**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 | 218 |
| Level at which VHSNCs are formed (Village/ Gram Panchayat/ Wards, etc) as per the State policy | Village & Hamlet |
| Total Target number of villages/ Gram Panchayats/ Wards in the State for VHSNCs | 252 |
| Number of Village Health Sanitation & Nutrition committees constituted  | 252 |
| Number of villages/ Gram Panchayats/ Wards where VHSNCs are yet to be constituted (reasons for the delay in constitution) |  |
| No. of Joint Account opened  | 252 |
|
|
| No of joint accounts yet to be opened (reasons for the delay) |  |
| Total funds released to VHSNCs in 2012-13  | 15.12 lac |
| Total amount spent by VHSNCs in 2012-13 so far | 0 |
| Total unspent balance | 15.12 advances |
| Number of VHSNC utilized less than 50% of fund (2011-12) |  |
| Number of VHSNC members to be trained by the District | 252 |
| No of VHSNC members already trained | 149 (2011-12) |
| No. of Village Health Plan Prepared in the State | 60 |
| No. of Village Health Plan Prepared  | 60 |

**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 | **30** |  100% | 30 | 30 | 0.10 | 3.00 |
| Untied fund for the facility below PHC & above SC |  |   |   |   |  |   |
| Untied Fund for PHCs | **6** | 100% | 6 | 6 | .25 | 1.50 |
| Untied Fund for CHCs | **1** | 100% | 1 | 1 | 0.50 | 0.50 |
| Untied Fund for SDH |  |   |   |   |  |   |
| Untied Fund for DH |  |   |  |  |  |  |

**F.M.R. Code- B.3 : Annual Maintenance Grants**

**AMG- Annexure-I**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Facility level**  | **Number of facilities for which AMG approved in 2012-13** | **% Expenditure of AMG** | **Number of facilities in Govt Buildings as per RHS 2011** |  **Proposal for 2013-14** |
| **Number of Units as per State** | **Unit Cost** | **Total Amount Proposed** |
| AMG for SCs |  |   |   |   |  |   |
| AMG for the facility below PHC & above SC | **24** |  Fund not recieved | 24 | 26 | 0.10 | 2.6 |
| AMG for PHCs | **6** |  100% | 6 | 6 | 0.50 | 3.00 |
| AMG for CHCs | **1** |  100% | 1 | 1 | 1 | 1 |
| AMG for SDH |  |   |   |   |  |   |
| AMG for DH |  |   |   |   |  |   |

**F.M.R. Code- B.6 :**

**Rogi Kalyan Samitis**

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility level**  | **Number of facilities for which RKS Funds approved in 2012-13** | **% Expenditure of RKS** |  **Proposal for 2013-14** |
| **Number of RKS**  | **Unit Cost** | **Total Amount Proposed** |
| District Hospital | **1** |  70% | 1 | 5.00 | 5.0 |
| Sub Divisional Hospital |  |   |   |  |   |
| Community Health Centres  | **1** |  100% | 1 | 1 | 1 |
| Primary Health Centres | **6** |  100% | 6 | 1 | 1 |
| Other health facilities (Please Specify) |  |   |   |  |   |

**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)** |
| **1** | **Tamenglong** | **2** | **District** | **190** | **22** | **2** | **3** | **Rs. 30,000** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Functional Status of Existing Specialized MMUs (includes MHUs, Dental Units, Mammography Vans, Boat Clinics etc)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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)** | **Per Trip Operational Cost (Excluding all Capital Costs)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**MMU – Annexure-II**

**Details 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 |  |  | 2 |  |  |  |
|  | No. of ambulances supported under NRHM  |  |  | 1 |  |  |  |
|  | No. of Districts covered by Ambulances |  |  | 1 |  |  |  |
|  | Average Population covered per Ambulance (In lakhs) |  |  | 0.7 |  |  |  |
|  | Average Response Time per call |  |  |  |  |  |  |
|  | Average no. of trips per month per ambulance |  |  | 2 |  |  |  |  |
|  | 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) |  |  | 1 |  |  |  |
|  | 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) |  |  |  |  |  |  |
|  | No. of New Ambulances Proposed |  |  | 2 |  |  |  |

**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 |  |  |  |  |  |  |

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

|  |  |
| --- | --- |
| Number of Visioning workshops for community monitoring held so far in the state (UPTO 2012-13)  |   |
| Number of Visioning workshops for community monitoring planned for 2013-14 if any at State/ Distrit/ Block level and other |  1+4 blocks |
| Officer responsible for community monitoring at each level (Designation). Also mention if the officer has any other charges. |   |
| Whether a nodal agency at State has been identified already. If yes, then please give details. |   |
| Whether a State chapter of the Advisory Group of Community Action |   |
| 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 |   |
| Number of districts where Community Based Monitring was being implemented - activities undertaken |   |
| 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: |  |
| 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  | Yes |  |
| 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  |  Yes |   |
| Any other level |   |   |
|  |  |  |

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

| **Major Head** | **Minor Head** |  | **Budget in Rs. In Lakh** | **Details (including cost per unit)** | **Remarks** | **Amount approved in 2012-13** | **Actual expenditure in 2012-13** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1.Strengthening of M&E/HMIS/ MCH Tracking  | Salaries of M&E, MIS & Data Entry Consultants | **1.1** |  |  |  |  |  |
| Mobility for M & E Officers | **1.2** |   |   |  |  |  |
| Workshops/Training on M & E | **1.3** |  2.0 | 2.0 per W/S |  | 2.0 | 0.20 |
| M&E Studies | **1.4** |  |  |  | 2.04 |  |
| Others (specify) | **1.5** |  |  |  |  |  |
| 2. Procurement of HW/SW and other equipments  | Hardware/Software Procurement  | **2.1** |  |  | *Give deployment details*  |  |  |
| Internet connectivity | **2.2** |  |  |  | **0.78** |  |
| Annual Maintenance | **2.3** |  |  |  |  |  |
| Operational Costs (consumables etc)  | **2.4** |  |  |  |  |  |
| Others (Specify) | **2.5** |  |  |  |  |  |
| 3.Operationalising HMIS at Sub District level | Review of existing registers – to make them compatible with National HMIS | **3.1** |  |  |  |  |  |
| Printing of new registers/Forms | **3.2** |  |  |  |  |  |
| Training of staff | **3.3** |  |  |  |  |  |
| 4.Operationalising MCH tracking | Printing and reproducing Registers/ Forms | **4.1** |  |  |  | 0.05 |  |
| Capacity building of teams | **4.2** |  |  |  |  |  |
| Ongoing review of MCH tracking activities | **4.3** |  |  |  |  |  |
| Monitoring data collection and data quality | **4.4** |  |  |  |  |  |
| Others (Specify) consumables | **4.5** |  |  |  | 0.50 |  |

**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)** |
|  | Tab. Paracetamol 500 mg | 10000 |  |  |  |
|  | Tab. Diclofenac sod | 300 |  |  |  |
|  | Tab. Ibuprofen | 300 |  |  |  |
|  | Inj. Paracetamol | 150 |  |  |  |
|  | Inj. Diclofenac sodium  | 1000 |  |  |  |
|  | Inj. Buscopan | 150 |  |  |  |
|  | **B) Antibiotics & Chemotherapeutics** |   |  |  |  |
|  | Tab. Trimethoprim + Sulphamethazol ss  | 800 |  |  |  |
|  | Tab. Erythromycin 250 mg | 700 |  |  |  |
|  | Tab. Erythromycin 500 mg | 3000 |  |  |  |
|  | Tab. Norfloxacin 200 mg | 7500 |  |  |  |
|  | Tab. Cefixime | 8000 |  |  |  |
|  | Tab. Norfloxacin 400 mg | 7000 |  |  |  |
|  | Tab. Ofloxacin 200 mg | 7000 |  |  |  |
|  | Tab. Chloroquine phosphate 250 mg | 3500 |  |  |  |
|  | Tab. Mebendazole 100 mg | 750 |  |  |  |
|  | Tab. Griseofulvin 125 mg | 800 |  |  |  |
|  | Tab. Ciprofloxacin 250 mg, 500 mg | 7500 |  |  |  |
|  | Tab. Amoxyclav – 375 mg, 625 mg | 8000 |  |  |  |
|  | Tab. Azythromician – 500 mg | 3000 |  |  |  |
|  | Tab. Fluconazole 150 mg  | 4500 |  |  |  |
|  | Cap. Ampicillin 250 mg | 4200 |  |  |  |
|  | Cap. Tetracycline 250 mg | 800 |  |  |  |
|  | Cap. Cefodroxyl 250 mg | 1250 |  |  |  |
|  | Cap. Amoxycillin250 + cloxacillin 250 | 7000 |  |  |  |
|  | Cap. Amoxycilline 250 mg, 500 mg | 5000+7500 |  |  |  |
|  | Cap. Doxycycline 100 mg | 2000 |  |  |  |
|  | Cap. Cephalexin 250 mg | 3500 |  |  |  |
|  | Syrup. Cotrimoxazole 50 ml | 1800 |  |  |  |
|  | Syrup. Ampicillin 125 mg/5 ml, 60 ml | 2000+4000 |  |  |  |
|  | Syp. Erythromycine | 1800 |  |  |  |
|  | Syp. Mebendazole | 800 |  |  |  |
|  | Syp. Piperazine Citrate | 150 |  |  |  |
|  | Syp. Primaquine | 100 |  |  |  |
|  | Syp. Nalidixic acid | 180 |  |  |  |
|  | Syp. Norfloxacin | 1000 |  |  |  |
|  | Inj. Crystalline penicillin 5 lac unit | 800 |  |  |  |
|  | Inj. Fortified procaine penicillin 4 lac | 100 |  |  |  |
|  | Inj. Ampicillin 500 mg | 100 |  |  |  |
|  | Inj. Gentamycin 40 mg/2 ml vial | 500 |  |  |  |
|  | Inj. Crystalline penicillin 10 lac unit | 50 |  |  |  |
|  | Inj. Metronidazole 100 ml | 2000 |  |  |  |
|  | Inj. Ciprofloxacin 100 ml | 1200 |  |  |  |
|  | Inj. Cefoperazone 1 gm | 700 |  |  |  |
|  | Inj. cefotaxime 500 mg | 5000 |  |  |  |
|  | Inj. Ceftriaxone | 500 |  |  |  |
|  | Inj. Cloxacillin | 1400 |  |  |  |
|  | Inj. Quinine | 400 |  |  |  |
|  | Inj. Dopamine | 100 |  |  |  |
|  | Inj. Vionocef (Ceffixime) 250 mg | 750 |  |  |  |
|  | Inj. Benzathine penicillin 12 lac | 100 |  |  |  |
|  | Inj. Quinine Dihydrochloride | 100 |  |  |  |
|  | Inj. Amoxyclav 1.2 gm | 50 |  |  |  |
|  | Tab. Metronidazole 200 mg, 400 mg | 1500+8000 |  |  |  |
|  | Syrup. Metronidazole | 1500 |  |  |  |
|  |   |   |  |  |  |
|  | **D) Dressing Material/Antiseptic Ointment lotion** |   |  |  |  |
|  | Povidone Iodine solution 500 ml | 1000 |  |  |  |
|  | Phenyl 5 litre jar (Black Phenyl) | 900 |  |  |  |
|  | Rolled Bandage |   |  |  |  |
|  | a) 6 cm | 1000 |  |  |  |
|  | b) 10 cm | 1000 |  |  |  |
|  | c) 15 cm | 1000 |  |  |  |
|  | Bandage cloth (100 cm x 20 mm) in ‘Than’ | 200 |  |  |  |
|  | Surgical Guaze (50 cm x 18 m) in Than | 200 |  |  |  |
|  | Adhesive plaster 7.5 cm x 5 mtr | 400 |  |  |  |
|  | Absorbent cotton I.P 500 gm Net | 700 |  |  |  |
|  | P.O.P Bandage |   |  |  |  |
|  | a) 10 cm | 100 |  |  |  |
|  | b)15 cm  | 100 |  |  |  |
|  | Framycetin skin Oint 100 G tube | 500 |  |  |  |
|  | Silver Sulphadiazene Oint 500 gm jar | 200 |  |  |  |
|  | Tr. Iodine | 100 |  |  |  |
|  | Tr. Benzoin | 100 |  |  |  |
|  | Methylated spirit | 200 |  |  |  |
|  | Betadine lotion | 1000 |  |  |  |
|  | Hydrogen peroxide | 200 |  |  |  |
|  | Neosporin, Nebasuef, Soframycin Powder | 400 |  |  |  |
|  |   |   |  |  |  |
|  | **E) Infusion fluids** |   |  |  |  |
|  | Inj. Dextrose 5% 500 ml bottle | 3000 |  |  |  |
|  | Inj. Dextrose 10% 500 ml bottle | 1000 |  |  |  |
|  | Inj. Dextrose in Normal saline 500 ml bottle | 1000 |  |  |  |
|  | Inj. Normal saline (Sod chloride) 500 ml bottle | 2000 |  |  |  |
|  | Inj. Ringer lactate 500 ml | 3000 |  |  |  |
|  | Inj. Mannitol 20% 300 ml | 100 |  |  |  |
|  | Inj. Water for 5 ml amp | 200 |  |  |  |
|  | Inj. Water for 10 ml amp | 200 |  |  |  |
|  | Inj. Dextrose 25% 100 ml bottle | 1000 |  |  |  |
|  | Inj. Plasma Substitute 500 ml bottle | 200 |  |  |  |
|  | Inj. Isolyte-M | 1000 |  |  |  |
|  | Inj. Isolyte-P | 1000 |  |  |  |
|  |   |   |  |  |  |
|  | **F) Eye and ENT** |   |  |  |  |
|  | Sulphacetamide eye drops 10% 5 ml  | 500 |  |  |  |
|  | Framycetin with steroid eye drops 5 ml | 500 |  |  |  |
|  | Ciprofloxacin eye/ear drops  | 500 |  |  |  |
|  | Gentamycin eye/ear drops | 500 |  |  |  |
|  | Wax dissolving ear drops | 100 |  |  |  |
|  | Antifungal (Clotrimazole) ear drops | 100 |  |  |  |
|  | Antiallergic + Decongestant combination  | 500 |  |  |  |
|  | Betnesol-N/Efcorlin Nasal drops | 100 |  |  |  |
|  | Antifungal + Antibiotic ear drops (clotrimazole + polymyxin B) | 100 |  |  |  |
|  | Dexamethasone eye drops | 100 |  |  |  |
|  | Drosyn eye drops | 100 |  |  |  |
|  | Atropine eye oint | 100 |  |  |  |
|  |   |   |  |  |  |
|  | **G) Antihistaminics/anti-allergic** |   |  |  |  |
|  | Tab. Cetrizine | 500 |  |  |  |
|  | Tab. Chlorpheniramine maleate 4 mg | 100 |  |  |  |
|  | Tab. Cinnarazine 25 mg | 500 |  |  |  |
|  | Tab. Levocetrizine 5 mg | 500 |  |  |  |
|  |   |   |  |  |  |
|  | **H) Drugs acting on Digestive system** |   |  |  |  |
|  | Tab. Cyclopam | 500 |  |  |  |
|  | Tab. Bisacodyl | 500 |  |  |  |
|  | Tab. Antacid | 5000 |  |  |  |
|  | Tab. Ranitidine | 5000 |  |  |  |
|  | Tab. Omeprazole | 500 |  |  |  |
|  | Tab. Liv52 | 5000 |  |  |  |
|  | Syp. Antacid | 1000 |  |  |  |
|  | Syrup Liv52 | 1000 |  |  |  |
|  | Liquid paraffin | 20 |  |  |  |
|  | Inj. Perinorm | 200 |  |  |  |
|  | Inj. Cyclopam | 200 |  |  |  |
|  | Inj. Prochlorperazine (Stemetil) | 500 |  |  |  |
|  | Inj. Ranitidine 2 ml | 500 |  |  |  |
|  | Tab. Ferrous sulphate 200 mg + Folic acid | 2000 |  |  |  |
|  |   |   |  |  |  |
|  | **J) Drugs acting on Cardiac vascular system** |   |  |  |  |
|  | Tab. Digoxine | 100 |  |  |  |
|  | Tab. Atenolol | 100 |  |  |  |
|  | Tab. Methyldopa | 200 |  |  |  |
|  | Tab. Isosorbide Dinitrate (Sorbitrate) | 100 |  |  |  |
|  | Tab. Propranolol | 100 |  |  |  |
|  | Tab. Enalepril 2.5/5 mg | 200 |  |  |  |
|  | Tab. Atrovastatin 10 mg | 100 |  |  |  |
|  | Tab. Amlodipine 5 mg, 10 mg | 100 + 100 |  |  |  |
|  | Inj. Duvadilan | 50 |  |  |  |
|  | Inj. adrenaline | 20 |  |  |  |
|  | Inj. atropine sulphate | 20 |  |  |  |
|  | Inj. Digoxine | 20 |  |  |  |
|  | Inj. Dopamine | 50 |  |  |  |
|  |   |   |  |  |  |
|  | **K) Drugs acting on Central/peripheral Nervous System** |   |  |  |  |
|  | Tab. Diazepam 5 mg | 500 |  |  |  |
|  | Tab. Phenobarbitone 30 mg, 60 mg | 500 |  |  |  |
|  | Tab. Lorazepam 2 mg | 150 |  |  |  |
|  | Tab. Alprazolam 0.25 mg | 200 |  |  |  |
|  | Syrup Phenergan | 100 |  |  |  |
|  | Syrup Paracetamol | 2000 |  |  |  |
|  | Inj. Chlorpromazine (Largactil) 25 mg, 100 mg | 20 |  |  |  |
|  | Inj. Promethazine Hcl Phenergan | 20 |  |  |  |
|  | Inj. Pethidine | 50 |  |  |  |
|  | Inj. Diazepam 5 mg/ml | 50 |  |  |  |
|  | Inj. Haloperidol | 10 |  |  |  |
|  | Inj. Promethazine 50 mg | 20 |  |  |  |
|  | Inj. Phenytoin | 20 |  |  |  |
|  | Inj. Phenobarbitone | 10 |  |  |  |
|  | Inj. Lignocaine 1%, 2%, 5% | 2% - 50 |  |  |  |
|  | Inj. Lignocaine Hcl 2%, 4% | 2% - 50 |  |  |  |
|  | xylocaine jelly | 100 |  |  |  |
|  | Ether Anaesthetic 500 ml | 10 |  |  |  |
|  | Halothane | 5 |  |  |  |
|  |   |   |  |  |  |
|  | **L) Drugs acting on Respiratory system** |   |  |  |  |
|  | Tab. Aminophylline | 100 |  |  |  |
|  | Tab. Deriphylline | 100 |  |  |  |
|  | Tab. Salbutamol 2 mg, 4 mg | 100 |  |  |  |
|  | Tab. Theophylline | 100 |  |  |  |
|  | Nebulisable Salbutamol nebusol solution (to be used with nebuliser) | 50 |  |  |  |
|  | Inj. Aminophylline | 20 |  |  |  |
|  | Inj. Deriphylline | 50 |  |  |  |
|  |   |   |  |  |  |
|  | **M) Skin Ointment/Lotion etc.** |   |  |  |  |
|  | Clotrimazole lotion | 100 |  |  |  |
|  | Lot.Gamabenzene hexachloride 1% bt | 100 |  |  |  |
|  | Calamine Lotion BPC | 200 |  |  |  |
|  | Clotrimazole cream | 200 |  |  |  |
|  | Benzyl Benzoate emulsion 50 ml bot | 100 |  |  |  |
|  | Cream Fluconozole 15 gm tube | 50 |  |  |  |
|  | Cream Miconozole 2% 15 gm tube | 50 |  |  |  |
|  | Cream Clotrimazole skin 1% 15 gm | 50 |  |  |  |
|  | Cream Framyctin 1% 20 gm tube/100 gm | 50 |  |  |  |
|  | Oint Acyclovir 3% 5 gm tube | 50 |  |  |  |
|  | Oint Silversulphadiazene 1% 25 g | 50 |  |  |  |
|  |   |   |  |  |  |
|  | **N) Drugs acting on UroGenital system** |   |  |  |  |
|  | Tab. Frusemide 40 mg | 100 |  |  |  |
|  | Inj. Frusemide | 50 |  |  |  |
|  | Inj. Sodabicarb | 50 |  |  |  |
|  |   |   |  |  |  |
|  | **O) Drugs used in Obstetrics and Gynecology** |   |  |  |  |
|  | Tab. Duvadilan | 1000 |  |  |  |
|  | Tab. Methyl Ergometrine | 1000 |  |  |  |
|  | Clotrimazole – Vaginal Tab. 100 mg  | 1000 |  |  |  |
|  | Betadine Vaginal Tab.  | 1000 |  |  |  |
|  | Inj. MethylErgometrine 0.2 mg/amp | 1000 |  |  |  |
|  | Inj. Prostodin | 200 |  |  |  |
|  | Inj. Duvadilan | 40 |  |  |  |
|  |   |   |  |  |  |
|  | **P) Hormonal Preparation** |   |  |  |  |
|  | Tab. Prednisolone 5 mg | 400 |  |  |  |
|  | Tab. Glibenclamide  | 200 |  |  |  |
|  | Inj. Dexamethasone 2 mg/ml vial | 400 |  |  |  |
|  |   |   |  |  |  |
|  | **Q) Vitamins** |   |  |  |  |
|  | Tab. Vit "A" & "D" | 800 |  |  |  |
|  | Tab. Ascorbic acid 100 mg | 3000 |  |  |  |
|  | Tab. B. Complex NFI Therapeutic | 1000 |  |  |  |
|  | Tab. Calcium lactate | 1000 |  |  |  |
|  | Tab. Folic acid | 1000 |  |  |  |
|  | Syp. Vitamin B. Complex | 3000 |  |  |  |
|  | Inj. Vit "A" | 20 |  |  |  |
|  |  (Menadione) | 200 |  |  |  |
|  | Inj. Calcium Gluconate | 100 |  |  |  |
|  | Inj. Vitamin B Complex 10 ml | 100 |  |  |  |
|  | **R) Other Drugs & Material & Miscellenous items** |   |  |  |  |
|  | Tab. Cystone | 1000 |  |  |  |
|  | Tab. Gasex | 1000 |  |  |  |
|  | Catgut Chromic |   |  |  |  |
|  | c) 1-0 No. | 400 |  |  |  |
|  | d) 2-0 No. | 200 |  |  |  |
|  | Vicryl No. 1 |   |  |  |  |
|  | x Ray film 50 film packet (in Pkt) size |   |  |  |  |
|  | b) 8" x 10" | 5 |  |  |  |
|  | c) 10" x 12' | 5 |  |  |  |
|  | d) 12" x 15" | 5 |  |  |  |
|  | IV sets | 2500 |  |  |  |
|  | Catheters | 200 |  |  |  |
|  | Urine Bags | 200 |  |  |  |
|  | Venflow | 1000 |  |  |  |
|  | Oral Rehydration powder 27.5 g | 100 |  |  |  |
|  | Benzyl Benzoate | 200 |  |  |  |
|  | GammaBenzene Hexachloride | 200 |  |  |  |
|  | Betadine mouthwash | 200 |  |  |  |
|  | Formaldehyde Lotion | 20 |  |  |  |
|  | Coir Mattress | 6 |  |  |  |
|  | Formaldehyde | 5 |  |  |  |
|  | Inj. Rabipur | 10 |  |  |  |
|  | **Essential Medicines and Supplies for Special Newborn Care Unit** |   |  |  |  |
|  | Injection Adrenaline (1:10000) | 50 |  |  |  |
|  | Injection Aminophylline | 50 |  |  |  |
|  | Injection Phenobarbitone | 50 |  |  |  |
|  | Injection Hydrocortisone | 50 |  |  |  |
|  | 5%, 10%, 25% Dextrose | 50 |  |  |  |
|  | Normal saline | 50 |  |  |  |
|  | Injection Ampicillin with Cloxacillin | 50 |  |  |  |
|  | Injection Ampicillin | 50 |  |  |  |
|  | Injection Cefotaxime | 50 |  |  |  |
|  | Injection Gentamycin  | 50 |  |  |  |

* 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**  | **DH, Tamenglong** | **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** |
|  | 300 M.A. x-ray machine | no | 1 | 8 | 55 | 23 | 0 | 8 |  |
|  | Dental x-ray machine | no | 1 |  |  |  |  |  |  |
|  | Color Doppler Ultrasound machine with 4 probes:  | no | 1 |  |  |  |  |  |  |
|  | Abdomen, Paediatric, Soft Parts and Intra-cavitory | no | 1 |  |  |  |  |  |  |
|  | Portable ultrasound | no | 1 |  |  |  |  |  |  |
|  | ECG machine computerized  | no | 1 |  |  |  |  |  |  |
|  | Ventilators (Adult)  | no | 1 |  |  |  |  |  |  |
|  | Ventilators (Paediatrics) | no | 1 |  |  |  |  |  |  |
|  | Pulseoximeter  | no | 1 |  |  |  |  |  |  |
|  | nebuliser  | 1nos | 1 |  |  |  |  |  |  |
|  |   |   |   |  |  |  |  |  |  |
|  | **Labour ward, Neo Natal and Special Newborn Care Unit (SNCU) Equipment** |  |  |  |  |  |  |  |  |
|  | Baby Incubators  | nos | 1 |  |  |  |  |  |  |
|  | Phototherapy Unit | nos | 2 |  |  |  |  |  |  |
|  | newborn Careequipment  | nos | 2 |  |  |  |  |  |  |
|  | Radiant Warmer | 1(one) | 2 |  |  |  |  |  |  |
|  | Room Warmer | no | 1 |  |  |  |  |  |  |
|  | Foetal Doppler | 1(one) | 1 |  |  |  |  |  |  |
|  | Delivery Kit  | 2nos | 1 |  |  |  |  |  |  |
|  | Vacuum extractor metal | no | 2 |  |  |  |  |  |  |
|  | Silastic vacuum extractor | no | 2 |  |  |  |  |  |  |
|  | Pulse Oxymeter baby & adult  | 1(one) | 1 |  |  |  |  |  |  |
|  | Nebulizer baby | 1(one) | 2 |  |  |  |  |  |  |
|  | Haemoglobinometer  | no | 1 |  |  |  |  |  |  |
|  | Glucometer | 1(one) | 1 |  |  |  |  |  |  |
|  | Public Address System |   | 1 |  |  |  |  |  |  |
|  | Wall Clock  | 4nos | 6 |  |  |  |  |  |  |
|  | BP Apparatus & Stethoscope |   | 4 |  |  |  |  |  |  |
|  |   |   |   |  |  |  |  |  |  |
|  | **Dental Equipment** |  |  |  |  |  |  |  |  |
|  | Dental Chair motorized with panel and foot controlled | 1 | 1 |  |  |  |  |  |  |
|  | Air Rotor | No | 1 |  |  |  |  |  |  |
|  | Compressor oil free medical grade (noise-free) | no | 1 |  |  |  |  |  |  |
|  | high vacuum | no | 1 |  |  |  |  |  |  |
|  | Doctors’ Stool. | 1 | 1 |  |  |  |  |  |  |
|  | Medical Emergency tray | 1 | 2 |  |  |  |  |  |  |
|  | 20 PMT sets (mouth mirror, probe dental and tweezer). | 1 | 1 |  |  |  |  |  |  |
|  | Filling instruments. | no | 3 |  |  |  |  |  |  |
|  | Minor Surgical Instruments. | 1 | 2 |  |  |  |  |  |  |
|  | Perio Surgical Instrument-One Complete Set. | No | 1 |  |  |  |  |  |  |
|  | Endodontic Instruments. | no | 1 |  |  |  |  |  |  |
|  | Hands Scaler Set Blopsy.  | no | 1 |  |  |  |  |  |  |
|  | Pulp Tester. | no | 1 |  |  |  |  |  |  |
|  | Dental I.O.P. x-ray machine with x-ray developing facilities. | no | 1 |  |  |  |  |  |  |
|  |   |   |   |  |  |  |  |  |  |
|  | **Laboratory Equipment** |  |  |  |  |  |  |  |  |
|  | electric Calorimeter | yes(1) | 1 |  |  |  |  |  |  |
|  | Fully Automated Auto-analyser  |   | 1 |  |  |  |  |  |  |
|  | Semi auto analyser  | yes(1) | 1 |  |  |  |  |  |  |
|  | Micro pipettes of different volumes | yes(1) | 4 |  |  |  |  |  |  |
|  | lab Incubator | yes(1) | 1 |  |  |  |  |  |  |
|  | Electricentrifuge, table top |   | 1 |  |  |  |  |  |  |
|  | Cell Counterelectronic  |   | 1 |  |  |  |  |  |  |
|  | Counting chamber  | yes(1) | 1 |  |  |  |  |  |  |
|  | Paediatric Glucometer/Bilirubinometer | No | 1 |  |  |  |  |  |  |
|  | Alarm clock  | No | 1 |  |  |  |  |  |  |
|  | Elisa Reader cum washer | No | 1 |  |  |  |  |  |  |
|  | Blood gas analyser  | No | 1 |  |  |  |  |  |  |
|  | Electrolyte Analyser  | No | 1 |  |  |  |  |  |  |
|  | Glycosylated Haemoglobinometer1 | No | 1 |  |  |  |  |  |  |
|  | Blood Bank Refrigerator  | No | 1 |  |  |  |  |  |  |
|  | Haematology Analyser with 22 parameters  | No | 1 |  |  |  |  |  |  |
|  | Blood Collection Monitor | No | 1 |  |  |  |  |  |  |
|  | Laboratory Autoclaves  | No | 1 |  |  |  |  |  |  |
|  | Computer with UPS and Printer  | No | 1 |  |  |  |  |  |  |
|  | Automatic Blood Gas Analyzer  | No | 1 |  |  |  |  |  |  |
|  | Fine Needle Aspiration Cytology  | No | 1 |  |  |  |  |  |  |
|  | Histopathology Equipment  | No | 1 |  |  |  |  |  |  |
|  | \*\* Pipette – 1 ml & 5 ml | No | 1 |  |  |  |  |  |  |
|  | Burette 10 ml | No | 1 |  |  |  |  |  |  |
|  | Electronic weighing scale | No | 1 |  |  |  |  |  |  |
|  | Gas Burner | No | 1 |  |  |  |  |  |  |
|  | Laboratory balance | No | 1 |  |  |  |  |  |  |
|  |   |   |   |  |  |  |  |  |  |
|  | MTP Set (Including Suction Cannula size 6-12)  | 1 | 1 |  |  |  |  |  |  |
|  | Biopsy Cervical Set\*  | no | 1 |  |  |  |  |  |  |
|  | D&C Set | 1(one) | 1 |  |  |  |  |  |  |
|  | Proctoscopy Set\*  | no | 1 |  |  |  |  |  |  |
|  | P.V. Tray\*  | no | 1 |  |  |  |  |  |  |
|  | General Surgical Instrument Set Piles, Fistula,  | no | 1 |  |  |  |  |  |  |
|  | MTP suction apparatus  | no | 1 |  |  |  |  |  |  |
|  | NSV sets | no | 1 |  |  |  |  |  |  |
|  |   |   |   |  |  |  |  |  |  |
|  | Endoscope fibre Optic (OGD)\* | no | 1 |  |  |  |  |  |  |
|  | Arthroscope  | no | 1 |  |  |  |  |  |  |
|  | Operating Laproscope complete for laproscopic surgery | no | 1 |  |  |  |  |  |  |
|  | Laparoscope diagnostic and for sterilisation\* | no | 1 |  |  |  |  |  |  |
|  |   |   |   |  |  |  |  |  |  |
|  | **Furniture & Hospital Accessories** |  |  |  |  |  |  |  |  |
|  | Doctor’s chair for OP Ward, Blood Bank, Lab etc.  | yes | 10 |  |  |  |  |  |  |
|  | Doctor’s Table  | 2nos | 10 |  |  |  |  |  |  |
|  | Duty Table for Nurses  | 1nos | 2 |  |  |  |  |  |  |
|  | Table for Sterilisation use (medium)  | no | 1 |  |  |  |  |  |  |
|  | Long Benches (6 ½’ x 1 ½’)  | 4nos | 5 |  |  |  |  |  |  |
|  | stool Wooden | no | 20 |  |  |  |  |  |  |
|  | stools Revolving  | 5nos | 20 |  |  |  |  |  |  |
|  | Steel Cup-board  | no | 5 |  |  |  |  |  |  |
|  | Wooden Cup Board  | 1nos | 2 |  |  |  |  |  |  |
|  | Racks -Steel – Wooden  | 3nos | 10 |  |  |  |  |  |  |
|  | Patients Waiting Chairs (Moulded)\*  | no | 10 |  |  |  |  |  |  |
|  | Attendants Cots\* | no | 10 |  |  |  |  |  |  |
|  | Office Chairs  |   | 10 |  |  |  |  |  |  |
|  | Office Table  |   | 10 |  |  |  |  |  |  |
|  | Footstools\*  | no | 7 |  |  |  |  |  |  |
|  | Filing Cabinets (for records)\*  | no | 7 |  |  |  |  |  |  |
|  | M.R.D. Requirements (record room use)\*  | no | 6 |  |  |  |  |  |  |
|  | Paediatric cots with railings  | no | 6 |  |  |  |  |  |  |
|  | Cradle\*  | no | 6 |  |  |  |  |  |  |
|  | Fowler’s cot  | no | 1 |  |  |  |  |  |  |
|  | Ortho Facture Table\*  | no | 20 |  |  |  |  |  |  |
|  | Hospital Cots (ISI Model)  | no | 10 |  |  |  |  |  |  |
|  | Hospital Cots Paediatric (ISI Model)  | no | 10 |  |  |  |  |  |  |
|  | Back rest\*  | no | 20 |  |  |  |  |  |  |
|  | Dressing Trolley (SS)  | 2nos | 4 |  |  |  |  |  |  |
|  | Medicine Almairah  | 1(wooden) | 6 |  |  |  |  |  |  |
|  | Bin racks (wooden or steel)\* | no | 4 |  |  |  |  |  |  |
|  | ICUU Cots  | no | 2 |  |  |  |  |  |  |
|  | Bed Side Screen (SS-Godrej Model)^ | no | 5 |  |  |  |  |  |  |
|  | Medicine Trolley (SS) | no | 5 |  |  |  |  |  |  |
|  | Case Sheet Holders with clip (S.S.)\*  | 30nos | 4 |  |  |  |  |  |  |
|  | Bed Side Lockers (SS)\* | 25nos | 20 |  |  |  |  |  |  |
|  | Examination Couch (SS)  | 4nos | 4 |  |  |  |  |  |  |
|  | Instrument Trolley (SS)  | no | 5 |  |  |  |  |  |  |
|  | Instrument Trolley Mayos (SS) | no |   |  |  |  |  |  |  |
|  | Surgical Bin Assorted  | no | 1 |  |  |  |  |  |  |
|  | Wheel Chair (SS)  | no | 2 |  |  |  |  |  |  |
|  | Stretcher/Patience Trolley (SS) | 3nos | 4 |  |  |  |  |  |  |
|  | Kidney Tray (SS) - Assorted  | yes | 6 |  |  |  |  |  |  |
|  | Basin Assorted (SS) | no | 10 |  |  |  |  |  |  |
|  | Basin Stand Assorted (SS) | yes | 6 |  |  |  |  |  |  |
|  | Delivery Table (SS Full) | yes | 1 |  |  |  |  |  |  |
|  | Blood Donar Table\*  | no | 1 |  |  |  |  |  |  |
|  |  O2 Cylinder Trolley (SS)  | 3nos | 2 |  |  |  |  |  |  |
|  | Dispensingtable Wooden  | no | 4 |  |  |  |  |  |  |
|  | Bed Pan (SS)\*  | 5nos | 5 |  |  |  |  |  |  |
|  | Name Board for cubicals\*  | no | 6 |  |  |  |  |  |  |
|  | Kitchen Utensils\* | no | 4 pots |  |  |  |  |  |  |
|  | Containers for kitchen\* | no | 6 |  |  |  |  |  |  |
|  | Ambu bags | 1 | 4 |  |  |  |  |  |  |
|  |  O2 Cylinder with spanner ward type  | no | 2 |  |  |  |  |  |  |
|  | Emergency Resuscitation Kit-Adult | 1 | 1 |  |  |  |  |  |  |
|  |   |   |   |  |  |  |  |  |  |
|  | **Post Mortem Equipment** |  |  |  |  |  |  |  |  |
|  | Mortuary table (Stainless steel)\*  | no | 2 |  |  |  |  |  |  |
|  | Weighing machines (Organs) | no | 1 |  |  |  |  |  |  |
|  | Measuring glasses (liquids)  | no | 1 |  |  |  |  |  |  |
|  | Aprons\*  | no | 6 |  |  |  |  |  |  |
|  | PM gloves (Pairs)\*  | no | 50 |  |  |  |  |  |  |
|  | Rubber sheets\* | no | 4 |  |  |  |  |  |  |
|  |   |   |   |  |  |  |  |  |  |
|  | **Administration** |  |  |  |  |  |  |  |  |
|  | Computer with Modem with UPS, Printer with  | no | 1 |  |  |  |  |  |  |
|  | Internet Connection\*\* | no | 1 |  |  |  |  |  |  |
|  | xerox Machine | no | 1 |  |  |  |  |  |  |
|  | Typewriter (Electronic )\*  | no | 1 |  |  |  |  |  |  |
|  | Intercom (15 lines)\* | no | 1 |  |  |  |  |  |  |
|  | Paging System\* | no | 1 |  |  |  |  |  |  |
|  | Public Address System\* | no | 1 |  |  |  |  |  |  |
|  | Refrigerator 165 litres  | no | 1 |  |  |  |  |  |  |
|  | Solar Water heater\*  | no | 1 |  |  |  |  |  |  |
|  |   |   |   |  |  |  |  |  |  |
|  | **Hospital Fittings & Necessities** |  |  |  |  |  |  |  |  |
|  | Fire extinguishers\* | no | 4 |  |  |  |  |  |  |
|  | Emergency lamp | no | 5 |  |  |  |  |  |  |
|  | Emergency trauma set\*  | no | 1 |  |  |  |  |  |  |

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| **Sl No.** | **Name of the Equipment**  | **PHC Khoupum** | **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** |
|  | B.P.apparatus table model  | 1 | 1 | 1 | 7 | 3 |  | 1 |  |
|  | Stethoscope  | 1 | 1 |  |  |  |  |  |  |
|  | Silastic vacuum extractor | NO | 1 |  |  |  |  |  |  |
|  | Haemoglobinometer  | NO | 1 |  |  |  |  |  |  |
|  | Glucometer | NO | 1 |  |  |  |  |  |  |
|  | Emergency Resuscitation Tray (Adult) including intubation equipment  | NO | 1 |  |  |  |  |  |  |
|  | Refrigerator  | NO | 1 |  |  |  |  |  |  |
|  | Portable x-ray machine  | NO | 1 |  |  |  |  |  |  |
|  | Basic surgical instruments e.g. fine scissors, scalpel with blades, fine artery forceps,  | NO | 1 |  |  |  |  |  |  |
|  | suture material & needles, towel, clips etc. | NO | 1 |  |  |  |  |  |  |
|  | Washing machine with dryer (separate)  | NO | 1 |  |  |  |  |  |  |
|  | Neonatal laryngoscope with straight blade and spare  | NO | 1 |  |  |  |  |  |  |
|  | Waste disposal twin bucket, hypochlorite solution/bleach  | 1 | 1 |  |  |  |  |  |  |
|  | Oesophagoscope Adult | NO | 1 |  |  |  |  |  |  |
|  | Oesophagoscope Child  | NO | 1 |  |  |  |  |  |  |
|  | Medicine Almairah  | 1 | 1 |  |  |  |  |  |  |
|  | Bed Side Lockers (SS)\* | NO | 5 |  |  |  |  |  |  |
|  | Delivery Table (SS Full) | 1 | 1 |  |  |  |  |  | Current one is Not properly functional |

|  |  |  |  |
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| **Sl No.** | **Name of the Equipment**  | **PHC Noney** | **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** |
|  | Stethoscope  | 2 | 1 | 1 | 6 | 1 |  | 1 |  |
|  | BP Apparatus & Stethoscope | 1 | 2 |  |  |  |  |  |  |
|  | Hub cutters  | 1 | 3 |  |  |  |  |  |  |
|  | Doctor’s Table  | 1 | 2 |  |  |  |  |  |  |
|  | Duty Table for Nurses  | 1 | 2 |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl No.** | **Name of the Equipment**  | **PHC Haochong** | **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** |
|  | Radiant Warmer | 0 | 1 | 1 | 3 | 0.3 |  | 1 |  |
|  | Electric heater/boiler  | 0 | 1 |  |  |  |  |  |  |
|  | Vertical Autoclave  | 0 | 1 |  |  |  |  |  |  |
|  | Haemoglobinometer  | 0 | 1 |  |  |  |  |  |  |
|  | ESR stand with tubes  | 0 | 1 |  |  |  |  |  |  |
|  | test tube holders  | 0 | 1 |  |  |  |  |  |  |

**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.