**Background Information Required for Approval of State PIPs for 2013-14**

**F.M.R. Code- B.2 : Untied Funds**

**UF- Annexure-I**

**Village Health & Sanitation Committees**

|  |  |
| --- | --- |
| **Activity** | **Cumulative Achievements so far** |
| No. of Revenue Villages |  114 |
| Level at which VHSNCs are formed (Village/ Gram Panchayat/ Wards, etc) as per the State policy | Ward |
| Total Target number of villages/ Gram Panchayats/ Wards in the State for VHSNCs | 329 |
| Number of Village Health Sanitation & Nutrition committees constituted  |  329 |
| Number of villages/ Gram Panchayats/ Wards where VHSNCs are yet to be constituted (reasons for the delay in constitution) | 34 |
| No. of Joint Account opened  | 329 |
|
|
| No of joint accounts yet to be opened (reasons for the delay) | 34 |
| Total funds released to VHSNCs in 2012-13  |  19.74 |
| Total amount spent by VHSNCs in 2012-13 so far |  42% |
| Total unspent balance |   |
| Number of VHSNC utilized less than 50% of fund (2011-12) |  nil |
| Number of VHSNC members to be trained by the State |  |
| No of VHSNC members already trained |  252 |
| No. of Village Health Plan Prepared in the State |   |
| No. of Village Health Plan Prepared  |   |

**UF- Annexure-II**

**Untied Funds**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Facility level**  | **Number of facilities for which Untied Funds approved in 2012-13** | **% Expenditure of Untied Funds** | **Number of facilities as per RHS 2011** |  **Proposal for 2013-14** |
| **Number of Units as per State** | **Unit Cost** | **Total Amount Proposed** |
| Untied Fund for SCs | **51** |  24%  |  51 |  51 | 10,000/- |  5,10,000/- |
| Untied fund for the facility below PHC & above SC |  |   |   |   |  |   |
| Untied Fund for PHCs | **8** |  27% |  8 |  9 | 25,000/- |  2,25,000/- |
| Untied Fund for CHCs | **2** | 0%  |  2 |  2 | 50,000/- |  1,00,000/- |
| Untied Fund for SDH |  |   |   |   |  |   |
| Untied Fund for DH |  |   |   |   |  |   |

**F.M.R. Code- B 4 & 5: infrastructure**

**Infrastructure- Annexure -I**

**New Constructions – I - (To include Absolutely New Constructions only)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  **Name of the District** | **Type and Name of the Facility** | **No. of Beds Proposed** | **Population to be covered by the facility**  | **Timeline for completion** | **Total Project cost (Rs. In lakhs)** | **Total funds proposed for 2013-14 (Rs. In lakhs)** | **Justification for Facility** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Infrastructure- Annexure -II**

**New Constructions II – (Rented to own Building/ Additional Building/ Major upgradation/ MCH Wings)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the District** | **Type and Name of the Facility** | **Population covered by the facility**  | **No. of existing bed** | **No. of additional bed proposed** | **Any additional infrastructure proposed** | **OPD/month****(average since April 2012)** | **IPD/month****(average since April 2012)** | **Normal Deliveries per month****(average since April 2012)** | **C-section per month****(average since April 2012)** | **Bed occupancy per month****(average since April 2012)** | **Timeline for completion** | **Total Project cost (Rs. In lakhs)** | **Total funds proposed for 2013-14 (Rs. In lakhs)** | **Justification** |
|  | Sekmai CHC | 32,119 | 15 | 10 | Maternity ward | 714 | 31 | 16 | 0 |  | 1yr |  |  | At present,only 3 beds available at Maternity Ward while deliveries increases from month to month since JSSK implentation (Oct & Nov = 60 deliveries) |
|  | Phayeng PHC | 50,610 | 3 | 0 | New OPD Block | 406 | 0 | 1 | ***NA*** |  | 1 yr |  |  | Presently working at Sub centre building .Adequate no.of MOs and newly constructed BTQ , proposed to be upgraded to 24X7 |
|  | Wangoi CHC | 26,922 | 20 | 0 | Training Hall | 774 | 102 | 16 | ***NA*** |  | 1yr |  |  | For conducting block level training |
|  | Mayang Imphal PHC(24X7) | 32,913 | 5 | 0 | New OPD Block & BTQ & Patient Toilet | 1118 | 51 | 6 | ***NA*** |  | 2yr |  |  | Small and insufficient Room  |
|  | Mekola PHC(24X7) | 34,811 | 12 | 0 | Patient Toilet | 746 | 7 | 2 | ***NA*** |  | 1 yr |  |  | No toilet for patient |
|  | Takyel Khongbal PHC | 8,321 |  |  | Construction of PHSC Building |  |  |  | ***NA*** |  |  |  |  | Working at kuccha rented one room |
|  | Langol PHSC | 9884 |  |  | Construction of PHSC Building |  |  |  | ***NA*** |  |  |  |  | Working at rented buiding |
|  | Hiyangthang Dispensery | 7409 |  |  | Construction of institutional Building |  |  |  | ***NA*** |  |  |  |  |  |

**Infrastructure- Annexure -III**

**Repair & Renovation of existing structure:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the District** | **Type and Name of the Facility** | **Population covered by the facility**  | **No. of existing bed** | **No. of additional bed proposed** | **Any additional infrastructure proposed** | **OPD/month****(average since April 2012)** | **IPD/month****(average since April 2012)** | **Normal Deliveries per month****(average since April 2012)** | **C-section per month****(average since April 2012)** | **Bed occupancy per month****(average since April 2012)** | **Timeline for completion** | **Total Project cost (Rs. In lakhs)** | **Total funds proposed for 2013-14 (Rs. In lakhs)** | **Justification** |
|  | Khamnam Bazar PHSC |  |  |  | Reparing of roof,ceilling,ground |  |  | NA | NA | NA | 1YR |  | 4.5 | Only one room is functional as Immunisation room , both the ANM has been trained on IUCD;RTI/STI . Other room can be utilized for providing other services like IUCD. |
|  | Yumnam Huidrom PHSC |  |  |  | Ground development & Approached Road. |  |  | NA | NA | NA | 1YR | NA | 4.5 | Newly constructed IB but standing at Low lying area |
|  | Iroisemba PHSC |  |  |  | Renovation of roofing,ceilling,ground |  |  | NA | NA | NA | 1YR | NA | 4.5 | Only one room is functional as Immunisation room , both the ANM has been trained on IUCD;RTI/STI . Other room can be utilized for providing IUD services. |
|  | Lilong Chajing PHSC |  |  |  | Renovation of roofing,ceilling,ground |  |  |  |  |  |  |  |  | Only one room is functional as Immunisation room , both the ANM has been trained on IUCD;RTI/STI . Other room can be used for other services |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Infrastructure- Annexure -IV**

**Ongoing / Spill Over Works**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the District** | **Type and Name of the Facility** | **Year of Approval of Project**  | **Total Project Cost** | **Amount Approved in 2011-12 (if any)** | **Amount Approved in 2012-13**  | **Amount Proposed for 2013-14 (if any)** | **Remaining Amount (if any)** | **Physical Progress till date** | **Time Line for Completion** | **Justification** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Infrastructure- Annexure -V**

**Achievements in Infrastructure Development -**

| **Health Facility** | **Year** | **No. Sanctioned**  | **Progress of New Constructions**  |
| --- | --- | --- | --- |
| **No. Completed** | **No. Under Construction** | **No. 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** | **High Focus Districts** | **Non High Focus Districts** |
| **DH** | **Start of NRHM till 2012-13** |  |  |  |  |  |  |  |  |
| **In 2012-13** |  |  |   |   |   |   |   |   |
| **SDH and other hospitals above CHC** | **Start of NRHM till 2012-13** |  |  |   |   |   |   |   |   |
| **In 2012-13** |  |  |  |  |  |  |  |  |
| **CHCs** | **Start of NRHM till 2012-13** |  |  |   |   |   |   |   |   |
| **In 2012-13** |  |  |  |  |  |  |  |  |
| **PHCs** | **Start of NRHM till 2012-13** |  |  |   |   |   |   |   |   |
| **In 2012-13** |  |  |  |  |  |  |  |  |
| **APHC/ Others** | **Start of NRHM till 2012-13** |  |  |   |   |   |   |   |   |
| **In 2012-13** |  |  |  |  |  |  |  |  |
| **Sub-Centers** | **Start of NRHM till 2012-13** |  |  |   |   |   |   |   |   |
| **In 2012-13** |  |  |  |  |  |  |  |  |

**F.M.R Code – B.11 – Mobile Medical Units**

**MMU – Annexure-I**

**Functional Status of Existing Regular MMUs**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Name of District covered by MMU**  | **Name/ Vehicle Number of MMU** | **Run by State/ NGO/ PPP Mode (If NGO/PPP Mode specify name of agency)** | **Average No. of OPD cases /month (average since April 2012)** | **Average No. of Diagnostic Tests conducted in MMU/ month (average since April 2012)** | **Average No. of villages covered by MMU/month (average since April 2012)** | **Average No. of AWCs covered per month (average since April 2012)** | **Per Trip Operational Cost (Excluding all Capital Costs)** |
|  |  | **2 MMU Vehicle** |  | **373 ( camp Started from July 12)** | **123**  | **10** | **NA** | **Rs.20,000/-** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**MMU – Annexure-IIDetails of Newly Proposed MMUs**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Name of District**  | **No. of Existing MMUs** | **No. of New MMUs Proposed** | **MMUs proposed to be run by State/ NGO/ PPP Mode (If NGO/PPP Mode specify name of agency)** | **Justification** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**F.M.R Code – B.12 – Referral Transport**

 **RT- Annexure- I**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Topic** | **Vehicles only for Referral transport [Not ambulances e.g Mamta Wahan (Jharkhand), Janani Express (M.P)]**  | **Basic Life Support Ambulances**  | **Advanced Life Support Ambulances** |
|  |  | **State managed**  | **EMRI/ NGO/ Other Private Provider managed Ambulances**  | **State managed**  | **EMRI/ NGO/ Other Private Provider managed Ambulances**  | **State managed**  | **EMRI/ NGO/ Other Private Provider managed Ambulances**  |
|  | No. of Existing Ambulances | 1(CHC Wangoi) | State, Manipur Health Services. | 0 | 0 | 0 | 0 |
|  | No. of ambulances supported under NRHM  | 0 |  |  |  |  |  |
|  | No. of Districts covered by Ambulances | 1 CHC |  |  |  |  |  |
|  | Average Population covered per Ambulance (In lakhs) | 27,375 |  |  |  |  |  |
|  | Average Response Time per call |  |  |  |  |  |  |
|  | Average no. of trips per month per ambulance | 3 |  |  |  |  |  |  |
|  | Monthly Operational Cost Per Ambulance (Excluding all Capital Costs) |  |  |  |  |  |  |
|  | Average No. of Emergencies handled per month per ambulance (including Pregnant Women & Neonates) (average since April 2012) | 2 |  |  |  |  |  |
|  | Average No. of Pregnant Women transported per month per Ambulance (average since April 2012) | 1 |  |  |  |  |  |
|  | Average No. of Neonates transported per month per Ambulance (average since April 2012) | 0 |  |  |  |  |  |
|  | No. of New Ambulances Proposed | 2(PHC Mayang Imphal 24x7 & PHC Sekmaijin |  |  |  |  |  |

**Proposed at 2 PHC:**

1. **For PHC Mayang Imphal currently working as 24x7 with an Monthly Average OPD of 1118 and 51 IPD with 6 deliveries per month.**
2. **For PHC Sekmaijin which is the farthest PHC from DHQ (30 km) and the nearest CHC is 16 Km . It also covered village which is 28 Km away from the main PHC.**

**RT- Annexure- II**

**Financial Data on EMRI**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **Type of Ambulances** | **No. of Ambulances** | **Capital Cost** | **Operating Cost** | **% of NRHM Contribution in Operating Cost** |
| **State Contribution** | **NRHM Contribution** | **State Contribution** | **NRHM Contribution** |  |
| 2006-07 | ALS |  |  |  |  |  |  |
|  BLS |   |   |   |   |   |   |
| 2007-08 | ALS |  |  |  |  |  |  |
|  BLS |   |   |   |   |   |   |
| 2008-09 | ALS |  |  |  |  |  |  |
|  BLS |   |   |   |   |   |   |
| 2009-10 | ALS |  |  |  |  |  |  |
|  BLS |   |   |   |   |   |   |
| 2010-11 | ALS |  |  |  |  |  |  |
|  BLS |   |   |   |   |   |   |
| 2011-12 | ALS |  |  |  |  |  |  |
|  BLS |   |   |   |   |   |   |
| 2012-13 | ALS |  |  |  |  |  |  |
|  BLS |  |  |  |  |  |  |
|  | ALS |  |  |  |  |  |  |
| 2013 -14 (Proposed) |  BLS |  |  |  |  |  |  |

**F.M.R Code: B. 13 & 14 & B. 18 - PPP/NGOs/ Innovations/ New Initiatives**

**Activities Proposed:**

* **Name of the Activity: PREVENTION /EARLY DETECTION OF ONCOLOGY(BREAST CANCER) OF WOMEN.**
* **Whether New/ or being continued: New Activity**

**Justification: Cases of breast cancer among Manipuri women on the rise**
Source: **The Sangai Express**

* **Imphal, October 25:Of the different forms of cancer infecting women, cases of breast cancer are found to be most common.

Due to lack of awareness and proper knowledge among the people, 80 percent of breast cancer cases in Manipur are confirmed only at the third and fourth stages.**
In view of the increased cases of breast cancer infection all over the world, the month of October is being observed as Breast Cancer Month with the objective to create awareness of the disease among people.

According to the Head of Radiotherapy Department RIMS Prof Th Tomcha said that of the different forms of cancer infecting women in Manipur, breast cancer accounts for 21 percent while womb cancer accounts for 16 percent.

**As majority of the Manipuri women lack proper knowledge of the disease, 80 percent of the women infected by breast cancer realised the infection only at the third and fourth stages of breast cancer.

If the disease can be detected at the initial stage, breast cancer can be cured by almost 90 percent**.

The chance of successfully treating breast cancer stands at 60 to 70 percent if the disease is detected in its second stage.

If infection by breast cancer is detected in the third stage, the chances of curing the disease reduced to 40 to 45 percent.

At the fourth stage, the patient has a very slim chance of getting treated successfully.

The chance of such patients getting cured stands at just 10 percent.

**"The early cancer infection/development is detected, the greater are chances of getting cured", said Prof Tomcha.

Treating cancer at its initial stage also reduced the cost of treatment considerably, he added.**
Prof Tomcha cited marriage after 30 years, low rate of breast feeding, reduced child birth, lack of proper physical exercise, smoking, consumption of liquor, hereditary infection, excessive obesity and consumption of too much red meat as some of the causes for the increased cases of breast cancer.

If women are cautious and a little careful, 90 percent of breast cancer infections can be detected in its initial stage.

A woman may effectively reduce the chances of breast cancer infection by marrying before 35, indulging in proper breastfeeding, doing regular physical exercise, avoid or reduce abortion rate to the minimum, abstinence from hormone replacement therapy, regular self-examination of breasts by all women above 20 years every month, body examination for all women between 20 to 40 years every three years and physical examination for all women above 40 years every year, Prof Tomcha explained.

According to the doctor,women are generally more susceptible to cancer with roughly 55% of cancer patients being female.He added that though cervix and breast cancers were the latest health challenges for women,breast cancer of the two,is posing a greater threat ,mainly due to modern lifestyles.
* **Activity at District Level:**

1.The cases which are screened at the daily OPD of PHC/CHC will be referred to District Level Committee headed by CMO

2.The Committee will further refer the cases for full diagnostic to **Babina Diagnostic Centre**  a well reputed private diagnostic Centre.All the charges of the diagnostic will be fully supported under this programme.

* **Funding Proposed: 10% of the Total District proposed Fund(Rs.**

With the available fund i.e 10% of the total District fund,Rs.87,06300/(Rupees Eighty Seven lakhs Sixty three thousand ),only 3.3% of the rural female population (97,816)i.e 3,285 women will be covered under this programme of **Early Detection at Initial Stage.**

**Charges for Detection at Babina Diagnostic Centre**

|  |  |
| --- | --- |
| **Test** | **Rate(Rs)** |
|  **Memography (1 Side)** | **1200** |
| **\* Memography (2 Side)** | **1400** |
| **FNAC** | **300** |
| **PAP Smear** | **180** |
| **X-Ray (Chest)** | **220** |
| **Complete Hemogram** | **550** |
| **Total** | **2,650** |

 **\*Memography (2 sided) is taken for calculation**

**Total charge per case=Rs.2,650/(Rupees Two thousand Six hundred Fifty)**

**FMR Code: B 15.1: Community Monitoring**

|  |  |
| --- | --- |
| Number of Visioning workshops for community monitoring held so far in the state (UPTO 2012-13)  |  1 District & 1 Block level |
| Number of Visioning workshops for community monitoring planned for 2013-14 if any at State/ Distrit/ Block level and other |  1 District level ; 1 each at Blocklevel |
| Officer responsible for community monitoring at each level (Designation). Also mention if the officer has any other charges. |  No |
| Whether a nodal agency at State has been identified already. If yes, then please give details. |  No |
| Whether a State chapter of the Advisory Group of Community Action |  No |
| Whether Community Monitoring is being undertaken in the state for health (both under NRHM and under State budget - please specify) |   |
| Number of blocks where Community Based Monitoring was being implemented in the State - activities undertaken | 1 Workshop at Haorang Sabal Block  |
| Number of districts where Community Based Monitring was being implemented - activities undertaken |  1 Workshop |
| Whether social audit / Jan Sunwai is being undertaken anywhere in the state for health |   |

**Measures to increase Accountability to community:**

|  |  |
| --- | --- |
| Whether citizen's charter is prepared and displayed on public domain. If yes, provide link: | **No** |
| Whether a grievance redressal mechanism is set-up. If yes, pleas eprovide details. |  |
| Whether an ombudsman is appointed for grievance redressal. If any please provide further details. |  |
| Whether a portal is prepared for mandatory disclosure of information needed as per instructions of CIC |  |

**F.M.R. Code: B.15.2: QUALITY ASSURANCE CELL**

|  |
| --- |
| **QUALITY ASSURANCE CELL** |
| **Has State established QA Cell?** | **YES** | **NO** |
| If yes, at what level |  |  |
| State level  |  |  |
| District level  |  | No |
| Any other level |  |  |
| **Field Visits by QA Cell** | **No. of Proposed visits in 2012-13** |  **No. of Visits conducted**  |
| State level  |  |  |
| District level  |  |  |
| Any other level |  |  |
| **Meeting by QA Cell** |  **No. of Proposed Meetings in 2012-13** | **No. of Meetings conducted**  |
| State level  |   |   |
| District level  |   |   |
| Any other level |   |   |
| **Reports** |  **No. of Reports Submitted** | **No. of Reports Analyzed**  |
| State level  |   |   |
| District level  |   |   |
| Any other level |   |   |
|  |  |  |

**FMR Code: B-15.3- Monitoring & Evaluation**

| **Major Head** | **Minor Head** |  | **Budget in Rs** | **Details (including cost per unit)** | **Remarks** | **Amount approved in 2012-13** | **Actual expenditure in 2012-13 (as on Sept 2012)** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1.Strengthening of M&E/HMIS/ MCH Tracking  | Salaries of M&E, MIS & Data Entry Consultants | **1.1** | 0 |  |  | 0 |  |
| Mobility for M & E Officers | **1.2** |  0 |   |  | 0 |  |
| Workshops/Training on M & E | **1.3** |  0 |   |  | 1,60,000/- (District & Block) | 0 |
| M&E Studies | **1.4** |  |  |  | 0 |  |
| **Others (Recruitment of 2 HMIS Assistant for RIMS & Accredited Pvt. Clinic)**  | **1.5** | Rs.8000(basic pay) |  |  | 0 |  |
| 2. Procurement of HW/SW and other equipments  | Hardware/Software Procurement  | **2.1** |  |  | *Give deployment details*  | *0* |  |
| Internet connectivity | **2.2** |  |  |  | **0** |  |
| Annual Maintenance | **2.3** |  |  |  | 62,000/-(District & Block) | 30724/- |
| Operational Costs (consumables etc)  | **2.4** |  |  |  |  |  |
| Others (Specify) | **2.5** |  |  |  | 0 |  |
| 3.Operationalising HMIS at Sub District level | Review of existing registers – to make them compatible with National HMIS | **3.1** |  |  |  | 0 |  |
| Printing of new registers/Forms | **3.2** |  |  |  | 0 |  |
| Training of staff | **3.3** |  |  |  | 0 |  |
| 4.Operationalising MCH tracking | Printing and reproducing Registers/ Forms | **4.1** |  |  |  | 0 |  |
| Capacity building of teams | **4.2** |  |  |  | 0 |  |
| Ongoing review of MCH tracking activities | **4.3** |  |  |  | 0 |  |
| Monitoring data collection and data quality | **4.4** |  |  |  |  |  |
| Others (Specify) | **4.5** |  |  |  |  |  |

**FMR. B.16 Drugs:**

* Articulation of policy on entitlements, free drugs for delivery , rational prescriptions, timely procurement of drugs and consumables, smooth distribution to facilities from DH to SC, uninterrupted availability to patients, minimization of out-of-pocket expenses, quality assurance, prescription audits, EDL in public domain, computerized drugs and logistics MIS system.
* Essential drugs lists (EDL) is to be prepared by the State and budget should be projected accordingly.

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No.** | **Name of essential drugs** | **Requirement of drugs for the FY 2013-14** | **Justification** |
| **Quantity** | **Unit cost** | **Total Amount (Rs. In lakhs)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

* State needs to commit the amount for provision of essential drugs from State’s budget during the year.

**FMR. B.16.1 Equipments:**

* Equipments procured and supplied to the health facilities should not be dumped and un-utilized.
* A facility wise gap analysis of equipments to done and projection to be made accordingly.

| **Sl****No.** | **Name of the Equipment** | **Name of the Facility**  | **Justification** |
| --- | --- | --- | --- |
| **No. of existing equipment** | **No. of proposed equipment** | **IPD load/ day** | **OPD load/ day** | **No. of Normal Delivery per month** | **No. of C-sections per month** | **Bed Occupancy rate per month** |
|  | **Equipment for MH** |  |  |  |  |  |  |  |  |
|  | Equipment 1 |  |  |  |  |  |  |  |  |
|  | Equipments 2 |  |  |  |  |  |  |  |  |
|  | **Equipments for CH** |  |  |  |  |  |  |  |  |
| 1 | Equipment 1 |  |  |  |  |  |  |  |  |
| 2 | Equipments 2 |  |  |  |  |  |  |  |  |
|  | **Equipments for FP** |  |  |  |  |  |  |  |  |
| 1 | Equipment 1 |  |  |  |  |  |  |  |  |
| 2 | Equipments 2 |  |  |  |  |  |  |  |  |
|  | **Other Equipments**  |  |  |  |  |  |  |  |  |
| 1 | Equipment 1 |  |  |  |  |  |  |  |  |
| 2 | Equipments 2 |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**Infrastructure Maintenance:**

| **Sr. No.** | **Type of Institution** | **Category of Post** | **Number** | **Unit Cost** | **Amount Proposed** |
| --- | --- | --- | --- | --- | --- |
| **I** | **Direction & Administration** |  |  |  |  |
|  |  | Salaries (Kindly Specify the position and the type of Staff) |  |  |  |
| **II** | **Sub-Centres** | ANM |  |  |  |
|  |  | 1/6th salary of LHV per Sub-Centre |  |  |  |
| **III** | **Urban Family Welfare Centres (UFWCs)** | MPW (M) |  |  |  |
|  |  | MPW (F) |  |  |  |
|  |  | CLERK |  |  |  |
|  |  | MO |  |  |  |
|  |  | PHN/LHV |  |  |  |
| **IV** | **Urban Revamping Scheme (Health Posts)** | PHN/MPW (F) |  |  |  |
|  |  | MPW (M) |  |  |  |
|  |  | MO |  |  |  |
|  |  | CLERK |  |  |  |
| **V** | **Basic Training for ANM/LHVs** | Nursing Officer |  |  |  |
|  |  | Sister Tutor |  |  |  |
|  |  | Public Health Nurse |  |  |  |
|  |  | Sr. Sanitary Inspector |  |  |  |
|  |  | Warden |  |  |  |
|  |  | U.D.C. |  |  |  |
|  |  | Domestic Staff |  |  |  |
| VI | **Maintenance and strengthening of Health and FW Training Centres (HFWTCs)** | Principal |  |  |  |
|  |  | Medical Lecturer-cum-demonstrator |  |  |  |
|  |  | Health Education Instructor |  |  |  |
|  |  | Social Service Instructor |  |  |  |
|  |  | Public Health Nurse |  |  |  |
|  |  | Health Education Extension Officer |  |  |  |
|  |  | Senior Sanitarian |  |  |  |
|  |  | Senior Health Inspector (Communicable Diseases) |  |  |  |
|  |  | Statistics |  |  |  |
|  |  | Office Superintendent |  |  |  |
|  |  | Projectionist |  |  |  |
|  |  | Clerk-cum-Accountant/Store Keeper |  |  |  |
|  |  | Artist Computer |  |  |  |
|  |  | Steno typist |  |  |  |
|  |  | Clerk-cum-Typist |  |  |  |
|  |  | Driver-cum-Mechanic |  |  |  |
|  |  | Peon-cum-attendant |  |  |  |
|  |  | Sweeper |  |  |  |
|  |  | Cleaner |  |  |  |
|  |  | Chowkidar-cum-Mali |  |  |  |
| **VII** | **Basic Training for MPWs ( Male)** |   |  |  |  |
|  | **At HFWTC** | Epidemiologist |  |  |  |
|  |  | Management Instructor |  |  |  |
|  |  | Sanitary Engineer |  |  |  |
|  |  | Communication Officer |  |  |  |
|  |  | Public Health Nurse |  |  |  |
|  |  | Junior Accounts Officer |  |  |  |
|  |  | Class IV |  |  |  |
|  | **At New Basic Training School** | Medical Officer (I/C) |  |  |  |
|  |  | Public Health Nurse |  |  |  |
|  |  | Health Educator |  |  |  |
|  |  | Sr. Sanitary Inspector |  |  |  |
|  |  | UDC-cum-Accountant |  |  |  |
|  |  | UDC-cum-Typist |  |  |  |
|  |  | Class IV for Schools |  |  |  |
|  |  | Class IV for Hostel |  |  |  |

**FMR Code: B 21: SHSRC**

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Amount Approved | Expenditure | Physical performance \* |
| 2007-08 |   |   |   |
| 2008-09 |   |   |   |
| 2009-10 |   |   |   |
| 2010-11 |   |   |   |
| 2011-12 |   |   |   |

\*Kindly provide details about research studies, policy documents prepared by SHSRC and all other contributions of SHSRC to NRHM in the State.