

**INTEGRATED P.I.P. OF
NATIONAL RURAL HEALTH MISSION
(NRHM)
FOR MANIPUR STATE**

FOR THE YEAR 2006-07

**Department of Health & Family Welfare
Government of Manipur**

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Executive Summary:

Manipur is a small hilly State situated in the north-eastern part of the country having a population of 24 lakhs. In spite of the relatively weak health infrastructure, poor transport and communication facilities and bad law & order situation prevailing in the State, the Health Indicators of the State are better than that of the National figure (e.g. IMR-16, MMR-374, CBR-15.5, CDR-4.8, Sex Ratio-978, Female Literacy Rate-59.7 etc).

The Integrated Project Implementation Plan (PIP) of National Rural Health Mission for the year 2006-07 was prepared with a vision to achieve the National Millenium Goals and the National Population Policy Goals. The initial version of the PIP was submitted to RRC, NE and MoHFW, Govt. on India on..... Following recommendation from RRC, NE it was partly modified so that newer initiatives could be incorporated.

The present PIP has five parts viz.

1. Part "A" - RCH-II
2. Part "B" - New Initiatives under NRHM
3. Part "C" - Routine Immunization Strengthening
4. Part "D" - Disease Control Programs & Integrated Surveillance and
5. Part "E" - Program Convergence

Under Part "A", emphasis is given to up-grade 04 CHCs to FRU status and up-grade 20 PHCs to 24/7 Service Centres.

Under Part "B", new Initiatives like Janani Suraksha Yojana, District Mobile Medical Units, maintenance of existing health facilities through Rogi Kalyan samitis, construction of building-less health facilities, new establishment of GNM training Scools and up-gradation of health facilities to Indian Public Health Standards level are incorporated.

Under Part "C", alternate vaccine delivery for difficult to be accessed areas is given importance.

Under Part "D", National Disease Control Programs like, National Vector Borne Disease Control Program (NVBDCP), Revised National Tuberculosis Control Program (RNTCP), National Leprosy Elimination Program (NLEP), National Blindness Control Program (NBCP) and National Iodine Deficiency Disorders Control Program (NIDDCP) are discussed.

Lastly, under Part "E", convergence of Health & Family Welfare Programs with relevant Departments like Department of Women & Child Development, Panchayati Raj Institutions, Manipur AIDS Control Society, AYUSH and PHED/PWD are emphasized.

The summary budget requirement of these five components for the year 2006-07 is

Sl. No.	NRHM Component	Rs. in lakhs
1	Part "A" – RCH II	1211.252
2	Part "B" – New Initiatives	3234.595
3	Part "C" – RI Strengthening	70.848
4	Part "D" – Disease Control Programs & Surveillance	1171.0346
5	Part "E" – Program Convergence	17.40
Total		5705.1296

Brief on NRHM

The National Rural Health Mission (NRHM) is being operationalized from April 2005 throughout the country, with special focus on 18 States which includes 8 Empowered Action Group (EAG) States, 8 North-east States, Himachal Pradesh and Jammu & Kashmir, where the health infrastructure is weak. The same was launched in the North –Eastern States including Manipur in November 2005.

The main aim of NRHM is to provide accessible, affordable, accountable, effective and reliable primary health care, especially, to the poor and vulnerable sections of the population. It also aims at bridging the gap in Rural Health Care through creation of a cadre of Accredited Social Health activists (ASHA), improved hospital care measured through Indian Public Health Standards (IPHS), decentralization of program to district level to improve intra- and inter-sectoral convergence and effective utilization of resources. The NRHM further aims to provide overarching umbrella to the existing programs of Health and Family Welfare including RCH-II, Malaria, Blindness, Iodine deficiency, TB, Leprosy and Integrated Disease Surveillance. Further, it addresses the issue of Health in the context of sector-wise approach addressing sanitation and hygiene, nutrition and safe drinking water as basic determinants of good health in order to have greater convergence among the related social sector Departments i.e. AYUSH, Women and Child Development, Sanitation, Elementary Education, Panchayati Raj and Rural Development.

The Mission further seeks to build greater ownership of the program among the community through involvement of Panchayati Raj Institutions, NGOs and other stake-holders at National, State, District and Sub-district levels to achieve the goals of National Population Policy and national Health Policy.

The key components of the Mission are:

- (i) Creation of a cadre of voluntary, female Accredited Social Health Activists (ASHA) at village level
- (ii) Creation of Village Health Team and preparation of Village Health Plan
- (iii) Strengthening Sub-centres with Untied Funds of Rs. 10,000/- per annum.
- (iv) Raising Community Health Centres and Primary Health Centres to levels of Indian Public Health Standards.
- (v) Integrating vertical Health and Family Welfare programs and societies under NRHM at National, State, and district levels
- (vi) Strengthening Program Management Capacities at National, State and District levels
- (vii) Institutionalizing district level management of health
- (viii) Supply of generic drugs (both allopathic and AYUSH) to Sub-centres/PHC/CHC

Part – A

RCH-II

1. Socio-demography

The socio-demographic picture of Manipur is as given in the Table below.

Table No. 1 showing socio-demographic scenario of Manipur State

Indicators	
Area (in Sq. Km.)	22,327
Districts	9
Blocks	36
Subdivisions	31
Population*	
Total	23,88,634
Urban	5,70,410 (23.88%)
Rural	18,18,224 (76.12%)
Population by caste*	
Scheduled Tribe	38%
Scheduled Caste	5%
OBC	4.5%
Others	52.2%
Annual Exponential Growth Rate (1991-2001)*	2.63%
Decadal Growth Rate (1991-2001)*	30.02%
Population Density per Sq. Km.*	107
Sex Ratio*	978
Female Literacy Rate*	59.7%
Maternal Mortality Ratio**	374
Infant Mortality rate ^{♀♀}	16
Total Fertility Rate [♀]	3.04
Crude Birth Rate ^{♀♀}	15.5
Crude Death Rate ^{♀♀}	4.8
Per Capita Income (in rupees)**	3502
Low Standards of Living Index [♀]	
Urban	9%
Rural	45%
Total	34.3%
Road Density (per 100 Sq. Km.)*	49

(Sources: * Census 2001, Directorate of Census, Govt. of Manipur. **SRS, [♀] NHFS-2 and ^{♀♀} Bull. RHS)

2. Availability of Health Facilities

The Health facilities available in the state are given below.

Table No. 2 showing Health facilities available in Manipur State

<i>Health facilities</i>	<i>Number</i>
Regional Institute of Medical Sciences	1
State hospital	1
District hospitals	7
Community Health Centres	16
First Referral Units	11
Primary Health Centres	72
Primary Health Sub-centres	420
Dispensaries	14
Private hospitals/clinics	22
Drug De-addiction Centres	5
TB hospital	1
Post Partum Programme Centres	4
Leprosy Hospital	1
Urban Family Welfare Centres	2
Urban Health Centres	2

The district-wise distribution of health facilities are as follows.

Table No. 3 showing district-wise distribution of health facilities

<i>Districts</i>	<i>RH/SH/DH</i>	<i>CHC</i>	<i>FRU</i>	<i>PHC</i>	<i>PHSC</i>	<i>Disp.</i>	<i>Pvt. Hosp/clin.</i>	<i>Others</i>
Imphal (w)	1	2	1	9	51	2	7	1 RIMS
Imphal (E)	1	2	2	10	53	4	2	-
Thoubal	1	4	2	12	58	-	4	-
Bishnupur	1	2	2	5	36	-	3	-
Churachandpur	1	1	1	9	61	2	2	-
Ukhrul	1	1	2	6	40	2	2	-
Tamenglong	1	1	0	6	29	1	1	-
Senapati	1	2	2	11	66	1	1	-
Chandel	1	1	0	4	26	2	0	-
Total	9	16	11	72	420	14	22	1

3. Current status and goals of RCH-II

3.1. Outcome indicators

Table showing current status and goals by 2010

	MANIPUR			INDIA		
	<i>Current status</i>	<i>Goal by 2007-08</i>	<i>Goal by 2010</i>	<i>Current status</i>	<i>Goal by 2007-08</i>	<i>Goal by 2010</i>
MMR	374 (SRS-2001)	250	<150	407 (NFHS-2)	200	<100
IMR	37 (NFHS-2)	34	<30	66 (SRS-2001)	45	<30
NMR	18.6 (NFHS-2)	17.5	16	45 (SRS-98)	26	20
TFR	3.04 (NFHS-2)	2.6	2.1	3.3	-	2.1

3.2. Process/intermediate indicators

Table showing targets and goals of process indicators

	<i>Current Status</i>	<i>Goals 2006-2007</i>
Maternal Health		
% of institutional deliveries		
• Overall	34.5 (NFHS-2)	52
• BPL/SC/ST	20.1 (NFHS-2)	42
% of deliveries by SBA		
• Overall	53.9 (NFHS-2)	72
• BPL/SC/ST	36.1 (NFHS-2)	50
% of deliveries received EmOC		
• Overall	NA	30
• BPL/SC/ST	NA	30
% of PW registered in 1st trimester		
• Overall	50 (NFHS-2)	70
• BPL/SC/ST	42.2 (NFHS-2)	60
	<i>Current Status</i>	<i>Goals 2006-2007</i>
% of PW received ≥ 3 ANC		
• Overall	54.4 (NFHS-2)	70
% of PW given full doses of TT & IFA		
• Overall	50 (NFHS-2)	70
• BPL/SC/ST	42.2 (NFHS-2)	65
% of mothers given PNC visits within 2 months of delivery		
• Overall	27.1 (NFHS-2)	50
Cumulative No. of facilities operationalised to provide 24 hours delivery and Basic EmOC		
• CHC/FRU	0 (FW Dcte Rep)	14
• PHC	0 (FW Dcte Rep)	20

	Current Status	Goals 2006-2007
Cumulative No. of facilities operationalised for Compr. EmOC		
• FRU	0 (FW Dcte Rep)	8
% of anaemia among married women		
• Overall	28.9 (NFHS-2)	18
• BPL/SC/ST	31.9 (NFHS-2)	20
Child/Neonatal Health		
% of neonates breastfed on Day 1		
• Overall	47.5 (NFHS-2)	75
• BPLSC/ST	43.7 (NFHS-2)	75
% of infants exclusively breastfed for 4 months		
• Overall	69.7 (NFHS-2)	85
% of 13-24 months of age fully immunized		
• Overall	42.3 (NFHS-2)	90
• BPL/SC/ST	29.6 (NFHS-2)	80
Family Planning		
Unmet need for spacing methods		
• Overall	13.6 (NFHS-2)	6
• BPL/SC/ST	14.6 (NFHS-2)	8
Unmet need for terminal methods		
• Overall	10 (NFHS-2)	6
Contraceptive prevalence rate		
• Overall	38.7 (NFHS-2)	45
• BPL/SC/ST	36.9 (NFHS-2)	42
Adolescent health		
% of girls getting married before 18 years of age		
• Overall	9.9 (NFHS-2)	5
• BPL/SC/ST	NA	6
Prevl. of anaemia among adol. girls		
• Overall	31.5 (NFHS-2)	20
• SC/ST	31.9 (NFHS-2)	21
% of HIV seropositive adolescents	7.6 (MACS Rep)	4

4. Institutional strengthening/ improving management structure

4.1. Manipur State Health Mission and State Health Society

Manipur State Health Mission and a registered State Health Society is already formed having the following members:

State Health Mission/Mission Steering Group

Composition

- Chairperson : Chief Minister
- Co-chairperson : Minister (Health & FW)
- Convener : Secretary (Health & FW)
- Members :
 - Ministers in-charge of (i) Social Welfare (ii) PHED (iii) PR & RD
 - 2 nominated public representatives
 - Commissioners/Secretaries of (i) Social Welfare (ii) PHED (iii) PR & RD (iv) Planning (v) Hills
 - Directors of (i) Health (ii) FW (iii) RD (iv) SW (v) RIMS and (vi) EE, PHED
 - 2 representatives of Developmental partners: (i) Surveillance Medical Officer of NPSP (WHO) (ii) WHO Consultant (NE) for RNTCP for TV/HIV Coordination

Governing Body of State Health Society

Composition

- Chairperson : Chief Secretary
- Vice-chairperson : Secretary (Health & FW)
- Convener : Mission Director
- Members :
 - Secretaries of (i) Finance (ii) Social Welfare (iii) PHED (iv) PR & RD (v) Hills (vi) MAHUD (vii) Planning (viii) 1 GoI Representative (Shri K. Ramamoorthy) (ix) 2-3 State nominated non-official members (x) Regional Director (Health & FW), GoI (xi) Director, Health and (xii) Director FW Services

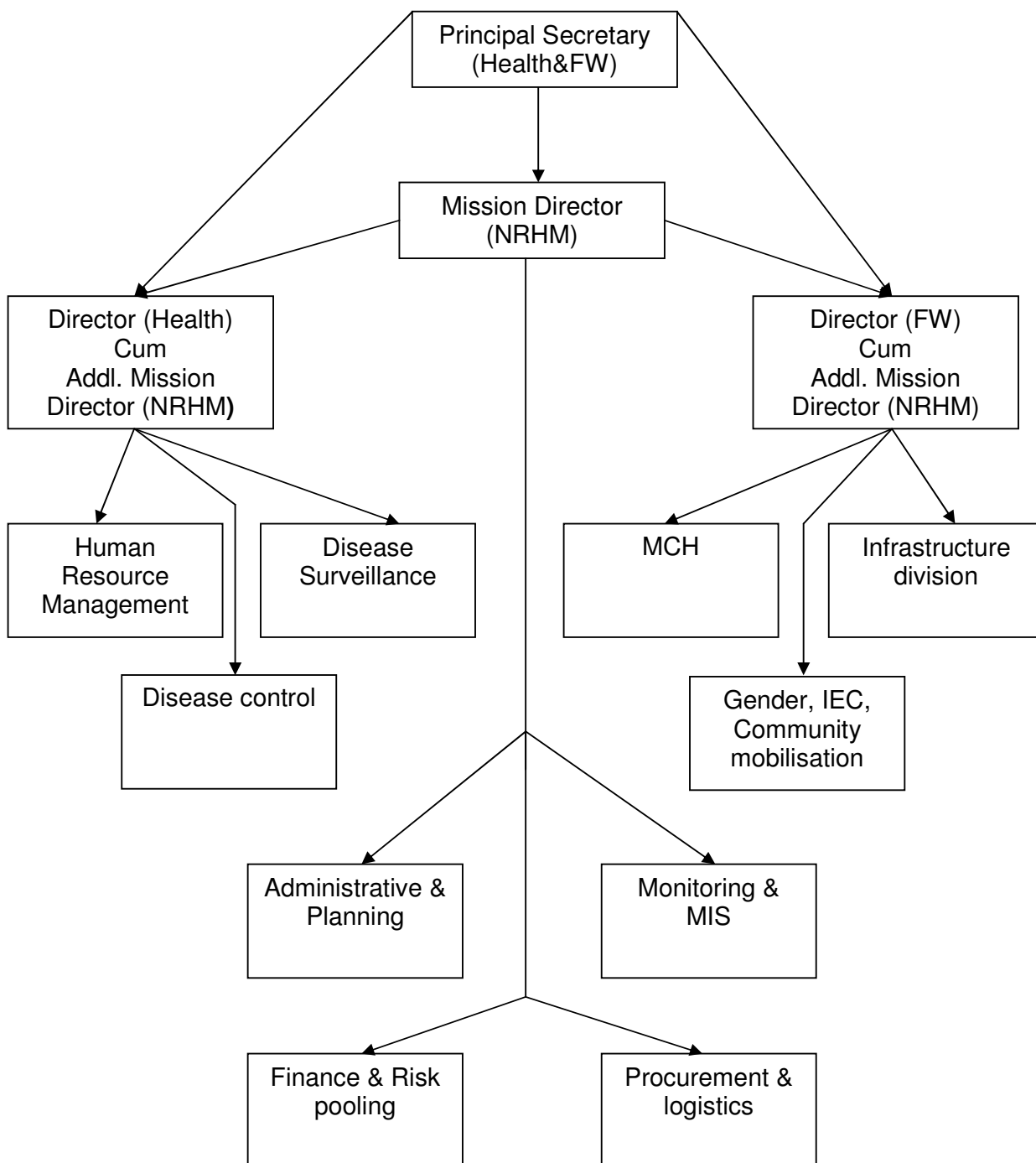
Executive committee of State Health Society

Composition

- Chairperson : Secretary (Health & FW)
- Co-chairperson : Director (Health)
- Convener : Mission Director
- Joint Secretaries :
 - State Program Managers/Project Directors (State Malaria Officer, State TB Officer, State Leprosy Officer, Project Director RCH, State IDDCP Officer, State NBCP Officer, State IDSP Officer)

- * Members :
- Secretaries/representatives not below rank of Joint Secretary of i) Social Welfare (ii) PHED (iii) PR & RD (iv) Planning (v) Finance (vi) MAHUD (vii) Hills including Sadar Hills

The management organogram at State level will be



The working pattern, rules and regulations and bye-laws of the State Health Society will remain as before.

4.2. District Health Mission and the District Health Society

District Health Mission and registered District Health Societies have been established in all the districts.

District Health Mission

Composition

- Chairperson : Deputy Commissioner
- Vice-chairperson : CEO Zilla Parishad/CEO District Council
(for Hill Districts including Sadar Hills)
- Convener : Chief Medical Officer
- Members :
 - 2 Local MLAs, Project Director (DRDA if CEO Zila Parishad/District Council is not the Project Director), Chairpersons of Hospital Management Societies, District Program managers for Health & FW, EE of PHED in-charge of the District, District Program Officers of WCD, District Mo/c AYUSH, ZEO, District social Welfare Officer, All BDOs, 1-2 representatives of MNGO/SNGO and 1 State representative

Governing Body of District Health society

Composition

- Chairman : Deputy Commissioner
- Chief Executive Officer : Chief Medical Officer
- Convener : District RCH/FW Officer
- Members : District Program Mangers for Health & FW,
District MO i/c AYUSH, EE of PHED in-charge
of
TSC, EE of PHED (if different from EE in-charge of TSC), District program Officer (WCD), District PMSU, ZEO, District SW Officer, All BDOs, A State representative, All SDOs, CHC in-charge, 2-4 representatives of medical Associations/MNGO/SNGO and Developmental Partners

Executive Committee of District Health Society

Composition

- Chairman : Chief Medical Officer
- Co-chairman : CEO ADC/PRI
- Chief Executive Officer and Convener : District RCH/FW Officer
- Members : Superintendent of District Hospital, All District Programme Managers for Health & FW, District Program Officer (WCD), EE of PHED in-charge of the District, Deputy Director of Tribal Development, All BDOs, Member Secretaries of Hospital Management Societies, Non-official members of Governing Body.

4.3. State and District Program Management Units

Program Management Units comprising of (i) Health program Manager (ii) Financial Manager and (iii) Data/ Computer managers are established at the State Level and in all the 09 Districts in the State through contractual appointment. Some Supporting staffs needed are also in place whereas some more are in recruitment process.

Table showing budgetary support needed for staffs of State and District Program Management Units along with supportive staffs

Manpower needed			
Sr. No.	Categories of personnel	Unit rate in lakhs	Amount required in lakhs
1	1 State Financial Consultant	3.00	3.00
2	1 State Assistant Financial Consultant	1.80	1.80
3	1 State Engineer Consultant	3.00	3.00
4	1 State Architect Consultant	3.00	3.00
5	1 State Program Management Officer	3.00	3.00
6	1 State Computer Programmer	1.80	1.80
7	1 State Stenographer	0.72	0.72
8	1 State Office Assistant	0.72	0.72
9	1 State Statistical Officer	1.44	1.44
10	9 District Program Managers	2.40	21.60
11	9 District Accounts Officers	1.80	16.20
12	9 District Computer Specialists	1.20	10.80
Subtotal			67.08
Expenditures for State and District PMUs			
1	Traveling expense of State Mission		7.50
2	Housekeeping and other expenses of State Mission		5.00
3	Expenditure on State level workshop, seminars etc.		5.00
4	Office expenditure of 09 Districts	3.50	31.50
5	Traveling expense of 09 Districts	3.50	31.50
6	POL & Vehicle maintenance		
Subtotal			80.50
Grand total			147.58

4.4. Strengthening of State FW and District Headquarters

Out of the activities envisaged in PIP of 2005-06, only purchase of two laptops was possible. The two staffs needed for data entry and analysis could not be engaged due to delay in obtaining State Cabinet approval. Further a need of five more computers has arisen for more effective monitoring and communication. Hence the activities needed to be taken up during 2006-07 and their financial implications are as given below.

Further, 4 districts viz. Senapati, Chandel, Tamenglong and Ukhrul which do not have proper office of their own may be allowed to hire office buildings

Table showing activities and budget requirement in 2006-07 for Strengthening State and District FW Headquarters

<i>Particulars</i>	<i>Amount in lakhs</i>
State Hdqs.	
Office set-up and furnishing	10.00
Salary for <ul style="list-style-type: none"> • 2 staffs for data entry & analysis @ Rs 4,000 	0.96
2 out-sourced vehicles @ 12,500/- per month per vehicle	3.00
Printing & stationary	4.00
Other Contingencies	1.25
Five computer set @ Rs. 50,000/-	2.50
POL & Vehicle maintenance	10.00
Subtotal	31.71
District HFW Hdqs of SNP, CND, TML, UKL	
Rental of 4 office buildings @ Rs. 2500/- per month	1.20
Total	32.91

5. Committees at PHC and Subcentre level

To improve the health service delivery at Primary Health Centres (PHCs) and Sub centres in the State, it has been decided to constitute committees at PHC and Subcentre level for all the existing PHCs and Subcentres in the State of Manipur.

- A. The composition of the PHC level Committee will be as follows:
- | | | |
|--|---|---------------------|
| Medical Officer in-charge | : | Chairman & convener |
| Pradhans of Gram Panchayats/ Village
Chairman within the PHC jurisdiction | : | Members |
| Public Health Nurse | : | Member |
| Pharmacist | : | Member |
| Co-opted members | | |

- B. Functions of PHC level Committee

The functions of PHC level Committee will be as follows:

- (i) To review and monitor PHC performance
- (ii) To promote universal immunization and institutional delivery in the PHC area
- (iii) To monitor repair and renovation works of the PHC
- (iv) To ensure availability and regular supply of drugs, reagents and other consumables.
- (v) To ensure that PHC equipments are properly maintained and kept in running condition
- (vi) To monitor outreach sessions by Medical Officer in each Subcentre area and other outlying areas.
- (vii) To improve the laboratory testing facilities at PHC
- (viii) To ensure cleanliness at the PHC premises.
- (ix) To monitor attendance of all category of employees of PHC
- (x) To monitor quality and use of Ambulance service, if available at the PHC
- (xi) To monitor performance of Subcentres under the PHC jurisdiction, in the implementation of Health & FW Program.
- (xii) To ensure timely submission of complete and accurate reports.

The committee shall meet at least once in a month and submit the resolution to the District Health Society.

- C. The composition of Subcentre Committee will be as follows:
- | | | |
|--|---|----------|
| Pradhan of concerned Gram Panchyat/ Village chairman in which the Subcentre is situated. | : | Chairman |
| Multi Purpose Worker (Female) | : | Convener |
| Multi Purpose Worker (Male) | : | Member |
| Members of GP in the Subcentre area | : | Members |
| ICDS Supervisor | : | Member |
| Co-opted members | | |

D. Functions of Subcentre Level Committee

The functions of the committee shall be as follows:

- (i) To prepare Subcentre Action Plan for implementation of Health & FW Programs
- (ii) To monitor functions of the Subcentre.
- (iii) To devise strategy for achievement of universal immunization and institutional delivery.
- (iv) To bring about convergence of activities of MPW(F) and Anganwadi Workers.
- (v) To take steps for utilization of Subcentre Untied Fund and other funds placed for improvement of the Subcentre.
- (vi) To take steps for construction, repair and renovation of the Subcentre and to improve the physical infrastructure of the Subcentre.
- (vii) To monitor outreach services for MPW (F) in each Anganwadi Centre.
- (viii) To take efforts for community action for universal immunization, safe delivery, newborn care, prevention of water-borne and other communicable diseases and improvement of nutrition and sanitation.
- (ix) To implement and monitor National Health Programs at Subcentre level.
- (x) To implement and monitor activities under School Health and Adolescent Health at Subcentre level.
- (xi) To ensure birth, death and marriage registration and to update ECCR.
- (xii) To take steps for proper implementation of Janani Suraksha Yojana and ensure expeditious utilization of funds.
- (xiii) To ensure timely submission of complete and accurate reports to PHC.

The Subcentre Committee will meet at least once a month and submit the resolution to PHC level Committee.

6. Technical Activities

6.1. Maternal Health

6.1.1. Contractual Staffs

02 FRUs were envisaged to be operationalised in 2005-06. Also 10 PHCs were envisaged to up-graded to 24/7 PHCs. Again 30 Subcentres were envisaged to get repaired in the same year. Agencies for this purpose were identified. But the operationalization could not materialize.

In the current year (2006-07) the back-log of up-grading of 10 PHCs and repairing of 30 Subcentres will be completed. Also 10 more PHCs and 30 more Subcentres will be taken up. Again in the current year 4 (four) FRUs viz. (i) CHC Sagolmang (ii) CHC Kakching (iii) CHC Moirang and (iv) CHC Wangoi will be up-graded.

Out of the contractual staffs (12 Specialist Doctors at CHCs, and 190 ANMs at underserved Subcentres) envisaged in the approved RCH-PIP, 188 ANMs are currently engaged on contractual basis. It is not likely to get the Specialist Doctors. Hence the policy of training MBBS doctors on Caesarian Section and Emergency Life-Saving Anesthetic skills is being pursued, the details of which are discussed under the heading of "Training". However, specialist doctors if available will be engaged on contractual basis.

The services of **190 ANMs at Subcentres** will be continued in the current year. The budget requirement for utilizing their services will be **Rs. 114.00 lakhs** (Rs. 5000/- p.m. for 190 ANMs).

In addition to the above mentioned staffs, the services of the following staffs will be needed for up-grading the Primary Health Care Institutions. The posts are those which are not yet sanctioned under existing State Services Rules but needed as per up-gradation to IPHS Level. Along with this, AYUSH Doctors and Pharmacists will be engaged in the FRUs. These posts will be recruited through contractual appointment for 11 months only which may be extendable.

A. Community Health Centres

Table showing additional manpower required on contractual basis for FRUs to be up-graded

Sl. No.	Category of Employee	I.E. Dist	I.W. Dist	TBL Dist	BPR Dist	Total
1.	Staff Nurse	0	6	6	10	22
2.	Pharmacist	0	1	1	1	3
3.	Lab. Technician	0	1	1	1	3
4.	Radiographer	0	1	1	1	3
5.	Specialist doctors (Med, surg, OG, Paed)	4	4	4	4	16
6.	AYUSH specialists	1	1	1	1	4
7.	AYUSH Pharmacists	1	1	1	1	4

Table showing budget requirement for 2006-07 for supporting the contractual staffs at CHCs

Sl. No.	Category of Employee	Total No. reqd.	Unit rate p.m.	Unit rate per year	Total in lakhs
1.	Staff Nurse	22	6000/-	72000/-	15.84
2.	Pharmacist	3	6000/-	72000/-	2.16
3.	Lab. Technician	3	5000/-	60000/-	1.80
4.	Radiographer	3	5000/-	60000/-	1.80
5.	Specialist doctors (M,S,OG & Paed)	16	18000/-	216000/-	34.56
6.	AYUSH specialist	4	18000/-	216000/-	8.64
7.	AYUSH Pharmacists	4	6000/-	72000/0	2.88
Total					67.69

An amount of Rs. 10.00 lakhs may be kept reserved for hiring anesthetists for Emergency Obstetric Care.

B. Primary Health Centres

A total of 20 Additional Staff Nurses (One additional Staff Nurse per 24/7 PHC) will be engaged on contractual basis @ Rs. 6000/- per month giving a total amount of **Rs. 14.40 lakhs**. Also 10 Lab. Techs. (posts not sanctioned yet under State Health Services but needed as per norm) will be required @ Rs. 5000/- per month giving a total of **Rs. 6.00 lakhs**.

Further, 20 AYUSH doctor @ Rs. 15000/- p.m. and 20 AYUSH pharmacists @ Rs. 6000/- p.m. will be engaged in the 24/7 PHCs giving a total amount of **Rs. 36.00 Lakhs and Rs. 14.40 lakhs per annum**.

The total budgetary support needed for hiring the services of the above mentioned contractual staffs at CHCs, PHCs and Subcentres will be as given below.

Table showing summary budgetary support (in lakhs) needed on contractual staff

For 190 additional ANM in underserved/remote Subcentres		114.00
For 4 CHCs	For staffs	67.69
	Anesthetists' fee	10.00
For twenty 24/7 PHCs		70.80
Total		262.49

6.1.2. Other Maternal Health Interventions

6.1.2.1. FRU operationalization

In the current year 4 (four) CHCs viz. (i) CHC Sagolmang (ii) CHC Kakching (iii) CHC Moirang and (iv) CHC Wangoi will be up-graded to FRU status.

6.1.2.1.2. Infrastructure up-gradation of FRUs

C. FRUs	Unit rate	Units	Amount in lakhs
Extension of OT	6.00	4	24.00
Extension of Labor room	4.00	4	16.00
Overhead water storage system	2.00	4	8.00
Double Telephone lines	0.06	4	0.24
Blood Storage Room	2.00	4	8.00
Blood storage cabinet	2.50	4	10.00
Stand-by DG Set (10 Kva)	2.00	4	8.00
Installation shed & charge	0.50	4	2.00
Hospital Waste Management System	5.00	4	20.00
TV, VCD/CD player	0.25	4	1.00
Computer sets	0.50	4	2.00
Blood auto-analyzer	3.50	4	14.00
Boyle's apparatus	1.10	4	4.40
Renovation/repair of Staff quarters	1.00	24	24.00
Total			141.64

6.1.2.2. Up-gradation of 24/7 PHCs

20 PHCs will be upgraded to 24/7 PHCs in the current year. The budgetary requirement for this is as given below.

The budget needed for up-grading the above mentioned health facilities will be:

B. PHCs			
Extension of Labor rooms	2.10	20	42.00
Stand-by DG Set (5 Kva)	1.00	20	20.00
Installation-shed & charge	0.40	20	8.00
Hospital Waste Management	1.50	20	30.00
Maintenance/Repair of PHC building	1.00	20	20.00
Renovation & repair of Staff quarters	1.00	40	40.00
Total			160.00

6.1.2.3. Referral transport for upgraded FRUs:

The four upgraded FRUs will be provided outsourced ambulances for referral transport. The budget required is as given below.

	<i>Unit rate in lakhs</i>	<i>Units</i>	<i>Amount in lakhs</i>
Outsourcing ambulance (assuming 10 referrals per month @ Rs. 1500/- per referral)	1.80	4	7.20

6.1.2.4. Inspection vehicle to CHC and PHC for supervisory visits

For monitoring and supervision all the existing 16 CHCs and 72 PHCs will be provided outsourced vehicles.

	<i>Unit rate</i>	<i>Units</i>	<i>Amount in lakhs</i>
Outsourcing Inspection vehicle (05 days a month) for PHC	0.30 (Rs. 500/- per day)	72	21.60
Outsourcing Inspection vehicle (05 days per month) for CHCs	0.30 (Rs. 500/- per day)	16	4.80
Total			26.40

6.1.2.5. Operationalizing Subcentres

60 depilated Subcentres will be repaired/renovated in the current year. 266 Building-less Subcentres will continue to work in rented buildings.

<i>Particulars</i>	<i>Unit rate</i>	<i>Units</i>	<i>Amount in lakhs</i>
Repair & maintenance	0.50	60	30.00
Rent for Building-less Subcentres	0.03	266	7.98

6.1.2.6. Trainings on (i) Blood storage (ii) SBAs (iii) MBBS doctors on C/S and anesthesia: Discussed under the heading of "Training"

6.1.2.7. Ensuring ≥ 3 ANC: Reaching out to each PW especially the poor, tribal and SC by involving TBA, LW/ASHA, AWW in organizing ANC sessions and by holding fixed **Health Days at Anganwadi Centres. It is proposed that the 2nd working Friday of every month is observed as Health Days.** TBA/ASHA/AWW are to help in mobilizing PW for ANC. Incentives for ASHA for this purpose is discussed in Part B.

6.1.2.8. Post-partum care

Ensuring PP contacts on Day 1 and 7 and at 6 weeks through ANM/AWW/ASHA. This will be linked with the visits for neonates

6.1.2.9. Monitoring/records/auditing

Monitoring State and district-wise MMR
Monitoring coverage, unmet needs for Basic and Comprehensive EmOC, CS rate and facility-wise case fatality rate
Conducting verbal autopsy for any maternal deaths

6.1.2.10. Safe Medical Termination of Pregnancy

- Obtaining/continuing registration for DH, CHC, FRU, PHC for MTP services
- Encouraging private and NGO sectors to establish quality MTP services, accrediting them and monitoring their services through HMIS.
- Enhancing access to confidential counseling for MTP by training ANM, AWW, ASHA etc.
- Training adequate number of doctors in MTP skills in government and private sectors

6.1.2.11. RTI/STI

- Training ANM/LW/AWW to identify and refer suspected cases of RTI/STI
- Operationalising services for diagnosis and treatment of RTI/STI
- Opening RTI/STI clinics at least once in a week at all FRUs and District Hospitals
- Promoting BCC for prevention and early care seeking
- Training technicians in laboratory diagnosis of RTI/STI

6.1.2.12. Research in maternal death

Developing tools for maternal death audit and reporting (Verbal autopsy *pro forma* already developed)

6.2. Child Health

Strengthening Routine Immunization is discussed under Part C of NRHM

6.3. Newborn Health

6.3.1. Essential Newborn Care

Newborn Care Corners will be established in all the up-graded FRUs, District Hospitals and 24/7 PHCs. The budget requirement for establishing them in the 4 DHs and 4 FRUs will be:

Particulars	Unit rate	Units	Amount in lakhs
Newborn Care Corner at FRUs and 04 DHs	0.40	8	3.20
NBCC at PHCs	0.20	20	4.00
Total			7.20

6.3.2. Training on IMNCI

The process is already initiated. The details including budgetary requirement is as given below.

Trainees	Trainers	Training Coordinator	No. of batches	Course per batch	Course contents	Place of training	Budget details	Total budget
52 SBAs (5-6 per district) (Includes SMO/MO of 16 CHCs and FHS/FHWs of 36 PHCs to be up-graded to 24X7 PHCs)	Faculties of RH & FWTC	Principal, RH & FWTC	Two	3 days	Basic newborn resuscitation, Thermal protection & prevention of infection to newborns, Care of LBW babies, Early detection of illnesses and early care seeking, Care of sick newborns at home and institutions,, ARI, Diarrhoeal diseases & ORT. Care during transport of sick children etc. .	RH& FWTC	<ul style="list-style-type: none"> • Hon. for 5 Resource persons @ Rs. 300/- per head per day X 3 days = Rs. 4,500/- • TA for 52 trainees @ Rs. 200/- per head per day = Rs. 10,400/- • DA for 32 trainees @ Rs. 200/- per head per day X 3 days = Rs. 31,200/- • Overhead charges, contingencies, training materials etc = Rs.7,500/- 	Rs. 53,600/-

6.3.2. Home-based Newborn Care:

Introducing a package of home-base Newborn care (A Guideline Document will be prepared and disseminated by the end of 2007) involving mothers, TBA, mother-in-law, other family members. Ensuring home visits of Neonates by AWW/LW, supported by ANM (Two visits by AWW/LW on day 1 and 7, additional 5 visits on day 2, 3, 14, 21, 28 for LBW) Providing care at birth for deliveries at home, achieving 100% weighing of neonates within 24 hours. Facilitating prompt referral for conditions that can not be managed at home.

6.3.4. Improving care seeking and referral of sick neonates who can not be managed at home. ANMs/ASHAs/AWWs are to educating families. Also referral transport facilities are to be facilitated.

6.3.5. Ensuring that home deliveries are safe and clean (by re-orienting TBA, educating families promoting birth preparedness, universalizing clean delivery services)

6.3.6. Mobilizing families for institutional deliveries (already discussed). Incentives for institutional delivery are to be given under JSY initiative.

6.3.7. Upgrading neonatal services and educating expertise in medical and nursing teaching institutions, introducing a newborn health curriculum

6.3.8. Ensuring a 100% birth registration by providing nominal incentive to TBA/ASHAs/Others for facilitating this process.

6.3.9. Verbal autopsy for newborn deaths: *Pro forma* already prepared.

6.4. Family Planning

6.4.1. Reducing unmet need for spacing methods from the current 13.5% to < 1% by 2010:- Wider choice of spacing methods including Emergency Contraceptive Pills may be made available in all the health facilities. Currently EC Pills are made available up to PHC level. Injectable contraceptives may also be encouraged.

Community-based depots of spacing methods may be opened in all the villages according to local needs in a phased manner. ISM/AYUSH personnel and ASHAs will be encouraged to be the depot holders. The depot holders may be provided contraceptives free of cost according to local needs. They may be allowed to sell them at subsidized and nominal cost. The target by the end of 2007 is to cover 50% of the villages.

Similarly, Public Distribution Systems, Residential hotels, Variety stalls and other shops etc. may be encouraged to sell/ provide freely contraceptives.

Along with this, BCC strategies may be developed and implemented to generate demand for family planning, which is discussed under the heading of "BCC".

6.4.2. Reducing unmet need for terminal methods from the current 10% to < 1% by 2010:- Facility for male and female sterilization may be made available in all the DHs/CHCs/FRUs throughout the year by identifying a fixed day in every month. Female and male sterilization camps may be arranged in PHCs at least once in every year. As the number of doctors trained and eligible to perform NSV operation is of currently inadequate, **Mega NSV** Camps will be arranged at peripheral institutions by the State Hdqs. 50 such camps will be held in 2006-07. An amount of Rs. 0.50 lakhs per camp will be needed giving a total budget of **Rs. 25.00 lakhs**. By end of the project NSV facilities may be made available in all facilities even up to the level of PHCs. Training for MOs for this purpose is continuing.

So as not to compromise the quality of sterilization services, a **State Quality Assurance Committee** is formed. Districts are also notified to form similar **District Quality Assurance Committees**.

Again, so as not to make the Medical Officers hesitant on performing sterilization operations because of its complications and victimizing them, a **Group Insurance Scheme** was initiated in the State whereby mothers undergoing sterilization operations will be compensated for any unwanted effect following sterilization operation. From now onwards this Scheme will be replaced by the **Special Contingency Policy** under Oriental Insurance Ltd. This Policy will be applicable to accredited Private Hospitals/Clinics performing sterilization.

Again, the compensation given to the beneficiaries of sterilization may be increased to Rs 400 per case, out of which a sum of Rs 50/- per case has to be retained at the institution performing the operations for quality maintenance. This may apply for those cases undergoing sterilization both under public and private health sectors. The costing needed for this will be as follows.

**Table showing annual budget on compensation money for sterilization
Operation and NSV Mega-Camps**

Particulars	Amount in lakhs
Targeted no. of Sterilization (assuming 10% of unprotected EC) = 8000	32.00
Cost needed for 8,000 Sterilizations @ Rs 400/- per case (2006-07)	
Holding 50 Mega-Camps @ Rs. 0.50 per Camp	25.00

BCC strategies using satisfied beneficiaries of sterilization may be strengthened to generate its demand whereby an incentive of Rs. 50/- per case may be paid to identified Service **Satisfied Acceptor Couples (SAC)** for any case motivated and referred for undergoing limiting methods. The budget requirement for this component will be Rs **2.00 lakhs annually** will be needed.

Further, ASHAs may be given a motivation fee for referring cases for vasectomy and tubectomy, the rates being Rs. 200/- and Rs. 150/- respectively. **Assuming that, one VLLW motivates one case per month, an additional amount of Rs. 15.00 lakhs may be needed per year, starting from the year 2006-07.** The records may be maintained at the PHC/FRU, and grass root workers of PHC/PHSC may disburse the money accruing to them during their village visit from the impress fund of Rs. 5,000/- provided to the ANMs..

Table showing Annual Budget summary on sterilization operation

Sr. No.	Particulars	Amount in lakhs
1	Compensation for sterilization	32.00
2	Motivation fee for satisfied Service Acceptor couples	2.00
3	Motivation fee for ASHAs	15.00
5	Procurement/Repair of laparoscopes and NSV kits	10.00
6	NSV Mega Camps	25.00
Total per annum		84.00

6.5. New initiatives

6.5.1. PcPNDT

The sex ratio in the state is 978, which is much better than the National figure. But the sex ratio among Under-6 is declining. Hence, the Pre-conception and Prenatal Diagnostic Techniques Prevention Act, 1991 need to be strictly enforced in the state. A body of **State Appropriate Authority for PNDT Act**, headed by an Additional Director (FW) will make spot supervision before registration and give surprise visits to all registered clinics 4 times a year. Also relevant IEC activities are to be taken up. **An annual budget of Rs 5.00 lakhs** will be kept for this component for 2006-07.

6.5.2. Supply and Logistics

Equipments, drugs, vaccines, reagents may be procured directly by the Centre and send them in kind except during emergencies. The Centre may send the consignments directly to Districts, but a copy of the consignment may be made available to the State Headquarters.

Inside the State, Districts may continue get their quota from the State Headquarters. Districts may plan Alternate Vaccine Delivery wherever there is difficulty in accessibility. Further, the services of the Mobile Health Unit in each of the nine districts may be utilized for logistic purpose.

Storage facilities/ warehouses are already available in the three districts of CCP, TBL and TML. Hence six more facilities may be made available. Three District Headquarters viz. Ukhrul, Chandel and Senapati will be provided with such warehouses/Storage facilities as Add-on facility in 2006-07.

The budgetary support needed for this component @ Rs. 4.10 lakhs per Warehouse will be Rs. 12.30 lakhs.

6.5.3. Public Private Partnership

The referral system as well as the referral centres under the State Health Services System are currently not functioning properly due to lack of infrastructure and manpower. Their strengthening may take a few years. To supplement it especially in the remote underserved/unserved areas, there is a need for private sector involvement.

The objective of public private partnership will be to encourage private health care providers in the remote medically underserved/unserved areas of tribal/rural communities to contribute to the provision of maternal and child health care especially about institutional delivery and performing vasectomy and tubectomy.

The key strategic areas may be identifying private hosp/clinics that are willing to enter into partnership, developing quality standards, accrediting private sector partners, developing a system of reimbursement for BPL women attending to them and developing a monitoring system.

Public private partnership for reimbursement for providing obstetric care:- Janani Suraksha Yojana will be made applicable to those who receive services from accredited private clinics/ hospitals, too.

Public private partnership on compensation for sterilization operation:- Accredited private hosp/clinics performing sterilization operations may be paid a compensation of Rs. 400 per NSV or Ligation. The budgetary requirement will be borne from the Budget discussed in relevant chapter. Also the **Special Contingency Policy** introduced under Oriental Insurance Ltd. will be applicable to them.

To avoid the risk of false claims by the private sectors, surprise inspections may be given to them by the State and District Quality Assurance Teams.. Any private sector that is found to be faulty or is providing under-standard service may have its registration/ license cancelled.

The private sectors which may be built into a partnership with the public sector are Shija Hospitals and Research Institute, Langol View, Catholic Medical Centre at **Imphal West**, Voluntary Health Association of India, Manipur branch at **Imphal East**, Catholic Medical Hospital in **Ukhrul District**, Rural hospital (pvt.) Moul Vaiphei and Sielmate Christian Hospital at **Churachandpur District**, Springs of Life Community Health and Catholic Medical Hospital in **Senapati District**. They may be built into partnership in the Tenth Financial Year (2002-2007). More private sector involvement will be made in the Eleventh Financial Year.

6.5.4. MNGO/NGO expenses

Currently, only 2 MNGOs viz. Family Planning Association of India and Laming Cherapur Unani Association are identified in the State.

The process is on for identifying a mother NGO for every two districts of the state. Three more MNGOs are to be selected. The MNGO Project Budget of Rs. 90.00 lakhs is lying unutilized. Hence as for now, no additional budget will be begged from Centre.

6.5.4. Village Level Link Workers/ASHA:

Discussed under Part B

6.5.5. Sustainability

A nominal user fee may be levied from all the beneficiaries of the program. User fee under Rogi Kalyan Samiti Scheme is already prepared.

Free supply of contraceptive methods will be stopped. All types of contraceptives may be made available to clients only on payment of a nominal cost. Depot holders of contraceptives may be allowed to sell them at very subsidized rates which will include a nominal gain for sustaining their activities.

Further, efforts may be made to include necessary budgets in the State budget. This may take time as there is acute financial shortage in the State, for the time being. Efforts again may be made to replace the contractual staff by regular staff as far as possible.

7. Urban RCH

Aim: The aim is to avail quality RCH services to the poorer sections in the urban areas of the State, and also cover the poor floating populations living in the urban areas.

Facilities already existing:-

Regional Institute of Medical Sciences, Lamphelpat, Imphal.
J N Hospital, Porompat, Imphal.
Three PPP Centres
Two Urban Health Centres (Chandel District and Imphal West District)
Nine private hospitals/clinics (mostly in Imphal District)

The above health facilities are either not thoroughly accessible to the poor urban community or are not able to cater to the primary health care needs of the poorer section of the urban community. Hence, the urban health care system needs strengthening.

Goal

- To improve the health status of the urban poor community by provision of quality integrated primary health care services

Objectives

- To strengthen the existing urban health infrastructure by renovation and/ or up-gradation of existing facilities
- Provision of establishing new facilities in uncovered urban slum areas
- To support the development of a referral system for institutional deliveries, emergency obstetric care and terminal methods of family planning
- Involvement of NGOs/private sector in the provision of primary health care services, and also as part of referral system

Strategy

- Development of a two-tier system of service delivery viz, (i) Tier-I providing only outdoor services and (ii) Tier-II which act as referral centres having indoor service facility.
- Redeploying the existing staff from the existing facilities with minimum staff recruited on contractual basis.
- Involving local NGOs/private sector which will be trained to have the necessary skills for providing IEC and other services
- Monitoring and evaluation through a technical support unit established in the Directorate of FW services.

Activities targeted in 2005-06: Up-gradation of two Subcentres to UHC. Agencies identified but could not materialize.

Main activities for 2006-07:-

- Upgrading four Subcentres viz. (i) Ningomthong Subcentre (ii) Thambalkhong Subcentre (iii) Hiyangthang Subcentre and (iv) Iroishemba Subcentre which are situated in the suburbs.
- Repair/Renovation & add-on facility for PPP Centre Imphal
- Repair/renovation & add-on facility for UFWC Imphal

Table showing Budget for 2006-07 under Urban Health

Sl. No.	Activity	Units	Rate in lakhs	Total in lakhs
1	Up-gradation of Subcentres to UHC			
	a. Repairing/renovation	4	6.00	24.00
	b. Fencing & approach road	4	1.50	6.00
	c. Water supply system	4	1.50	6.00
	d. Equipments & furniture	4	5.00	20.00
	Subtotal			56.00
2	Repair/renovation & add-on facilities of PPP Centre Imphal			
	a. Repair/renovation	1	3.00	3.00
	b. Sanitary fittings	1	1.00	1.00
	c. Equipments repair/maintenance	1	5.10	5.10
	Subtotal			9.40
3	UFWC Imphal			
	a. Sanitary fittings	1	1.00	1.00
	b. Equipments maintenance & furniture	1	3.00	3.00
	Subtotal			4.00
4	Additional Contractual staffs at UHC			
	a. Medical Officers (Preferably lady)	4	1.80	7.20
	b. PHN	4	0.72	2.88
	c. ANM	18	0.60	10.80
	d. Lab. Asst.	4	0.60	2.40
	e. Office Asst.	4	0.60	2.40
	f. Gr. Iv	8	0.24	1.92
	Subtotal			20.40
5	IEC			15.00
6	Skill development			5.00
7	Drugs & reagents	4	5.00	20.00
8	M & E			6.00
9	Administrative support at State Hdqs.			
	a. Office expenses			7.00
	b. Outsourcing vehicle	1	1.50	1.50
	c. Office Asst. (contractual)	4	0.60	2.40
	d. Gr. Iv	1	0.24	0.24
	Subtotal			11.14
	Grand total			146.94

8. Tribal RCH

Goal:- To improve the health status of the tribal community in Manipur by provision of need-based, high quality integrated Primary Health and Family Welfare services.

Aim:- To develop an integrated and sustainable system of Primary Health Care services in the tribal areas of the State.

Objectives:-

- (i) To increase the accessibility to Primary Health Care services to the hamlets/villages of tribal minority areas in the valley areas of Imphal, Thoubal and Bishnupur districts.
- (ii) To strengthen the infrastructure and manpower of the health facilities in the five tribal districts of Manipur
- (iii) To encourage the tribal/traditional system of health practitioners in the tribal areas

Strategy:-

- (i) A mobile dispensary van fully equipped with medical facilities, and manned by a doctor (preferably a lady), an ANM and an assistant, may be in service covering the 100 odd tribal hamlets/villages in the valley area. It may cover 3-4 villages per day on **fixed place, fixed day and fixed time** basis. Initially the staffs will be on contractual basis. A credible NGO having necessary infrastructure and clinical facilities may be entrusted for the job. Effort may be made to appoint and post the staffs under the State Government services.
- (ii) The health facilities in the five tribal districts may be strengthened as per norms. This is discussed in relevant sections of this project implementation plan.
In addition to the above, VLLWs/ASHAs (already discussed) will be functioning in these areas at the norm of one VLLW/ASHA per village.
- (iii) Co-ordination may be made with the First Contact Carer (village level worker) scheme under the Springs of Life Community Health Project, which is successfully managed by the InTOUCH group under the North-East Regional Community Resource Management under the International Fund for Agricultural Development (IFAD) under the Ministry of Home Affairs, in the Senapati and Ukhrul Districts of Manipur. The FCCs may be considered during selection of the VLLWs.
- (iv) The Technical Support Unit under "Urban Health" in the State FW Directorate may be utilized for management and implementation of the project, too.

Table showing budget for 2006-07 under Tribal Health

<i>Particulars</i>	<i>Unit rate in lakhs</i>	<i>Units</i>	<i>Total in lakhs</i>
Outsourcing Mobile Vans	1.50	1	1.50
Doctor	1.80	1	1.80
ANM	0.60	1	0.60
Assistant	0.24	1	0.24
Drugs & equipments for mobile van			5.00
Total			9.14

9. Trainings

The following trainings have been initiated.

9.1. In-service training of SMO/MO and Lab. Tech of CHCs on Blood Storage

Trainees	Trainers	Training Coordinator	No. of batches	Course per batch	Course contents	Place of training	Budget details	Total budget
16 SMO/MO (one per CHC) and 16 Lab. Tech (one per CHC)	3 experts of Haematology from JNH/RIMS	Principal, RH & FWTC	2 (separate for SMO/MO and Lab. Tech)	5 days	Blood grouping, Rh typing, Screening for donors, Tapping & Storage, Indent & issue, Personal protective measures, Biomedical Waste Management, management of transfusion reactions etc.	RH&FW TC and JN Hospital	<ul style="list-style-type: none"> Hon. for 3 Resource persons @ Rs. 300/- per head per day X 10 days (2 batches) = Rs. 9,000/- TA for 32 trainees @ Rs. 200/- per head per day = Rs. 6,400/- DA for 32 trainees @ Rs. 200/- per head per day X 5 days = Rs. 32,000/- Overhead charges, contingencies, training materials etc = Rs. 12,000/- 	Rs. 59,400/-

9.2. In-service training of SMO/MO of CHC/PHC on Adolescent Health including RTI/STI

Trainees	Trainers	Training Coordinator	No. of batches	Course per batch	Course contents	Place of training	Budget details	Total budget
24 SMO/MOs (2-3 per district)	Faculties of RH & FWTC	Principal, RH & FWTC	one	3 days	Body & mind changes in Adol., Macro-& micro nutrient needs during adol., Nominative sexuality, Pregnancy & contraception, RTI/STI including HIV/AIDS, Child health & parenthood, Self-help, Negotiation and decision making skills, Counseling, Coping with stress, Substance abuse etc.	RH&FWTC	<ul style="list-style-type: none"> Hon. for 6 Resource persons @ Rs. 300/- per head per day X 3 days = Rs. 5,400/- TA for 24 trainees @ Rs. 200/- per head per day = Rs. 4,800/- DA for 24 trainees @ Rs. 200/- per head per day X 3 days = Rs. 14,400/- Overhead charges, contingencies, training materials etc = Rs. 7,500/- 	Rs. 32,000/-

9.3. In-Service training of Skilled Birth Attendants on Integrated

Management of Newborn and childhood Illnesses (IMNCI): Already discussed under “Newborn Health”

9.4. In-service training of SMO/MO of CHCs/PHCs on Monitoring & Evaluation in RCH-II

Trainees	Trainers	Training Coordinator	No. of batches	Course per batch	Course contents	Place of training	Budget details	Total budget
36 SMO/MO of CHCs/PHCs (3-4 per district)	Faculties of RH & FWTC	Principal, RH & FWTC	One	5 days	Current status of MIS and MIS under RCH prog., MIS:concept & application, Techniques of M&E and supportive supervision, M&E of RCH Prog using RHS, NFHS data, Facility survey, Household survey and other Gol publications, Monitoring of IEC activities, Monitoring of equipments & transport, Financial & administrative monitoring, Monitoring of logistics & supply, Developing & organization of training & its monitoring, Group work on monitoring of RCH activities at different levels etc.	RH& FWTC	<ul style="list-style-type: none"> Hon. for 3 Resource persons @ Rs. 300/- per head per day X 5 days = Rs. 4,500/- TA for 36 trainees @ Rs. 200/- per head per day = Rs. 7,200/- DA for 32 trainees @ Rs. 200/- per head per day X 5 days = Rs. 36,000/- Overhead charges, contingencies, training materials etc = Rs.7,500/- 	Rs. 55,200/-

9.5. In-service training of SMO/MO and gynecologists of CHC/PHC on No-Scalpel Vasectomy (NSV) and Minilap

Trainees	Trainers	Training Coordinator	No. of batches	Course per batch	Course contents	Place of training	Budget details	Total budget
25 SMO/MO/gynecologists of CHCs/PHCs (2-3 per district)	State Trainers of NSV	Officer i/c NSV (DDO, Directorate of FW services, Manipur)	5 (5 trainees per batch)	6 days	(i) Lecture cum Demonstration. (ii) Practical	PPPC Lamphelpat, PPPC Imphal, JNH, DH Thoubal and DH Bishnupur	<ul style="list-style-type: none"> Hon. for 5 Resource persons @ Rs. 300/- per head per day X 6 days = Rs. 9,000/- TA for 25 trainees @ Rs. 200/- per head per day = Rs. 5,000/- DA for 25 trainees @ Rs. 200/- per head per day X 6 days = Rs. 30,000/- Overhead charges, contingencies, training materials etc = Rs.12,000/- 	Rs. 56,000/-

9.6. Initial Training of Village level Link workers/ASHAs

Trainees	Trainers	Training Coordinator	No. of batches	Course per batch	Course contents	Place of training	Budget details	Total budget
350 Link workers (50 each from 5 hilly districts and 25 from each of the 4 valley districts)	District level facilitators (MO/FHS/FHW/Others)	DFWO/DIO	14 (25 trainees per batch)	7 days	(i) Lecture cum Demonstration. (ii) Field Practicals	At District Headquarters	<ul style="list-style-type: none"> • Hon. for 5 Resource persons per batch @ Rs. 100/- per head per day X 7 days X 14 batches = Rs. 49,000/- • TA for 350 trainees @ Rs. 200/- per head per day = Rs. 70,000/- • DA for 350 trainees @ Rs. 100/- per head per day X 7 days = Rs. 2,45,000/- • Training materials @ Rs 300 per trainee X 350 trainees = Rs. 1,05,000/- • OHC, Contingencies etc. @ Rs. 1000/- per batch X 143 batches = Rs. 14,000/- 	Rs. 4,83,000/-

9.7. Comprehensive Training Plan for 2006-07

7.1. Trainings

The training courses initiated in previous year are

1. **Training of Skilled Birth Attendants on Newborn and Child Health**
2. **Training for Blood Storage Centres of FRUs**
3. **Training on Adolescent Health and RTI/STI**
5. **No Scalpel Vasectomy / Minilap training**
6. **Monitoring and evaluation**
7. **Training of 350 Village Level Link Workers (VLLW) and**
8. **Training of PRIs (initial phase)**

The additional training needs identified for 2006-07 are as follows:-

1. **Training of SBAs on new developments in maternal health**
2. **Short Term Training on Caesarian section for 4 months**
3. **Short Term Training on Anesthesiology for 18 weeks**
4. **Management course for Mid-level Managers**
5. **Training of State and District Financial staffs**
6. **Induction Training of new 2650 Village Level Link Workers and continuous training of 3000 VLLW**
7. **PRI /Community re-orientation training (2nd phase)**

7.1.1. Training Plan of Skilled Birth Attendants (SBA) on new developments of Maternal Health

Objective: To up-grade skills of ANM/Staff Nurses posted in District Hospitals/CHCs/PHCs to improve quality of intra-partum and newborn care in institutions and achieve maternal and infant salvage.

Strategy: A State level CTI will be trained first in NIHFW. The CTI will train Obstetricians of identified District Hospitals. These obstetricians will be responsible for training of SBAs. While the District Hospitals are gearing for taking up the training of the SBAs, simultaneous training and certification (for possessing core skills correctly) of ANM/Staff Nurse/LHV will be done by MO PHC/CHC. Only those ANMs/Staff Nurses/LHVs who possess the core skills correctly will be eligible for undergoing SBA training. The details of the procedures are given below:

(A) Training of State level CTI and State RCH Training Coordinator

Composition of State CTI:

- Dr. H. Jadumani Singh, Joint Director
- Dr. Arunkumar Singh, Deputy Director
- Dr. N. Jayentakumar, Deputy Director

State RCH Training Coordinator

- Dr. Ibomcha Singh, Principal RH&FWTC, State SBA Training Coordinator

The above mentioned personnel are trained at CINI, West Bengal for a period of 2 days. They will be responsible for training of the DH representatives/obstetricians.

(B) Training of District Hospital representatives (Obstetricians)

Training of District Hospital representatives (obstetricians) will be completed within a period of 1 year. Initially, 5 District Hospitals viz. DH Churachandpur, DH Thoubal, DH Bishnupur, DH Senapati and DH Tamenglong which have adequate case-load will be taken up.

The obstetricians along with CMOs/Medical Superintendents and District Training Coordinators are to be trained in Regional Institute of Health & FW (RH&FWTC), Porompat for a period of 2 days. After getting the training, they will be responsible for training of SBAs.

(C) Training of ANM/SN/LHV in core skills

While the District Hospitals are gearing up to take up the SBA training, simultaneously MO PHC/CHC should start training of ANM/SN/LHV working in their institutions on basic (core) skills. After that, the MO PHC/CHC should start training of ANMs working in Subcentres in their jurisdiction by rotating them for a period of 1 month in PHC/CHC.

The whole training should be completed within a time period of 6-8 months.

After the above mentioned training is completed, MO PHC/CHC should certify that the ANM/SN/LHV who are working under them are practicing the core skills correctly before nominating them for SBA training

(D) Training of SBA

(i) The skills to be up-graded in this training are:-

- Prevention of PPH and active management of 3rd stage of labor with Tab. Misoprostol
- PPH management with Inj. Oxytocin
- Eclampsia management with Inj. Magsulf
- Prevention and management of puerperal sepsis
- Plotting of partogram
- P/V examination for dilatation, effacement, station, Foeto-pelvic disproportion, Moulding etc.

(ii) The trainees will be:

ANM/SN/LHV having core skills (certified by MO PHC/CHC and verified by Team Leader of Trainers) and are posted at

- Existing 16 CHCs in the State
- Posted at PHCs up-graded/to be up-graded for 24 hr. delivery service

(iii) The trainers will be:

- Trained specialist in District Hospital (Team leader)
- SN/ANM of District Hospital posted in labor room and who are conducting deliveries and oriented for handling common obstetric complications.

(iv) Venue of training: District Hospitals with adequate case load (>150 deliveries per month) viz. DH Churachandpur, DH Thoubal, DH Bishnupur, DH Senapati and DH Tamenglong. DH Thoubal will be responsible for training of SBA of Thoubal District as well as SBAs of Chandel District. DH Bishnupur will be responsible for training of SBAs Bishnupur District as well as SBAs of Imphal East & West Districts. DH Senapati will be responsible for training of SBAs Senapati District as well as SBAs of Ukhrul District.

(v) Batch size: 2-4 trainees at a time depending upon case load.

(vi) Training materials: To be based on “Guidelines for Ante-Natal Care and Skilled Attendance at Birth by ANM and LHV” prepared by MoHFW, GoI.

(vii) Duration of training: 15-21 days based on proficiency.

Proficiency certification

Sl. No.	Activity	Observation	Assisting	Performing independently
1	Preparation of clean gloves	5	5	20
2	Setting up of IV lines	2	5	20
3	Setting up of delivery trolley	5	5	20
4	Plotting Partogram	5	-	15
5	P/V examination	5	5	10
6	Conduct Normal delivery	2	5	10
7	Misoprostol administration	2	5	10
8	Controlled cord traction	2	5	10
9	Examination of placenta, membranes & U. cord	5	-	15
10	Attend newborn and check weight	2	5	10
11	Suction, maintain airway & establish breathing	2	5	10
12	Assist breastfeeding correctly	2	5	10
13	Administration of deep IM injections	2	-	10
14	Administration of Magsulf	2	-	1

(E) Manipur State SBA Training cell:

The job function of this cell will be monitoring the progress of the SBA training with a special emphasis on maintaining quality. The composition of this cell will be as given below;

Dr. W. Raghunath Singh, Dir, FW - Team Leader
 Dr. Dhaballo Singh, Addl. Director - Member

(F) Time-line:

For DH representatives	Apr 2006	Writing and confirmation of nomination
	Apr-May 2006	Contracting resource persons Preparation of training aids
	May/June 2006	Training
For S/N, FHS & FHWS	May 2006	Writing and confirmation of nomination
	June 2006	Contracting resource persons Preparation of training aids
	July- Nov 2006	Training

G. Funding for 2006-07

G.1.

For 2 days training of five Dist. Hosp representatives (1 obstetrician + 1 CMO/Med. Supdt. + 1 District Training Coordinator) per district = 15 trainees	<ul style="list-style-type: none"> • Honorarium of 3 Resource persons @ Rs. 300/- per day X 2 days • TA of 15 trainees @ Rs. 200/- per trainee • DA of 15 trainees @ Rs. 200/- per day X 2 days • Contingencies 	<ul style="list-style-type: none"> • Rs. 1800/- • Rs. 3000/- • Rs. 6000/- • Rs. 2000/- 	<i>RH&FWTC, Pporompat</i>
Subtotal		Rs.12,800/-	

G.2.

For 21 days training of 52 SBAs	Honorarium to 52 trainees @ Rs. 100 per day X 52 trainees X 21 days	Rs. 1,09,200/-	
	Honorarium to 3 trainers per batch @ Rs. 200/- per day for 21 days X 13 batches	Rs. 1,63,800/-	
	Contingency (Teaching material, course material and Misc.) @ Rs. 1500/- per trainee X 52 trainees	Rs. 78,000/-	
	Subtotal	3,51,000/-	
	IOH (15% of total)	Rs. 52650/-	
	Total	Rs. 4,03,650/-	
	TA of trainees @ Rs. 200/- per trainee X 52 trainees	Rs. 10,400/-	
	Grand Total	Rs. 4,14,050/-	

G.3.

One time grant to 5 District Hospitals for procuring stationeries, monitoring forms, partogram & other day to day required items	Rs. 15000/- per District Hospital for 5 District Hospitals	Rs. 75,000/-	
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Grand Total (G.1. + Gi.2. + vii.3.)

= Rs. 12,800/- + Rs. 4,14,050/- + Rs. 75,000/-

= Rs. 5,01,850/-

8.1.2. Training of MBBS Doctors in Life Saving Anesthetic skills for 18 weeks

1. Medical College identified for training : Regional Institute of Medical Sciences (RIMS), Lamphelpat
2. District Hospitals identified for part of training : (i) DH Churachandpur
(ii) DH Thoubal
(iii) DH Bishnupur
(iv) DH Senapati
3. Number of CHCs/FRUs in state : 16 (all without anesthetist)
4. Number to be trained per batch : 4 (four) (one doctor per CHC/FRU)
5. Eligibility criteria : MBBS doctors who have >10 years of service and are willing to work in rural areas for at least 3 years after training
6. No. to be trained in 2006-07 : 8 (1st and 2nd batch)
7. CHCs/FRUs identified for posting of trained Doctors :

<p>1st batch</p> <ul style="list-style-type: none"> - CHC Sagolmang - CHC Kakching - CHC Yairipok - CHC Wangoi <p>3rd batch</p> <ul style="list-style-type: none"> - CHC Mao - CHC Nungba - CHC Kamjong - CHC Awang Sekmai 	<p>2nd batch</p> <ul style="list-style-type: none"> - CHC Jiribam - CHC Moirang - CHC Nambol - CHC Kangpokpi <p>4th batch</p> <ul style="list-style-type: none"> - CHC Sugnu - CHC Haoreibi - CHC Heirok - CHC Parbung
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8. Budget requirement

<i>Particulars</i>	<i>Details</i>	<i>Total in lakhs</i>
Honorarium of 8 trainees	200/- per head per day X 18 weeks	0.252
Honorarium to resource persons	1000/- per trainee per month	0.36
Institutional set up, contingencies		4.00
Total		4.612

7.1.3. Training of MBBS doctors on Caesarian section for 4 months

A. Number and nature of participants:

16 (1 per CHC)

- In batches of 4 trainees per batch
- 8 SMO/MO to be trained in 2006-07

B. Training place : RIMS,Lamphelpat

C Resource persons:

Consultants/ O & G specialists in above mentioned 4 institutions

D. Time- line

For SMOs and MOs	Apr 06	Writing and confirmation of nomination
	May 06	Contracting resource persons Preparation of training aids
	May 06- April 07	Training

Budget requirement

Particulars	Details	Total in lakhs
Honorarium of 8 trainees	200/- per head per day X 16 weeks	0.224
Honorarium to resource persons	1000/- per trainee per month	0.36
Institutional set up, contingencies		4.28
Total		4.612

7.1.4. Management course for CMOs, DFWOs/DIOs and Program Management Officers for 6 days in State Institute of Training, Takyel, Manipur

- A. Number of trainees : 25
 B. Number of batches : One
 C. Place of training : State Institute of Training, Takyel, Manipur
 D. Number of days : 06
 E. Calendar : June 06
 F. Resource persons : 5 experts from the Training Institute
 G. Budget (Rupees in lakhs) :

Honorarium for resource persons	@ 300/- per head per day X 5 X 6 days	0.09
TA for participants	@ 200/- per head X 25	0.05
DA for participants	@ 200/- per head per day X 25 X 6	0.30
POL & other contingencies		0.04
Stationary		0.08
OHC		0.08
Total		0.64

7.1.5. Training of State and District Financial staffs in Financial Management

- A. Number of trainees : 10
B. Number of batches : One
C. Place of training : State Headquarters
D. Number of days : 3 days
E. Calendar : June 06
F. Resource persons : 2 Guest lecturers
State Financial Consultant, RCH
- G. Contents:
- (i) Maintenance of Account Cash Book, Ledger etc
 - (i) Budgeting
 - (ii) Financial control
 - (iii) Financial Reporting
 - (iv) SOEs
 - (v) Computerization in Financial management
 - (vi) Monitoring & evaluation in Financial management
 - (vii) Transaction information flow
 - (viii) Audit arrangement

H. Budget (Rupees in lakhs):

Honorarium for resource persons	@ 300/- per lecture for 10 lectures	0.03
TA for participants	@ 200/- per head X 10	0.02
DA for participants	@ 200/- per head per day X 10 X 3	0.06
POL & other contingencies		0.02
Stationary		0.03
OHC		0.04
		0.20

7.1.6. Training of Village Level Link Workers (VLLWs)/ASHAs

Training of VLLWs will be a continuous one consisting of (i) an induction training and (ii) periodic training. The trainings will be held at their respective blocks, preferably at PHCs. They will be trained in batches of 25-30.

- *Induction training:* It is proposed to have induction training for a period of 23 working days over a period of one year. The first may be of seven days, followed by four rounds of training, each lasting for four working days.
- *Periodic training:* This will be for two working days on every alternate month

TOT :- Block trainers (3-4 in number, preferably female) will be trained by identified District Training Teams (3-4 in number).

Budget (2006-07) required for Induction Training of 2650 new VLLWs and continuous training of 3000 VLLWs is discussed under Part B.

7.1.7. Re-orientation training of PRIs/Village Council representatives on Village Health Planning

In 2005-06 PRIs/Village Council representatives were trained about Health and its determinants and their role and responsibilities in implementation of NRHM.

Strategy for 2006-07: One representatives of each of the 3000 odd villages are to be trained about use of evidence and accountability, village planning, monitoring and use of formats for Village Health Plan development. The training may be completed in 2006-07 in their respective districts, in batches (each batch comprising of 25 trainees), and may be for a period of five working days. Assistance may be sought from the MoPRI. Manipur Voluntary Health Association and other accredited NGOs may be involved in the process.

The **budget requirement for 2006-07** (for training 3000 representatives) will be:

<i>Particulars</i>	<i>Amount in lakhs</i>
Honorarium for trainees @ 100/- per head per day for 3000 trainees for 5 days	15.00
Training material @ Rs 5 per head	0.10
Honorarium to trainers for 120 batches @ Rs 200 per day for 5 trainers for 5 days	6.00
Overhead expenditure	2.00
Total	23.10

Table No. 22 showing budgetary support for training in 2006-07

<i>Sl. No.</i>	<i>Type of training</i>	<i>Budget in lakhs</i>
1	SBA training on Maternal Health	5.02
2	Training of MBBS doctors on Life saving Anesthetic Skills	4.61
3	Training of MBBS doctors on Caesarian section	4.61
4	Management training for PMU staffs and Mid level Managers	0.64
5	Financial management training of Finance staffs	0.20
6	Training of PRIs/ Village Council representatives	23.10
7	Training of MO & Lab. Tech on Blood storage	0.594
8	Training on RTI/STI	0.32
9	Training on M & E	0.552
10	Training on NSV & Laparoscopy	0.56
11	Training of 350 VLLW	4.83
	Total	45.036

9.2. Strengthening Training Centres:

As envisaged in the approved PIP, teaching aids (Computers, photocopiers, LCD) were provided to the Regional Health & FW Training Centre, Porompat and FHWs' Training School, Lamphelpat.

But repair/renovation and refurbishing works could not be implemented. Also the two computer operators (one for each training centre) could not be engaged. These activities will be taken up in 2006-07.

The budget requirement for strengthening/maintaining these two training centres will be as given below.

Sl. No.	Activity	Unit rate in lakhs	Units	Total in lakhs
A	RH & FWTC			
1	Repair/renovation			4.00
2	Refurbishing furniture			1.00
3	Contingencies			6.60
4	Honorarium of Computer operator	0.60	1	0.60
B	FHWs' TC, Lamphelpat			
1	Repair/renovation			3.00
2	Refurbishing furniture			1.00
3	Contingencies			4.50
4	Honorarium of computer operator	0.60	1	0.60
Total				21.30

10. BCC

Currently, there is a certain amount of lack of awareness about causes of infant and maternal morbidity and mortality among the community. People have not realized that they have a right to RCH services. Again, many people do not know how to access the existing facilities providing RCH services. Also, the new initiative of decentralization of authority to the community by involving the PRIs needs to be made aware to the community. Hence, the main focus of BCC will be about utilization of all existing RCH services, safe delivery, promotion of breastfeeding, promotion of Family Planning methods, community involvement in public health issues, adolescent health etc.

There are more than 29 tribal communities having different dialect and culture. This poses as an enabling factor for communicating health. Thus, there is a need to build up capability for developing district and even block level community-specific IEC material.

Hence, the objectives for BCC will be

- To develop IEC materials and BCC campaigns which are different for the different communities.
- To conduct attractive and effective multi-media IEC campaigns on RCH
- To create folk art-based plays, songs and skits so that the key messages of RCH are conveyed in culturally acceptable way

The State Media Officer and the District Media Officers may be entrusted to develop and implement innovative BCC strategies which may have lasting impact. The District Media Officers have to submit monthly reports about their activities and impacts both to the State Media Officer as well as to the Project Director RCH. The State Media Officer again has to submit monthly reports to the Project Director RCH. This step is being taken up so that the IEC Cell does not become a separate vertical department, which usually happens in many states.

The key activities of BCC will be

- Strengthening the IEC unit in the State Headquarter as well as at the district level.
- Identifying suitable partners for conducting BCC programmes in the community.
- Communicating health through community participation
- IEC activities about making the community aware of community involvement in Public Health Management.
- Developing quiz programmes in radio and local TV channel using popular figures and theater artists, with attractive prize scheme, developing spots scheduled 3-4 days a week, films based on women's empowerment, population situation and the changes they have brought, interactive panel discussions (consisting of RCH panel experts, opinion leaders, anchor persons and invited audience) and panel discussions where some professional information is sought to be communicated to specialized groups or citizens like in regard to PNDT Act, MTP etc once a month.

- Developing appropriate IEC materials based on client group and their socio-cultural specificities
- Organizing scripwriters and choreography workshops for developing folk art-based materials
- Organising jatrawalis, dramas, melas including programmes in local festivals
- Developing posters, wall writings, hoardings, telecounselling services etc.

Table No. 23 showing Budget estimate for one year

<i>Particulars</i>	<i>Amount in lakhs</i>
In-service training/workshop on BCC both inside and outside State for technical guidance & manpower development	5.00
Community Needs Assessment for Communication	1.00
Workshops on BCC strategy & material development District/block level campaigns which are folk-based Radio, TV programmes daily on prime time Hoardings, banner, Wall paintings, hand-outs etc. State level events on IEC	40.00
Administrative support, M & E, & other contingencies	4.00
Total budget for one year	50.00

11. Adolescent Health

Current Scenario:

- 9.9% of adolescent women get married before attaining the age of 18 years
- 30% of adolescent girls are anaemic
- 7.6% of all the HIV seropositives are adolescents

Goal:-To improve the nutritional and reproductive health of adolescents, mainly the adolescent girls

- Aim:**
- (i) To increase the awareness level of adolescents about Reproductive Health.
 - (ii) To protect adolescent girls from unwanted pregnancy and contracting RTI/STI including HIV
 - (iii) To reduce the prevalence of nutritional anaemia among adolescent girls to less than 5%
 - (iv) To strengthen identified Adolescent Clinics

Objectives:

- (i) To strengthen BCC strategies by availing the facility of tele-counseling by 2005.
- (ii) To strengthen Counseling services in Health facilities
- (iii) To make IFA tablets universally available to adolescent girls by end of 2005
- (iv) To supply necessary laboratory, manpower and drugs to identified Adolescent Clinics.

Strategies

- (i) **TEEN-LINE (telecounseling):-** This may be made available 24 hours a day, and will be meant for adolescents seeking counseling on sex and sexuality, reproductive health etc. Its office may be located at the State Family Welfare Headquarter, and may be manned by an expert group.
- (ii) **Strengthening Counseling services in Health facilities:-** Adolescent clinics will be opened in all District Hospitals, Community Health Centres and PHCs once in every week on fixed days. The main purpose of these clinics will be providing counseling services. Coordination with staffs appointed under Manipur AIDS Control Society will be sought.
- (iii) **Provision of IFA tablets supply to adolescent girls:-** 66,000 girls (30% of 2.2 lakh adolescent girls) who are anaemic may be provided with IFA tablets for a period of 3 months. Thus 66 lakhs of IFA tablets will be needed. The scheme may be implemented in collaboration with the Department of Social Welfare/Department of Women and Child Development.
- (iv) **Adolescent Clinics** run by Voluntary Health Association of India, Manipur branch and other credible NGOs may be strengthened by providing manpower or drugs or reagents amounting to **Rs five lakhs annually.**

**Table showing budget for 2006-07 under
Adolescent Health**

<i>Sl. No.</i>	<i>Particulars</i>	<i>Amount in lakhs</i>
1	Teen-line <ul style="list-style-type: none">• Installation & maintenance	10.00
2	IFA tablets (66 lakhs)	6.60
3	Strengthening Adolescent Clinics	5.00
Total		21.60

12. HMIS/Monitoring and Evaluation

A State policy is already formed by which supervisory field visits are to be made weekly by Female Health Supervisors, fortnightly by MOs of PHCs, monthly by SMOs of CHCs, quarterly by DFWOs/District Immunization Officers and State level Officers by using supervisory check-lists. The Female Health Workers are to routinely supervise the activities of the Village Level Link Workers and TBAs. The supervisory visits are to be facilitative in nature.

CHCs and PHCs may be provided vehicles to be used for inspection purpose. As no new vehicle purchase is possible they will be outsourced. The budgetary support needed for this component is already discussed under the heading of "Infrastructure strengthening"

It will be ensured that accurate and completed HMIS reports are submitted regularly, starting from the grass-root level. A reporting pro forma also will be prepared to be used by accredited NGOs/ private sectors.

Monthly PHC level review meetings and district level review meetings are proposed to be held on 2nd and 4th working days respectively of every month. Quarterly State level review meetings also may be held for monitoring the activities of RCH program. Decision-making based on the HMIS may be encouraged at all levels of management.

Computerized MIES is to be made available in all the districts by the end of 2008.. Computers have already been made available in all the districts.

The bench-mark for districts with operational computerized MIES will be

	Hdq	IE	IW	TBL	BPR	CCP	UKL	SNP	CDL	TML
2006-2007	Y	Y	Y	Y	Y	-	-	-	-	-

Again, by 2007 at least two districts should be able to submit household survey reports analyzed by BPL/SC/ST. By the end of Mission period, all the nine districts should be monitoring the health institutions using MIES data for decision-making.

An amount of Rs. **2.00 lakhs may be kept reserved for other types of monitoring and survey works.**

13. Inter and intra-sectoral coordination

A single minister has taken charge of both Health and FW. This has considerably reduced the inconveniences of having two separate parallel departments. Again, the two Directorates have been merged into a single Department.

For improving the inter-sectoral coordination, the State Health Mission has included representatives of relevant departments. Department for Women and Child Development/ICDS, Department of Education, Department of YAS, department of PHED, Rural development and PRI etc. will be working with close coordination.

Anganwadi Centres (AWC) will serve as the focal point for all health and nutrition services. A Health Day is fixed every month at the AWC to provide antenatal, postnatal, family planning and child health services, including immunization. On that day, an ANM and preferably an MO from the PHC will be in attendance. AWW and VLLW (and other community volunteers) would be responsible for ensuring that all children 0-6 years, pregnant women and lactating women, and children needing immunization and other health services are brought to the AWC on that fixed day.

With the aim of empowering women, coordination will be sought to enable increased awareness among women on aspects of health, quality of care and rights. Departments under National Water and Sanitary Mission and other relevant sectors also will be coordinated in the preparation of Village, District and State Health Plans.

Budget for RCH-II for 2006-07

Sr. No	Description	Amount in lakhs	% of total
1	State & District PMU	147.58	
2	Strengthening State & District Hdqs.	32.91	
4	Maternal Health		
	A. Contractual staff	262.49	
	B. FRU operationalization	141.64	
	C. Up-grading 24/7 PHCs	160.00	
	D. Referral transport	7.20	
	E. Inspection vehicle	26.40	
	F. Operationalizing Subcentres (repair & rent)	37.98	
5	Essential newborn care	7.736	
6	Family Planning		
	A. Compensation for sterilization	32.00	
	B. Incentive for SSAC	2.00	
	C. Motivation for VLLW	15.00	
	D. Equipments repair/procurement	10.00	
	E. NSV Mega Camps	25.00	
7	PNDT	5.00	
8	Supply and logistics	12.30	
9	Urban RCH	146.94	
10	Tribal RCH	9.14	
11	Trainings	45.036	
13	Strengthening training centres	21.30	
14	BCC	50.00	
15	Adolescent Health	21.60	
16	Surveys	2.00	
Total		1221.252	

Table showing additional budget requirement (in lakhs) in addition to amount at balance

A. Fund received in 2005-06 = Rs. 743.00		
C Fund utilized during 2005-06		140.92
D	Amount in balance	602.08
E	Amount budgeted for 2006-07	1211.252
F	Additional fund needed in addition to amount in balance	609.172

Table showing district-wise fund allocation for 2006-07 in lakhs

Activities/ Components	IE	IW	TBL	BNP	CCP	UKL	CND	TML	SNP	St. H/Q	Total
<i>PMU salary (contr)</i>	5.40	5.40	5.40	5.40	5.40	5.40	5.40	5.40	5.40	18.48	67.08
<i>SCOVA expenditure</i>	0	0	0	0	0	0	0	0	0	17.50	17.50
<i>District Society expenditure</i>	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	0	49.00
<i>Strengthening St. & Dist. FW Hdqs.</i>	0	0	0	0	0	0.30	0.30	0.30	0.30	21.71	32.91
<i>S/C maintenance</i>	3.50	3.50	3.50	3.00	4.50	3.50	2.00	2.00	4.50	0	30.00
<i>S/C rent</i>	0.63	0.63	1.05	0.63	1.50	0.81	0.69	0.87	1.17	0	7.98
<i>24/7 PHC up-gradation</i>	17.00	17.00	25.50	17.00	17.00	17.00	17.00	17.00	25.50	0	185.60
<i>FRU & DH upgradation</i>	35.41	35.41	50.41	50.41	35.41	35.41	35.41	50.41	50.41	0	216.44
<i>Addl. ANM for S/C</i>	6.00	12.00	12.00	6.00	24.00	12.00	12.00	12.00	24.00	0	114.00
<i>24/7 PHC staff (contr.)</i>	9.68	9.68	11.52	9.68	9.68	9.68	9.68	9.68	11.52	0	70.80
<i>FRU addl. Staff (contr)</i>	14.40	28.00	28.00	28.0	0	0	0	0	0	0	84.40
<i>Blood storage cabinet</i>	2.50	2.50	5.00	5.00	0	0	0	2.50	2.50	0	20.00
<i>Strengthening training centres</i>	0	0	0	0	0	0	0	0	0	21.30	21.30
<i>Trainings</i>	17.06	11.27	12.46	7.48	24.33	11.77	14.94	9.60	27.66	17.6	154.06
<i>Sterilization incentive</i>	4.00	4.00	4.00	4.00	4.00	2.50	2.50	3.00	4.00	0	32.00
<i>Motivation for SSAC</i>	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	1.80
<i>NSV Mega Camp</i>	-	-	-	-	-	-	-	-	-	25.00	25.00
<i>Motivation fee to VLLW</i>	1.50	1.50	1.50	1.00	2.50	1.5	1.50	1.00	3.00	0	15.00
<i>Urban Health</i>	0	0	0	0	0	0	0	0	0	146.94	146.94
<i>Tribal Health</i>	0	0	0	0	0	0	0	0	0	9.14	9.14
<i>Adol. Health</i>	0	0	0	0	0	0	0	0	0	21.60	21.60
<i>M & E Surveys</i>	0	0	0	0	0	0	0	0	0	2.00	2.00
<i>Warehouse</i>	0	0	0	0	0	4.10	4.10	0	4.10	0	12.30
<i>BCC</i>	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
<i>PNDT</i>	0	0	0	0	0	0	0	0	0	5.00	5.00

Equipments to be received in kind from Govt. of India for 2006-07

Sl. No.	Health Facility	Items	Quantity
1	Subcentre	Mid wifery kit	420
2		Subcentre equipment kit	420
3	PHC	Normal delivery set	20
4		Kit for instrumental delivery	20
5		ARM set	20
6		MTP set	20
7		RTI/STI Kit	20
8	CHC	Standard Surgical Set-I	4
9		Standard Surgical set-II	4
10		Standard Surgical Set-III	4
11		Standard Surgical Set-IV	4
12		Standard Surgical Set-V	4
13		Standard Surgical Set-VI	4
14		Equipment Kit for anesthesia	4
15		Equipment Kit for neonatal resuscitation	4
16		Kit for blood transfusion	4
17		Equipment for radiology	4
18		Equipment for OT	4
19		Equipment for labor room	4
20		RTI/STI Kit	4
21		General	Laparoscope, single puncture
	Laparoscope, double puncture		5
	NSV equipment		50
	Condoms		4,65,000 strips
	Cu-T		21,500
	OCP		7,74,000 pks.
	ECP		1,20,000 pks
	Tubular rings		12,000

Annual Work Plan under RCH 2006-2007

Sl. No	Activity	Apr	May	Jun	July	Aug	Sep t	Oct	Nov	Dec	Jan	Feb	Mar
1	PMU at State & districts (Salary & Others)												
2	FRU operationalization												
3	24/7 PHC operationalization												
4	Subcentre repair & mainte												
5	Up-gradation under Urban Health												
6	Trainings												
	Skilled Birth Attendants												
	MO on Caesarian Section												
	MO on life saving Anesthesia												
	PMU staff												
	PRI												
8	BCC												
	CNA survey												
	Capacity Building												
	Implementation												
10	Strengthening Training Centres												
11	Strengthening State & Dist. FW HQs												
12	PNDT												
13	Upgradation of Dist. Wareness												
14	Adolescent Health												
15	Add. ANM Contractual												
16	Tribal Health												

Part – B

New Initiatives under NRHM

1. Untied Fund to Village Health & Sanitation Committee:

It is proposed that all the villages having a population of 1500 or more be provided an untied fund of Rs. 10,000/- per annum. The untied fund is to be used to meet expenditures for Household Surveys, Health Camps, Sanitation Drives etc. The fund is to be deposited in Banks, Post Offices or Church Funds; and are to be utilized in a revolving way. The PRI representative of the Village and the ANM of the corresponding ANM will be the joint account holders. Currently there are 365 villages having a minimum of 1500 population, the district-wise and subdivision-wise list of which is given below. The list of these villages are enclosed as **ANNEXURE A**. The total budgetary support needed for this component will be Rs. 36.50 lakhs.

Further, since the State is a hilly state having poor road and communication facilities, it is proposed that the remaining 2596 recognized Census villages are also allowed to form Village Health & Sanitation Committees; and therefore be granted the annual untied fund of Rs. 10,000/- per village. The budget needed for supporting these 2596 villages will be Rs. 259.60 lakhs

The total budgetary support needed for providing Untied Fund to all the Village Health & Sanitation Committees will be Rs. 296.10 lakhs.

2. Selection, training and providing drug kits for ASHAs

3000 ASHAs are to be in place in the State. The district-wise number to be selected is as given below.

Sl. No.	District	Total No. of Villages	Village above 1000 population	Village between 100 to 1000 population	Villages below 100 population	No. of VLLW required.
A.	HILL DISTRICTS					
1.	Churachandpur	541	42	418		539
2.	Chandel	350	7	308		325
3.	Senapati	604	61	457		615
4.	Tamenglong	174	26	143		208
5.	Ukhrul	201	33	159		252
	Sub Total : A	1870	169	216		1939
B.	VALLEY DISTRICTS					
1.	Imphal-East	197	102	86	9	381
2.	Imphal-West	114	66	46	2	249
3.	Bishnupur	48	36	12	NIL	155
4.	Thoubal	86	60	24	2	276
	Sub Total : B	445	264	168	13	1061
GRAND TOTAL (A+B) :		2315	433	1653	229	3000

Process of selection by involving PRI is actively going on. State Trainers for ASHA are also trained in NIHFWS, MUnirka, New Delhi in two phases. Training of District Trainers, Block Trainers and ASHAs themselves are to be taken up. The budgetary support needed for the whole process including provision of Drug Kits will be (Rs. 10,000/- X 3000) Rs. 300.00 lakhs.

3. Performance related incentive/compensation for ASHAs

The compensation package of the ASHA in addition to admissible incentives/compensations under relevant National Health Programs will be as given below. The payment of this package will be made at the panchayats/Village Councils through the revolving fund. Rs. 5000/- permanent advance may be made available to every Gram Panchayat/Village Council for paying this package.

1. For Female sterilization (TA of Rs. 50/- and motivation charge of up to Rs. 100/- per case)
2. For Male sterilization (Motivation charge of up-to Rs. 200 per case)
3. Organizing Health Camps at AWC under Immunization Program (Counseling fee of Rs. 150/- per camp)
4. Nominal charge as Depot Holder of drugs for minor ailment (say, Rs. 5/- per case)
5. Motivation fee for promotion of Household toilet, under TSC (Rs. 50/-to Rs. 150 as decided by District Health Mission)
6. Escort fee for institutional delivery @ Rs. 200 per case.

4. Maintenance of physical Infrastructure of Subcentres:

A maintenance fund of Rs. 10,000/- per annum may be provided to all the 420 existing Subcentres for maintenance of physical infrastructure. Provision for Water, Toilets, their use & maintenance are to be given priority. Untied funds shall not be used for any salaries, vehicle purchase and major civil works.

The budgetary support needed for this component will be Rs. 42.00 lakhs

5. RKS/Maintenance of physical Infrastructure of Primary Health Centres:

An annual maintenance grant of Rs. 50,000/- may be provided to each of the existing 72 PHCs for provision of water supply, toilets, their use and maintenance, telephone bill, fuel for Stand-by Gen-sets etc. Rogi Kalyan Samitis may be formed for each of the PHCs and be accountable for utilization of this fund.

The budgetary support needed for this component will be Rs. 36.00 lakhs.

6. RKS/Maintenance of physical Infrastructure of Community Health Centres:

CHC level Roji Kalyan Samitis has to undertake construction and maintenance of the existing 16 CHCs in the State.

To ensure quality services through functional physical infrastructure a Corpus Fund/Maintenance Grant of Rs. 1.00 lakh may be provided to each of the CHC level Roji Kalyan Samitis.

The budgetary support needed for this component will be Rs. 16.00 lakhs.

7. RKS at District Hospitals: The 07 existing District Hospitals are to form registered RKS. And a Corpus Grant of Rs. 35.00 lakhs (@Rs. 5.00 lakhs per District Hospital will be needed.

8. Procurement and distribution of quality equipments and drugs in the health system:

8.1. Equipments: Under NLCPR 05 CHCs namely (1) CHC Kangpokpi, (2) CHC Moirang (3) CHC Wangoi (4) CHC Jiribam and (5) CHC Kakching are to be provided with certain equipments. Only a few additional equipments for Blood Storage and Bio-medical Waste Management System will be needed for these CHCs.

Further 04 CHCs namely (1) CHC Sagolmang (2) CHC Wangoi (3) CHC Kakching and (4) CHC Moirang are to be up-graded to FRU status under RCH-II (Part A of NRHM) for which necessary equipments as per RCH-PIP will be provided. The process is on.

Hence, the additional equipments needed for up-grading the 14 identified CHCs taking into account of the present availability and working status of the equipments will be as given below.

Sl. No.	Particulars of equipments	Unit Price in lakhs	Number of Units needed	Total amount in lakhs
1	Laboratory equipments			
1.1	Blood Storage Cabinet	2.00	1	2.00
2	Hospital Plants			
2.1	Bio-Medical Waste Management System	5.00	1	5.00
3	Administrative			
3.1	Telephone Line	0.015	2	0.03
	Total			7.03

2. CHC Sekmai :Imphal West:				
Sl. No.	Particulars of equipments	Unit Price in lakhs	Number of Units needed	Total amount in lakhs
1	Electro-medical equipments			
1.1	ECG Machine	0.45	1	0.45
1.2	Emergency Resuscitation Kit	0.20	1	0.20
1.3	Portable X-Ray	0.20	1	0.20
2	Pneumatic, Sterilization & OT equipment	0		0
2.1	Operation table, ordinary	0.495	1	0.495
2.2	Boyle's apparatus	1.125	1	1.125
2.3	Autoclave HP, Horizontal	1.20	1	1.20
2.4	Autoclave HP, Vertical	0.30	1	0.30
2.5	Shadow-less Mobile Lamp	0.265	1	0.265
2.6	Autoclave with burners 2 bin	0.06	1	0.06
2.7	Shadow-less OT Lamp	1.50	1	1.50
2.8	Focusing Lights, Mobile Fluorotic	0.035	1	0.035
2.9	Suction apparatus (High vacuum MTPL)	0.189	1	0.189
2.10	Gynaec. Electric Cautery	0.42	1	0.42
2.11	Auto-mist/Dehumidifier	0.05	1	0.05
3.	Laboratory equipments	0		0
3.1	Simple balance	0.0165	1	0.0165
3.2	Water bath	0.099	1	0.099
3.3	Counting chamber	0.0065	1	0.0065
3.4	Centrifuge machine	0.0295	1	0.0295
3.5	Hot-air oven	0.452	1	0.452
3.6	Blood Storage Cabinet	2.00	1	2.00
3.7	Glucometer	0.12	1	0.12
3.8	Hemoglobinometer	0.0064	1	0.0064
3.9	Timer Stop-watch	0.0045	1	0.0045
3.10	Laboratory Table with sink rack	0.045	1	0.045
4.	Hospital Plants	0		0
4.1	10 KVa Generator	2.00	1	2.00
4.2	Hot water system, solar unit	0.20	1	0.20
4.3	Bio-Medical Waste Management System	5.00	1	5.00
5	Administration	0		0
5.1.	Computer with printer	0.40	1	0.40
5.2	Telephone Line	0.015	2	0.03
	Surgical Instrument packs	0		0
6.1	D & C Set	0.07	2	0.14
6.2	MTP Set	0.04	2	0.08
6.3	Cervical Biopsy Set	0.015	1	0.015
6.5	Delivery Set	0.01725	1	0.01725
6.6	Venesection Set	0.0075	2	0.015
6.7	Incision & Drainage Set	0.02	2	0.04
6.8	LP Set	0.007	1	0.007
6.9	Tracheostomy Set	0.018	1	0.018
6.10	ENT Set	0.00475	1	0.00475
7	Minor equipments	0		0
7.1	X-Ray View-box	0.0155	1	0.0155
7.2	Developing Tank X-Ray 10 Gal.	0.03	1	0.03
7.3	Safe Light X-Ray Dark Room	0.005	1	0.005
7.4	Cassettes X-Ray, Different sizes	0.012	3	0.036

7.5	Intensifying screen, Different sizes	0.02	3	0.06
7.6	Lead aprons	0.0108	1	0.0108
7.7	Lead Protection Screen	0.102	1	0.102
7.8	Chest Stand X-Ray	0.035	1	0.035
7.9	Stethoscope	0.002	2	0.004
7.10	Infrared lamps	0.0085	1	0.0085
7.11	Oxygen cylinder	0.042	9	0.378
7.12	Ambu Bag	0.008	1	0.008
7.13	Hot plate, Domestic	0.14	1	0.14
7.14	Emergency lamp	0.034	1	0.034
7.15	Fire Extinguisher	0.062	2	0.124
7.16	Laryngoscope	0.012	1	0.012
7.17	Otoscope	0.0038	1	0.0038
8.	Furniture & other equipments	0		0
8.1	Examination table	0.032	4	0.128
8.2	Delivery table	0.1855	1	0.1855
8.3	Foot Steps	0.006	4	0.024
8.4	Bedside Screen Stand	0.0145	8	0.116
8.5	Revolving Stool	0.006	34	0.204
8.6	Arm Board adult & Child	0.003	4	0.012
8.7	IV Stand	0.0135	10	0.135
8.8	Wheel chair	0.039	1	0.039
8.9	Stretcher with trolley	0.05	2	0.10
8.10	Height Measuring Stand	0.0095	1	0.0095
8.11	Iron Cot Bedstand	0.055	38	2.09
8.12	Bed-side locker	0.011	30	0.33
8.13	Instrument & dressing trolley	0.0595	2	0.119
8.14	Mayo's table/trolley	0.037	1	0.037
8.15	Instrument cabinet	0.073	1	0.073
8.16	Kick Bucket (Dust-bin)	0.0055	5	0.0275
8.17	Wash basin Stand	0.0135	8	0.108
8.18	Instrument tray	0.0044	4	0.0176
8.19	Table overbed (Cardiac Table)	0.06	2	0.12
8.20	Fowler Bed	0.092	2	0.184
8.21	Wooden Sun Mica Table, Big	0.02737	1	0.02737
8.22	Wooden Sun Mica Table, Medium	0.02186	3	0.66
8.23	Revolving Chair	0.0362	1	0.0362
8.24	"S" Chair with arm, Steel	0.0097	3	0.029
8.25	Steel Almirah, (Std.)	0.0552	4	0.221
8.26	Steel cup-board/Medicine cabinet	0.02	6	0.12
8.27	Wooden almirah (Std.)	0.015	4	0.06
8.28	Wooden almirah (Ord.)	0.005	10	0.05
8.29	Wooden chair with arm	0.003	15	0.045
8.30	Peon stool, Wooden	0.0015	10	0.015
8.31	Wooden bench with arm	0.007	8	0.056
8.32	File rack	0.00305	4	0.0122
8.33	Swab rack (OT)	0.014	1	0.014
8.34	Patella Hammer	0.0004	1	0.0004
8.35	Tongue Depressor	0.0009	5	0.0045
8.36	Torch light	0.002	4	0.008
8.37	Side rack	0.003	2	0.006
8.38	GI Bucket	0.0012	4	0.0048
8.39	EI Bowls	0.00088	6	0.0053
8.40	Dressing drum	0.003	8	0.024

8.41	Lifting forceps	0.00145	3	0.00435
8.42	Tailor Scissors	0.0015	2	0.003
8.43	Water Filter SS	0.0064	2	0.0128
8.44	Mattress RC	0.1508	30	4.524
8.45	Pillow RC	0.0014	30	0.042
8.46	Bed sheet	0.00079	150	0.1185
8.47	Draw sheet	0.0004	150	0.06
8.48	Pillow case	0.00048	100	0.048
8.49	Mosquito net	0.00175	60	0.105
8.50	Red Blanket	0.00235	100	0.235
	Total			28.85252

3. CHC Jiribam: Imphal East District:				
Sl. No.	Particulars of equipments	Unit Price in lakhs	Number of Units needed	Total amount in lakhs
1	Laboratory equipments			
1.1	Blood Storage Cabinet	2.00	1	2.00
2	Hospital Plants			
2.1	Bio-Medical Waste Management System	5.00	1	5.00
3	Administrative			
3.1	Telephone Line	0.015	2	0.03
	Total			7.03

4. CHC Sagolmang :Imphal East District:				
Sl. No.	Particulars of equipments	Unit Price in lakhs	Number of Units needed	Total amount in lakhs
1	Electro-medical equipments			
1.1	ECG Machine	0.45	1	0.45
1.2	Emergency Resuscitation Kit	0.20	1	0.20
1.3	Portable X-Ray	0.20	1	0.20
2	Pneumatic, Sterilization & OT equipment	0		0
2.1	Operation table, ordinary	0.495	1	0.495
2.2	Boyle's apparatus	1.125	1	1.125
2.3	Autoclave HP, Horizontal	1.20	1	1.20
2.4	Autoclave HP, Vertical	0.30	1	0.30
2.5	Shadow-less Mobile Lamp	0.265	1	0.265
2.6	Autoclave with burners 2 bin	0.06	1	0.06
2.7	Shadow-less OT Lamp	1.50	1	1.50
2.8	Focusing Lights, Mobile Fluorotic	0.035	1	0.035
2.9	Suction apparatus (High vacuum MTPL)	0.189	1	0.189
2.10	Suction machine, Electrical	0.102		0.102
2.11	Gynaec. Electric Cautery	0.42	1	0.42
2.12	Auto-mist/Dehumidifier	0.05	1	0.05
3.	Laboratory equipments	0		0
3.1	Microscope, Binocular	0.24	1	0.24
3.2	Simple balance	0.0165	1	0.0165
3.3	Water bath	0.099	1	0.099
3.4	Counting chamber	0.0065	1	0.0065
3.5	Centrifuge machine	0.0295	1	0.0295
3.6	Hot-air oven	0.452	1	0.452

3.7	Blood Storage Cabinet	2.00	1	2.00
3.8	Glucometer	0.12	1	0.12
3.9	Hemoglobinometer	0.0064	1	0.0064
3.10	Timer Stop-watch	0.0045	1	0.0045
3.11	Laboratory Table with sink rack	0.045	1	0.045
4.	Hospital Plants	0		0
4.1	Hot water system, solar unit	0.20	1	0.20
5	Administration	0		0
5.1.	Computer with printer	0.40	1	0.40
	Surgical Instrument packs	0		0
6.1	D & C Set	0.07	2	0.14
6.2	MTP Set	0.04	2	0.08
6.3	Cervical Biopsy Set	0.015	1	0.015
6.4	Evacuation Set	0.012	1	0.012
6.5	Delivery Set	0.01725	1	0.01725
6.6	Venesection Set	0.0075	2	0.015
6.7	LP Set	0.007	1	0.007
6.8	Tracheostomy Set	0.018	1	0.018
6.9	ENT Set	0.00475	1	0.00475
7	Minor equipments	0		0
7.1	X-Ray View-box	0.0155	1	0.0155
7.2	Developing Tank X-Ray 10 Gal.	0.03	1	0.03
7.3	Safe Light X-Ray Dark Room	0.005	1	0.005
7.4	Cassettes X-Ray, Different sizes	0.012	3	0.036
7.5	Intensifying screen, Different sizes	0.02	3	0.06
7.6	Lead aprons	0.0108	1	0.0108
7.7	Lead Protection Screen	0.102	1	0.102
7.8	Chest Stand X-Ray	0.035	1	0.035
7.9	Stethoscope	0.002	2	0.004
7.10	Infrared lamps	0.0085	1	0.0085
7.11	Oxygen cylinder	0.042	8	0.336
7.12	Ambu Bag	0.008	1	0.008
7.13	Hot plate, Domestic	0.14	1	0.14
7.14	Emergency lamp	0.034	1	0.034
7.15	Fire Extinguisher	0.062	2	0.124
7.16	Laryngoscope	0.012	1	0.012
7.17	Otoscope	0.0038	1	0.0038
8.	Furniture & other equipments	0		0
8.1	Examination table	0.032	2	0.064
8.2	Foot Steps	0.006	2	0.012
8.3	Bedside Screen Stand	0.0145	8	0.116
8.4	Revolving Stool	0.006	30	0.18
8.5	Arm Board adult & Child	0.003	4	0.012
8.6	IV Stand	0.0135	6	0.081
8.7	Wheel chair	0.039	1	0.039
8.8	Stretcher with trolley	0.05	2	0.10
8.9	Oxygen trolley	0.0055	2	0.011
8.10	Height Measuring Stand	0.0095	1	0.0095
8.11	Iron Cot Bedstand	0.055	38	2.09
8.12	Bed-side locker	0.011	30	0.33
8.13	Instrument & dressing trolley	0.0595	2	0.119
8.14	Mayo's table/trolley	0.037	1	0.037
8.15	Instrument cabinet	0.073	1	0.073
8.16	Kick Bucket (Dust-bin)	0.0055	5	0.0275

8.17	Wash basin Stand	0.0135	8	0.108
8.18	Instrument tray	0.0044	4	0.176
8.19	Table overbed (Cardiac Table)	0.06	2	0.12
8.20	Fowler Bed	0.092	2	0.184
8.21	Wooden Sun Mica Table, Big	0.02737	1	0.02737
8.22	Wooden Sun Mica Table, Medium	0.02186	3	0.066
8.23	Revolving Chair	0.0362	1	0.0362
8.24	"S" Chair with arm, Steel	0.0097	3	0.0291
8.25	Steel Almirah, (Std.)	0.0552	4	0.2208
8.26	Steel cup-board/Medicine cabinet	0.02	6	0.12
8.27	Wooden almirah (Std.)	0.015	3	0.045
8.28	Wooden almirah (Ord.)	0.005	8	0.04
8.29	Wooden chair with arm	0.003	15	0.045
8.30	Peon stool, Wooden	0.0015	10	0.015
8.31	Wooden bench with arm	0.007	8	0.056
8.32	File rack	0.00305	4	0.0122
8.33	Swab rack (OT)	0.014	1	0.014
8.34	Patella Hammer	0.0004	1	0.0004
8.35	Tongue Depressor	0.0009	5	0.0045
8.36	Oxygen mask adult/child	0.0004	2	0.0008
8.37	Torch light	0.002	4	0.008
8.38	Side rack	0.003	2	0.006
8.39	GI Bucket	0.0012	4	0.0048
8.40	Bed Pan	0.0015	6	0.009
8.41	EI Urinal, Male/Female	0.0015	4	0.006
8.42	Kidney tray	0.00085	4	0.0034
8.43	EI Bowls	0.00088	6	0.00528
8.44	Dressing drum	0.003	8	0.024
8.45	Lifting forceps	0.00145	3	0.00435
8.46	Tailor Scissors	0.0015	2	0.003
8.47	Water Filter SS	0.0064	2	0.0128
8.48	Kerosene Stove, single	0.0032	1	0.0032
8.49	Mattress RC	0.1508	33	4.9764
8.50	Pillow RC	0.0014	33	0.0462
8.51	Bed sheet	0.00079	150	0.1185
8.52	Draw sheet	0.0004	150	0.06
8.53	Pillow case	0.00048	100	0.048
8.54	Mosquito net	0.00175	60	0.105
8.55	Red Blanket	0.00235	100	0.235
	Total			21.7843

5. CHC Kamjong :Ukhrul District:				
Sl. No.	Particulars of equipments	Unit Price in lakhs	Number of Units needed	Total amount in lakhs
1	Electro-medical equipments			
1.1	ECG Machine	0.45	1	0.45
1.2	Emergency Resuscitation Kit	0.20	1	0.20
1.3	Portable X-Ray	0.20	1	0.20
2	Pneumatic, Sterilization & OT equipment	0		0
2.1	Operation table, ordinary	0.495	1	0.495
2.2	Boyle's apparatus	1.125	1	1.125
2.3	Autoclave HP, Horizontal	1.20	1	1.20
2.4	Autoclave HP, Vertical	0.30	1	0.30
2.5	Shadow-less Mobile Lamp	0.265	1	0.265
2.6	Autoclave with burners 2 bin	0.06	1	0.06
2.7	Shadow-less OT Lamp	1.50	1	1.50
2.8	Focusing Lights, Mobile Fluorotic	0.035	1	0.035
2.9	Suction apparatus (High vacuum MTPL)	0.189	1	0.189
2.10	Suction apparatus, Electrical	0.102	1	0.102
2.11	Suction apparatus, Foot operated	0.01555	1	0.01555
2.12	Vacuum Extractor	0.086	1	0.086
2.13	Gynaec. Electric Cautery	0.42	1	0.42
2.14	Auto-mist/Dehumidifier	0.05	1	0.05
3.	Laboratory equipments	0		0
3.1	Microscope, Binocular	0.24	1	0.24
3.2	Simple balance	0.0165	1	0.0165
3.3	Water bath	0.099	1	0.099
3.4	Counting chamber	0.0065	1	0.0065
3.5	Centrifuge machine	0.0295	1	0.0295
3.6	Hot-air oven	0.452	1	0.452
3.7	Blood Storage Cabinet	2.00	1	2.00
3.8	Glucometer	0.12	1	0.12
3.9	Hemoglobinometer	0.0064	1	0.0064
3.10	Timer Stop-watch	0.0045	1	0.0045
3.11	Laboratory Table with sink rack	0.045	1	0.045
4.	Hospital Plants	0		0
4.1	10 KVa Generator	2.00	1	2.00
4.2	Hot water system, solar unit	0.20	1	0.20
4.3	Bio-Medical Waste Management System	5.00	1	5.00
5	Administration	0		0
5.1.	Computer with printer	0.40	1	0.40
5.2	Telephone line	0.015	2	0.03
	Surgical Instrument packs	0		0
6.1	D & C Set	0.07	2	0.14
6.2	MTP Set	0.04	2	0.08
6.3	Cervical Biopsy Set	0.015	1	0.015
6.4	Evacuation Set	0.012	1	0.012
6.5	Delivery Set	0.01725	2	0.0345
6.6	Venesection Set	0.0075	2	0.015
6.7	LP Set	0.007	1	0.007
6.8	Tracheostomy Set	0.018	1	0.018
6.9	ENT Set	0.00475	1	0.00475
7	Minor equipments	0		0

7.1	X-Ray View-box	0.0155	1	0.0155
7.2	Developing Tank X-Ray 10 Gal.	0.03	1	0.03
7.3	Safe Light X-Ray Dark Room	0.005	1	0.005
7.4	Cassettes X-Ray, Different sizes	0.012	3	0.036
7.5	Intensifying screen, Different sizes	0.02	3	0.06
7.6	Lead aprons	0.0108	1	0.0108
7.7	Lead Protection Screen	0.102	1	0.102
7.8	Chest Stand X-Ray	0.035	1	0.035
7.9	Sphygmomanometer	0.005	4	0.02
7.10	Infrared lamps	0.0085	1	0.0085
7.11	Oxygen cylinder	0.042	9	0.378
7.12	Regulator & Flow-meter for medical gas	0.0098	1	0.0098
7.13	Ambu Bag	0.008	1	0.008
7.14	Hot plate, Domestic	0.14	1	0.14
7.15	Emergency lamp	0.034	1	0.034
7.16	Fire Extinguisher	0.062	2	0.124
7.17	Laryngoscope	0.012	1	0.012
7.18	Otoscope	0.0038	1	0.0038
8.	Furniture & other equipments	0		0
8.1	Foot Steps	0.006	2	0.012
8.2	Bedside Screen Stand	0.0145	8	0.116
8.3	Revolving Stool	0.006	20	0.12
8.4	Arm Board adult & Child	0.003	4	0.012
8.5	IV Stand	0.0135	5	0.0675
8.6	Wheel chair	0.039	1	0.039
8.7	Stretcher with trolley	0.05	2	0.10
8.8	Oxygen trolley	0.0055	2	0.011
8.9	Height Measuring Stand	0.0095	1	0.0095
8.10	Iron Cot Bedstand	0.055	20	1.10
8.11	Bed-side locker	0.011	30	0.33
8.12	Instrument & dressing trolley	0.0595	2	0.119
8.13	Mayo's table/trolley	0.037	1	0.037
8.14	Instrument cabinet	0.073	1	0.073
8.15	Kick Bucket (Dust-bin)	0.0055	5	0.0275
8.16	Wash basin Stand	0.0135	8	0.108
8.17	Instrument tray	0.0044	4	0.0176
8.18	Table overbed (Cardiac Table)	0.06	2	0.12
8.19	Fowler Bed	0.092	2	0.184
8.20	Wooden Sun Mica Table, Big	0.02737	1	0.02737
8.21	Wooden Sun Mica Table, Medium	0.02186	3	0.06558
8.22	Revolving Chair	0.0362	1	0.0362
8.23	"S" Chair with arm, Steel	0.0097	3	0.0291
8.24	Steel Almirah, (Std.)	0.0552	4	0.2208
8.25	Steel cup-board/Medicine cabinet	0.02	6	0.12
8.26	Wooden almirah (Std.)	0.015	4	0.60
8.27	Wooden almirah (Ord.)	0.005	6	0.03
8.28	Wooden chair with arm	0.003	15	0.045
8.29	Peon stool, Wooden	0.0015	10	0.015
8.30	Wooden bench with arm	0.007	6	0.042
8.31	File rack	0.00305	4	0.0122
8.32	Swab rack (OT)	0.014	1	0.014
8.33	Patella Hammer	0.0004	1	0.0004
8.34	Tongue Depressor	0.0009	5	0.0045
8.35	Oxygen mask adult/child	0.0004	2	0.0008

8.36	Torch light	0.002	4	0.008
8.37	Side rack	0.003	2	0.006
8.38	GI Bucket	0.0012	4	0.0048
8.39	EI Urinal, Male/Female	0.0015	4	0.006
8.40	EI Bowls	0.00088	6	0.00528
8.41	Dressing drum	0.003	5	0.015
8.42	Lifting forceps	0.00145	3	0.00435
8.43	Tailor Scissors	0.0015	2	0.003
8.44	Water Filter SS	0.0064	1	0.0064
8.45	Mattress RC	0.1508	20	3.016
8.46	Pillow RC	0.0014	20	0.028
8.47	Bed sheet	0.00079	100	0.079
8.48	Draw sheet	0.0004	100	0.04
8.49	Pillow case	0.00048	80	0.0384
8.50	Mosquito net	0.00175	40	0.07
8.51	Red Blanket	0.00235	80	0.188
	Total			26.08488

6. CHC Parbung, Churachandpur District				
Sl. No.	Particulars of equipments	Unit Price in lakhs	Number of Units needed	Total amount in lakhs
1	Electro-medical equipments			
1.1	ECG Machine	0.45	1	0.45
1.2	Emergency Resuscitation Kit	0.20	1	0.20
1.3	Portable X-Ray	0.20	1	0.20
2	Pneumatic, Sterilization & OT equipment	0		0
2.1	Operation table, ordinary	0.495	1	0.495
2.2	Boyle's apparatus	1.125	1	1.125
2.3	Autoclave HP, Horizontal	1.20	1	1.20
2.4	Autoclave HP, Vertical	0.30	1	0.30
2.5	Shadow-less Mobile Lamp	0.265	1	0.265
2.6	Autoclave with burners 2 bin	0.06	1	0.06
2.7	Shadow-less OT Lamp	1.50	1	1.50
2.8	Focusing Lights, Mobile Fluorotic	0.035	1	0.035
2.9	Suction apparatus (High vacuum MTPL)	0.189	1	0.189
2.10	Suction apparatus, Electrical	0.102	1	0.102
2.11	Suction apparatus, Foot operated	0.01555	1	0.01555
2.12	Vacuum Extractor	0.086	1	0.086
2.13	Instrument sterilizer	0.03	1	0.03
2.14	Gynaec. Electric Cautery	0.42	1	0.42
2.15	Auto-mist/Dehumidifier	0.05	1	0.05
3.	Laboratory equipments	0		0
3.1	Microscope, Binocular	0.24	1	0.24
3.2	Simple balance	0.0165	1	0.0165
3.3	Water bath	0.099	1	0.099
3.4	Counting chamber	0.0065	1	0.0065
3.5	Centrifuge machine	0.0295	1	0.0295
3.6	Hot-air oven	0.452	1	0.452
3.7	Blood Storage Cabinet	2.00	1	2.00
3.8	Glucometer	0.12	1	0.12
3.9	Hemoglobinometer	0.0064	1	0.0064
3.10	Timer Stop-watch	0.0045	1	0.0045

3.11	Laboratory Table with sink rack	0.045	1	0.045
4.	Hospital Plants	0		0
4.1	10 KVa Generator	2.00	1	2.00
4.2	Hot water system, solar unit	0.20	1	0.20
4.3	Bio-Medical Waste Management System	5.00	1	5.00
5	Administration	0		0
5.1.	Computer with printer	0.40	1	0.40
5.2	Telephone line	0.015	2	0.03
	Surgical Instrument packs	0		0
6.1	D & C Set	0.07	2	0.14
6.2	MTP Set	0.04	2	0.08
6.3	Cervical Biopsy Set	0.015	1	0.015
6.4	Evacuation Set	0.012	1	0.012
6.5	Deliver Set	0.01725	2	0.0345
6.6	Venesection Set	0.0075	2	0.015
6.10	LP Set	0.007	1	0.007
6.11	Tracheostomy Set	0.018	1	0.018
6.12	ENT Set	0.00475	1	0.00475
7	Minor equipments	0		0
7.1	X-Ray View-box	0.0155	1	0.0155
7.2	Developing Tank X-Ray 10 Gal.	0.03	1	0.03
7.3	Safe Light X-Ray Dark Room	0.005	1	0.005
7.4	Cassettes X-Ray, Different sizes	0.012	3	0.036
7.5	Intensifying screen, Different sizes	0.02	3	0.06
7.6	Lead aprons	0.0108	1	0.0108
7.7	Lead Protection Screen	0.102	1	0.102
7.8	Chest Stand X-Ray	0.035	1	0.035
7.10	Sphygmomanometer	0.005	2	0.01
7.11	Weighing machine, Adult	0.006	1	0.006
7.12	Weighing machine, Infant	0.016	1	0.016
7.13	Infrared lamps	0.0085	1	0.0085
7.14	Oxygen cylinder	0.042	9	0.378
7.15	Regulator & Flow-meter for medical gas	0.0098	1	0.0098
7.16	Ambu Bag	0.008	1	0.008
7.17	Hot plate, Domestic	0.14	1	0.14
7.18	Emergency lamp	0.034	1	0.034
7.19	Fire Extinguisher	0.062	2	0.124
7.20	Laryngoscope	0.012	1	0.012
7.21	Otoscope	0.0038	1	0.0038
8.	Furniture & other equipments	0		0
8.1	Examination table	0.032	4	0.128
8.2	Delivery table	0.1855	1	0.1855
8.3	Foot Steps	0.006	4	0.024
8.4	Bedside Screen Stand	0.0145	8	0.116
8.5	Revolving Stool	0.006	34	0.204
8.6	Arm Board adult & Child	0.003	4	0.012
8.7	IV Stand	0.0135	10	0.135
8.8	Wheel chair	0.039	1	0.039
8.9	Stretcher with trolley	0.05	2	0.10
8.10	Oxygen trolley	0.0055	2	0.01
8.11	Height Measuring Stand	0.0095	1	0.0095
8.12	Iron Cot Bedstand	0.055	35	1.925
8.13	Bed-side locker	0.011	30	0.33
8.14	Instrument & dressing trolley	0.0595	2	0.119

8.15	Mayo's table/trolley	0.037	1	0.037
8.16	Instrument cabinet	0.073	1	0.073
8.17	Kick Bucket (Dust-bin)	0.0055	5	0.025
8.18	Wash basin Stand	0.0135	8	0.108
8.19	Instrument tray	0.0044	4	0.016
8.20	Table overbed (Cardiac Table)	0.06	2	0.12
8.21	Fowler Bed	0.092	2	0.184
8.22	Wooden Sun Mica Table, Big	0.02737	1	0.02737
8.23	Wooden Sun Mica Table, Medium	0.02186	3	0.066
8.24	Revolving Chair	0.0362	1	0.0362
8.25	"S" Chair with arm, Steel	0.0097	3	0.0291
8.26	Steel Almirah, (Std.)	0.0552	4	0.2208
8.27	Steel cup-board/Medicine cabinet	0.02	6	0.12
8.28	Wooden almirah (Std.)	0.015	4	0.06
8.29	Wooden almirah (Ord.)	0.005	10	0.05
8.30	Wooden chair with arm	0.003	15	0.045
8.31	Peon stool, Wooden	0.0015	10	0.015
8.32	Wooden bench with arm	0.007	8	0.056
8.33	File rack	0.00305	4	0.0122
8.34	Swab rack (OT)	0.014	1	0.014
8.35	Patella Hammer	0.0004	1	0.0004
8.36	Tongue Depressor	0.0009	5	.0045
8.37	Oxygen mask adult/child	0.0004	2	0.0008
8.38	Torch light	0.002	4	0.008
8.39	Side rack	0.003	2	0.006
8.40	GI Bucket	0.0012	4	0.0048
8.41	Bed Pan	0.0015	6	0.009
8.42	EI Urinal, Male/Female	0.0015	4	0.006
8.43	Kidney tray	0.00085	2	0.0019
8.44	EI Bowls	0.00088	2	0.00176
8.45	Dressing drum	0.003	4	0.012
8.46	Lifting forceps	0.00145	3	0.00435
8.47	Tailor Scissors	0.0015	2	0.003
8.48	Water Filter SS	0.0064	2	0.0128
8.49	Kerosene Stove, single	0.0032	1	0.0032
8.50	Mattress RC	0.1508	33	4.9764
8.51	Pillow RC	0.0014	33	0.0462
8.52	Bed sheet	0.00079	160	0.1264
8.53	Draw sheet	0.0004	160	0.46
8.54	Pillow case	0.00048	100	0.048
8.55	Mosquito net	0.00175	55	0.096
8.56	Red Blanket	0.00235	100	0.235
	Total			29.46078

7. CHC Kakching, Thoubal District				
Sl. No.	Particulars of equipments	Unit Price in lakhs	Number of Units needed	Total amount in lakhs
To be up-graded under NLCPR and RCH-II				

8. CHC Yairipok, Thoubal District				
Sl. No.	Particulars of equipments	Unit Price in lakhs	Number of Units needed	Total amount in lakhs
1	Electro-medical equipments			
1.1	ECG Machine	0.45	1	0.45
1.2	Emergency Resuscitation Kit	0.20	1	0.20
1.3	Portable X-Ray	0.20	1	0.20
2	Pneumatic, Sterilization & OT equipment	0		0
2.1	Operation table, ordinary	0.495	1	0.495
2.2	Boyle's apparatus	1.125	1	1.125
2.3	Autoclave HP, Horizontal	1.20	1	1.20
2.4	Autoclave HP, Vertical	0.30	1	0.30
2.5	Shadow-less Mobile Lamp	0.265	1	0.265
2.6	Autoclave with burners 2 bin	0.06	1	0.06
2.7	Shadow-less OT Lamp	1.50	1	1.50
2.8	Focusing Lights, Mobile Fluorotic	0.035	1	0.035
2.9	Suction apparatus, Electrical	0.102	1	0.102
2.10	Suction apparatus, Foot operated	0.01555	1	0.01555
2.11	Instrument sterilizer	0.03	1	0.03
2.12	Gynaec. Electric Cautery	0.42	1	0.42
2.13	Auto-mist/Dehumidifier	0.05	1	0.05
3.	Laboratory equipments	0		0
3.1	Simple balance	0.0165	1	0.0165
3.2	Water bath	0.099	1	0.099
3.3	Counting chamber	0.0065	1	0.0065
3.4	Centrifuge machine	0.0295	1	0.0295
3.5	Hot-air oven	0.452	1	0.452
3.6	Blood Storage Cabinet	2.00	1	2.00
3.7	Glucometer	0.12	1	0.12
3.8	Hemoglobinometer	0.0064	1	0.0064
3.9	Timer Stop-watch	0.0045	1	0.0045
3.10	Laboratory Table with sink rack	0.045	1	0.045
4.	Hospital Plants	0		0
4.1	10 KVa Generator	2.00	1	2.00
4.2	Hot water system, solar unit	0.20	1	0.20
4.3	Bio-Medical Waste Management System	5.00	1	5.00
5	Administration	0		0
5.1.	Computer with printer	0.40	1	0.40
5.2	Telephone line	0.015	2	0.03
	Surgical Instrument packs	0		0
6.1	Cervical Biopsy Set	0.015	1	0.015
6.2	Evacuation Set	0.012	1	0.012
6.3	Venesection Set	0.0075	2	0.015

6.4	Suture Removal Set	0.00075	1	0.00075
6.5	LP Set	0.007	1	0.007
6.6	Tracheostomy Set	0.018	1	0.018
6.7	ENT Set	0.00475	1	0.00475
7	Minor equipments	0		0
7.1	X-Ray View-box	0.0155	1	0.0155
7.2	Developing Tank X-Ray 10 Gal.	0.03	1	0.03
7.3	Safe Light X-Ray Dark Room	0.005	1	0.005
7.4	Cassettes X-Ray, Different sizes	0.012	3	0.036
7.5	Intensifying screen, Different sizes	0.02	3	0.06
7.6	Lead aprons	0.0108	1	0.0108
7.7	Lead Protection Screen	0.102	1	0.102
7.8	Chest Stand X-Ray	0.035	1	0.035
7.9	Stethoscope	0.002	1	0.002
7.10	Sphygmomanometer	0.005	3	0.015
7.11	Infrared lamps	0.0085	1	0.0085
7.12	Oxygen cylinder	0.042	8	0.336
7.13	Ambu Bag	0.008	1	0.008
7.14	Hot plate, Domestic	0.14	1	0.14
7.15	Emergency lamp	0.034	1	0.034
7.16	Fire Extinguisher	0.062	2	0.124
7.17	Laryngoscope	0.012	1	0.012
7.18	Otoscope	0.0038	1	0.0038
8.	Furniture & other equipments	0		0
8.1	Foot Steps	0.006	2	0.012
8.2	Bedside Screen Stand	0.0145	6	0.087
8.3	Revolving Stool	0.006	20	0.12
8.4	Arm Board adult & Child	0.003	4	0.012
8.5	IV Stand	0.0135	6	0.081
8.6	Wheel chair	0.039	1	0.039
8.7	Stretcher with trolley	0.05	2	0.10
8.8	Oxygen trolley	0.0055	2	0.011
8.9	Height Measuring Stand	0.0095	1	0.0095
8.10	Iron Cot Bedstand	0.055	30	1.65
8.11	Bed-side locker	0.011	30	0.33
8.12	Instrument & dressing trolley	0.0595	2	0.119
8.13	Mayo's table/trolley	0.037	1	0.037
8.14	Instrument cabinet	0.073	1	0.073
8.15	Kick Bucket (Dust-bin)	0.0055	5	0.0275
8.16	Wash basin Stand	0.0135	6	0.081
8.17	Instrument tray	0.0044	2	0.0088
8.18	Table overbed (Cardiac Table)	0.06	2	0.12
8.19	Fowler Bed	0.092	2	0.184
8.20	Wooden Sun Mica Table, Big	0.02737	1	0.02737
8.21	Wooden Sun Mica Table, Medium	0.02186	3	0.66
8.22	Revolving Chair	0.0362	1	0.0362
8.23	"S" Chair with arm, Steel	0.0097	3	0.0291
8.24	Steel Almirah, (Std.)	0.0552	4	0.2208
8.25	Steel cup-board/Medicine cabinet	0.02	6	0.12
8.26	Wooden almirah (Std.)	0.015	2	0.03
8.27	Wooden almirah (Ord.)	0.005	6	0.03
8.28	Wooden chair with arm	0.003	15	0.045
8.29	Peon stool, Wooden	0.0015	6	0.009
8.30	Wooden bench with arm	0.007	6	0.042

8.31	File rack	0.00305	4	0.0122
8.32	Swab rack (OT)	0.014	1	0.014
8.33	Patella Hammer	0.0004	1	0.0004
8.34	Tongue Depressor	0.0009	5	0.0045
8.35	Oxygen mask adult/child	0.0004	2	0.0008
8.36	Torch light	0.002	4	0.008
8.37	Side rack	0.003	2	0.006
8.38	GI Bucket	0.0012	4	0.0048
8.39	Bed Pan	0.0015	4	0.006
8.40	EI Urinal, Male/Female	0.0015	4	0.006
8.41	Kidney tray	0.00085	3	0.00255
8.42	EI Bowls	0.00088	3	0.00264
8.43	Dressing drum	0.003	8	0.024
8.44	Lifting forceps	0.00145	3	0.00435
8.45	Tailor Scissors	0.0015	2	0.003
8.46	Water Filter SS	0.0064	1	0.0064
8.47	Mattress RC	0.1508	30	4.524
8.48	Pillow RC	0.0014	30	0.042
8.49	Bed sheet	0.00079	150	0.1185
8.50	Draw sheet	0.0004	150	0.06
8.51	Pillow case	0.00048	100	0.048
8.52	Mosquito net	0.00175	50	0.0875
8.53	Red Blanket	0.00235	100	0.235
Total				27.47896

9. CHC Heirok, Thoubal District				
Sl. No.	Particulars of equipments	Unit Price in lakhs	Number of Units needed	Total amount in lakhs
1	Electro-medical equipments			
1.1	ECG Machine	0.45	1	0.45
1.2	Emergency Resuscitation Kit	0.20	1	0.20
1.3	Portable X-Ray	0.20	1	0.20
2	Pneumatic, Sterilization & OT equipment	0		0
2.1	Operation table, ordinary	0.495	1	0.495
2.2	Boyle's apparatus	1.125	1	1.125
2.3	Autoclave HP, Horizontal	1.20	1	1.20
2.4	Autoclave HP, Vertical	0.30	1	0.30
2.5	Shadow-less Mobile Lamp	0.265	1	0.265
2.6	Autoclave with burners 2 bin	0.06	1	0.06
2.7	Shadow-less OT Lamp	1.50	1	1.50
2.8	Focusing Lights, Mobile Fluorotic	0.035	1	0.035
2.9	Suction apparatus (High vacuum MTPL)	0.189	1	0.189
2.10	Suction apparatus, Electrical	0.102	1	0.102
2.11	Suction apparatus, Foot operated	0.01555	1	0.01555
2.12	Vacuum Extractor	0.086	1	0.086
2.14	Gynaec. Electric Cautery	0.42	1	0.42
2.15	Auto-mist/Dehumidifier	0.05	1	0.05
3.	Laboratory equipments	0		0
3.1	Microscope, Binocular	0.24	1	0.24
3.2	Simple balance	0.0165	1	0.0165
3.3	Water bath	0.099	1	0.099

3.4	Counting chamber	0.0065	1	0.0065
3.5	Centrifuge machine	0.0295	1	0.0295
3.6	Hot-air oven	0.452	1	0.452
3.7	Blood Storage Cabinet	2.00	1	2.00
3.8	Glucometer	0.12	1	0.12
3.9	Hemoglobinometer	0.0064	1	0.0064
3.10	Timer Stop-watch	0.0045	1	0.0045
3.11	Laboratory Table with sink rack	0.045	1	0.045
4.	Hospital Plants	0		0
4.1	10 KVa Generator	2.00	1	2.00
4.2	Hot water system, solar unit	0.20	1	0.20
4.3	Bio-Medical Waste Management System	5.00	1	5.00
5	Administration	0		0
5.1.	Computer with printer	0.40	1	0.40
5.2	Telephone line	0.015	2	0.03
	Surgical Instrument packs	0		0
6.1	D & C Set	0.07	2	0.14
6.2	MTP Set	0.04	2	0.08
6.3	Cervical Biopsy Set	0.015	1	0.015
6.4	Evacuation Set	0.012	1	0.012
6.5	Delivery Set	0.01725	2	0.0345
6.6	Venesection Set	0.0075	2	0.015
6.7	LP Set	0.007	1	0.007
6.8	Tracheostomy Set	0.018	1	0.018
6.9	ENT Set	0.00475	1	0.00475
7	Minor equipments	0		0
7.1	X-Ray View-box	0.0155	1	0.0155
7.2	Developing Tank X-Ray 10 Gal.	0.03	1	0.03
7.3	Safe Light X-Ray Dark Room	0.005	1	0.005
7.4	Cassettes X-Ray, Different sizes	0.012	3	0.036
7.5	Intensifying screen, Different sizes	0.02	3	0.06
7.6	Lead aprons	0.0108	1	0.0108
7.7	Lead Protection Screen	0.102	1	0.102
7.8	Chest Stand X-Ray	0.035	1	0.035
7.9	Stethoscope	0.002	2	0.004
7.10	Sphygmomanometer	0.005	4	0.02
7.11	Infrared lamps	0.0085	1	0.0085
7.12	Oxygen cylinder	0.042	9	0.378
7.13	Regulator & Flow-meter for medical gas	0.0098	1	0.0098
7.14	Ambu Bag	0.008	1	0.008
7.15	Hot plate, Domestic	0.14	1	0.14
7.16	Emergency lamp	0.034	1	0.034
7.17	Fire Extinguisher	0.062	2	0.124
7.18	Laryngoscope	0.012	1	0.012
7.19	Otoscope	0.0038	1	0.0038
8.	Furniture & other equipments	0		0
8.1	Delivery table	0.1855	1	0.1855
8.2	Foot Steps	0.006	3	0.018
8.3	Bedside Screen Stand	0.0145	8	0.116
8.4	Revolving Stool	0.006	25	0.15
8.5	Arm Board adult & Child	0.003	4	0.012
8.6	IV Stand	0.0135	8	0.108
8.7	Wheel chair	0.039	1	0.039
8.8	Stretcher with trolley	0.05	2	0.1

8.9	Oxygen trolley	0.0055	2	0.011
8.10	Height Measuring Stand	0.0095	1	0.0095
8.11	Iron Cot Bedstand	0.055	33	0.0
8.12	Bed-side locker	0.011	30	1.815
8.13	Instrument & dressing trolley	0.0595	2	0.119
8.14	Mayo's table/trolley	0.037	1	0.037
8.15	Instrument cabinet	0.073	1	0.073
8.16	Kick Bucket (Dust-bin)	0.0055	5	0.0275
8.17	Wash basin Stand	0.0135	8	0.108
8.18	Instrument tray	0.0044	4	0.0176
8.19	Table overbed (Cardiac Table)	0.06	2	0.12
8.20	Fowler Bed	0.092	2	0.184
8.21	Wooden Sun Mica Table, Big	0.02737	1	0.02737
8.22	Wooden Sun Mica Table, Medium	0.02186	3	0.06558
8.23	Revolving Chair	0.0362	1	0.0362
8.24	"S" Chair with arm, Steel	0.0097	3	0.0291
8.25	Steel Almirah, (Std.)	0.0552	4	0.2208
8.26	Steel cup-board/Medicine cabinet	0.02	6	0.12
8.27	Wooden almirah (Std.)	0.015	4	0.6
8.28	Wooden almirah (Ord.)	0.005	10	0.05
8.29	Wooden chair with arm	0.003	15	0.045
8.30	Peon stool, Wooden	0.0015	10	0.015
8.31	Wooden bench with arm	0.007	8	0.056
8.32	File rack	0.00305	4	0.0122
8.33	Swab rack (OT)	0.014	1	0.014
8.34	Patella Hammer	0.0004	1	0.0004
8.35	Tongue Depressor	0.0009	5	0.0045
8.36	Oxygen mask adult/child	0.0004	2	0.0008
8.37	Torch light	0.002	4	0.008
8.38	Side rack	0.003	2	0.006
8.39	GI Bucket	0.0012	4	0.0048
8.40	Bed Pan	0.0015	6	0.009
8.41	El Urinal, Male/Female	0.0015	4	0.006
8.42	Kidney tray	0.00085	2	0.00170
8.43	El Bowls	0.00088	4	0.00352
8.44	Dressing drum	0.003	8	0.024
8.45	Lifting forceps	0.00145	2	0.0029
8.46	Tailor Scissors	0.0015	1	0.0015
8.47	Water Filter SS	0.0064	2	0.0128
8.48	Kerosene Stove, single	0.0032	1	0.0032
8.49	Mattress RC	0.1508	35	5.278
8.50	Pillow RC	0.0014	35	0.049
8.51	Bed sheet	0.00079	160	1.26
8.52	Draw sheet	0.0004	160	0.064
8.53	Pillow case	0.00048	100	0.048
8.54	Mosquito net	0.00175	50	0.0875
8.55	Red Blanket	0.00235	100	0.235
	Total			30.35657

10. CHC Moirang, Bishnupur District : – Nil (Provision under RCH-II and NLCPR)

11. CHC Nambol, Bishnupur District				
Sl. No.	Particulars of equipments	Unit Price in lakhs	Number of Units needed	Total amount in lakhs
1	Electro-medical equipments			
1.1	ECG Machine	0.45	1	0.45
1.2	Emergency Resuscitation Kit	0.20	1	0.20
1.3	Portable X-Ray	0.20	1	0.20
2	Pneumatic, Sterilization & OT equipment	0		0
2.1	Boyle's apparatus	1.125	1	1.125
2.2	Autoclave HP, Horizontal	1.20	1	1.20
2.3	Autoclave HP, Vertical	0.30	1	0.30
2.4	Shadow-less Mobile Lamp	0.265	1	0.265
2.5	Autoclave with burners 2 bin	0.06	1	0.06
2.6	Shadow-less OT Lamp	1.50	1	1.50
2.7	Focusing Lights, Mobile Fluorotic	0.035	1	0.035
2.8	Suction apparatus (High vacuum MTPL)	0.189	1	0.189
2.9	Vacuum Extractor	0.086	1	0.086
2.10	Gynaec. Electric Cautery	0.42	1	0.42
2.11	Auto-mist/Dehumidifier	0.05	1	0.05
3.	Laboratory equipments	0		0
3.1	Simple balance	0.0165	1	0.0165
3.2	Water bath	0.099	1	0.099
3.3	Counting chamber	0.0065	1	0.0065
3.4	Centrifuge machine	0.0295	1	0.0295
3.5	Hot-air oven	0.452	1	0.452
3.6	Blood Storage Cabinet	2.00	1	2.00
3.7	Glucometer	0.12	1	0.12
3.8	Hemoglobinometer	0.0064	1	0.0064
3.9	Timer Stop-watch	0.0045	1	0.0045
3.10	Laboratory Table with sink rack	0.045	1	0.045
4.	Hospital Plants	0		0
4.1	10 KVa Generator	2.00	1	2.00
4.2	Hot water system, solar unit	0.20	1	0.20
4.3	Bio-Medical Waste Management System	5.00	1	5.00
5	Administration	0		0
5.1.	Computer with printer	0.40	1	0.40
5.2	Telephone line	0.015	2	0.03
	Surgical Instrument packs	0		0
6.1	D & C Set	0.07	2	0.14
6.2	MTP Set	0.04	2	0.08
6.3	Cervical Biopsy Set	0.015	1	0.015
6.4	Evacuation Set	0.012	1	0.012
6.5	Venesection Set	0.0075	2	0.015
6.6	LP Set	0.007	1	0.007
6.7	Tracheostomy Set	0.018	1	0.018
6.8	ENT Set	0.00475	1	0.00475
7	Minor equipments	0		0
7.1	X-Ray View-box	0.0155	1	0.0155
7.2	Developing Tank X-Ray 10 Gal.	0.03	1	0.03

7.3	Safe Light X-Ray Dark Room	0.005	1	0.005
7.4	Cassettes X-Ray, Different sizes	0.012	3	0.036
7.5	Intensifying screen, Different sizes	0.02	3	0.06
7.6	Lead aprons	0.0108	1	0.0108
7.7	Lead Protection Screen	0.102	1	0.102
7.8	Chest Stand X-Ray	0.035	1	0.035
7.9	Stethoscope	0.002	2	0.004
7.10	Sphygmomanometer	0.005	2	0.01
7.11	Infrared lamps	0.0085	1	0.0085
7.12	Oxygen cylinder	0.042	9	0.378
7.13	Regulator & Flow-meter for medical gas	0.0098	1	0.0098
7.14	Ambu Bag	0.008	1	0.008
7.15	Hot plate, Domestic	0.14	1	0.14
7.16	Emergency lamp	0.034	1	0.034
7.17	Fire Extinguisher	0.062	2	0.124
7.18	Laryngoscope	0.012	1	0.012
7.19	Otoscope	0.0038	1	0.0038
8.	Furniture & other equipments	0		0
8.1	Foot Steps	0.006	2	0.012
8.2	Bedside Screen Stand	0.0145	8	0.116
8.3	Revolving Stool	0.006	20	0.12
8.4	Arm Board adult & Child	0.003	4	0.012
8.5	IV Stand	0.0135	6	0.081
8.6	Wheel chair	0.039	1	0.039
8.7	Stretcher with trolley	0.05	2	0.1
8.8	Oxygen trolley	0.0055	2	0.0110
8.9	Height Measuring Stand	0.0095	1	0.0095
8.10	Iron Cot Bedstand	0.055	30	1.65
8.11	Bed-side locker	0.011	30	0.33
8.12	Instrument & dressing trolley	0.0595	2	0.119
8.13	Mayo's table/trolley	0.037	1	0.037
8.14	Instrument cabinet	0.073	1	0.073
8.15	Kick Bucket (Dust-bin)	0.0055	5	0.0275
8.16	Wash basin Stand	0.0135	8	0.108
8.17	Instrument tray	0.0044	4	0.0176
8.18	Table overbed (Cardiac Table)	0.06	2	0.12
8.19	Fowler Bed	0.092	2	0.184
8.20	Wooden Sun Mica Table, Big	0.02737	1	0.02737
8.21	Wooden Sun Mica Table, Medium	0.02186	3	0.06558
8.22	Revolving Chair	0.0362	1	0.0362
8.23	"S" Chair with arm, Steel	0.0097	3	0.0291
8.24	Steel Almirah, (Std.)	0.0552	4	0.2208
8.25	Steel cup-board/Medicine cabinet	0.02	6	0.12
8.26	Wooden almirah (Std.)	0.015	2	0.03
8.27	Wooden almirah (Ord.)	0.005	6	0.03
8.28	Wooden chair with arm	0.003	15	0.045
8.29	Peon stool, Wooden	0.0015	10	0.015
8.30	Wooden bench with arm	0.007	8	0.056
8.31	File rack	0.00305	4	0.0122
8.32	Swab rack (OT)	0.014	1	0.014
8.33	Patella Hammer	0.0004	1	0.0004
8.34	Tongue Depressor	0.0009	5	0.0045
8.35	Oxygen mask adult/child	0.0004	2	0.0008
8.36	Torch light	0.002	4	0.008

8.37	Side rack	0.003	2	0.006
8.38	GI Bucket	0.0012	4	0.0048
8.39	Bed Pan	0.0015	4	0.006
8.40	El Urinal, Male/Female	0.0015	3	0.0045
8.41	Kidney tray	0.00085	6	0.0051
8.42	El Bowls	0.00088	5	0.00425
8.43	Dressing drum	0.003	8	0.024
8.44	Lifting forceps	0.00145	3	0.0044
8.45	Tailor Scissors	0.0015	2	0.003
8.46	Water Filter SS	0.0064	2	0.0128
8.47	Kerosene Stove, single	0.0032	1	0.0032
8.48	Mattress RC	0.1508	30	4.524
8.49	Pillow RC	0.0014	30	0.042
8.50	Bed sheet	0.00079	150	0.1185
8.51	Draw sheet	0.0004	150	0.06
8.52	Pillow case	0.00048	100	0.048
8.53	Mosquito net	0.00175	50	0.0875
8.54	Red Blanket	0.00235	100	0.235
	Total			26.88215

12. CHC Kangpokpi, Senapati District				
Sl. No.	Particulars of equipments	Unit Price in lakhs	Number of Units needed	Total amount in lakhs
1	Laboratory equipments			
1.1	Blood Storage Cabinet	2.00	1	2.00
2	Hospital Plants			
2.1	Bio-Medical Waste Management System	5.00	1	5.00
3	Administrative			
3.1	Telephone Line	0.015	2	0.03
	Total			7.03
13. CHC Mao, Senapati District				
1	Electro-medical equipments			
1.1	ECG Machine	0.45	1	0.45
1.2	Emergency Resuscitation Kit	0.20	1	0.20
1.3	Portable X-Ray	0.20	1	0.20
2	Pneumatic, Sterilization & OT equipment	0		0
2.1	Operation table, ordinary	0.495	1	0.495
2.2	Boyle's apparatus	1.125	1	1.125
2.3	Autoclave HP, Horizontal	1.20	1	1.20
2.4	Autoclave HP, Vertical	0.30	1	0.30
2.5	Shadow-less Mobile Lamp	0.265	1	0.265
2.6	Autoclave with burners 2 bin	0.06	1	0.06
2.7	Shadow-less OT Lamp	1.50	1	1.50
2.8	Focusing Lights, Mobile Fluorotic	0.035	1	0.035
2.9	Suction apparatus (High vacuum MTPL)	0.189	1	0.189
2.10	Suction apparatus, Electrical	0.102	1	0.102
2.11	Suction apparatus, Foot operated	0.01555	1	0.01555
2.12	Vacuum Extractor	0.086	1	0.086
2.13	Instrument sterilizer	0.03	1	0.03
2.14	Gynaec. Electric Cautery	0.42	1	0.42
2.15	Auto-mist/Dehumidifier	0.05	1	0.05

3.	Laboratory equipments	0		0
3.1	Simple balance	0.0165	1	0.0165
3.2	Water bath	0.099	1	0.099
3.3	Counting chamber	0.0065	1	0.0065
3.4	Centrifuge machine	0.0295	1	0.0295
3.5	Hot-air oven	0.452	1	0.452
3.6	Blood Storage Cabinet	2.00	1	2.00
3.7	Glucometer	0.12	1	0.12
3.8	Hemoglobinometer	0.0064	1	0.0064
3.9	Timer Stop-watch	0.0045	1	0.0045
3.10	Laboratory Table with sink rack	0.045	1	0.045
4.	Hospital Plants	0		0
4.1	10 KVa Generator	2.00	1	2.00
4.2	Hot water system, solar unit	0.20	1	0.20
4.3	Bio-Medical Waste Management System	5.00	1	5.00
5	Administration	0		0
5.1.	Computer with printer	0.40	1	0.40
5.2	Telephone line	0.015	2	0.03
	Surgical Instrument packs	0		0
6.1	D & C Set	0.07	2	0.14
6.2	MTP Set	0.04	2	0.08
6.3	Cervical Biopsy Set	0.015	1	0.015
6.4	Evacuation Set	0.012	1	0.012
6.5	Venesection Set	0.0075	2	0.015
6.6	LP Set	0.007	1	0.007
6.7	Tracheostomy Set	0.018	1	0.018
6.8	ENT Set	0.00475	1	0.00475
7	Minor equipments	0		0
7.1	X-Ray View-box	0.0155	1	0.0155
7.2	Developing Tank X-Ray 10 Gal.	0.03	1	0.03
7.3	Safe Light X-Ray Dark Room	0.005	1	0.005
7.4	Cassettes X-Ray, Different sizes	0.012	3	0.036
7.5	Intensifying screen, Different sizes	0.02	3	0.06
7.6	Lead aprons	0.0108	1	0.0108
7.7	Lead Protection Screen	0.102	1	0.102
7.8	Chest Stand X-Ray	0.035	1	0.035
7.9	Stethoscope	0.002	2	0.004
7.10	Sphygmomanometer	0.005	2	0.01
7.11	Infrared lamps	0.0085	1	0.0085
7.12	Oxygen cylinder	0.042	9	0.378
7.13	Regulator & Flow-meter for medical gas	0.0098	1	0.0098
7.14	Ambu Bag	0.008	1	0.008
7.15	Hot plate, Domestic	0.14	1	0.14
7.16	Emergency lamp	0.034	1	0.034
7.17	Fire Extinguisher	0.062	2	0.124
7.18	Laryngoscope	0.012	1	0.012
7.19	Otoscope	0.0038	1	0.0038
8.	Furniture & other equipments	0		0
8.1	Examination table	0.032	4	0.128
8.2	Delivery table	0.1855	1	0.1855
8.3	Foot Steps	0.006	4	0.024
8.4	Bedside Screen Stand	0.0145	8	0.116
8.5	Revolving Stool	0.006	34	0.204
8.6	Arm Board adult & Child	0.003	4	0.012

8.7	IV Stand	0.0135	5	0.0675
8.8	Wheel chair	0.039	1	0.039
8.9	Stretcher with trolley	0.05	2	0.1
8.10	Oxygen trolley	0.0055	2	0.011
8.11	Height Measuring Stand	0.0095	1	0.0095
8.12	Iron Cot Bedstand	0.055	20	1.1
8.13	Bed-side locker	0.011	20	0.22
8.14	Instrument & dressing trolley	0.0595	2	0.119
8.15	Mayo's table/trolley	0.037	1	0.037
8.16	Instrument cabinet	0.073	1	0.073
8.17	Kick Bucket (Dust-bin)	0.0055	5	0.0275
8.18	Wash basin Stand	0.0135	8	0.108
8.19	Instrument tray	0.0044	4	0.0176
8.20	Table overbed (Cardiac Table)	0.06	2	0.12
8.21	Fowler Bed	0.092	2	0.184
8.22	Wooden Sun Mica Table, Big	0.02737	1	0.02737
8.23	Wooden Sun Mica Table, Medium	0.02186	3	0.066
8.24	Revolving Chair	0.0362	1	0.0362
8.25	"S" Chair with arm, Steel	0.0097	3	0.0291
8.26	Steel Almirah, (Std.)	0.0552	4	0.2208
8.27	Steel cup-board/Medicine cabinet	0.02	6	0.12
8.28	Wooden almirah (Std.)	0.015	4	0.06
8.29	Wooden almirah (Ord.)	0.005	10	0.05
8.30	Wooden chair with arm	0.003	15	0.045
8.31	Peon stool, Wooden	0.0015	10	0.015
8.32	Wooden bench with arm	0.007	8	0.056
8.33	File rack	0.00305	4	0.0122
8.34	Swab rack (OT)	0.014	1	0.014
8.35	Patella Hammer	0.0004	1	0.0004
8.36	Tongue Depressor	0.0009	5	0.0045
8.37	Oxygen mask adult/child	0.0004	2	0.0008
8.38	Torch light	0.002	4	0.008
8.39	Side rack	0.003	2	0.006
8.40	GI Bucket	0.0012	4	0.0048
8.41	Bed Pan	0.0015	6	0.009
8.42	EI Urinal, Male/Female	0.0015	4	0.006
8.43	Kidney tray	0.00085	3	0.00255
8.44	EI Bowls	0.00088	3	0.00264
8.45	Dressing drum	0.003	8	0.024
8.46	Lifting forceps	0.00145	3	0.00435
8.47	Tailor Scissors	0.0015	2	0.003
8.48	Water Filter SS	0.0064	2	0.0128
8.49	Kerosene Stove, single	0.0032	1	0.0032
8.50	Mattress RC	0.1508	20	3.016
8.51	Pillow RC	0.0014	20	0.028
8.52	Bed sheet	0.00079	100	0.079
8.53	Draw sheet	0.0004	100	0.04
8.54	Pillow case	0.00048	60	0.0288
8.55	Mosquito net	0.00175	30	0.0525
8.56	Red Blanket	0.00235	60	0.141
	Total			25.58171

14. CHC Nungba, Tamenglong District				
Sl. No.	Particulars of equipments	Unit Price in lakhs	Number of Units needed	Total amount in lakhs
1	Electro-medical equipments			
1.1	ECG Machine	0.45	1	0.45
1.2	Emergency Resuscitation Kit	0.20	1	0.20
1.3	Portable X-Ray	0.20	1	0.20
2	Pneumatic, Sterilization & OT equipment	0		0
2.1	Operation table, ordinary	0.495	1	0.495
2.2	Boyle's apparatus	1.125	1	1.125
2.3	Autoclave HP, Horizontal	1.20	1	1.20
2.4	Autoclave HP, Vertical	0.30	1	0.30
2.5	Shadow-less Mobile Lamp	0.265	1	0.265
2.6	Autoclave with burners 2 bin	0.06	1	0.06
2.7	Shadow-less OT Lamp	1.50	1	1.50
2.8	Focusing Lights, Mobile Fluorotic	0.035	1	0.035
2.9	Suction apparatus (High vacuum MTPL)	0.189	1	0.189
2.10	Suction apparatus, Electrical	0.102	1	0.102
2.11	Suction apparatus, Foot operated	0.01555	1	0.01555
2.12	Vacuum Extractor	0.086	1	0.086
2.13	Instrument sterilizer	0.03	1	0.03
2.14	Gynaec. Electric Cautery	0.42	1	0.42
2.15	Auto-mist/Dehumidifier	0.05	1	0.05
3.	Laboratory equipments	0		0
3.1	Microscope, Binocular	0.24	1	0.24
3.2	Simple balance	0.0165	1	0.0165
3.3	Water bath	0.099	1	0.099
3.4	Counting chamber	0.0065	1	0.0065
3.5	Centrifuge machine	0.0295	1	0.0295
3.6	Hot-air oven	0.452	1	0.452
3.7	Blood Storage Cabinet	2.00	1	2.00
3.8	Glucometer	0.12	1	0.12
3.9	Hemoglobinometer	0.0064	1	0.0064
3.10	Timer Stop-watch	0.0045	1	0.0045
3.11	Laboratory Table with sink rack	0.045	1	0.045
4.	Hospital Plants	0		0
4.1	10 KVa Generator	2.00	1	2.00
4.2	Hot water system, solar unit	0.20	1	0.20
4.3	Bio-Medical Waste Management System	5.00	1	5.00
5	Administration	0		0
5.1.	Computer with printer	0.40	1	0.40
5.2	Telephone line	0.015	2	0.03
	Surgical Instrument packs	0		0
6.1	D & C Set	0.07	2	0.14
6.2	MTP Set	0.04	2	0.08
6.3	Cervical Biopsy Set	0.015	1	0.015
6.4	Evacuation Set	0.012	1	0.012
6.5	Delivery Set	0.01725	2	0.0345
6.6	Venesection Set	0.0075	2	0.015
6.7	Incision & Drainage Set	0.02	2	0.04
6.8	Suturing Set	0.0044	1	0.0044
6.9	Suture Removal Set	0.00075	1	0.00075

6.10	LP Set	0.007	1	0.007
6.11	Tracheostomy Set	0.018	1	0.018
6.12	ENT Set	0.00475	1	0.00475
7	Minor equipments	0		0
7.1	X-Ray View-box	0.0155	1	0.0155
7.2	Developing Tank X-Ray 10 Gal.	0.03	1	0.03
7.3	Safe Light X-Ray Dark Room	0.005	1	0.005
7.4	Cassettes X-Ray, Different sizes	0.012	3	0.036
7.5	Intensifying screen, Different sizes	0.02	3	0.06
7.6	Lead aprons	0.0108	1	0.0108
7.7	Lead Protection Screen	0.102	1	0.102
7.8	Chest Stand X-Ray	0.035	1	0.035
7.9	Stethoscope	0.002	2	0.004
7.10	Sphygmomanometer	0.005	4	0.02
7.11	Weighing machine, Adult	0.006	1	0.006
7.12	Weighing machine, Infant	0.016	1	0.016
7.13	Infrared lamps	0.0085	1	0.0085
7.14	Oxygen cylinder	0.042	9	0.378
7.15	Regulator & Flow-meter for medical gas	0.0098	1	0.0098
7.16	Ambu Bag	0.008	1	0.008
7.17	Hot plate, Domestic	0.14	1	0.14
7.18	Emergency lamp	0.034	1	0.034
7.19	Fire Extinguisher	0.062	2	0.124
7.20	Laryngoscope	0.012	1	0.012
7.21	Otoscope	0.0038	1	0.0038
8.	Furniture & other equipments	0		0
8.1	Examination table	0.032	4	0.128
8.2	Delivery table	0.1855	1	0.1855
8.3	Foot Steps	0.006	4	0.024
8.4	Bedside Screen Stand	0.0145	8	0.116
8.5	Revolving Stool	0.006	34	0.204
8.6	Arm Board adult & Child	0.003	4	0.012
8.7	IV Stand	0.0135	10	0.135
8.8	Wheel chair	0.039	1	0.039
8.9	Stretcher with trolley	0.05	2	0.1
8.10	Oxygen trolley	0.0055	2	0.011
8.11	Height Measuring Stand	0.0095	1	0.0095
8.12	Iron Cot Bedstand	0.055	26	1.43
8.13	Bed-side locker	0.011	30	0.33
8.14	Instrument & dressing trolley	0.0595	2	0.119
8.15	Mayo's table/trolley	0.037	1	0.037
8.16	Instrument cabinet	0.073	1	0.073
8.17	Kick Bucket (Dust-bin)	0.0055	5	0.0275
8.18	Wash basin Stand	0.0135	8	0.108
8.19	Instrument tray	0.0044	4	0.0176
8.20	Table overbed (Cardiac Table)	0.06	2	0.12
8.21	Fowler Bed	0.092	2	0.184
8.22	Wooden Sun Mica Table, Big	0.02737	1	0.02737
8.23	Wooden Sun Mica Table, Medium	0.02186	3	0.66
8.24	Revolving Chair	0.0362	1	0.0362
8.25	"S" Chair with arm, Steel	0.0097	3	0.0291
8.26	Steel Almirah, (Std.)	0.0552	4	0.2208
8.27	Steel cup-board/Medicine cabinet	0.02	6	0.12
8.28	Wooden almirah (Std.)	0.015	4	0.06

8.29	Wooden almirah (Ord.)	0.005	10	0.05
8.30	Wooden chair with arm	0.003	15	0.045
8.31	Peon stool, Wooden	0.0015	10	0.015
8.32	Wooden bench with arm	0.007	8	0.056
8.33	File rack	0.00305	4	0.0122
8.34	Swab rack (OT)	0.014	1	0.014
8.35	Patella Hammer	0.0004	1	0.0004
8.36	Tongue Depressor	0.0009	5	0.0045
8.37	Oxygen mask adult/child	0.0004	2	0.0008
8.38	Torch light	0.002	4	0.008
8.39	Side rack	0.003	2	0.006
8.40	GI Bucket	0.0012	4	0.0048
8.41	Bed Pan	0.0015	6	0.009
8.42	EI Urinal, Male/Female	0.0015	4	0.006
8.43	Kidney tray	0.00085	6	0.0051
8.44	EI Bowls	0.00088	6	0.00528
8.45	Dressing drum	0.003	8	0.024
8.46	Lifting forceps	0.00145	3	0.00435
8.47	Tailor Scissors	0.0015	2	0.003
8.48	Water Filter SS	0.0064	2	0.0128
8.49	Kerosene Stove, single	0.0032	1	0.0032
8.50	Mattress RC	0.1508	28	4.2224
8.51	Pillow RC	0.0014	28	0.0392
8.52	Bed sheet	0.00079	100	0.079
8.53	Draw sheet	0.0004	100	0.04
8.54	Pillow case	0.00048	70	0.0336
8.55	Mosquito net	0.00175	35	0.06125
8.56	Red Blanket	0.00235	70	0.1645
	Total			28.2947

The budgetary support needed for providing these additional equipments will be Rs. **265.85 lakhs**.

Further it is proposed that all the existing 420 Subcentres and 72 PHCs be supplied with Bag & Mask and Mucus Extractors which are essential for Basic Newborn Resuscitation. The budget needed will be:

Sl. No.	Particulars	Unit rate	Quantity needed	Total cost in lakhs
1	Bag and Mask (Sizes 0,10)	150	500	0.75
2	Mucus Extractors	30	500	0.15
	Total			0.90

8.2. Drugs: All the existing 420 Subcentres are to be made operational in the year 2006-07. Further in the same year 20 PHCs are to be made 24/7 Service Centres; and 04 CHCs are to be operationalized as FRUs. The requirement of drugs (as per IPHS norm) along with their cost for the various institutions are given below:

Sl. No.	Type of Drug Kits	Unit rate in Rs.	No. of units needed	Total amount in Rupees in lakhs
1	Subcentre Kits A & B twice a year	18,135	420	76.35
2	PHC Drug Kits	3,00,000	20	60.00
3	CHC Drug Kit	10,00,000	4	40.00
Total				176.35

The total budgetary support needed for equipments and drugs will be

Sl. No.	Particulars	Total in lakhs
1	Equipments for 14 CHCs	265.85
2	Basic Newborn resuscitation equipments for PHC and Subcentres	0.90
3	Drug Kits for CHC, PHC and Subcentres	176.35
		443.10

9. Janani Suraksha Yojana

For promoting institutional delivery, Janani Suraksha Yojana is implemented in the State. The following amount was distributed to the districts in 2005-06 based on population size, % BPL and targeted institutional delivery

Table showing district-wise distribution of funds under JSY

Sl. No.	Districts	Amount in Rupees
1	Imphal East	6,94,400/-
2	Imphal West	7,74,900/-
3	Bishnupur	4,00,400/-
4	Thoubal	6,88,800/-
5	Chandel	3,52,800/-
6	Churachandpur	6,55,200/-
7	Senapati	11,58,500/-
8	Tamenglong	3,59,800/-
9	Ukhrul	3,40,200/-
Total		54.25

MCH Card and Janani Suraksha card were also prepared and distributed to the districts.

Currently the scale of Assistance under JSY in the State is as given below:

1. For rural areas: (a) To mother having institutional delivery – Rs. 500/- + Rs. 200/- (b) To ASHA – Nil*
2. For urban areas: (a) To mother having institutional delivery – Rs. 500/- + 200/- (b) To ASHA – Nil*
3. For both rural & Urban areas: Rs. 500/- to mother irrespective of place of delivery
*Manipur State being a High Performing State is not entitled for escort fee for ASHA

It is proposed that Escort Fee for ASHA may be made applicable for the State also as the State is one of the High Focus Groups.

The budgetary support needed for JSY will be:

Particulars	
CBR in the State	20
<i>Total number of estimated births in the first year (23,88,000 X 20/1000)</i>	48,000
Targeted % of institutional deliveries by first year	52%
Targeted number of institutional deliveries by first year (48000 X 52/100)	25,000
Proportion of BPL families in the State	35%
<i>Estimated number of BPL families having institutional deliveries (25000 X 35/100)</i>	8750
<i>Estimated number of BPL families having institutional deliveries having a family size of one or two</i>	7,000
<i>Estimated number of C/S deliveries among the above mentioned (5% of 7000)</i>	350
Normal package for beneficiaries @ Rs 700/- per case	49.00 lakhs
Additional package for CS @ Rs. 1500/- per case	5.25 lakhs
Motivation fee for institutional delivery ASHA (assuming 02 referrals per year per ASHA) @ Rs. 200 per case	12.00 lakhs
For deliveries other than institutional @ Rs. 500/- per case	10.00 lakhs
Subtotal	76.25
Package for administrative support (6% of whole package)	3.80 lakhs
Total	80.05

10. Untied Fund for Health facilities:

To meet demand for any local health activity Untied Funds @ Rs. 10,000/- per Subcentre, Rs. 25,000/- per PHC and Rs. 50,000/- per CHC per annum may be provided.

The budgetary support needed for this component will be:

<i>Sl. No.</i>	<i>Type of Health Facility</i>	<i>Rate in Rupees</i>	<i>Number of Health Facilities</i>	<i>Total in lakhs</i>
1	Subcentre	10,000	420	42.00
2.	PHC	25,000	72	18.00
3	CHC	50,000	16	8.00
	Total			68.00

11. District Mobile Medical Units:

It is proposed to establish 09 mobile dispensaries one for each district with the following and aims and objectives.

Aims and objectives of the Mobile Dispensary:

1. Delivery of health care to isolated uncovered villages.
2. The health camp shall provide general medical check-up, medical care, immunisation and conduct routine investigations of blood urine and stool.
3. The health camp shall also conduct health education activities from time to time.
4. The health camp aim at free distribution of essential medicines and free laboratory services.
5. Over and above running routine camp the mobile dispensary shall be pressed into service to respond rapidly to outbreak of disease, natural calamity or accidents where local response is inadequate or health services are unavailable.
6. The ambulance of the mobile dispensary shall be utilised for referral of patients as and when called for.

The dispensaries shall be manned by redeployment of the existing manpower.

However, the non- recurring and recurring expenditure for the establishment and maintenance of the dispensaries excepting salaries of the staff is proposed for funding under NRHM.

Operation and organisation of the mobile dispensary:

The Mobile dispensary shall undertake health care, health education and shall comprise of an ambulance with resuscitation equipment. The mobile dispensary shall operate one mini laboratory and aim at free distribution of medicines.

The itinerary of the mobile dispensary shall be publicised well in advance to the villages to be covered.

The dispensary shall be stationed at the district headquarters for 04 days and the remaining 03 days of the week at the camp site. Each dispensary shall hold continuous 02 days camp at a suitable site per week. There will be a follow up camp at the same site after 7 or 14 days. The follow up camp shall see the progress of the treatment & revise it as required. Also it will ensure mop up of new cases which could not attend the first camp.

An initial camp followed by a complementary follow up camp shall be termed as one completed camp.

A completed camp achieved in two weeks is expected to cover a population of 5000 and examine and treat about 350 patients. A total of about 10,000 patients is expected to be treated by a mobile dispensary in a year.

It is estimated that an average of Rs.60.00 worth of medicines and 15 rupees worth of non-medicines dressing and laboratory materials shall be incurred per patient per completed camp.

Team composition:

The manpower to be deployed for each dispensary is listed below :-

1. 2 Medical Officers.
2. 1 Pharmacist
3. 1 Driver
4. 1 Lab. Technician/Microscopist
5. 1 Female Health Supervisor /Health Worker Female

The manpower for the dispensary shall be drawn from the existing health manpower of the state health department from time to time specialists including dental surgeons shall be involved in the camps.

Administrative set up:

1. The CMO of the District shall be the overall supervisor
2. Senior M.O. shall be in-charge of the dispensary
3. Records of the camps conducted the names of the beneficiaries, the list & Qty. of drugs of reagents and dressing materials & other expendables spent in each camp shall be properly maintained.

Vehicle:

2 Ambulance & 1 Mini truck shall be provided to each mobile dispensary. A vehicle is expected to log 10,000 km in a one @ about 200 km per week.

Equipment:

Equipment for resuscitation routine medical check-up and laboratory examination worth about RS.60, 000 is to be provided for each ambulance

Medicine and Non-Medicines:

Essential medicines, dressing materials and non-medicines items required for the camp shall be provided and distributed at subsidized cost

Fund requirement:

The expenditure on salaries, TA and DA of the staff deployed to the mobile dispensary shall be borne out of the normal funding of the medical budget. The additional fund requirement to the establishment and the running of one year is detailed below.

Table showing summary of expenditure of one District Mobile Medical Unit

SI.No.	Item	Amount
A.	NON-RECURRING :	
1.	Ambulance Big	8.86
2.	Ambulance Small	4.78
3.	Mini Truck	6.50
4.	Equipment & Furniture	11.66
	TOTAL A :	31.80
B.	RECURRING: (Annual Exp.)	
1.	Vehicle maintenance	2.07
2.	Drugs & Reagents	7.50
3.	Contingency	0.20
	TOTAL B :	9.77
	TOTAL (A+B) :	41.57

Cost for establishment of one Mobile Dispensary and its maintenance for one year is 41.57 lakhs

Cost for establishment of 9 Mobile Dispensaries with recurring expenditure for the first year is Rs. 374.13 lakhs.

Phasing of establishing

3 District Mobile Teams will be taken up in the first year, followed by 3 in each of the successive years so that the remaining districts are covered by 2008-09.

Table No. 23 showing Non-recurring budget of Mobile Medical Unit

Non-recurring				
SI.No.	Item	Unit Cost	No. of Units	Total Cost
A.	Transport Vehicles :			
1.	Big Ambulance	8.86	1	8.86
2.	Mahindra Jeep Ambulance	4.78	1	4.78
3.	Mini Truck with load body	6.50	1	6.50
	SUB-TOTAL A			20.14

B.	Equipment :			
I	Diagnostic Equipment			
1.	Diagnostic Set	475.00	3	1,425.00
2.	B.P. Instrument	490.00	3	1,470.00
3.	Stethoscope/Thermometer	425.00	3	1,275.00
		29.00	6	174.00
4.	Hammer, Tuning fork	40.00	4	160.00
5.	Ophthalmoscope	10,000.00	1	10,000.00
6.	Weighing machine	680.00	1	680.00
7.	Dressing drum	275.00	6	1,650.00
8.	Gynae exam set	2,500.00	1	2,500.00
9.	Surgical exam set	1,500.00	1	1,500.00
10.	Dental set	20,000.00	1	20,000.00
11.	ENT exam set	1,500.00	1	1,500.00
12.	Incision & drainage	2,000.00	2	4,000.00
13.	Cut down set	-	-	-
14.	Delivery set	1,925.00	2	3,850.00
15.	Torch light	300.00	4	1,200.00
16.	Emergency light	3,400.00	2	6,800.00
17.	Generator set with cables and extension board	48,200.00	1	48,200.00
18.	Laptop computer & printer	1,25,000.00	1	1,25,000.00
III.	Resuscitation :			
1.	ECG Portable	45,00.00	1	45,00.00
2.	Defibrillator Monitor	1,95,000.00	1	1,95,000.00
3.	Ambu Bag	750.00	2	1,500.00
4.	Small size Oxygen Cylinder	4,200.00	2	8,400.00
5.	Catheter	4.00	100	400.00
6.	Stomach tube	30.00	6	180.00
7.	Scoop Stretcher	2,500.00	3	7,500.00
8.	Endotracheal tube	400.00	2	800.00
IV.	Furniture :			
1.	E.I. Bowl	100.00	6	600.00
2.	S.S. Rectangular tray	400.00	6	2,400.00
3.	S.S. Kidney tray	85.00	6	510.00
4.	Camp cot	700.00	6	4,200.00
5.	Tent	5,000.00	3	15,000.00
6.	Bedding	-	-	-
7.	Trunk	500.00	4	2,000.00
8.	S.S. Bucket	200.00	4	800.00
9.	Gas Cylinder	4,200.00	2	8,400.00
10.	Gas Stove	4,500.00	2	9,000.00
11.	Water Container	-	-	-
V.	Other Equipment :			
1.	Sterilizer electric	1,250.00	2	2,500.00
2.	Autoclave	2,800.00	2	5,600.00
3.	Kettle	125.00	2	250.00
4.	Ice box	3,000.00	1	3,000.00

Sl.No.	Item	Unit Cost	No. of Units	Total Cost
VI.	Laboratory :			
1.	Microscope	24,000.00	2	48,000.00
2.	Semi auto analyser	2,05,000.00	1	2,00,000.00

Sl.No.	Item	Unit Cost	No. of Units	Total Cost
3.	Automatic cell counter	5,000.00	1	5,000.00
4.	Woods lamp			
5.	Staining rack			
6.	Auto pipette			
7.	Stopper bottles			
8.	Specimen holding container with caps			
9.	Spirit lamp			
VII.	PA equipment :			
1.	Amplifier	5,000.00	1	5,000.00
2.	Speakers	10,000.00	1	10,000.00
3.	Microphones with stand	4,000.00	2	8,000.00
4.	Batteries	5,000.00	2	10,000.00
5.	LCD Projector	3,00,000.00	1	3,00,000.00
6.	Projection Screen	10,000.00	1	10,000.00
7.	DVD Player	15,000.00	1	15,000.00
8.	Cables	5,000.00	1	5,000.00
9.	Laser pointer	500.00	2	1,000.00
SUB-TOTAL :				11,66,000.00

Table showing recurring budget of Mobile Medical Unit

Recurring								
Sl. No.	Type of Vehicle	Type of maintenance	No. of Km. to be covered in a year	Coverage per litre of fuel (Km)	Qty. of fuel required (Litres)	Cost of fuel per litres	Cost on maintenance	Remarks
1.	2.	3.	4.	5.	6.	7.	8.	9.
A.	Big Ambulance Leyland	(a) Diesel fuel	10,000	5	2000	30	60,000.00	
		(b) Mobile Oil	10,000	500	20	150	3,000.00	
		(c) Other Maintenance	-	-	-	-	10,000.00	
		TOTAL (A) :						73,000.00
B.	Petrol Jeep Ambulance	(a) Petrol fuel	10,000	8	1250	40	50,000.00	
		(b) Mobile Oil	10,000	500	20	150	3,000.00	
		(c) Other Maintenance	-	-	-	-	8,000.00	
		TOTAL (B) :						61,000.00
C.	Mini Truck / TATA 407	(a) Diesel fuel	10,000	5	2000	30	60,000.00	
		(b) Mobile Oil	10,000	500	20	150	3,000.00	
		(c) Other Maintenance	-	-	-	-	10,000.00	
		TOTAL (C) :						73,000.00
		GRAND TOTAL (A+B+C)					2,07,000.00	

2. RECURRING EXPENDITURE ON MEDICINES – REAGENTS, NON-MEDICINES AND DRESSING MATERIALS :

A mobile dispensary is expected to give treatment to about 10,000 patients in a year. If Rs. 60/- worth of medicines and Rs. 15/- worth of non-medicines, dressing materials and laboratories materials is to be expended to each patients, then total requirement of fund in a year for procurement of these materials works out to 75 x 10,000 or 750,000/- i.e. Rs. 7.50 lakhs.

3. CONTINGENCY:

It may be reasonably assumed that Rs.2.00 worth of contingency expenditure may be incurred per patient for stationery, packaging and Kerosene oil etc. Hence total cost on 10,000 patient to be covered in one year comes to Rs. 20,000/-

Budget requirement for 2006-07

Table showing budget requirement (in lakhs) for establishing & Maintaining 03 DMMUs

<i>Particulars</i>	<i>Unit rate</i>	<i>Unit</i>	<i>06-07</i>
Establishment of 03 DMMUs	31.80	03	95.40
Maintenance of DMMUs	9.77	03	29.21
Total	41.57		124.61

12. Block level Resource Groups:

There are 36 Blocks in the State. Correspondingly there are 36 PHCs in the Block Headquarters. For effective MIS and financial management, Computer Operators and Asst. Financial Consultants may be placed in these 36 PHCs on contractual basis. The remaining PHCs are to be covered by them (one Team for 02 adjacent PHCs). Their consolidated monthly pay fixed at Rs. 7500/-.

The budgetary support needed for this component will be (Rs. 7500/- X 11 months X 36 PHCs X 02) = Rs. 59.40 lakhs.

13. Support for planning activities:

For preparation of District Annual Action Plans Facility Surveys and Household Surveys are required. To support these activities an annual grant of Rs. 10.00 lakhs may be provided per District.

The budgetary support needed for this component will be Rs. 90.00 lakhs.

14. Strengthening of ANM and GNM Training Institutions:

The State has got adequate number of unemployed ANMs at present to cover the deficits at health institutions as per IPHS norms. Hence strengthening of ANM training Institutions may be deferred.

However, there is need for establishing 03 numbers of GNM Training Schools at the following districts.

1. Imphal East District
2. Imphal West District and
3. Churachandpur District

These 03 GNM Schools will be established in rented buildings and will have (i) J.N. Hospital, Prompat (ii) RIMS, Lamphelpat and (iii) District Hospital Churachandpur respectively as their parent institutions. Each of the Training Schools will have a capacity of 60 students (an annual intake of 20) and will be accountable to the State Health Mission Society: Manipur.

14.1. Manpower: The manpower needed for **each of the Training Schools** will be engaged on contractual basis and their budgetary support will be:

Sl. No.	Manpower	Qualification	Consolidated pay per annum in lakhs	No. of personnel	Total in lakhs
A. Faculty					
1	Principal	MSc Nursing with 6 yrs of teaching experience or BSc Nursing (Basic)/Post basic with 8 yrs experience	1.80	1	1.80
2	Vice Principal	MSc Nursing with 4 yrs of teaching experience or BSc Nursing (Basic)/Post basic with 6 yrs experience	1.68	1	1.68
3	Senior Tutor	MSc Nursing with 2 yrs of teaching experience or BSc Nursing with 4 yrs experience	1.44	1	1.68
4.	Tutors	MSc Nursing or BSc Nursing (Basic)/Post basic or Diploma in Nursing Edn and Adm or its equivalent with 2 yrs experience after graduation	1.20	5	6.00

5	Additional Tutor for Interns	MSc Nursing or BSc Nursing (Basic)/Post basic or Diploma in Nursing Edn and Adm or its equivalent with 2 yrs experience after graduation	1.20	1	1.20
Subtotal					12.36
B. Support staffs					
6	Stenographer	Graduate with Computer Knowledge	0.96	1	0.96
7	Senior Clerk cum Accountant	Graduate with Computer Knowledge	0.96	1	0.96
8	Junior Clerk cum Typist	Graduate with Computer Knowledge	0.84	1	0.84
9	Librarian		0.84	1	0.84
10	Laboratory Asst	MLTC	0.72	1	0.72
11	Chowkidar	Matriculate	0.48	1	0.48
12	Driver	Matriculate	0.60	1	0.60
13	Cleaner	Matriculate	0.48	1	0.48
14	Peon	Matriculate	0.48	1	0.48
15	Sweeper	Matriculate	0.48	1	0.48
16	Machine operator	Matriculate	0.48	1	0.48
Subtotal					7.32
Grand total					19.66

In addition to the above mentioned Faculty members, Guest Lectures may be needed on relevant topics by experts. These experts may be given honorarium as per State Govt. norms.

The schools should have their own **Management Committee**, the composition of which is as given below.

- | | | | |
|----|-------------------------------------|---|-------------|
| 1. | Principal | - | Chairperson |
| 2. | Vice Principal | - | Member |
| 3. | Senior Tutor | - | Member |
| 4. | Nursing Supdt/Chief Nursing Officer | - | Member |
| 5. | Representative of Med. Supdt | - | Member |

14.2. Infrastructure: Each of the training Schools will be established in rented buildings having a constructed area of 4000 square feet. The building should at least have the following facilities.

- 04 numbers of classrooms
- 04 numbers of Laboratories viz. Nursing Practice, Community Practice, Nutrition and Computer laboratories
- Auditorium
- Multi-purpose Hall
- Library with furniture
- Office rooms for Principal, Vice Principal and Common Faculty Room
- Record Room
- Store Room
- Room for Audio-visual aids
- Safe drinking water supply and 03 sanitary toilets

11. Garage
12. Playground

The budgetary support needed on infrastructure may be as shown below.

Sl. No.	Particulars	Unit rate in lakhs	Quantity	Total in lakhs
1	Building Rent	0.15	1	0.15
2	Overhead water storage tank	2.00	1	2.00
3	Furniture for Class Rooms	0.50	4	2.00
4	Furniture for offices	0.50	3	1.50
5	Furniture for Library	1.00	1	1.00
6	IEI	2.00		2.00
7	Computer with peripherals	0.60	1	0.60
8	LCD	2.00	1	2.00
9	Xerox Machine	1.00	1	1.00
10.	Other teaching aids	4.00		4.00
11	10 KVa Gen set	2.00	1	2.00
12	Outsourced bus	1.80	1	1.80
13	Outsourced minibus	1.80	1	1.80
14	Laboratory equipments & reagents	3.00	1	3.00
15	Library books, journals etc	3.00	1	3.00
16	Telephone Lines	0.03	2	0.06
Total				27.91

14.3. Maintenance charges, contingency, honorarium to guest lecturers, stipend to trainees etc. (recurring): Rs. 3.00 lakhs annually

The total budget needed for establishing new 03 schools will be:

Sl. No.	Particulars	Unit rate	Units	Total in lakhs
1	Manpower	19.66	3	58.98
2	Infrastructure	27.91	3	83.76
3	Contingency, honorarium to guest lecturers, stipend to trainees etc	3.00	3	9.00
Grand total				151.74

15. Improving Physical Infrastructure of Subcentres:

Currently there are 266 building--less existing Subcentres. Further as per Census 2001, there is a deficit of 67 Subcentres in the State (CCP-15, UKL-7, SPT-29, TML-8 & CDL-8). Hence altogether 333 Subcentre buildings need to be constructed. The construction works may be taken up in phased manner so that within 03 years they are completed. Construction of 100 Subcentre buildings including staff quarters for 02 ANMs may be taken up in 2006-07.

The budgetary support needed for this activity @ Rs. 6.00 lakhs will be Rs. 600.00 lakhs.

16. Provision of Additional ANMs in all Subcentres:

To increase the quality of the services of the Subcentres, one additional ANM may be provided to all the Subcentres. Currently 190 additional ANMs are utilized on contractual basis in 190 identified difficult to be accessed Subcentres in the 05 Hilly Districts. Hence, 230 additional ANM need to be recruited on contractual basis. These additional ANMs will not be replacement for regular ANMs. This has already been ensured through rationalization of transfer and posting of regular ANMs.

The budgetary support needed for engaging additional 230 ANM @ Rs. 5000/- p. m. will be 138.00 lakhs.

17. Improving Physical Infrastructure of PHCs:

As per census 2001, there is deficit of 07 PHCs in the State (CCP-2, UKL-1, SPT-2 & CDL-2). The construction of these PHCs may be taken up in a phased manner. 03 PHCs (one each in CCP, SPT and CDL) may be initiated in 2006-07.

The budgetary support needed for constructing these 03 PHCs along with staff quarters (one for MO & 03 for Staff Nurses for each of the PHCs) will be as shown below:

Sl. No.	Type of building	Unit cost in lakhs	No. of units	Amount in lakhs
1	PHC Building	9.00	3	27.00
2	Staff Quarters for 03 PHCs	28.80	3	86.40
		Total		113.40

18. Provision of Additional GNMs in PHCs:

20 PHCs to be upgraded to 24/7 PHCs in 2006-07 need to be provided 03 GNMs per PHC. Currently as per Gol norm only 01 GNM is posted in the PHCs. Hence an additional 40 Staff Nurses need to be engaged in the 24/7 PHCs.

The budgetary support needed for hiring 40 additional Staff Nurses on contractual basis with a consolidated pay of Rs. 6,000/- p.m. will be Rs. 28.80 lakhs.

19. Physical Infrastructure of CHCs:

In the year 2006-07 basic infrastructure 14 CHCs will be upgraded to IPHS level. The remaining institutions will be taken up later. Facility survey of the 14 identified has been completed. Based on the Facility Survey findings the civil works to be taken up are identified as given below. This has taken into account the Civil works to be taken up under Part "A" (RCH-II) and the Civil works to be taken up by the Department of Health & FW under State Government Budget (Previously under NLCPR).

Proposed Cost of Civil Works to be Taken up Under NRHM (Part B)

Sl. No.	Name of CHC	District	Amount in Lakhs	District Total
(1)	(2)	(3)	(4)	(5)
1	CHC Kakching	Thoubal	19.90	39.078
2	CHC Yairipok		6.94	
3	CHC Heirok		12.238	
4	CHC Sekmai	Imphal West	49.35	55.79
5	CHC Wangoi		6.44	68.507
6	CHC Sagolamng	Imphal East	14.80	
7	CHC Jiribam		53.707	
8	CHC Moirang	Bishnupur	23.19	35.13
9	CHC Nambol		11.94	36.35
10	CHC Parbung	Churachandpur	36.35	
11	CHC Kangpokpi	Senapati	29.46	
12	CHC Mao		32.52	61.98
13	CHC Nungba	Tamenglong	29.80	29.80
14	CHC Kamjong	Ukhrul	16.60	16.60
		Total	343.235	343.235

The detailed abstracts of cost for the different institutions are given as **ANNEXURE B**

20. Provision of Additional Staffs at CHCs:

14 identified CHCs to be up-graded to IPHS level will need additional manpower. These additional manpower will be met mostly from State Govt. employees. All sanctioned but vacant posts will be filled up through rationalization of transfer and posting. But posts which are not yet sanctioned may need to be filled up by contractual engagement.

The additional posts to be filled up taking into account the posts to be filled up under RCH (Part A) and Routine Immunization Strengthening (Part C) through contractual engagement are:

Sl. No.	Post	Additional posts to be recruited on contractual basis														Total posts to be recruited
		Sagol-mang	Jirib-am	Sek-mai	Wan-goi	Moir-ang	Nam-bol	Kak-ching	Heir-ok	Yairi-pok	Parb-ung	Kam-jong	Mac	Sena-pati	Nun-gba	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	
1	Physician	0	0	1	1	0	1	0	1	1	0	0	0	0	0	5
2	Surgeon	0	0	1	1	0	1	0	1	1	0	0	0	0	5	
3	Obs. & Gynaec.	0	0	1	1	0	1	0	1	1	0	0	0	0	5	
4	Pediatrician	1	1	1	1	1	1	1	1	1	1	1	1	1	14	
5	Anesthetists	0	0	1	1	0	1	0	1	1	0	0	0	0	5	
6	Staff Nurse	0	0	5	7	3	7	4	5	7	2	5	3	3	54	
7	Dresser	0	1	1	1	0	1	0	1	1	0	0	0	0	6	
8	Pharmacists	0	0	1	1	1	1	1	1	1	0	1	1	0	9	
9	Lab. technician	0	0	1	1	0	1	0	1	1	0	0	0	0	5	
10	Radiographer	0	0	1	1	0	1	0	1	1	0	0	0	0	5	
11	Ward boys	0	0	2	2	0	2	1	2	2	0	0	2	1	15	
12	Dhobi	0	0	1	1	0	1	0	1	1	1	0	0	1	8	
13	Sweeper	0	2	1	3	2	3	2	1	3	1	1	2	2	25	
14	Mali	0	0	1	1	0	1	1	1	1	0	1	0	1	9	
15	Chowkidar	0	1	0	1	1	1	1	0	1	1	1	1	0	9	
16	Aya	0	0	0	1	1	1	1	0	1	1	1	1	0	8	
17	Peon	0	0	1	1	0	1	0	1	1	0	0	0	1	7	
18	Public Health Specialists	1	1	1	1	1	1	1	1	1	1	1	1	1	14	
19	AYUSH specialists	1	1	1	1	1	1	1	1	1	1	1	1	1	14	
20	Public Health Nurse	1	1	1	1	1	1	1	1	1	1	1	1	1	14	
21	ANM	1	1	1	1	1	1	1	1	1	1	1	1	1	14	
22	AYUSH Doctors	1	1	1	1	1	1	1	1	1	1	1	1	1	14	
Total		6	10	25	31	14	31	17	25	31	12	16	16	15	15	264

The budgetary support needed for filling up these posts will be:

Sl. No.	Posts	Number to be recruited on contractual basis	Consolidated salary per unit per month (in Rupees)	Consolidated salary per unit for 11 months (in Rupees)	Total salary for 11 months (in lakhs)
(1)	(2)	(3)	(4)	(5)	(6)
1	Physician	5	18000	198000	9.90
2	Surgeon	5	18000	198000	9.90
3	Obs. & Gynaec.	5	18000	198000	9.90
4	Pediatrician	14	18000	198000	27.72
5	Anesthetists	5	18000	198000	9.90
6	Staff Nurse	54	6000	66000	35.64
7	Dresser	6	2000	22000	1.32

8	Pharmacists	9	6000	66000	5.94
9	Lab. Technician/Asst.	5	5000	55000	2.75
10	Radiographer	5	5000	55000	2.75
11	Ward boys	15	2000	22000	3.30
12	Dhobi	8	2000	22000	1.76
13	Sweeper	25	2000	22000	5.50
14	Mali	9	2000	22000	1.98
15	Chowkidar	9	2000	22000	1.98
16	Aya	8	2000	22000	1.76
17	Peon	7	2000	22000	1.54
18	Public Health Specialists	14	18000	198000	27.72
19	AYUSH specialists	14	18000	198000	27.72
20	Public Health Nurse	14	6000	66000	9.24
21	ANM	14	5000	55000	7.70
22	AYUSH Pharma	14	6000	84000	9.24
Total		264	181000	2009000	215.16

21. Ambulance/referral support:

Outsourced vehicles may be used for referral services for the CHCs and 24/7 PHCs. 04 CHCs to be up-graded to FRU status under RCH-II are already provided outsourced vehicles for referral services. The remaining 10 CHCs and 20 24/7 may similarly be provided outsourced vehicles.

The budgetary support needed for this component will be as given below.

	Unit rate in lakhs	Units	Amount in lakhs
Outsourcing ambulance (assuming 10 referrals per month @ Rs. 1500/- per referral)	1.80	30	54.00

The total budgetary support needed for Part B of NRHM for 2006-07 will be:

Sl. No.	Activity/Component	Amount in lakhs
1	Untied Fund to Village Health & Sanitation Committee	296.10
2	Selection, training & Provision of Drug Kits to ASHA	300.00
3	Maintenance of Physical Infrastructure of Subcentres	42.00
4	RKS at PHCs	36.00
5	RKS at CHCs	16.00
6	RKS at District Hospitals	35.00
7	Equipments and drugs	443.10
8	JSY	80.05
9	Untied funds for sub-centres, PHCs & CHCs	68.00
10	District Mobile Medical Units	124.61
11	Block level resource groups	59.40
12	District Action Plan preparation	90.00
13	Establishment of 03 New GNM Schools	151.74
14	Improving physical infrastructure of Sub-centres	600.00
15	Provision of Additional ANMs in Sub-centres	138.00
16	Improving physical infrastructure of PHCs	113.40
17	Provision of Additional GNMs in PHCs	28.80
18	Improving physical infrastructure of CHCs	343.235
19	Provision of Additional Staffs at CHCs	215.16
20	Ambulance / Referral Support	54.00
	TOTAL	3234.595
Fund already received (in lakhs)		
1	For Up-gradation of 14 CHCs to IPHS	460.00
2	Untied Fund to Subcentres	42.00
3	Drug Kits for CHC, FRU, PHC, Subcentre, RTI/STI and ASHA	160.00
	Subtotal	662.00
	BALANCE NEEDED	2572.595

ANNEXURE A

List of Villages having a population of 1500 or more

<i>Sl. No. of districts</i>	<i>District</i>	<i>Sub-division</i>	<i>Sl. No. of villages</i>	<i>Name of village</i>
1	Churachandpur	Tipaimukh	1.1.	Senvon
			2.2	Parbung
			3.3	Patpuihmun
			4.4	Lungthulien
			5.5	Pherzawl
			6.6	Kangreng
		Thanlon	7.7	Thanlon
			8.8	Mualnuam
			9.9.	Bukpi
			10.10.	Sinzawl
		Churachandpur	11.11	New lamka
			12.12	Zenhang Lamka
			13.13	Rengkai
			14.14.	Hill Town
			15.15	Tuibong
			16.16	Gangpimul
			17.17	Hiangtam Lamka
			18.18	Bijang
			19.19	Bungmual
			20.20	Saikot
			21.21	Mata
			22.22	D. Pailian
			23.23	Hmarveng
			24.24	CCPur Hdq.
			25.25.	Mualvaphei
			26.26	Pearson
			27.27	Molnom
			28.28	Sielmat
			29.29	Chengkonpang
			30.30	Tuinom Khopi
		31.31	Lingsipai	
		32.32	Sagang	
		33.33	Thingkangphai	
		Singngat	34.34	Singngat
			35.35	Behjang (V)
			36.36	Suangdoh
2	Senapati	Sadar Hills West	37.1	Kangpokpi
			38.2	Keithelmanbi
			39.3	T. Khullen
			40.4	Lower Kalapahar
			41.5	Maohing Nepali
			42.6	Thonglan Akutpa
			43.7	Daili
			44.8	Makui Naga
			45.9	Toribari
			46.10	Paodei Basti
		Saitu Gamphazol	47.11	Motbung
			48.12	Leimakhong
			49.13	Char Hazar

		Sadar Hills East	50.14	Saikul
		Paomata	51.15	Tungjoi
			52.16	Purul Akutpa
			53.17	Liyai Khullen
			54.18	Tungam Khullen
			55.19	Oinam
			56.20	Laii
			57.21	Purul Atongba
			58.22	Phaibung Khullen
			59.23	Lekhamei
			60.24	Phuba Khuman
			61.25	Thingbak Khullen
			62.26	Thingbak Khunou
			63.27	Saranamei
			64.28	Chingmei Khunou
			65.29	Koide Mathak
		66.30	Koide Makha	
		Mao- Maram	67.31	Punanamei
			68.32	Sajouba
			69.33	Song Song
			70.34	Pudunamei
			71.35	Kalinamei
			72.36	Tadubi
			73.37	Yangkhullen
			74.38	Taphou Naga
			75.39	Makhan Center
			76.40	Robunamei
			77.41	Keibi
			78.42	Makhrelui
			79.43	Khamsom
			80.44	Oklong
			81.45	Chowainu
		82.46	Mao Pundung	
		83.47	Kayinu	
		84.48	Maram Kullakpa	
		85.49	Maram Makha	
		86.50	Wilong Khullen	
		87.51	Chakhumei	
3	Ukhrul	Ukhrul North	88.1	Phungcham
			89.2	Paoyi
			90.3	Jessami
			91.4	Chingjaroi Khullen
			92.5	Poi
			93.6	Nungbi Khullen
			94.7	Nungbi Khunou
			95.8	Kharasom
		96.9	New Tusom	
		Ukhrul Central	97.10	Ukhrul
			98.11	Hundung
			99.12	Tolloi
			100.13	Tuinem
			101.14	Phadang
			102.15	Halang
103.16	Khamasom			

			104.17	Shangshak Khullen
			105.18	Somdal
			106.19	Kachai
			107.20	Tungou
			108.21	Lunghar
			109.22	Tushar
			110.23	Lambui
			111.24	Ngainga
			112.25	Sanakeithel
			113.26	Sihai
				Kamjong Chassad
4	Imphal East	Jiribam	115.1	Hilghat
			116.2	Sonapur
			117.3	Kamaranga
			118.4	Ahmadabad
			119.5	Jakuradhor I
			120.6	Latingkhal
		Sawombung	121.7	Khundrakpam
			122.8	Laikot
			123.9	Pangei
			124.10	Khabeisoi
			125.11	Nungoi
			126.12	Waiton
			127.13	Tellou
			128.14	Pungdongbam
			129.15	Takhel
			130.16	Kameng
			131.17	Iyampal
			132.18	Sekta
			133.19	Sajeb
			134.20	Yumnam khunou
			135.21	Nongren
			136.22	Sangomsang
			137.23	Pourabi
			138.24	Sanjembam
		139.25	Pukhao Naharup	
		Porompat	140.26	Thongju
			141.27	Kshetrigao
			142.28	Khurai Sajor Leikai
			143.29	Heingang
			144.30	Laipham Siphai
			145.31	Kiyamgei
			146.32	Chingangbam Leikai
			147.33	Luwangshangbam
			148.34	Lairikyengbam Leikai
149.35	Khurai Konsam Leikai			
150.36	Khomidok			
151.37	Top Naoriya			
152.38	Nandeibam Leikai			
153.39	Kongkham Leikai			
154.40	Kshtri bengoan			
155.41	Ucheckon			
156.42	Kontha Khabam			

			157.43	Kairang Muslim
			158.44	Bashikhong
			159.45	Achanbigei
			160.46	Top Dusara (E)
			161.47	Kitna Panung
			162.48	Gangapat
			163.49	Kongba Nongthombam
			164.50.	Kontha Ahallup
			165.51	Laishram Leikai
			166.52	Naharup
			167.53	Khurai Khongnangkhong
			168.54	Khaidem Leikai
			169.55	Top Dusara (W)
			170.56	Wangkhei Loumanbi
			171.57	Ningthoubung
			172.58	Nilakuthi
			173.59	Kabo Sipai
			174.60	Lamlongei
			175.61	Keikhu Hao
			176.62	Thangjam Leikai
		Keirao Bitra	177.63	Changdamdabi
			178.64	Tulihal
			179.65	Yambem
			180.66	Top Chingtha
			181.67	Keirao Makting
			182.68	Urup
			183.69	Poiroukhonfjil
			184.70	Bamon Kampu
			185.71	Angtha
			186.72	Keirao-Bitra
			187.73	Huikap
			188.74	Kiyamgei Muslim
			189.75	Keirao Langdum
			190.76	ThiyaKonjil
			191.77	Moirang Purel
			192.78	Arapti
			193.79	Nung Brung
		194.80	Chanam Sandrok	
		195.81	Ucheckon Khunou	
5	Chandel	Machi	196.1	Machi
		Tegnoupal	197.2	Tegnoupal
		Chandel	198.3	Maha Centre Bazae (W)
			199.4	Zaphou
		200.5		
Chakpikarong	201.6	New Somtal		
6	Tamenglong	Tamenglong (W)	202.7	Tousem
			203.8	Oinamlong
		Tamenglong (N)	204.9	Lenglon
			205.10	Tamei
			206.11	Cheton I
			207.12	Ellen
			208.13	Old Lamta
			209.14	Old Kadi
			210.15	Dailong

		Tamenglong	211.16	Marangjing		
			212.17	Wairangba		
			213.18	Bhalok		
		Nungba	214.19	Mongjarong Khunou		
			215.20	Khoupum		
			216.21	Nungnang		
			217.22	Noney		
			218.23	Thangal		
		7	Bishnupur	Nambol	219.1	Utlou
					220.2	Kakyai Lampak
221.3	Thiyam					
222.4	Lourembam					
223.5	Pukhrambam					
224.6	Leimapokpam					
225.7	Ishok					
226.8	Leimaram					
227.9.	Irengbam					
228.10	Keirak					
Moirang	229.11			Thamnapokpi		
	230.12			Ngangkha Lawai		
	231.13			Kwakta		
	232.14			Kha Thinungei		
	233.15			Saiton		
	234.16			Karang		
	235.17			Thanga		
	236.18			Sagang		
	237.19			Torbung		
	238.20			Ithai		
Bishnupur	239.21			Wangoo Ahallup		
	240.22			Tengjang		
	231.23			Champu Khangpok		
	242.24			Ngaikhong khullen		
	243.25			Toubul		
	244.26			Khojuman Khullen		
	245.27			Khoijuman Khunou		
	246.28			Nachou		
	247.29			Posangbam		
	248.30			Ningthoukhong Awang		
8	Thoubal	Lilong	249.31	Thinungei		
			250.32	Phubala		
			251.33	Sunusipai		
			252.34	naraseina		
			253.1	Uchiwa		
			254.2	Maibam Konjil		
			255.3	Irong Chesaba		
			256.4	Irong Thokchom		
			257.5	Leishangthem		
			258.6	Hayel		
			259.7	Hangool		
			260.8	Khekman		
261.9	Mojing					
262.10	Nungei					
263.11	Atonkhong					
264.12	Oinam					

			265.13	Haoreibi
			266.14	Lilong
		Thoubal	267.15	Charangpat Maklang
			268.16	Khangabok
			269.17.	Sangai Yumpham
			270.18	Tentha
			271.19	Lamding
			272.20	Wangjing
			273.21	Sapam
			274.22	Tekcham
			275.23	Langathel
			276.24	Phundrei
			277.25	Khongjo
			278.26	Leirongthel
			279.17	Charangpat Mamang
			280.18	Wangkhem
			281.29	Khoirom
			282.30	Wangban
			283.31	Kairembikhok
			284.32	Kangthokchao
			285.33	Kangyambam
			286.34	Heirok I
		287.35	Heork II	
		288.36	Chingdompok	
		289.37	Kang Samaram	
		Kakching	290.38	Irengband
			291.39	Keirak
			292.40	Wabagai
			293.41	Hiyanglam I
			294.42	Hiyanglam II
			295.43	Mayeng Lamjao
			296.44	Leimanai
			297.45	Langmeidong
			298.46	Pallel
			299.47	Elang Kgangpokpi
			300.48	Thongjao
			301.49	Waikhong Leimanai
302.50	Arong Nongmaikhong			
303.51	Wangoo			
304.52	Tangjeng			
305.53	Serou			
9	Imphal West	Lamshang	306.1	KANGLATOMBI
			307.2	Sekmai
			308.3	Khurkhul
			309.4	Awang leikinthabi
			310.5	Potsangbam Khoirou
			311.6	Senjam Khunmou
			312.7	Khonghampat
			313.8	Phunlou
			314.9	Mayang Langjing
			315.10	Phayeng
			316.11	Moidangpok Khullen
			317.12	Meisnam Kangmong
318.13	Awang Jiri			

		Patsoi	319.14	Heigrujam
			320.15	Khaidem
			321.16	Khumbong
			322.17	Maklang
			323.18	Ngairengbam
			324.19	Luker
			325.20	Awangkhunou
			326.21	Lanshonbi
			327.22	Konthoujam
			328.23	Yarou Bamdiar
			329.24	Yurembam
			330.25	Salam Keikhu
			331.26	Patsoi
			332.27	Langjing
			333.28	Toubungkhok
			334.29	Changangei
			335.30	Ghari
			336.31	Sangaiparou Maning
		Lamphelpat	337.32	Meiteo Langol/Tarung
			338.33	Iroishemba
			339.34	Lalambung
			340.35	Takyel Mapal
			341.36	Sagolband
			342.37	Heinou Khongnembi
			343.38	Sorokhaibam Leikai
			344.39	Oinam Thingel
		Wangoi	345.40	Sangaiparou Mamang
			346.41	Malom TulihaI
			347.42	Malom TuliyaIma
			348.43	Meitram
			349.44	Ningombam
			350.45	Kodompokpi
			351.46	Lairenjam
			352.47	Irom Meijrao
			353.48	Hiyangthang
			354.49	Langthabam Lep
			355.50	Mongsangei
			356.51	Oinam Leikai
			357.52	Naorem Leikai
			358.53	Laiphrakpam Leikai
			359.54	Langthabal Mantrikhong
			360.55	Langthabal Kunja
			361.56	Uchiwa
			362.57	Phoubakchao
			363.58	KomIakhong
			364.59	Laphupat Tera
			365.60	Samusang
		Total number of Villages having 1000 or more population	365	

ANNEXURE B

Abstract of cost of Civil works for CHC

Name of work: Up-gradation of CHC Heirok, Thoubal District under NRHM (Part B)

Sl. No.	Name of works	Quantity	Rate (Rs. in lakhs)	Unit	Amount (Rs. in lakhs)
(1)	(2)	(3)	(4)	(5)	(6)
1	Construction of water supply & Sanitary fitting	1	3.00	Each	3.00
2	Renovation of Type-IV Quarter	1	2.00	Each	2.00
3	Renovation of Type-III Quarters	2	1.50	Each	3.00
4	Renovation of Type-II Quarter	1	1.00	Each	1.00
5	Compound wall	200	0.01619/Rm	Rm	3.238
			Total		12.238

(Rupees Twelve Lakhs Twenty Three Thousand And Eight Hundred) only.

Name of work: Up-gradation of CHC Yairipok, Thoubal District under NRHM (Part B)

Sl. No.	Name of works	Quantity	Rate (Rs. in lakhs)	Unit	Amount (Rs. in lakhs)
(1)	(2)	(3)	(4)	(5)	(6)
1	Construction of toilet	1	3.94	Each	3.94
2	Construction of Ground Sump Elevated Plate & Water Supply	1	3.00	Each	3.00
			Total		6.94

(Rupees Six Lakhs Ninety Four Thousand) only.

Name of work: Up-gradation of CHC Sekmai, Imphal West District under NRHM (Part B)

Sl. No.	Name of works	Quantity	Rate (Rs. in lakhs)	Unit	Amount (Rs. in lakhs)
(1)	(2)	(3)	(4)	(5)	(6)
1	Extension of OT Block	1	9.30	Each	9.30
2	Extension of Labor Room	1	6.75	Each	6.75
3	Construction of Toilet	1	3.94	Each	3.94
4	Construction of Ground Sump Elevated Plate & Water Supply	1	3.00	Each	3.00
5	Renovation of existing institutional building	1	3.00	Each	3.00
6	Renovation of Type III Quarters	4	1.50	Each	6.00
7	Renovation of Type IV Quarters	2	2.00	Each	4.00

8	Extension of OPD Block	1	10.86	Each	10.86
9	Construction of Blood Storage with AC	1	2.50	Each	2.50
			Total		49.35

(Rupees Forty Nine Lakhs and Thirty Five Thousand) only.

Name of work: Up-gradation of CHC Wangoi, Imphal West District under NRHM (Part B)

Sl. No.	Name of works	Quantity	Rate (Rs. in lakhs)	Unit	Amount (Rs. in lakhs)
(1)	(2)	(3)	(4)	(5)	(6)
1	Construction of Toilet Block	1	3.94	Each	3.94
2	Renovation of Existing Toilet for Main Building & Special Ward	1	2.50	Each	2.50
			Total		6.44

(Rupees Six Lakhs and Forty Four Thousand) only.

Name of work: Up-gradation of CHC Sagolmang, Imphal East District under NRHM (Part B)

Sl. No.	Name of works	Quantity	Rate (Rs. in lakhs)	Unit	Amount (Rs. in lakhs)
(1)	(2)	(3)	(4)	(5)	(6)
1	Construction of Toilet Block	1	3.94	Each	3.94
2	Extension of OPD Block	1	10.86	Each	10.86
			Total		14.80

(Rupees Fourteen Lakhs and Eighty Thousand) only.

Name of work: Up-gradation of CHC Jiribam, Imphal East District under NRHM (Part B)

Sl. No.	Name of works	Quantity	Rate (Rs. in lakhs)	Unit	Amount (Rs. in lakhs)
(1)	(2)	(3)	(4)	(5)	(6)
1	Extension of OT Block	1	9.30	Each	9.30
2	Extension of Labor Room	1	6.75	Each	6.75
3	Construction of toilet	1	3.94	Each	3.94
4	Construction of Ground Sump Elevated Plate & Water Supply	1	3.00	Each	3.00
5	Renovation of existing institutional building	1	2.50	Each	2.50
6	Renovation of Type III Quarters	4	1.50	Each	6.00
7	Renovation of Type II Quarters	4	1.00	Each	4.00

8	Extension of OPD Block	1	10.86	Each	10.86
9	Compound wall	300	0.01619/Rm	Rm	4.857
10	Construction of Blood Storage with AC	1	2.50	Each	2.50
			Total		53.707

(Rupees Fifty Three Lakhs Sevety Thousand And Seven Hundred) only.

Name of work: Up-gradation of CHC Moirang, Bishnupur District under NRHM (Part B)

Sl. No.	Name of works	Quantity	Rate (Rs. in lakhs)	Unit	Amount (Rs. in lakhs)
(1)	(2)	(3)	(4)	(5)	(6)
1	Construction of toilet	1	3.94	Each	3.94
2	Compound wall	300	0.01619/Rm	Rm	4.85
3	Renovation of existing toilet	1	2.60	Each	2.60
4	Extension of OT	1	9.30	Each	9.30
5	Construction of Blood Storage with AC	1	2.50	Each	2.50
			Total		23.19

(Rupees Twenty Three Lakhs and Nineteen Thousand) only.

Name of work: Up-gradation of CHC Nambol, Bishnupur District under NRHM (Part B)

Sl. No.	Name of works	Quantity	Rate (Rs. in lakhs)	Unit	Amount (Rs. in lakhs)
(1)	(2)	(3)	(4)	(5)	(6)
1	Construction of toilet	1	3.94	Each	3.94
2	Construction of Ground Sump Elevated Plate & Water Supply	1	3.00	Each	3.00
3	Renovation of Type III Quarters	2	1.50	Each	3.00
4	Renovation of existing institutional building	1	2.00	Each	2.00
			Total		11.94

(Rupees Eleven Lakhs and Ninety Four Thousand) only.

**Name of work: Up-gradation of CHC Parbung, Churachandpur District
under NRHM (Part B)**

Sl. No.	Name of works	Quantity	Rate (Rs. in lakhs)	Unit	Amount (Rs. in lakhs)
(1)	(2)	(3)	(4)	(5)	(6)
1	Extension of OT Block	1	9.30	Each	9.30
1	Extension of Labor Room	1	6.75	Each	6.75
2	Construction of toilet	1	3.94	Each	3.94
3	Renovation of Type III Quarters	2	1.50	Each	3.00
4	Extension of OPD Block	1	10.86	Each	10.86
5	Construction of Blood Storage with AC	1	2.50	Each	2.50
			Total		36.35

(Rupees Thirty Six Lakhs and Thirty Five Thousand) only.

**Name of work: Up-gradation of CHC Kangpokpi, Senapati District
under NRHM (Part B)**

Sl. No.	Name of works	Quantity	Rate (Rs. in lakhs)	Unit	Amount (Rs. in lakhs)
(1)	(2)	(3)	(4)	(5)	(6)
1	Renovation of OT Block	1	3.00	Each	3.00
2	Renovation of Labor Room	1	2.00	Each	2.00
3	Renovation of toilet	1	2.60	Each	2.60
4	Construction of Ground Sump Elevated Plate & Water Supply	1	3.00	Each	3.00
5	Renovation of Type III Quarters	2	1.50	Each	3.00
6	Renovation of Type IV Quarters	2	2.50	Each	2.50
7	Extension of OPD Block	1	10.86	Each	10.86
8	Construction of Blood Storage with AC	1	2.50	Each	2.50
			Total		29.46

(Rupees Twenty Nine Lakhs and Forty Six Thousand) only.

**Name of work: Up-gradation of CHC Mao, Senapati District
under NRHM (Part B)**

Sl. No.	Name of works	Quantity	Rate (Rs. in lakhs)	Unit	Amount (Rs. in lakhs)
(1)	(2)	(3)	(4)	(5)	(6)
1	Renovation of OT Block	1	3.00	Each	3.00
2	Renovation of Labor Room	1	2.00	Each	2.00
3	Construction of toilet	1	3.94	Each	3.94
4	Construction of Ground Sump Elevated Plate & Water Supply	1	3.00	Each	3.00
5	Renovation of Type III Quarters	2	1.50	Each	3.00
6	Renovation of existing toilet	1	1.60	Each	1.60
7	Renovation of existing institutional building	1	2.62	Each	2.62
8	Extension of OPD Block	1	10.86	Each	10.86
9	Construction of Blood Storage with AC	1	2.50	Each	2.50
			Total		32.52

(Rupees Thirty Two Lakhs and Fifty Two Thousand) only.

**Name of work: Up-gradation of CHC Nungba, Tamenglong District
under NRHM (Part B)**

Sl. No.	Name of works	Quantity	Rate (Rs. in lakhs)	Unit	Amount (Rs. in lakhs)
(1)	(2)	(3)	(4)	(5)	(6)
1	Extension of OT Block	1	9.30	Each	9.30
2	Construction of toilet	1	3.00	Each	3.00
3	Construction of Ground Sump Elevated Plate & Water Supply	1	3.00	Each	3.00
4	Renovation of Type IV Quarters	2	2.50	Each	5.00
5	Renovation of existing institutional building	1	2.00	Each	2.00
6	Construction of Retaining Wall	1	5.00	Each	5.00
7	Construction of Blood Storage with AC	1	2.50	Each	2.50
			Total		29.80

(Rupees Twenty Nine Lakhs and Eighty Thousand) only.

**Name of work: Up-gradation of CHC Kamjong, Ukhrul District
under NRHM (Part B)**

Sl. No.	Name of works	Quantity	Rate (Rs. in lakhs)	Unit	Amount (Rs. in lakhs)
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
1	Renovation of existing institutional building	1	3.00	Each	3.00
2	Construction of Ground Sump Elevated Plate & Water Supply	1	3.00	Each	3.00
3	Renovation of OT	1	2.50	Each	2.50
4	Renovation of Labor Room	1	1.50	Each	1.50
5	Renovation of toilet	1	2.60	Each	2.60
6	Renovation of Type III Quarters	1	1.50	Each	1.50
7	Construction of Blood Storage with AC	1	2.50	Each	2.50
			Total		16.60

(Rupees Sixteen Lakhs and Sixty Thousand) only.

**Name of work: Up-gradation of CHC Kakching, Thoubal District
under NRHM (Part B)**

Sl. No.	Name of works	Quantity	Rate (Rs. in lakhs)	Unit	Amount (Rs. in lakhs)
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
1	Construction of toilet	1	3.94	Each	3.94
2	Renovation of Existing toilet	1	2.60	Each	2.60
3	Extension of OPD	1	10.86	Each	10.86
4	Construction of Pavement	1	2.50	Each	2.50
			Total		19.90

(Rupees Nineteen Lakhs and Ninety Thousand) only.

Part – C

Routine Immunization Strengthening

1. Background

1.1. State profile

Sr. No.	Profiles	
1	Total population (2001)*	23.88 lakhs (ST-38%, SC-5%, OBC-4.5%)
2	Rural population (%)*	76
3	Urban population (%)*	24
4	Infant Mortality Rate **	16
5	Maternal Mortality Ratio ♀	374
6	Below Poverty Line/Low Standards of Living Index (5)**	31
7	Crude Birth Rate**	4.8
8	Infants per year (estimated)	52.75 (05-06) 61.71 (06-07) 65.45 (07-08) 71.55 (08-09) 77.49 (09-10)
9	Pregnancies per year (estimated)	61.05 (05-06) 68.57 (06-07) 72.72 (07-08) 79.50 (08-09) 86.10 (09-10)
10	Districts*	09 (4 in plain & 5 in hilly areas)
11	Blocks*	36
12	Villages*	2.391
13	Towns/Urban areas*	33

(*Census 2001, ** Bull RHS 2006, ♀ SRS)

1.2. Recent performance

1.2.1. Reported and evaluated coverage

Antigen	Reported coverage 1998-99	NFHS 1999	Reported coverage 1999-2000	CES 2001	Reported coverage 2001-02	DLHS 2002-04	Reported coverage 2003-04	Reported Coverage 2004-05	Reported coverage 2005-06
Fully vaccinated		42.3		NA		37			
BCG	88%	71.0	88%	NA	78		101.1	86	87
DPT-3	76%	59.1	77%	NA	64	48.8	75.2	74	76
OPV-3	76%	62.4	77%	NA	64		76.8	75	76
Measles	67%	45.7	66%	NA	57	55.6	30.8	22.1	69
BCG-Msls. Drop out	21%	-	22%	NA	27.5		70.8	64.1	18
TT (2/B)	66%	64.2	62%	NA	43	78.4 *	56.5	57	58

(* at least 01 dose of TT)

1.2.2. Cases of Vaccine preventable diseases

VPD	2004-05
Measles	20
Diphtheria	Nil
Pertussis	51
Neonatal tetanus	Nil
Poliomyelitis	Nil

1.2.3. Outbreaks reported and investigated in last year: Two

1.2.4. Infrastructure and staffing pattern

a. General staff

Position	Sanctioned	In position	Proposed addition	Trained in last 3 years
MOs at PHC	72	75		Yes
FHSs at PHC	72	71	1	Yes
FHWs at Subcentre	420	407		
Additional Contractual FHWs			190	

b. Dedicated Immunization staffs

Position	Sanctioned	In position	Proposed addition	Trained in last 3 years
State Immunization Officer	1	1	-	-
Deputy Director (Imm.)	1	1	-	-
State Cold Chain Officer	1	1	-	-
DIO	11	11	-	10
Cold Chain Mechanic	8	4	4	-

A Computer Assistant has been being utilized on contractual basis (expenditure being borne by GoI) at the State Headquarters @ Rs. 8000/- per month.

c. Public Health Infrastructure

Health Institutions	Sanctioned	Number functioning	With functional cold chain equipments	Proposed expansion
Subcentres	420	420	420	-
PHCs	72	72	70	-
CHCs	16	16	16	-

d. Cold chain Storage Points

Cold Storage Points	Total numbers	Proposed expansion
State Store	1	-
District Stores	11	-
ILR Storage Points	76	12

Goals

- To achieve universal immunization by 2010
- To reduce BCG→Measles to < 5% by 2010
- To sustain the zero polio case
- To eliminate Neonatal Tetanus by 2007
- To reduce measles deaths by half by 2007

1. Assessment of critical bottle necks for full coverage

1.1. **Availability:**

- Irregular or no electrification in certain PHCs thereby making vaccine storage impossible
- Difficult geographical terrains and poor transport mechanism making most of the hilly villages inaccessible, mainly during rainy season
- Bad law and order situation making movements risky and difficult

1.2. **Accessibility:** Same as the later two mentioned above

1.3. **Utilization/adequate coverage:**

- Lack of programme ownership
- Very nominal (3%) out-reach sessions as evident from the DLHS-2000
- Inadequate supervision & monitoring
- Separate departments as (i) Health and (ii) Family Welfare, thereby making it difficult to enforce MCH activities to Health Staff
- Lack of residential quarters for FHWs and MOs
- No established system of working in convergence with the Department of Women and Child Development
- Insufficient private sector/community involvement
- Lack of political commitment
- Overburdening the work-load of FHWs as vacant posts of MHWs can not be filled up due to ban on regular appointment
- Poor HMIS. Incomplete, irregular and inaccurate reporting. No analysis done at local level
- Ineffective BCC

1.4. **Effective coverage/quality (problems in ensuring safe injections)**

- People preferring disposable syringes for fear of contracting HIV/AIDS. Since it is reported that 30% of the currently available disposable syringes are re-used ones, there is increased chance of causing AEFI
- Due to the poor transport facilities in the State FHWs do not want to collect MSK Oil for the Stoves from the PHCs/ District Headquarters. Hence to save fuel, syringes may not be sterilized properly.
- No State Quality Assurance Team identified.

2. Objectives and targets

Due to the enabling factors highlighted above, the State may not be able to achieve the goal of universal immunization in the near future (although it is very much desired so). Hence, specific objectives and targets pertaining to the State of Manipur are made as given below. Also, efforts will be given so that the BCG → Measles drop-out rate is reduced to <5 by 2010.

Beneficiaries	Current achievement (NFHS-2)	2005-06	2006-07	2007-08	2008-09	2009-10
% of PW fully immunized with TT						
• Overall	50	>60	>70	>80	>90	100
• BPL/SC/ST	42.2	>55	>65	>75	>85	>95
% of 13-24 months of age fully immunized						
• Overall	42.3	>80	>90	>95	100	100
• BPL/SC/ST	29.6	>70	>80	>90	>95	100

2.1. Improve vaccine/ supply logistics

2.1.1. Key performance indicators

Indicator	Current 2005-06	Planned			
		06-07	07-08	08-09	09-10
Districts with any antigen stock-out more than 1 month in the last 12 months	Nil	0	0	0	0
Districts with AD syringe stock-out more than 1 month in the last 12 months	NA	0	0	0	0

2.2. Expand Cold Chain Reach and Improve Performance

2.2.1. Key performance Indicators

Indicator	Current 2005-06	Planned			
		06-07	07-08	08-09	09-10
Cold Chain assessment done and planned	✓		✓		✓
Proportion of ILR registered (not condemned) non-functional	8%		<2%		< 1%

2.3. Ensure all children in all villages/towns covered with regular (monthly/quarterly) immunization session according to village size

2.3.1. Key performance indicators

Indicator	Current 2005-06	Planned			
		06-07	07-08	08-09	09-10
% Districts with RI micro-plans available	60	>80	>90	>95	100
% Villages(>1,000 popl) covered 1 or more times a month	NA	>75	>85	>90	100
% Villages(<1,000 popl) covered 1 or more times a month	NA	>75	>85	>90	100
% of high-risk areas covered monthly	NA	>50	>70	>80	100
% Urban areas covered monthly	NA	>60	>70	>80	100
% Sessions planned Vs sessions held	NA	>80	>85	>90	100

2.4 Improve injection safety by introducing AD syringes

2.4.1. Key performance indicators

Indicator	Current 2005-06	Planned			
		06-07	07-08	08-09	09-10
PHCs using ADS for all immunizations (%)	50	>80	>90	>95	100
PHCs with appropriate waste disposal in place (%)	Nil	20	40	60	80

2.5. Ensure accurate record-keeping/ monitoring with improved supervision

2.5.1. Key performance indicators

Gap between reported and evaluated full immunization coverage (%)	Current 2005-06	Planned			
		06-07	07-08	08-09	09-10
		<15	<10	<8	<5

2.6. Trained immunization staff

2.6.1. Key performance indicators

Indicator	Current 2005-06	Planned			
		06-07	07-08	08-09	09-10
ANMs having received refresher training in immunization within the last 3 years (%)	Nil	100	100	100	100
DIOs having participated in mid-level managers training within the last 3 years (%)	90	100	100	100	100

3. Action plan

3.1. Alternative vaccine delivery: A strategy may be developed by which Subcentres/ PHCs/ CHCs/ blocks may indent vaccines from Storage facilities which are not under the established norms, depending upon their proximity, transport facility and convenience. Porters who have to collect vaccines from Storage Points situated more than 8 kms may be provided a porter fee of Rs. 50/- per collection. The vaccines thus issued may be adjusted at the District-level and State-level meetings. Accredited NGOs/community organizations/ Village-level Link Workers may also be involved in vaccine delivery.

3.2. Mobilization of children by ASHA

- ASHAs (3000 in nos.) which are envisaged to be developed under NRHM may be involved for this purpose. A compensation package of Rs. 150 per month may be given to them, on the same day, by the FHW from the Subcentre untied fund.
- Wherever ASHAs are not available AWWs/other Village-level Link workers may be utilized for the same purpose, by giving a compensation package of Rs 100 per month per village. A Health Day on monthly basis on fixed day, fixed place will also be held at AWCs to increase the out-reach sessions.

3.3. Under-served areas: Manipur, because of its geographical conditions and bad law and order problem at present, is facing a major problem to reach to the whole population. Utilization of village chief and his associates who can conduct vaccination sessions specially in then hilly districts can be identified.

In these underserved areas (476 villages identified) the Subcentre area may be divided into 4-5 areas depending upon the distribution of the villages. These villages may be covered by utilizing unemployed or retired ANMs or Staff Nurses as vaccinators. They may be given an honorarium of Rs. 200/- per session. Potrer's charge (Rs. 50/-) and Mobilisation fee (Rs. 150) may be made applicable for these sessions. The budget needed for this component will be Rs.22.848 lakhs annually.

3.4. Strengthening monitoring & supervision and surveillance:

3.4.1. Strengthening monitoring: Monthly PHC level review meetings and District level Review meetings are proposed to be held on 2nd and 4th working days respectively of every month. At these meetings, out-reach sessions planned and held, beat schedule, vaccine pick-up ratio, achievements, accuracy and

completeness of reports, problems arising may be reviewed in detail. The expenditure for this component may be met from the PHC and District RCH contingencies. Bi-yearly State-level review meetings may be held at the last working day of each half of the year. Again, computerization of HMIS in each of the nine districts (>50% by end of 2006 and 100% by end of 2007) and at State Headquarter is contemplated to facilitate monitoring. It will be ensured that accurate and completed HMIS reports showing overall coverage as well as among BPL/SC/ST are submitted regularly, starting from the grass-root level. NGOs/ private sectors entering into partnership, too, have to submit similar reports. Regular feed-backs are also to be provided, the fund requirement of which may be met from the contingency of the Planning & Monitoring Cell, Directorate of FW Services, Manipur.

3.4.2. Strengthening supervision

Making supervisory visits compulsory. Field visits are to be made weekly by FHS, fortnightly by MOs of PHCs, monthly by SMOs of CHCs, quarterly by DFWOs/DIOs and State level Officers by using supervisory check-lists. TA/DA may be made accessible, which will be from the State and District RCH Societies pool. The supervisory visits are to be facilitative in nature. A State –level Officer not less than the rank of Deputy Director may also be identified as District Supervisor for each of the districts, who will supervise and also will attend the District-level meetings. A Govt. Order to this effect will be circulated.

3.4.3. Strengthening surveillance

Coverage evaluation survey of at least one village selected randomly per block per month by a team led by DIOs/DFWOs. Emphasis may be given to cases of drop-outs, missed opportunities and never-reached. Also, facility-based surveys and household surveys may be done every two years covering two districts in each round. The fund requirement may be made from the fund of District RCH-Society envisaged under RCH-II. Mid-term and end-evaluations are to be done by independent agencies, the fund requirement of which is already reflected in the RCH-II PIP.

The budget requirement for these components will be 5.00 lakhs annually (@ Rs 50,000/- per district per year and Rs. 50,000/- for State Headquarters)

3.5. Computer assistant to DIO and at State level

- A Computer Assistant on contractual basis may be utilized as an assistant to the DIO. The recruitment process is started under National Rural Health Mission. The service of the Computer Assistant at the State Level may be extended. Along with this, a separate Computer may be provided specifically for Immunization Strengthening to each of the Districts.
- Introduction of RIMS software for monitoring UIP. Five persons per district may be trained for this purpose.

3.6. Review meetings: As given in 3.4.1.

3.7. Provision of additional support

- Filling up of vacant posts of FHWs in subcentres by contractual FHWs recruited from locally available resources under RCH-II Project. Also, to have a uniform distribution of manpower, a State Transfer Policy may be formed by which all staff will have to work in rural/tribal areas for at least two years. All vacant posts of regular ANMs are recently filled up through rationalization.
- Strengthening the State Planning and Monitoring Cell in respect of infrastructure and manpower (already envisaged under RCH-II)
- Constructing residential quarters for FHWs and MOs in remote areas. This may be taken up under NRHM.
- Electrification /and provision of stand-by generators for PHCs not having power supply.
- Filling up of vacant posts of MHWs by contractual appointment, so as not to over-burden the work-load of the FHWs.
- Perks for working in remote areas. This is already considered under RCH-II in the form of a hike in pay (5-7%).

3.7.1. Cold-Chain Strengthening, Vaccine supplies, AD Syringes and tally sheets

The cold-chain equipments in the State are adequate currently, although in a few PHCs (in remote areas) ILRs are not installed as there are no regular electricity supply or no electrification at all. The current numbers of Cold-Chain Equipments which are currently functioning in the State are given below.

Sl. No.	Equipment	Number functioning
1.	Walk-in cooler	1
2.	Deep Freezers (large)	15
3.	Deep Freezers (small)	64
4.	ILR (large)	14
5.	ILR (small)	71
6.	Cold boxes (large)	Adequate
7.	Cold boxes (small)	Adequate
8.	Vaccine Carriers	Adequate
9.	Ice-packs	Adequate

But additional inputs/replenishments may be needed depending upon cold-chain equipment sickness rate. And so, the requirements for 2006-07 are calculated as shown below.

Particulars	2006-07		
	Qty	Rate	Value
OPV	12300	77	9.471
BCG	9900	23	2.227
Measles	9900	82	8.118
DPT	26400	12	3.168
DT	13200	7	0.924
TT	51150	7.50	3.836
AD syringes			
0.1 ml syringes	12,000	3.75	45000
0.5 ml syringes	55000	3.19	1.755
Immunization equipment			

ILR (L)	-	30000	-
ILR(S)	5	22000	1.10
DF(L)	-	25000	-
DF(S)	5	17000	0.85
Voltage stabilizers	5	3000	0.15
Cold box (L)	6	7500	0.45
Cold box (S)	10	5000	0.50
Vaccine carriers	100	500	0.50
Walk-in cooler	0	0	-
Tally sheets			75420

3.7.2. Cold chain maintenance

- Cold chain technicians: The vacant posts of 5 cold-chain Technicians may be filled up, so that each district has got its own Technician.
- A maintenance fund (@500/ILR), may be needed per year, so that there is no breach in Cold-chain. The amount may be released to the SCOVA from where it will be passed to the District RCH Societies.

3.7.3. Re-orientation of paramedics::

The 600 FHWs (including the additional FHWs proposed under RCH-II), 150 Supervisors and 250 other paramedics will need a 3 days refresher training in immunization strengthening including use of AD syringes and their proper disposal. The Regional Health & Family Welfare Training Centre Porompat, District Training Centres under DIOs and accredited NGOs may be entrusted these tasks. The training has to be completed by end of 2007.

3.7.4. Additional Trainings

- A Refresher Training (for 1 day) to DIOs (11 in nos.) and State Cold Chain Officer on rationale & filling up required formats may be needed (TOT). This process is already initiated.
- Training of MO PHCs/CHCs on Immunisation Strengthening at their respective districts. DIOs may hire trainers from the State Headquarter, if necessary.

4. **Annual budget** requirement for the year 2006-07 in addition to the items to be received in kind from Gol (in lakhs)

Table showing budget for immunization strengthening

<i>Particulars</i>	<i>Amount in lakhs</i>
Cold chain maintenance including repair of State Cold Chain Unit	1.50
Cold chain strengthening	1.00
State IS Review Meeting	0.68
Mobility support for Strengthening Monitoring & Supervision	5.00
Training for UIP	2.70
Eleven Contractual District Computer Assistants @ Rs 7000/- per head per month	7.70
Contractual Computer Assistant at State Headquarter @ 8000/- per month	0.96
Alternate Vaccine delivery including Porter charge for Vaccines @ Rs. 200/- per subcentre per month	12.00
Special provision for under-served areas	22.848
9 Computers with peripherals for districts	5.4
Other office contingency for State Headquarters	0.60
Mobilization of children on out-reach sessions	4.50
Printing of Immunization Card and other logistics	5.00
12 Display Boards	0.96
Total	70.848

Part – D

Vertical Health Programs

1. National Vector Borne Disease Control Program

- 1. Goal: -**
- (i) To reduce Malaria Mortality by 30% in 5 years
 - (ii) To reduce Malaria Morbidity by 50% in 5 years
- 2. Objectives: -**
- (i) Increase access to Early Diagnosis & Prompt Treatment
 - (ii) Particular focus on remote & inaccessible areas with community participation
 - (iii) Up-gradation of peripheral health facility for treatment of severe Malaria and use of second-line drug in Chloroquin resistant area
- 3. Strategy: -**
- (i) Strengthening Active and Passive Surveillance System
 - (ii) Vector control measures
 - (iii) IEC/BCC
 - (iv) Capacity building (training of manpower)
 - (v) Involvement of Private/NGO sectors
 - (vi) Monitoring

4. Early Diagnosis & Prompt Treatment: -

The Government health facility is to be augmented through involvement of NGO, FBO and Panchayats where there is shortage of Multi-Purpose Workers (MPWs) and in areas which are >5 kms. away from any Government health facility or in areas where deaths due to Malaria have been reported. ASHAs will be trained and utilized for providing presumptive treatment for malaria.

New Drug Depot Centres (DDCs) and Fever Treatment Depots (FTDs) will be opened by involving NGOs, FBOs and Panchayats in inaccessible areas for strengthening surveillance. The surveillance system is to be supported by functioning laboratory services in all PHCs and CHCs.

5. Vector Control Measures: -

- (i) Residual Insecticidal Spray (RIS) will be planned and implemented with sound technical skill and under expert guidance.
- (ii) Indoor Residual Spray (IRS) will be done at identified High-Risk areas as per Malaria Action Plan (MAP) 1995 Guidelines i.e.
 - Outbreak of malaria
 - Regular Larvicidal Spray at breeding places in Urban areas.
 - Use of Larvivorous fish (Gambusia and Poccilia). This will be practicable only in the valley districts. The suggested hatcheries will be at State Headquarters (1 no.), Imphal East (2 nos.), Imphal West (2 nos.), Thoubal (3 nos.) and Bishnupur (2nos.).
- (iii) Insecticide Treated Bed-nets: This will be done in two categories as given below.
 - Free supply of bed-nets and
 - Community-owned bed-nets
- (iv) Convergence with Water and Sanitation Mission
- (v) ASHA and Village Health & Sanitation Team to be oriented to community-bases vector control measures

6. IEC/BCC

- (i) To inculcate individual/community protection and preventive habit as part of NBVDCP
- (ii) To generate a demand for appropriate service from the existing health delivery system.
- (iii) Observing Anti-Malaria Month at PHC, CHC, District level and State level in the month of June.

7. Capacity building: Training will be taken up for the different categories of staff. The details are enclosed under the heading of "Budget".

8. Other Vector Borne diseases

So far there is no documented evidence of Filariasis and Dengue in the State. However, Japanese Encephalitis (JE) is endemic in the State. All the districts are affected by the disease and cases are more in the valley areas. For control of JE, the following measures are to be taken up.

- (i) IEC/BCC through awareness campaigns, print media, electronic media, poster, banner etc.
- (ii) Source reduction of breeding places.
- (iii) Training of Medical Officers on management of JE.
- (iv) Improvement of health facility and diagnostic facility.

9. Rapid Task Force/ Epidemic Control Teams:

In order to combat any outbreak of vector borne diseases specially Malaria and JE, a State Level Epidemic Control Team and District Epidemic Control Teams have been constituted with the following members:

Team	Category of staffs	Number of staffs
State Epidemic Control Team	Entomologist	1
	Technician	2
	Insect collector	2
	Driver	1
	Grade iv	1
District Epidemic Control Teams	District Malaria Officer	1
	Medical Officer	2
	Technician	2
	Spray-men	5
	Insect collector	1
	Driver	1

The District Level Teams are to be provided 1 van, 2 microscopes, 5 HC sprayers, insecticides and drugs as desired.

10. MIS

All districts/reporting centres have been provided with computer for MIS; and monthly reporting will be done through internet service. Therefore, all the centres should have internet connectivity.

11. Mobility support:

Vehicles for dumping of spray materials and equipments and also for supervisory visits will be required as given below:

<i>Type of vehicle</i>	<i>State Headquarters</i>	<i>District/Reporting centres</i>	<i>Total</i>
Supervisory vehicles	2	10	12
Tata 407	1	9	10

12. Building:

At present, the State Headquarter of NVBDCP has no building for office, Store and garage. Similarly, at district levels there are no building for office, Store and garage. Therefore, constructions of these buildings are required.

13. Monitoring and evaluation:

Constant monitoring will be done by Government agency whereas, evaluation will be done by approved Private Agencies.

14. Budget detail (in lakhs) for 2005-06

14.1. EDPT

<i>Sr. No.</i>	<i>Items/Activity</i>	<i>Recurring</i>	<i>Non-recurring</i>
1	Procurement of microscopes @ Rs. 15,000 X 40		6.00
2	Procurement of Oil Immersion lens @ Rs. 3,500 X 60		2.10
3	Disposable lancet @ Rs. 1.25 X 4 lakhs	5.00	
4	Micro-slides @ Rs. 1.50 X 4 lakhs	6.00	
5	Cotton roll-500 G @ Rs. 90 X 10,000 rolls	9.00	
6	Spirit	6.00	
7	Filter paper, Cover slip, Beakers, etc.	5.00	
8	Kit bag @ Rs. 150 X 1000 nos.		1.50
9	Sign board for DDC, FTD @ Rs. 2000 X 2000 nos.	8.00	
10	Printing of MF forms	5.00	
	Subtotal	44.00	13.60

14.2. Vector Control Measures

<i>Sr. No.</i>	<i>Items/Activity</i>	<i>Recurring</i>	<i>Non-recurring</i>
1	DDT transportation (a) From Udyg/Rasyani to SHQ (b) From SHQ to DHQ (c) From DHQ to Villages	8.00 1.50 2.00	
2	Spray wages for 1 st and 2 nd rounds	4.00	
3	Procurement of spray pumps & spare parts	3.00	
4	Repairing of fogging machine	2.00	
5	Construction of hatcheries @ Rs. 0.80 L X 10 nos.		8.00
6	Transportation & distribution of fishes	3.00	

<i>Sr. No.</i>	<i>Items/Activity</i>	<i>Recurring</i>	<i>Non-recurring</i>
7	Maintenance of hatcheries @ Rs. 1000 pm X 10 nos.	1.20	
8	Procurement of items for mITBN treatment	5.00	
9	IEC/Advanced information	3.00	
10	Contingencies	1.50	
11	Cost of treatment of Community-owned bed-nets @ Rs. 10 X 1.50 Lakhs	15.0	
	Subtotal	49.00	8.00

14.3. IEC/BCC

<i>Sr. No.</i>	<i>Items/Activity</i>	<i>Recurring</i>	<i>Non-recurring</i>
1	Media campaign through DDK, AIR, Cable network	5.60	
2	Awareness campaign at schools and selected high-risk areas	5.00	
3	Jatrawalis, folk plays at market @ public places	10.00	
4	KAP and audience research surveys	2.50	
5	Anti-Malaria Month observation	6.125	
	Subtotal	29.225	0.00

14.4. Training

<i>Sr. No.</i>	<i>Items/Activity</i>	<i>Recurring</i>	<i>Non-recurring</i>
1	MOs on Rapid Response Team	1.00	
2	MOs on malariology	2.00	
3	Microscopists	1.50	
4	Male Health Supetrvisors	1.00	
5	Male Health Worker	1.50	
6	FTD/DDC/NGO/CBO	8.00	
7	Training equipments		
	(a) LCD	2.00	
	(b) Laptop	1.50	
	(c) OHP	3.00	
	(d) 12 Generators @ Rs. 0.50 Lakh	6.00	
	(e) Camera	0.20	
	(f) Misc	1.00	
	Subtotal	15.00	13.70

14.5. Office expenses

<i>Sr. No.</i>	<i>Items/Activity</i>	<i>Recurring</i>	<i>Non-recurring</i>
1	Office expenses	3.00	
2	Computer table & chair @ Rs. 10,000 X 15 nos.	1.50	
3	Franking machine & accessories for SHQ	1.20	
4	Telephone, Electricity, Internet, Newspapers etc.	5.00	
5	Stationeries	2.00	
6	TA	12.00	
	Subtotal	24.70	0.00

14.6. Laboratory expenses:

<i>Sr. No.</i>	<i>Items/Activity</i>	<i>Recurring</i>	<i>Non-recurring</i>
1	For State Headquarters		1.00
2	For District Headquarters		4.50
3	CHC/PHC @ Rs. 40,000		35.20
	Subtotal	0.00	40.70

14.7. Vehicles

<i>Sr. No.</i>	<i>Items/Activity</i>	<i>Recurring</i>	<i>Non-recurring</i>
1	Procurement of ten 407 Tata @ Rs. 6,10,400/-		61.04
2	Procurement of twelve Supervisory vehicle @ Rs. 5,02,478/-		60.30
3	Vehicle insurance	2.86	
4	Vehicle tax/ Registration for 15 years		5.00
5	POL	6.00	
	Subtotal	8.86	126.34

14.8. Building

<i>Sr. No.</i>	<i>Items/Activity</i>	<i>Recurring</i>	<i>Non-recurring</i>
1	Construction of Office building, garage & Store for SHQ		50.00
2	Construction at District level (a) Office @ Rs. 5.00 lakhs (b) Store (c) Garage		50.00 20.00 10.00
	Subtotal	0.00	146.00

15. Budget summary (in lakhs):

<i>Sr. No.</i>	<i>Activity/Items</i>	<i>Recurring</i>	<i>Non-recurring</i>
1	Early Diagnosis and Prompt Treatment	44.00	13.60
2	Vector Control Measures	49.00	8.00
3	Information, Education and Communication	29.225	0.00
4	Training/Capacity Development	15.00	13.70
5	Office Expenses	24.70	0.00
6	Laboratory	0.00	40.70
7	Mobility Support	8.86	126.34
8	Building	0.00	146.00
	Total	341.57	348.34
	Grand Total (recurring and Non-recurring)	689.91	

In words, Rupees Six crores, Eighty-nine lakhs and Ninety-one thousands only.

2. National Program on Control of Blindness

1. Achievements in last 3 years

<i>Year</i>	<i>Cat op</i>	<i>Refraction</i>	<i>School Eye Screening</i>
2002-03	722	11,310	20
2003-04	569	13,226	0
2004-05	641	14,740	16

2. Objectives

- (a) To achieve 1,000 Catops
- (b) Eye screening of 50,000 children >16 years

3. Strategy

- (i) Organizing eye camps including mobile camps
- (ii) Visiting schools for eye screening
- (iii) Training 250 School Teachers and Health Workers covering all the 9 districts in the State on vision testing to gear up the NPCB activities
- (iv) To organize Eye Camps for identifying "Blind Person" in collaboration with the department of Social Welfare A continuing program since 2001
- (v) To establish 10 Vision Centre in the State
- (vi) Regular supervisory visits to District Hospitals, Community Health Centres and Primary Health Centres
- (vii) ASHA to play an important role in creating awareness of the program and motivate people to seek treatment.

4. Sophisticated instruments received so far from Government of India

<i>Institution</i>	<i>Microscope for operation</i>	<i>A-Scan Biometry</i>	<i>Keratometer</i>	<i>Yag- Laser</i>
JN Hospital	1	1	1	1
RIMS, Lamphelpat	1	1	1	1
DH Thoubal	1	1	1	-
DH Bishnupur	1	1	1	-
DH Churachandpur	1	1	1	-
Central Mobile Ophthalmic Unit	1	1	1	-
Total	7	7	7	2

5. Additional needs:

5.1. Major works:

- (i) Construction of central Mobile Ophthalmic Unit Office, OT & Ward
- (ii) Construction of OT for District Hospital Churachandpur
- (iii) Construction of State Ophthalmic Cell Office

5.2. Manpower

- (i) At State Headquarters:-
- One Statistical Assistant
 - One Computer Operator
 - One Grade iv
- (ii) Paramedical Ophthalmic Assistants in all PHCs

5.3. Equipments

- (i) Sharp instruments for operation
- (ii) Automated perimeter for five institutions
- (iii) Non-contact Tonometer for five institutions
- (iv) One Phaco-machine for JN Hospital
- (v) One Laser (Green) for JN Hospital
- (vi) Two High Speed Autoclave machine for JN Hospital and RIMS
- (vii) One Heat Sterilizer for JN Hospital
- (viii) One Gas Sterilizer for JN Hospital

5.4. Mobility Support

- (i) One light vehicle for State Ophthalmic Cell for supervision
- (ii) One Canter for conducting Eye Camps at institutions where ophthalmologists are posted

5. Budget requirement (in lakhs)

Sr. No.	Districts	Impal		Thoubal		Bishnupur		Churachandpur		Other Districts		State Hdq		Total	
		Phy	Fin	Phy	Fin	Phy	Fin	Phy	Fin	Phy	Fin	Phy	Fin	Phy	Fin
1	Catops (RIMS & JNH)	6.00	4.50	100	0.75	100	0.75	100	0.75	100	0.75	-	-	1000	7.50
2	Schools Eye Screening	15,000	0.60	10,000	0.40	10,000	0.70	10,000	0.40	5,000	0.20	-	-	50,000	2.00
3	Training camps for Teachers – 3 at each dist.	70	0.16	60	0.15	60	0.15	60	0.15	-	-	Eye camp	1.70	250	2.31
4	Contingency		0.60		0.60		0.60		0.60		0.70		2.00		5.10
5	TA		0.10		0.10		0.10		0.10		-		1.00		1.40
6	Vision Centre	3	0.75	1	0.25	1	0.25	1	0.25	4	1.00	Eye camp	1.00	10	3.50
7	OT equipments		2.04		1.50		1.50		1.50		-		1.65		8.19
	Total		8.75		3.75		3.75		3.75		2.65		7.35		30.00

In words, Rupees Thirty Lakhs only.

3. National Leprosy Elimination Program

Goal: To sustain the Leprosy prevalence rate of < 1/10,000 (Elimination Level)

Strategy:

- (i) Decentralization and Institutional Development
- (ii) Strengthening and integration of services
- (iii) Disability care and prevention
- (iv) IEC
- (v) Training

Services will be continued to be provided at Hospitals, CHCs and PHCs with support from the district nucleus. The Subcentres will be involved in delivery of second and subsequent doses of MDT. NGOs will continue to be involved in reconstructive surgery, disability care and prevention and IEC. Village and District Health Plans will include identification which will ensure referral of cases requiring disability treatment to the appropriate facility.

Budget requirement (in lakhs)

Sr. No.	Activity	State Hdq.	For districts	Total (State + Dist.)
1	Supportive medicines	0.00	1.20	1.20
2	Material supplies			
	(a) MCR footwear		0.16	0.16
	(b) Splint/Crutch	0.00	0.32	0.32
	(c) Printing cost		0.64	0.64
	(d) Pts. Welfare		0.48	0.48
3	Training			
	(a) 2 batches of GHS	0.40	0.00	0.40
	(b) 1 batch of ULS	0.20	0.00	0.20
4	Quarterly meetings of DLOs and Bi-annual workshops/CME	0.50	0.00	0.50
5	Payment of contractual staff			
	(a) 2 data entry operator	1.56	0.00	1.56
	(b) 1 BFO	1.56	0.00	1.56
	(c) 1 epidemiologists for SSAU	2.40	0.00	2.40
	(d) 8 drivers at district level	0.00	0.78	6.20
6	Vehicle operation/hiring	1.00	6.40	7.40
7	Misc.			
	(a) Office expenses	0.30	1.20	1.50
	(b) Equipment maintenance	0.278	0.00	0.278
	(c) Consumables	0.20	0.08	0.28
8	TA/DA			
	(a) For epidemiologist	0.36	0.00	0.36
	(b) For district level drivers	0.00	0.7648	0.7648
9	IEC	3.4108	3.5264	6.9372
	Total			31.50

4. Revised National Tuberculosis Control Program

Objective: To maintain 85% Cure Rate of TB cases throughout the Mission period.

- Strategy:**
- (i) To involve ASHA as facilitator for early access to diagnosis, referral and follow-up as a Community Provider of DOTS
 - (ii) Availability of Microscopy Centres at District Hospitals, Community Health Centres and Primary Health Centres by employing contractual Laboratory Technicians (if needed), and providing laboratory supplies and consumables.
 - (iii) Training of Medical Officers for diagnosis, management and referral of TB cases.
 - (iv) Opening DOTS Centre in all District Hospitals, Community Health Centres, Primary Health Centres and Subcentres
 - (v) Identifying DOTS Provider at Community level
 - (vi) Involvement of Civil Society Organizations for outreach services and communication activities.

Budget (in lakhs) needed for

Category of expenditure	IE	IW	TBL	BNP	CCP	CND	TML	SNP	UKL	STDC	State	Total
Lab. Consumables	0.325	0.37	0.32	0.24	0.20	0.085	0.095	0.34	0.17	0.00	0.00	2.145
Honorarium	0.37	0.42	0.24	0.175	0.27	0.085	0.05	0.20	0.15	0.00	0.00	1.96
Publicity	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.00	4.50	9.00
Equipment maintenance	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.00	0.90	6.75
Training	0.16	0.19	0.15	0.10	0.10	0.10	0.10	0.15	0.10	0.00	0.00	1.15
Vehicle maintenance	1.05	0.64	0.64	0.64	1.05	1.05	1.05	1.05	1.05	0.00	1.05	8.325
Vehicle hiring	2.02	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.00	0.76	6.14
NGO	0.97	1.00	0.85	0.50	0.57	0.50	0.75	0.86	0.60	0.00	0.00	6.60
Misc.	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.00	1.50	5.47
Printing	0.42	0.48	0.44	0.197	0.225	0.10	0.083	0.405	0.12	0.00	0.85	3.32
Contractual service	3.70	7.20	3.10	3.02	5.00	4.20	4.12	4.20	4.00	0.00	6.31960	44.8596
Prog. Vehicle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.30	0.00	10.30
Civil works	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.50	12.00	0.00	13.50
Program equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.45	0.00	2.45
Disability management	0.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.30
Total	9.95	1.23	7.74	6.872	9.415	8.12	9.248	9.205	8.69	24.75	15.8796	122.1696

In words, Rupees One hundred and twenty-two lakhs, sixteen thousands nine hundred and sixty only.

5. National Iodine Deficiency Disorders Control Program

1. Magnitude of the problem:

The whole State of Manipur is endemic in Iodine Deficiency Disorders. According to the latest survey held in 1996, the prevalence rate of goiter in the State is 13%. Hill districts are affected more than the valley districts. Most affected districts are Tamenglong and Churandpur (17.41%).

2. Objectives of NIDDCP in Manipur:

- (i) To reduce the present prevalence rate of 13% to <10%
- (ii) To increase the percentage of households consuming Iodated Salt to 100%.

3. Staff position in IDD Cell:

Sr. No.		No in position	No. Vacant	Pay scale (Rs. per month)	Remarks
1	Technical Officer	1	-	-	-
2	Statistical Assistant	-	1	4500-7000	Posted from State Govt.
3	LDC/Typist	-	1	3050-4590	Posted from State Govt.
4	Lab. Tech. (contractual)	-	1	2500 (consolidated)	
5	Lab. Assistant (contractual)	-	1	1500 (consolidated)	

4. Distribution system in the State:

Presently iodated Salt is being procured by the State Government as well as by the private traders but not included for Distribution under the Public Distribution System.

5. MIS:

Quality control is done with the checking of Iodine content of Iodated Salt. This is done in the laboratory by iodometric titration and in other places by spot testing kit. Analysis of iodated salt by using spot testing kit is done by members of Health Department, Education Department, Social Welfare Department, NGOs, Local Bodies and other people. For iodimetry, salt samples (a minimum of 10 gm) in a sealed plastic bag with date of collection, name of the village and household no., retailer's name and address, is sent to the IDD Cell at the Medical Directorate. The reports of testing Salt samples with STK from the NGOs, Social Welfare, Education and Health Functionaries in the Districts are regularly submitted to the respective Chief Medical Officers for onward submission to the Medical Directorate. IDD Cell collects these reports for analysis and submission to the Central IDD Cell, Directorate General of health Services, and Government of India.

6. Budget requirement:

Sl. No.	Activities	Fund proposed (Rupees in Lakhs)	
1.	Establishment of IDD Cell including salary and office maintenance	4.00	
2.	Establishment of Monitoring Laboratory	2.00	
3.	Survey	0.50	Churachandpur District 0.25 Thoubal 0.25
4.	IEC	5.50	Printing of leaflet/posters 2.00 Electronics Media 0.50 State level observation of Global IDD Day 0.30 District level observation of Global IDD Day & 5 health Education Camps in each District (Rs. 3,0000x9 districts) 2.70
	TOTAL	12.00	

In words, Rupees Eight Crore, Eighty-Five Lakhs and Fifty-Eight Thousand Only.

6. Integrated Disease Surveillance Program

1. Objectives:

- (i) To establish a decentralized of surveillance for communicable and non-communicable diseases for Manipur, so that timely and effective public health actions can be initiated in response of health challenges at the state level and if necessary at the national level.
- (ii) To improve the efficiency of the existing surveillance activities of disease control programs and facilitate sharing of relevant information with the health administration, community and other stakeholders so as to detect disease trends over time and evaluate control strategies.

2. Components:

2.1. Surveillance Mechanisms.

- a. Decentralize and strengthen disease surveillance and response mechanisms and facilitate sharing surveillance data for health decision making at all levels.

- b. Integrate private care delivery systems and medical colleges (whenever set up) both in rural and urban areas and involve village populations and other stakeholders more effectively in the surveillance activity.
- c. Integrate and strengthen an effective rural and urban surveillance.

2.2. Laboratory

Strengthen laboratory services at the periphery, district and state level to investigate and confirm important public health diseases.

2.3. Information Technology

Facilitate use of current Information Technology for communication, data management, feedback and dissemination of reports and improving timeliness of responses.

2.4. Human Resource Development

Develop human resources so that concerned people are able to implement the program effectively. This includes development of training curricula, training manuals and actual training of all involved parties to improve quality of data for surveillance, analysis and links to action.

3. Diseases to be included :

3.1. Core Diseases:

A. Regular Surveillance :

- Vector Borne Disease : 1. Malaria
- Water Bone Disease : 2. Acute Diarrhoeal Disease
- : 3. Typhoid
- Respiratory Diseases : 4. Tuberculosis
- Vaccine Preventable Diseases : 5. Measles
- Diseases under eradication : 6. Polio
- Other Conditions : 7. road Traffic Accidents
- Other International commitments : 8. Plague
- Unusual clinical syndromes : 9. Meningoencephalitis ARD
Hemorrhagic fevers and
Undiagnosed conditions.

B. Sentinel Surveillance

- STD/Blood borne : 10. HIV, HBV, HCV
- Other conditions : 11. Water quality
- : 12. Outdoor Air Quality

C. Regular / Periodic surveys

NCD Risk Factors

: 13. Anthropometry, Physical Activity Diabetes, BP, Tobacco, Nutrition

3.2. State Specific Diseases:

The following 3 state specific diseases have been identified for which surveillance will be initiated –

1. Japanese Encephalitis
2. Meningitis
3. Substance abuse.

4. Frequency, Responsibility and Type of reporting

Sl.	Disease	Unit	Surveillance	Method	Recording	Confirming/ Reporting	Lab Confirmation
1.	Tuberculosis	SC PHC/CHC DTC	Regular	Passive	Daily Daily Daily	Weekly Weekly DTO	MC DTC
2.	Malaria	SC PHC/CHC DH Other	Regular	Active Pasive	Daily Daily Daily Weekly	Weekly Weekly Weekly	Peripheral Lab.
3.	Cholera	SC PHC/CHC DH	Regular	Passive	Daily Daily Weekly	Weekly MO Weekly DMO Weekly	DH Lab.
4.	Typhoid	SC PHC/CHC DPH Lab	Regular	Passive	Daily Daily Daily	Weekly MO Weekly MO Weekly	L1 & District Lab.
5.	Measles	SC PHC/CHC DH Other	Regular	Active Passive Passive	Daily HW Daily	Daily by HW Weekly Weekly Weekly DMO	State Laboratory
6.	Polio	SC PHC/CHC DH Other	Regular	Active Passive	Daily Follow Current system Weekly	Weekly MO Weekly MO Weekly DMO	Send to Kolkata
7.	Unusual clinical syndromes/diseases with international commitments	SC PHC/CHC DH Other	Regular	Active Passive	Daily Daily Weekly	Weekly Weekly Weekly DMO Weekly	Peripheral District and State Labs.
8.	State specific diseases (as per state PIP) 1. JE 2. Substances abuse	PHC/CHC DH	Regular Regular	Passive Passive	Weekly Daily	Weekly Weekly	L3 L3
9.	Road Traffic Accident	S. Police	Regular	-	Weekly	Weekly	NA
10.	HIV – ANC data	SACS	Sentinel	Active	Weekly	Weekly	District Lab
11.	Water Quality	PHED	Sentinel	Active	Weekly	Weekly	PHED Lab
12.	Out door Air pollution	PCB	Sentinel	Active	Weekly	Weekly	State Lab
13.	NCD Risk Factors	DSO	Sentinel	Active	Yearly	Yearly	State Lab.

5. Structural framework:

The focal point of all surveillance related activities at the periphery will be the District Surveillance Unit (DSU). DSU will receive surveillance data from both rural and urban reporting units. There will be active involvement of NGOs, private practitioners, other Government Departments as per given guidelines.

5.1. State Surveillance Unit (SSU): SSU will be set up under Mission Director, NRHM with the following members:

State Surveillance Officer	-	Additional Director (PH)
Financial Consultants	-	To be appointed on contractual basis
Data Manager	-	To be appointed on contractual basis
2 Data Entry Operator	-	To be appointed on contractual basis
Assistant	-	To be identified from existing staff
1 LDC	-	To be identified from existing staff

SSU will have the following responsibilities:

1. The collection & analysis of all data being received from the districts and transmitting the same to the Central Surveillance Unit
2. Coordinating the activities of the Rapid Response Teams and dispatching them to the field whenever need arises.
3. Monitoring and reviewing the activities of the DSUs including checks on data validity, responsiveness of the system and functioning of laboratories.
4. Coordinating the activities of the State Public Health Laboratories and the Medical College Laboratories.
5. Sending regular feedback to the district units on the trend analysis of data received from them.
6. Coordinating all training activities under the project.
7. Coordinating meetings of the State Surveillance Committee.

5.2. State Surveillance Committee:

A State Surveillance Committee will be set up under the chairmanship of the Secretary (Health & FW) to oversee all the surveillance activities in the State and will be administratively responsible for program activities in the State.

The members of the committee will consist of:

Chairperson	:	Secretary (Health & FW)
Co-chairperson	:	Mission Director, NRHM
Member Secretary	:	State Surveillance Officer
Members	:	Chief Engineer, PHED
		Joint Secretary, Home Department
		Joint Secretary, Finance
		Director, Social Welfare
		President, IMA
		Director, RIMS
		1 representative from State Pollution Control Board
		President, Manipur Journalist Association

Co-opted members : State Malaria Officer
Project Director, MACS
State TB Officer
State Data Manager
State Immunization Officer

The State Surveillance Committee will meet at least once every quarter or as and when required.

5.3. District Surveillance Committee:

The District Surveillance Committee will be chaired by The Deputy Commissioner with the following members:

Chairperson : Deputy Commissioner
Co-chairperson : Chief Medical Officer
Member-Secretary : District Surveillance Officer
Members : EE, PHED
Superintendent of Police
IMA representative
NGO representative
District Health & FW Program Officers
Project Director, DRDA
Member, Zilla Parishad
Representatives of Pvt. Health Care Institutions
Officer i/c of District Hospitals
District SW Officer
ZEO

5.4. District Surveillance Unit (DSU):

DSU will be constituted under the chairmanship of CMO of the District with the following members:

District Surveillance Officer : District Epidemiologist
Accountant : To be appointed on contractual basis
Data entry operator : To be appointed on contractual basis
1 LDC : To be identified from existing staff

Pathologist/Biochemist/Microbiologist will be members in the DSU

The DSU will meet once a month and as often as needed during an epidemic. A routine report of this meeting should be forwarded to the State Surveillance Office once a month to give feedback on the progress and problems in various districts. Reports of these meeting will be forwarded to the National Surveillance Cell once in three months.

6. Laboratory strengthening:

Laboratory support is essential and is the mainstay for the proper implementation for the success of the program. Therefore, there is need to update and strengthen the facilities at different levels in the State. As the existing facilities available at the peripheral level is very poor, it is extremely essential to renovate laboratory for which minimum amount is earmarked for each unit.

6.1 The following levels of laboratory network for IDSP have been identified for the State:

- Peripheral Laboratories and Microscopic Centres (L-1)
- District Public Health Laboratory (L-2)
- Disease Based state Laboratories (L-3)

6.1.1 Peripheral Laboratories (L-1):

The existing 16 CHCs in the State will be function so as to assist the laboratory diagnosis Malaria, TB, Typhoid, Fecal Contamination of water and Chlorination level of drinking water source in the periphery

6.1.2. District Laboratories (L-2)

Nine District Laboratories would function to assist the laboratory diagnosis of the following diseases:

Sr. No.	Condition/ Disease	Tests	Confirmation	Additional tests
1	TB	Sputum AFB	Confirm 1% (both +ves and –ves from peripheral labs.	
2	Malaria	Blood Smear	Confirm 1% from periphery	
3	Typhoid	Rapid diagnostic test and culture sensitivity	Confirm 1% +ves typhi dot test from periphery	
4	Cholera	Stool culture		
5	Water quality	Chlorination test and colony count and rapid test for fecal contamination	Confirm 1% from periphery	
6	Viral hepatitis	Rapid test for HbsAg, HCV		
7	HIV	Rapid test/ELISA		

6.1.3. State Level Laboratory (L-3):

Laboratory at JN Hospital, Imphal will function as the State Laboratory as it has all facilities for Microbiology, Pathology, Biochemistry and Blood Bank which are manned by qualified Specialists in each respective fields. However, improvement of existing facilities will be needed.

The primary roles of the State Level Laboratory will be :

1. Provide quality control of disease laboratories
2. Impart training of Laboratory Personnel at district levels

3. participate in epidemic investigation in response to surveillance challenges
4. Link up with State and District Surveillance Units so that information transfer is optimized.
5. Function as the Primary Laboratory for NCD risk factor surveillance.

The tests to be conducted at State Level Laboratories will be:

Sr. No.	Conditions/ Diseases	Test	Confirmation	Objective
1	TB	AFB culture & Sensitivity	Perform 1% + cultures from district level	Identify magnitude of MDR TB
2	Malaria		Perform 1% + cultures from district level	
3	Typhoid	Sensitivity testing in T. typhae isolate	Confirm 1% of bacterial isolates at district level	Pattern of AMR S. typhae typing
4	Cholera	Cholera culture and typing	1% of Cholera isolates	Identify pattern of bacterial infection
5	Water quality		Confirm 0.5% from district levels	
6	NCD Surveillance	Blood sugar, HDL, LDL		Risk factor surveillance for NDC
7	Polio	Follow present procedures	NICED, Kolkata	Confirm Polio
8	Measles	Kit for Measles IgM antibody		Confirm Measles
9	Heapatitis	Serology for Hep A,E, B and C	Confirm 1% from district samples	
10	JE	ELISA Reader	Confirm all samples from district	Confirm JE
11	Meningitis	Smear for Ag	Confirm all samples from district	Confirm Meningitis

6.1.4. Reference Laboratory (L-4)

For this purpose, any of the laboratories like NICD at Kolkata and RMRC at Dibrugarh may be used.

6.1.5. Sentinel Private Laboratory sites

Private Hospitals run by NGOs namely, Imphal Hospital and Research Centre at Imphal, Shija Hospital at Lamphelpat will function as Sentinel Private laboratory Sites. In addition, Private Laboratories of Imphal City will be recruited as Urban Peripheral Labs.

6.2. Manpower for laboratory

6.2.1. Laboratory technicians

<i>Proposed norm</i>	<i>No. needed as per norm</i>	<i>Existing number of technicians</i>	<i>Additional needed</i>
<ul style="list-style-type: none"> • 1 technician per L-1 lab • 2 technicians per L-2 Lab • 3 technicians per L-3 Lab 	49	88	Nil

6.3. Materials for laboratory

6.3.1. For peripheral (L-1 Labs)

Sr. No.	Equipment/materials	Available & operational	Additional required
1	Microscopes	Nil	16
2	Table-top Centrifuge	Nil	16
3	Refrigerator	Nil	16
4	Micropipettes – Various sizes	Nil	All
5	Transport medium (Cary Blair)	Nil	All
6	Ice Box	Nil	All
7	Stool Transport Carrier	Nil	All
8	Plastic vials	Nil	All
9	Blood culture bottles with broth	Nil	All
10	Smear transporting box	Nil	All
11	Aluminum foil	Nil	All
12	Sterile leak-proof containers	Nil	All
13	Sealing material;	Nil	All
14	Spatulas for Cancer detection & slide fixatives	Nil	All

6.3.2. For district Labs (L-2)

Sr. No.	Equipment/materials	Available & operational	Additional required
1	Table –top Centrifuge	Nil	9
2	Incubator	Nil	9
3	Refrigerator	3	6
4	Autoclave	Nil	9
5	ELISA reader and washer	3	6
6	Hot air oven	3	6
7	Bio-safety Hood	Nil	9
8	Inoculating loops	Nil	Needed
9	Pasteur pipettes	Nil	Needed
10	Vortex mixer	Nil	Needed
11	Blood culture bottles with broth	Nil	Needed
12	Typhoid test kits	Nil	Needed
13	Micropipettes of various sizes	Nil	Needed
14	Dehydrated media	Nil	Needed
15	Diagnostic kit for Water quality testing	Nil	Needed
16	Screw capped bottles	Nil	Needed
17	Basic facilities for Cancer detection	Nil	Needed

6.3.3. For State Laboratory (L-3)

Sr. No.	Equipment/materials/test	Available & operational	Additional required
1	AFB Culture and Sensitivity	Nil	Needed
2	Typhoid test	Nil	Needed
3	Cholera culture and typing	Nil	Needed
4	Reagents & auto-analyzer for Blood sugar, lipid profile	Nil	Needed
5	Kit for Measles IgM antibodies	Nil	Needed
6	Serology for Hep A,E,B. and C	Nil	Needed
7	ELISA reader & kits for JE	Nil	Needed
8	Smear examination for Meningitis Ag detection	Nil	Needed

6.4. Administrative structure

All District Labs will be brought under the control of Senior Medical Officer under the supervision of Chief Medical Officer of districts.

6.5. List of Health Institutions to be included under Lab Strengthening

<i>Type of Laboratory</i>	<i>Name of institution</i>
L-1	1. CHC Jiribam 2. CHC Sagolmang 3. CHC Wangoi 4. CHC Awang Sekmai 5. CHC Kakching 6. CHC Yairipok 7. CHC Haoreibi 8. CHC Heirok 9. CHC Mao 10. CHC kangpokpi 11. CHC Moirang 12. CHC Nambol 13. UHC Moreh 14. CHC Patbung 15. CHC Kamjong 16. CHC Nungba
L-2	District Hospitals of nine districts
L-3	3 in nos.

6.6. Information Technology

The application of IT in this program will form centre-stage at levels. The IT network is expected to exist on the L-2 and L-3 levels of laboratory.

7. Human Resource Development

The training will involve four broad categories i.e. (i) Government Health & FW Staffs (ii) Staffs of other Government Departments (iii) Private sector staffs and (iv) community.

7.1. Personnel to be trained

Level	Government	Non-Government
Periphery	1. Health & FW Staffs 2. Lab. Technicians 3. Medical Officers	1. Village Health Committee 2. Sentinel organizations 3. AWW, ASHA, Trained Dais
District	1. Senior Medical Officer 2. Lab. Technician 3. DEO 4. Micro., Biochem & Pathologists	1. DSC members 2. Sentinel organizations 3. Opinion leaders
State	1. SSO 2. State Health Program Officers 3. Micro., Biochem & Pathologists 4. DHS, DH & ME 5. Commissioner	1. SS Committee members 2. Sentinel organizations 3. Rapid response Team

7.1.1. Trainees and duration of training courses

Sr. No.	Categories of trainees	Numbers	No. of batches	Av. Training cost (in lakhs)
1	MPW Training	489	24	3.84
2	Medical Officers	85	4	1.56
3	State Trainers	5		0.57
4	Lab Technicians	16	1	0.14
5	Data entry operators	9	1	0.28
6	District & State Training team	36	2	1.12
7		36	2	2.50
Total				10.01

7.1.2. Trainers

There will be two levels of trainers namely, State Training Group (STG) and District Training Group (DTG). The STG will comprise of

1. State Surveillance Officer as Coordinator
2. State Malaria Officer
3. State AIDS Officer
4. State TB Officer
5. Physicians/Pediatricians
6. Entomologist
7. Microbiologist, Pathologist, Biochemist of JN Hospital, Imphal

The above identified STG will conduct training at State as well as at district levels. DTG will impart training to NGO personnel at district and peripheral level.

7. IEC, Mobilization and Community involvement

The involvement of the following organized groups having State-wide associations will be utilized effectively. The groups are NGOs, Private hospitals, Private practitioners, Panchayat, Councils, Community leaders, Churches, Press etc.

8.1. Social mobilization strategies

The aim of social mobilization campaign under IDSP will be :

- To create awareness among the partners, notably the private practitioners, NGOs and the community about existing Health Programs, IDSP, the potential benefits and areas in which their participation will be solicited.
- To establish an institutional mechanism to involve the community and their leaders
- Develop a system of providing regular feedbacks to the community about disease occurrence the responses t surveillance and impact of disease control programs
- To increase the reach of the campaign through all channels of communication.

In view of the above, resources will be required for the following activities:

8.1.1. State level

- Organizing a media campaign for creating awareness about usefulness of surveillance, about core and State-specific disease surveillance, dispelling of common socio-cultural beliefs and gender disparity.
- Sensitization & mobilization meetings for state and strict level functionaries of Indian Medical Association and other professional bodies, NGOs involved in health, various social groups existing in the state to solicit their support for the program.
- IEC material for health functionaries and selected sentinel private practitioners highlighting technical issues.
- IEC material and messages to be prepared within the local context and in the locally comprehensible language
- Bring out periodic reports on surveillance data and the consequent responses by the health department as feedback to the community and local leadership.

8.1.2. District Level and Periphery Level:

Organize sensitization and mobilization meetings at district head quarters for local IMA executive members, prominent practitioners, NGOs in health, elected representatives of the local as well as state bodies, village council members, teachers, various social groups existing in the district and peripheral level.

IEC material and messages to be prepared within the local context and in the locally comprehensible language; put up hoardings, posters, distribute hand bills to create wide spread awareness. The IEC material has to be displayed in schools, all sentinel sites, prominent locations in the village and busy street crossings in urban areas, and in all places where mass human gatherings occur e.g. festivals, melas, exhibition

At village and block level : organize meetings between medical officers of the area, health workers and village health committees once in three months, with the purpose of revitalizing this institution, enhance community participation in all health related matters and identifying the community as partners in the planning and decision making process.

9. Quality Assurance:

All efforts will be made to have a good Quality Assurance Programme (QAP) in order to ensure that quality is being maintained in the implementation of the project. Supervision, monitoring and evaluation will be carried out continuously as per the guidelines given in the project.

9.1. Monitoring:

Monitoring will be based on the important indicators mentioned below :

9.1.1. Process Indicators (Management Indicators)

- (i) Available manpower
- (ii) Training: number, type, quality, retention of personnel trained
- (iii) Financial management

9.1.2. Process Indicators (Program Activities)

- (i) Reflect the adequacy and regularity of data collection;
- (ii) Regularity of data transmission
- (iii) Feedback mechanisms
- (iv) Functioning of laboratories.
- (v) Functioning of the communication system
- (vi) Performance of sentinel sites including private providers and NGOs for above indicators.

9.1.3 Performance Indicators :

Immediate indicators

- (i) Actions and response time taken at different administrative levels
- (ii) Timely detection of epidemics and appropriate action taken
- (iii) Validity of data : sensitivity and specificity of data (clinical and lab data)
- (iv) Reliability of data
- (v) Identification of secular trends in disease burden
- (vi) Use of data for policy and planning at district, state and national level.

9.2. Long term indicators

- (i) Development of core capacities at various levels in epidemiology, surveillance and public health
- (ii) Decisions on resource management in public health based on surveillance data
- (iii) Sustain ability of the program.

9.3. Quality Assurance in Laboratory:

Practice of quality assurance should be an integral part of the program and mandatory for all the constituent laboratories of the Government. Quality assurance comprises of internal quality control and external quality assessment. A list of suggested centres is given below :-

For Peripherals laboratory – State Laboratory L3.
For District laboratory – State Laboratory L3.

10. Financial Management and Costing

10.1. State Level Funding

State Disease Surveillance Committee will be formed under the Chairmanship of Health & Family Welfare, Secretary under the umbrella of the Manipur State Health Society with separate bank accounts. Funds released by cheque / draft from the Central Surveillance Unit of the Government of India would be deposited to the bank accounts to be operated by the State Surveillance Officer. The books of accounts at the state level also would be maintained using double entry book keeping principals. All the cheques will bear two signatures consisting of State Surveillance Officer and Mission Director, NRHM.

The State Surveillance Unit would thereafter release money to the districts through District Aids Control Committee by cheque / draft as per this PIP. The State level committees would maintain vouchers for the various receipts and expenditures.

10.2. District level Funding:

The District Surveillance Committees will receive money by cheque/draft from the State surveillance Unit and the bank account would be operated under the District Health Society. The bank account will be operated by the District Surveillance Officer under supervision of Chief Medical Officer. Funds for the purpose of activities envisaged at the primary health centre and CHC level would also be released at the district level itself and no flow of funds is envisaged at a lower level. Transaction vouchers would be maintained for all receipts and expenditure by the District Disease Surveillance Unit.

10.3. Flow of funds

The State will submit detailed expenditure statement containing details of expenditure under the various heads by components and summarized expenditure categories to Gol on quarterly basis or as laid down by Gol.

At the district level, similarly expenditure statement will be sent by the districts on bimonthly basis to the State Surveillance Unit, in order to allow the State Government to submit the consolidated statement of expenditure to the Central Surveillance Unit.

11.4. Internal control and financial reporting mechanism

Internal control systems would include:

- Establishment of small appropriate budgeting systems and regular monitoring of actual financial performance with budget and targets
- Development and adoption of simple and transparent financial and accounting policies including identification of components and expenditures to be charged to the project, the categories under which expenditure would be charged and policies of transfer of funds and accounting of expenditures
- The State Unit will send a quarterly financial statements which would include

1. Comparison of budgeted and actual expenditure
2. Analysis of major variances including in source and application of funds by component and summarized expenditure categories
3. Progress in key physical parameters
4. Forecasts of expenditure for next two quarters

11.4. Procurement of goods and services

Procurement of goods and services will be as specified in the section under administration. A manual of procurement will be formulated and guidelines will be followed as laid down in the World Bank Procedures.

12. Costing

Costing will be based on the following units:

- | | | | |
|----|----------------------|---|---------|
| 1. | Peripheral Units | = | 16 nos. |
| 2. | District level Units | = | 9 nos. |
| 3. | State level Units | = | 1 no. |

12.1 Costing for peripheral level

12.1.1. Minor Civil works/renovation: Renovation at the cost of Rs. 20,000/- per unit with the total cost of Rs. 3.20 lakhs

12.1.2. Non-recurring cost for equipments: It will be Rs. 40,000/- per unit with the total cost of Rs. 6.40 lakhs, and furnishing cost of Rs. 10,000/- per unit costing to Rs. 3.20 lakhs.

12.1.3. Recurring cost for reagents and operational cost: Rs. 8,000/- per unit for reagents and Rs. 15,000/- per unit for operational cost giving a total sum of Rs. 14.72 lakhs

12.1.4. Communication: Would be met from operational costs at District Surveillance Unit.

12.2. Costing for District Level

12.2.1. Infrastructure improvement for District Surveillance Cell: It will be Rs. 1.40 lakhs per district for minor civil works and Rs. 60,000/- for furnishing of DSU and District Lab. With a total cost of Rs. 34.80 lakhs.

12.2.2. Equipments: Costing Rs. 4.00 lakhs per unit totaling to Rs. 36.00 lakhs as non-recurring expenditure and Rs. 0.75 lakh per year per unit for consumable items and Rs. Rs. 27.00 lakhs for reagents

12.2.3. Communication: Would be met from operational costs at DSU

12.2.4. For Consultants/Contractual staff: Rs. 103.68 lakhs

12.2.5. Operational Expenses: Rs. 46.80 lakhs

12.2.6. IEC: Rs. 36.00 lakhs

12.3. Costing for State level:

12.3.1. Infrastructure improvement and furnishing: Rs. 4.00 lakhs

12.3.2. State Lab. Equipments: Rs. 8.50 lakhs

12.3.3. Salary for contractual staff: Rs. 24.00 lakhs

12.3.4. IEC and Social Mobilization: Rs. 12.00 lakhs

12.3.5. Training: Rs. 10.01 lakhs

12.3.6. Operational expenses: Rs. 14.50 lakhs

13. Cost estimate for 2006-07

Sr. No.	Components	Budget in lakhs
	A. Investment cost	
1	Minor Civil works	31.20
2	Furnishing	15.20
3	Lab. Equipments	50.90
4	Computer	112.10
5	IEC activities	12.00
6	Training	5.005
	Sub-total	226.405
	B. Recurring cost	
1	Fee to consultant/Staff	31.92
2	Operational Staff	17.60
3	Web connectivity	
4	Supplies (reagents etc.)	9.53
	Sub-total	59.05
	Total	285.455

Summary Budget for National Health Programs for the year 2006-07

Sr. No.	Programs	Budget in lakhs
1	National Vector Borne Diseases Control Program	689.91
2	National Program on Control of Blindness	30.00
3	National Leprosy Elimination Program	31.50
4	Revised National Tuberculosis Control Program	122.1696
5	National Iodine Deficiency Disorders Control Program	12.00
6	Integrated Disease Surveillance Program	285.455
	Grand Total	1171.0346

Part E

INTERSECTORAL CONVERGENCE

1. WITH DEPARTMENT OF WOMEN AND CHILD DEVELOPMENT

1. Village Health Day: Anganwadi Centres (AWC) will serve as the focal point for all health and nutrition services. A Health Day is fixed every month at the AWC to provide antenatal, postnatal, family planning and child health services, including immunization. On that day, an ANM and preferably an MO from the PHC will be in attendance. AWW and VLLW/ASHA (and other community volunteers) would be responsible for ensuring that all children 0-6 years, pregnant women and lactating women, and children needing immunization and other health services are brought to the AWC on that fixed day.

2. Coordination between AWW and ASHA: AWWs will be mentors of ASHA and will work in tandem for counseling Pregnant Women to have institutional delivery, attend home deliveries as second attendant, motivate newly married on family planning, participate in Routine Immunization Strengthening and NIDs and facilitate referral for institutional delivery.

The compensation package for the above mentioned activities are already discussed under Part "B".

3. Interdepartmental coordination: Representatives from WCD are to be made members in all the Societies and Committees starting from State level to the Village level. Monitoring and Supervision of the different activities may be facilitated through joint review meetings and common reporting formats.

2. WITH PRI

1. Empowerment of PRIs through assured availability of adequate funds: Untied funds may be made available to Village Health Committees and all Subcentres to be deposited in a joint Account operated by ANM and PRI representative.

2. Partnership with PRIs: PRI representatives are to be made members in all Societies and Committees viz. State and District Health Mission Societies, Rogi Kalyan Samitis, Subcentre Committees and Village Health Committees.

3. Empowerment during selection of ASHA: ASHA are to be selected by the PRI after facilitating by a trained facilitator.

3. WITH DEPARTMENT OF AYUSH

There is yet no separate Department of AYUSH in the State. An AYUSH Cell exists under the Directorate of Health Services, Manipur.

1. Mainstreaming AYUSH: All the CHCs and 24/7 PHCs are to have AYUSH manpower with AYUSH drugs. 14 CHCs and 20 24/7 PHCs are identified to be up-graded in 2006-07; and they will be provided with AYUSH Doctors including specialist and pharmacists along with necessary drugs. The AYUSH staffs are to be multi-skilled so as to enable them to attend deliveries. The manpower component is already been discussed under Part "A". AYUSH drugs amounting to Rs. 50,000/- per year per AYUSH Clinical Units may be sanctioned for the 34 Units (14 CHC and 20 24/7 PHCs). The details of the drugs are given as **ANNEXURE I**. The budgetary support needed for these 34 Units will be Rs. 17.40 lakhs.

4. WITH MANIPUR AIDS CONTROL SOCIETY (MACS)

The main areas of convergence will be in the following areas

- 1. On RTI/STI Management**
- 2. On VCTC**
- 3. On PPTCT**

The services of MACS personnel posted at District Hospitals, CHCs and PHCs are to be utilized for the common goal of MACS and MCH and Adolescent Health.

5. WITH PUBLIC HEALTH ENGINEERING DEPARTMENT/PUBLIC WORKS DEPARTMENT

To bring about better Sanitation and Safe Drinking Water Supply available to the community and also to overcome transport problems regarding approach roads to the health institutions, the PHED/PWD representatives are to be made members in all the Societies and Committees starting from State level to Village level. Thus joint planning and implementation of relevant activities will be sought.

List of medicines required in AYUSH Clinical Units

Sl. No.	Name of medicines/drugs	Potency	Dealer/Proprietary rate (in Rs.)	Amount
1	ALOE SOC.	200	85.57 x 100ml x 2 ph	171.14
2	AESCLUSUS HIP.	200	85.57 x 100ml x 2 ph	171.14
3	ACONITE NAP.	200	85.57 x 100ml x 2 ph	171.14
4	AETHUJA CYN	200	85.57 x 100ml x 2 ph	171.14
5	APIS MEL	200	85.57 x 100ml x 2 ph	171.14
6	ARNICA MONTANA	200	85.57 x 100ml x 2 ph	171.14
7	ARGENTUM NIT	200	85.57 x 100ml x 2 ph	256.71
8	ARSENIC ALBUM	200	85.57 x 100ml x 2 ph	256.71
9	BELLADONNA	200	85.57 x 100ml x 2 ph	256.71
10	BRYONIA ALB	200	85.57 x 100ml x 2 ph	171.14
11	BARYTA CARB	200	85.57 x 100ml x 2 ph	171.14
12	BACILLINUM	200	85.57 x 100ml x 2 ph	171.14
13	BORAX	200	85.57 x 100ml x 2 ph	171.14
14	CALC CARB	200	85.57 x 100ml x 2 ph	171.14
15	CALENDULA	200	85.57 x 100ml x 2 ph	171.14
16	CANTHARIS	200	85.57 x 100ml x 2 ph	171.14
17	CAUSTICUM	200	85.57 x 100ml x 2 ph	171.14
18	COLOCYNTH	200	85.57 x 100ml x 2 ph	171.14
19	CEDRON	200	85.57 x 100ml x 2 ph	171.14
20	CHAMOMILLA	200	85.57 x 100ml x 2 ph	171.14
21	CHELIDONIUM	200	85.57 x 100ml x 2 ph	171.14
22	CHINA	200	85.57 x 100ml x 2 ph	171.14
23	CHINIUM ARS	200	85.57 x 100ml x 2 ph	171.14
24	CINA	200	85.57 x 100ml x 2 ph	171.14
25	COLCHICUM	200	85.57 x 100ml x 2 ph	171.14
26	CABO. VEG	200	85.57 x 100ml x 2 ph	256.71
27	CONIUM	200	85.57 x 100ml x 2 ph	171.14
28	DIGITALIS	200	85.57 x 100ml x 2 ph	171.14
29	DROSERA	200	85.57 x 100ml x 2 ph	171.14
30	GELSEMIUM	200	85.57 x 100ml x 2 ph	171.14
31	GLONONIN	200	85.57 x 100ml x 2 ph	171.14
32	HAMAMELIS	200	85.57 x 100ml x 2 ph	157.68
33	HEPAR SULPHUR	6	78.84 x 100ml x 2 ph	171.14
34	HEPAR SULPHUR	200	121.15 x 100ml x 1 ph	121.15
35	HEPAR SULPHUR	1M	121.15 x 100ml x 1 ph	171.14
36	HYPERICUM	200	85.57 x 100ml x 2 ph	171.14
37	IGNETIA AMARA	200	85.57 x 100ml x 2 ph	171.14
38	IPECAC	200	85.57 x 100ml x 2 ph	171.14
39	KALI BICH	200	85.57 x 100ml x 2 ph	121.15
40	KALI BICH	1M	121.15 x 100ml x 1 ph	171.14
41	KALMIA	200	85.57 x 100ml x 2 ph	171.14
42	KREOSOTE	200	85.57 x 100ml x 2 ph	171.14
43	LEDUM PAL	200	85.57 x 100ml x 2 ph	171.14
44	LACHESIS	200	85.57 x 100ml x 2 ph	171.14
45	LEMNA MINOR	200	85.57 x 100ml x 2 ph	171.14
46	LYCOPODIUM	200	85.57 x 100ml x 2 ph	171.14
47	MERC. COR.	200	85.57 x 100ml x 2 ph	171.14
48	MEDOHRINUM	200	85.57 x 100ml x 2 ph	171.14

49	MERC. COR	200	85.57 x 100ml x 2 ph	171.14
50	MERC SOL	200	85.57 x 100ml x 2 ph	171.14
51	MEZERINUM	200	85.57 x 100ml x 2 ph	171.14
52	NUX VOMICA	200	85.57 x 100ml x 2 ph	171.14
53	NATRUM MUR	200	85.57 x 100ml x 2 ph	171.14
54	NITRIC ACID	200	85.57 x 100ml x 2 ph	171.14
55	PHOSPHORUS	200	85.57 x 100ml x 2 ph	171.14
56	PULSATILLA	200	85.57 x 100ml x 2 ph	171.14
57	RHUS TOX	200	85.57 x 100ml x 2 ph	171.14
58	RHUX TOX	1M	121.15 x 100ml x 1 ph	256.71
59	RUTA G.	200	85.57 x 100ml x 2 ph	171.14
60	SULPHUR	200	85.57 x 100ml x 2 ph	171.14
61	SEPIA	200	85.57 x 100ml x 2 ph	171.14
62	SILICEA	200	85.57 x 100ml x 2 ph	171.14
63	SILICEA	1M	121.15 x 100ml x 1 ph	121.15
64	TUBERCULINUM	1M	121.15 x 100ml x 1 ph	121.15
65	THUJA OCC.	200	85.57 x 100ml x 2 ph	171.14
66	WYETHIA	200	85.57 x 100ml x 2 ph	171.14
67	ASPIDOSPERMA	Q	426.91 x 450ml x 2 ph	853.82
68	ALFALFA	Q	256.72 x 450ml x 4ph	1026.88
69	BAPTISIA TINC	Q	1110.53 x 450ml x 2ph	2221.06
70	CALENDULA	Q	256.72 x 450ml x 3 ph	770.16
71	CHELIDONIUM	Q	355.76 x 450ml x 3 ph	1067.28
72	PHYTOLACCA D	Q	315.37 x 450ml x 2 ph	630.74
73	HAMAMELIS	Q	355.76 x 450ml x 3 ph	1067.28
74	THUJA OCC	Q	315.37 x 450ml x 2ph	630.74
75	SYZYGIUM	Q	256.72 x 450ml x 2ph	513.44
76	RAUVOLFIA SERP	Q	256.72 x 450ml x 2ph	513.44
77	BERBERIS VUL	Q	256.72 x 450ml x 2ph	513.44
78	ALTONIA	Q	256.72 x 450ml x 2ph	513.44
79	FERRUM PHOS	6X	192.30 x 450ml x 2ph	384.60
80	MAG. PHOS.	6X	192.30 x 450ml x 2ph	384.60
81	SILICEA	6X	192.30 x 450ml x 2ph	384.60
82	CALC. PHOS.	6X	192.30 x 450ml x 2ph	384.60
83	CALC. SULPH	6X	192.30 x 450ml x 2ph	384.60
84	CALC. FLOUR	6X	192.30 x 450ml x 2ph	384.60
85	KALI MUR.	6X	192.30 x 450ml x 2ph	384.60
86	CALEDULA	OINT.	28.85 x 25gm x 48 tubes	1384.80
87	SULPHUR	OINT.	28.85 x 25gm x 48 tubes	1384.80
88	HAMAMELIS	OINT.	28.85 x 25gm x 48 tubes	1384.80
89	RHUS TOX.	OINT.	28.85 x 25gm x 48 tubes	1384.80
90	KOF AID SYP.	60 ML	29.81 x 60ml x 36 ph	1073.16
91	LIV AID SYP.	60 ML	29.81 x 60ml x 36 ph	1073.16
92	ALFALFA SYP.	100 ML	45.19 x 100ml x 36 ph	1326.84
93	GASTRO AID SYP.	100 ML	59.61 x 100ml x 36 ph	2145.96
94	MULLEIN OIL DROP	15 ML	29.81 x 60ml x 40 ph	1192.40
95	2dm Plastic Phail	Gross	68.00 x Gross x 50 gross	3400.00
96	½ OZ BIO-POT	Gross	150.00xGrossx20gross	3000.00
97	15ml plstic dropping	Gross	230.00xGrossx20 gross	4600.00
98	Globules No. 40	450 gm	35.00 x 450gm x 20 pkt	700.00
99	Sugar or Milk	450 gm	60.00 x 450gm x 10 pkt	600.00
100	Dispensing Paper	Reem	123.00 x Reem x 3 reem	369.00
Total				50,000.00