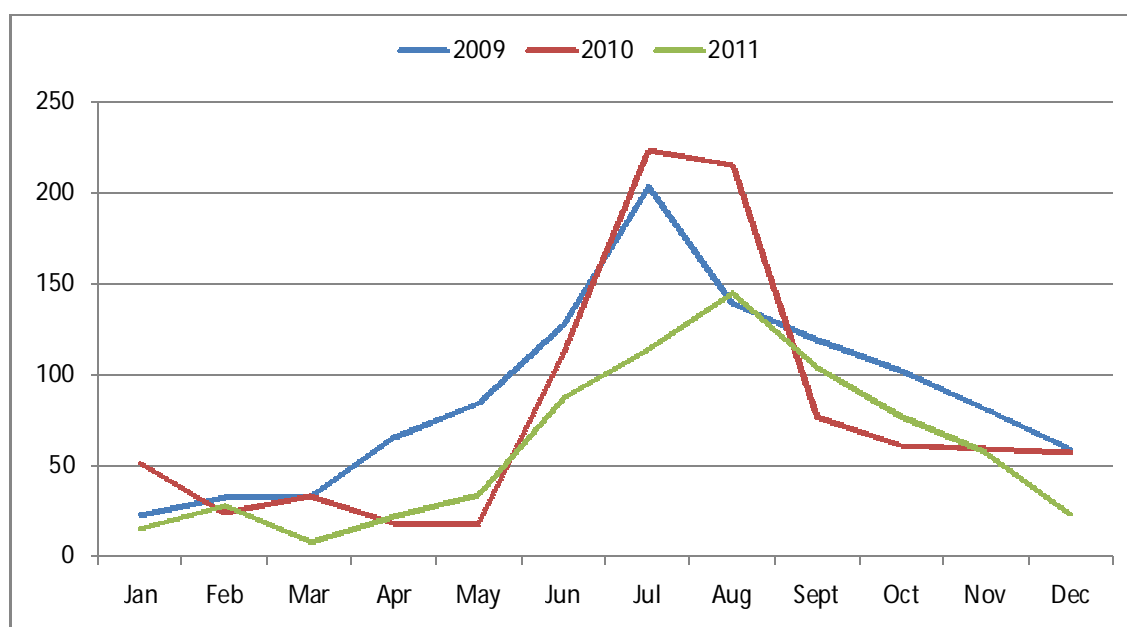
Staff proposed to NRHM in 2012-13

Data Entry Operator	1 Pro-MIS under NRHM at the State HQ
MPW	165 nos. for 10 districts

DISTRICTWISE & STATE MALARIA SCENARIO FOR THE YEAR 2010 & 2011.

Name of District	Year	Persons Examined BSE/RDT	Positive	Pf	No. of Deaths	ABER	API	Pf %	SPR	SfR
Bishnupur	2010	5439	8	6	0	2.3	0.03	75.0	0.1	0.1
	2011	5400	6	2	0	2.3	0.03	33.3	0.11	0.03
Chandel	2010	13197	37	35	0	9.6	0.3	95	0.30	0.3
	2011	9073	42	33	1	6.3	0.3	78.6	0.46	0.36
Churachandpur	2010	22795	205	168	0	9.0	0.8	8.2	0.90	0.7
	2011	24612	163	149	0	9.1	0.6	91.4	0.66	0.6
Imphal East	2010	11744	153	61	0	3.2	0.41	40.0	1.30	0.5
	2011	10966	38	7	0	3.0	0.10	18.4	0.35	0.10
Imphal West	2010	11753	39	13	0	4.0	0.13	33.0	0.30	0.1
	2011	13532	8	0	0	4.0	0.02	0	0.10	0
Imphal Urban	2010	1014	27	4	0	0.4	0.10	14.8	3.0	0.4
	2011	2358	6	0	0	0.9	0.02	0	0.25	0
Kangpokpi	2010	15687	57	11	0	9.0	0.3	19.3	0.4	0.1
	2011	13761	16	3	0	9.7	0.11	19	0.11	0.2
Senapati	2010	3733	12	3	0	1.5	0.04	25.0	0.3	0.1
	2011	5862	6	2	0	2.7	0.03	33	0.10	0.03
Tamenglong	2010	8769	306	146	2	7.0	2.34	47.7	3.5	1.7
	2011	12258	361	73	0	8.8	2.57	20	2.94	0.59
Thoubal	2010	10168	74	18	0	3.0	0.17	24.3	0.8	0.2
	2011	9585	25	6	0	2.3	0.06	24	0.26	0.06
Ukhrul	2010	13687	29	22	2	9.0	0.2	76	0.2	0.2
	2011	13208	43	39	0	7.2	0.23	99	0.32	0.29
State Total	2010	117986	947	487	4	4.4	0.4	51.0	0.8	0.4
	2011	120615	714	314	1	4.4	0.26	44	0.59	0.26

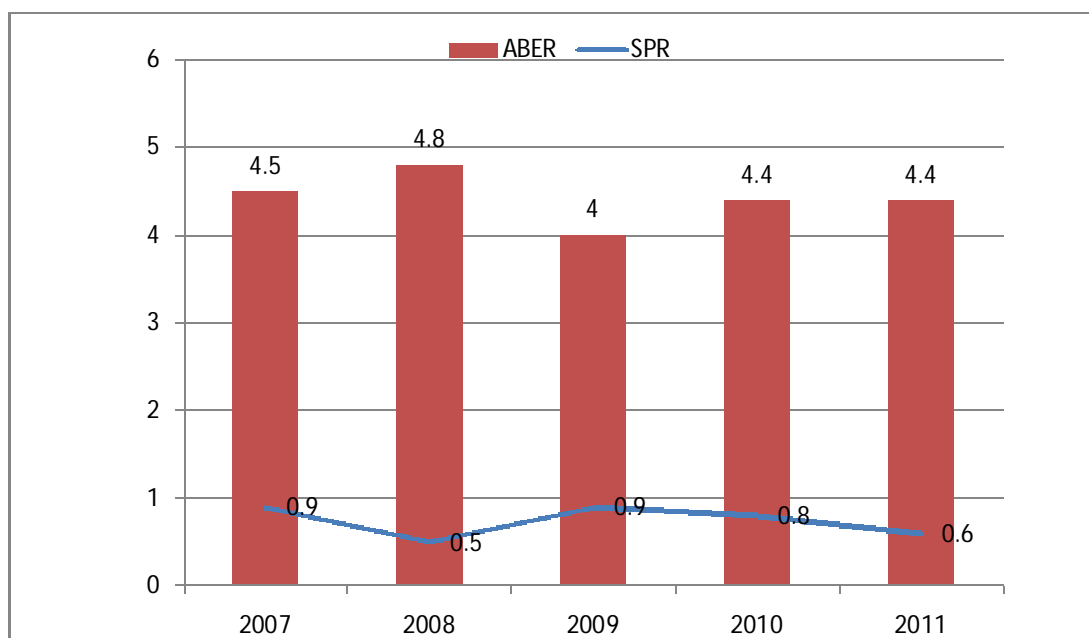
Graph showing Malaria Incidence Trend in the last 3 years (2009 to 2011)



STATE MONTHWISE MALARIA INCIDENCE FOR THE LAST 3 YEARS

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
2009	23	33	33	66	84	127	203	139	119	102	81	59
2010	51	24	33	18	18	111	223	215	77	61	59	57
2011	15	28	8	22	34	87	114	145	104	77	57	23

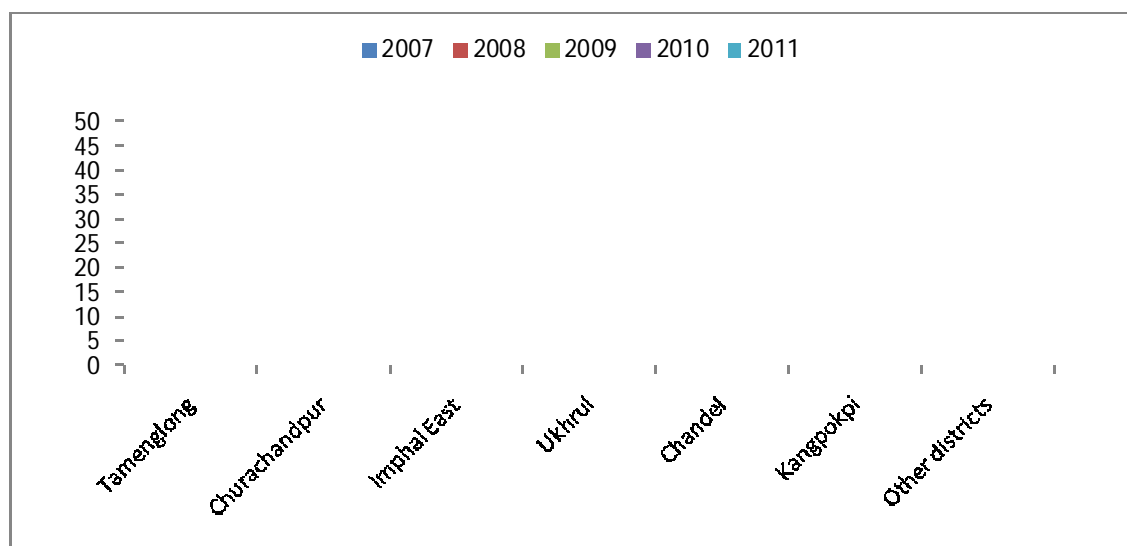
Graph showing Malaria Cases SPR and ABER for the year 2007 to 2011



MALARIA CASES (SPR) VIS-A-VIS SURVEILLANCE (ABER) FOR THE YEAR 2007 TO 2011

Year	SPR	ABER
2007	0.9	4.5
2008	0.5	4.8
2009	0.9	4.0
2010	0.8	4.4
2011	0.6	4.4

DISTRICT WISE % DISTRIBUTION OF MALARIA CASES (2007-11)



DISTRICT WISE DISTRIBUTION OF MALARIA

Sl. No.	Name of District	2007	2008	2009	2010	2011
1	Tamenglong	26	18	24	32	50
2	Churachandpur	8	16	19	22	23
3	Imphal East	17	28	14	16	3
4	Ukhrul	10	8	9	3	6
5	Chandel	13	12	9	4	6
6	Kangpokpi	3	2	2	6	2
7	Other districts (Bishnupur, Thoubal, Imphal West & Senapati)	23	16	23	17	6

SITUATION ANALYSIS:

1. The malaria case in the year 2011 shows a decline of 15% as compared to the preceding year.

The P.falciparum cases detected in the year 2011 is in the ratio of 3:4 to the year 2010.

The slide positivity rate showing a down ward swings by 11% from the year 2010.

Pf% is declined by 14% during the current year indicating effective chemo-therapeutic with the introduction of new drug policy under the programme

Disease profile of malaria in the year, 2011 reveal Tamenglong district contributing 50% of 714 total malaria cases in the state, followed by Churachandpur district (23%), Ukhrul and Chandel districts contributing 6% each and other remaining districts contributing in the range of 1% to 3% respectively.

2. The overall surveillance activities in the state have a set back and not achieving the national objectives of 10% ABER due to shortage of MPWs. Out of a total requirement of 640 MPWs, there are 384 in position including 100 contractual MPWs. The Micro level analysis of the district surveillance system indicated improvement during the current year over the preceding year in Tamenglong (+26%), Kangpokpi (+7%) respectively.

There is true rise in malaria cases for Tamenglong district as the ABER record 8.8% with high SPR of 2.9 and API 2.6 respectively this is mainly contributed due to poor facility, mainly roads connectivity etc.

3. 1 (one) deaths due to malaria recorded in the year from Chandel district was due to faith healer resulting to delayed reporting in the health facility.

PROBLEMS AND CONSTRAINTS

1. The poor surveillance is mainly contributed to the shortage of MPWS at the PHSC and PHC level. The state should have 640 PHSC and 101PHC as per IPHS norm whereas there are only 422 PHSCs and 85 PHCs respectively in the state. There are 107 vacant post of regular MPWs out of sanctioned post of 391. Further 36 post of MPWs are yet to be created in the state. 122 sub centers have been identified as having no surveillance workers
2. The existing Primary health care institutions fall far short of the number required as per IPHS norm. The table showing the existing heath institutions and number required as per IPHS norm.

Table showing Primary Health Care Institutions existing & required to be established based on IPHS norm on Census Population 2011 in Manipur

DISTRICT	Provisional Census Population 2011	No. of existing Institutions			No. of Institutions required as per IPHS norm			Additional No. of Institutions required to establish		
		PHSC	PHC	CHC	PHSC	PHC	CHC	PHSC	PHC	CHC
Bishnupur	240363	36	7	2	48	8	2	12	1	0
Imphal East	326763	46	10	2	65	11	3	19	1	1
Jiribam	44049	8	1	0	9	1	0	1	0	0
Imphal West	338846	51	9	2	68	11	3	17	2	1
Thoubal	420517	58	13	4	84	14	4	26	1	0
Chandel	144028	26	6	1	48	7	2	22	1	1
Churachandpur	271274	63	11	1	90	14	3	27	3	2
Senapati	216784	31	10	1	72	11	3	41	1	2
Kangpokpi	142188	35	4	1	47	7	2	12	3	1
Tamenglong	140143	29	6	1	47	7	2	18	1	1
Ukhrul	183115	40	8	1	61	9	2	21	1	1
State	2468070	423	85	16	640	101	26	217	16	10

SUB-VALLEY DISTT.	1326489	199	40	10	274	46	12	75	6	2
SUB-HILL DISTTS	955344	224	45	6	366	55	14	142	10	8
GRAND TOTAL	2281833	423	85	16	640	101	26	217	16	13

Less Urban population of IW175837 & IE 79888 = 2,55,725

Source: - Provisional Census Population 2011

PHSC one for 5000 population in valley & 3000 population in hill areas

PHC one for 30000 population in the valley and 20000 population in hill areas

CHC one for 120000 population in valley and 80000 in the hill areas

3. Strengthening of surveillance through FTD holders and rational utilization of Community Health Volunteers in areas where regular MPW are not committed in surveillance activities.
4. In sufficient number of PHSC in remote areas of hill districts with specially hill districts where covering wide areas with 4 – 10 hrs walk from the nearest spots having road connectivity resulted to poor surveillance.
6. The prevailing conflict situation in the state is another impediment to the smooth implementation of the programme.

VECTOR CONTROL MEASURES (IRS, LLIN, ITBN)

A. STRATIFICATION OF MALARIA RISK AREAS FORT THE YEAR 2012-13

B.

Sl. No	District	High risk PHC	High Risk Sub- Centre	High Risk Village	High Risk Population	Tribal Population
1	Imphal East	4	10	124	77912	10129
2	Imphal West	3	4	6	17519	
3	Thoubal	5	5	8	193111	9658
4	Bishnupur	3	5	8	17983	1486
5	Churachandpur	5	24	167	49734	49734
6	Chandel	4	12	86	49046	10682
7	Ukhrul	2	4	35	10682	10682
8	Senapati	3	7	9	4740	4740
9	Kangpokpi SD	5	11	135	38962	38962
10	Tamenglong	8	17	142	72678	72678
11	TOTAL	42	99	730	532367	247115

B. Stratification of API areas

Sl. No	DISTRICT	< 1 API				1-2 API				2-5 API			
		PHC	PHSC	Village	PopIn	PHC	PHSC	Village	PopIn	PHC	PHSC	Village	PopIn
1	Imphal East	12	46	334	326763	2	6	94	44049				
2	Imphal West	11	51	134	338846								
3	Thoubal	17	58	103	420517								
4	Bishnupur	8	36	196	240363								
5	Churachandpur	5	44	472	244159	2	12	89	23798	4	12	78	26096
6	Chandel	6	24	594	107308	1	2	37	40720				
7	Ukhrul	4	35	185	183115	3	5	38	9817				
8	Senapati	11	31	143	216784								
9	Kangpokpi SD	4	33	511	136377	1	2	12	5811				
10	Tamenglong	3	11	85	41165	2	11	76	36770	3	16	121	58254

C. Indoor Residual Spray (IRS) in 2012-13

(i) IRS logistics (Both rounds)

Sl. No.	Name of District	PHC/CHC	PHSC	No. of village	Total Population	No. of HD	Tribal Population	Spray Squac	Pump Reqd.	No. of spray men	Insecticide Regd. in MT
1	Chandel	3	5	63	17667	4418	17667	2	4	10	3
2	Churachandpur	6	11	82	21741	4348	21741	2	4	10	3
3	Kangpokpi SD	5	11	135	38962	7796	38962	3	6	15	5.2
4	Jiribam SD	1	6	94	44049	9789	13218	4	8	20	6.5
5	Tamenglong	7	15	107	55722	10134	55722	4	8	20	7
6	Ukhrul	2	4	35	10682	2478	10682	1	2	5	1.8
	Total	24	52	516	188823	38963	157992	16	32	80	26.5

(ii) Budget proposal for IRS (Both 2 rounds)

Name of District	Spraywages (Rs.)	Transportation & Dumping (Rs.)	Trainingspray squad (Rs.)	IEC & Advance notification (Rs.)	Contingency & Misc. exp. (Rs.)	Monitoring & Supervision (Rs.)	Grand Total (Rs.)
Chandel	146520	50000	10000	30000	10000	30000	276520
Churachandpur	146520	100000	10000	40000	10000	40000	346520
Imphal East (Jiribam)	293040	50000	10000	30000	10000	30000	423040
Kangpokpi	219780	50000	10000	30000	10000	30000	349780
Tamenglong	293040	100000	10000	40000	10000	40000	493040
Ukhrul	73260	50000	10000	30000	10000	30000	203260
State NVBDCP HQ					100000	100000	200000

(iii) IRS selected areas.

Sl. No.	Name of District	Name of PHC	Name of SC	No. of village
1	Chandel	Tengnoupal PHC	Leibi	4
			Ril Ram Centre	13
		Sajik Tampak	Sajik Tampak	18
		Moreh	New Sontal	15
			Kwatha	13
2	Churachandpur	Behiang	Hiangtam K	31
		Singat	Hiangmul	4
			Lunghul E	3
		Thanlon	Dailon	11
		Sinzawl	Sumtuk	3
		Parbung	Pherzawl	4
		Patpuihmun	Ngampabung	6
			Kangreng	4
			Kharkhuplien	4
			Sibapurikhal	4
			Phailenthang Punji	8
3	Imphal East (Jiribam SD)	Jiribam	Kashimpur	21
			Gularthal	35
			Chandranathpur	14
		Borobekra	Durgapur	7
			Jakuradhor	11
			Bhutankhal	6
4	Kangpokpi SD	Kalapahar	Keithelmanbi	12
		Motbung	Motbung	18
			Ch. Padongba	5
			Leimakhong	9
		Gamphazol	Gamphazol	43
		Saikul	Utonglok	11
			Molkon	11
			Thangal Suring	7
		Maphou	Twisomjang	5
			Salampatong	10
			Island	4

5	Tamenglong	Tousem	Aben	8
			Taningjam	8
			Atengba	11
			Namtiram	7
			Tousem	6
		Tamei	Lenglong	6
			Taloulong	8
			Chanton	14
		Tamenglong DH	Nrenglong	6
			Akhui	12
		Noney	Noney	1
			Thangal	3
		Khoupum	Nungleiband	5
6	Ukhrul	Kamjong	Nambisha	9
			Chahong	7
			Mawailup	6
		Kasom	Kangkum	13

D. Planning for LLIN distribution and impregnation of community owned bed-net.

Sl. No.	Particulars	Number
1	Number of district	10
2	Eligible sub-centre	423
3	Eligible villages	3378
4	Eligible population	2723795
5	Tribal population	1194290
6	Total bed net required	1089518
7a	Community owned bed nets available based on household survey	654000
7b	Community owned LLIN available	55,000
8	Total planned to be treated community owned bed nets	512885
9	Additional requirement LLIN	435000

DENGUE

1. Disease situation for the year 2011.

Sl. No.	Name of District	Dengue				Chikungunya			
		Susp. Case	Blood sample tested	Pos case	Death	Susp. Case	Blood sample tested	Pos case	Death
1	Imphal West	9	9	7	Nil	Nil	Nil	Nil	Nil
2	Churachandpur	747	747	216	Nil	Nil	Nil	Nil	Nil
Total		756	756	223	Nil	Nil	Nil	Nil	Nil

Note :

Cases from Imphal West have the history of travel outside Manipur State. Cases from Churachandpur out of total 216 +ve cases, 185 cases are tested by Rapid Test. Whereas 31 cases confirmed at SSLH RIMS & NCDC.

2. Diagnostic facilities: One Sentinel Surveillance Hospital and laboratory is functioning under the Department of Microbiology, Regional Institute of Medical Sciences, Lamphelpat, Imphal, Manipur. JNIMS hospital is also proposed to be s SSLH.

3. Budget for Dengue reflected under DBS.

ACUTE ENCEPHALITIS SYNDROME INCLUDING JAPANESE ENCEPHALITIS

1. Disease situation in the year 2011

Sl. No.	Name of District	Suspected	Confirmed	Death
1	Bishnupur	1	1	NIL
2	Churachandpur	1	1	NIL
3	Imphal East	3	3	NIL
4	Imphal West	5	4	NIL
5	Thoubal	1	0	NIL
	Total	11	9	NIL

2. Specific constraints, strategy and innovations:

Lack of sensitization and training of health staff for detecting cases (resulting low sampling even in presence of high incidence)

- Lack of facility for diagnosis AES cases other than JE
- Lack of infrastructure for collection of CSF at PHC/CHC.
- Shortage of manpower (data entry operator, lab. Technician)
- Additional provision for IEC materials from NVBDCP.
- Provision for training of Medical Officer and health staff three batches each for six districts.
- Provision for inter-sectoral cooperation
- JE vaccination in routine immunization.

3. Financial requirement : The assistance requirement is shown in the proposed budget under DBS.

Requirement of Rapid Diagnostic Kits for the year 2012-13

Sl. No	Name of District	No. of PHCs where RDTs are to be used in emergency hours	No. of sub-centre areas with Pf>30% & SFR>1% and no microscopy result within 24 h	No. blood examinations in those sub-centre/PHC areas last year (A)	Expected RDT requirement in remote high Pf areas and PCs [Ax1.25] (B)	RDTs for buffer stock and distribution to other areas: [Bx0.20] (C)	Total annual RDT supply [B+C] (rounded figure)	Nos to be distributed in prioritized areas
1	Bishnupur	8	9	3143	3929	943	5000	3000
2	Chandel	5	27	14235	17795	4271	23000	16000
3	Churachandpur	10	43	26848	33560	8054	42000	32000
4	Imphal E +JBM	13	10	9579	11974	2874	15000	12000
5	Imphal West	10	11	3546	4433	1064	6000	4000
6	Kangpokpi	8	31	17183	21479	5155	28000	20000
7	Senapati	7	9	10139	12675	3042	16000	12000
8	Tamenglong	8	31	12250	14700	3528	19000	14000
9	Thoubal	17	10	3971	4965	1193	7000	4000
10	Ukhrul	7	40	19240	24050	5772	30000	24000
11	NVBDCP HO *						115000	
	State Total	93	221	120134	146560	35896	306000	141500

Out of the 10 (ten) reporting unit of Vector Borne Disease Control Programme, Manipur 3 (three) units viz Thoubal District, Imphal West District and Senapati District are non Pf endemic districts. The surveillance activity, however is continuing in these 3 (three) districts. RDT is provided for emergency purpose at the District Hospital, CHC, PHC, PHSC etc. at reduced quantity for the laid down in Drug Policy 2010.

RDT procurement: 25% of the RDT requirement (Around 1 lakh test) is to be provided by the NRHM.

SUPPORTIVE INTERVENTIONS:

Training and Capacity Building: The capacity building at State, District and PHC level has been planned and continued to keep the well trained human resource available with the programme for programme implementation.

During the year 2012-13, capacity building and training of Medical Officers, Lab. Technician, Health Supervisor, Health Workers, ASHAs, community volunteer, MTS and Rapid Response Team (RRT), etc. training will be in 218 batches will be conducted.

Behaviour Change Communication: The activity of IEC and BCC is planned for the community leaders, meira-paibis, NGOs, students, FBO, church leaders, PRIs, military, para-military, NCC, NSS, police and arm police etc. and 440 sessions spreading over 10 districts and State Head Office are earmarked for the year 2012-13.

Intersectoral collaboration and advocacy meeting at the state level and district level – 23 sessions are planned.

Public Private Partnership (PPP) : Caritas consortium of India and Voluntary Health Associations of India (VHAI) have identified 1381 villages under Churachandpur, Chandel, Ukhrul, Imphal East (Jirbam SD), Tamenglong and Senapati (Kangpokpi SD) districts for collaborative approach in the control of malaria under IMCP (GFATM).

CONTRACTUAL MPW: Since the State is running with acute shortage of MPWs, the existing 165 Contractual MPW is proposed to be continued either from NVBDCP or from NRHM

NRHM ADDITIONALITIES

- (i) Provision for TA/DA for ASHA attending district level meeting on NVBDCP specially for hill districts Rs 10 (ten) Lakhs
- (ii) Interaction monitoring meeting of ASHA for evaluation of performance at PHC.CHC level on half yearly basis Rs. 2 (two) lakhs
- (iii) Procurement of 25% of RDT requirements of State costing approx. Rs. 50 (fifty) lakhs
- (iv) Remuneration for engagement of PROMIS data entry operator Rs 1.2 (one lakhs twenty thousand)

Financial Proposal for Vector Borne Diseases

Component (Sub - Component)	Financial requirement (in Rs)	To be placed in functional head as per NRHM
Malaria		
DBS		
MPW		Human Resource
ASHA Honorarium	400000	Honorarium and Incentive
IRS Indoor Residual Spray		
Operational Cost		
Spray wages - for NE States and Uts without legislation	3384000	Operating Cost
Impregnation of Bednet /LLIN	2000000	Operating Cost
Monitoring, Evaluation & Supervision & Epidemic Preparedness including Mobility	5000000	Operating Cost
Procurement of Bednet /LLIN		Procurement
IEC/BCC	2400000	IEC & BCC
PPP/ NGO activities		PPP/ NGO
Training Capacity Building	5000000	Training
Drugs		
Chloroquine phosphate tablets	400000	Procurement
Primaquine tablets	1200000	Procurement
Quinine sulphate tablets	200000	Procurement
Quinine Injections	100000	Procurement
Paracetamol	100000	Procurement
RDT Malaria	Supplied by GOI	Procurement
ACT	Supplied by GOI	Procurement
Insecticides		
DDT 50% wdp	Supplied by GOI	Procurement
Synthetic Pyrethroid - for UT without legislation	2000000	Procurement
Malathion 25% wdp/ Technical		Procurement
UMS – Larvicide		Procurement
Temephos, Bti (AS) (for polluted & non polluted water)	2000000	Procurement
Pyrethrum extract 2%		Procurement
Additional Support under GFATM States		
Project Management Unit (NE State except Sikkim)	12300000	Human Resource
Training / Capacity building	500000	Training
Planning and Administration (Office expenses recurring expenses, Office automation, printing and stationary for running of project)	15300000	Operating Cost

Infrastructure and Other Equipment (Computer, Laptops, printers, Motor Cycles for MTS)	500000	Infrastructure
Mobility Support for Monitoring, Supervision & Evaluation & review meetings, (including travel expenses, operational research, project evaluation etc)	25000000	Operating Cost
Total Malaria (DBS + EAC)	77784000	
Activities for Dengue & Chikungunya		
Strengthening surveillance (As per GOI approval) Apex Referral Lab recurrent @ Rs 1.00 lakh per lab Sentinel Surveillance Hospital @ Rs. 0.50 lakh per lab	300000	Financial aid/grant o institutions
Test Kits (Nos) to be supplied (kindly indicate numbers of ELISA based NS1 kit and Mac ELISA Kits required separately)		Not applicable
Monitoring/Supervision and Rapid Response	50000	Operating Cost
Epidemic Preparedness	150000	Operating Cost
IEC/BCC/Social Mobilization	200000	IEC
Training/Workshop	100000	Training
Total Dengue & Chikungunya	800000	
Activities for AES/JE		
Strengthening surveillance (As per GOI approval) Apex Referral Lab recurrent @ Rs 1.00 lakh per lab Sentinel Surveillance Hospital @ Rs. 0.50 lakh per lab	300000	Procurement
IEC/BCC specific to J.E.in endemic areas	100000	IEC
Training specific for prevention and management	100000	Training
Monitoring	300000	Operating Cost
Procurement of insecticide (Technical Malathion)		Procurement
Total of AES/JE	800000	
Grand total for cash assistance under NVBDCP (DBS+GFATM+JE+Dengue) and excluding the amount of decentralized procurement	73384000	
Assistance required for decentralized commodities	6000000	
Total cash assistance required under NRHM flexi fund *	6320000	
Grand total	85704000	

In words (Rupees eight crores fifty seven lakhs and four thousand only)

Statement showing the Budget-wise/Scheme-wise break up 2012-13 in respect of NVBDCP

Statement showing the Budget-wise/Scheme-wise break up 2012-13 in respect of NVBDCP																		
Sl.No	Name of District	Malaria (DBS)					Dengue	AES/JE	Decentralised Commodity	Total Domestic Support	GFATM					Total Budget from NVBDCF	Allocation from NRHM	Grand Total (NVBDCP + NRHM)
		IEC	Training	Epidemic Preparedness & IRS	M & E including ASHA Incentive	Operational cost of ITBN					Human Resource	IEC/BCC	M & E & Epidemic Preparedness	Others (Planning and Administration etc.)	Total GFATM			
1	Bishnupur	1.00	2.00	1.00	2.20	2.00				8.20	7.92	1.00	8.40	14.00	31.32			
2	Chandel	1.00	2.00	3.76	2.50	2.00				11.26	9.12	1.00	8.40	14.00	32.52			
3	Churachandpur	1.00	2.00	4.46	3.00	2.00				12.46	7.92	1.00	8.40	14.00	31.32			
4	Imphal East	1.00	2.00	5.23	2.40	2.00				12.63	11.52	1.00	8.40	14.00	34.92			
5	Imphal West	1.00	2.00	1.00	2.40	2.00				8.40	9.06	1.00	8.40	14.00	32.46			
6	Kangpokpi	1.00	2.00	4.49	2.70	2.00				12.19	6.66	1.00	8.40	14.00	30.06			
7	Senapati	1.00	2.00	1.00	2.20	2.00				8.20	7.86	1.00	8.40	14.00	31.26			
8	Tamenglong	1.00	2.00	5.90	2.20	2.00				13.10	10.32	1.00	8.40	14.00	33.72			
9	Thoubal	1.00	2.00	1.00	2.20	2.00				8.20	9.12	1.00	8.40	14.00	32.52			
10	Ukhrul	1.00	2.00	3.00	2.20	2.00				10.20	9.06	1.00	8.40	14.00	32.46			
11	State Head Office	2.00	30.00	3.00	30.00		8.00	8.00	60.00	141.00	34.44	2.00	166.00	23.00	225.44	366.44		
	Total	12.00	50.00	33.84	54.00	20.00	8.00	8.00	60.00	245.84	123.00	12.00	250.00	163.00	548.00	793.84	63.20	857.04

D-4

National Leprosy Eradication Programme(NLEP)

D4 National Leprosy Eradication Programme(NLEP)

Manipur is one of the 8 North-Eastern states located in the most easternmost part of India and having geographical area of 22327 sq.kms. It has a projected population of 30,17,00 as on 31st March, 2010 (Central Leprosy Division-GOI) with a common boundary with Myanmar. It has 38 blocks, 2315 revenue villages with literacy rate of 70.5%. It has ethnic population consisting of Hindu/Meiteis 46%, Muslims/Meitei Pangal 8.81%, Christians 34.04% and the rest 11.15% consist of Sikhs, Buddhist, Jains etc.

Manipur achieved elimination of Leprosy in the year 2001. NLEP is now integrated to General Health Care (GHC) system in 2002-03. District Nucleus Cells have been formed in the districts and 25% of the vertical staff have been integrated to GHC system.

Though the state has now achieved elimination, new cases are still reported/ detected in the districts. Further, the programme needs to focus more on DPMR as disabilities are still reported /detected among new cases.

SITUATION ANALYSIS

The Prevalence Rate (PR) of the state as on 1996 was 3.73 which came down to 0.06 by 2011. On the other hand, the ANCDR for one lakh population was 8.73 in 2001 which came down to 0.96 in 2011.

During 2009-10, 31 new cases reported and during 2010-11, 26 new cases are reported

Table.2:The p.c. of disability among new cases is as follows:

Year	Percentage Grade-II Deformities
2006	2%
2007	6.8%
2008	7%
2009	5%
2010	9.7%
2011	11.5%

The above data show that the deformity cases are still reported, which may be due to late diagnosis at remote villages leading to late treatment of cases. Hence, there is urgent need to detect early and prompt treatment.

More cases of leprosy could be detected by improving IEC activities in the community, capacity building, and training of GHC Staff including ASHAs and by improving referral system. As such, the following priority will be given during 2012-13 as per SWOT analysis:

SWOT ANALYSIS

Objective	Strength	Weakness	Opportunity	Threat
Training and Supervision	Trained DLO & DNT	Frequent transfer & posting of regular staff	Convergence of training programme to NRHM	There is risk of wrong diagnosis of cases due to lack of training & motivation
Case Detection	Capacity building for MO & HW & TOT	Some of GHC staff unable to suspect leprosy cases	Integration with NRHM for better monitoring & supervision	-do-
Involvement of ASHAS in NLEP activity	Organize training for ASHAS	In view of difficult terrain, fund for half day sensitization is less	Integration of the programme to NRHM & effective co-ordination	Lack of co-ordination & proper integration may affect programme
DPMR	PMR Centre, RIMS identified as RCS centre for the state	Lack of trained cobblers to make MCR footwear	GOI identified many institutions from whom protective footwear can be procured	Risk of more cases of Grade-II deformity
IEC activities	Training of MO/HW/HS will activate IEC activities	GHC Staff overloaded with too many programmes	Integration to NRHM	Lack of attention to NLEP by GHC Staff
Lab technician	Lab technician (LT) posted	Untrained-LT	Training of untrained LT arranged	Quality diagnosis of cases difficult

1. While implementing IEC/BCC services, priority will be given to those sub-division having reported new cases during the last 3 years. On epidemiological analysis of the districts, it is found that 19 subdivisions out of 38 subdivisions in the state, have reported new cases.

2. As a part of integration to GHC system, training / capacity building of staff will be converged to NRHM.

3. To reduce discrimination of the disease it is essential to give more emphasis on P.O.D. and P.O.W.D. by implementing DPMR services more effectively. Government of India has now formally intimated PMR Centre RIMS, Imphal as RCS Centre and some of the operable PALs with deformity have also been operated recently with success. As such more emphasis will be given in DPMR during 2012-13.

II. Performance under NLEP

SL no.	Indicators	2006-07	2007-8	2008-9	2009-10	2010-11
1.	No. of new cases detected (ANCDR/100,000)	44 (1.58)	54 (1.89)	38 (1.29)	31 (1.03)	26 (0.96)
2.	No. of cases on record at year and (PR/10,000)	27 (0.09)	43 (0.15)	28 (0.09)	18 (0.06)	16 (0.06)
3.	No. of Grade II disability among new cases (%)	3 (6.8)	7 (7)	2 (5)	3 (9.7)	3 (11.5)
4	Treatment Completion Rate	89%	98%	95%	98%	100%
5.	Reconstructive Surgery Conducted	0	0	0	3	0
	Total					

Budget Proposal

1. Improved early case detection:

Under this result based initiative following two activities need to be planned district wise-

1.1. Performance based incentive to ASHA and sensitization to new ASHA

SL.No	No of ASHA activity	Number	Unit Cost Per Person (Rs)	Total Amount
1.	Sensitization	1200	120000	
2.	Incentive to Asha	MB-10 PB-10	5000 3000	
	Total		128000	

2. Improved case management :

2.1. DPMR Service :-

SL.No	Item	No required	Unit cost	Total Amount
1.	MCR footwear	100 nos.	500(min. local cost)	50000
2.	Aide & appliance	9 distt.(self care kit, spectacles, crutches etc.)	20000	180000
3.	Welfare allowances for RCS patient	10	5000	50000
4.	RCS Reimbursement to Institutions	10	5000	50000
	Total	-	-	330000

2.2. Urban Leprosy Control:-

To be calculated for State /UT based on indentified urban areas located

SL.No	Category urban area	Number	Unit cost (Rupees)	Total Amount (Rupees)
1.	Township	1	50000	50000
2.	Medium city-I			
3.	Medium city-II			
4.	Mega city			
Total		-	-	50000

2.3 MDT Supply

To be supplied to the States? UTs by the center , not to be budgeted by States/UT.

2.4 Materials and supplies

SL.No	Item	No. of Districts	Unit cost per district (Rupees)	Total amount (Rupees)
1.	Supportive Drugs & dressings	10(including State HQ cell)	12000	120000
2.	Laboratory reagents and equipments	9	6000	54000
3.	Printing works	10(including State HQ cell)	10000	100000
Total				274000

3. Stigma reduced

IEC Plan will be drew up under the following heads.

SL.No	Medium	No. of District	Unit cost per district	Total amount
1,	Mass Media (TV ,Radio Press etc.)	10 (including State HQ cell)	6000	60000
2.	Outdoor Media Wall writing, Leaflet, rally etc.	10 (including State HQ cell)	60000	600000
3.	Rural media, school quiz, IPC for teacher, anganwadi worker, MO, Sensitization of ASHAs etc.	10(including State HQ cell)	39000	390000
4.	Advocacy meeting	10 (including State HQ cell)	30000	300000
			135000	1350000

The State Leprosy Officer will be able to distribute the total funds on the basis of actual requirement of each district keeping adequate funds at State level under mass media and advocacy

4. Development of Leprosy Expertise

The training plan will be prepared at the district level based on actual need per year. Need assessment will first be done so that annual plan can be developed as below –

A. Calculated for each district –

Sl. No.	Type of training	No. to be trained in the district	No. of course for 30 persons	Unit cost per course (Rs)	Amount (in Rs.)
1.	Medical Officer (2 Days)	150	5	40000	200000
2.	Health Supervisor/ health Worker (2 Days)	600	20	30000	600000
	Total				800000

B. Calculation for State

SL.No	Type of training	No. to be trained in the district	No. of course for 30 persons	Unit cost per course (Rs)	Amount (in Rs.)
1.	District Level Training from Table -A	150-MO 600-HW	5 20	40000 30000	200000 600000
2.	Management Training for District Nucleus Teams	60	2	30000	60000
	Total				860000

5. Monitoring, Supervision and Evaluation system improved

5.1. Travel cost and Review meetings.

SL.No	Activities	No.of unit (State/District)	Unit cost (Rupees)	Total (Rupees)
1.	Travel cost for contractual persons at State level (Tick one of these)	9 distt.	60000	60000
2.	Travel cost for contractual persons at district level	9	10000	90000
3.	State level Review meetings (Quarterly)	4	20000	80000
	Total			230000

5.2. Office operation and maintenance

This may be calculated for State /UT according to number of districts

SL.No	Item	No. Of Districts	Unit cost per district (Rupees)	Total amount (Rupees)
1.	<u>Rent, Telephone, Electricity ,P&T charges, Miscellaneous District</u>	9	9000	81000
2.	State Leprosy Cell		50000	50000
3.	<u>Office Equipment Maintenance cost</u> State Leprosy Cell		50000	50000
	Total			181000

5.3. Consumables

This may be calculated for State /UT according to number of districts

SL.No	Item	No. Of Districts	Unit cost per district (Rupees)	Total amount (Rupees)
1.	<u>Stationary Items</u> Districts	9	15000	135000
2.	State Leprosy Cell		50000	50000
	Total			185000

5.4. Vehicle hiring and POL/Maintenance.

SL.No	Item	No. Of Districts	No. Of Vehicle	Unit cost per district	Total amount (Rupees)
1.	District leprosy unit	9	7(Hiring of vehicle for 2 distt.)	90000	810000
2.	State Leprosy Cell		2	180000	180000
	Total				990000

6. Programme Management ensured

6.1 Contractual Staff – as per existing strength

SL.No	Category	No of post	Unit cost per month	Cost per year (Rupees)
1.	Surveillance Medical Officer	1	20000	240000
2.	BFO Cum Admin Officer	1	12000	144000
3.	Admin. Asstt.	1	10000	120000
4.	DEO	1	8000	96000
5	Driver	0	0	0
	Total			600000

6.2 District Leprosy Societies

SL.No	Category	No of post	Unit cost per month	Cost per year (Rupees)
	Driver	7	7000	588000

Format for submitting budget proposal under NLEP for 2012-13(Manipur State)

(Rupees)

Sl. No.	Name of district	Functional head wise budget										
		ASHA	Special Activities (209 Distt.)	Improved case management				Stigma reduction (IEC)	Training	Monitoring & Supervision	Programme Management (Contractual Post)	Total Budget
				DPMR	Urban	Material & Supplies	NGO					
1	Imphal East	14800	0	83000	0	28000	0	135000	90000	124000	0	474800
2	Imphal West	11800	0	49000	0	28000	0	135000	90000	124000	84000	521800
3	Bishnupur	8200	0	43000	0	28000	0	135000	60000	124000	0	398200
4	Thoubal	12000	0	35000	0	28000	0	135000	60000	124000	84000	478000
5	Churachandpur	20000	0	20000	0	28000	0	135000	60000	124000	84000	471000
6	Chandel	17600	0	23000	0	28000	0	135000	60000	124000	84000	471600
7	Ukhrul	10000	0	23000	0	28000	0	135000	60000	124000	84000	464000
8	Senapati	24800	0	31000	0	28000	0	135000	60000	124000	84000	486800
9	Tamenglong	8800	0	23000	0	28000	0	135000	60000	124000	84000	462800
A- Total of Districts		128000	0	330000	0	252000	0	1215000	600000	1116000	588000	4229000
B- State HQ Cell		0	0	0	50000	22000	0	135000	260000	470000	600000	1537000
Grand total (A+B)		128000	0	330000	50000	274000	0	1350000	860000	1576000	1188000	5766000

Additionalities

Organization	Project details	Total Budget
NRHM	1. One PC Set each for 9 districts with printer and one LCD projector each @Rs. 1.00 Lakh/District 2. TA/DA for Vertical Unit (Staff) of 9 DNC @ Rs. 0.50 Lakh/District/annum 3. TA/DA for HQ Cell @ Rs. 1.00 Lakh /annum	Rs. 9.00 Lakh Rs. 4.50 Lakh Rs. 1.00 Lakh
Total		Rs. 14.50 Lakh



NATIONAL PROGRAM FOR CONTROL OF
BLINDNESS, MANIPUR

NPCB, MANIPUR TOTAL BUDGET REQUIREMENT FOR THE YEAR 2012-13

Sl. No.	Strategy	Activities	Target	Timeline	Total Amount in lakhs
A		Catop	5300	1-4Q	Rs. 106 lakhs
B	GIA to NGOs	Expandable Eye Care	2 (Two)	1-4Q	Rs. 60 lakhs
C	Infrastructure Strengthening	Eye Wing & OT	3 (Three)	1-4Q	Rs. 225 lakhs
		Dist. Hospital	1 (One)	1-4Q	Rs. 20 lakhs
		Vision Centre	10 (Ten)	1-4Q	Rs. 5 lakhs
		Mobile Ophth. Unit with Tele Network	1 (One)	1-4Q	Rs. 60 lakhs
		Eye Bank	2 (Two)	1-4Q	Rs. 30 lakhs
		Eye Donation Centre	2 (Two)	1-4Q	Rs. 2 lakhs
		Eye Donation		1-4Q	Rs. 1.1 lakhs
D		SES	70,000	1-4Q	Rs. 8 lakhs
E		Other Eye Diseases		1-4Q	Rs. 2 lakhs
F	Training	MO Trg.	60 (Sixty)	1-4Q	Rs. 1.50 lakhs
		PMOA Trg.	39 (Forty)	1-4Q	Rs. 0.70 lakhs
		Ophth Nurse	15 (Fifteen)	1-4Q	Rs. 0.90 lakhs
		ASHA/HW Trg.	2000	1-4Q	Rs. 5 lakhs
		Teachers Trg.	1300	1-4Q	Rs. 3 lakhs
G	IEC	Eye Donation Fortnight		3Q	Rs. 9 lakhs
		World Sight Day		3Q	Rs. 20 lakhs
		Awareness Prog.		1-4Q	Rs. 20 lakhs
H	Salary Manpower	Mobile Ophth. Unit, D/H, Eye Bank, VCs, SBCS		1-4Q	Rs. 26.08 lakhs
I	Contingency & SBCS			1-4Q	Rs. 7 lakhs
	Honorarium DBCS			1-4Q	Rs. 20 lakhs
J	Ophthalmic equipments	D/Hs/CHCs, State Hospital		1-4Q	Rs. 80 lakhs
					Total: Rs. 712.28 lakhs
(Rupees Seven hundred twelve lakh twenty-eight thousand) only					

D-6

REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAM (RNTCP)

D6 REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAM (RNTCP)

Annual Plan for Programme Performance & Budget for the year 2012-2013

Objectives:

1. To achieve and maintain a cure rate of at least 85% among newly detected infectious (new sputum smear positive) cases, and
2. To achieve and maintain detection of at least 70% of such cases in the population

This action plan and budget have been approved by the STCS.

Signature of the STO _____

Name Dr. AK. Khamba Singh

Section-A – General Information about the State

1	State Population (in lakh) please give projected population for next year	27.21 Lakh
2	Number of districts in the State	9
3	Urban population	
4	Tribal population	
5	Hilly population	
6	Any other known groups of special population for specific interventions (e.g. nomadic, migrant, industrial workers, urban slums, etc.)	

(These population statistics may be obtained from Census data /State Statistical Dept/ District plans)

No. of districts without DTC: NO

No. of districts that submitted annual action plans, which have been consolidated in this state plan: 9

Organization of services in the state:

S. No.	Name of the District	Projected Population (in Lakhs)	Please indicate number of TUs of each type		Please indicate no. of DMCs of each type in the district		
			Govt	NGO	Public Sector*	NGO	Private Sector^
1	Imphal West	5.14	2	0	8	0	0
2	Imphal East	4.52	2	0	8	1	0
3	Thoubal	4.20	2	0	6	0	0
4	Bishnupur	2.40	1	0	4	0	0
5	Churachandpur	2.71	1	0	4	1	0
6	Chandel	1.44	1	0	4	0	0
7	Tamenglong	1.40	1	0	5	0	0
8	Senapati	3.54	2	0	7	0	0
9	Ukhrul	1.83	1	0	4	1	0
	Total	27,21,756	13	0	50	3	0

*Public Sector includes Medical Colleges, Govt. health department, other Govt. department and PSUs i.e. as defined in PMR report

^ Similarly, Private Sector includes Private Medical College, Private Practitioners, Private Clinics/Nursing Homes and Corporate sector

RNTCP performance indicators:

Important: Please give the performance for the last 4 quarters i.e. Oct 08_ to September 09

Name of the District (also indicate if it is notified hilly or tribal district)	Total number of patients put on treatment*	Annualised total case detection rate (per lakh pop.)	No of new smear positive cases put on treatment *	Annualised New smear positive case detection rate (per lakh pop) (%)	Cure rate for cases detected in the last 4 corresponding quarters	Plan for the next year		Proportion of TB patients tested for HIV	No. of MDR TB suspects identified and subjects to C/DST of sputum	No. of MDR TB cases diagnosed & put on treatment
						Annualized NSP case detection rate(%)	Cure rate			
Imphal West	709	156	261	(57) -76%	88	90%	95%	171		
Imphal East	749	188	213	(53)- 71%	87	90%	95%	343		
Thoubal	416	112	140	(38)- 50%	89	90%	95%	190		
Bishnupur	266	128	123	(59) -79%	87	90%	95%	101		
Churachandpur	496	215	105	(45)- 61%	90	90%	95%	284		
Chandel	163	131	58	(47) -62%	89	90%	95%	66	4	
Tamenglong	64	57	46	(41)-54%	90	90%	95%	44	3	
Senapati	248	65	92	(24)- 32%	93	90%	95%	167		
Ukhrul	147	104	58	(41)- 54%	84	90%	95%	86		
Total	3258	134	1096	(45)- 60%	89	90%	95%	1452		

* Patients put on treatment under DOTS regimens only are to be included.

Section B – List Priority areas at the State level for achieving the objectives planned:

S.No.	Priority areas	Activity planned under each priority area
1	To increase case referral	1 a)Sensitization of MOs b) Co-ordination with NGOs
2	To decrease the default rate	2 a)Active IPC / Field work by the STS and concerned NGOs b) Motivate DOTs providers to ensure timely sputum checkup & defaulters retrievals.
3	To increase the TB / HIV cross referral	3 a) Co-ordination with the MACS and TB / HIV NGOs b) Regular meeting of STS, ICTC counsellors and outreach workers of NGOs
4	Installation of Incubator of IRL/STDC, Manipur	4 a) Released of fund from NRHM b) Sensitization & co-ordination with DTOs for sending sputum of resistant TB cases under RNTCP protocol.

Priority Districts for Supervision and Monitoring by State during the next year

S No	District	Reason for inclusion in priority list
1.	Senapati, Tamenglong, Ukhul & Chandel	Low NSP case detection

Section C – Consolidated Plan for Performance and Expenditure under each head, including estimates submitted by all districts, and the requirements at the State Level

1. Civil Works

Activity	No. required as per the norms in the state	No. already upgraded/ present in the state	No. planned to be upgraded during next financial year	Pl provide justification if an increase is planned in excess of norms (use separate sheet if required)	Estimated Expenditure on the activity	Quarter in which the planned activity expected to be completed
	(a)	(b)	(c)	(d)	(e)	(f)
IRL	1	1				
STDC	1		1	Class room and Hostel for Nagaland,Mizoram&Manipur	40,00,000/-	3 rd qtr 2012
SDS and STC	1	1				
DDS	9	2	7	For 7 districts	2,10,000	
DTCs	9	9 out of this DTC chandel is working in the temporary place	1	DTC chandel is totally demolish by State Govt. for construction of new Dist.Hospital	4,00,000	1 st Quarter 2012
TUs	13	13				
DMCs	53	53	1			
Maintenance & Repairing of Civil works	53+13+9+2			TU,DMC,DTC,STC,STDC/IRL SDS & DDS	3,37,500	
TOTAL					49,47,500/-	

2. Laboratory Materials

Activity	Amount permissible as per the norms in the state	Amount actually spent in the last 4 quarters	Procurement planned during the current financial year (in Rupees)	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ Remarks for (d)
	(a)	(b)	(c)	(d)	(e)
Purchase of Lab Materials by Districts	524940	5,30,266	1,20,000	9,00,000	Functioning of IRL/STDC
Lab materials for EQA activity at STDC (eg. Lab consumables for trainings, preparation of Panel slides etc)	38,850/-	30,000/-	35,000/-	60,000/-	
Lab materials & consumables for Culture/DST activity at IRL and other Accredited Culture & DST labs in Govt. sector including Medical Colleges	50,000/-		45,000/-	1,00,000/-	

3. Honorarium

Activity	Amount permissible as per the norms in the state	Amount actually spent in the last 4 quarters	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ Remarks for (d)
	(a)	(b)	(c)	(d)	(e)
Honorarium for DOT providers (both tribal and non tribal districts)		7,83,750	5,10,000	15,00,000	To meet the requirement of Tribal action plan for the 5 hill districts.
Honorarium for DOT providers of Cat IV patients	50,000/-		50,000/-	1,00,000/-	
Total				Rs.16,00,000/-	

	No. presently involved in RNTCP	Additional enrolment proposed for the next fin. year
Community volunteers in all the districts*		

* These community volunteers are other than salaried employees of Central/State government and are involved in provision of DOT e.g. Anganwadi workers, trained dais, village health guides, ASHA, other volunteers, etc.

Annual Action Plan Format Advocacy, Communication and Social Mobilization (ACSM) for RNTCP MANIPUR

- 1) Information on previous year's Annual Action Plan
 - a) Budget proposed in last Annual Action Plan: 1681000.00
 - b) Amount released by the state:
 - c) Amount Spent by the district-
- 2) Permissible budget as per norm : 9,05,450.00...
- 3) Budget for next financial year for the district as per action plan detailed below:

Program Challenges to be tackled by ACSM during the Year 20010-11	WHY ACSM Objective	For WHOM Target Audience	WHAT ACSM Activities		When Time Frame				By WHOM	Monitoring and Evaluation	Budget	
Challenge 1.												
Advocacy Activities												
					Q1	Q2	Q3	Q4				
1. Low Case Referral	To achieve the target of case referral and increased detection	Elected representatives / State & District level officers	Sensitization Workshop	RNTCP published Material/ LCD / Laptop programme materials	1	1	1	1	STO/IECO /Consultant / DTO/CF	Banner/ Photos/ attendance / paper documents etc	Good suggestion according to local needs for the pro.	Rs.1,20,000/
		NGO Leaders/ PRI	Sensitization Meeting	RNTCP Published Material programme materials LCD/Laptop	9		9		DTO/ MO/STS	-do-	Active involvement t & increased of Sputum collection centre	Rs.90,000/-

		MO (DMC)			9			9	DTO		-do-	Rs.54,000/-
Communication Activities												
-do-	To Popularize the Prog.	Musical Group	Sensitization	Banner to display in the Musical Night.					STO/IECO/			Rs.50,000/-
		General Public	Radio Advertisement DDK	Key Messages Documentary Film					STO/IECO/C F			Rs.1,50,000/-
												Rs.1,00,000/-
			Natak/ Street play	Key Messages	2Programme each to all 9 districts				STO/IECO			Rs.1,80,000/-
		Paramedical Staffs of PHSC DP/Patients Youth Org./Sports group	Meeting		9	9	9	9	DTO/MO/ STS DTO/MO/ STS			Rs.30,000/-
			IPC		27	27	27	27				- Rs.30,000/-
		General Public							DTO			
		Elite Group	Local Cable Periodical Publish Magazine /Souvenir	Key Messages Key Messages	3 1	3	3 1	3 1	STO			Rs.50,000/- Rs. 30,000/-
		PP/PP-M	sensitization	Module for Practicing physicians	1	1	1	1	STO/DTO/I ECO			Rs.80,000/-

Social Mobilization activities												
		Community Leaders / Openion Leaders	TB Awareness		5	5	5	5	DTO/MO /STS			Rs.1,00,000/-
		Active Service group	Sensitization	Leaflets/ Mike	1	1	1	1	STO/IECO DTO/MO			Rs.20,000/-
		Women Based Org. NREGS –	TB Awareness	-do-	5	5	5	5	DTO/MO /STS			Rs.60,000/-
		Health Mela	-do-	Leaflets	3	3	3	3	DTO/MO/ STS			Rs.20,000/-
		School Students	-do-	Display IEC Materials Key Messages	9			9	-do-			Rs.36,000/--
			Quize/Paintin g competition		1			1	STO/DTO /IECO/CF			Rs.60,000/-
		Local Festival Like Orange Fes/ Lemon Fes/ Pineapple Festival etc.	TB Awareness	Leaflets/ Display items Speech etc.	2			2	STO/DTO /IECO/STS/CF			Rs.80,000/-
		World TB Day -do-						9	DTO			Rs.50,000/-
								1	STO			Rs.50,000/-
												Rs.3,00,000/-
Challenge 2:												

Advocacy Activities												
High Default Rate	1. To get the target 2.Case transfer in the proper way & checking of lost patient	RNTCP State Level officers , Media group with concerned DTOs	Border area sensitization meeting	Local IEC Materials and TB register		2		2	STO/DTO/IECO/CF		Decrease miss understanding and miss guide of patients.	Rs.80,000/-
Communication Activities												
-do-	Adopt DOTS	NGOs Partner	Meeting	TB Register	2	2	2	2	DTO /STS	Printing report	To open more sputum collection cetnre	Rs.40,000/-
		Para. Staff of PHSC & DP	Meeting	Lab. Register	9	9	9	9	DTO/STS			Rs. 20,000/-
		General Public	Developing of wall Poster Hoarding Printing of Leaflets/ TB Booklets etc	Treatment Card & activities report				2	STO/IECO/CF		To understand the RNTCP norms and self confidence	Rs.1,00,000/-
									-do-			
								1	DTO/IECO	Photos etc		
								7	STO/DTO /IECO			
								7				
Social Mobilization Activities												
-do-	To know the risk of a NSP default	General Public	TB Awareness with cure Patients	Leaflets/ Mike	2	2	2	2	DTO/MO /STS	Photo/ Banner/ Reports	To Decrease Social Stigma	Rs. 50,000/-

Challenge 3 Advocacy Activities												
Low Sputum Conversion	To improve cure rate and avoid MDR- TB	MO (DMC) MO (PHI)	Meeting Re-Orientation training	TB Register and Lab. Register	3	3	3	3	DTO	Paper document a tion	Increase of sputum conversion rate	Rs.72,000/-
Communication Activities												
-do-	-do-	Para-medical staff	Meeting & Re-Orientation training	MPW Modules	3	3	3	3	DTO/STS/MO	Paper document a tion	Increase of sputum conversion	Refer to Challenge 1&2
		LT/ STLS	EOA Re-Orientation	Modules	1		1		STO	Slide of DMC	Cross checking Report	Refer to Training
Social Mobilization Activities												
-do-	-do-	DP/ Pts & Pts Family and Neighbours	Counseling	Leaflets	2	2	2	2	DTO/MO/ STS	Photo document s	Decrease of lost Pts	Refer to Challenge 1&2
TOTAL BUDGET Rs. 21,02,000/- (Rupees Twenty One Lakh Two thousand) Only												

5. Equipment Maintenance:

Item	No. actually present in the state	Amount actually spent in the last 4 quarters	Amount Proposed for Maintenance during current financial yr.	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ Remarks for (d)
	(a)	(b)	(c)	(d)	(e)
Computer (maintenance includes AMC, software and hardware upgrades, Printer Cartridges and Internet expenses)	13	2,42,779	4,00,000	6,00,000	
Binocular Microscopes (RNTCP)	75			2,50,000	
STDC/ IRL Equipment/ 15% of cost C&S equipment per year.				9,00,000	
Any Other (pl. specify) TOTAL				17,50,000	

Activity	No. in the state	No. already trained in RNTCP	No. planned to be trained in RNTCP during each quarter of next FY (c)				Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year (Rs.)	Justification/ remarks
(a)	(b)		Q1	Q2	Q3	Q4	(d)	(e)	(f)
Training of DTOs (at National level)/DOTS PLUS	9	8						500,000	CTD
Training of MO-TCs	5	2						64600	
Training of MOs (Govt)	1100	320	60	40	60	60		589600	
Training of LTs of DMCs- Govt + RNTCP contract	59	58	10	16	16	16		254800	
Training of MPWs/ TBHV	9	9						22630	
Training of MPHS, pharmacists, nursing staff, BEO etc	1065	507	100	75	100	75		316820	
Training of Community Volunteers	1520	1189	100	50	100	50		271560	
Training of Pvt Practitioners	145	56	40					107200	
Other trainings # STLS	17	17							
STS	13	13							
Re- training of MOs	320	292	40	40	40	40		264320	
Re- Training of LTs of DMCs		12	16		16	16		64560	
Re- Training of MPWs			25	25	25	25		60260	
Re- Training of MPHS, pharmacists, nursing staff, BEO			60	60	60	60		160240	
Re- Training of CVs			75	75	75	75		180780	
Re-training of Pvt Practitioners			20		20			66080	
Re-training of STLS	17	17		17				53430	
Re-training of STS	13	13		13				40000	
TB/HIV Training of MO-TCs and MOs		7	20	20	20	20		132160	
TB/HIV Training of STLS, LTs , MPWs, MPHS, Nursing Staff, Community Volunteers etc		30						60000	

TB/HIV Training of STS		13		13			20000	
Training of MOs DOTS Plus for management of MDR TB		64	80	80	80	80	678400	
Training of Para medicals in DOTS Plus for management of MDR TB	9	30	75	75	75	75	271560	
Provision for Update Training at Various Levels #	NGOs Partners MO MC	50	1		1		50000	
Review Meetings at State Level				1	1	1	80000	
Any Other Training Activity					1	1	50000	

Total Rs.43,59,000/-

7. Vehicle Maintenance:

Type of Vehicle	Number permissible as per the norms in the state	Number actually present	Amount spent on POL and Maintenance in the previous 4 quarters	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)	(e)	(f)
Four Wheelers	13	17	12,71,161	8,00,000	4.30 X 5 new vehicle =2150000 + 2125000 = 4275000	Out of 17 Vehicle 4 vehicle is new & others are condemned so required to buy new vehicle
Two Wheelers	8	4			50000 X 5 new Two wheeler = 250000 +400000 =290000	Out of 3 Two wheeler 2 are new others are condemned
TOTAL					Rs.45,65,000/-	

8. Vehicle Hiring* :

Hiring of Four Wheeler	Number permissible as per the norms in the state	Number actually requiring hired vehicles	Amount spent in the prev. 4 qtrs	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)	(e)	(f)
For STC/ STDC				2,00,000/-	4,00,000	
For DTO	1	1		105000	210000	
For MO-TC	13	13		260000	928200	
TOTAL					15,38,200/-	

* Vehicle Hiring permissible only where RNTCP vehicles have not been provided

9. NGO/ PP Support:

NGO/ PP Support : (New schemes w.e.f. 01-10-2008)

Activity	No. of currently involved in RNTCP	Additional enrolment planned for this year	Amount spent in the previous 4 quarters	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)	(e)	(f)
ACSM Scheme: TB advocacy, communication, and social mobilization	33				495000	
SC Scheme: Sputum Collection Centre/s	33				1980000	
Transport Scheme: Sputum Pick-Up and Transport Service	33				792000	
DMC Scheme: Designated Microscopy Cum Treatment Centre (A & B)	3				450000	
LT Scheme: Strengthening RNTCP diagnostic services	1				75000	
Culture and DST Scheme: Providing Quality Assured Culture and Drug Susceptibility Testing Services						
Adherence scheme: Promoting treatment adherence	17				1020000	
Slum Scheme: Improving TB control in Urban Slums						
Tuberculosis Unit Model						
TB-HIV Scheme: Delivering TB-HIV interventions to high HIV Risk groups (HRGs)						
PP scheme						
Sub-Total						
TOTAL					Rs.4812000/-	

10. Miscellaneous:

Activity* e.g. TA/DA, Stationary, etc	Amount permissible as per the norms in the state	Amount spent in the previous 4 quarters	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)	(e)
	1200000			2500000	
IRL/OSE			50,000/-	1,50,000/-	
Reimbursement for travel of MDR-TB patients to DTC/IRL/DOTS plus site.			15,000/-	2,50,000/-	Phase 1,expected pts.=20 Phase 2&3 expected pts.=20
TOTAL				Rs.2900000	

* Please mention the main activities proposed to be met out through this head

11. Contractual Services:

Category of Staff	No. permissible as per the norms in the state	No. actually present in the state	No. planned to be additionally hired during this year	Amount spent in the previous 4 quarters	Expenditure (in Rs) planned for current fin. year	Estimated Expenditure for the next financial year (Rs.)	Justification/ remarks
	(a)	(b)	(c)		(d)	(e)	
TB/HIV Coord.	0	0	0				
MO-DOTS Plus site	1	1	0	352800	246400	386400	
MO-STCS	1	1	0	378000	264000	414000	
State Accountant	1	1	0	226800	144000	226800	
State IEC Officer	1	1	0	226800	158400	248400	
Pharmacist	1	1	0	151200	105600	165600	
Store Assistant	1	1	0	100800	70400	110400	
Secretarial Asst	1	1	0	107100	74800	117300	
MO-DTC	2	2	0	492800	492800	772800	
STS	13	13	0	1965600	1372800	2152800	
Sr.DOTS plus Supervisour	9	9	0	1701000	1188000	1863000	
STLS	17	17	0	2774400	1795200	2815200	
TBHV	9	9	0	907200	633600	993600	
DEO	11	11	0	1215900	849200	1321700	
DEO DOTS Plus Site/SA	1	1	0	189000	132000	207000	
Accountant – part time	9	9	0	340200	237600	372600	
Contractual LT	25	25	0	2759400	1927200	3022200	
Driver	14	14	2	1234800	862400	1352400	
Communication Facilitator	2	2	0	240000	160000	240000	
Any other contractual post approved under RNTCP	Microbiologist,	1	0	441000	308000	483000	
DA for Contractual Staff		119	2		242000	800000	
TOTAL						18065200/-	

12. Printing:

Activity	Amount permissible as per the norms in the state	Amount spent in the previous 4 quarters	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)	(e)
Printing-State level:*	223000			500000	Including DOTS Plus
Printing- Distt. Level:*	180000			300000	-Do-
Total				Rs,800000	

* Please specify items to be printed in this column

13. Research and Studies (excluding OR in Medical Colleges):

Any Operational Research projects planned (Yes/No) _____ Yes _____

Estimated Total Budget _____

14. Medical Colleges

Activity	Amount permissible as per norms	Estimated Expenditure for the next financial year(Rs.)	Justification/ remarks
	(a)	(b)	(c)
Contractual Staff: § MO-Medical College (Total approved in state __1__) § STLS in Medical Colleges (Total no in state __1__) § LT for Medical College (Total no in state __1__) § TBHV for Medical College (Total no in state __1__)	Included in the Contractual Service Head	Included in the Contractual Service Head	
Research and Studies: § Thesis of PG Students § Operations Research*		20000	
Travel Expenses for attending STF/ZTF/NTF meetings		200000	
IEC: Meetings and CME planned		200000	
Equipment Maintenance at Nodal Centres		50000	
Total		Rs.470000/-	

15. Procurement of Vehicles:

Equipment	No. actually present in the state	No. planned for procurement this year (only if permissible as per norms)	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)
4-wheeler ** and S **Vehicle for OSE of IRL supervisory visit	12 out of this 4 are new	5 1	2150000 4,30,000/-	Vehicles are procure in 1999-2000 and condemn *Hiring of private vehicles are extremely difficult and expensive in Manipur.
2-wheeler	8	4	200000	Vehicles are procure in 1999-2000 and condemn
Total			Rs.2780000	

** Only if authorized in writing by the Central TB Division

16. Procurement of Equipment:

Equipment	No. actually present in the state	No. planned for this year (only as per norms)	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)
Office Equipment (Computer, modem, scanner, printer, UPS etc.) *DOTS –Plus Site *IRL Manipur *Computer for training (STDC)	11 computer, 10 Xerox 1 1 4	6 computer 3 Xerox	180000 for computer 180000 for Xerox 60,000/- 60,000/- 2,40,000/-	Replacement of condemned computer and Xerox
Any Other	1 Lap top/ Disk Top	1	40,000	STC/IECO
Total			Rs.7,60,000/-	

Section D: Summary of proposed budget for the state –

Category of Expenditure	Budget estimate for the coming FY 2010_ - 2011_ (To be based on the planned activities and expenditure in Section C)
1. Civil works	Rs,49,47,500/-
2. Laboratory materials	Rs, 10,60,000/-
3. Honorarium	Rs, 16,00,000/-
4. IEC/ Publicity	Rs,21,02,000/-
5. Equipment maintenance	Rs. 17,50,000/-
6. Training	Rs. 43,59,000/-
7. Vehicle maintenance	Rs. 45,65,000/-
8. Vehicle hiring	Rs.15,38,200/-
9. NGO/PP support	Rs.48,12,000/-
10. Miscellaneous	Rs.29,00,000/-
11. Contractual services	Rs.1,80,65,200/-
12. Printing	Rs.8,00,000/-
13. Research and studies	
14. Medical Colleges	Rs, 4,70,000/-
15. Procurement –vehicles	Rs.27,80,000/-
16. Procurement – equipment	Rs.760000/-
TOTAL	Rs,5,25,08,900/-

Note 1. The DTC of Chandel District have been dismantle 100% of the previous building due to the need of areas for the construction of District Hospital, it need up-gradation and DTC Imphal East located at JINMS presently, is now to be shifted to the new place allotted by the Govt. of Manipur also need up-gradation.

Note 2. DMC for the new medical College at JINMS:- Staff for approval 1 MO, 1STLS, 1LT and 1 TBHV and required budget is included in the Contractual Service.

Note 3 Out of the 9 district 3 hill district and 2 valley is approved but the other remaining district i.e Senapati , Ukhrul in hilly district and Imphal west in valley have also same condition of the vehicles and matter may kindly be treated as compulsory.

D-7

National Program for Prevention and Control of Deafness (NPPCD)

D4 National Leprosy Eradication Programme(NLEP)

Manipur is one of the 8 North-Eastern states located in the most easternmost part of India and having geographical area of 22327 sq.kms. It has a projected population of 30,17,00 as on 31st March, 2010 (Central Leprosy Division-GOI) with a common boundary with Myanmar. It has 38 blocks, 2315 revenue villages with literacy rate of 70.5%. It has ethnic population consisting of Hindu/Meiteis 46%, Muslims/Meitei Pangal 8.81%, Christians 34.04% and the rest 11.15% consist of Sikhs, Buddhist, Jains etc.

Manipur achieved elimination of Leprosy in the year 2001. NLEP is now integrated to General Health Care (GHC) system in 2002-03. District Nucleus Cells have been formed in the districts and 25% of the vertical staff have been integrated to GHC system.

Though the state has now achieved elimination, new cases are still reported/ detected in the districts. Further, the programme needs to focus more on DPMR as disabilities are still reported /detected among new cases.

SITUATION ANALYSIS

The Prevalence Rate (PR) of the state as on 1996 was 3.73 which came down to 0.06 by 2011. On the other hand, the ANCDR for one lakh population was 8.73 in 2001 which came down to 0.96 in 2011.

During 2009-10, 31 new cases reported and during 2010-11, 26 new cases are reported

Table.2: The p.c. of disability among new cases is as follows:

Year	Percentage Grade-II Deformities
2006	2%
2007	6.8%
2008	7%
2009	5%
2010	9.7%
2011	11.5%

The above data show that the deformity cases are still reported, which may be due to late diagnosis at remote villages leading to late treatment of cases. Hence, there is urgent need to detect early and prompt treatment.

More cases of leprosy could be detected by improving IEC activities in the community, capacity building, and training of GHC Staff including ASHAs and by improving referral system. As such, the following priority will be given during 2012-13 as per SWOT analysis:

SWOT ANALYSIS

Objective	Strength	Weakness	Opportunity	Threat
Training and Supervision	Trained DLO & DNT	Frequent transfer & posting of regular staff	Convergence of training programme to NRHM	There is risk of wrong diagnosis of cases due to lack of training & motivation
Case Detection	Capacity building for MO & HW & TOT	Some of GHC staff unable to suspect leprosy cases	Integration with NRHM for better monitoring & supervision	-do-
Involvement of ASHAS in NLEP activity	Organize training for ASHAS	In view of difficult terrain, fund for half day sensitization is less	Integration of the programme to NRHM & effective co-ordination	Lack of co-ordination & proper integration may affect programme
DPMR	PMR Centre, RIMS identified as RCS centre for the state	Lack of trained cobblers to make MCR footwear	GOI identified many institutions from whom protective footwear can be procured	Risk of more cases of Grade-II deformity
IEC activities	Training of MO/HW/HS will activate IEC activities	GHC Staff overloaded with too many programmes	Integration to NRHM	Lack of attention to NLEP by GHC Staff
Lab technician	Lab technician (LT) posted	Untrained-LT	Training of untrained LT arranged	Quality diagnosis of cases difficult

1. While implementing IEC/BCC services, priority will be given to those sub-division having reported new cases during the last 3 years. On epidemiological analysis of the districts, it is found that 19 subdivisions out of 38 subdivisions in the state, have reported new cases.

2. As a part of integration to GHC system, training / capacity building of staff will be converged to NRHM.

3. To reduce discrimination of the disease it is essential to give more emphasis on P.O.D. and P.O.W.D. by implementing DPMR services more effectively. Government of India has now formally intimated PMR Centre RIMS, Imphal as RCS Centre and some of the operable PALs with deformity have also been operated recently with success. As such more emphasis will be given in DPMR during 2012-13.

II. Performance under NLEP

SL no.	Indicators	2006-07	2007-8	2008-9	2009-10	2010-11
1.	No. of new cases detected (ANCDR/100,000)	44 (1.58)	54 (1.89)	38 (1.29)	31 (1.03)	26 (0.96)
2.	No. of cases on record at year end (PR/10,000)	27 (0.09)	43 (0.15)	28 (0.09)	18 (0.06)	16 (0.06)
3.	No. of Grade II disability among new cases (%)	3 (6.8)	7 (7)	2 (5)	3 (9.7)	3 (11.5)
4	Treatment Completion Rate	89%	98%	95%	98%	100%
5.	Reconstructive Surgery Conducted	0	0	0	3	0
	Total					

Budget Proposal

2. Improved early case detection:

Under this result based initiative following two activities need to be planned district wise-

1.1. Performance based incentive to ASHA and sensitization to new ASHA

SL.No	No of ASHA activity	Number	Unit Cost Per Person (Rs)	Total Amount
1.	Sensitization	1200	120000	
2.	Incentive to Asha	MB-10 PB-10	5000 3000	
	Total		128000	

2. Improved case management :

2.1. DPMR Service :-

SL.No	Item	No required	Unit cost	Total Amount
1.	MCR footwear	100 nos.	500(min. local cost)	50000
2.	Aide & appliance	9 distt.(self care kit, spectacles, crutches etc.)	20000	180000
3.	Welfare allowances for RCS patient	10	5000	50000
4.	RCS Reimbursement to Institutions	10	5000	50000
	Total	-	-	330000

2.2. Urban Leprosy Control:-

To be calculated for State /UT based on indentified urban areas located

SL.No	Category urban area	Number	Unit cost (Rupees)	Total Amount (Rupees)
1.	Township	1	50000	50000
2.	Medium city-I			
3.	Medium city-II			
4.	Mega city			
Total		-	-	50000

2.3 MDT Supply

To be supplied to the States? UTs by the center, not to be budgeted by States/UT.

2.4 Materials and supplies

SL.No	Item	No. of Districts	Unit cost per district (Rupees)	Total amount (Rupees)
1.	Supportive Drugs & dressings	10(including State HQ cell)	12000	120000
2.	Laboratory reagents and equipments	9	6000	54000
3.	Printing works	10(including State HQ cell)	10000	100000
Total				274000

3. Stigma reduced

IEC Plan will be drew up under the following heads.

SL.No	Medium	No. of District	Unit cost per district	Total amount
1,	Mass Media (TV ,Radio Press etc.)	10 (including State HQ cell)	6000	60000
2.	Outdoor Media Wall writing, Leaflet, rally etc.	10 (including State HQ cell)	60000	600000
3.	Rural media, school quiz, IPC for teacher, anganwadi worker, MO, Sensitization of ASHAs etc.	10(including State HQ cell)	39000	390000
4.	Advocacy meeting	10 (including State HQ cell)	30000	300000
			135000	1350000

The State Leprosy Officer will be able to distribute the total funds on the basis of actual requirement of each district keeping adequate funds at State level under mass media and advocacy

4. Development of Leprosy Expertise

The training plan will be prepared at the district level based on actual need per year. Need assessment will first be done so that annual plan can be developed as below –

B. Calculated for each district –

Sl. No.	Type of training	No. to be trained in the district	No. of course for 30 persons	Unit cost per course (Rs)	Amount (in Rs.)
1.	Medical Officer (2 Days)	150	5	40000	200000
2.	Health Supervisor/ health Worker (2 Days)	600	20	30000	600000
	Total				800000

B. Calculation for State

SL.No	Type of training	No. to be trained in the district	No. of course for 30 persons	Unit cost per course (Rs)	Amount (in Rs.)
1.	District Level Training from Table -A	150-MO 600-HW	5 20	40000 30000	200000 600000
2.	Management Training for District Nucleus Teams	60	2	30000	60000
	Total				860000

5. Monitoring, Supervision and Evaluation system improved

5.1. Travel cost and Review meetings.

SL.No	Activities	No.of unit (State/District)	Unit cost (Rupees)	Total (Rupees)
1.	Travel cost for contractual persons at State level (Tick one of these)	9 distt.	60000	60000
2.	Travel cost for contractual persons at district level	9	10000	90000
3.	State level Review meetings (Quarterly)	4	20000	80000
	Total			230000

5.2. Office operation and maintenance

This may be calculated for State /UT according to number of districts

SL.No	Item	No. Of Districts	Unit cost per district (Rupees)	Total amount (Rupees)
1.	<u>Rent, Telephone, Electricity ,P&T charges, Miscellaneous District</u>	9	9000	81000
2.	State Leprosy Cell		50000	50000
3.	<u>Office Equipment Maintenance cost</u> State Leprosy Cell		50000	50000
	Total			181000

5.3. Consumables

This may be calculated for State /UT according to number of districts

SL.No	Item	No. Of Districts	Unit cost per district (Rupees)	Total amount (Rupees)
1.	<u>Stationary Items</u> Districts	9	15000	135000
2.	State Leprosy Cell		50000	50000
	Total			185000

5.4. Vehicle hiring and POL/Maintenance.

SL.No	Item	No. Of Districts	No. Of Vehicle	Unit cost per district	Total amount (Rupees)
1.	District leprosy unit	9	7(Hiring of vehicle for 2 distt.)	90000	810000
2.	State Leprosy Cell		2	180000	180000
	Total				990000

6. Programme Management ensured

6.1 Contractual Staff – as per existing strength

SL.No	Category	No of post	Unit cost per month	Cost per year (Rupees)
1.	Surveillance Medical Officer	1	20000	240000
2.	BFO Cum Admin Officer	1	12000	144000
3.	Admin. Asstt.	1	10000	120000
4.	DEO	1	8000	96000
5	Driver	0	0	0
	Total			600000

6.2 District Leprosy Societies

SL.No	Category	No of post	Unit cost per month	Cost per year (Rupees)
	Driver	7	7000	588000

Format for submitting budget proposal under NLEP for 2012-13 (Manipur State)

(Rupees)

Sl. No.	Name of district	Functional head wise budget										
		ASHA	Special Activities (209 Distt.)	Improved case management				Stigma reduction (IEC)	Training	Monitoring & Supervision	Programme Management (Contractual Post)	Total Budget
				DPMR	Urban	Material & Supplies	NGO					
1	Imphal East	14800	0	83000	0	28000	0	135000	90000	124000	0	474800
2	Imphal West	11800	0	49000	0	28000	0	135000	90000	124000	84000	521800
3	Bishnupur	8200	0	43000	0	28000	0	135000	60000	124000	0	398200
4	Thoubal	12000	0	35000	0	28000	0	135000	60000	124000	84000	478000
5	Churachandpur	20000	0	20000	0	28000	0	135000	60000	124000	84000	471000
6	Chandel	17600	0	23000	0	28000	0	135000	60000	124000	84000	471600
7	Ukhrul	10000	0	23000	0	28000	0	135000	60000	124000	84000	464000
8	Senapati	24800	0	31000	0	28000	0	135000	60000	124000	84000	486800
9	Tamenglong	8800	0	23000	0	28000	0	135000	60000	124000	84000	462800
A- Total of Districts		128000	0	330000	0	252000	0	1215000	600000	1116000	588000	4229000
B- State HQ Cell		0	0	0	50000	22000	0	135000	260000	470000	600000	1537000
Grand total (A+B)		128000	0	330000	50000	274000	0	1350000	860000	1576000	1188000	5766000

Additionalities

Organization	Project details	Total Budget
NRHM	1. One PC Set each for 9 districts with printer and one LCD projector each @Rs. 1.00 Lakh/District 2. TA/DA for Vertical Unit (Staff) of 9 DNC @ Rs. 0.50 Lakh/District/annum 3. TA/DA for HQ Cell @ Rs. 1.00 Lakh /annum	Rs. 9.00 Lakh Rs. 4.50 Lakh Rs. 1.00 Lakh
Total		Rs. 14.50 Lakh

PART-E

INTER-SECTORAL CONVERGENCE & SOCIAL DETERMINANTS OF HEALTH

Mainstreaming of AYUSH and Revitalization of Local Health Tradition.

EXECUTIVE SUMMARY

The concept of 'Mainstreaming of AYUSH' finds place in the policy documents of the Government of India since the IXth five year plan. The department of Indian System of Medicine and Homoeopathy (ISM&H) was created in March 1995 and in Nov.2003, it was renamed as Department of Ayurveda, Yoga&Nature cure , Sidha and Homoeopathy (AYUSH).

With the increase in the number of lifestyle disorder, there has been a resurgence of interest in the AYUSH system of Medicine in the country and abroad. Knowing the potentials of AYUSH, Government of India made it to be a critical part of NRHM.

Before the launching of NRHM in 2005 the Deptt. Of AYUSH has been implementing a plan scheme called 'Hospitals and Dispensaries' from the 10th plan onwards, which has now been subsumed under NRHM.

Revitalizing of Local Heath Tradition is not yet visibly developed but attempts are made referring to health promotion, preventive and curative methods having general acceptance and prevalence among household of different economic strata. LHT are important for sustaining and strengthening the AYUSH system as well. Therefore Revitalizing LHT is another strategy of NRHM.

Vision:

1. Provided accessible. Affordable and quality health care to the rural population especially the vulnerable section.
2. Sustained availability of raw materials.
3. Research and development on the efficacy of the system.
4. Awareness creation and information dissemination among the people on its
 - a) Gentleness, b) Locally available, c) Cost effectiveness, d) No side effects.

Objectives:

1. To provide comprehensive health care along with the modern system of Medicine.
2. To improve both health and economy of the state.
3. Encourage and facilitate to set up specialty and AYUSH clinic on;
 - a. Geriatric Care (Ayurveda)
 - b. Mother and Child. (Homoeopathy)
 - c. Psychosomatic disorders (Yoga)
 - d. Skin problems (Unani)
4. Promote the culture of cross referral system.
5. Integrated in health care delivery system including the national program
6. Facilitate to maintain quality standard of AYUSH services.
7. To promote systematic participatory of Local Health Tradition (LHT)

Strategies and Frameworks:

1. Collocation of AYUSH Doctors and paramedics in PHCs/CHCs/DHs.
2. Discuss the role of AYUSH Doctors and paramedics in PHCs/CHCs/DHs.
3. Integrating vertical Health and Family welfare programs at National/ State/District/ Block level.
4. Drug kit provided to ASHA will contain AYUSH preparation.
5. Norms of IPHS should be maintained for AYUSH faculty at PHCs/ CHCs/ DHs.

6. Intersectoral co-operation (School, Education, Industries, PHED, ICDS, Culture and tourism)
7. Promotion of herbal garden at sub-centre level.

AYUSH Manpower in the State.

One Yoga and 8 Homoeopathic Doctors are working in Manipur State Health Services under the Directorate of Health Services. After the NRHM was launched 89 AYUSH Doctors including 4 AYUSH Specialists (3 Homoeo & 1 Ayurveda) and 34 AYUSH pharmacists are engaged till date on contractual basis. Out of these 14-Ayurveda, 5- Unani, 9- Yoga & NC, 61- Homoeopathy. Out of 34 AYUSH pharmacists 8 of them are already appointed as Doctors one resigned.

E.1.1AYUSH Manpower

	Component	Continuing from 2011-12		Engaged In 2012-13	New proposal during 2012-13			Cumulative for 2012-13	
Manpower	Institution	Number (A)	Amount (Rs. in lakh) (B)	Number	Enhancement from 2011 Number (C)	Number (D)	Amount (Rs. in lakh) (E)	Number (A+D)	Amount (Rs in Lakh) (B+C+E)
SNO AYUSH	SPMU	1 (Contract)	@24000x1x12 =2.88	-	@21000x1x12 =2.52	-	@45000x1x12=5.4	1	10.8
Computer Assistant for SNO AYUSH	SPMU	-	-	-	-	01	@7500x1x12=0.9	01	0.9
AYUSH Doctors	PHCs	73 (contract)	@24000x73x12 =210.24	-	@6000x73x12 =52.56	06	@30000x6x12=21.6	80	284.4
	CHCs	21 (contract)	@24000x21x12=60.48	-	@6000x21x12 =15.12	10	@3000x10x12=36	31	111.6
	DHs	04 (Contract) 05 (Regular)	@24000x12x4 =11.52	-	@21000x4x12 =10.08	06	@45000x6x12=32.4	10	54
Paramedical Staffs	PHCs	80 (Contract)	@7500x80x12 =72	-	@7500x80x12 =72	N/A	N/A	80	144
	CHCs	13 (contract)	@7500x13x12 =11.7	-	@7500x13x12 =11.7	N/A	N/A	13	23.4
	DHs	01 (contract) 05 (Regular)	@7500x1x12 =0.9	-	7500x1x12=0.9	05	@15000x5x12=4.5	6	6.3
Total		193	369.72	-	164.88	28	100.8	222	635.4

E.1.2 Training of AYUSH Manpower/MBBS/ASHAs/ANMs/PHN/SN

Name of Training	Category	Trained till date		Propose for the year 2012-13		
			No of batches	Duration	Training load	Financial (in Lakh)
Mainstreaming of AYUSH (State Level)	AYUSH Doctors	85	4	3days	80	3.5
	MBBS	54	4	3days	80	
Mainstreaming of AYUSH (District Level)	ASHAs	Nil	4(for each Dist)	2days	200 (50/batch)	5.5
	ANMs	225	4(for each Dist)	2 days	100	
	SNs	Nil	2(for each Dist)	2 days	50	
	School Teachers	Nil	2(for each Dist)	2 days	50	
Training on application of AYUSH Software(RADAR)	Homoeopathy	Nil	3	2 days	33	1.5
Basic training for AYUSH on Ultrasonography	All AYUSH Doctors	Nil	4	7 days	100 (25/batch)	2.4
Total			23	16	593	12.9

E.1.3 IEC/BBC under NRHM for Mainstreaming of AYUSH

Sl.no	Name of activity	Cost per unit	Number of units	Financial (in Lakh)
1.	Health Camps with AYUSH show case	@ 0.5lakhs	9(1x9Districts)	Rs.0.5x9=4.5/-
2.	Radio spots	@0.5lakh	Monthly	Rs. 0.5x12=6/-
3.	ISTV/DDK	@0.5 lakhs	Q1,Q2,Q3 & Q4	Rs. 0.5x4=2/-
4.	Hoardings(AYUSH)	@ 0.1 lakh/hoarding	27 (3x9Districts)	Rs.0.1x27=2.7/-
5	Print Medias(Pamphlets)	@0.1 lakh	9 districts	Rs.0.1x9=0.9/-
	Total			Rs.16.1

E 1.4 AYUSH Additional ties (NRHM)

Sl	Name of activities	Continuance from 2011-12	New proposal for 2012-13	Financial amount (in lakh)
1	Monitoring & Evaluation of AYUSH Units (out source vehicle)	Nil	80 units (PHCs) 16(CHCs) 7 (DH)	@30000x12=3.6
2	Review meeting of AYUSH Doctors at State.	Nil	Quarterly	@5000x4=0.2
3	Total			3.8

Budget summery of NRHM flexipool (AYUSH)

Sl	Name of activities	Continuance from 2011-12	New proposal for 2012-13	Financial amount (in lakh)
1	Manpower AYUSH	193 (contract)	28	635.4
2	Training AYUSH	-	593	12.9
3	IEC/BCC for AYUSH Mainstreaming	-	-	16.1
3	Additionalities AYUSH	-	-	3.8
4	Total	193	630	668.2

AYUSH Medicines for allocated facilities

Funds requirement with detailed justification should be provided

As to continue like previous years 89 allocated facilities may be provided fro the provision of AYUSH Medicine @ 3Lakh /allocated facilities because the rate of consumption of AYUSH Medicines by the puplic has increased.

Support from Department of AYUSH for PIP 2012-13

Co-location under NRHM

Sl.	Centres	One time assistance		Recurring assistance			Total amount Rs in lakhs
		No.of units	amount Rs in lakhs	New units	Old units	Cumulative Amount	
2	PHC	80	-	-	80	3.30x80	26.30
3	CHC	16		-	16	5.50x16	88
4	DH	09	30x9=270	09	-	3.2x9=15.8	285.8
5	Total						400.1

Up gradation of AYUSH Hospital

Sl.	Centres	One time assistance		Recurring assistance (Rs.in lakhs)			Total amount In lakhs
		No.of units	Amount Rs. In lakh	New units	Old units	Cumulative Amount in	
1							
2	2	2	50x2=100	02	-	13.36	113.36
3			----	--	--	--	
4			---	--	--	--	
5			Total	02		13.36	113.36

Up gradation of AYUSH Dispensaries

Sl.	Centres	One time assistance		Recurring assistance			Total amount
		No.of units	Amount	New units	Old units	Cumulative Amount	
1							

i) Establishment of programme Management Unit (AYUSH)/HMIS

Sl.	State	One time assistance (Rs.inLakh)	Recurring assistance	Total amount (Rs.inLakh)
1	Manipur	8.625	-	8.625
	Total	8.625	-	8.625

ii) Procurement of essential Drugs for AYUSH Hospitals and Dispensaries.

Sl.	Unit	Stream	Recurring assistance	Total amount (Rs.inLakh)
1	1	Homoeopathy	0.225	0.225
		Total	0.225	0.225

CHAPTER-5

MONITORING AND EVALUATION

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.

(i) HMIS Portal :

For the state of Manipur, the data reported through the HMIS portal remains the single source of all other reports sent to the Ministry & for preparation of state PIP.

- The state has already started capturing health facility data (CHC/PHC/SC) starting from April 2009, through the integrated DHIS 2 application software, which is now shifted to the National HMIS portal starting from the month of April 2011.
- Out of 18 private sector health facilities, 12 have started submitting monthly HMIS report regularly. Further, efforts are already initiated to capture data from the remaining private institutions.
- 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.

(ii) Mother & Child Tracking System (MCTS) :

An online module for MCTS is being developed by the Ministry of Health & Family Welfare (MoHFW) and is being hosted centrally at Delhi for the state. MCTS which is initially implemented at Bishnupur district, has been rolled –out in 4(four) more districts namely – Thoubal, Imphal West (urban excluded), Imphal East (urban excluded) and Churachandpur (town). For the 4 remaining hill districts, it is planned to initially implement in the district HQ area only in 2012-13, reason being due to weak Internet connectivity at blocks, weak power supply, weak mobility, weak accessibility, etc. for these districts. The operationalised blocks have started to give to the health facilities, regular feedbacks in the form of monthly work-plans, reports etc.

(iii) Core team :

The State level core team has already been constituted & regular meeting are organized to review the quality and the consistency of data reported from the health facilities. In this regard, the state receive regular feedback from PRC, Guwahati & the Regional Director (MoHFW) from time to time. The district level core team is yet to be constituted and may be materialized in 2012-13.

2.

(a) Ensuring Nodal M&E Officers :

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. Notification of Nodal M&E Officers

Level	Nos. required	Nos. present	Remarks
State	1	1	Completed
District	9	9	Completed
Blocks	72	36	Recruitment of 36 Data Asst(MCTS) at blocks in progress

(b) Integration of Monitoring & Evaluation activities across programme:

Integrating the M&E activities across various health programmes like TB, Malaria, Leprosy etc. is yet to be operationalised in the state except for RCH.

(c) 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 regular facility monitoring visits for these officials. Three monitoring visits each is being planned monthly for each of these officials.

(d) Strengthening Mother & Child Tracking System(MCTS):

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 and help plan for reaching the RCH services to every pregnant woman and infant born at the health facilities and even at their doorsteps. 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.

For the state, the MCTS application has been hosted centrally at the Delhi server. Pre-requisites for full functionality of the MCTS application like Common Master health facility data-entry, mapping of villages with health facilities and creation of district & block users are being completed. Mapping of ANMs & ASHAs to respective health facilities is in progress and is likely to be completed in the early part of financial year 2012-13.

The state have already started capturing and registering pregnant women and children information through the MCTS application through the existing manpower at the block level in 5 districts namely – Bishnupur, Imphal West(urban area), Imphal East (urban area), Thoubal & Churachandpur. In order to expedite the process & to encourage registration of pregnant woman & children and to provide timely health care delivery services, an incentive policy for ASHAs is being formulated under MCTS in the state. Under this policy, ASHAs may get incentives (shown below) for accompanying & registering beneficiaries (non JSY benefitted pregnant woman & children) through MCTS.

Proposed Incentives under MCT S:

Sl. No.	Category of beneficiary	Performance/Activity	Unit Incentive	Fund source
1	ASHA/AWW	Pregnant Woman : 1. For accompanying and registering a pregnant woman through MCTS within the first trimester of pregnancy (after confirmation of pregnancy by the MOi/c)	Rs. 100/- (every woman)	Separate MCTS fund head
		2. For completing full ANC (one ANC in each trimester) through MCTS	Rs. 100/- (every woman)	
		Children : 1. For accompanying and registering a child through MCTS within 45 days after birth.	Rs. 100/- (every woman)	
		2. For fully immunizing a child under 1 year through MCTS.	Rs. 100/- (every woman)	
2	ANM at SC	Mobility support of Rs. 100/- monthly for submitting & collecting facility work-plans to & from PHC/CHC/Block & for mobile recharge.	Rs. 100/- (monthly)	

On average, there are about 5-6 SCs under each CHC/PHC, with each SC covering about 5-10 villages. As the MCTS application requires to capture & generate about 10 work-plans for each of these villages, a Block Data Manager requires to generate about (3x5x5x10)750 work-plans (assuming that there are about 3 PHC/CHC under 1 block) in addition to their normal HMIS work. In view of the workload at the block level, one Data-Entry Assistant(MCTS) may be recruited for each of the 36 blocks with a monthly remuneration reflected in Part-B.

As the work-plans generated by the MCTS application is color indicative, each block & each district office requires 1(one) fast & reliable color printer. In addition to this, cost for consumable items such as printer cartridge & maintenance cost may also be taken into account.

(e) Formation of HMIS Task Force at all levels:

Formation of State, District & block HMIS Task Force are being completed in 2009. The primary objective of this team is to provide technical support regarding HMIS & MCTS 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.

(f) Strengthening IT infrastructure at appropriate level :

As data capturing at the district & block level has already been operationalised in the state, it is important that their IT infrastructure be strengthened by providing 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 2012-13 :

1. Currently, mobile internet data cards remains to be the most accessible & reliable internet option in the state. However, with the launce of SWAN recently, process has been initiated to connect all district & block offices (favourably all PHCs & CHCs in the near future) through SWAN from NIC. Moreover, the need for data card is strengthened by the fact that most of the offices receive 1-2 hours of electricity during working hour Till such things improve, data cards may be used.
2. Procurement of colored printers for 9 districts and 36 block offices for MCTS @ Rs. 20,000/- per unit. The procurement shall be done at State level following due procurement guidelines.

(g) Operationalising HMIS at Sub District level :

(h) Training of staff :

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 & reviewed, 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 reports 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 2012-13:

- At the state level: 2(two) times per annum @ Rs.50,000/- per training. The trainees may include officials/staffs at the state & the district levels of different line departments like Health, Family Welfare tec.
- At the district level: 2(two) times per annum @ Rs.20,000/- at district level. Trainings at this level will focus mainly on district and block health functionaries and the MO i/c's of PHCs/CHCs.
- At the Block level: 2 times per annum @ Rs. 20,000/- per training at block leve. Trainings at this level will focus mainly on the MOs, ANMs/staffs at the health facilities and ASHAs at the community level.

(i) Other M&E activities

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: Every month @ Rs.20, 000/- per visit.
2. At the Block level: Every month @ Rs. 15,000/- per visit for 25 hill blocks and @ Rs. 5,000/- per visit for 12 valley blocks.
3. Further a monitoring team has been constituted at the District level for exclusive monitoring of NRHM activities. The DHS will be provided Rs 30,000 per month for such monitoring.

3. Budget Allocation :

The budget for M&E for the state Manipur is as follows :

Table No. : Detail activity & Budget

Major Head	Minor Head	Budget				Remarks	IW	IE	TBL	BPR	CCP	CDL	UKL	TML	SPT	State	TOTAL	Amount approved in 2011-12	Actual Expenditure in 2011-13
		(in Lakhs)																	
1. Strengthening of M&E/HMIS	Salaries of M&E, MIS & HMIS consultant	Remuneration for 36 Data Assistant(MCTS) at blocks and 1(one) HMIS Assistant at State reflected in Program Management Cost.																212.21	60.8
	Mobility for Monitoring purposes (comprehensive physical and financial monitoring)	78.00	2.4		Monitoring visit by the M&E team at the State level one time per month @Rs.20,000/- per visit at state											2.40	2.4		
			32.4		Monitoring level at the Chairman, DC level for NRHM activities @ Rs 30,000 per month	3.6	3.6	3.6	3.6	3.6	3.6	3.6	3.6	3.6	32.4				
			43.2	29	Monitoring per month @Rs.15,000/- per visit at 24 hill blocks	0.00	0.00	0.00	0.00	9	7.2	9	7.2	10.8	43.2	43.2			
				7.2	Monitoring per month@ Rs 5000 per month per visit at 12 valley blocks	1.8	1.8	1.8	1.8	0.00	0.00	0.00	0.00	0.00	7.2	7.2			
	Workshops/ Training on M & E and	19	1.00		2 times per annum @Rs.50,000/-per training at state												1.00		

	MCTS		3.6	2 times per annum @ Rs.20,000/-per training at district level	0.4	0.4	0.4	0.4	.4	.40	.4	.4	.4	3.6	3.6		
			14.4	2 times per annum @Rs. 20,000/-per training at block level	1.2	1.2	1.2	1.2	2	1.6	2	1.6	2.4	14.4	14.4		
	M&E quality review meeting. (the review meeting shall encompass both physical and financial review)	19.56	1.2	1 time per month @Rs.1,0000/-per month at state (Participants : District staffs)										1.2	1.2		
			5.4	1 time/month @Rs.5,000 per month at district	0.6	0.6	0.6	0.6	0.6	0.36	0.6	0.6	0.6	5.4	5.4		
			12.96	1 time per month @Rs.3000 per month at block (Participants : Staffs at health facilities))	1.4 4	1.4 4	1.4 4	1.4 4	1.8	1.44	1.8	1.44	2.1 6	12.9 6	12.96		

Major Head	Minor Head	Budget		Remarks	IW	IE	TBL	BPR	CCF	CDL	UKL	TML	SPT	State	TOTAL	Amount approved in 2011-12	Actual Expenditure in 2011-13
		(in Lakhs)															
2. Procurement of HW/SW and other equipments	Hardware/Software Procurement	7.18															
	Internet connectivity		0.00	Mostly dependant on mobile data cards; Process initiated for connectivity of all block & district office from NIC through newly launched SWAN										0.00			
	Annual Maintenance for mobile data card		7.18	Rental charge @ Rs.1300/- per month for State, 9 Districts & 36 blocks for Internet /data card	0.62	0.62	0.62	0.62	0.94	0.78	0.94	0.78	1.09	0.16	7.18		
	Operational costs (consumables etc.)		0.00	No proposal in 2012-13										0.00	0.00		
3. Operationalising HMIS at Sub District level	Review of Existing registers – to make them compatible with National HMIS & MCTS	21.00	16.00	800 copies X 10 types of health facility registers @Rs. 200/- per register (printing to be done at state)										16.00	16.00		

	Printing of routine HMIS facility reporting forms		5.00	Printing to be done at state										5.00	5.00		
	Training of staffs at health facilities		0.00	May be integrated in HMIS training head mentioned above										0.00	0.00		

Major Head	Minor Head	Budget		Remarks	IW	IE	TBL	BPR	CCP	CDL	UKL	TML	SPT	State	TOTAL	Amount approved in 2011-12	Actual Expenditure in 2011-13
		(in Lakhs)															
4. Operationalising MCH tracking	Printing of MCTS cards for PW & child (English and Local dialects)	54.95	5.00	Printing to be done at state										5.00	5.00		
	Capacity building of teams		0.00	May be integrated in HMIS training head mentioned above									0.00	0.00			
	Ongoing review of MCH tracking activities		0.00	May be integrated in HMIS review meeting head mentioned above									0.00	0.00			
	Monitoring data collection & data quality		0.00	May be integrated in HMIS monitoring visits head mentioned above									0.00	0.00			
	Incentive for ASHAs under MCTS		36.00	Incentive for ASHA may improve registration of non JSY-benefitted PW & child in MCTS									36.00	36.00			
	Mobile recharging cost for ANMs/staffs posted at 500 health		0.00											0.00	0.00		

facilities @ Rs. 100/- per month per ANM/staff													
Mobile recharging cost for 3878 ASHAs @ Rs. 1200/- per ASHA	0.00									0.00	0.00		
Overhead expenditure for printing of multi-colored work-plans, reports etc. generated from MCTS application at block office for regular disseminatio n to health facilities	0.45	A large no. of workplans may be printed at the block office for regular/monthly dissemination to all health facilities under it @Rs. 1000/- per annum per district & block office	0.0 4	0.0 4	0.0 4	0.0 4	0.0 6	0.05	0.0 6	0.0 5	0.07	0.00	0.45
Fast & reliable multi-colored printer at all district & block HQ	9.00	Rs. 20,000/- for 9 district & 36 blocks for color printer	0.8 0	0.8 0	0.8 0	0.8 0	1.2 0	1.00	1.2 0	1.0 0	1.40	0.00	9.00

Operational cost for consumables items like printer cartridge & maintenance cost	4.50	Rs. 20,000/district & block for printer cartridge(colour) & maintenance	0.40	0.40	0.40	0.40	0.60	0.50	0.60	0.50	0.70	0.00	4.50		
Total :	199.69														

CHAPTER-6

FINANCIAL MANAGEMENT

FINANCIAL MANAGEMENT

1. Budgeting for various Activities

The budgeting for various programmes/activities under NRHM are proposed in accordance with the approved Financial Monitoring Report (FMR) Format enclosed as Annexure-I.

Program Management cost has exceeded the ceiling of 6%.

2. Financial Management Staff:

The status of finance manpower under SPMU, DPMU and block level is as below:

S.No.	Sanctioned Posts of F & A at State Level	Deputation / Contract	Vacant Since ..(date)	Reason for vacant position	Action taken & tentative date for filling up the vacancy
State Level :					
Deputy Director(Fin)	1	deputation	nil		
State Finance Manager	1	Contract	nil		
State account Manager	1	Contract	nil		
Accountants	2	Contract	Nil		
District Level:					
DAM	9	Contract	1 vacant	Resigned	In process
BAM	36	Contract	4 vacant	Resigned	In process
PHC accountant	48	Contract	2	Resigned	In process

The remuneration of the PMU staff has been revised and suitable incentive scheme has been worked out and incorporated in the SPIP 2012-13.

3. Statutory Audit

Statutory Audit Report and UCs for 2010-11 have been submitted. The Audit which covered 100% of all DHS and more than 40% of the blocks was submitted in time.

Lack of adequate presence of CA firms in Manipur leaves little room for negotiating timely and quality completion of audit etc.

4. Concurrent Audit

Half Yearly concurrent Audit is currently on. However timely completion of audit in time in all district is hampered due to lack of adequate number of CAs (only one local CA available at Manipur with only branches of firms based outside Manipur. 5 districts are being covered by a single CA). Appointment of concurrent auditor for 2012-13 has been initiated and is planned to be completed within two months.

5. Implementation of Tally

Customized Tally ERP 9 is operational at the State and most of the districts. An attempt was made during 2011-12 to make it functional till the Block level which was successful in 3 districts of Imphal East, Imphal West and Bishenpur. Currently attempts are on to make it fully functional at the block level. Performance Incentives of all finance staffs have been linked to making Tally ERP functional which is expected to improve performance.

6. Mode of Fund Transfer

Funds to the districts are being released electronically. In case of release from districts to blocks, on account of lack of adequate presence of banks at the district level, districts are facing a constraint. However, wherever there is bank facility esp with regard to valley districts of Imphal East, West, Thoubal and Bishenpur and Churachandpur the transfer is done electronically from districts to block.

7. Uploading of FMRs on HMIS Portal

Currently FMRs are being sent through email to the FMG Group in Ministry. The FMR on HMIS Portal is of an older version and hence no longer applicable.

8. Financial reporting under NRHM

Clear cut instructions has been issued to all vertical programmes whose funds are routed through SHS, NRHM to sent monthly SOE/FMR reports to the State Head Office. Both physical and financial achievements are reported in the FMR. Further in order to ensure correct and timely reporting, performance incentives have been linked with reporting.

9. Management Information System (MIS)

Monthly MIS/SFP and quarterly MIS along with head wise and age wise details of advances upto 31.3.2012 have been sent.

10. RCH-I Unspent Balance

It has been refunded.

12. Key Areas for Priority during 2012-13

During planning maximum care has been taken to ensure that special interventions for identified high focus districts such as difficult, very difficult and inaccessible areas, tribal and other minority group, SC/ST, gender etc. are being incorporated. As special incentives to medicos and para-medicos for performing duties in such difficult areas and in order to retain them, SPIP 2012-13 is continuing on offering incentives in the form of higher pay to the staffs posted in these areas.

13. Committed and Uncommitted Unspent balances

The programme-wise committed unspent balances for the activities approved during the last years which are under implementation may be indicated, showing the amount already utilised and the timeframe for utilisation of the remaining amount with time frame for completion of the activities. Similarly, the details of uncommitted balances for the activities approved during previous years but not yet taken may also be given programme-wise along with reasons for non-start of such activities and whether the same are proposed to be implemented during 2010-11.

FORMAT FOR DISCLOSURE ON LIKELY COMMITTED UNSPENT BALANCES				
			(Rs. in crore)	
Code	Pools /Activities	Amount committed	Amount Committed but not paid	Expected Timelines for Utilisation(preferably within two quarters)
A	<u>RCH FLEXIBLE POOL</u>			
A.1	MATERNAL HEALTH	.05	.05	Within two quarters. Fund for referral transport was approved as part of Additional SPIP hence fund was released late to the districts.
A.2	CHILD HEALTH	.055	0.055	Within first quarter.
A.3	FAMILY PLANNING SERVICES	.05	0.05	Within first quarter.
A.4	ARSH	.06	.06	Within first quarter.
A.5	URBAN RCH	.66	.66	Within first quarter. As decision of incentives of contractual staffs is pending at PIC, GoM, the staffs have continued to be paid at 2010-11 incentives. The amt may be booked as committed as the incentives will be paid out once the GoM gives the PIC approved incentives.
A.6.	TRIBAL RCH	.05	.05	Within first quarter.
A.7	PNDT ACTIVITIES	0.05	0.05	Within first quarter.
A.8	INFRASTRUCTURE & HUMAN RESOURCES			
A.8.1	Human Resources	7.04	7.04	Within first quarter. As decision of incentives of contractual staffs is pending at PIC, GoM, the staffs have continued to be paid at 2010-11 incentives. The amt may be booked as committed as the incentives will be paid out once the GoM gives the PIC approved incentives.
A.8.2	Minor Civil Works	.045	0.045	Within first quarter.
A.9	TRAINING	0.80	.80	Within first quarter.
A.10	PROGRAMME/NRHM MANAGEMENT COST	3.18	3.18	Within first quarter. As decision of incentives of contractual staffs is pending at PIC, GoM, the staffs have continued to be paid at 2010-11 incentives. The amt may be booked as committed as the incentives will be paid out once the GoM gives the PIC approved incentives.
A.11	VULNERABLE GROUPS	.1252	.1252	Within first quarter.
B.	<u>NRHM ADDITIONALITIES</u>			
B.1	ASHA	.10	.10	Within first quarter. An amt of Rs 105 lakhs is booked as uncommitted unspent balance
B.2	UNTIED FUNDS	.16	.16	Within first quarter.
B.3	ANNUAL MAINTENANCE GRANTS	.02	.02	Within first quarter.
B.4	HOSPITAL STRENGTHENING	24.98341 (liabilities from 2006-12)	24.98341 (liabilities from 2006-12)	Within first quarter.
B.5	NEW CONSTRUCTIONS/RENOVATIONS			Within first quarter.
B.6	CORPUS GRANTS TO HMS/RKS	.16	.16	Within first quarter.

B.7	DISTRICT HEALTH ACTION PLAN	6.20	6.20	Within first quarter.
B.8	PANCHAYATI RAJ INITIATIVE	Nil	Nil	Within first quarter.
B.9	MAINSTREAMING OF AYUSH	0.05	.05	Within first quarter. An amt of Rs 102.9 lakhs is booked as uncommitted unspent balance
B.10	IEC-BCC NRHM	0.05	.05	Within first quarter.
B.11	MMU	.60	1.09	Within first quarter.
B.12	REFERRAL TRANSPORT	1.658	1.658	Within first quarter.
B.13	PPP/NGO	.1479	.1479	Within first quarter.
B.15	PLANNING, IMPLEMENTATION AND MONITORING	0.80	0.80	Within first quarter.
B.16	PROCUREMENT	7.0	7.0	Within two quarters.
B.18	NEW INITIATIVES	2.5436	2.1236	Within first quarter.
B.22.	SUPPORT SERVICES	.4028	.4028	Within first quarter.
C.	IMMUNISATION including Measles and IPP1	0.86	.86	Within first quarter.
D.	IDD	Nil	Nil	
E.	IDSP	.2318316	.121600	Within 2 quarters
F.	NVBDCP	2.034	2.7511	Within 2 quarters
G.	NLEP	.4694	.0048778	Within 2 quarters
H.	NPCB	.6871831	Nil	
I.	RNTCP	2.95	0.26	Within 2 quarters
	GRAND TOTAL	63.238	59.458	

1. Summary budget
Annexure II and Annexure-III
2. Conditions to be fulfilled to ensure smooth release of funds to the States

a. State Health Society is ensuring that proper guidelines and allocation of funds are being followed so that any diversion of funds is avoided between the different components.

b. Efforts are on to ensure that 15% of state share is being allocated based on release of funds by MoHFW. State Health Society, NRHM has already requested Planning Dept of GoM for clearing the backlog of state share funds.

c. Proper delegation of administrative and financial powers at state, district and block levels are ensured. Time to time the situation is apprised of taking into local situations to ensure that proper delegation takes place for smooth flow of funds at all levels, within the NRHM guidelines.

d. State is submitting quarterly and monthly MIS as per requirements. Further monthly meetings of the district financial personnel are conducted so that the reports arrived in time for onward submission to the Ministry.

e. The State shall include the interest amount earned on unspent balances as part of the UCs submitted which will be shown utilized activities already approved and will also count towards the central share.

Details of budget as per the functional heads should be provided in the following format:

Functional Head Wise Classification of the Budget

Sl.No.	Activity	Unit Cost	Physical Targets	Required fund under NRHM
Human Resources				
A	RCH			
1	Contractual Staff & Services			
1	Contractual Staff & Services(Excluding AYUSH)			
A.9.1	ANMs, Supervisory Nurses, LHVs,	Add. ANM @Rs.9000, SNs @Rs.12000	436ANMs, 220 SNs	787.68
A.9.1.1	Laboratory Technicians, MPWs, X-Ray Tech.	LT/XT @Rs10000, MPW @Rs.8000	38LT, 4XT, 69MPW	116.64
A.9.1.2	Specialists (Anesthetists, Pediatricians, Ob/Gyn, Surgeons, Physicians, Dental Surgeons, Radiologist, Sonologist, Pathologist, Specialist for CHC)	@Rs. 45000	11	59.40
A.9.1.3	PHNs at CHC, PHC level	@Rs. 15000	14	25.20
A.9.1.4	Medical Officers at CHCs / PHCs			
A.9.1.5	Additional Allowances/ Incentives to M.O.s of PHCs and CHCs			
A.9.1.6	Others - Computer Assistants/ BCC Co-ordinator etc			
A.9.1.7	Incentive/ Awards etc. to SN, ANMs etc.			
A.9.1.8	Human Resources Development (Other than above)			
A.9.1.9	Other Incentives Schemes (grade IV, Pharmacists)	Pharm @Rs. 12000. G-IV @Rs.6000	108 G-IV, 9 Pharm.	90.72
A.10	PROGRAMME / NRHM MANAGEMENT COST			
A.10.1	Strengthening of SHS/SPMU (Including HR, Management Cost, Mobility Support)		25	149.16
A.10.2	Strengthening of DHS/DPMU (Including HR, Management Cost, Mobility Support, Field Visits)		45	152.60
A.10.3	Strengthening of Block PMU (Including HR, Management Cost, Mobility Support, Field Visits)		200	399.60
A.10.4	Strengthening (Others)			
A.10.5	Audit Fees		1	4
A.10.6	Concurrent Audit system		10	16.5
A.10.7	Mobility Support, Field Visits to BMO/MO/Others			
B	NRHM Additionalities			
B.9	Contractual Staff & Services(Only AYUSH)			
B.9.1	Staff/ Supervisory Nurses /Other Staffs for PHCs, CHCs		100	145.44
B.9.2	Medical Officers at CHCs/ PHCs		101	300.48
C	Routine Immunization			

C.2 A)	Computer Assistants Salary		10	13.57
C.2 B)	Other HR Personnel (Technicians, Cold Chain Mechanic)			
	Other National Disease Control Programme			
D	NVBDCP			
a)	Remuneration to Contractual MPWs			123
b)	Contractual LTs			
E	NLEP			
a)	Contractual Services (State SMO, BFO cum AO, Admn. Assistant, DEO)			21.00
b)	State Driver			
c)	District Drivers			
F	NBCP			
a)	Ophthalmic Surgeon			53.08
b)	Ophthalmic Assistant			
c)	Eye Donation Counselor			
G)	RNTCP			
a)	Honorarium to DOT Providers			16
b)	Contractual Staff Payments			180.652
H)	IDSP			
a)	Remuneration of Epidemiologists			93.324
b)	Remuneration of Microbiologists			
c)	Remuneration of Entomologists			
d)	Consultant-Finance			
e)	Consultant-Training			
f)	Data Managers			
g)	Data Entry Operators			
I)	NIDDCP			
	IDD Control Cell-			25.00
(i)	Technical Officer			
(ii)	Statistical Assistant			
(iii)	LDC Typist			
	IDD Monitoring Lab-			
(i)	Lab Technician			
(ii)	Lab. Assistant			
J	NPPCD			14.04
Training				
I	RCH Flexible Pool			
A.9	TRAINING			
A.9.1	Strengthening of Training Institutions			
A.9.2	Development of training packages			

A.9.3	Maternal Health Training			
A.9.3.1	Skilled Birth Attendance / SBA		68	17.107
A.9.3.2	EmOC Training			17.1336
A.9.3.3	Life saving Anesthesia skills training		12	11.377
A.9.3.4	MTP training		40	6.660
A.9.3.5	RTI / STI Training		660	9.889
A.9.3.6	Dai Training			
A.9.3.7	Other MH Training (ISD Refresher)		15SNs,12 Grade IV,24MO	11.414
A.9.4	IMEP Training		90	.957
A.9.5	Child Health Training			
A.9.5.1	IMNCI			
A.9.5.2	Facility Based Newborn Care			
A.9.5.3	Home Based Newborn Care			
A.9.5.4	Care of Sick Children and severe malnutrition			
A.9.5.5	Other CH Training (pl. specify)		200	3.808
A.9.6	Family Planning Training			
A.9.6.1	Laparoscopic Sterilisation Training			
A.9.6.2	Minilap Training			
A.9.6.3	NSV Training			
A.9.6.4	IUD Insertion Training		660	27.01
A.9.6.5	Contraceptive Update/ISD Training			
A.9.6.6	Other FP Training (pl. specify)			
A.9.7	ARSH Training		1859	54.98
A.9.8	Programme Management Training			
A.9.8.1	SPMU Training		10	10.00
A.9.8.2	DPMU Training		274	7.604
A.9.9	Other training (pl. specify)			22.14512
A.9.10	Training (Nursing)			
A.9.10.1	Strengthening of Existing Training Institutions/Nursing School			
A.9.10.2	New Training Institutions/School			
A.9.11	Training (Other Health Personnel)			
A.9.11.1	Promotional Trg. of health workers females to lady health visitor etc.			
A.9.11.2	Training of AMNs, Staff nurses, AWW, AWS			
A.9.11.3	Other training and capacity building programmes			5
2	Routine Immunisation			
2.1	Training for Cold Chain Handlers/refrigerator mechanics			3.80
2.2	Training of M.O.s /Other Staffs on R.I.			9
2.3	Training for Computer Assistants Other National Disease Control Programme			0.30
3	NVBDCP			
3.1	Training for MPWs			50.00
3.2	Training for ASHAs			
3.3	Training for M.O.s			
3.4	Training for para-medicals for MDA			
3.5	Other Training & Capacity building programmes			

4	NLEP			
4.1	Training for Newly appointed medical and para medical staff			14.957
4.2	Training for existing medical and Para medical staff			
4.3	Other Training & Capacity building programmes			
5	NBCP			
5.1	Training /Capacity Building for Health personnel			11.1
5.2	Training of Teachers & Others			
6	RNTCP			
6.1	Induction Training			43.59
7	IDSP			
7.1	Training for M.O.s, Nurses, Data Managers and DEO			6.17
8	NIDDCP			25.00
9	NPPCD (Defness)			0.106
Note: FMR Codes of NDCP' has not been given				
Civil Work				
B	NRHM Additionalities			
B.4	Hospital Strengthening			
B.4.1	Upgradation of CHCs, PHCs, Dist. Hospitals to IPHS)			
B4.1.1	District Hospitals		5	75.00
B4.1.2	CHCs		6	213.00
B4.1.3	PHCs		3	91.00
B4.1.4	Sub Centers		3	23.00
B4.1.5	Others		1	40.00
B 4.2	Strengthening of District, Sub-divisional Hospitals, CHCs, PHCs			
B.4.3	Sub Centre Rent and Contingencies			
B.4.4	Construction (Others)			
B5	New Constructions/ Renovation and Setting up			
B5.1	CHCs		3	744.00
B5.2	PHCs		11	797.00
B5.3	SHCs/Sub Centers		32	594.00
B5.4	Setting up Infrastructure wing for Civil works			29.80
B5.5.	Others renovations			50.00
B5.6	Construction of BHO, Facility improvement, civil work, BemOC and CemOC centers			
B.5.7	Major civil works for operationalisation of FRUS		4	17.00
B.5.8	Major civil works for operationalisation of 24 hour services at PHCs		5	89.00
B.5.9	Civil Works for Operationalise Infection Management & Environment Plan at health facilities			
B.5.10	Infrastructure of Training Institutions --			

B.5.10.1	Strengthening of Existing Training Institutions/Nursing School(Other than HR)- --- Infrastructure & Equipments for GNM Schools and ANMTC			
B.5.10.2	New Training Institutions/School(Other than HR			
A.8.2	Minor Civil Works			
A.8.2.1	Minor civil works for operationalisation of FRUs			
A.8.2.2	Minor civil works for operationalisation of 24 hour services at PHCs			
E	RNTCP			
a)	Civil Works			
F	IDSP			
a)	Civil Works			
Note: FMR Codes of NDCP' has not been given				
Procurements-Drugs & Supplies				
B	NRHM Additionalities			
B.16.2	Procurement of Drugs and supplies			
B.16.2.1	Drugs & supplies for MH			106.20
B.16.2.2	Drugs & supplies for CH			
B.16.2.3	Drugs & supplies for FP			
B.16.2.4	Supplies for IMEP			
B.16.2.5	General drugs & supplies for health facilities			170.00
C	Routine Immunisation			4.77
	Other National Disease Control Programme			
D	NVBDCP			
a)	Procurement of Drugs			283.84
E	NLEP			
a)	Procurement of Supportive Drugs, Reagents, MCR Footware, Aids Appliances			10.3
F	NBCP			
a)	Procurement of Drugs & Supplies			
G	RNTCP			
a)	Note-Below			10.60
H	IDSP			8.993
I	NIDDCP			4.80
Note:	In RNTCP, commodity grant for anti TB Drugs has been approved from Central Level procurements and specific Laboratory Equipments			
Procurements-Equipment				
B	NRHM Additionalities			
B.16.1	Procurement of Equipments			

B16.1.1	Procurement under Maternal Health			210.05
B16.1.2	Procurement under Child Health			
B16.1.3	Procurement under Family Planning Services			10.46
B16.1.4	Procurement under IMEP			
B16.1.5	Procurement Others			86.60
C	Routine Immunisation			
	Procurement -Equipments (e.g. ADS, Bags, Buckets)			
	Other National Disease Control Programme			
D	NVBDCP			
a)	Procurement -Kits (e.g. Elisa Kit, Chikengunia Kits)			76.00
E	NLEP			
a)	Procurement of Equipments (Equipments related to RCS). Printing forms			3.92
b)	Other Procurements			
F	NBCP			
a)	Procurement of Equipments-Opthalmic Microscopes, Flash Auto claves etc.			80.00
G	RNTCP			
a)	Procurement of Equipments			
b)	Procurement of Two wheelers			35.40
H	IDSP			
a)	Procurement of Equipments for Strengthening of Surveillance Unit.			26.60
b)	Other Procurements			
I	NIDDCP			
	Procurement of Kits (Salt Testing Kits)			
J	NPPCD			106.4465
IEC/BCC Works				
B	NRHM Additionalities			
B10	IEC-BCC NRHM			
B.10	Strengthening of BCC/IEC Bureaus (state and district levels)			1.8
B.10.1	Development of State BCC/IEC strategy			0.5

B.10.2	Implementation of BCC/IEC strategy			
B.10.2.1	BCC/IEC activities for MH			73.80
B.10.2.2	BCC/IEC activities for CH			11.70
B.10.2.3	BCC/IEC activities for FP			9
B.10.2.4	BCC/IEC activities for ARSH			21.2
B.10.2.5	Other activities (please specify)			35.65
B.10.4	Health Mela			45
B.10.5	Creating awareness on declining sex ratio issue			3.53
B.10.6	Other activities			35.69
Other NDCPs				
c)	Routine Immunisation			
	IEC-BCC Activities			
D	NVBDCP			
	IEC-BCC Activities			24.00
E	NLEP			
	IEC-BCC Activities			10.00
F	NBCP			
	IEC-BCC Activities			
a)	Cataract Operations			49.00
b)	Eye Donation Camps			
c)	Other Activities			
G	RNTCP			
	IEC/Publicity			
H	IDSP			
	IEC-BCC Activities			21.02
I	NIDDCP			
J	NPPCD			
Untied Funds				
B	NRHM Additionalities			
B.2	Untied Funds			
B.2.1	Untied Fund for CHCs		16	8.50
B.2.2	Untied Fund for PHCs		79	19.750
B.2.3	Untied Fund for Sub Centers		423	42.30
B.2.4	Untied fund for VHSC		3878	387.80
B.3	Annual Maintenance Grants			

B4.1	CHCs		16	17.00
B4.2	PHCs		79	39.50
B4.3	Sub Centers		422	42.20
B8	Panchayati Raj Initiative			
B8.1	Constitution and Orientation of Community leader & of VHSC,SHC,PHC,CHC etc			
B8.2	Orientation Workshops, Trainings and capacity building of PRI at State/Dist. Health Societies, CHC,PHC		4081	18.95
B8.3	Others			
ASHAs				
B	NRHM Additionalities			
B1	ASHA			
B1.1.1	Selection & Training of ASHA		3878	93.96
B1.1.2	Procurement of ASHA Drug Kit		-	32.80
B1.1.3	Performance Incentive/Other Incentive to ASHAs (if any)			
B1.1.4	Awards to ASHA's/Link workers			83.93
B1.1.5	ASHA Resource Centre/ASHA Mentoring Group			181.626
C	Routine Immunisation			
a)	Special ASHA Incentive under Immunisation			
b)	Social Mobilization by ASHA / Link Workers			15.37
c)	ASHA Incentive on PPI Day (may be considered with the cost of PPI)			
D	NVBDCP			
a)	Incentive to ASHAs			
E	NLEP			
a)	Services through ASHAs			
b)	Honorarium to ASHAs, Sensitization through ASHAs			1.644
F	NBCP			
a)	ASHA Incentive			
G	RNTCP			
	ASHA Incentive for DOTs			4.00
J	NIDDCP			
RKS/HMS				
1.2	NRHM Additionalities			
(i)	Corpus Grants to HMS/RKS			

B6.1	District Hospitals		8	40.00
B6.2	CHCs		17	17.00
B6.3	PHCs		79	79.00
B6.4	Other or if not bifurcated as above			
JSY				
1.1	RCH			
	Maternal Health			
A.1.4	Janani Suraksha Yojana / JSY			
A.1.4.1	Home Deliveries		2011	10.055
A.1.4.2	Institutional Deliveries			
A.1.4.a.	-Rural		14972	81.03
A.1.4.b.	-Urban			20.38
A.1.4.c	Caesarean Section			4.49
A.1.4.3	Administrative Expenses			10.63
A.1.4.4	Incentive to ASHAs			76.24
Incentive for Sterilization				
1	RCH			
A.3	FAMILY PLANNING			
A.3.1	Terminal/Limiting Methods			
A.3.1.1	Dissemination of manuals on sterilization standards & quality assurance of sterilization services		10	6.80
A.3.1.2	Female Sterilisation camps		10	1.00
A.3.1.3	NSV camps		10	1.00
A.3.1.4	Compensation for female sterilization		2000	20.20
A.3.1.5	Compensation for male sterilization		200	3.00
A.3.1.6	Accreditation of private providers for sterilization services			
A.3.2.1	IUD camps			2.60
A.3.2.2	IUD services at health facilities			2.20
A.3.2.3	Accreditation of private providers for IUD insertion services			
A.3.2.4	Social Marketing of contraceptives			3.00
A.3.2.5	Contraceptive Update seminars			0.64
B1.4	Incentive under Family Planning Services			8.9
A.3.3	POL for Family Planning			4.12
A.3.4	Repairs of Laparoscopes			
Referral Transport				
1.1	RCH			

	Referral Transport			
a)	Maternal Health			
b)	Other Programmes			
1.2	NRHM Additionalities			
	Referral Transport			
a)	Ambulance /EMRI			1081.01
b)	Operating Cost (POL) /EMRI			
1.3	Routine Immunisation			6.50
1.4	NVBDCP			
	Referral Services			63.502
1.5	NLEP			
1.6	NBCP			
1.7	RNTCP			
1.8	IDSP			
1.9	NIDDCP			4.50
2.0	NPPCD			
Other RCH Activities				
1	RCH			
1.1	Maternal Health			
A.1.1	Operationalise facilities (only dissemination, monitoring, and quality)			
A.1.1.1	Operationalise FRUs			4.12
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-centers			2.10
1.1.3	Integrated outreach RCH services			
(i)	RCH Outreach Camps		136	45.20
(ii)	Monthly Village Health and Nutrition Days (Includes monitoring & Evaluation)			
1.5	Maternal death audit			27.90
1.6	Easaring only, full ANM registration & Strengthening ANC			15.00
A.1.7	JSSK (for Pregnant Women)			
A.1.7.1	Drugs & Consumables (other than reflected in Procurement)			81.46
A.1.7.2	Diagnostics			34.75
A.1.7.3	Blood Transfusion			1.09

A.1.7.4	Diet			75.15
A.1.7.5	Free Referral Transport (Other than referred Maternal Health)			336.19
1.1.4	CHILD HEALTH			
A.2.1	IMNCI			
A.2.2	Facility Based Newborn Care/FBNC			0.2250
A.2.3	Home Based Newborn Care/HBNC			5.00
A.2.4	School Health Programme			
A.2.5	Infant and Young Child Feeding/IYCF			
A.2.6	Care of Sick Children and Severe Malnutrition			
A.2.7	Management of Diarrhea, ARI and Micronutrient Malnutrition			0.5
B1.5	Incentive under Child Health			83.62
A.2.8	Other strategies/activities			114.152
A.2.10	JSSK (for Sick neonates up to 30 days)			
A.2.10.1	Drugs & Consumables (other than reflected in Procurement)			
A.2.10.2	Diagnostics		1280	9.62
A.2.10.3	Free Referral Transport (Other than referral transport under Maternal Health and A1.7.5)			
1.1.5	URBAN RCH			
a)	Establishment of New Urban Centers			
b)	Urban RCH Services		67	100.48
A.4	ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH / SCHOOL HEALTH PROGRAMME			
A.4.1	Adolescent services at health facilities.			107.92
A.4.2	School Health Programme			37.46
A.4.3	Other strategies/activities			44.00
Vulnerable Groups				
A	RCH			
A.6	TRIBAL RCH			
a)	Organise Tribal Camps			
b)	Other Tribal Activities			15.5616
A.7	VULNERABLE GROUPS			
A.8	PNDT			34.118
Other Mission Flexible Pool Activities				
B	NRHM Additionalities			
	Other MFP activities			
B7	District Health Action Plans (Including Block, Village)			60.50
B9	Mainstreaming of AYUSH			
B.9.1	Medical Officers at CHCs/ PHCs (Only AYUSH)			
B.9.2	Other Staff Nurses and Supervisory Nurses (Only			

	AYUSH)			
B9.3	Other Activities (Excluding HR)			41.6513
B10	Mobile Medical Units (Including recurring expenditures)			194.04
B15	Planning, Implementation and Monitoring			
B15.1	Community Monitoring (Visioning workshops at state, Dist, Block level)			
B15.1.1	State level			12.5862
B15.1.2	District level			29.24625
B15.1.3	Block level			
B15.1.4	Other			
B15.2	Quality Assurance			7.32
B15.3	Monitoring and Evaluation			
B15.3.1	Monitoring & Evaluation / HMIS			199.69
B15.3.2	Computerization HMIS and e-governance, e-health			
B15.3.3	Other M & E			
B.19	Health Insurance Scheme/New initiatives			48.64
B.18	Regopma; Drig Warehouses			445.00
B. 20	Research, Studies, Analysis			20.00
B.21	State level health resources center(SHSRC)			
B22	Support Services			
B22.1	Support Strengthening NPCB			
B22.2	Support Strengthening Midwifery Services under medical services			
B22.3	Support Strengthening NVBDCP			125.325
B22.4	Support Strengthening RNTCP			
B22.5	Contingency support to Govt. dispensaries			
B22.6	Other NDCP Support Programmes			
B.23	Other Expenditures (Power Backup, Convergence etc)			14.50
INNOVATIONS/ PPP/ NGO				
B	NRHM Additionalities			
B14	PPP/ NGOs			
B14.1	Nongovernmental providers of health care RMPs/TBAs			
B14.2	PNDT and Sex Ratio			
B14.3	Public Private Partnerships			113.36
B14.4	NGO Programme/ Grant in Aid to NGO			
B14.5	Other innovations(if any)			
C	Routine Immunization			
1.4	NVBDCP			

D	NLEP			
	NGO Services			
a)	NGOs			
b)	Pvt. Sector			
E	NBCP			
	Cataract Performance			
a)	NGOs			
b)	Pvt. Sector			
F	RNTCP			
	NGO/PPP Support			
G	IDSP			
H	NIDDCP			
Operational Cost				
C	Immunization			55.1
	Other NDCPs			
E	NVBDCP			
	Mobility Support			237.00
	Lab Consumables/ Materials			
	Review Meetings			
	Field Visits			
	Formats and Reports			
	Communication facility to Staffs Repair of Laparoscopes			
F	NLEP			
	Mobility Support			26.45
	Lab Consumables			
	Review Meetings			
	Field Visits			
	Office Expenditures, Formats and Reports			
G	NBCP			
	Mobility Support			519.10
	Lab Consumables			
	Review Meetings Field Visits			
	Formats and Reports			
H	RNTCP			
	Mobility Support			29.00
	Lab Consumables			

	Review Meetings			
	Field Visits			
	Formats and Reports			
I	IDSP			
	Mobility Support			
	Lab Consumables			
	Review Meetings			7.00
	Field Visits			
	Formats and Reports			
J	NPPCD			5.30
I	NIDDCP			
	Mobility Support			
	Lab Consumables			
	Review Meetings			
	Field Visits			
	Formats and Reports			
Financial Aid /Grant to Institutions				
	For all NDCP's----			
i)	Financial Aid /Grant to Medical Collages			
ii)	Financial Aid /Grant to Referral Institutions			
iii)	Financial Aid /Grant to Sentinel Sites			
iv)	Financial Aid /Grant to Medical Hospitals			
	Financial Aid /Grant to Others (Pl. Specify)			

CHAPTER-7

STATES RESOURCES AND OTHER SOURCES OF FUNDS FOR HEALTH SECTOR

STATES RESOURCES AND OTHER SOURCES OF FUNDS FOR HEALTH SECTOR

Although the approved State Plan Outlay for the 11th Plan in respect of Health Department, Manipur was fixed at Rs. 9176.74 lakh, midway several sub schemes which was not reflected in the original plan document have been booked under plan with corresponding increase in the outlay.

The outlay and expenditure during the 11th plan is shown in the table below:

(Rs.in lakh)				
Year	Outlay	Expenditure	Total Plan outlay	% Outlay for Health
2007-08	1358.00	1157.85	137431.00	0.99
2008-09	2786.66	1637.13	166000.00	1.68
2009-10	3857.16	3825.36	200000.00	1.93
2010-11	9066.86	8993.48	260000.00	3.49
2011-12	14290.00	14290.00	321000.00	4.45
Total:	31358.68	29903.82	1084431.00	2.88

It may be mentioned that with the coming of NRHM, the development works actually to be implemented under the State Plan have become considerably reduced. Construction of CHC, PHC, and PHSC and their equipping & maintenance of drugs etc. are primarily done by NRHM. After giving State Share of NRHM & NLCPR and other centrally funded projects, a few improvement works for PHSCs, PHCs, & CHCs are still done which could not be covered under NRHM.

Again, construction of 10 PHCs & 50 PHSCs were done with funding from NLCPR. Construction of 9 PHCs and 46 PHSCs for the hill districts are taken up wef 2010-11 with funding from NABARD. Establishment/construction of Nursing Schools, up gradation of Nursing Schools is taken care of by the NEC or Government of India. Recently MoHF GoI has sanctioned fund for establishment of 6 GNM Schools in the State and action is initiated for construction of the required buildings.. Construction of hospitals in the State is taken up with funding from NEC, NLCPR, UDM and SPA. The State Plan is more concerned in providing State Share. The State Plan is also cushioning any additional fund required in any revision of estimates for the centrally funded projects either due to statutory levies or actual cost escalation due to time overrun etc instead of asking the Central Government for revision of the estimates.

Equipping of the hospitals is also taken up under SPA and NLCPR

Construction of Staff quarters in the hill as well as for J.N. Hospital has been taken up with funding from SPA. Construction of new Medical Directorate Complex & CMO Imphal East is also taken up under SPA. The notable expenditure from the State Plan Outlay is in the on the payment of salaries of 877 posts for hospitals (this does not include posts for doctors) created during (2006-07), 645 doctor posts created during 2009-10 & being appointed.

The major contribution from the State Plan w.e.f. 2009-10 is towards establishment of JNIMS a hundred intake capacity medical college that started session during 2010-11. JNIMS was established within the campus of JNH after acquiring additional 15 acres of land. JNH has been identified as the affiliated hospital of JNIMS. The hospital had to be developed in terms of building equipment & manpower as per requirement set by MCI. Although major funding for physical infrastructure JNIMS project is contributed from SPA, the recurring expenditure for the institute is borne from the State Plan. Again, with the coming of JNIMS, the entire staff of JNH is taken over by JNMIS w.e.f 2010-11 & the maintenance of the hospital including salary is also borne from State Plan w.e.f. 2010-11 irrespective whether the salary of the incumbents were earlier borne from Non-Plan.

A. Infrastructural development for hospitals during past 5 years.
(Rs.in crore)

Sl. No	Buildings	Estimated Cost	Remarks
1.	Construction of 5(five) 50 bedded hospitals at CDL, Jiribam, SPT, TML. & UKL. with funding from NLCPR	115.6925	Of which State share is 51.4342
2.	Construction of 50-bedded hospital at BPR with multilateral funding	11.9549	SP-0.51, NRHM-0.50 & SPA-10.94
3.	Construction of proper building for 100 bedded District Hospital Churachandpur with multilateral funding.	13.0915	SP-1.20, NEC-4.35, EFC-0.47 & SPA-7.07
4.	Construction of 100 bedded District Hospital at TBL with funding from UHM	34.80	UDM-24.80 & SP-10.00
5.	Up-gradation of JNH into 480 beds with funding from NLCPR	10.87	NLCPR
6.	Construction of new TB & Leprosy Hospital building at Keirao Wangkhem	8.37	SPA 2007-08
11.	Construction of quarters for JNH	3.35	SPA-2.97 & SP-0.38
12.	Construction of DH(IE) & (IW) main hospital building(100 beds each)	70.26	Sanctioned during 2011-12.

B. Construction of Primary Health Care Buildings taken up during the past 5 years

(Number)

Sl.No.		Institutional building	Barrack type quarter	Type IV quarter
Construction of PHC with funding from				
1.	With funding from NLCPR	10	10	
2.	With funding from State Plan	Nil	Nil	
3.	Construction of hill PHCs secured (being taken up) with funding from NABARD	8	8	
Construction of PHSC with funding from				
1.	Under State Plan	14(H-4,V-10)		
2.	With funding from NLCPR	50 (H-32,V-18)		
3.	With funding from FW Department	1(V)		
4.	Construction of hill PHSCs secured (being taken up) with funding from NABARD	46		
Support from GoI AYUSH Division				
.	Construction of AYUSH Wings in PHC, CHC & DH at a total cost of Rs.10.04 crore			

C. Construction of Administrative buildings and Staff Quarters with Funding from SPA (Rs.in crore)

Sl.No	Buildings	Estimated Cost	Remarks
1. 8.	Construction of 10 BTQ, 10 Type-IV & 10 Type-III quarters in the hill	4.39	SPA 2007-08
2. 9.	Construction of new building of Medical Directorate.	8.08	SPA-5.96 & SP-2.12
3. 10	Construction of new building of CMO IE	1.23	SPA-1.03 & SP-0.10
4.	Construction of quarters for JNH	3.35	SPA-2.97 & SP-0.38

D. Establishment of Training Institutes

(Rs.in crore)

Sl.No	Item	Estimated Cost	Remarks
1.	Infrastructural development of JNIMS	*866.78	SPA 2009-10 *Plg Commission approved the cost for 223.05 only
2.	Upgradation of existing GNM School into College	7.72	NEC-4.07, Gol-3.20 & SP-0.45
3.	Establishment of 6 GNM Schools	79.00	Gol-60 & SP-19

E. Procurement of equipment with major funding outside State Plan during the past 5 years.

(Rs.in Crore)

Sl.No.	Procurement of Equipment	Estimated Cost	Remarks
1.	Equipment up-gradation of 6 district hospitals(does not include DH –TBL)	7.26	NLCPR,6.57 released so far
2.	Equipment upgradation of JN Hospital	8.85	NLCPR; 5.96 released so far
3.	Equipment upgradation of JN Hospital	9.00	SPA-2008-09

F. Area concerning to Health Manpower Development materialized during the past 5 years.

Sl.No.	Item	Remarks
1.	During 2005-06 the State Cabinet created 877 posts for the hospitals in the State with recruitment during 2006 Nov.	
2.	During the 11 th plan the State Govt. created additional 1022 posts for doctors(941 medical doctors,17AYUSH doctors and 64 Dental Surgeons)	Recruitment of 542 doctors (478 medical doctors and 64 dental surgeons) was effected by January 2012 against the posts.
3.	The State Health Department took over the staff of 31 Rural F.W.Centres and 3 PP Centres which was earlier borne under CSS	
4.	The Health Department took over the staff of State Ophthalmic Cell. This was earlier borne under CSS.	
5.	The State Government decided to regularization the contract employees engaged against the 877 posts created during 2005-06.	
6.	The State Govt. decided to continue District Mental Health Programme in 3 Valley districts with funding the salaries of the contract employees from State Plan since 2010-11	

A number of medical and paramedical staffs have been engaged by NRHM for filling gap of the existing health institutions in the State upto the CHC level as well as for manning the mobile medical units. As on date 9 Medical Officers, 84 AYUSH Doctors, 14 Public Health Nurses, 139 GNMs, 462 ANMS, 10 Pharmacists, 25 AYUSH Pharmacists, 52 Laboratory Technicians and 12 X-ray technicians have been engaged on contract under NRHM.

ROP 2011-12 has also approved to the recruitment of 9 Sonologists

The Health Budget during the past 5 years has seen progressive increase in real terms during the past 5 years as shown in the table below:

		(Rs.in crore)				
Sl.No.	Item	2007-08	2008-09	2009-10	2010-11	2011-12
1.	Non-Plan	72.02	85.09	89.38	107.12	108.44
2.	State Plan	13.58	27.86	38.57	90.66	142.90
3.	SPA	26.00	40.00	56.00	65.63	84.06
4.	NEC	2.15	2.04	0	1.21	0
5.	NLCPR	10.72	2.78	18.60	22.00	4.74
	Subtotal:	124.47	157.77	202.55	286.62	340.14

Status of Schemes implemented under State Plan.

There are 17 ongoing schemes implemented under State Plan. These are continuing old schemes and parallel schemes are funded from non-plan after the components of the scheme are transferred to non-plan from time to time. The majority of the plan schemes are basically strengthening of the existing non-plan schemes in terms of building, manpower, equipment and some operational cost. Some of the Central Plan Schemes which are now taken over by the State are also booked from State Plan instead of booking from non-plan. Again schemes/funding which has already received support from plan for more than 5 years and ought to be transferred to non-plan are not allowed transfer to non-plan by SFD ans as such their booking is still continued under plan. The State Plan basically has two major components viz (i) normal state Plan and (ii) SPA (Special Plan assistance).

The new schemes which are funded from normal State Plan are:

- (i) Maintenance of 877 posts for hospitals created during 2005-06 and partially filled up during 2006-07.
- (ii) Maintenance of Jawaharlal Nehru Institute of Medical Sciences(2009-10)
- (iii) District Mental Health Programme(3 districts taken over during 2010-11)
- (iv) State Illness Assistance Fund.(2010-11)
- (v) State Ophthalmic Unit(taken over during 2010-11)
- (vi) Maintenance of 941 posts of Medical Doctors ,17 AYUSH doctors
and 64 Dental Surgeons created during the 11th Plan of which 478 medical doctors and 64 Dental Surgeons have been filled up by January 2012.

The State Plan has to bear substantial State Share for centrally funded Schemes. Due to revision of estimates at the State level for works primarily funded from NLCPR/NEC a huge liability to be booked from State Plan is created as detailed below.

Sl. No.		OEC	Revised project cost(Rs.lakh)			State share provided upto 11 th Plan	State share to be provided during the 12 th Plan	Requirement During AP 2012-13
			DoNER's share	State share	Total			
A.1	Schemes funded from NLCPR							
1.	DH CDL	1315.77	1184.19	725.55	1909.74		725.55	725.55
2.	DH JIRI	1564.26	1407.83	1238.02	2645.85		1238.02	1238.02
3.	DH TML	1436.72	1293.048	833.26	2126.31		833.26	833.26
4.	DH SPT	1426.10	1283.49	1130.12	2413.61	813.33	316.79	316.79
5.	DH UKL	1396.97	1257.27	1216.47	2473.74		1216.47	1216.47
6.	Construction of CHC Napet palli	504.92	454.43	418.88	873.31	0.00	418.88	20.20
A.2.	Schemes funded by NEC							
1.	Support to JNH	416.99	461.454	34.606	496.06	26.70	7.906	7.906
2.	Upgradation of Nursing School to College	452.256	407.304	45.226	452.256	9.55	35.68	20.00
A.3.	Schemes funded with loan from NABARD							
1.	Constn. of 9 PHCs and 46 PHSCs	5148.00	4311.00	837.00	5148.00	0.00	837.00	460.00
A.4.	Schemes funded directly by GoI Ministry of Health & FW.							
1.	Establishment of 6 GNM schools	6000.00	4770.00	3129.72	7899.72	0.00	3129.72	0.00
A.5.	SPA funded projects for which State share has to be provided							
1.	Constn. of TB & Leprosy Hospital Keirao Wangkhem	716.645	500.00	337.63	837.63	0.00	337.63	337.63
2.	Infrastructure development of JNIMS			650.11		0.00		650.11
3.	Constn. of DH CC-pur.	707.14	676.00	31.14	707.14	0.00	31.14	31.14
	Constn. of DH BPR	1094.37	1044.00	50.37	1094.37	0.00	50.37	50.37
4.	Constn. of Institutional building for DH Imphal East	3513.00	3161.70	351.30	3513.00	0.00	351.30	251.30
5.	Constn. of Institutional building for DH Imphal West.	3513.00	3161.70	351.30	3513.00	0.00	351.30	251.30

The major head of State Plan Outlay during the 11th Plan is as in the table below

(Rs.in lakh)

Sl. No.	Expenditure head	Outlay for 2007-08	Outlay for 2008-09	Outlay for 2009-10	Outlay for 2010-11	Outlay for AP 2011-12
i	ii	iii	iv	v	vi	viii
1.	Civil Works of CHC,PHC and PHSCs fully funded from State Plan	288.725	522.18	210.32	533.48	1184.69
2.	State share of NRHM	0	0	500.00	500.00	1000.00
3.	Salary outlay for 877 posts created for hospitals of which 696 are in position and booked under plan	546.00	800.00	800.00	900.00	1500.00
4.	State share of projects funded from NLCPR	32.27	353.80	213.65	166.15	713.50
5.	State share for NEC funded projects	35.00	22.22	0	82.21	9.13
6.	Revision of estimates of civil works funded from SPA	0	0	105.25	50.00	77.95
7.	Architectural fee for CAS for 50 bedded hospitals	0	14.50	82.31	100.00	0
8.	Creation of posts for NPCB to absorb the existing staff funded under CPS	0	0	2.50	13.00	25.00
9.	Grant in Aid to JNIMS for recurring expenditure mainly to meet expenditure on salaries	0	0	1100.00	3693.00	3770.00
10.	Contribution to State Illness Assistance fund	0	0	0	400.00	100.00
11.	Creation of 645 posts for doctors	0	0	0	500.00	1150.00
12.	Salary and other maintenance of JN Hospital	0	0	0	1100.00	1680.00
13.	State Share for Centrally funded AYUSH Schemes	0	0	0	0	125.50
14.	State Share of the Centrally funded establishment of 6 GNM Schools	0	0	0	0	0
15.	Acquisition of land for 6 GNM Schools					200.00
16.	Fund provision to cushion the fund lapsed During 2008-09	0	0	374.87	0	0
17.	Other Civil works of JNH including acquisition of land	184.388	135.48	0	153.33	1140.00
18.	Procurement of equipment for DH SPT.					300.00
19.	Other expenditure outlays	271.617	938.48	468.26	875.69	1314.23
	Total:	1358.00	2786.66	3857.16	9066.86	14290.00

As can be seen, the State Plan is mainly utilized in the maintenance of salaries of plan posts, maintenance of JNIMS, bearing of State Share of Centrally funded projects and there has been no notable infrastructure development fully funded from normal State Plan during the 11th Plan excepting some improvement works of the existing units. Some notable works taken up with funding from State Plan during the 11th Plan is construction of District TB Centre Imphal West and construction of 6 PHSCs and some quarters for the PHCs. With the inception of NRHM, the State is hugely relieved of State Plan expenditure in the area of infrastructure development and filling up of manpower gaps for the CHCs, PHCs and PHSCs. The State Govt. also secured loan from NABARD (2010-11) for filling up the infrastructural gaps of the hill PHCs and PHSCs expeditiously.

Primary Health Care:-

PHSCs:- Practically no new PHSCs have been established in the State after establishment of 420 was effected by the end of 7th plan of which 275 which was established from 1981-82 onwards are getting some central support for their maintenance under Family Welfare Programme. PHC:- By the end of 8th Plan the State achieved establishment of 72 PHCs. With the approval for establishment of another eight more recently (7 during 10th plan and 1 during 11th plan) by the State Govt. the State has a sanctioned strength of 80 PHCs. The 7 PHCs approved for establishment during the 10th Plan (2006-07) are yet to be made fully operational due to lack of physical infrastructure. Currently there are 73 more or less satisfactorily functioning PHCs in the State. More recently during 2011-12, the Govt. approved in principle to the establishment of additional 1 PHSC, 5 PHCs and 1 CHC. The new health centres are yet to be made functional.

The Status of State, Central and NEC Plan Schemes are detailed below:

1.SPA

(Rs.in lakh)

Sl. No	Item	Approved Cost				Fund approved for sanction for up to 2011-12			
		Year of approval	SPA share	State Share	Total	SPA Share	State Share	Total	Progress
1.	Construction of 30 BTQ,8 Type-IV Quarters and 44 Type-III Quarters	2006-07	1800.72	0	1800.72	1800.72	0	1800.72	Except 5 Quarters for CHC Nungba all are completed
1.	Construction of 10 BTQ,10 Type-IV Quarters and 10 Type-III Quarters in the hill districts	2007-08	702.73		702.73	702.73	702.73	702.73	All completed
2.	Construction 26 Quarters for JNH (4 Type-IV and 22 Type-III)	2007-08	297.39	38.23	335.62	297.39	38.23	335.62	All completed
3.	Construction of CMO Imphal East	2007-08	103.59	19.82	123.41	103.59	19.82	123.41	Completed
4.	Construction of new medical directorate building	2007-08	596.41	212.24	808.65	596.41	134.29	730.70	
5.	Equipping of JNH	2007-08	900.00	0	900.00	900.00	0	900.00	Completed

6.	Construction of TB and Leprosy Hospital at Keirao wangkhem	2008-09	500.00	259.88	837.63	500.00	0	500.00	50% completed
7.	Infrastructure development of JNIMS	2008-09	*86700.00	0	86700.00	28744.00	0	28744.00	* Project cost not yet approved.
8.	Construction of District Hospital BPR	2009-10	1094.37	0	1094.37	1044.00	0	1044.00	30% complete
9.	Construction of DH CCP	2009-10	707.14	0	707.14	676.00	0	676.00	
10.	Construction of DH IE	2011-12	3161.70*	351.30	3513.00	460.00	0	460.00	Yet to start
11.	Construction of DH IW	2011-12	3161.70*	351.30	3513.00	460.00	0	460.00	Yet to start
12.	Equipping of DH TBL	2011-12	1380.00	153.33	1533.33	1380.00	0	1380.00	Yet to tender

The following are the ongoing projects funded from NLCPR.

Sl. No.	Name of project	Year of approval	Revised approved cost			DoNER's Share released upto 2011-12	State Share provided upto 2011-12	Total fund released upto 2011-12	Work Progress
			DoNER's Share	State Share	Total				
1.	Construction of DH CDL	2006-07	1184.19	725.55	1909.74	888.12			34%
2.	Construction of SDH JIRI	2006-07	1407.83	1238.02	2645.85	963.52			48%
3.	Construction of DH SPT	2006-07	1283.49	1130.12	2413.61	1246.99	813.33	2060.32	90%
4.	Construction of DH TML	2006-07	1293.048	833.26	2126.31	969.57			65%
5.	Construction of DH UKL	2006-07	1257.27	1216.47	2473.74	942.94			55%
6.	Construction of 32 PHSCs in Hill areas in Manipur	2007-08	490.851	252.6981	743.5491	481.24	252.69	733.93	30 numbers are completed 2 are in finishing stage
7.	Construction of 18 PHCs in the valley Districts	2007-08	230.841	101.1238	331.9648	226.32	101.11	327.43	17 numbers are completed
8.	Construction of 10 PHCs in the valley	2007-08	329.112	99.43674	428.54874	323.66	99.43674	423.09674	8 numbers are completed
9.	Construction of 10 Barrack Type Quarters for the 10 PHCs in the valley	2007-08	378.00	114.213	492.213	370.59	114.213	484.803	7 numbers are completed

10	Civil Works for "Upgradation to 480 beds and Equipping of JNH Imphal"	2007-08	782.613	304.557	1087.17	586.90	0	586.90	Work to be fore-closed
11	CHC Napet Palli: OE: 504.9204 (share of DoNER 454.43 & SS,50.49)	'12-13	454.43	418.88	873.31	181.75	0		Completed structures upto 1 st floor

The following are the ongoing projects funded from NEC.

Sl. No.	Name of project	Year of approval	Revised approved cost			NEC's Share release d upto 2011-12	State Share provide d upto 2011-12	Total fund released upto 2011-12	Work Progress
			NEC's Share	State Share	Total				
1.	Support to District Hospital Churachandpur.	2004-05	396.91	38.54	435.45	396.91	38.54	435.45	100%
2.	Support to Nursing School Lamphelpat	2004-05	448.858	133.202	582.06	448.858	98.76	547.618	90%
3.	Support to JN Hospital Imphal	2004-05	461.45	34.61	496.06	425.29	26.70	451.99	100%
4.	Upgradation of Nursing School into College	2009-10	407.304	98.846	506.15	86.00	9.56	95.56	15%

CHAPTER-8

INFRASTRUCTURE MAINTENANCE (TREASURY ROUTE)

CHAPTER 8: INFRASTRUCTURE MAINTENANCE:

Direction & Administration (Family Welfare Bureaus at State & District level)

1. Salary Head:

Minor Head – 001 - Direction & Administration

20 – SFW

2. Estimated Expenditure – Rs. 801. 14 lacs

3. Categories of Staff and number of staff:

A: Directorate of Family Welfare Services, Manipur (Formerly State Family Welfare

Bureau) at State Level:

Sl. No.	Name of posts	No. of created	No. of filled up	Scale of pay	Increased in no. of post since 1.4.2002
1.	Director	1	1	37,400-67,000/-	Nil
2.	Additional Director	2	2	37,400-67,000/-	-
3.	Joint Director	3	3	15,600 - 39,100/-	-
4.	Deputy Director	4	4	15,600 - 39,100/-	-
5.	State Mass Media Officer	1	-	9,300 – 34,800/-	-
6.	Cold Chain Officer	1	1	9,300 – 34,800/-	-
7.	Health Education Officer	1	1	9,300 – 34,800/-	-
8.	Audio Visual Officer	1	1	9,300 – 34,800/-	-
9.	Store Officer	1	-	9,300 – 34,800/-	-
10.	Store Inspection Officer	1	1	9,300 – 34,800/-	-
11.	Assistant Editor	1	1	5,200 – 20,200/-	-
12.	Statistician	1	1	5,200 – 20,200/-	-
13.	Head Clerk	1	1	9,300 – 34,800/-	-
14.	Steno	2	2	5,200 – 20,200/-	-
15.	UDC	6	6	5,200 – 20,200/-	-
16.	LDC	12	12	5,200 – 20,200/-	-
17.	Computer	1	1	5,200 – 20,200/-	-
18.	Statistical Assistant	1	1	5,200 – 20,200/-	-
19.	Refrigerator Mechanic	1	1	5,200 – 20,200/-	-
20.	Cinema Operator	1	1	5,200 – 20,200/-	-
21.	Technical Assistant	1	1	5,200 – 20,200/-	-
22.	Driver	12	12	5,200 – 20,200/-	-
23.	Grade IV	25	25	4,400 – 7,440/-	-
	Total	81	79		-

B. District Family Welfare Bureaus / office of District Family Welfare Officers at District level:

Sl. No.	Name of posts	No. of created	No. of filled up	Scale of pay	Increased in no. of post since 1.4.2002
1.	District Family Welfare Officer/ District Immunisation Officer	11	11	15600-39100/-	-
2.	Community Health Officer	1	1	5,200 – 20,200/-	-
3.	Statistical Assistant/Statistical Inspector	15	15	5,200 – 20,200/-	-
4.	UDC	6	6	5,200 – 20,200/-	-
5.	LDC	15	15	5,200 – 20,200/-	-
6.	Ref. Mechanic	4	4	5,200 – 20,200/-	-
7.	Driver	12	12	5,200 – 20,200/-	-
8.	Extension Educator	20	20	9,300 – 34,800/-	-
9.	Grade IV	13	13	4,440 – 7,440/-	-
10.	Projectionist	3	3	5,200 – 20,200/-	-
11.	DPHNO	7	7	9,300 – 34,800/-	-
12.	DE&MO	7	7	9,300 – 34,800/-	-
13.	Dy.Dist. E&MO	3	3	9,300 – 34,800/-	-
14.	Steno	3	3	5,200 – 20,200/-	-
15.	Community Organisor	1	1	5,200 – 20,200/-	-
	Total:	121			-

1. Maintenance of Sub – Centres: (Rs. In lacs)

Sl. No.	Category	Existing as on 1.4.2002	Added after 1.4.2002	Estimate in total
1.	ANM	420	-	1127.42 lacs
2.	LHV	70	-	
3.	Male Multi Purpose Health Worker	420	-	Salary is borne by the State Govt.

2. Urban Family Welfare Centers (UFWCs):

Sl. No.	Type of the facility	No. of facilities	Rent proposed	Contingencies proposed	Total
1.	Type III	1	-	15,000.00	15,000.00
2.	Type II	1	-	7,000.00	7,000.00
			Total		22,000.00

HR involved

Sl. No.	Type of post	No. of post	Number of staff in position	Estimated expenditure in 2012-13
1.	Type III	6	6	30.00 lacs
2.	Type II	2	2	9.20 lacs
			Total	39.20 lacs

3. Health Posts (Urban Revamping Scheme):

There is no posts created for which salaries is borne by CSS fund released through Treasury mechanism.

4. Basic Training of ANM/LHV training School:

Financial Year	Number of training schools	Total no. trainees trained in the year	Total no. of staff in place	Total funds allocated	Total expenditure incurred
2007-08	1	142	16	40.00	56.75
2008-09	1		16	40.04	35.76
2009-10	1		16	37.85	32.95
2010-11	1		16	38.89	38.57
2011-12	1		16	47.02	On going expdt.

Details of staff:

Sl. No.	Name of posts	No. of post created	No. of staff
1.	Principal, FHW trg. School	1	1
2.	Sister Tutor	2	2
3.	Public health Nurse	3	3
4.	Senior Sanitary Inspector	1	1
5.	UDC	1	1
6.	Driver	3	3
7.	Grade IV	5	5
	Total		16